

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING  
AND REGULATION  
BEFORE THE SOUTH CAROLINA BOARD OF PHARMACY  
NOVEMBER 17, 2011

BOARD MEMBERS:

DAN BUSHARDT, CHAIRMAN

DOCK HENRY ROSE

ROBERT C. "ROB" HUBBARD

ADDISON LIVINGSTON

REBECCA LONG

DR. LEO RICHARDSON

CAROLE RUSSELL

LEE ANN BUNDRICK, ADMINISTRATOR

PAT HANKS, GENERAL COUNSEL

SHERADON SPOON, ADVICE COUNSEL

This 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, notice was posted on the bulletin board at the two main entrances of the Kingstree Building.

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EXHIBITS

STATE'S EXHIBIT NO. 1

PAGE

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1 MR. BUSHARDT: I'd like to go ahead and  
2 call this meeting to order, please. This meeting is being  
3 held in accordance with Section 30-4-80 of the South  
4 Carolina Freedom of Information Act by notice mailed to the  
5 State Newspaper, Associated Press, WIS-TV and all other  
6 requesting persons, organizations or news media. In  
7 addition, notice was posted on the bulletin board at the  
8 two main entrances of the Kingstree Building. At this time  
9 I'm going to ask Rob Hubbard to lead us in prayer and then  
10 the Pledge of Allegiance.

11 (Pledge of Allegiance and Prayer)

12 MR. BUSHARDT: If we'll introduce  
13 ourselves. We'll start with Dr. Richardson here.

14 MR. RICHARDSON: I'm Leo Richardson.  
15 I'm the Lay Member of the Board and I'm at-large. And I'm  
16 from Columbia.

17 MR. HUBBARD: I'm Rob Hubbard. I  
18 represent the Third Congressional District and I'm from  
19 Clemson.

20 MR. ROSE: I'm Dock Rose. I represent  
21 the Fourth Congressional District and I'm from Greer, South  
22 Carolina.

23 MR. BUSHARDT: I'm Dan Bushardt and I'm  
24 the Chairman of the Board and I represent the Sixth  
25 Congressional District. I'm from Lake City.

1 MR. SPOON: Sheridan Spoon, Advice  
2 Attorney, LLR.

3 MR. LIVINGSTON: I'm Addison  
4 Livingston. I'm from Swansea and I represent the Second  
5 Congressional District.

6 MS. RUSSELL: Carole Russell from  
7 Charleston and I represent the First Congressional  
8 District.

9 MS. LONG: Rebecca Long from Columbia  
10 and I am an at-large Member appointed by Governor Nikki  
11 Haley.

12 MS. BUNDRICK: I'm Lee Ann Bundrick,  
13 Administrator, Board of Pharmacy.

14 MS. CROUCH: Marilyn Crouch, Board of  
15 Pharmacy Staff.

16 MS. BOGUSKI: Rosemary Boguski.  
17 Inspector, Board of Pharmacy.

18 MR. LANCE: Michael Lance. South  
19 Carolina pharmacy student.

20 MS. RUSSELL: I'm Scotti Russell with  
21 National Association of Boards of Pharmacy.

22 MR. BROOKS: Nicholas Brooks, Pharmacy  
23 Student.

24 MR. NESS: Ed Ness, Pharmacy  
25 Consultants.

1 MR. RIDINGS: Eric Ridings, Fred's  
2 Pharmacies.

3 MR. SPIRES: Robert Spires. Society of  
4 Health System, Pharmacist.

5 MS. MODEL: Hope Model, pharmacy  
6 student.

7 MS. ASHE: Stephanie Ashe, pharmacy  
8 student.

9 MS. SOJOURNER: Caroline Sojourner,  
10 DHEC.

11 MR. PHILLIPS: Thomas Phillips, CVS.

12 MR. CLARK: Brian Clark, BI-LO.

13 MR. GRANT: Larry Grant. Pharmacist,  
14 Starting point of Florence.

15 MR. BUSHARDT: I'd like to welcome all  
16 of you to the meeting today. We are always happy to have  
17 our students with us. It's a learning experience. I hope  
18 that you'll go back and tell others that we're always  
19 welcome -- that students are always welcome and we'd love  
20 to have them come join us. Scotti, we're really happy to  
21 have you today from NABP.

22 MS. RUSSELL: Thank you.

23 MR. BUSHARDT: This is a public meeting  
24 and we offer the audience a chance to participate. If  
25 there's something relating to the issue that we are dealing

1 with, you're welcome to speak but make sure that you just  
2 raise your hand, or stand, or whatever, and get my  
3 attention so that you can be recognized before you start  
4 speaking.

5 MS. BUNDRICK: And they also need to  
6 tell the name where the Court Reporter can document it in  
7 the record.

8 MR. BUSHARDT: Right. Good. We have -  
9 - we may have a couple of agenda time changes. We have --  
10 the Board is going to have a meeting at 12:00 with Ms.  
11 Templeton. So we need to, at 12:00, when we reach that  
12 point, that we're going to have to leave for a few minutes  
13 to go have that meeting. And then we will come back and  
14 finish our meeting. Marilyn, did she leave us? It looks  
15 like one of these days where we might as well think about  
16 lunch here. If we can work that out. Okay, if you can go  
17 ahead and get us something started wherever; that will be  
18 fine with us. Those are my remarks today. Let's look at a  
19 Motion for the approval of the minutes for September 14 and  
20 15, 2011 Minutes, the meeting.

21 MR. LIVINGSTON: Motion to approve.

22 MR. RICHARDSON: Second.

23 MR. BUSHARDT: Is there any discussion?

24 MR. LIVINGSTON: Can I make a couple  
25 changes?

1 MR. BUSHARDT: Sure.

2 MR. LIVINGSTON: I think if we'll go by  
3 page number and line number is the best way to do this. On  
4 page 71, line number four, the third word is so and that  
5 should be sub, S-U-B. Line 20, the last word in that  
6 sentence, the last word on that line says Guanidine and it  
7 should be Clonidine, C-L-O-N-I-D-I-N-E. The next page  
8 would be page 74, line 14, the only word on that line is  
9 Isotone and it should be Isotonic. Most of these were  
10 grammatical errors. The next one that I have was on page  
11 144, line 21, the first word in that line should be  
12 shipped, not shaped. S-H-I-P-P-E-D. And I think that's  
13 all I have.

14 MS. RUSSELL: I have a couple.

15 MR. BUSHARDT: Okay.

16 MS. RUSSELL: Page 57, line 7, Metrodin  
17 should be Medroxy. Medroxyprogesterone is one word. Page  
18 70, line 24, TPM should be TPN. And then on 91, Metrodin  
19 should be Medroxy and Medroxyprogesterone is one word.

20 MR. BUSHARDT: And y'all thought we  
21 don't read these Minutes. It take's a whole ream of paper  
22 just to print them out. And a new cartridge. Any other  
23 discussion about the minutes or corrections? All in favor  
24 of approving the Minutes raise your right hand.

25 (Board members comply by uplifting their hand.)

1 MR. BUSHARDT: Opposed likewise. Okay.  
2 The Minutes are approved as read. Our approval of the  
3 reciprocity candidates for licensure. Do I hear a Motion?

4 MR. LIVINGSTON: Motion to approve.

5 MR. HUBBARD: Second.

6 MR. BUSHARDT: Any discussion?

7 MR. LIVINGSTON: I'll just make one  
8 comment.

9 MR. BUSHARDT: Okay.

10 MR. LIVINGSTON: We are doing a lot of  
11 these reciprocity interviews. There's a lot of people  
12 coming into our state.

13 MR. ROSE: Yeah, I talked to two of the  
14 pharmacy school Deans last week. I told them that a lot of  
15 the Federal hospital jobs that I know of are going to out-  
16 of-state pharmacists because we're not training our  
17 graduates to do a lot of this work. And we don't have  
18 enough sites in South Carolina for graduates to train in  
19 hospitals. That's what's going to happen. I actually  
20 interviewed three pharmacists that are coming to South  
21 Carolina to be Infectious Disease Pharmacists in hospitals.  
22 As far as I know, the only residency program for that is  
23 MUSC in Charleston. And they probably only have one person  
24 a year, I would imagine.

25 MS. RUSSELL: Right. Second year



1 residency.

2 MR. ROSE: Right. You have to have a  
3 primary before that.

4 MS. RUSSELL: I know MUSC is looking to  
5 expand their PGY1 residency by five or six positions next  
6 year because there's so many students graduating looking  
7 for residencies and there's not enough in the Country to  
8 accommodate them.

9 MR. ROSE: I think the Board should  
10 encourage all the sites in South Carolina to do that.

11 MS. RUSSELL: Yes.

12 MR. ROSE: Especially since the job  
13 market's tighter and it's tougher to get a job. Thank you.

14 MR. BUSHARDT: Any other discussion?

15 (No response)

16 MR. BUSHARDT: All in favor of approval  
17 of the reciprocity candidates for licensure raise your  
18 right hand.

19 (Board members comply by uplifting their hand.)

20 MR. BUSHARDT: Likewise, non-approval.  
21 They are approved. It must be something about Virginia. I  
22 did four in a row from Virginia this year. This last  
23 month. All females. The Administrator's Report, Lee Ann?

24 MS. BUNDRICK: Good morning, Mr.  
25 Chairman and members of the Board. The next Board vacancy

1 begins July 1st, 2012 and ends June 30th, 2018, for the  
2 Sixth Congressional District. Before December 1st, 2011, a  
3 candidate interested in running for the vacancy must submit  
4 a biography and a petition bearing signatures of at least  
5 15 pharmacists practicing in the Sixth Congressional  
6 District and be licensed and actively practicing pharmacy  
7 in South Carolina.

8                   The ballots for the Fourth  
9 Congressional District election were mailed in October to  
10 all pharmacists residing in the Fourth Congressional  
11 District according to their last renewal application. The  
12 candidates running for this District are Mr. David Banks,  
13 Mr. Fred Bender, Mr. Michael Calnan, Mr. Doug Harmon and  
14 Mr. Eric Ridings. We mailed out 896 ballots. The ballot  
15 count will be on November the 30th at 10:00 a.m. in Room  
16 202-02 of the Kingstree Building. A letter with the name  
17 of the three persons winning the election will be sent to  
18 the Governor immediately following the ballot count.

19                   The ballots for the Fifth Congressional  
20 District election were mailed in October, to all  
21 pharmacists residing in the Fifth Congressional District  
22 according to their last renewal application. The  
23 candidates running for this District are Ms. Deborah  
24 Bowers, Mr. Marvin A. Hyatt, Sr., and Mr. Larry N. Meek.  
25 We mailed out 488 ballots. The ballot count will be on

1 November the 30th at 2:00 p.m. in room 202-02 of the  
2 Kingstree Building. A letter with the name of the three  
3 persons winning the election will be sent to the Governor  
4 immediately following the ballot count.

5 As of this report we have approximately  
6 2,802 active state-certified pharmacy technicians and 5,195  
7 active registered pharmacy technicians. We have 7,262  
8 active licensed pharmacists and 3,975 permitted facilities  
9 and we have 3 Electronic Prescribing Routing Companies.

10 The Pharmacist Inspectors have  
11 conducted 369 inspections since the last Board meeting.  
12 Pharmacy Permit Inspections were 156; Non-Dispensing Drug  
13 Outlet Permit Inspections were 147; EMS Permit Inspections  
14 were 30; Medical Gas/DME Permit Inspections were 36.

15 Of the 369 inspections, 45 were new  
16 permits that were issued.

17 Staff mailed out CE Audit Letters to  
18 the randomly selected pharmacists and PIC's on September  
19 the 22nd with a deadline for submission by October the  
20 23rd. 541 audit letters were mailed. 460 responses were  
21 received and sent to the Board Of Pharmacy staff to  
22 qualify. Final notices were sent on November the 3rd by  
23 the Board of Pharmacy staff. 31 final notices were sent.  
24 We issued 5 Cease & Desist and 5 Consent Agreements for the  
25 pharmacists that failed the CE Audit.

1                   The staff mailed out CE Audit Letters  
2 to the randomly selected registered pharmacy technicians  
3 and state certified pharmacy technicians on October 31st  
4 with a deadline for submission by December the 1st. 1,161  
5 audit letters were mailed.

6                   The Board of Pharmacy has continued to  
7 serve as a site for pharmacy students on clinical rotations  
8 from the South Carolina College of Pharmacy - USC Campus.  
9 During the month of October we had Mr. Barry Bradley on  
10 rotation at the Board office. And for the month of  
11 November we have Mr. Nicholas Brooks on rotation with us.

12                   I was appointed to the NABP Task Force  
13 on Pharmacy Practice Technology Systems on behalf of NABP  
14 President Malcolm Broussard. We met on November 1st and  
15 2nd at NABP.

16                   Dr. Leo Richardson was appointed to the  
17 NABP Task Force on the Control and Accountability of  
18 Prescription Medications on behalf of NABP President  
19 Malcolm Broussard. The Task Force met on October the 26th  
20 and 27th at NABP.

21                   My staff and I have participated in the  
22 following meetings since the September Board meeting: Ms.  
23 Carole Russell and Ms. Cle Sanders attended the MALTAGON  
24 annual meeting September the 18th through the 21st in  
25 Savannah, Georgia. I attended an Administrator's meeting

1 on September the 22nd. Staff attended Compounding Task  
2 Force meeting on September the 23rd. Ms. Cle Sanders and I  
3 met with the IT Department regarding the New Inspection  
4 Software on September the 23rd. I met with Mr. Charlie Ido  
5 and the OIE regarding pharmacy investigations on September  
6 the 26th. Mr. Ray Trotter conducted an Investigator  
7 Training for the Pharmacist Inspectors on September the  
8 27th. Mr. Addison Livingston and I attended a Joint  
9 Legislative Study Committee to review the implementation of  
10 Act 275 of 2006 regarding the sale of pseudoephedrine on  
11 September the 28th. I attended Developing and Motivating  
12 Staff when Budgets are Tough and Making a Positive  
13 Difference on September the 29th. I met with Director  
14 Katherine Templeton and Deputy Director Rion Alvey on  
15 October the 5th to discuss the Pharmacy Program.  
16 Pharmacist Inspectors and I met with Mr. Rion Alvey and Mr.  
17 Charlie Ido on October the 5th regarding pharmacy program  
18 changes. I had a conference call with Legal and the  
19 Department of Justice on October the 6th. I met with Mr.  
20 Rion Alvey, Mr. Mark Dorman, and Mr. Ron Cook on October  
21 the 10th regarding pharmacy program changes. I attended  
22 the Board Member Orientation with the Board at the Fire  
23 Academy on October the 11th. I attended an OIE-RPP meeting  
24 on October the 12th. I met with OIE about Pharmacist  
25 transition on October the 12th. I attended an Ethics

1 Training on October the 13th. I met with Mr. Ron Cook on  
2 October 13, regarding Pharmacist transition. Pharmacist  
3 Inspectors and I attended a meeting with OIE regarding the  
4 Pharmacist transition on October the 17th. I met with Mr.  
5 Mark Dorman and Mr. Mark Sanders at OIE on October the 18th  
6 regarding pharmacy investigations. I attended an informal  
7 discussion on the development of legislation for a proposed  
8 legislative oversight committee for the South Carolina  
9 Department of Health and Human Services on October the 19th  
10 at the request of Senator Cromer. I met with Mr. Mark  
11 Dorman on October the 24th, regarding OIE as it relates to  
12 the pharmacy program. Staff and I attended the Pharmacy  
13 Practice Committee on October the 25th. I met with Mr.  
14 Mark Dorman on October 26th regarding Pharmacist  
15 transition. I was part of a panel on the Introduction to  
16 Pharmacy Pathways and Careers at the South Carolina College  
17 of Pharmacy on October the 26th. We had a telephone IRC  
18 meeting with Mr. Turner on October the 27th. I met with  
19 Chairman Bushardt on October the 27th to discuss the  
20 materials and information for the November Board of  
21 Pharmacy meeting. I met with Mr. Mark Dorman and Ms.  
22 Althea Myers on October 31st to discuss Pharmacist  
23 Inspectors and Investigators. Staff attended Compounding  
24 Task Force meeting on November the 4th. I attended an  
25 Administrator's meeting on November 7th. We had a

1 telephone IRC with Mr. Turner on November the 7th. I met  
2 with Mr. Mark Dorman on November 7th regarding the  
3 logistics of Pharmacist transition. Staff attended a  
4 Legislative Committee meeting on November the 10th.

5 We've also, as staff, attended agency,  
6 board staff, compliant staff, and legal counsel meetings.

7 The staff is working on the first  
8 quarter newsletter. If you have any suggestions for  
9 articles, please let me know so we can meet our deadline to  
10 NABP. A copy of the draft will be provided for your review  
11 and comments prior to the deadline.

12 Handouts for your review that are on  
13 the Administrator's Tab that may be of interest to you  
14 include: a letter regarding the registration process if you  
15 are interested in a State Board member license plate and  
16 the financial report for your review.

17 I would like to thank the Board for  
18 their continued support of me and the rest of the staff in  
19 the office. And we always appreciate the encouragement and  
20 support that you give us.

21 I would respectfully answer any  
22 questions that you may have at this time.

23 MR. RICHARDSON: Do you have any staff  
24 vacancies?

25 MS. BUNDRICK: At this point in time;

1 no, we do not.

2 MR. RICHARDSON: You had 300 and some  
3 inspections since we met last time?

4 MS. BUNDRICK: Yes, sir.

5 MR. RICHARDSON: Okay. Are we behind  
6 at all or are we up-to-date?

7 MS. BUNDRICK: I think we are still  
8 behind. We're in the process of trying to catch up.

9 MR. RICHARDSON: Any requests for  
10 additional FDE's?

11 MS. BUNDRICK: At this point it's my  
12 understanding that the Director seems to think that three  
13 can do the job. So, at this point in time, we will have no  
14 openings.

15 MR. BUSHARDT: Any other questions?

16 (No response)

17 MR. BUSHARDT: Thank you, Lee Ann.

18 MS. BUNDRICK: Thank you.

19 MR. BUSHARDT: Reports from Office Of  
20 Investigation and Enforcement. Do you we have anybody here  
21 for that?

22 MS. BUNDRICK: OIE was supposed to be  
23 here. What time are they on the agenda?

24 MR. BUSHARDT: 9:30.

25 MS. BUNDRICK: Yeah, we can -- have to



1 get them. I don't see either one of them here yet. Would  
2 you like for me to get them?

3 MR. BUSHARDT: Well, maybe we can, if  
4 it's okay with the Board, maybe we can skip down and do the  
5 financial report and then maybe they'll be here by then.

6 MS. BUNDRICK: Okay.

7 MR. BUSHARDT: Let's go ahead and do  
8 the financial report.

9 MS. BUNDRICK: Okay. I think the  
10 financial report is tab number -- well, I think it was  
11 three but I think it changed to four; right? It should be  
12 under four. And if it's not in there; then it's the  
13 handout for you.

14 MR. LIVINGSTON: It's still labeled  
15 three in our packet.

16 MS. BUNDRICK: Okay. Okay. You have  
17 the overall page of the cash balance as of October 2011.  
18 With the expenditures and the percentages that the Director  
19 said that they have worked on and approved for the budget  
20 to kind of see where the money is based on percentages; and  
21 based on cases, like for OIE. And then you have an  
22 itemized list of the expenses in a report, that's not very  
23 easy to read. The October 2011 cash balance is handed out  
24 to you but I think the 2011, September, is in the book.

25 MR. BUSHARDT: Okay. It appears that

1 we're still in the black. That's good.

2 MS. BUNDRICK: Yes, sir.

3 MR. LIVINGSTON: Lee Ann, one statement  
4 you made is -- we're looking at expenditures here. It says  
5 12.903 percent based on previous years. And that's for the  
6 DOL, the Administrator, Director, and the Office of  
7 Business Services. That's an arbitrary number that the  
8 Director has chosen or --

9 MR. SPOON: She needs you to speak up,  
10 if you could. The Court Reporter needs you to speak up.

11 COURT REPORTER: I can't hear you.

12 MR. LIVINGSTON: I'm basically asking  
13 about the 12.903 percent that's listed under Expenditures.  
14 That's an arbitrary number based on last year that someone  
15 has assigned, or do you have any idea?

16 MS. BUNDRICK: I'm not exactly positive  
17 on that.

18 MR. LIVINGSTON: Okay.

19 MS. BUNDRICK: How that 12.903 percent  
20 was determined.

21 MR. ROSE: It appears to me that they  
22 took it from last year and did it. They used the numbers  
23 from last year for the next year.

24 MR. LIVINGSTON: I'm just wondering  
25 where OLC fits into that cost. And then I see 4.718

1 percent, based on investigations and numbers of an  
2 investigation. How many Boards are in this office? 41?

3 MS. BUNDRICK: I think 41 Boards and  
4 Commissions.

5 MR. BUSHARDT: 41, and we're basically  
6 paying like 13 percent of POL? I mean, I'm just wondering  
7 where the numbers came from but that can be discussed  
8 later.

9 MS. BUNDRICK: Well, and the OLC was  
10 cash balance money taken out through June 2011 so that will  
11 not be --

12 MR. LIVINGSTON: Right.

13 MS. BUNDRICK: -- on this year's fiscal  
14 year. Since the department no longer exists.

15 MR. BUSHARDT: Okay. Leo, maybe that's  
16 something that you can help us find an answer to.

17 MR. RICHARDSON: Yes.

18 MR. BUSHARDT: Good. Thank you. Okay.

19 MS. BUNDRICK: You should also have an  
20 Office of Information Service, a Board meeting report. It  
21 is a handout with the number four on it. This is the  
22 statistical information since the last Board meeting. And  
23 it's listed by prefix. The subcategory is How many  
24 licenses, registrations and permits have been issued or  
25 reinstated since September the 14th.

1 MR. RICHARDSON: I don't have it.

2 MR. LIVINGSTON: So can I ask a  
3 question about this report in regards to the Pharmacy  
4 Technicians? I think in our meeting in September we had  
5 3,000 technicians that had not renewed?

6 MS. BUNDRICK: Uh-huh (affirmative  
7 response).

8 MR. LIVINGSTON: And I'm seeing we have  
9 basically 17 reinstatements. Would that -- reinstatement  
10 would apply to those technicians that didn't renew and then  
11 --

12 MS. BUNDRICK: And had -- yeah.

13 MR. LIVINGSTON: -- when they got the  
14 Cease & Desist letter they decided to do something about  
15 it?

16 MS. BUNDRICK: Right.

17 MR. LIVINGSTON: That's a pretty low  
18 percentage.

19 MS. BUNDRICK: Uh-huh (affirmative  
20 response).

21 MR. LIVINGSTON: I'm still worried  
22 about those 3,000 technicians that didn't renew practice  
23 without a --

24 MS. BUNDRICK: Well, we sent letters.

25 MR. LIVINGSTON: Yes, we've done what we

1 can do.

2 MS. BUNDRICK: Yeah.

3 MR. BUSHARDT: Did we get any letters  
4 back, like they didn't --

5 MS. BUNDRICK: I think we have gotten  
6 some back and they returned back to us because they weren't  
7 there. They didn't live there anymore. But we do keep  
8 those in files on file here, once they come back, if they  
9 ever try to get their license or registration back.

10 MR. BUSHARDT: But we don't know  
11 whether they're still working or not at the present time?

12 MS. BUNDRICK: No, sir; we do not.

13 MR. LIVINGSTON: I think Ivey has a  
14 question or comment.

15 MR. BUSHARDT: Yes, Ivey?

16 MS. COLEMAN: Lee Ann, do we know how  
17 many of those people might have changed over to interns?  
18 Because I know that several people from our organization  
19 got letters but they're now interns with Intern  
20 Registrations.

21 MS. BUNDRICK: You are correct. I'm  
22 not sure exactly of the number of those.

23 MS. COLEMAN: I mean, certainly it won't  
24 be 3,000 but --

25 MS. BUNDRICK: No.

1 MS. COLEMAN: -- it could be, you know,  
2 100 or --

3 MS. BUNDRICK: I can check with  
4 Stephanie. She has the statistics and worked with that,  
5 and see if I can't get a number before the end of today.

6 COURT REPORTER: Your name, please?

7 MS. COLEMAN: Ivey Coleman.

8 MR. LIVINGSTON: Lee Ann, is the number  
9 of permits on here? On this report. Or is this just  
10 personnel?

11 MS. BUNDRICK: No. If you go to the  
12 prefix on the lefthand side where it starts with PY.

13 MR. LIVINGSTON: Okay.

14 MS. BUNDRICK: We have the Elloree  
15 Qualified Health Clinic.

16 MR. LIVINGSTON: Got you.

17 MS. BUNDRICK: DME. The different  
18 types are categorized down there on how many were issued.

19 MR. LIVINGSTON: Okay.

20 MS. BUNDRICK: Or reinstated.

21 MR. BUSHARDT: Any other questions  
22 about that?

23 (No response)

24 MR. BUSHARDT: We have Mr. Hanks here.

25 MR. HANKS: Hello, sir.

1                   MR. BUSHARDT: So would you like to  
2 give your -- start your report?

3                   MR. HANKS: Yes, sir. Do you all have  
4 a copy of it?

5                   MR. ROSE: I think we do.

6                   MR. BUSHARDT: Number five.

7                   MR. HANKS: Mr. Chairman and Members of  
8 the Board, we show in the Office of General Counsel that we  
9 have 18 open cases. Seven of those are still being worked.  
10 Six of those are pending either an MOA or a Consent Order.  
11 And five of those are just pending action by the Board.  
12 Which means that the Board will review the case and make  
13 some form of determination on it by way of Consent Order or  
14 a scheduled hearing.

15                   MR. BUSHARDT: Sounds like we're making  
16 progress.

17                   MR. HANKS: Yes, sir.

18                   MR. BUSHARDT: Good. Okay.

19                   MS. BUNDRICK: Mr. Sanders is in the  
20 Nursing Board meeting from OIE and he is going to be late.

21                   MR. BUSHARDT: All right. And did we  
22 do something with Office of Information Services?

23                   MS. BUNDRICK: That was the Statistical  
24 Report --

25                   MR. BUSHARDT: That's good.

1 MS. BUNDRICK: -- we just discussed.

2 MR. BUSHARDT: Right. Yes. Yes.

3 Okay. So we'll put OIE on hold for a few minutes until we  
4 can get him in here. Compliance and Inspector's Report?

5 MS. BUNDRICK: Okay. IRC Report for  
6 your review. We want to go by these by category?

7 MR. BUSHARDT: Yes, please.

8 MS. BUNDRICK: Okay. The first two  
9 cases are dismissal cases.

10 MR. BUSHARDT: Okay. Do we need to  
11 vote on these?

12 MS. BUNDRICK: Yes, sir.

13 MR. BUSHARDT: Individually or can we  
14 do them as a group?

15 MS. BUNDRICK: You can do them as a  
16 group.

17 MR. BUSHARDT: Okay. All right. Do I  
18 hear a Motion for the --

19 MR. LIVINGSTON: I'll make a Motion  
20 that we accept this recommendation to dismiss these two  
21 cases.

22 MR. ROSE: Second.

23 MR. BUSHARDT: Any discussion?

24 (No response)

25 MR. BUSHARDT: All in favor signify by



1 raising their right hand.

2 (Board members comply by uplifting their hand.)

3 MS. BUNDRICK: Opposed; likewise.

4 Motion passed. Okay.

5 MS. BUNDRICK: Okay. The next set of  
6 cases are formal complaints. There are a total of seven.  
7 And this means we're requesting your permission to move  
8 forward. And you will see these in another matter, whether  
9 it be in a hearing, a MOA, or a Consent Order.

10 MR. LIVINGSTON: I move that we accept  
11 this recommendation.

12 MS. LONG: Second.

13 MR. BUSHARDT: Discussion? All in  
14 favor signify by raising their right hand.

15 (Board members comply by uplifting their hand.)

16 MR. BUSHARDT: Opposed; likewise.

17 Motion passed.

18 MS. BUNDRICK: The next case is  
19 recommended for dismissal with a letter of caution.

20 MR. LIVINGSTON: Can we ask you any  
21 questions about this or is it strictly an accept or not?

22 MR. SPOON: Within -- it's kind of a  
23 fine line.

24 MR. LIVINGSTON: Just yes or no.

25 MR. SPOON: Within -- I would let you

1 ask -- you can ask the question.

2 MR. LIVINGSTON: Was a patient harmed?

3 MS. BUNDRICK: To the best of my  
4 knowledge, nothing major.

5 MR. LIVINGSTON: Okay.

6 MR. ROSE: I move that we accept the  
7 letter of caution.

8 MR. BUSHARDT: Do I hear a second?

9 MR. LIVINGSTON: Second.

10 MR. BUSHARDT: Any other further  
11 discussion?

12 (No response)

13 MR. BUSHARDT: All in favor of the  
14 signify by raising their right hand.

15 (Board members comply by uplifting their hand.)

16 MR. BUSHARDT: Opposed; likewise.

17 Motion passed. Okay.

18 MS. BUNDRICK: Mr. Sanders is here.

19 MR. BUSHARDT: Okay.

20 MR. SANDERS: Good morning. I'm Mark  
21 Sanders. I'm the Chief Investigator for Office of  
22 Investigations and Enforcement. I'm sorry I was late. I  
23 had another Board meeting also this morning. The Nursing  
24 Board. What I would like to review with you is the  
25 Statistical Report. What we have is for the October --

1 ending October -- actually ending September, the Quarterly  
2 Report for cases received with the alleged issues, and also  
3 the cases closed with a resolution.

4 MR. LIVINGSTON: Can you tell us where  
5 that report is? Is that on number --

6 MR. SANDERS: I'm sorry --

7 MS. BUNDRICK: It should be under  
8 number five. Yeah.

9 MR. LIVINGSTON: Mr. Sanders, can you  
10 explain to us, just so we'll know, how the process within  
11 LLR works. Of a person calling making some type of formal  
12 complaint; how it gets to us; how it's investigated; how it  
13 gets resolved.

14 MR. SANDERS: Yes, sir. A complaint  
15 will come in, as Chief Investigator, I will review it. If  
16 I have any questions about it, whether I think it's a  
17 violation, alleged violation of the Practice Act, I may  
18 consult with Ms. Bundrick, since she is a pharmacist, and  
19 get her opinion, or our Investigator Ray Trotter and get  
20 his opinion. And then I will assign the case to the  
21 Investigator. And it will be investigated. We gather all  
22 the facts. Then he'll write what we call an Investigative  
23 Review Committee Litigation Summary. The Summary will then  
24 go with the exhibits attached, any documents that's  
25 relevant to the allegations and investigation, will then go

1 before the IRC Committee. And the IRC Committee will make  
2 the decision whether to go forward with a Formal LOC or  
3 Dismissal.

4 MR. LIVINGSTON: Okay. Who would do  
5 the investigating of these cases?

6 MR. SANDERS: We have one investigator  
7 now, Investigator Ray Trotter. Now he is, on the practice  
8 issues, we do have Diversion Investigators. Which is Mr.  
9 Gil Altman, who is the Chief Investigator for the Diversion  
10 Team.

11 MR. LIVINGSTON: Okay. And those cases  
12 would be investigated by whom?

13 MR. ALTMAN: By the Drug Diversion Unit  
14 Investigators.

15 MR. LIVINGSTON: Okay. So, let me  
16 understand this process again. If I call LLR and say --  
17 because I'm a pharmacist I would probably talk to someone  
18 in the Board of Pharmacy staff. And say, Hey, I have  
19 caught my technician diverting Hydrocodone. Okay? It  
20 would then go from -- and this is an established policy  
21 within LLR, it would go from the Board of Pharmacy directly  
22 to you and then you would take it from there?

23 MR. SANDERS: If it's a diversion case,  
24 then it would, at the present time, it would go to Mr.  
25 Altman and he would assign it.

1 MR. LIVINGSTON: Okay.

2 MR. SANDERS: If it's practice issues;  
3 it would go to me.

4 MR. LIVINGSTON: And Mr. Altman, in  
5 that case then one of your investigators that may or may  
6 not be a pharmacist would then take that?

7 MR. ALTMAN: That's correct, sir.

8 MR. LIVINGSTON: Okay.

9 MR. BUSHARDT: Would it go to the Board  
10 of Pharmacy or would it go to DHEC if it's a controlled  
11 drug?

12 MS. BUNDRICK: Well it depends on how  
13 the complaint comes in. The majority of the diversion  
14 complaints, and you can correct me if I'm wrong Mr. Altman,  
15 come through DHEC through a DHEC arrest.

16 MR. ALTMAN: It depends. We get them  
17 both ways.

18 MS. BUNDRICK: Yes.

19 MR. ALTMAN: A large majority come from  
20 DHEC, as the pharmacist or hospital would notify DHEC that  
21 they had an issue. Loss Prevention, if it's a large chain,  
22 would notify DHEC. They have the criminal function, law  
23 enforcement function, and they investigate it from the  
24 criminal side. They report it to us; we investigate it  
25 from the practice issue as -- sorry, from the regulatory

1 side as far as the licensing goes.

2 MR. LIVINGSTON: Okay. Can you give us  
3 any idea how long after DHEC receives this case, or  
4 investigates this case, before it's handed to you?

5 MR. ALTMAN: It varies. It could be  
6 very quickly. I get calls weekly, daily, from the DHEC  
7 Inspectors. It just depends. They may already have  
8 arrested the person. They may be at whatever stage in  
9 theirs, but normally we're talking a matter of days, for  
10 the most part.

11 MR. LIVINGSTON: Okay. And back to  
12 you, Mr. Sanders. Is it preferred that our, I guess the  
13 community of pharmacy, calls the Board of Pharmacy for a  
14 complaint? Or are is there a general number we're supposed  
15 to call within the LLR, or how does that process work?

16 MR. SANDERS: They can go on the  
17 website, the LLR website and go to the Board of Pharmacy,  
18 and there's a complaint form on there that they can print  
19 out and sign and have it notarized and mail it in. Or  
20 email it in. Sometimes they'll call a complaint in and  
21 we'll let them know that they can go to the website or we  
22 can mail them a complaint form.

23 MR. BUSHARDT: Okay. Is that for the  
24 public or is that for professionals?

25 MR. SANDERS: That's for anyone that

1 wants to file a complaint.

2 MR. BUSHARDT: Okay. Okay.

3 MR. LIVINGSTON: But they can't make a  
4 complaint anonymously?

5 MS. BUNDRICK: We prefer it in writing  
6 but sometimes we have to take anonymous ones. And usually  
7 those I'm supposed to triage with Mr. Rion Alvey.

8 MR. LIVINGSTON: Okay. Good.

9 MR. BUSHARDT: Any other questions for  
10 Mr. Sanders? Thank you very much.

11 MR. SANDERS: Thank you very much.

12 MR. BUSHARDT: Appreciate it.

13 MR. SANDERS: Have a good day.

14 MR. BUSHARDT: Okay. Let's go back to  
15 the --

16 MS. BUNDRICK: Mr. Hanks has Consent  
17 Orders.

18 MR. BUSHARDT: Okay. Mr. Hanks.

19 MR. HANKS: Mr. Chairman and members of  
20 the Board, as in all cases, these Consent Orders have, and  
21 the terms that are applicable to the Consent Orders, have  
22 went through the Investigative Review Committee and the  
23 Investigative Review Committee has made recommendations.  
24 So the case has been investigated. The Respondent has been  
25 contacted once there's an infraction that's been determined

1 and the Investigative Review Committee has made  
2 recommendations on how to dispose of the case, rather than  
3 the case coming to you. Sheridan, in this first case  
4 there's an Amendment to this Order that has been conceded  
5 to by Mr. -- well, the Respondent in 2010-6.

6 MR. SPOON: Okay.

7 MR. HANKS: And as an Officer of the  
8 Court, I just ask that you accept my word that there's been  
9 one amendment and we'll have the modified document for the  
10 Chairman to sign later this afternoon.

11 MR. SPOON: Okay. So the Amendment is  
12 coming? This is not the amended --

13 MR. HANKS: The Amendment itself is to  
14 one number that's contained within the existing Consent  
15 Order. And since we're speaking on it, I won't be  
16 mysterious about it. He initially was given one year  
17 monitoring by RPP. We're going to change that number of  
18 years in monitoring to five years rather than one.

19 MR. SPOON: Okay. So that would be  
20 back over here under the -- is that page three? Yeah.  
21 Item B on page three. So this version says a year and what  
22 you're saying is, is that this Respondent has agreed or  
23 consented to a five year monitoring?

24 MR. HANKS: Correct.

25 MR. SPOON: Okay.



1 MR. HANKS: Correct. At the time the  
2 IRC met members of the Board, we assumed that he was going  
3 to be under an additional year of monitoring by the State  
4 of North Carolina. As it turns out, he's going to be  
5 monitored by their PRN for approximately another five  
6 years. So our entire intent the entire time was to mirror  
7 the North Carolina Order. And so there you have the  
8 justification for moving the period of monitoring. But in  
9 this case, this individual surrendered his license to  
10 practice in the State of North Carolina. He was doctor  
11 shopping so that he could obtain additional Adderall. He  
12 was charged with a felony as a result of that in North  
13 Carolina. They deferred his prosecution, which meant that  
14 if he completes the terms and conditions of that deferred  
15 prosecution, the entire case goes away, especially South  
16 Carolina's version of PTI. He's enrolled into their PRN  
17 program and he's been monitored there. When he initially  
18 went into treatment at Pavilion; he basically had some  
19 problems with that treatment. He was kicked out of  
20 Pavilion and he later reentered Pavilion and completed a 90  
21 day inpatient treatment. In July he entered into their  
22 program. Officially, in July of 2010. In February of  
23 2010, he surrendered his license here in South Carolina.  
24 Also, in February of 2010 he entered into our RPP program.  
25 But his status in our RPP program, we might have to have

1 Paulette, if she's here, to tell you exactly --

2 MR. ALTMAN: She's here.

3 MR. HANKS: -- what his current status  
4 is. Then she can speak to that in a moment. Then also the  
5 Respondent's license in the State of South -- North  
6 Carolina, excuse me, has been reinstated. It was  
7 reinstated in March of 2011, pursuant to the Order that you  
8 all have passing around. Again, that Order said that he  
9 needed to be monitored by Members of the Board for an  
10 additional five years, rather than one, as we had  
11 originally anticipated. So, therefore, what the IRC is  
12 recommending in his case is that his license be suspended  
13 for a period of five years, and that suspension be  
14 immediately stayed; to be subject to probation for five  
15 years and that probation will include his participation in  
16 the RPP program and its normal terms. And also that he not  
17 act as a pharmacist in charge or a permit holder of a  
18 pharmacy in South Carolina during that period. And also,  
19 of course, if he fails to comply with any of the terms of  
20 this Agreement, he's going to be immediately and  
21 automatically administratively suspended pending his  
22 compliance. And as I understand, North Carolina PRN  
23 process in our Order, he will receive credit year for year  
24 by being in North Carolina's PRN and he'll also be  
25 registered with our RPP, but he will not have to undergo

1 both. So as long as he's compliant with the North Carolina  
2 PRN, as long as he's not practicing here, as long as he's  
3 practicing in North Carolina and he's compliant with their  
4 PRN process, then he'll be receiving credit, as I  
5 understand it, from our RPP program. So Paulette can speak  
6 a little bit in more detail to his current status and how  
7 the relationship between North Carolina's PRN and South  
8 Carolina RPP.

9 MS. BENTLEY: Well, Mr. Mills is  
10 currently not a client of ours. He was discharged last  
11 year because he basically fell out of compliance with us.  
12 He was really working more with North Carolina at the time.  
13 And I have spoken to him recently. I actually spoke to him  
14 on 11/4 about re-enrolling with us. And he was going to  
15 get back with us and I didn't hear from him. And then I  
16 transferred his case to one of my coworkers who actually  
17 got a call from him yesterday, but they've been exchanging  
18 voice mails, so he did call yesterday to say he wanted to  
19 re-enroll. But as of right now, he is not currently in our  
20 program. And if North Carolina, if he does re-enroll with  
21 us, we will be the secondary monitor and North Carolina  
22 will be the primary monitor.

23 MR. BUSHARDT: Okay. Thank you.

24 MR. HANKS: And as I understand the  
25 terms of this agreement, he has to provide evidence that

1 he's enrolled in the South Carolina program as part of our  
2 agreement. Within 30 days of this time.

3 MR. ROSE: Mr. Chairman, I wanted to  
4 ask one thing. If he has a violation in North Carolina  
5 PRN, South Carolina will immediately know that or not?

6 MS. BENTLEY: I would hope that North  
7 Carolina would notify us of that because we would have that  
8 type of relationship with them.

9 MR. ROSE: I'm talking about the Board.

10 MS. BENTLEY: Would the Board be  
11 notified?

12 MR. ROSE: Yes.

13 MS. BENTLEY: If I was notified; I  
14 would notify the Board.

15 MR. ROSE: That's a lot of ifs.

16 MS. BENTLEY: Yeah.

17 MR. ROSE: I mean, I'm just asking, you  
18 know, because if they have a violation, you could still not  
19 be notified, only the North Carolina Board might be  
20 notified is the way I see it. I mean, do y'all notify  
21 other states when you have a person that --

22 MS. BENTLEY: Yes. Not the Board but  
23 we notify -- we'd notify the monitoring program that they  
24 were in.

25 MR. ROSE: If you're monitoring them in

1 South Carolina and they have multiple state licenses, you  
2 would call all the other States if they had a violation?

3 MR. ALTMAN: The monitoring program?

4 MR. ROSE: Yeah. Whatever.

5 MR. ALTMAN: Yes.

6 MS. BENTLEY: Yeah.

7 MR. ALTMAN: Yes, sir.

8 MR. ROSE: I -- you know, it just --

9 MR. ALTMAN: We would; yes, sir.

10 MR. LIVINGSTON: Does this gentleman  
11 have an original South Carolina license and an original  
12 North Carolina license, or is it a reciprocity license?

13 MR. HANKS: You know, I'm not sure.  
14 Lee Ann, do you know whether --

15 MS. BUNDRICK: I'm not sure, but I can  
16 go find out if it was by reciprocity or not.

17 MR. LIVINGSTON: I don't know that it  
18 makes that big of a difference, Lee Ann.

19 MR. BUSHARDT: Lee Ann, I don't think  
20 that's a big difference.

21 MR. LIVINGSTON: It's not a big  
22 difference.

23 MS. BUNDRICK: Okay.

24 MR. HANKS: But the concern would be is  
25 that by this Order, he could work weekends -- work in South

1 Carolina. And I suppose we'll just have to trust the PRN  
2 program in North Carolina to take care of that.

3 MR. BUSHARDT: Okay.

4 MR. HUBBARD: This number four address  
5 his continuing education? It says, Agrees to comply with  
6 all State and Federal Statutes and Regulations governing  
7 the practice of pharmacist. So he would have to -- does  
8 that mean that he would have to keep his continuing  
9 education?

10 MR. HANKS: When we reinstate him, he's  
11 actually going to have to act as any other pharmacist in  
12 South Carolina which includes the CE. Yes, sir.

13 MR. BUSHARDT: Okay. Any other  
14 discussion about this?

15 MS. LONG: This is contingent upon him  
16 enrolling, getting in touch with the RPP program and  
17 actually enrolling?

18 MR. HANKS: If he doesn't do that  
19 withing 30 days --

20 MS. LONG: Is it always successful?

21 MR. HANKS: -- actually his license is  
22 going to be suspended indefinitely until he complies.

23 MR. BUSHARDT: Okay. Do I hear a  
24 Motion on the Consent Order, Case number 2010-6?

25 MR. HUBBARD: Move to accept.

1 MR. BUSHARDT: Any second?

2 MS. RUSSELL: Second.

3 MR. BUSHARDT: Okay. Any other  
4 discussion?

5 (No response)

6 MR. BUSHARDT: All in favor signify by  
7 raising your right hand. Opposed; likewise. Okay. Motion  
8 passed. Okay, Mr. Hanks.

9 MR. HANKS: Thank you, sir. In the  
10 case of 2011-22. This individual called in a three month  
11 supply of Ultram and he indicated when he called in that  
12 this prescription was authorized by a certain physician.

13 MR. SPOON: Mr. Hanks, did you mean 152  
14 or 22? 2010-152 or 2011-22?

15 MR. HANKS: I'm sorry, did I say 2011-  
16 22?

17 MR. SPOON: Uh-huh (affirmative  
18 response).

19 MR. HANKS: That's not the case that  
20 we're looking at?

21 MR. SPOON: Just for the benefit of the  
22 Board, the next case that they have on the agenda is 2010-  
23 152.

24 MR. HANKS: On my agenda it's 2011-22.  
25 I'm sorry.

1 MR. BUSHARDT: Okay.

2 MR. HANKS: Okay. You'll just have to  
3 trust me on that.

4 MR. BUSHARDT: So which one are we  
5 going to do?

6 MR. HANKS: Sir, we'll do 2000 -- let  
7 me get to where you all are.

8 MR. BUSHARDT: I have one here. I have  
9 an extra one here if you need one.

10 MR. HANKS: Okay. I'm with you right  
11 now.

12 MR. BUSHARDT: Okay.

13 MR. HANKS: It was my last case.

14 MR. BUSHARDT: Okay.

15 MR. HANKS: I think there's been a  
16 couple of different iterations of the agenda.

17 MR. BUSHARDT: Okay.

18 MR. HANKS: Okay. So at 2010-152.  
19 This individual, during the period of October to November  
20 of 2010, he obtained a quantity of Tramadol from a pharmacy  
21 located down in Camden. He obtained approximately 16  
22 tablets of it. Last December he surrendered and completed  
23 an inpatient program at the Pavilion. He was diagnosed  
24 with opioid and alcohol dependency. So he's been out of  
25 practice since December of last year. And he's been



1 through a treatment program. And it's the IRC's  
2 recommendation that on December 14 of 2011, that his  
3 license be reinstated, but as soon as it's reinstated we've  
4 asked that it be suspended. And then that suspension be  
5 stayed and it continue uninterrupted in a probationary  
6 status subject to our typical RPP program where he has to  
7 remain drug and alcohol free, and he'll be subject to  
8 monitoring by the RPP program. And of course that will be  
9 for a five year period. And during that period he won't be  
10 the permit holder or pharmacist in charge of a pharmacy in  
11 this state and he'll have to suffer a \$500 fine. And also  
12 in respect to this individual, his hours that he works will  
13 be limited to 40 hours per week; with a maximum of 10 hours  
14 per week and we're --

15 MR. BUSHARDT: Per day?

16 MR. HANKS: -- pushing off a  
17 recommendation from the individuals that did his evaluation  
18 and treatment.

19 MR. BUSHARDT: Okay. Do I hear a  
20 Motion for a Consent Order on 2010-152?

21 MR. ROSE: I move that we accept the  
22 Consent Order.

23 MR. BUSHARDT: Do I hear a second?

24 MS. RUSSELL: Second.

25 MR. BUSHARDT: Second. Any discussion?

1 (No response)

2 MR. BUSHARDT: All in favor signify by  
3 raising their right hand.

4 (Board members comply by uplifting their hand.)

5 MR. BUSHARDT: Opposed; likewise.

6 Motion passed. Okay.

7 MR. HANKS: And I believe your next  
8 case is 2011-22?

9 MR. BUSHARDT: 22.

10 MR. HANKS: This individual called in a  
11 prescription for 180 Ultrams. Excuse me -- yeah, a three  
12 month supply of Ultram. And he indicated that the  
13 prescription was authorized by a certain physician, when as  
14 it turns out the physician did not authorize the  
15 prescription. So in April of this year, the Respondent  
16 surrendered his license. He reported to RPP and RPP did  
17 various tests and evaluations of the Respondent and  
18 determined that he didn't have any diagnosis that deserved  
19 their attention. However, I believe in this case the IRC  
20 is still asking for a period of a six month probation and  
21 they're asking for a \$250 fine.

22 MR. BUSHARDT: Okay. Do I hear a  
23 Motion on case number 2011-22?

24 MR. HUBBARD: Move to accept.

25 MR. BUSHARDT: Second?

1 MR. LIVINGSTON: Second.

2 MR. BUSHARDT: The Motion's made and  
3 seconded. All in favor -- any discussion?

4 (No response)

5 MR. BUSHARDT: All in favor signify by  
6 raising their right hand.

7 (Board members comply by uplifting their hand.)

8 MR. BUSHARDT: Opposed; likewise.  
9 Motion passed.

10 MR. HANKS: Thank you, Mr. Chairman.  
11 The next case I believe is 2011-53. In this matter this  
12 individual was basically prescribing and authorizing  
13 refills for his family members rather than using a  
14 physician in the process. There were drugs that the  
15 physician had prescribed for his family members and the  
16 Respondent took it upon himself to authorize refills of  
17 those non-controlled drugs. In this case this individual  
18 also has been, as it states at the bottom of page one, he  
19 surrendered his license in June of this year so he's not  
20 been practicing since June of this year. It's the IRC's  
21 opinion, in this case, that this individual be reinstated  
22 to the active practice of pharmacy and then that he receive  
23 a period of probation. And as a part of that probation,  
24 he's going to be in the RPP program where he's going to  
25 have to remain drug and alcohol free for a period of one

1 year and be tested by RPP. And this is just as a  
2 precautionary matter. The IRC is also asking, of course,  
3 that he suffer a \$500 fine. That he not be a PIC or permit  
4 holder. And that's essentially the IRC's recommendation in  
5 respect to 2011-53. Any questions?

6 MR. ROSE: I just have one question. I  
7 wondered why, even though he's not addicted or wasn't found  
8 to be addicted by RPP that he does this but the last one  
9 didn't do it.

10 MR. HANKS: That we --

11 MR. ROSE: I mean, there wasn't any  
12 evidence here that he was addicted to anything as far as I  
13 can tell.

14 MR. HANKS: You mean the IRC's analysis  
15 on --

16 MR. ROSE: I'm just talking about RP- -  
17 - didn't he go to RPP?

18 MR. HANKS: Yes, sir. I think RPP may  
19 have recommended that he be --

20 MR. ROSE: For one year?

21 MR. HANKS: -- looked at for one year.

22 MR. ROSE: Oh, okay.

23 MR. HANKS: And you remember -- and  
24 that reminded me I wanted to talk to you all about your  
25 miss-fill cases that were on the IRC Report. The IRC

1 considers things that are not apparent on this document so  
2 we would be able to look at his entire licensing file. And  
3 anything that happened in his history or anything that  
4 causes us a little concern. And all of those kind of  
5 things that aren't necessarily in the public document or  
6 reviewed as part of the IRC process.

7 MR. LIVINGSTON: Pat, in this case, can  
8 you tell us how this arrest by DHEC was resolved? Was he  
9 charged?

10 MR. HANKS: He's currently in the PTI  
11 program. He has not completed it.

12 MR. LIVINGSTON: Okay.

13 MR. BUSHARDT: Do I hear a Motion for  
14 case number 2011-53?

15 MR. ROSE: There's a hand up.

16 MR. BUSHARDT: Excuse me. Yes, sir.

17 MR. MUSK GROVE: I have a question. It  
18 seems to me that, based on what you've told us, there's  
19 really no evidence to put this person into the RPP program.  
20 It almost comes across as a punitive measure. And  
21 secondly, if there are other things that you're taking into  
22 account on your recommendation, shouldn't they be included,  
23 because essentially you're including other things that have  
24 no direct relation on this offense. Is that true?

25 MR. ROSE: He needs to identify

1 himself.

2 MR. BUSHARDT: Yeah, you need to  
3 identify yourself for the Court Reporter.

4 MR. MUSKGROVE: Brian Muskgrove.

5 MR. BUSHARDT: This is a case of IRC  
6 coming up with what they think is supposed to happen. This  
7 is something that we have -- we don't know anything about  
8 the case except what we see right here. There may be some  
9 kind of -- I'm --

10 MR. HANKS: The most important thing I  
11 think, Mr. Chairman, is that the Respondent and his  
12 attorney understand the situation which he came from and  
13 they have decided that they would enter into this document;  
14 they have consented to the terms of the Agreement.

15 MR. BUSHARDT: That's right. And this  
16 is a Consent Order. This is something that both sides  
17 agree on.

18 MR. ROSE: I recommend that we accept  
19 the Consent Order.

20 MR. SPOON: Mr. Muskgrove.

21 MR. MUSKGROVE: Yes, sir.

22 MR. SPOON: Please don't take offense  
23 by what I'm about to tell you.

24 MR. MUSKGROVE: Okay.

25 MR. SPOON: I know that the Chair has

1 indicated to the members present, members of the public and  
2 other associations that are present, that public comments  
3 are welcome; and they are, but I'm going to advise them for  
4 purposes of presentation of Consent Agreements, that public  
5 comment is not accepted on those.

6 MR. MUSK GROVE: Okay. I'm sorry.

7 MR. SPOON: Okay. And I apologize for  
8 that. I know that was said earlier. And what was said  
9 earlier is still true. But this is a presentation of  
10 disciplinary case. The Respondent is not present, by their  
11 own consent, I assume. Mr. Hanks there --

12 MS. BUNDRICK: The Respondent is  
13 present.

14 MR. SPOON: Well the Respondent is  
15 present. Well, we would have asked the Respondent to come  
16 forward, but my advice is the same that for purposes of  
17 presentation of these disciplinary cases, that that's not  
18 appropriate to take public comment on. And I apologize.

19 MR. MUSK GROVE: I'm sorry.

20 MR. BUSHARDT: And I apologize, too.

21 MR. ROSE: And I made a motion.

22 MR. BUSHARDT: We have a Motion to  
23 accept the Consent Agreement. Do I hear a second?

24 MS. LONG: Second.

25 MR. BUSHARDT: We have a second. Any

1 other discussion?

2 (No response)

3 MR. BUSHARDT: Okay. All in favor  
4 signify by raising their right hand.

5 (Board members comply by uplifting their hand.)

6 MR. BUSHARDT: Opposed; likewise.

7 Motion passed.

8 MR. HANKS: And I believe that you have  
9 one situation where they're asking that you accept a  
10 Relinquishment and I note that there's a scrivener's error  
11 located in this document. And before we publish the  
12 document on the website, we'll find whoever drafted the  
13 document and we'll make sure that that error is corrected.  
14 But the thrust of the situation is that this individual had  
15 a technician's license -- excuse me, registration, and they  
16 were investigated by the Board. They capitulated to the  
17 conduct. And they advised that they no longer wished to  
18 act as a Technician in the State of South Carolina. And  
19 that they would ask this Board to accept their  
20 relinquishment of the registration with the understanding  
21 that there won't be any judicial review of this case and  
22 that they will not be eligible at any point in the future  
23 to act as a pharmacy technician in this state. This also  
24 is a public document. And this is in the matter of 2011-  
25 98.



1 MR. BUSHARDT: Do I hear a Motion?

2 MR. LIVINGSTON: Motion to accept.

3 MR. BUSHARDT: Do I hear a second?

4 MR. ROSE: Second.

5 MR. BUSHARDT: Okay. Motion 2011-98 is

6 -- the Motion is made and seconded to agree to the

7 Relinquishment. Do I hear any other discussion?

8 (No response)

9 MR. BUSHARDT: All in favor signify by  
10 raising their right hand.

11 (Board members comply by uplifting their hand.)

12 MR. BUSHARDT: And no; likewise.

13 Motion passed.

14 MR. HANKS: I believe that's it from my  
15 perspective. I'll just state that as it relates to the  
16 medication errors, we're still working off of a guideline,  
17 a chart, that you all have approved a number of years ago.  
18 And I suppose it would do us well from time to time to look  
19 at that chart; to understand how the RPP comes up with this  
20 various dismissal and other recommendations as it relates  
21 to the medication errors.

22 MR. ROSE: It might be a good idea to  
23 get -- we've got a number of Board members that probably  
24 never have seen that and also we'll probably have -- I know  
25 we'll have at least two more soon so it would certainly be

1 good for them to have a copy.

2 MR. HANKS: Yes, sir.

3 MS. BUNDRICK: I can put that on the  
4 agenda for the January meeting to discuss.

5 MR. BUSHARDT: Okay. We have the  
6 request for a release from probation, Brian Muskgrove?  
7 That's in your book.

8 MR. ROSE: And also a handout.

9 MR. BUSHARDT: And also a handout too.  
10 If you could be sworn in, please.

11 (The witness is sworn in.)

12 MR. BUSHARDT: Mr. Muskgrove, did you  
13 bring legal counsel with you today?

14 MR. MUSKGROVE: No, I did not.

15 MR. BUSHARDT: Then let it be known  
16 that -- do you want to have legal counsel?

17 MR. MUSKGROVE: No, I do not.

18 MR. BUSHARDT: Okay. Let it be known  
19 that he waived his right for legal counsel. Okay. Mr.  
20 Muskgrove, the floor is yours.

21 MR. MUSKGROVE: Thank you, Chairman.  
22 Board Members, thank you for hearing my request today. I  
23 know just attending this part of the meeting, I see you  
24 have a lot more important things to do. But the reason I'm  
25 in front of you today is I would like to ask to be released

1 from my probationary status on my license. The last time,  
2 before I came -- I came before the Board, it was agreed  
3 that the Board would entertain the idea of releasing me  
4 from probation once I received my Virginia license in full  
5 standing, with no restrictions on it. I went before the  
6 Virginia Board and they approved my license without any  
7 restrictions, as long as I pass the law exam, which I did  
8 last weekend. And I believe they may have even printed off  
9 a copy that shows you that my license is now active in  
10 Virginia. I just want to thank you for the time and  
11 patience that you've had with me through this matter. It's  
12 been several years to get where I am today, so I just want  
13 to thank you again. Any questions or anything that I can  
14 answer?

15 MR. ROSE: Mr. Chairman, I'd like to  
16 ask a question.

17 MR. BUSHARDT: Okay, sir.

18 MR. ROSE: Have you turned in your CE  
19 hours to the Virginia Board?

20 MR. MUSKGROVE: Yes, sir. I turned  
21 those in. They received them on Monday also. And I talked  
22 to the Board on Monday and they said on their website  
23 Tuesday that my name would appear, and it does when you  
24 pull up the Virginia Board of Pharmacy. I think it's  
25 020009540, is my license number.

1 MR. ROSE: Are you registered in any  
2 other states?

3 MR. MUSKGROVE: Maryland, at this time.

4 MR. ROSE: And it's still active too?

5 MR. MUSKGROVE: Yes, sir.

6 MR. BUSHARDT: Okay.

7 MR. LIVINGSTON: I make a Motion we  
8 accept his request.

9 MR. BUSHARDT: Anyone second?

10 MR. ROSE: Second.

11 MR. BUSHARDT: Any other discussion?

12 (No response)

13 MR. BUSHARDT: All in favor signify by  
14 raising your right hand.

15 (Board members comply by uplifting their hand.)

16 MR. BUSHARDT: No; likewise. The Motion  
17 is passed. Good luck, Mr. Muskgrove.

18 MR. MUSKGROVE: Thank you very much.

19 MR. BUSHARDT: Good.

20 MR. MUSKGROVE: Thank you again.

21 MR. BUSHARDT: Yes, sir. Old business.  
22 Any old business we need to discuss?

23 (No response)

24 MR. BUSHARDT: Okay. Then let's move  
25 on to the new business. Request for a PIC in two places -

1 Starting point of Florence and starting point of  
2 Darlington. Larry Grant.

3 MR. GRANT: It's kind of like going  
4 through one of those corn mazes at Halloween. Mr. Chairman  
5 and Board Members, it certainly is a pleasure to see  
6 everybody again. And I want to thank you for your offering  
7 me a few minutes of your time today.

8 MR. BUSHARDT: Larry, can you be sworn  
9 in real quick?

10 MR. GRANT: Sure.

11 (The witness is sworn in.)

12 MR. GRANT: When I left my position as  
13 Inspector, I wasn't quite sure exactly what I wanted to do  
14 and I knew I wasn't going to retire so I began searching  
15 for a position. And throughout my travels in this State  
16 I've met a lot of people, had a lot of contacts, so I  
17 started sending out resumes, emails, phone calls, and not a  
18 whole lot of result. To be honest with you, the job market  
19 in this State is kind of tight. I mean, there are some  
20 positions out there, but for the most part it's kind of  
21 tight. So my good friend Ernie told me about this clinic  
22 in Florence. It's a rehabilitation clinic and they needed  
23 a pharmacist. So I went up there, applied for the job and  
24 got the position. And it's two days a week: Tuesday and  
25 Thursday. And so now -- well, I became the PIC at that

1 site. So now they have a site in Darlington and so they're  
2 in need of a pharmacist over there. And so that pharmacy  
3 is open on Wednesday. So my request to you today is to  
4 give me permission to be PIC at Darlington, which that  
5 pharmacy is open on Wednesday; and then to continue to be  
6 the PIC at Florence which is open on Tuesday and Thursday.  
7 So basically it would be a three day a week job. And the  
8 physicians are there and nurses are there every day. But  
9 the actual production of the medication and the actual  
10 pharmacy is only open during those  
11 times. So there really wouldn't be any conflict, that I  
12 can see, you know, working at both places since they're not  
13 open at the same time.

14 MR. BUSHARDT: Any questions the Board  
15 would like to ask of Mr. Grant?

16 (No response)

17 MR. BUSHARDT: Do I hear a Motion?

18 MR. ROSE: I had one question.

19 MR. BUSHARDT: Okay.

20 MR. ROSE: Was there another pharmacist  
21 there at the Darlington location at one time?

22 MR. GRANT: There was a pharmacist  
23 there and she left. But in order to keep us legal with the  
24 state Pharmacy laws, Mr. Ernie Shuler stepped in and he  
25 agreed to be the PIC until I could get some kind of ruling

1 from the Board.

2 MR. BUSHARDT: Okay. Do I hear --

3 MR. HUBBARD: I move we accept his  
4 request.

5 MR. LIVINGSTON: Second.

6 MR. BUSHARDT: Any other discussion?

7 (No response)

8 MR. BUSHARDT: All in favor signify by  
9 raising their right hand.

10 (Board members comply by uplifting their hand.)

11 MR. BUSHARDT: Opposed; likewise.

12 Motion passed. Good luck, Larry.

13 MR. GRANT: Well thank you very much.  
14 And again, it's good to see everybody. I hope you have a  
15 good day.

16 MR. BUSHARDT: Good. Thanks. Request  
17 Approval of Reciprocity Application of Bonnie DeLoos?

18 MS. LOOS: Loos.

19 MR. BUSHARDT: Okay.

20 (The witness is sworn in.)

21 MR. SPOON: Ms. Loos, just for the  
22 record, are you represented by counsel today?

23 MS. LOOS: There was no discussion of  
24 counsel in my request to appear here. It was never offered  
25 as an option.

1 MR. SPOON: It's your application. The  
2 Board wants to make you aware that you do have the right to  
3 be represented by counsel. It's not a disciplinary action;  
4 it's a licensing application but you still have that right.  
5 If you're not represented by counsel today the Board would,  
6 just for purposes of the record, ask that you indicate that  
7 you waive -- that you understand that right and you waive  
8 that right on the record.

9 MS. LOOS: Okay. Sure. I understand  
10 the right and I waive it at this time.

11 MR. SPOON: Okay.

12 MR. BUSHARDT: All right. If you'd  
13 like to state your case for the Board, please.

14 MS. LOOS: I've applied for a license  
15 by reciprocity to South Carolina. I believe I've submitted  
16 all the required paperwork; passed my law exam. I'm just  
17 requesting that my license be approved.

18 MR. BUSHARDT: We have -- do we have  
19 paperwork on her?

20 MR. LIVINGSTON: I think it's in our  
21 book here. It's under D.

22 MR. LIVINGSTON: Yeah. We have a yes  
23 answer on her application.

24 MR. BUSHARDT: Yes. We have a yes  
25 answer on the second question. Would you like to explain



1 that to us so it will help us in our decision please?

2 MS. LOOS: Oh, okay. I answered yes to  
3 that question due to a Consent Agreement with the State of  
4 Massachusetts Board of Pharmacy pursuant to an anonymous  
5 complaint regarding failure to complete the ten day C2  
6 count requirements, as required in Massachusetts. We were  
7 visited by both the State and the DEA. The DEA declined to  
8 further pursue it but the State of Massachusetts held me  
9 liable for failure to maintain adequate control for not  
10 having documentation of the mandatory ten day counts.

11 MR. BUSHARDT: And that was in what  
12 year?

13 MS. LOOS: 2004. They came in in  
14 October of 2004; we settled in June of 2005.

15 MR. BUSHARDT: Okay. And no problem  
16 since then at all?

17 MS. LOOS: No. I've obtained licenses  
18 in nine other states since then.

19 MR. BUSHARDT: I saw that. I saw that.

20 MR. LIVINGSTON: And in June of 2005,  
21 it says here you basically -- the resolution was a written  
22 reprimand?

23 MS. LOOS: Yes.

24 MR. LIVINGSTON: Okay.

25 MS. LOOS: Based on my attorney's

1 recommendation was to accept the reprimand rather than  
2 adjudicate it.

3 MR. ROSE: Does the Board of Pharmacy  
4 in Massachusetts handle controlled drugs as well as  
5 Pharmacy Practice laws.

6 MS. LOOS: Yes, it does.

7 MR. ROSE: Whereas in South Carolina  
8 it's separate.

9 MS. LOOS: No. They're under the same  
10 umbrella. They're all under the Department of Public  
11 Health there.

12 MR. ROSE: Yeah. That would be the --  
13 yeah. In South Carolina it would have been probably a DHEC  
14 violation.

15 MR. BUSHARDT: And your main, your  
16 original license was in Massachusetts?

17 MS. LOOS: No. Sir, I originally  
18 licensed in the State of Indiana.

19 MR. BUSHARDT: In Indiana. And you  
20 still have your license with Indiana?

21 MS. LOOS: Correct.

22 MR. BUSHARDT: Good. Always keep that.  
23 Don't ever let that get away.

24 MS. LOOS: Yes. That's my base  
25 license.

1 MR. BUSHARDT: Okay. That's a very  
2 important --

3 MS. LOOS: It is.

4 MR. BUSHARDT: -- piece of information.

5 MS. LOOS: Yes, it is.

6 MR. BUSHARDT: Okay.

7 MR. LIVINGSTON: I have one question  
8 for you.

9 MR. BUSHARDT: Okay.

10 MR. LIVINGSTON: If we were to approve  
11 this, does she still have to have an interview by a Board  
12 member?

13 MR. BUSHARDT: No.

14 MR. LIVINGSTON: Okay. We can waive  
15 that then.

16 MS. BUNDRICK: No. It's considered a  
17 full Board.

18 MR. BUSHARDT: Right.

19 MR. LIVINGSTON: Okay.

20 MR. ROSE: I make a Motion we approve.

21 MR. BUSHARDT: Do I hear second?

22 MR. LIVINGSTON: Second.

23 MR. BUSHARDT: Any other discussion?

24 (No response)

25 MR. BUSHARDT: All in favor signify by

1 raising their right hand.

2 (Board members comply by uplifting their hand.)

3 MR. BUSHARDT: Opposed; likewise.

4 Welcome to South Carolina.

5 MS. LOOS: Thank you very much. I  
6 appreciate your time.

7 MR. BUSHARDT: Good. Okay. Request  
8 for Approval of Pharmacy Technician Registration  
9 Application. Carmellia Brown.

10 MS. BUNDRICK: I have a note that she  
11 is going to be late.

12 MR. BUSHARDT: Okay.

13 MS. BUNDRICK: I don't know if it was  
14 traffic or whatever.

15 MR. BUSHARDT: All right. We will skip  
16 to the next one then. Request Approval for Pharmacy  
17 Technician Registration Application. Rochaun Brantley.

18 MS. BUNDRICK: I have a note that she  
19 had a flat tire on I-26 and will be here as soon as she  
20 can.

21 MR. BUSHARDT: Casualties on the  
22 interstate today. Request Approval of Medical University  
23 of South Carolina's Memorandum of Agreement. And your last  
24 name is pronounced?

25 MS. KOKKO: Kokko.

1 MR. BUSHARDT: Kokko.

2 MS. KOKKO: It's a little more  
3 intimidating than -- it looks more intimidating than it is.

4 MR. BUSHARDT: Yeah. That extra K just  
5 got me. Okay. Dr. Kokko.

6 (The witness is sworn in.)

7 MR. BUSHARDT: And I would like to --  
8 we have a letter for a recusement from Carole.

9 MS. BUNDRICK: Yes.

10 MR. BUSHARDT: And we have that on  
11 file. Okay.

12 MS. KOKKO: Back in 2001 my predecessor  
13 worked with the Board to create a Memorandum of  
14 Understanding for all of the clinics that are at the  
15 Medical University. Basically what the agreement between  
16 the Board and Medical Center at the time was that if we had  
17 clinics that were located in buildings where we had  
18 pharmacy, permitted pharmacies, that that pharmacy permit  
19 would encompass those clinics as well. And we've grown  
20 over the years. We resigned this Agreement in 2008 and now  
21 we have even more places that we've opened in the last  
22 couple of years, so this is a update of that Agreement. So  
23 basically they're asking for six measures. The Hollings  
24 Cancer Center Pharmacy, located at Jonathan Lucas Street,  
25 will be the pharmacy permit that all of the permitted fac-

1 -- excuse me, all of the clinics in Hollings Cancer Center  
2 would fall under their permit. In the Rutledge Tower, the  
3 Rutledge Tower Retail Pharmacy has its own permit and then  
4 we have a separate permit for our, what we call Given-in  
5 Clinic. It's our pharmacy that provides clinic doses. So  
6 that pharmacy would cover all the clinics located in the  
7 Rutledge Tower. At the University Boulevard in North  
8 Charleston, we have a permitted facility that makes mostly  
9 infusions, oncology infusions. And there's one clinic out  
10 there that would be covered by that pharmacy permit. I've  
11 already mentioned the Given-in Clinic Pharmacy and the  
12 Hollings Cancer Center. And then we're opening up a new  
13 mail order pharmacy and we just wanted to be sure that that  
14 was on our list as well. There's no clinics in that  
15 building; it's just a mail order pharmacy that is working  
16 through the permitting process. So this is really just an  
17 update to that Agreement. Can I answer any questions for  
18 you about that? And I do have a listing. I'm not sure  
19 what the protocol typically is, but I do have some copies  
20 and I have a listing of all the clinics that are located in  
21 those buildings; so you would know which clinics would fall  
22 under those permits.

23 MR. BUSHARDT: Okay. If you want to  
24 pass those out that would be fine.

25 MS. KOKKO: Sure.

1 MR. BUSHARDT: Lee Ann, are all the  
2 requirements met for permitting and everything that you  
3 have seen here?

4 MS. BUNDRICK: You have a review of the  
5 MOU.

6 MR. BUSHARDT: Yeah.

7 MS. BUNDRICK: A report from Ms.  
8 Sanders?

9 MR. BUSHARDT: Yeah.

10 MS. BUNDRICK: And the information on  
11 that.

12 MR. ROSE: So are all of these  
13 pharmacies permitted facilities inspected on a regular  
14 basis?

15 MS. KOKKO: Yes, they are.

16 MS. BUNDRICK: Yes, they have.

17 MR. ROSE: And the PIC for the  
18 pharmacies in each location will be responsible for all the  
19 drugs in that location, no matter where they are; is that  
20 correct?

21 MS. KOKKO: That's correct.

22 MR. ROSE: So they have a -- I'm sure  
23 Joint Commission requires some kind of monthly inspection  
24 program.

25 MS. KOKKO: Absolutely. We have a

1 monthly inspection program of all of those clinic areas.  
2 And also the PIC works as their Consultant Pharmacist, so  
3 if they have pharmacy questions. All of the drugs that  
4 they have in those areas are approved by our pharmacy  
5 management team to be put in those clinics. So there's a  
6 pretty hefty review process.

7 MR. BUSHARDT: Any other questions  
8 anyone would like to ask Dr. Kokko?

9 MR. LIVINGSTON: I make a Motion we  
10 accept this Agreement.

11 MR. ROSE: Second.

12 MR. BUSHARDT: Any other discussion?

13 (No response)

14 MR. BUSHARDT: All in favor signify by  
15 raising their right hand.

16 (Board members comply by uplifting their hand.)

17 MR. BUSHARDT: No; likewise. Motion  
18 passed. Thank you very much.

19 MS. KOKKO: Thank you very much.

20 MR. BUSHARDT: Request approval of  
21 Reciprocity Application. Corinne Race. You got any  
22 information on her, Lee Ann?

23 MS. BUNDRICK: Corinne Race?

24 MR. BUSHARDT: Corinne.

25 MS. BUNDRICK: No, sir; I do not.



1 MR. BUSHARDT: We'll move her down  
2 then. Request of Intern Hours. Jeter Santos. Let's check  
3 the time. Maybe we are way ahead.

4 MS. BUNDRICK: We're ahead of the  
5 schedule. That's probably why.

6 MR. BUSHARDT: Okay. Okay. Well  
7 let's do that because I know that Scotti has a -- so we'll  
8 move on down because I know she has a plane to catch so  
9 we'll get her before our twelve o'clock meeting. Request  
10 Approval of Pharmacy Technician and Registration  
11 Application. Kenyatta Cureton. Which one is this?

12 MS. RACE: Corinne Race.

13 MS. BUNDRICK: Corinne Race. Okay.  
14 Good. Good. Okay. All right.

15 (The witness is sworn in.)

16 MR. SPOON: Ms. Race, you may not have  
17 been aware of this, but just for the record, the Board  
18 would ask if you are represented by counsel today?

19 MS. RACE: No; I'm not.

20 MR. SPOON: Okay. And you waive your  
21 right to be represented by counsel?

22 MS. RACE: Yes; I do.

23 MR. SPOON: Okay. Thank you.

24 MR. BUSHARDT: And I see you're wanting  
25 to transfer on the -- you answered yes to question number

1 two. Would you like to give us a little bit of information  
2 on that so it will help us with our decision please?

3 MS. RACE: Sure. That was for the  
4 disciplinary action? Am I correct?

5 MR. BUSHARDT: Right.

6 MS. RACE: Yes. Back in 19-- the  
7 incident occurred in '96 and it wasn't closed until '97. I  
8 incorrectly read and filled a prescription that was written  
9 for Ceftin for Cefzil. And was issued violation for the,  
10 you know, for the mistake made on the prescription.

11 MR. BUSHARDT: Okay. And there was no  
12 harm to the patient?

13 MS. RACE: No. The patient didn't take  
14 the medication and there was no harm done to the patient.

15 MR. BUSHARDT: Right.

16 MS. RACE: It was just cited by the  
17 Board.

18 MR. BUSHARDT: Right. Right. Any  
19 questions that the Board members would like to ask Ms.  
20 Race?

21 MS. BUNDRICK: There was another issue.

22 MR. BUSHARDT: Oh, was it? There was  
23 another issue?

24 MS. RACE: I'm not -- on a different  
25 question; correct.

1                   MR. BUSHARDT: Another -- okay. Oh  
2 yeah, I see that. Number six. Can you help me with that,  
3 please?

4                   MS. RACE: Yes. I applied for  
5 reciprocity to North Carolina back in May it was. And when  
6 I was filling out the initial NABP application, I didn't  
7 answer yes to receiving disciplinary action because when --  
8 I couldn't remember the exact dates or any information on  
9 it so I -- when I went on to the New York State website  
10 that they have to get the information on previous  
11 disciplinary action there was nothing listed under my name.  
12 When you go onto the website; there was nothing listed. So  
13 I called up New York State Board of Pharmacy to get more  
14 information telling them that I was seeking to reciprocate  
15 my license and I needed information on an incident that  
16 occurred but I couldn't remember the dates. I had moved.  
17 I didn't have any information with me anymore. And the  
18 woman on the phone told me that it was -- it's not listed  
19 in the computer because it was a minor and technical  
20 violation and according to their, I guess, policies and  
21 procedures, after a certain time, because it was so long  
22 ago, that all the information was destroyed and the only  
23 thing that they had on file was that it was a minor and  
24 technical violation and that was it. So I made the mistake  
25 in reading the question wrong; so I answered no, thinking

1 that it wasn't a disciplinary action when I found out  
2 afterwards that it still was considered disciplinary  
3 action.

4 MR. BUSHARDT: So did they deny you?

5 MS. RACE: So the North Carolina Board  
6 of Pharmacy asked me to reapply again, this time answering  
7 the questions properly, which I did reapply to North  
8 Carolina as well.

9 MR. BUSHARDT: Okay. So you have an  
10 application for --

11 MS. RACE: No, I actually just did. I  
12 actually was just there on Monday.

13 MR. BUSHARDT: Okay.

14 MS. RACE: And I just got my North  
15 Carolina license.

16 MR. BUSHARDT: Okay. Good. Good.

17 MS. RACE: It was just a matter of  
18 having to reapply and answer the questions properly.

19 MR. BUSHARDT: Right. Right.

20 MR. LIVINGSTON: I'll make a Motion we  
21 accept this.

22 MS. LONG: I second.

23 MR. BUSHARDT: The Motion is made and  
24 seconded. All in favor -- any other discussion?

25 (No response)

1 MR. BUSHARDT: Okay. All that approve  
2 signify by raising their right hand.

3 (Board members comply by uplifting their hand.)

4 MR. BUSHARDT: No; likewise. Motion  
5 passed. Thank you. Welcome to South Carolina.

6 MS. RACE: Thank you very much. Thank  
7 you. Have a nice day.

8 MR. BUSHARDT: Okay. Request Approval  
9 of Intern Hours. Jeter Santos. We're going to skip down  
10 to I. Request Approval of Pharmacy Technician Registration  
11 Application. Kenyata Cureton. Is that any --

12 MR. LIVINGSTON: I'm thinking we might  
13 have some people waiting in the hall. But we need to make  
14 sure.

15 MR. BUSHARDT: Can we check and see if  
16 anybody is in the hall? Any of these that we're skipping  
17 over.

18 MS. BUNDRICK: Okay.

19 MR. BUSHARDT: Any names -- check the  
20 names right there.

21 MS. BUNDRICK: Jeter Santos just walked  
22 in.

23 MR. BUSHARDT: There we go. Mr.  
24 Santos, we're ready for you. And if you'll be sworn in  
25 first please.

1 (The witness is sworn in.)

2 MR. SPOON: Mr. Santos, you have the  
3 right to be represented by counsel in this matter. Are you  
4 represented by counsel today?

5 MR. SANTOS: No. No, sir.

6 MR. SPOON: Do you waive your right to  
7 be represented by counsel today?

8 MR. SANTOS: I'm sorry?

9 MR. SPOON: I'm just asking you if you  
10 waive your right to be represented by counsel today?

11 MR. SANTOS: Yes, sir.

12 MR. SPOON: Okay.

13 MR. BUSHARDT: Okay. If you will state  
14 your case, Mr. Santos.

15 MR. SANTOS: Okay. My name is Jeter  
16 Santos and I'm a licensed pharmacy intern with the South  
17 Carolina Board of Pharmacy. Holding license number 7350.  
18 I was informed last month that there has been a amendment  
19 in the forms for the pharmacy interns regarding the  
20 stipulations for submission of forms some -- sometime since  
21 I last submitted forms in January of this year. When I  
22 began my internship in November 12, 2010 and I went and  
23 submitted forms to the Board on January 3, 2011, the  
24 Affidavit of Practical Experience and Authentication of  
25 Employment listed -- showed requirements for resubmission

1 of forms. The end of -- the beginning of each year -- I  
2 mean, sorry. The end or beginning of each year and within  
3 ten days of the beginning of employment or at the end of  
4 different employment. When I began my internship I was  
5 working at Walgreens Pharmacy on Celanese Road in Rock  
6 Hill, South Carolina. Beginning on May 28, 2011 I was  
7 transferred to work at Walgreens Pharmacy on Oakland Avenue  
8 in the same town. I was assured by my pharmacy manager  
9 where I began my internship, Jamie George, that because I  
10 was still working for the same company that my situation  
11 did not require a resubmission of forms. She has written a  
12 letter to attest to this fact. Currently, both the  
13 Affidavit of Practical Experience and Authentication of  
14 Employment forms have been amended to include a third  
15 stipulation for resubmission of forms within ten days of  
16 transferring within the same company. Based on the  
17 ambiguity of these forms, I respectfully ask the Board to  
18 consider my internship hours at both Walgreens' locations.  
19 Although this paperwork error occurred, I have physically  
20 completed the 1500 hours required and I have gained  
21 experience needed to sit for the next remaining exams. The  
22 Board has also had an issue counting my hours because my  
23 [inaudible] hours at Walgreens. On occasion I may work  
24 seven to eight days in a row. However, I only work five  
25 days within a given work week. Walgreens has not allowed

1 pharmacy interns or technicians to have any overtime in  
2 over a year. The Walgreens work week begins on Saturday  
3 and ends on Friday. I never work more than five days or 40  
4 hours per work. Please reconsider after studying my hours  
5 submitted. I have also -- I also have a letter from my  
6 store manager, Josh Heberle [ph], in regards to this  
7 matter. Thank you again for considering my case.

8 MR. BUSHARDT: Okay. We haven't  
9 amended the form. I think we added that to the bottom of  
10 the form just because we had people that weren't doing what  
11 they were supposed to do in Statute, so we just added that  
12 at the bottom to make it a little clearer for them. The  
13 form was not amended -- or the Statute was amended at all.  
14 It's always been you always have to go back and any time  
15 you move from store to store you have ten days to notify  
16 the Board.

17 MR. SANTOS: Okay.

18 MR. ROSE: A Preceptor can't be your  
19 Preceptor if he's not at the store you're at.

20 MR. BUSHARDT: That's right. That's  
21 right. So that's not an amendment; that was just trying to  
22 clarify to make it a little easier because we were getting  
23 people that weren't reading everything they were supposed  
24 to be reading and not doing it correctly. So we can't help  
25 you with that issue. Now, it says you can't work but 40



1 hours per week. And if you're not doing over 40 hours per  
2 week, then that's something that we can look at.

3 MR. SANTOS: Yes.

4 MR. BUSHARDT: Now how many hours --  
5 does he have enough intern hours already without this  
6 discrepancy?

7 MS. BUNDRICK: Yes, sir.

8 MR. BUSHARDT: So --

9 MS. BUNDRICK: Am I not correct?

10 MR. SANTOS: Yes. Yes, ma'am.

11 MS. BUNDRICK: He does.

12 MR. BUSHARDT: Yeah. So actually, Mr.  
13 Santos, I see that you want to come and state your case but  
14 you're okay. You've got enough hours. And I don't think  
15 we have an issue here.

16 MR. SANTOS: I mean, I need the 1500  
17 hours; right? So if you don't count the hours since when I  
18 started -- when I was transferred to the other store --

19 MR. BUSHARDT: I think you had enough -

20 -

21 MR. SANTOS: I don't -- I don't enough.

22 MR. BUSHARDT: I think he had enough  
23 even regardless of that discrepancy; didn't he?

24 MS. BUNDRICK: You only have to have  
25 500 hours of internship. 1500 total. 1000 of them has

1 come from the college.

2 MR. BUSHARDT: Right.

3 MS. BUNDRICK: So when you graduate,  
4 we'll get documentation from the college of 1000 hours.  
5 And the Statute says we will accept the 1000 hours from the  
6 college, but you have to have 500 additional hours in  
7 either institution or retail.

8 MR. SANTOS: Uh-huh (affirmative  
9 response).

10 MS. BUNDRICK: And you have over 500.

11 MR. SANTOS: All right.

12 MS. LONG: Those 1000 hours come from  
13 your fourth year?

14 MR. SANTOS: Because I went to school  
15 in another Country, so I had to pass the FBGC. I have the  
16 FBGC certification. And --

17 MS. LONG: Did you do rotations through  
18 the University?

19 MR. SANTOS: Yes. Back -- back in my  
20 home Country; yes, I did. So I'm not sure if that's  
21 considered as hours from my school. Back where I went to.

22 MS. BUNDRICK: So you were a foreign  
23 graduate?

24 MR. SANTOS: Yes, ma'am.

25 MS. BUNDRICK: I think as a foreign

1 graduate he has to have 1500.

2 MR. BUSHARDT: That's right. That's  
3 right.

4 MS. BUNDRICK: Okay. Let me check with  
5 Ms. Green to see exactly how many he has.

6 MR. BUSHARDT: Okay.

7 (Off the Record)

8 MR. BUSHARDT:  
9 We're back in session. Lee Ann, can you tell us what  
10 you've found here?

11 MS. BUNDRICK: Yeah. Ms. Green checked  
12 the computer and he has accrued the 948 intern hours  
13 approved that we have.

14 MR. BUSHARDT: Okay. And you've got  
15 your -- you have since then turned in your, for the new  
16 store where you're working now, your application, your  
17 request --

18 MR. SANTOS: Yes. I have turned it in  
19 already; yes, sir.

20 MR. BUSHARDT: Okay. And what about  
21 this Sunday to Saturday whatever?

22 MS. BUNDRICK: When we count the hours,  
23 we count them from Sunday to Saturday as a week because  
24 that's the week on the calendar. And he was saying that  
25 his work week was Saturday --

1 MR. SANTOS: Through Friday.

2 MS. BUNDRICK: -- through Friday.

3 MR. BUSHARDT: Is that a -- does the  
4 count come up different?

5 MS. BUNDRICK: Yes.

6 MR. ROSE: It does because he's working  
7 eight days in a row.

8 MS. BUNDRICK: He's working more than  
9 one -- more than --

10 MR. ROSE: And so he has more than five  
11 days in a week.

12 MR. BUSHARDT: Right.

13 MS. BUNDRICK: Right.

14 MR. BUSHARDT: Yeah. Okay.

15 MR. LIVINGSTON: Let me understand.  
16 You're saying --

17 MR. ROSE: But it all -- but it  
18 averages out to be correct; isn't that right?

19 MR. SANTOS: Yes. It means seven days  
20 I work --

21 MR. ROSE: You work, in 14 days, you  
22 work 80 hours?

23 MR. SANTOS: Correct. Ten days are  
24 eighty hours; yes, sir.

25 MR. LIVINGSTON: Lee Ann, you're saying

1 that he has 945 hours that are approved?

2 MS. BUNDRICK: 48.

3 MS. BUNDRICK: 948 approved.

4 MR. LIVINGSTON: Discounting this  
5 discrepancy?

6 MS. BUNDRICK: Yes.

7 MR. LIVINGSTON: So we're good with  
8 948?

9 MS. BUNDRICK: Yes.

10 MR. LIVINGSTON: Okay. And we do know  
11 for a fact that he has to get 1500 non- --

12 MS. BUNDRICK: Yes, he does. Because  
13 he's a foreign graduate.

14 MR. BUSHARDT: Okay. Okay. So Mr.  
15 Santos, exactly what are you asking us?

16 MR. SANTOS: To reconsider and list the  
17 hours for -- after changing to the new location. And the  
18 hours for the weekend that I work. Eventually I work like  
19 once or twice every month, every weekend.

20 MR. BUSHARDT: Okay. I don't think we  
21 can help you with the not turning in your Registration  
22 within the said period of time. That's pretty much in the  
23 Statute. We don't have much leeway in that. With the  
24 number of hours -- are the hours in the Statute too? Or is  
25 that just --

1 MR. ROSE: It says 40 hours a week.

2 MS. BUNDRICK: He can't work more than  
3 40 hours a week.

4 MR. BUSHARDT: 40 hours per week.

5 MR. SPOON: I've got a microscopic font  
6 that printed out on my copy of the Practice Act. Do you  
7 know what section that is? I've been hunting for it for  
8 the last five minutes and -- I know you don't have it in  
9 REG but --

10 MS. LONG: I mean, does it define a  
11 week as the way they count it, Saturday to Sunday? Is that  
12 what you said y'all count?

13 MR. ROSE: Sunday to Saturday.

14 MS. BUNDRICK: We count Sunday to  
15 Saturday.

16 MS. LONG: Or is it in a seven day  
17 period you can't work more than 40 hours a week?

18 MR. ROSE: I think it just says week,  
19 if I remember correctly.

20 MS. LONG: Yeah. I mean, if it says  
21 that, then he's fine. Because you know it's just a  
22 different definition of a week.

23 MR. ROSE: And a lot of places, if you  
24 work at night, you might work seven days on and seven off  
25 so you wouldn't necessarily -- I mean, in two weeks you

1 work your 80 hours but you would work them all in one week.

2 MS. LONG: Well, this specifically says  
3 on the top of the form that you can't work more than 40  
4 hours a week but it doesn't sound like he is; it's just a  
5 different definition of a week. So if in one seven --

6 MR. ROSE: It's according to when the  
7 place you're working at --

8 MS. LONG: Defines --

9 MR. ROSE: -- what the dividing day is.

10

11 MR. SANTOS: It's like --

12 MR. ROSE: If it's a Wednesday and you  
13 work four days and then three more --

14 MS. LONG: Right.

15 MR. ROSE: -- you'd still have one --  
16 and then every two weeks, so. There are a lot of  
17 variations. Everybody doesn't work Monday through Friday.

18 MR. SANTOS: Just an explanation. I  
19 was off last week. So it started on Saturday, tomorrow's  
20 my last payroll date tomorrow. So I'm going to work  
21 Saturday, Sunday this week -- and Saturday and Sunday is a  
22 part of next week according to my company.

23 MR. ROSE: Most places now divide it up  
24 so that you don't get overtime.

25 MR. SANTOS: Right. Yeah, I never get

1 overtime.

2 MR. ROSE: The week ends on a day so  
3 that 40 hours stops right there and then you go 40 hours  
4 the next week. A lot of hospitals do that, I know. It's  
5 because of the legislation on hours and overtime and all  
6 that kind of stuff.

7 MS. BUNDRICK: You found it. I can't  
8 hardly read --

9 UNIDENTIFIED SPEAKER: It's 40-43-85.

10 MS. BUNDRICK: Yeah.

11 MS. LONG: It's one line above 40-43-  
12 86. The line above that.

13 MS. BUSHARDT: They found it.

14 MR. LIVINGSTON: Can you read that for  
15 us so we --

16 MR. BUSHARDT: No more -- the  
17 regulation says, No more than 40 hours per week of  
18 internship training may be allowed. So actually, I guess,  
19 we can see how we define -- the week is not defined.

20 MR. ROSE: I think it would be -- you  
21 go by the week for the employ- -- whoever employed the  
22 person. I mean, the person that works for the State's  
23 probably going to work Monday through Friday so they define  
24 a week as Monday through Friday and then the weekend, I  
25 guess. Or Sunday. But Walgreens probably defines their



1 week as starting on a certain day like Wednesday probably,  
2 or --

3 MR. SANTOS: Saturday through Friday.

4 MR. BUSHARDT: Yeah.

5 MR. ROSE: Saturday through Friday?

6 MS. LONG: That's to give them the  
7 weekends.

8 MR. ROSE: Yeah. It splits the weekend  
9 up to be in two different pay periods.

10 MR. BUSHARDT: Mr. Santos, I think what  
11 we've got here is that we cannot -- we cannot help you on  
12 the Statute part but we may be able to help you on the  
13 hours part. I think what we need to do is that you need to  
14 get with Ms. Bundrick and you need to -- and she can help  
15 you figure out exactly how many hours that you really have.

16 MR. SANTOS: Okay.

17 MR. BUSHARDT: And she'll be glad to do  
18 that. Won't you, Lee Ann?

19 MS. BUNDRICK: Yes, sir; I will. I  
20 guess I need direction from you as to what the work week --  
21 what we consider the week?

22 MR. BUSHARDT: It doesn't -- it doesn't  
23 have -- it just says 40 hours per week. It doesn't signify  
24 Saturday to Sunday or Wednesday to Friday, or whatever,  
25 whatever.

1 MR. ROSE: Yeah.

2 MR. BUSHARDT: You know, it doesn't say,  
3 so -- it's not a definition. So I think maybe that we  
4 might look at his hours; if whatever days that he considers  
5 his work week, I think that would be okay. As long as it's  
6 no more than 40 hours in a work week.

7 MS. BUNDRICK: Okay. Well then I guess  
8 from this point forward we need to ask the intern what  
9 their hour week is before we start trying to figure their  
10 hours out?

11 MS. LONG: I would think that's going  
12 to be an ongoing issue; would be my guess.

13 MS. BUNDRICK: We've always done it  
14 like that but if --

15 MR. BUSHARDT: Right.

16 MS. BUNDRICK: -- we need to change it;  
17 we can.

18 MR. BUSHARDT: Right. Right. You  
19 know, I think probably we can check with -- you could  
20 probably make four phone calls or probably ask people right  
21 here in the store here -- I mean in the audience here what  
22 the chains are doing.

23 MR. LIVINGSTON: Can we not do this?  
24 Can I make a Motion to define a week as seven consecutive  
25 days? And then that would --

1                   MR. SPOON: I mean, your Practice Act  
2 just says there's no other section that addresses this.  
3 It's Section 85. It says, No more than 40 hours per week  
4 of Internship training may be allowed. So, you know,  
5 without -- were you able to get a count? I think you said,  
6 Lee Ann, you said previously you had gotten a count of the  
7 hours.

8                   MS. BUNDRICK: You're talking from  
9 January forward? Is that -- is this the one you were  
10 talking about?

11                   MR. SANTOS: Yes. The beginning of the  
12 year until May the -- the end of May.

13                   MR. BUSHARDT: Yes?

14                   MS. CAIN: Pam Cain, C-A-I-N. May I  
15 make a recommendation that there be review by a Committee  
16 of the form. I think it's the Intern form that may be the  
17 question. And I think it designates it as Sunday through  
18 Saturday. And I think what Lee Ann is asking is guidance  
19 that at the top, whoever's filling out the form has to  
20 designate what their week is --

21                   MS. BUNDRICK: Yeah.

22                   MS. CAIN: -- so the person in staff  
23 will know what to look at as far as what the definition of  
24 week is.

25                   MS. LONG: I think that's a good idea.

1 The later part. The form itself doesn't designate any kind  
2 of -- I mean, it just says January 1, 2, 3, 4, 5. So it  
3 doesn't designate what day of the week. But I do think  
4 it's --

5 MS. CAIN: But I think there's an  
6 understanding or a previous from historical that it was a  
7 calendar week. And I know my calendar starts Monday. But  
8 traditionally they were Sunday through Saturday. And so  
9 she's just asking for clarification so the staff will know  
10 what to look at on the form.

11 MR. BUSHARDT: Sure.

12 MS. BUNDRICK: I'd have to figure these  
13 hours up.

14 MR. BUSHARDT: Right.

15 (Off the Record Discussion)

16 MR. BUSHARDT: Okay. We're going to  
17 take a short break. Lee Ann, if you can get --

18 MS. BUNDRICK: I'm figuring it up right  
19 now.

20 MR. BUSHARDT: Okay.

21 MR. ROSE: Well, what I'd like to ask.  
22 Lee Ann, have we denied hours in the past because of this?

23 MS. BUNDRICK: Well I can't answer that  
24 --

25 MR. ROSE: I'm just asking --

1 MS. BUNDRICK: -- in full.

2 MR. ROSE: -- a question. Who wouldn't  
3 want --

4 MS. BUNDRICK: I don't know how OLC  
5 counted them.

6 MR. ROSE: Huh?

7 MS. BUNDRICK: I don't know how OLC  
8 counted them when were they were in charge.

9 MR. ROSE: Yeah. Well, what about when  
10 we were in charge?

11 MS. BUNDRICK: But I don't recall  
12 really denying anybody the hours before that. In the past.

13 MR. ROSE: Yeah. We wouldn't want to  
14 rule it's okay for him to do it if we have denied in the  
15 past, I don't think. Personally.

16 MS. BUNDRICK: Well, you know, we may  
17 not know whether -- because we may have denied them and  
18 nobody ever questioned why they were denied.

19 MR. SPOON: Yeah. And that's a fair  
20 point.

21 MS. BUNDRICK: Yeah.

22 MR. SPOON: I think what you're saying  
23 -- what you're saying is is that this may be, since the  
24 organizational change that occurred, this may be one of the  
25 first applications that you've had a chance to look at

1 since the function was moved back to your --

2 MS. BUNDRICK: And there was a  
3 question.

4 MR. SPOON: -- to your office.

5 MS. BUNDRICK: Yes.

6 MR. SPOON: I was just suggesting to  
7 the Chairman, for several different reasons, that could you  
8 confer -- we could just recess this hearing; could you  
9 confer with Mr. Santos and sort of join the issues a little  
10 bit better for the Board to see what exactly they're being  
11 asked to do? Because -- and I may be the only one in the  
12 room, but it's not really clear to me, anyway. I mean,  
13 you've indicated that I think our target is 1500?

14 MS. BUNDRICK: Right. That's correct.

15 MR. SPOON: All right. And the other  
16 thing that we discussed a little bit was, there may be some  
17 thought process in the future as far as how the forms look,  
18 but for purposes of this Application, that wouldn't apply  
19 to him because the forms that we use are the ones we're  
20 using currently. So you -- I don't know how the other -- I  
21 don't know how the Board feels about it. That's just my  
22 suggestion.

23 MS. LONG: Well, are there hours that  
24 would be eligible if we denied his own request for using  
25 the old form and not having submitted a new form under the

1 new employment; are there hours that were denied due to  
2 that circumstance?

3 MS. BUNDRICK: Yes.

4 MS. LONG: Alone?

5 MS. BUNDRICK: When you didn't -- when  
6 he didn't send in a New Employment Notification when he  
7 switched from one Walgreens to the next Walgreens, those  
8 are two different permit numbers, two different facilities,  
9 he did lose hours. Correct?

10 MR. SANTOS: Yes, ma'am.

11 MS. BUNDRICK: He did.

12 MS. LONG: But this is in addition to  
13 those. So these are qualifying hours --

14 MS. BUNDRICK: This is separate from  
15 that. Right?

16 MR. SANTOS: Correct. Yes.

17 MS. LONG: Okay. So these are  
18 qualifying hours if we -- see, I don't think we have that  
19 information in here.

20 MS. BUNDRICK: Yeah.

21 MS. LONG: Okay.

22 MS. BUNDRICK: This is separate from --

23 MS. LONG: These are two different  
24 issues?

25 MS. BUNDRICK: -- the form.

1 MR. ROSE: And I know that in the past  
2 we've denied hours because --

3 MS. BUNDRICK: Yeah.

4 MR. ROSE: -- they didn't get the  
5 Preceptors to send it in or --

6 MR. BUSHARDT: Right.

7 MR. ROSE: -- they didn't notify -- I  
8 know a lot of people at one time were having trouble with  
9 the colleges not notifying the students that they had to  
10 turn it in every January. And students lost hours because  
11 of that. So it's -- that part I don't think we can have  
12 anything --

13 MR. BUSHARDT: No.

14 MS. LONG: I just wanted to make sure  
15 it was separate --

16 MR. ROSE: But the other part, as far  
17 as the hours --

18 MS. LONG: -- and we're not talking  
19 about hours that don't even qualify.

20 MS. BUNDRICK: Right.

21 MR. ROSE: I mean, it's unfortunate but  
22 also it's in the Statute. That they have to have a  
23 Preceptor and the Preceptor's duty is to work where they  
24 are working, so.

25 MR. LIVINGSTON: I want to make a



1 Motion for a recess. But in that recess, how about figure  
2 out how many hours we have disallowed him because he was  
3 working more than what we consider a week. Okay?

4 MS. BUNDRICK: Okay.

5 MR. LIVINGSTON: And when we return, if  
6 you can give us that information, we'll reconvene.

7 MS. BUNDRICK: Okay. All right.

8 (Recess 11:00 a.m. - 11:13 a.m.)

9 MR. BUSHARDT: Okay. Lee Ann, do you  
10 have -- the Board is back in session now. Do you have an  
11 account on the hours?

12 MS. BUNDRICK: Yes, sir. If we count  
13 the work week the way his company does, he would have  
14 worked 740 hours. We only gave him credit for 692 hours.  
15 So that's a difference of 48 hours.

16 MR. BUSHARDT: Okay.

17 MS. BUNDRICK: If we give him those 48  
18 hours and his first year of 256 hours, he would have 996  
19 total approved Intern hours.

20 MR. BUSHARDT: A total of 990 --

21 MS. BUNDRICK: -96, total.

22 MR. BUSHARDT: 996.

23 MS. BUNDRICK: But 256 of that is last  
24 year's that were approved.

25 MR. BUSHARDT: Okay.

1                   MR. SPOON: So procedurally, on an  
2 Application or a request like this, and I know you didn't  
3 have that opportunity with this Application, but what you  
4 would typically do is you would make some review of the  
5 hours pursuant to the Application. So to give you that  
6 opportunity now to say what the Board's position, as they  
7 have delegated that to you for application review purposes,  
8 to give you that opportunity now to say what's your  
9 position on the number of hours that have been earned.

10                   MS. BUNDRICK: Well based on discussion  
11 previously regarding the work week from the Board, I would  
12 say that we would need to give him an additional 48 hours.

13                   MR. BUSHARDT: And Mr. Santos, does  
14 that meet with your approval?

15                   MR. SANTOS: Yes, sir.

16                   MR. BUSHARDT: Okay. So --

17                   MR. SPOON: When you say that -- you  
18 and the Administrator, for the record, have talked and  
19 you've -- I'm asking, have you reached a --

20                   MR. SANTOS: Yes. I accept the 48  
21 hours. Yes, sir.

22                   MR. SPOON: -- consensus on the number  
23 of hours that you've earned?

24                   MR. SANTOS: That's correct.

25                   MR. SPOON: What is that number?

1 MR. SANTOS: 996.

2 MS. BUNDRICK: Are you talking about  
3 total? Total for this form?

4 MR. SPOON: Uh-huh (affirmative  
5 response).

6 MS. BUNDRICK: Would be 740 hours.

7 MR. LIVINGSTON: Plus the 250 from the  
8 --

9 MR. SANTOS: That's 256 from last year.

10 MS. BUNDRICK: That's 256 from the  
11 first year.

12 MR. BUSHARDT: Okay. So if --

13 MS. BUNDRICK: So he would have a total  
14 of 996 hours.

15 MR. BUSHARDT: So --

16 MR. SPOON: My advice then, Mr. Santos,  
17 if you're satisfied with that count, for lack of a better  
18 word, that interpretation from the Administrator, my  
19 suggestion to the Board would be that they're not required  
20 to make a decision on your request. If you're satisfied in  
21 going forward with the Application interpretation that  
22 you've gotten from the Administrator.

23 MR. SANTOS: Yes; I'm satisfied with  
24 that. Yes; I accept that.

25 MR. BUSHARDT: Thank you very much, Mr.

1 Santos, for coming.

2 MR. SANTOS: Thanks for the  
3 opportunity.

4 MR. BUSHARDT: All right. Request  
5 Approval of Pharmacy Technician Registration Application.  
6 Kenyatta Cureton.

7 MS. BUNDRICK: She's here.

8 MR. BUSHARDT: Okay. All right. If  
9 you'll come forward and be sworn in.

10 (The witness is sworn in.)

11 MR. BUSHARDT: And Lee Ann, I'm going  
12 to let you present what the reason because of this  
13 Registration coming before the Board, please.

14 MS. BUNDRICK: She answered yes on the  
15 question, Have you ever been convicted of any criminal or  
16 civil charges, other than a minor traffic ticket? And in  
17 her explanation she states she was arrested for malicious  
18 damage, driving under suspension, uninsured motor vehicle  
19 and malicious injury to personal property.

20 MR. BUSHARDT: Okay.

21 MR. SPOON: And that was the reason  
22 there was a yes answer on the Application --

23 MS. BUNDRICK: Yes, sir.

24 MR. SPOON: -- for Pharmacy Tech?

25 MS. BUNDRICK: Yes, sir.

1 MR. BUSHARDT: Right.

2 MR. SPOON: And Ms. Cureton, just for  
3 the record, the Board has been provided a copy of your SLED  
4 check.

5 MS. CURETON: Uh-Huh (Affirmative  
6 response.)

7 MR. SPOON: I think they had it in their  
8 materials previously. And would you be sworn in, please?

9 MR. BUSHARDT: She's been sworn in.

10 MR. SPOON: Oh you have. I apologize.

11 MS. CURETON: That's okay.

12 MR. SPOON: You have the right also to  
13 be represented by counsel. Are you represented by counsel  
14 today?

15 MS. CURETON: I haven't spoken with a  
16 councilman.

17 MR. SPOON: An attorney -- are you  
18 represented by an attorney?

19 MS. CURETON: An attorney?

20 MR. SPOON: Are you -- I'm sorry.

21 MS. CURETON: Excuse me?

22 MR. SPOON: I'm starting to lose my  
23 voice maybe. Are you represented by an attorney?

24 MS. CURETON: No, sir.

25 MR. SPOON: Okay. Do you waive your

1 right to be represented by an attorney for this hearing?

2 MS. CURETON:: Yes, sir.

3 MR. SPOON: Okay.

4 MR. BUSHARDT: All right. Would you  
5 like to give us a little explanation, your explanation, for  
6 these actions, please?

7 MS. CURETON: I was going through an  
8 abusive relationship with an ex-boyfriend. And he had did  
9 some damage to my car. And I was upset. And I pretty much  
10 retaliated and I did some damage to his car. And I was  
11 arrested for it.

12 MR. BUSHARDT: And was he arrested  
13 also?

14 MS. CURETON: No, sir. What he did, it  
15 was at home and there wasn't nobody around but when I did  
16 what I did it was in a public place so it made a  
17 difference.

18 MR. BUSHARDT: Yeah. And what year was  
19 that?

20 MS. CURETON: 2003.

21 MR. BUSHARDT: 2003. And have you had  
22 any problems since 2003?

23 MS. CURETON: No, sir.

24 MR. ROSE: She had a driving thing.  
25 Driving under suspension; no insurance. Is that correct;

1 driving under suspension with no insurance?

2 MS. CURETON: Well, I had insurance on  
3 it but they said that my -- I hadn't paid taxes and that's  
4 why my license was suspended. And then at the unpaid taxes  
5 -- they said I wasn't supposed to have been driving so  
6 that's why they said that about the uninsured vehicle.  
7 Because I was an uninsured driver at the time.

8 MR. BUSHARDT: And that was what year?

9 MS. CURETON: This year. Last year.

10 MR. BUSHARDT: Last year.

11 MR. ROSE: So you didn't have any DUI's  
12 or --

13 MS. CURETON: No, sir.

14 MR. ROSE: -- speeding tickets or  
15 anything like that?

16 MS. CURETON: No, sir. Unpaid taxes.  
17 I had lost my job and I couldn't afford to pay the taxes at  
18 the time and so. And I was pulled over.

19 MR. ROSE: So you were driving someone  
20 else's vehicle; is that correct?

21 MS. CURETON: It was my vehicle.  
22 That's why --

23 MR. ROSE: Oh you just --

24 MS. CURETON: -- that's why they  
25 charged me with uninsured motorist because it was in my

1 name.

2 MS. BUNDRICK: And you're actually  
3 going to Virginia College; is that correct? Pharmacy  
4 Technician Program?

5 MS. CURETON: Yes, ma'am. And I also  
6 have a 3.5 GPA.

7 MR. LIVINGSTON: Where is -- and maybe  
8 I missed this, driving under suspension; is that suspension  
9 of your license?

10 MR. ROSE: Yeah.

11 MS. CURETON: Yes. I had --

12 MR. ROSE: She said she didn't pay her  
13 taxes.

14 MR. LIVINGSTON: All right.

15 MS. CURETON: I have them back now  
16 though.

17 MR. BUSHARDT: Okay. Any other  
18 questions?

19 (No response)

20 MR. BUSHARDT: Okay. Ms. Cureton, what  
21 we're going to do is we're going to have an Executive  
22 Session before we go for lunch and we will review your case  
23 and then you can either wait around or either you can call  
24 back to the Board this afternoon and you can hear what our  
25 conclusion was.



1 MS. CURETON: Okay.

2 MR. BUSHARDT: But we'll do it today.

3 Thank you very much.

4 MS. CURETON: Thank you.

5 MR. BUSHARDT: We appreciate your  
6 coming.

7 MS. CURETON: You're welcome.

8 MR. BUSHARDT: Request for Approval of  
9 Non-Resident Wholesale Distributor Manufacturer's  
10 Application, TEVA Animal, Incorporated. Okay. Laura  
11 Cannon?

12 MS. CANNON: Yes.

13 COURT REPORTER: Raise your right hand.

14 MR. BUSHARDT: Lee Ann, you want to  
15 tell us what reason this one was brought before the Board?

16 MR. ROSE: Let her swear her in.

17 MR. BUSHARDT: Oh excuse me. Go ahead.

18 (The witness is sworn in.)

19 MS. CANNON: I'm sorry. Could you  
20 repeat the question?

21 MR. BUSHARDT: Lee Ann is going to  
22 present why this was brought before the Board.

23 MS. BUNDRICK: She answered yes, or the  
24 Applicant answered yes to Violated drug laws, Rules,  
25 Statutes and Regulations of South Carolina or any other

1 State or Country in the United States?

2 MR. BUSHARDT: Okay. Ms. Cannon, would  
3 you like to address this issue for us please?

4 MS. CANNON: Yes. The TEVA Animal  
5 Health site in Saint Joseph, Missouri is under a Consent  
6 Decree they've entered into with the Food and Drug  
7 Administration. And while that -- that was dated July 31st  
8 of 2009. And while we have entered into that Consent  
9 Decree, that is not an admission of guilt. But in good  
10 faith and in the vain of full disclosure, we felt it more  
11 appropriate to answer that question as yes rather than no.  
12 And so I'm here to, you know, explain or answer any  
13 questions you might have with regard to that Consent  
14 Decree.

15 MR. BUSHARDT: Exactly what does TEVA  
16 Animal Health; is that --

17 MR. ROSE: Part of TEVA Corporation?

18 MS. CANNON: We are part of TEVA  
19 Pharmaceuticals.

20 MR. BUSHARDT: TEVA. Okay.

21 MS. CANNON: TEVA Animal Health  
22 manufacturers animal pharmaceuticals, primarily. Will be;  
23 we're not manufacturing at the moment.

24 MR. BUSHARDT: And you'll be dealing  
25 mainly with veterinarians?

1 MS. CANNON: Yes.

2 MR. ROSE: The list of people in here,  
3 is this current accounts or is it probable accounts, or  
4 possible accounts?

5 MS. CANNON: They're current. We -- I  
6 don't know, maybe it would be best to explain the process  
7 for resolving a Consent Decree. I don't know if that would  
8 be helpful for you?

9 MR. ROSE: I just -- do you currently  
10 have a permit in South Carolina?

11 MS. CANNON: No. We've requested  
12 license.

13 MR. ROSE: But you're already supplying  
14 all these people?

15 MS. CANNON: I don't know if those are  
16 all South Carolina sites or --

17 MR. ROSE: It's about eight pages of  
18 people. It's a list -- it looks like it's a list of all  
19 the veterinarians in South Carolina.

20 MS. CANNON: I think those are  
21 potentials.

22 MR. ROSE: All the hospitals --

23 MS. CANNON: Those are potential.

24 Those are not --

25 MR. ROSE: We're getting -- we get this

1 occasionally and it's just a list of all the people  
2 possible.

3 MS. CANNON: Current.

4 MR. ROSE: I sure hoped you weren't  
5 sending anything in to South Carolina right now. You know,  
6 we would hope you're not sending anything into South  
7 Carolina now.

8 MS. CANNON: We work through  
9 distributors and it's possible that distributors may have.  
10 And we're working toward gaining licensure in those -- in  
11 States. And we don't know where they distribute so we're  
12 working on licensing everywhere we can.

13 MS. BUNDRICK: We have a question that  
14 we ask on the application. Location of facility or  
15 customers in South Carolina to which you will be shipping  
16 drugs. So that's why we have the list.

17 MR. BUSHARDT: Yeah. Okay. Okay.

18 MR. ROSE: Because I know a while back  
19 we had a manufacturer that had a list in there and a lot of  
20 the -- it was a compounding pharmacy and the people on the  
21 list that I knew from Greenville had no idea even who the  
22 company was. So I guess she could probably go get -- this  
23 looks like a list of all the veterinarian and animal  
24 hospitals in South Carolina.

25 MS. CANNON: And I'm sure from a sales

1 and marketing prospective, that's who all the salesmen  
2 would hope to eventually reach.

3 MR. LIVINGSTON: Can you describe to us  
4 the FDA action that was taken against TEVA --

5 MS. CANNON: Yes.

6 MR. LIVINGSTON: -- and where -- what  
7 facility that was taken against?

8 MS. CANNON: Yes. It is against these  
9 -- TEVA Animal Health and all of its facilities, so  
10 primarily it's located in Saint Joseph, Missouri. We also  
11 had a facility in Fort Dodge, Iowa. We since have closed  
12 that facility. It was an antibiotic facility, Beta-Lactam  
13 facility, have closed that one. We have been since then in  
14 the process of remediating all of everything at the site.  
15 We have rebuilt manufacturing facilities. We have  
16 remediated, if you have read the Consent Decree, we have to  
17 have third-party experts on site with us, which we have had  
18 since August of 2009. They are there overseeing the  
19 remediation activities. We -- in order to gain the ability  
20 per FDA to market products again, we have to have  
21 certification by those third-party experts, where they come  
22 in and audit to assure that we are operating in compliance  
23 with FDA's Good Manufacturing Practice Regulations. They  
24 certify directly to the FDA. The FDA then has the option  
25 to come in and inspect our facilities and grant us the

1 ability to market products -- commercially distribute  
2 products again. We have completed that process for what we  
3 call turn-key products, which are basically purchase and  
4 resell. And those are the products we are currently  
5 distributing. We are not manufacturing products for  
6 distribution at this point in time. So everything that we  
7 are selling at the moment are products that we have sourced  
8 from another manufacturer and are going through our sales  
9 and distribution center. We are very close to bringing the  
10 manufacturing facility back up into compliance. In fact,  
11 as we speak, we're having a close-out of our large third-  
12 party certification audit where they are reviewing all of  
13 the quality systems that we have remediated, all of the  
14 laboratory functionality that we have remediated and one of  
15 our manufacturing areas that we're intending to bring up.  
16 Once that certification is complete, they will report that  
17 to FDA and FDA will then -- we have hopes that before the  
18 end of the year FDA will be back in to inspect our  
19 manufacturing facility to grant us then authorization to  
20 distribute those products.

21 MR. ROSE: I've got one other question.

22 MR. BUSHARDT: Okay.

23 MR. ROSE: Would you say that as a part  
24 of being -- you're going to be a wholesale distributor; is  
25 that correct? And a manufacturer?

1 MS. CANNON: We will be a distributor;  
2 yes. We sell to wholesale distributors.

3 MR. ROSE: And you sell directly to the  
4 veterinarians too?

5 MS. CANNON: We do some of that as  
6 well.

7 MR. ROSE: Okay. Do you supply  
8 products from your parent company TEVA that would be sold  
9 through you to veterinarians; like antibiotic capsules, for  
10 instance?

11 MS. CANNON: TEVA primarily is a human  
12 drug manufacturer. Animal health -- the Saint Joseph  
13 facility is the only animal health facility that we have.  
14 And there are human drugs that are sold into the veterinary  
15 market as well.

16 MR. ROSE: Right. Like diphenhydramine  
17 or --

18 MS. CANNON: Yes.

19 MR. ROSE: -- or Amoxicillin, or those?

20

21 MS. CANNON: Yes. But those are  
22 handled out of, you know, TEVA Pharmaceuticals and not  
23 directly handled through --

24 MR. ROSE: Oh. So they wouldn't --

25 MS. CANNON: They do not come to our

1 facility and then we distribute them; no.

2 MR. ROSE: Okay.

3 MS. CANNON: They're distributed  
4 directly from TEVA.

5 MR. ROSE: So would your people that  
6 are in the field do both for a veterinarian? Or would they  
7 just get it through a wholesaler like a regular drug  
8 wholesaler for the human products that they were going to  
9 use for animals?

10 MS. CANNON: I believe our salesmen  
11 would -- could represent those products but they would buy  
12 them directly through TEVA Pharmaceuticals and not through  
13 the animal health facility.

14 MR. ROSE: Okay.

15 MR. LIVINGSTON: You mention in one of  
16 these letters that you have the intention to be VAWD  
17 accredited. Has that process started?

18 MS. CANNON: I'm not sure on that one.

19 MR. LIVINGSTON: Okay.

20 MR. BUSHARDT: Any other questions?

21 Ms. Cannon, what we'll do is we'll go into Executive  
22 Session before we go to lunch and we will discuss the  
23 issues and you can wait around or either you can call back  
24 to the office and we'll let you know of our decision.

25 MS. CANNON: Okay.



1 MR. BUSHARDT: Thank you very much.

2 NABP, Scotti Russell.

3 MS. RUSSELL: Good morning.

4 MR. BUSHARDT: Good morning.

5 MR. ROSE: Good morning. She doesn't  
6 need to be sworn in.

7 MS. RUSSELL: I'm really not  
8 testifying. I'm just giving -- I promise to tell the truth  
9 though. I won't lie to you about anything. I'm here  
10 basically just to bring you up to speed with some new  
11 projects that NABP is getting involved with. And I don't  
12 know if many of you, probably all, particularly the  
13 pharmacists, know NABP is the agency that --

14 MR. RICHARDSON: Did I meet you?

15 MS. RUSSELL: Pardon?

16 MR. RICHARDSON: Did I meet you on the  
17 26th, 27th, when I was there? I didn't meet you?

18 MS. RUSSELL: You were on a task force;  
19 I was not there. No, I'm sorry.

20 MR. RICHARDSON: My fault.

21 MS. RUSSELL: Yeah. I'm with the  
22 Government Affairs Department and I work out of Richmond,  
23 Virginia, out in the field. I actually was Lee Ann's  
24 counterpart in Virginia for 19 years and a Pharmacy  
25 Inspector for ten years prior to that and retired from the

1 State of Virginia last summer, so I've been working with  
2 NABP for a little bit over a year. But in addition to --  
3 you probably know NABP has NAPLEX and the NPJE Exams. And  
4 we do license transfer for all pharmacists in the United  
5 States. But NABP really is the same way you as a  
6 pharmacist might be a member of the South Carolina  
7 Pharmacist Association or the ASHP of South Carolina  
8 Affiliate. As a Board of Pharmacy, you're a member of  
9 NABP, we're your association. NABP is a 501(c)(3) Non-  
10 profit Educational Charitable Organization. Even though we  
11 are in fairly strong financial shape right now and what  
12 we're trying to do is, with the Government Affairs  
13 Initiative, is to figure out how we can help State Boards  
14 of Pharmacy that are facing scarce resources due to budget  
15 shortfalls. And I'm sure South Carolina's in the same  
16 shape that a lot of other States are in with budget  
17 constraints. States are facing things like hiring freezes,  
18 furlough programs. Even State agencies, and I'm not sure  
19 what your budget situation is, but even State agencies are  
20 special funds agencies and have money, are not in the red.  
21 Sometimes the Boards of Pharmacy get caught up in  
22 perception and they can't hire because general fund  
23 agencies can't hire. So travel restrictions, that kind of  
24 thing. So we're trying to come to you to see how we can  
25 help you in any way possible. States have a myriad of

1 mandates such as requiring inspections; some in Statute,  
2 some in regulation and some by policy. And so we -- the  
3 Government Affairs Department with NABP has been in  
4 existence for about a year and we've gone out to every  
5 state to try to determine whether there are needs that we  
6 can assist with. Some of the things that we do, we can  
7 offer consultancy services. We come in and we can assess  
8 whether there are efficiencies to be gained by doing things  
9 maybe a little bit differently. We went into the state of  
10 Vermont and met with the Board and met with the Department;  
11 they did not have an Executive Director at any kind of  
12 professional level, be it a pharmacist or a nonpharmacist.  
13 And Board members were having to do things like deal with  
14 routine everyday correspondence. And so we went in and we  
15 did an assessment for them and they ended up, based on our  
16 recommendation, hiring a part-time Executive Director, who  
17 was a pharmacist, to handle some of the things to take some  
18 of the load off the Board members. We currently, with  
19 three states, are contracting with three states to perform  
20 inspection services on behalf of the states. These are  
21 states that could afford to pay for a contract to have  
22 inspection services done because they didn't have the  
23 personnel to meet their -- they may have had hiring freezes  
24 or not allowed to replace positions when inspectors left,  
25 so we actually are contracting with three states and doing

1 some inspections for them. With the State of Maryland  
2 we're doing inspections related to their Wholesale  
3 Distributor Program. With the State of Iowa we've been  
4 doing Controlled Substance Registration Inspections.  
5 They're using their Pharmacy Inspectors to handle the  
6 Pharmacy Inspections but they also have Controlled  
7 Substance Registrations that they had not ever inspected.  
8 So we've done 100 for them in a pilot program and they're  
9 getting ready to contract with us to do 100 more. So these  
10 are some of the kinds of services we offer. We can also  
11 come to your state at no charge to you and provide training  
12 for some of your Compliance Officers in areas where they  
13 may not be experts; such as Wholesale Distributor  
14 Inspections. Or we're currently assessing how to assist  
15 one state with training and/or inspection services for  
16 compliance with usp797 because their inspectors don't  
17 really have the expertise or the capabilities of inspecting  
18 for 797 compliance. So really we're customizing our  
19 services to states based on what your needs are. We do  
20 have some states that have said we're very well resourced,  
21 we don't need you at all, which is wonderful. But for  
22 states that do, we're willing to sit down and talk to you  
23 and figure out if there's any way we can help you with  
24 these things. If you haven't been on our website lately,  
25 there's just a wealth of information on our website for

1 Board members. Across the top there's a member tab and on  
2 that tab there are all of our E-newsletters letters and  
3 information that you may need to know about what other  
4 states are doing. You'll find, if you've been to any of  
5 our forums, that pretty much states -- somebody mentions an  
6 issue in their state and it's been happening in every other  
7 state and it's nice sometimes to know what other states are  
8 doing to handle certain issues. We also on the website  
9 have a, it's called My Connect where all the Executive  
10 Directors from each State Board of Pharmacy can send emails  
11 to each other. And it goes out in a mass email and you can  
12 identify it. You could maybe say, I had this question come  
13 up the other day, has any other state addressed this issue?  
14 And you'll get responses back from other State Execs. I  
15 wanted to let you know about a new tool that we've got for  
16 Boards to use. It's going to be implemented in 2012.  
17 We're Beta testing it within the next few months. It's  
18 called PARE, Pharmacist Assessment and Remediation  
19 Evaluation. I know when I was in Virginia we frequently  
20 had cases, not frequently but a fair number of times, we'd  
21 have a case of a pharmacist that, for whatever reason, had  
22 been out of practice for a period of time. For example,  
23 maybe he was suspended ten years ago and went in the  
24 construction business and now because of the economy  
25 decides it's a good time to be a pharmacist again and comes

1 back to the Board to get his license back. And it's  
2 difficult to know and assess whether that pharmacist still  
3 has the competency to practice pharmacy after being out of  
4 practice for a period of time. And we always struggled  
5 with how to make that assessment. And sometimes would  
6 require that they retake the NAPLEX Exam. Well, the NAPLEX  
7 Exam is really for entry level competence. So we've  
8 developed this new tool called PARE that's a non-entry  
9 level assessment examination for Boards to be able to use.  
10 It could be that you have a pharmacist that's made a string  
11 of dispensing errors and you're wondering whether it's not  
12 just errors whether there's a competence issue, so it may  
13 be appropriate for that purpose too. It will assess  
14 competency in three domains. One is the practice of  
15 pharmacy and medication safety. One is pharmacist care --  
16 patient assessment, clinical pharmacology, therapeutics,  
17 drug information, promotion of wellness and public health.  
18 And then the third area is the area of professional ethics  
19 and pharmacist judgement. Decisions affect actions  
20 affecting patient care and code of ethics professional  
21 behavior. It's a 250 question -- I'm sorry. It's a \$250  
22 exam; 210 questions. And the nice thing about this exam,  
23 it can be downloaded from the web on any computer. So you  
24 could, if you had a pharmacist under an Order or a Consent  
25 Order to take this exam, they could come into the Board

1 office or structure it however the Board wanted to, a  
2 school or somewhere that's proctored. But once they  
3 download the exam, the program will not let them go out to  
4 other websites while they're on the computer to research  
5 answers. We're still determining the time allowed to take  
6 the test. We think somewhere around the two hour, two to  
7 three hour mark. But that's still being determined during  
8 the Beta testing. So again, this exam is being developed  
9 now. We've got the exam pretty much developed but we're  
10 piloting it. And if there are any Board members that want  
11 to take the exam to provide feedback on what you think  
12 about it, we'd be happy to have you participate in the Beta  
13 testing. And we promise we won't score it for you but we  
14 really would like your feedback. Okay. The other new  
15 initiative we've got going, we've got a couple new  
16 initiatives. One is CPE monitor, and I'm sure you've all  
17 heard about that. And how many of you have gotten your CE  
18 number?

19 (Comply by uplifting hands.)

20 MS. RUSSELL: Oh, wow. Impressed. It  
21 didn't take you very long to do it; did it? Yes, it's  
22 fairly easy process to get the number. Hopefully, once  
23 this is up and running it will assist Boards in doing your  
24 CE audits. You'll be able to get an electronic -- and we  
25 can work with Boards however you do it. We have some

1 Boards that say, We want to run the database against every  
2 license renewal and make sure that they're in compliance  
3 before we renew the license. We've got Boards that say, We  
4 conduct random audits; our statute says we do random  
5 audits. We can give you a random list. We can -- we'll be  
6 able to work with Boards however, however you need us to  
7 work with you. Right now it's only going to incorporate  
8 ACPECE but, Phase 2, we're going to work toward allowing  
9 other providers to, other Board approved providers to  
10 upload information into the system, and we will allow  
11 pharmacists to self-report as well. But that again, we  
12 want to get the ACPECE all worked out and the kinks worked  
13 out and then we'll move on to Phase 2 so that pharmacist  
14 and pharmacy technicians will have one place that they can  
15 keep all their CE and you'll have a complete picture. We  
16 currently have about 30 percent of the Pharmacist  
17 population that already has their registrations but only  
18 about 9 percent of the Tech population signed up yet  
19 according to our numbers. Once this goes live, we'll  
20 probably have systems crashing trying to get everybody  
21 signed up, but hopefully not. ACPE is currently piloting  
22 data with about 40 CE providers and any valid data is  
23 already being dumped into the NABP system and uploaded to  
24 your individual profile. So it is working and they're  
25 working out the kinks. Ad I think that based on some



1 concerns of CE providers having to modify software to do  
2 these electronic uploads to ACPE; I think ACPE is planning  
3 to give them until January 2013 for everybody to be  
4 uploading electronically. So it may still be another year  
5 before we get everybody into the system. Prescription  
6 monitoring program Interconnect. States that have PMPs,  
7 several of them, a number of them have been working over  
8 the past five to seven years with Bureau of Justice  
9 assistant grant money to try to come up with a system so  
10 that each state could talk to each other because each state  
11 PMP is a little bit different. The laws around each state  
12 PMP are a little bit different. So, about seven years of  
13 work in developing some standards and trying to figure out  
14 how to govern this interconnectivity. And a little bit  
15 slow progress. So about a year ago several of our member  
16 states asked NABP if we thought we could take the work that  
17 had already been done by the previous committee, it was  
18 called the NABP Committee at the time, if we could take  
19 that work and kind of operationalize it, move it to the  
20 next level, and we said, Well, we would look into it. So  
21 we hired a -- talked to a contractor and hired a software  
22 contractor Apper, and within nine months we developed PMP  
23 Interconnect which is a hub that has a rules engine in it  
24 and will allow states to -- one, for example, if you are a  
25 pharmacist in South Carolina and you're going to log into

1 South Carolina's PMP, you'll be able to click a box and  
2 say, yes, I want, at some point in time when everybody is  
3 on, North Carolina data, Georgia data, Virginia data,  
4 whatever. You can pick the states that you want or you can  
5 select All and it'll go out to all. And the request goes  
6 through the hub to the other state, pulls the data from  
7 those state PMP programs, brings it back to South Carolina  
8 and it's opened in South Carolina and collated into one  
9 report that comes back to you as the pharmacist or to a  
10 practitioner who's making the request. We've got Indiana  
11 and Ohio and Virginia actively participating right now.  
12 We're bringing states on kind of one at a time. The reason  
13 for those three, those are all optimum technology states  
14 and the interface was built for them. By the end of this  
15 month we will have, we anticipate having West Virginia also  
16 online, as well as Michigan, I think. And -- I think it's  
17 Michigan. Yeah. And we're planning to have the HID  
18 clients. We had hoped to get those on by 30th of November  
19 but it's taking a little bit longer for their software  
20 interface so we're hopefully going to have them on by the  
21 end of year and that's South Carolina right now and North  
22 Dakota that have signed, the HID clients that have signed  
23 MOU's with NABP. But the nice thing about the PMP  
24 Interconnect is the state only has to sign an MOU within  
25 NABP, one MOU. In the previous model each state was going

1 to have to have a separate MOU with every other state  
2 participating and it was just a nightmare trying to work  
3 out the details. So we've developed an MOU that a state  
4 signs with NABP and what NABP agrees to do is enforce the  
5 rules of your state. And your PMP administrator will go  
6 into the hub and configure the -- it has a rules engine in  
7 it and can configure it to conform to South Carolina law so  
8 that only people authorized by South Carolina law to access  
9 the PMP data can get that data. Completely customizable  
10 from state to state. So far, since August when we've gone  
11 live with the three states, we've processed about 75,000  
12 inquiries so far that have gone through the hub. The  
13 average time between the time a pharmacist/physician makes  
14 a request and the time they get the collated report back is  
15 about 15 seconds total. The hub takes about 1.7 seconds to  
16 do the processing and the other 13 whatever seconds is at  
17 the state level. The kind of cool thing is that NABP is  
18 paying all the developmental and implementation costs for  
19 PMP Interconnect. It's not going to cost states any money  
20 whatsoever. We even have -- we've got a promise to pay for  
21 at least five years of participation by each state in the  
22 hub. There is an annual fee for a hub to connect to the  
23 Interconnect. We're paying those costs. And hopefully we  
24 will never have to have states pay that cost. We're  
25 looking at ways in the future to provide, to develop

1 funding streams to assist states with this. But right now  
2 we're using excess revenues from our own exam programs and  
3 other accreditation programs to fund the PMP Interconnect.  
4 We did get -- I'll throw this out because there's been a  
5 little bit of controversy around it. We did get a million  
6 dollar grant from Perdue Pharma initially to assist with  
7 the PMP Program. The grant did not go -- it went to NABP's  
8 foundation which is another 501(c)(3) charitable arm of  
9 NABP. And the money's there and it's being used by states  
10 who need assistance with building the software interface  
11 from their PMP program to connect to the hub. States that  
12 have an issue with using manufacturer money don't have to  
13 use it. We're not using any of that money to actually  
14 build the hub or pay for the connection, the annual fees  
15 for state participation from that money, we're keeping it  
16 completely separate. And the other thing I just wanted to  
17 mention for those of you who don't know, we do have several  
18 accreditation programs. Our VAWD Program is a program  
19 where we accredit wholesale distributors. And this grew  
20 out of a need for some kind of comfort level with wholesale  
21 distributors, particularly secondary wholesale  
22 distributors, a few years ago when we were dealing with  
23 counterfeit drugs and wanted to try to keep counterfeit  
24 drugs from being introduced into the US drug supply. We  
25 have our VIPS Program and VET VIPS Program which is an

1 accreditation program for on-line, for pharmacies that do  
2 business on-line. We weed out anything that's not a valid  
3 brick and mortar pharmacy licensed by a board of pharmacy  
4 in the state where they reside and they have to comply with  
5 laws and require valid prescriptions just like every other  
6 pharmacy. We also have DEMI Post which is an accreditation  
7 program for pharmacies that do durable medical equipment  
8 business and want to compete in the CMS world. And we also  
9 have a program, it's not an accreditation program, but it's  
10 called a AWARE Rx and there's a lot of information on the  
11 website about that where we are using the AWARE logo to  
12 educate consumers about the dangers of prescription drug  
13 abuse in general. The dangers specifically of buying  
14 prescription drugs on-line. And also how to properly  
15 dispose of prescription medications. A lot of information.

16 MR. BUSHARDT: Yes, it is.

17 MS. RUSSELL: Any questions?

18 MR. ROSE: I have a question.

19 MS. RUSSELL: Sure.

20 MR. ROSE: You were talking about the  
21 foreign graduates. Since the United States now has only  
22 six year PharmD or the five year PharmD depending on  
23 whether they go to school year round or not.

24 MS. RUSSELL: Uh-huh (affirmative  
25 response).

1 MR. ROSE: And we have foreign  
2 graduates coming in. Does the NABP, have they raised the  
3 standard for foreign graduates coming in or --

4 MS. RUSSELL: They have.

5 MR. ROSE: Do you think that foreign  
6 graduates need a year doing clerkships in the United  
7 States?

8 MS. RUSSELL: Well, it would depend.  
9 The internship requirements, the clerkship requirements,  
10 are going to be determined by state law, whatever state  
11 that foreign grad. The FPGE Program doesn't look at  
12 practical experience requirements. It only looks at  
13 educational, it looks at educational equivalence as far as  
14 the school goes. And they have raised the standards. The  
15 foreign schools got to at least provide the same level of -  
16 - number of years education level that the new ACPE PharmD  
17 requires. We had some applicants that came in from some  
18 schools that didn't meet that new standard and I do believe  
19 that there are some schools or pharmacies, some ACPE  
20 approved schools of pharmacy that are looking at the  
21 education and accepting pieces of that education as pre --  
22 as meeting the requirements of that school and allowing  
23 these people to come into the school and actually earn a  
24 PharmD from that school. From the ACPE accredited school.  
25 And giving them credit for some of their foreign education.

1 But then that person would actually come out with an ACPE  
2 PharmD degree and so it wouldn't be an issue. But a true  
3 FPGEC, their education will have to meet what -- I don't  
4 know what South Carolina's practical experience  
5 requirements were, but in Virginia we require all practical  
6 experience to be gained within the United States. So all  
7 1500 hours, of which most of it in an ACPE school, can be  
8 gained within the school program. All of that, those 1500  
9 hours would have to be earned somewhere in the United  
10 States for a foreign grad. Does that answer your question  
11 at all?

12 MR. ROSE: Kind of. But the last year  
13 in pharmacy college in the United States is taken up with  
14 clinical experience?

15 MS. RUSSELL: Right.

16 MR. ROSE: And then they have to go to  
17 all these -- and then they go to hospitals, they go to  
18 retail pharmacies. They might go to -- well, the Board of  
19 Pharmacy or somewhere like that. But it doesn't seem like  
20 to me that the foreign graduate coming into South Carolina  
21 and going to work for, say, for instance, a hospital or a  
22 chain pharmacy or an independent pharmacy is going to get  
23 that rounded clinical experience that somebody in the  
24 United States is going to get. And I'm really -- what my  
25 question is, is that I don't think it's equivalent,

1 personally. And I wonder since the law requires the person  
2 to have -- everyone in the United States has to have a  
3 PharmD. So why shouldn't the people coming into the United  
4 States have to have the PharmD?

5 MS. RUSSELL: Yeah. That's a good  
6 point. And I will take it back and what -- I'm sure that  
7 when they evaluate the educational components from the  
8 foreign school they look at what type of practical  
9 experience, clerkships, they do have in that foreign school  
10 at, you know, from the educational side. However, it may  
11 or may not be with the same drugs, drug names that we're  
12 using here. So it probably -- you're right, it probably  
13 isn't totally equivalent but the other piece of that they  
14 also have to pass the FPGEE which allegedly does sort of  
15 try to measure equivalence with ACPE education. I mean,  
16 that's the purpose of the exam component. So, hopefully,  
17 it would weed out someone who didn't have equivalent  
18 practical experience through their educational program.

19 MR. ROSE: I guess it's kind of like  
20 Canada requires all of their people that are coming from  
21 another country to be able to not only speak English but to  
22 be able to communicate with Canadian citizens in whatever  
23 dialect or whatever it is that they speak in that  
24 particular area of Canada. And if they can't pass that  
25 they have to go through a program and they have to pass the



1 program that they can communicate with the local people.

2 MS. RUSSELL: And my --

3 MR. ROSE: And that's just the type of  
4 thing I'm talking about.

5 MS. RUSSELL: And my suggestion would  
6 be, and if you want, I can explore this with NABP staff  
7 that deals more with the FPGEC Program and I'd be happy to  
8 do that. But one of the things that you can do as a Board,  
9 if you see issues like this that you don't think are  
10 resolved that I can't resolve through staff, you can bring  
11 a resolution to the annual meeting that this be looked at.  
12 That maybe a task force would be appropriate to be created  
13 to look at this issue. It would certainly suggest that  
14 that's the thing -- if you have a problem with one of our  
15 programs that that's the way to go about doing that. But  
16 if you want, I will talk to the FPGEC staff and see exactly  
17 what they're looking at with respect to equivalency to our  
18 practical experience requirements here. And I can get back  
19 with you and let you know if -- and maybe then you can make  
20 a decision whether that's something you would want to have.  
21 As a Board you could ask that a resolution be introduced to  
22 have NABP look at this.

23 MR. ROSE: Cause I'm sure you're aware  
24 of today that a lot of different countries have pharmacists  
25 do different things in different ways.

1 MS. RUSSELL: Yes.

2 MR. ROSE: Sometimes they don't even  
3 have to be -- they can own a pharmacy and not even be there  
4 physically to run it. I guess equivalent technicians  
5 running the pharmacy.

6 MS. RUSSELL: Uh-huh (affirmative  
7 response).

8 MR. ROSE: They don't even have to be  
9 there in some countries in places I've talked to. So, you  
10 know, it's just a different thing. I would feel better  
11 about foreign graduates coming in if they had to go to an  
12 ACPE accredited school for one year of clinical experience.  
13 I mean, it just seems to me like we're getting a lot of  
14 people that don't have a -- they probably know how to speak  
15 English and write it, but I'm not sure they always  
16 understand what you're talking about.

17 MS. RUSSELL: Uh-huh (affirmative  
18 response).

19 MR. ROSE: It's kind of like the thing  
20 in Canada, and I think that that year would help out.

21 MR. RUSSELL: Is that what Canada  
22 requires? They require a year of training with a Canadian  
23 university?

24 MR. ROSE: I think it's a year; it  
25 could be less. But they require a lot -- and it's like two

1 levels. I mean, if they don't pass the first level they  
2 have to go into this extended learning thing, too. But I  
3 don't know whether they're trying to -- I think they're  
4 trying to have pharmacists that can communicate with the  
5 public.

6 MS. RUSSELL: I can check on what the  
7 Canada model is and I can find --

8 MR. ROSE: I just heard that --

9 MS. RUSSELL: Sure.

10 MR. ROSE: -- in one of the national  
11 meetings that they had a -- the Canadians had a program on  
12 that, I believe, one year.

13 MS. RUSSELL: I will check on that, and  
14 I can get back with Lee Ann with an answer to that. I will  
15 say that I think that the FPGEC Program has slowed  
16 dramatically. I think with the shortages not being as bad  
17 as they were at one point in time, maybe in some areas no  
18 shortages whatsoever, of pharmacists graduating.

19 MR. ROSE: Anyway, I would just thought  
20 like for the U.S. graduates to have an equal chance and not  
21 have to compete too much with people that don't have an  
22 equivalent degree. Thanks.

23 MS. RUSSELL: No problem. Any  
24 questions?

25 MR. BUSHARDT: Any other questions? We

1 have a couple from the audience back here.

2 MS. RUSSELL: Okay. Robert, go ahead.

3 MR. SPIRES: Okay. Scotti, I just --

4 Robert Spires, Society of Hospital Pharmacists. The CE

5 requirements and you said something about January 13th.

6 Could you go over that again? Is that --

7 MS. RUSSELL: I'm sorry. As of -- I'm

8 not sure, but it's January 2013, not January 13. January

9 2013, January 1, 2013, I think is going to be ACPE's drop-

10 dead date for ACPE providers to be uploading CE

11 participation by pharmacists and pharmacy technicians into

12 their new system. But then the data is then validated by

13 ACPE and transmitted to the Board, to NABP where it

14 populates your individual pharmacist and pharmacy

15 technician profiles.

16 MR. SPIRES: Okay. Okay, and the other

17 question I have may have been for the Board. Have you

18 looked at, are there any changes in Statute that need to be

19 changed to require pharmacists to participate in the

20 system? I'm not sure --

21 MS. RUSSELL: I --

22 MR. SPIRES: It was kind of broad with

23 the CE requirements. I didn't know if there was any change

24 in Statute that we would need.

25 MS. RUSSELL: You know, I don't think -

1 - I don't think -- most states haven't found a need to  
2 change Statutes. There have been a couple states, and you  
3 may want to look at this that have needed to tweak their  
4 rules a little bit possibly or just their policies because  
5 their rules might require a pharmacist to maintain a  
6 certificate of completion for X number of years and you  
7 won't be getting paper certificates anymore.

8 MR. SPIRES: Right. That's the reason  
9 I think our --

10 MS. RUSSELL: Right.

11 MR. SPIRES: -- Statute needs to be  
12 looked at.

13 MS. RUSSELL: You may need to look at  
14 that. But a pharmacist will be able to, and again, they  
15 will be able to go into the system and print out a paper  
16 certificate of completion, or a transcript. So usually  
17 that would satisfy, you know, most states in the interim  
18 until you can get something changed or maybe you don't even  
19 have to change anything. It's just --

20 MR. BUSHARDT: Carmello?

21 MR. CINQUEONCE: Carmello Cinqueonce.  
22 I'll spell that for you later. With the South Carolina  
23 Pharmacy Association. Just a quick question. Any update  
24 on NABP's efforts into community pharmacy accreditation?

25 MS. RUSSELL: We are doing a little bit

1 of piloting now with that. But I honestly don't -- I don't  
2 have really any updates for you. We're collaborating with  
3 APHA who is going to be the owner of the standards for  
4 community pharmacy accreditation and we'll be doing the  
5 inspections, the surveys and accreditations. But we're  
6 just here in the pilot phase right now, so no real update.

7 MR. BUSHARDT: Thank you very much.

8 MS. RUSSELL: Thank you for having me.

9 MR. BUSHARDT: Thank you.

10 MR. ROSE: Thank you.

11 MR. BUSHARDT: All right. We have two  
12 that were late. Carmellia Brown. There we go. Okay.  
13 Come in and be sworn in, please.

14 (The witness is sworn in.)

15 MR. BUSHARDT: Okay. Lee Ann, you want  
16 to tell us why that a registration had to come before the  
17 Board, please?

18 MS. BUNDRICK: She answered yes to,  
19 Have you ever been convicted of any criminal or civil  
20 charges and is there any legal action pending against you  
21 or are you currently on probation for any charges against  
22 you?

23 MR. BUSHARDT: Okay. Do you have legal  
24 counsel with you?

25 MS. BROWN: No, I don't.

1                   MR. BUSHARDT: Do you understand that  
2 you can have legal counsel and you would waive your right  
3 to not have legal counsel?

4                   MS. BROWN: Yes, sir.

5                   MR. BUSHARDT: Okay. All right. And  
6 you've been sworn in. All right. Do you want to explain  
7 about your case with us, please?

8                   MS. BROWN: Yes. I do have like some  
9 copies of my recommendation letters and all of my  
10 accomplishments and trainings that I have completed since I  
11 attended Virginia College. During the time I had like, it  
12 was in 2001 where I was a single mom and pregnant with  
13 another kid that I had wrote a couple of bad checks. And  
14 it was either to feed my kids or they'd be hungry. And I  
15 took care of that at the time in 2001. And then again it  
16 occurred again in 2007 when I moved back to South Carolina,  
17 after I was going through a divorce with my husband and  
18 some other things that came up during the divorce with him,  
19 and it kind of like had me with a financial situation. I  
20 have taken care of all of that. I have started a budget  
21 for myself and I also have the support of my parents. And  
22 my start was to actually start here in the Pharmacy Tech  
23 Program at Virginia College. And I've maintained a 3.0  
24 grade point average there. I'm also the President of the  
25 Pharmacy Tech Program, group program there, and we have

1 done like a lot of things as far as in the community and  
2 within the school. That's pretty much it.

3 MR. BUSHARDT: So we have how many  
4 cases in 2001 and 2007?

5 MS. BROWN: 2001 is three. And I'm not  
6 sure in 2007.

7 MR. BUSHARDT: Three in 2001. And  
8 they've all been taken care of?

9 MS. BROWN: Yes, sir.

10 MS. BUNDRICK: There are also some  
11 additional ones in here from 2008.

12 MS. BROWN: Yeah, I said 2007 and 2008.

13 MR. BUSHARDT:  
14 2007?

15 MS. BROWN: And 2008.

16 MS. BUNDRICK: There's one in 2007 --

17 MR. BUSHARDT: There's one in 2007 and  
18 one in 2008?

19 MS. BROWN: No. There's one in 2007  
20 and there's several in 2008.

21 MS. BUNDRICK: Several in 2008.

22 MR. BUSHARDT: Seven [sic] in 2008?

23 MS. BROWN: I'm not sure exactly how  
24 many in 2008.

25 MR. LIVINGSTON: Have you made



1 restitution for all these bad checks?

2 MS. BROWN: Yes, sir.

3 MR. LIVINGSTON: When did you start  
4 Virginia College?

5 MS. BROWN: In 2010.

6 MR. RICHARDSON: How many children?

7 MS. BROWN: Three.

8 MR. RICHARDSON: You're just going to  
9 school? Is that it?

10 MS. BROWN: No, I work part-time at  
11 American Benefit Services. It's an insurance company and  
12 it helps senior citizens to achieve all of their Medicare  
13 Part D.

14 MR. RICHARDSON: In Charleston?

15 MS. BROWN: Yes, sir.

16 MR. ROSE: How did you find out about  
17 Virginia College?

18 MS. BROWN: Actually, I was home one  
19 day and me and my daughter was sitting on the couch and we  
20 saw a commercial, and my intentions was to actually go  
21 there to do something in administration. And during the  
22 process at the time my uncle got sick and the doctors were  
23 giving him all these medications and I was there with him.  
24 So I wanted to know exactly what he was taking and why he  
25 was taking it and what side effects it would cause. So, at

1 that time, afterwards we got him situated, I went to  
2 Virginia College and I wanted to be a Pharmacy Tech because  
3 that'll actually help me with learning the medications and  
4 knowing exactly what they're for and how it can affect us  
5 later on.

6 MR. RICHARDSON: So Virginia College is  
7 telling you that you have to get certification from the  
8 Board before you can graduate?

9 MS. BROWN: Yes.

10 MR. RICHARDSON: Is that it?

11 MS. BROWN: Yes, sir.

12 MR. ROSE: Before she can do her  
13 internship.

14 MS. BROWN: Yeah, before I can do my  
15 internship, yes.

16 MR. RICHARDSON: They didn't tell you  
17 that up front?

18 MS. BROWN: Actually, they were  
19 supposed to do a background check and they didn't until I  
20 actually requested them to actually do it to see if there  
21 was anything in my record.

22 MR. RICHARDSON: I guess in the  
23 2007/2008 cases, were there a number of them? I can't  
24 understand why one right after the other. Can you help me  
25 with that?

1 MS. BROWN: That was during the time I  
2 was going through my divorce and at the time I didn't know,  
3 me and my husband, he used to put money into my account and  
4 he just all of a sudden stopped putting the money in the  
5 account, so they ended up coming back and when they came  
6 back I asked him about it and he said that he already put  
7 some money in to cover them but they weren't covered.

8 MR. RICHARDSON: So unless you get your  
9 certification from us then you can't get your degree?

10 MS. BROWN: Right.

11 MR. RICHARDSON: But, in the meantime,  
12 we're supposed to look at this and decide whether or not we  
13 can allow you to do this?

14 MS. BROWN: Yes.

15 MR. RICHARDSON: So, you see where I'm  
16 going?

17 MS. BROWN: Yes, sir.

18 MR. RICHARDSON: Okay.

19 MR. ROSE: All right. Did you get -- I  
20 mean, what I was trying to figure out what Virginia College  
21 did when you first started? Did they just -- I mean, did  
22 you go talk to them and they said, well, we can get you  
23 this kind of scholarship or you have to sign a loan for  
24 this?

25 MS. BROWN: Actually, with them --

1 MR. ROSE: Is that the way they did it?  
2 I just don't know.

3 MS. BROWN: At Virginia College I  
4 actually have a grant and I have student loan that's  
5 actually helping me pay for school. And with that, I also  
6 work and my parents is actually helping me start paying for  
7 my student loan.

8 MR. RICHARDSON: So when do you start  
9 paying your student loan?

10 MS. BROWN: I think it's six months  
11 after I complete my degree.

12 MR. RICHARDSON: So if you don't get  
13 your degree; you still have to pay the money back?

14 MS. BROWN: I still have to pay the  
15 money back.

16 MR. ROSE: And recently I found out  
17 that even if you declare bankruptcy you still owe your  
18 student loans.

19 MS. BROWN: You still have to pay the  
20 student loan.

21 MR. ROSE: You cannot get out of paying  
22 the student loans back. They will garnish your wages or  
23 whatever they have to do to get that. I didn't realize  
24 that but I saw an investor's program and they were talking  
25 about people that declare bankruptcy and they said, well,

1 if you owe \$100,000 in student loans it's not going to do  
2 you any good because you've still got to pay that money  
3 back, so.

4 MS. BROWN: Right.

5 MS. ROSE: But anyways.

6 MS. LONG: Are these the only charges  
7 that you have on your background?

8 MS. BROWN: Yes, ma'am.

9 MS. LONG: Are there any others?

10 MS. BROWN: That's all I have.

11 MR. BUSHARDT: Any other questions?

12 (No response)

13 MR. BUSHARDT: Okay, Ms. Brown, we'll do  
14 this in Executive Session. We're going to do this before  
15 we have lunch today so you can either wait around or either  
16 you can contact the Board office sometime this afternoon.

17 MS. BROWN: Okay.

18 MR. BUSHARDT: The other one we have is  
19 Rochaun Brantley.

20 MS. BRANTLEY: Rochaun.

21 MR. BUSHARDT: Rochaun. Excuse me,  
22 Rochaun. We've got a meeting upstairs.

23 MS. BRANTLEY: Uh-huh (affirmative  
24 response).

25 MR. BUSHARDT: And at this time that

1 we've got to run go do that and then we'll come back and  
2 we'll do yours. We can either do it before lunch or after  
3 lunch, whichever one you want to do.

4 MS. BRANTLEY: However y'all decide.

5 MR. BUSHARDT: Would it suit you okay  
6 if we do it at two o'clock, as soon as we get back, so you  
7 won't have to wait around here and you can go and eat  
8 lunch? Would that be a problem for you?

9 MS. BRANTLEY: Yes, sir, because I have  
10 to get back to Charleston.

11 MR. BUSHARDT: Okay. Then we'll do it  
12 after we go up and have our meeting and then we'll come  
13 back. I don't know how long it'll take but it shouldn't be  
14 so very long.

15 MS. BRANTLEY: Okay. That's fine.

16 MR. BUSHARDT: Okay.

17 MS. BRANTLEY: Thank you.

18 MR. BUSHARDT: If everyone wants to go  
19 eat their lunch and be back at two o'clock then we will go  
20 up and have our meeting and we'll have an Executive Session  
21 and we'll start again at two.

22 (Executive Session 12:17 p.m. to 12:56 p.m.)

23 MR. BUSHARDT: Ms. Brantley?

24 MS. BRANTLEY: Yes, sir.

25 MR. BUSHARDT: Okay. If you will come

1 up and be sworn in, please.

2 (The witness is sworn in.)

3 MR. BUSHARDT: Do you have an attorney  
4 present with you today?

5 MS. BRANTLEY: No, sir.

6 MR. BUSHARDT: And do you understand  
7 that you have a right to have an attorney with you?

8 MS. BRANTLEY: Yes, sir; I do.

9 MR. BUSHARDT: But you waive your right  
10 for an attorney?

11 MS. BRANTLEY: Yes, sir.

12 MR. BUSHARDT: All right. And you are  
13 requesting approval for a pharmacy technician --

14 MS. BRANTLEY: Registration; yes, sir.

15 MR. BUSHARDT: And you checked one of  
16 the -- let me see where the application is.

17 MR. ROSE: Which one is it?

18 MR. BUSHARDT: Does anybody have one  
19 where she checked?

20 MS. LONG: Yeah, it's the front page.  
21 Behind that.

22 MR. ROSE: It's on the front page.

23 MR. BUSHARDT: Okay. Number two. You  
24 checked number two. There we go. Would you like to  
25 explain that?

1 MS. BRANTLEY: Yes, sir. On my  
2 background I've had -- I found out that I have a charge for  
3 conspiracy for retail theft. And it's not nothing of my  
4 doing. This is my identity was stolen. From my  
5 understanding this young lady has been using my identity  
6 since the 90's in Beaver Falls, Pennsylvania. So when I  
7 talked to the detective last, he had had her in custody for  
8 the identity theft, using my identity. She has a driver's  
9 license in my name. She's been using everything of mine.  
10 My social security number, my birth date, everything. So  
11 that's one of the incidents that they brought to my  
12 attention at the school.

13 MR. BUSHARDT: And was there another  
14 one?

15 MS. BRANTLEY: I had, back in 2007, I  
16 believe, it was a case pending for my children, my son,  
17 where I had disciplined him and it left old marks on his  
18 buttocks. And that was -- I think at first they had it as  
19 being unlawful conduct towards a minor? But then they  
20 changed it to something else but on the background that I  
21 seen they said it was disposed. They reduced the sentence  
22 and they basically threw it out after I did anger  
23 management and parenting classes, which I completed with  
24 success and haven't had any problems since. And I do have  
25 my children back.



1 MR. BUSHARDT: And that was back in?

2 MS. BRANTLEY: I believe that was in  
3 2006, 2007, somewhere in that nature.

4 MR. ROSE: The court date was 2008.

5 MS. BRANTLEY: 2008? Okay.

6 MR. BUSHARDT: But it occurred in 2006  
7 or '07?

8 MS. BRANTLEY: No, they were only gone  
9 for like six months so it probably was around the end of  
10 2007.

11 MR. BUSHARDT: Okay.

12 MR. BRANTLEY: And your son lives with  
13 you now?

14 MS. BRANTLEY: Yes, sir. All my  
15 children are with me.

16 MR. BUSHARDT: Okay.

17 MS. LONG: And there's another one back  
18 from 1997?

19 MS. BRANTLEY: That one, I was in an  
20 abusive relationship for ten years. And before that  
21 incident happened I called the police and I asked them to  
22 remove him from my premises and they refused to. And he  
23 actually fought me for about five blocks that particular  
24 day. And when I actually stabbed him is he had me in the  
25 head-lock almost choking me so I had to get away from him

1 some way and I grabbed what was by my hand to get away from  
2 him. They charged me with criminal domestic violence with  
3 a high and aggravated nature. They suspended that  
4 sentence. They reduced it to three years. They suspended  
5 that and gave me three months probation with a \$100 fine.

6 MR. BUSHARDT: And that was in 19 --

7 MS. BRANTLEY: In '97.

8 MR. BUSHARDT: '97.

9 MS. BRANTLEY: Uh-huh (affirmative  
10 response).

11 MR. RICHARDSON: Is that the only  
12 charge against you?

13 MS. BRANTLEY: Yes, sir.

14 MR. RICHARDSON: That's the only one?  
15 The other one was --

16 MS. BRANTLEY: That was none of my  
17 fault; yes, sir.

18 MR. RICHARDSON: But the others were?

19 MS. BRANTLEY: Yes, sir.

20 MR. RICHARDSON: The theft?

21 MS. BRANTLEY: Yes, sir.

22 MR. ROSE: The one with the child was,  
23 Leo.

24 MS. BRANTLEY: The one with the child  
25 was.

1 MR. ROSE: And also this one.

2 MS. BRANTLEY: Uh-huh (affirmative  
3 response).

4 MR. RICHARDSON: Say again?

5 MR. ROSE: The one with her child,  
6 where she spanked her child.

7 MR. RICHARDSON: Okay. Those two;  
8 those were yours?

9 MS. BRANTLEY: Yes, sir.

10 MR. ROSE: And the other one was  
11 identity theft.

12 MR. RICHARDSON: Identity theft.

13 MS. BRANTLEY: Yes, sir.

14 MR. RICHARDSON: Now you are in  
15 college, too?

16 MS. BRANTLEY: Yes, sir.

17 MR. RICHARDSON: And so this also is  
18 contingent upon you --

19 MS. BRANTLEY: Yes, sir. Well, they  
20 actually placed me at a site that it was an independent  
21 pharmacy that allowed me to come in and do some of my  
22 externship without my registration. And that went  
23 wonderful. Wonderful. And right now, I'm just -- I had to  
24 come before you all before I could move further.

25 MR. RICHARDSON: The two charges, tell

1 me the dates of those again with the child?

2 MS. BRANTLEY: The child was round  
3 about the end of 2007 because my grandmother died in 2008.

4 MR. RICHARDSON: And the other one was  
5 '90 --

6 MS. BRANTLEY: '97.

7 MR. RICHARDSON: '97?

8 MS. BRANTLEY: Yes, sir.

9 MR. RICHARDSON: And other than that?

10 MS. BRANTLEY: Other than that; I've  
11 been good.

12 MR. LIVINGSTON: Where was the pharmacy  
13 they let you go to without your registration?

14 MS. BRANTLEY: Delta Pharmacy in Monks  
15 Corner.

16 MR. RICHARDSON: So how far do you live  
17 from Moncks Corner?

18 MS. BRANTLEY: Oh, about 30 minutes.

19 MR. LIVINGSTON: What did they allow  
20 you to do in that pharmacy?

21 MS. BRANTLEY: Basically they just --  
22 the register part. I stayed up front. I didn't go in the  
23 pharmacy.

24 MR. RICHARDSON: And you live in North  
25 Charleston?

1 MS. BRANTLEY: Yes, sir.

2 MR. RICHARDSON: Which is 30 minutes  
3 from Moncks Corner?

4 MS. BRANTLEY: Yes, sir.

5 MR. RICHARDSON: I have relatives in  
6 Moncks Corner.

7 MS. BRANTLEY: I actually go to  
8 church in Cordesville.

9 MR. RICHARDSON: I have an uncle that  
10 lives there.

11 MS. BRANTLEY: Yes, sir.

12 MR. LIVINGSTON: Would you tell me  
13 about this incident with your child? You spanked him and  
14 someone saw marks?

15 MS BRANTLEY: No. How that came  
16 about is my two oldest got in trouble at school and when  
17 -- she got in trouble stealing a camera. She stated that  
18 she was scared to go home. Okay, at that time they  
19 brought DSS in because any time a child states that they  
20 are afraid to go home they have to, you know, follow  
21 procedure. So when they took those two and placed them  
22 with my mother. During that time they came to the house  
23 in --

24 MR. RICHARDSON: What ages are these  
25 children?

1 MS. BRANTLEY: Now? They're 17, 16,  
2 13 and --

3 MR. RICHARDSON: So at that time  
4 there were --

5 MS. BRANTLEY: My son -- this was  
6 about three years ago. He was about ten.

7 MR. RICHARDSON: All right. Thank  
8 you.

9 MS. BRANTLEY: Ten. So they took him  
10 -- they took the two oldest and put them with my mother.  
11 So during this time I think round about February my  
12 grandmother passed and they told me they would have to  
13 remove the other two just, you know, for -- how did they  
14 put it? I want to say just because but to follow  
15 procedure they had to --

16 MR. LIVINGSTON: Just for safety  
17 sake? Got cha.

18 MS. BRANTLEY: Yeah, for their  
19 safety. So they did the forensic exam on all of them and  
20 they saw where the belt had hit the skin and it had left  
21 like three little stripes on them. So he said that was  
22 one, the detective said it was one mark too many. And  
23 from there that's where they, honestly, they charged me  
24 with the charge and I did 25 days in jail. Yeah, 25  
25 days. Matter of fact, before they actually give me a

1 bond reduction they had me on \$100,000 bond for old  
2 marks. And they reduced it and I got out and paid my  
3 restitution and everything was fine. My kids were  
4 returned back to me with no problem.

5 MR. LIVINGSTON: And that was just a  
6 belt?

7 MS. BRANTLEY: Sir?

8 MR. LIVINGSTON: That was just a  
9 belt?

10 MS. BRANTLEY: Yeah, just a belt.

11 MR. LIVINGSTON: Sometimes I tell my  
12 children I'm going to take this belt off.

13 MS. BRANTLEY: Uh-huh (affirmative  
14 response).

15 MR. LIVINGSTON: I might reconsider  
16 that.

17 MS. BRANTLEY: Uh-huh (affirmative  
18 response).

19 MR. LIVINGSTON: And it has happened  
20 before too, so.

21 MS. BRANTLEY: Uh-huh (affirmative  
22 response). They call it corporal punishment. So now  
23 it's to the point now where I have to honestly just  
24 ground my children. It made me back up and rethink a lot  
25 of things. Because when I was raised, I was raised -- I

1 used to get beat with extension cords. Anything they  
2 could get to their hand, but you can't do that now. Huh-  
3 uh (negative response).

4 MR. BUSHARDT: Okay. Any other  
5 questions?

6 (No response)

7 MR. BUSHARDT: All right, Ms.  
8 Brantley, what we're going to do is go in Executive  
9 Session. We're going to do that right now and then we're  
10 going to answer all of these cases that we have.

11 MS. BRANTLEY: Uh-huh (affirmative  
12 response).

13 MR. BUSHARDT: And you will be -- a  
14 little later on you will be able to know exactly what our  
15 decision is.

16 MS. BRANTLEY: Yes, sir. Thank y'all  
17 so much.

18 MR. BUSHARDT: All right. Do I have  
19 --

20 MR. LIVINGSTON: You don't have to  
21 wait around if you have to go.

22 MR. BUSHARDT: No, you can call back  
23 or whatever.

24 MS. BRANTLEY: Oh, okay. All right.  
25 Thank you so much.



1 MR. BUSHARDT: Do I have a motion for  
2 Executive Session?

3 MS. LONG: So moved.

4 MR. BUSHARDT: Do I here a second?

5 MS. RUSSELL: Second.

6 MS. BUNDRICK: All right. Let's go  
7 into Executive Session then.

8 (Executive Session 1:07 p.m. until 1:56 p.m.)

9 MR. BUSHARDT: Okay, we have to have  
10 a vote to come out of Executive Session.

11 MR. ROSE: So moved.

12 MR. BUSHARDT: Second?

13 MR. HUBBARD: Second.

14 MR. BUSHARDT: All in favor raise of  
15 hands.

16 (Board members comply by uplifting their hand.)

17 MR. BUSHARDT: Opposed; no. Okay.  
18 We're out of Executive Session. No motions were made or  
19 business conducted while we were in Executive Session.  
20 All right. We're going to -- do I hear a motion for a  
21 Request for Approval of Pharmacy Technician Application  
22 for Carmellia Brown?

23 MS. LONG: I move that we accept it.

24 MR. ROSE: Second.

25 MR. BUSHARDT: Okay. Any discussion?

1 (No response)

2 MR. BUSHARDT: All in favor signify  
3 by raising their right hand.

4 (Board members comply by uplifting their hand.)

5 MR. BUSHARDT: Opposed; likewise.

6 Motion carries.

7 MS. LONG: Mr. Chairman, do you mind  
8 if I address?

9 MR. BUSHARDT: Certainly.

10 MS. LONG: Is Brown here? Ms. Brown,  
11 I wanted to congratulate you. We were able to approve  
12 that. I just wanted to let you know that the Board does  
13 frown upon activities that you have previously been  
14 engaged in. We just want to remind you that every year  
15 you'll have to renew your technician license and those  
16 same list of questions will be asked.

17 MS. BROWN: Uh-huh (affirmative  
18 response).

19 MS. LONG: And it'll say, Do any of  
20 these pertain to you since you've last renewed? Just  
21 keep that in mind. We want you to understand that being  
22 a pharmacy technician is a privilege; not a right, and it  
23 can be taken away. So we just wanted to remind you of  
24 that but we wish you luck.

25 MR. BUSHARDT: Good. Good luck.

1 MS. BROWN: Thank you.

2 MR. ROSE: Good luck.

3 MR. BUSHARDT: Request Approval of  
4 Pharmacy Technician Registration Application for Rochaun  
5 Brantley. Rochaun Brantley?

6 MR. LIVINGSTON: Mr. Chairman, I move  
7 we approve her request.

8 MS. RUSSELL: Second.

9 MR. BUSHARDT: Okay. Any discussion?

10 (No response)

11 MR. BUSHARDT: All in favor of the  
12 motion signify by raising their right hand.

13 (Board members comply by uplifting their hand.)

14 MR. BUSHARDT: Those opposed;  
15 likewise. Motion carries.

16 MR. LIVINGSTON: Ms. Brantley, it  
17 would be wise for you to hear those same remarks that Ms.  
18 Long just made.

19 MS. BRANTLEY: Thank you.

20 MR. LIVINGSTON: And take those to  
21 heart, please.

22 MS. BRANTLEY: Thank you.

23 MR. BUSHARDT: There was a Request  
24 for approval of Pharmacy Technician Registration  
25 Application for Kenyatta Cureton.

1 MR. HUBBARD: Mr. Chairman, I  
2 approve. Or I Motion that we approve.

3 MR. BUSHARDT: Okay. And second?

4 MR. RICHARDSON: Second.

5 MR. BUSHARDT: Okay. Motion made and  
6 seconded. Any discussion?

7 (No response)

8 MR. BUSHARDT: All in favor signify  
9 by raising their right hand.

10 (Board members comply by uplifting their hand.)

11 MR. BUSHARDT: Opposed; likewise.  
12 Motion carries. And there was a Request for Approval of  
13 a Non-Resident Wholesale Distributor Manufacturing  
14 Application for TEVA Animal Health, Incorporated.

15 MS. RUSSELL: Mr. Chairman, I move  
16 that we deny their request. And we would require that  
17 they be BAWD certified prior to being granted this  
18 registration.

19 MR. BUSHARDT: Do I hear a second?

20 MR. ROSE: Second.

21 MR. BUSHARDT: Okay. Any discussion?

22 (No response)

23 MR. BUSHARDT: All in favor signify  
24 by raising their right hand.

25 (Board members comply by uplifting their hand.)

1 MR. BUSHARDT: Opposed; likewise.  
2 Motion carries. Okay. Now that we've got rid of the old  
3 business, we'll start on the agenda for this afternoon.  
4 Okay, first thing. Request Approval of Pharmacy  
5 Technician Registration Application. Stephanie Loge.  
6 Okay, step up and be sworn in, please.

7 (The witness is sworn in.)

8 MR. BUSHARDT: Okay, Ms. Loge, do you  
9 have an attorney present with you today?

10 MS. LOGE: No, sir.

11 MR. BUSHARDT: Okay. Do you  
12 understand that you have the right to have an attorney?

13 MS. LOGE: Yes.

14 MR. BUSHARDT: And that you waive the  
15 right --

16 MS. LOGE: Yes, sir.

17 MR. BUSHARDT: -- to have that today?

18 MS. LOGE: Yes.

19 MR. BUSHARDT: Okay. Ms. Bundrick,  
20 do you want to tell why the registration is brought to us  
21 today?

22 MS. BUNDRICK: Yes, sir. She  
23 answered yes to the question, Have you ever been  
24 convicted of any criminal or civil charges? Is there any  
25 legal action pending against you or are you currently on

1 probation for any charges of legal action?

2 MR. BUSHARDT: Okay. Ms. Loge, would  
3 you like to expound on those charges, please?

4 MS. LOGE: Yes, sir. Do you want me  
5 to stand up?

6 MR. BUSHARDT: You can sit right  
7 there is fine with us.

8 MS. LOGE: Okay. I had a charge of  
9 filing a false police report in 2005 in Cedar Rapids,  
10 Iowa. And would you like me to go into detail or kind of  
11 give you the gist of what happened there?

12 MR. BUSHARDT: You tell us whatever  
13 you need to tell us to convince us why we need to approve  
14 this application.

15 MS. LOGE: Yes, sir. Since then I  
16 hadn't had any problems and then got into a minor dispute  
17 in 2010, in November. I had gone five years, you know,  
18 clean. I was doing well. Got into this minor incident.  
19 I really don't think that it -- I mean, I guess it kind  
20 of judges against character just because I had the charge  
21 since then. That charge in 2010 was in Idaho Fall,  
22 Idaho. Right after that happened I moved to South  
23 Carolina. My parents live here. I moved in with them.  
24 I have been taking care of my son by myself, you know,  
25 since he we born, but -- and got enrolled in school

1 again. So I'm quite proud of myself for doing that. I  
2 had had quite a lapse in time of schooling. But as soon  
3 as I got down here I got registered in January at Aiken  
4 Tech and into the Pharmacy Tech Program and have been  
5 doing well since. So far this semester I am pulling high  
6 A's and enjoy what I'm doing. And it hurts a little bit  
7 that I -- because of past mistakes, I have to really -- I  
8 mean, I'm here to fight for what I want.

9 MR. BUSHARDT: Okay. Do any of the  
10 Board members have any questions?

11 MR. LIVINGSTON: What were you doing  
12 to disturb the peace?

13 MS. LOGE: I -- I'm sorry  
14 (emotional).

15 MR. BUSHARDT: Just take your time.  
16 That's fine.

17 MS. LOGE: I had had an incident with  
18 my child's father. He wasn't present. The police had  
19 come into my house -- thank you. The police had come to  
20 my house to question me on where he was at. And I didn't  
21 know. And I got somewhat loud. And it disturbed a  
22 neighbor that was upstairs and she came out of her house  
23 to see what was going on and because I disturbed someone  
24 else's privacy I was charged with disturbing the peace.

25 MR. LIVINGSTON: And this was while

1 the police were there?

2 MS. LOGE: Yes, sir. They had  
3 questioned me, like I said, about my child's father and  
4 that upset me quite a bit. And I had gotten a little  
5 loud when I was talking with them and it had disturbed my  
6 neighbor.

7 MR. BUSHARDT: Any other questions  
8 for Ms. Loge?

9 (No response)

10 MR. BUSHARDT: Are you working now,  
11 Ms. Loge?

12 MS. LOGE: No, sir. I've devoted my  
13 time full-time to school right now.

14 MR. BUSHARDT: Okay. That's good.  
15 And you're enjoying your school?

16 MS. LOGE: I am.

17 MR. BUSHARDT: That's very good.  
18 Very good. All right. Any other questions.

19 (No response)

20 MR. BUSHARDT: Ms. Loge, we'll go into  
21 Executive Session before the day is over.

22 MS. LOGE: Okay.

23 MR. BUSHARDT: And we'll make a  
24 decision then.

25 MS. LOGE: Okay. Thank you.



1 MR. SPOON: Let me just ask you one  
2 thing procedurally.

3 MS. LOGE: Yes, sir.

4 MR. SPOON: And I only bring this up  
5 because you mentioned it in your letter of explanation on  
6 that second charge.

7 MS. LOGE: Uh-huh (affirmative  
8 response).

9 MR. SPOON: Are you on probation now?

10 MS. LOGE: Yes, sir, I am.

11 MR. SPOON: Okay. Because you made  
12 reference to that in your letter.

13 MS. LOGE: Right.

14 MR. SPOON: So you have a probation  
15 officer now?

16 MS. LOGE: I do.

17 MR. SPOON: In Idaho Falls?

18 MS. LOGE: Yes.

19 MR. SPOON: Okay. And you've lived  
20 in South Carolina since?

21 MS. LOGE: January of this year.

22 MR. SPOON: And nothing has occurred  
23 in South Carolina since then?

24 MS. LOGE: Negative. There has been  
25 nothing. Since I have been on probation I've had a clean

1 -- everything that she has asked for I've provided or  
2 had, you know, everything's been positive since then.

3 MR. SPOON: You wouldn't have an  
4 objection to if the Board were to ask you to do it; to  
5 provide a letter from your probation officer?

6 MS. LOGE: No, I wouldn't.

7 MR. SPOON: Okay. Thank you.

8 MS. LOGE: Thank you.

9 MR. BUSHARDT: Thank you. Okay.

10 Request for Approval of Non-Resident  
11 Wholesale/Distributor Manufacturer Medi-Nuclear, LLC.  
12 Jay Greyson.

13 MR. GREYSON: Yes, sir.

14 MR. BUSHARDT: Okay.

15 (The witness is sworn in.)

16 MR. BUSHARDT: Ms. Bundrick, would  
17 you like to tell why the distributor's license wasn't  
18 given immediately?

19 MS. BUNDRICK: Yes, sir. They  
20 answered yes to the following questions. Had  
21 disciplinary action taken against you or a pharmacy or a  
22 drug distributor facility you owned or pharmacy or drug  
23 distributor facility where you were employed by the Board  
24 of Pharmacy or its equivalent in South Carolina or any  
25 other state or Country? And also they checked yes to

1 violated the drug laws, rules, statutes and/or  
2 regulations of South Carolina or any other state or  
3 Country or the United States?

4 MR. BUSHARDT: Okay. Mr. Greyson,  
5 would you like to address those issues, please?

6 MR. GREYSON: Yes, sir. Well, what  
7 we have self-disclosed relates to an incident back in  
8 July of 2009 wherein the firm Medi-Nuclear had shipped a  
9 Class 1-9 narcotic drug into Colorado, a state into which  
10 we did not have a drug license. To give a little bit of  
11 history I think will be helpful there. Medi-Nuclear for  
12 the last 20 or 30 years has been a privately-held  
13 business pharmacy headquartered up in Michigan. I am  
14 with the firm called Supply Chain Equity. We were  
15 purchasing; we bought that business in the very end of  
16 October of 2009. So as we were going through our due  
17 diligence and we found that information that there was a  
18 Cease & Desist from Colorado for shipment one time of  
19 Aminophylline to that state. So as soon as we found that  
20 out, even though we had not even yet owned the business,  
21 we immediately instructed the owner to -- we actually did  
22 a full compliance review with him at that time to make  
23 certain we understood what was going on, to make certain  
24 that it would not be repeated. So Colorado had sent us a  
25 Cease -- again, before our ownership, had sent the

1 business a Cease & Desist in July of 2009. The company  
2 still is actually open. Colorado has an open door to us  
3 at any time to apply for a license, which we actually  
4 will. We're in the process right now of just starting to  
5 apply for licenses. Prior to starting in the southeast  
6 and then kind of the East Coast of the United States;  
7 it's a three year project that we'll be embarking on.  
8 Probably will be out back in Colorado I would suspect  
9 towards the very end of next year. But Colorado has left  
10 the door wide open for us. All we need to do is pay that  
11 fine and then they've actually encouraged us to reapply  
12 for a license. It's just not in the footprint that we're  
13 establishing today. So what we did at our firm, as soon  
14 as we realized that and immediately thereafter, there had  
15 been some changeover as some folks were and individuals  
16 were recognized at having done that and violated company  
17 policy that person is no longer with the firm. So there  
18 have been some changeover there and then we've stepped in  
19 and did our full compliance review internally to make  
20 certain that we are fully in compliant. We are very  
21 comfortable with that. We also instituted a number of  
22 additional controls because there was an issue that  
23 happened. You know, I'm personally trained in 6 Sigma  
24 processes which are very important as identifying the  
25 problem and putting in controls to ensure it does not

1 happen again. So we have put controls in from the  
2 entering of the vendor to the entering of a customer,  
3 with flags that come up in our system that gets seen by  
4 the purchasing agent that enters a new vendor. For  
5 example, with a new drug, every time a customer service  
6 or salesperson attempts to enter -- and by the way, I  
7 have examples of that here if the Board would like to see  
8 it, attempts to enter any type of drug a large note pops  
9 up and just says, This is not an approved state; there  
10 are no drug shipments allowed into Colorado. So it  
11 happens at the salesperson level, the customer service  
12 level, the order entry level, and we also have that, we  
13 have examples of that at the shipment level. So even the  
14 person that's doing the final shipping out of the  
15 facility gets that flag and does a double-check and a  
16 cross-check to make sure that that does not and cannot  
17 happen. And then we further took an additional step that  
18 the individual in the shipping area reports to a  
19 different manager than the customer service and  
20 salesperson reports to make absolutely certain that there  
21 is a kind of a double-check even in that regard in case  
22 there's a problem. So we have tried to remedy it in as  
23 many different steps we can. We have other checks that  
24 we can do on a monthly basis to validate, you know, what  
25 we're shipping and where we're shipping and how we're

1 shipping. I feel very strong about the level of  
2 compliance within the pharmacy and within the level of  
3 the overall business and that's why I'm back in front of  
4 the Board here for the first time requesting that the  
5 license be approved.

6 MR. BUSHARDT: Okay. And that was  
7 the only incident that we're talking about?

8 MR. GREYSON: Yes, sir. The only  
9 incident not only in Colorado but the only incident that  
10 has ever occurred at Medi-Nuclear period and there has  
11 been nothing since then.

12 MR. BUSHARDT: And one lesson you'll  
13 learn is that you don't mess around with Colorado.

14 MR. GREYSON: Well, the lesson I  
15 think the whole business understands, and we've always  
16 had a pretty good compliance program up there but our  
17 organization takes it to a different level that you can't  
18 just have one or two checks; you need multiple checks  
19 throughout an operation. This is serious business.

20 MR. BUSHARDT: Colorado sends us a  
21 lot.

22 MR. GREYSON: Oh, really?

23 MR. BUSHARDT: Yes.

24 MR. GREYSON: Interesting.

25 MR. BUSHARDT: We're very aware of

1 that.

2 MR. GREYSON: Very interesting.

3 MR. BUSHARDT: Okay. All right. Any  
4 questions from the Board members of Mr. Greyson?

5 (No response)

6 MR. BUSHARDT: Okay. Well, Mr.  
7 Greyson, we'll go into Executive Session before we leave  
8 today. You're welcome to stay or either you can contact  
9 Ms. Bundrick and she'll give you our decision.

10 MR. GREYSON: Thank you, sir.

11 MR. BUSHARDT: Yes, sir. Okay.

12 Request for PIC in Two Places, Bamberg County Memorial  
13 Hospital and Rite Aid #11569. Bill Copeland R.Ph.

14 (The witness is sworn in.)

15 MR. BUSHARDT: All right. Mr.  
16 Copeland, if you would like to tell us your situation.

17 MR. COPELAND: Bamberg County  
18 Hospital has run into some financial trouble. And  
19 basically my hours have been cut to two hours a day, at  
20 this point. Which is not enough to live on. So I was  
21 offered a position with Rite Aid as PIC. I'm trying to  
22 help the hospital as much as I can, and at this point  
23 we're down to basically an ER and five inpatients or  
24 less, which today we had none. So the workload is not  
25 great at this point. And in order for me to, you know,

1 to move to Rite Aid, you know, and to take the PIC,  
2 that's going to leave the hospital with basically no one.  
3 And I was, you know, I would like to ask permission to be  
4 able to do both. The schedule for Rite Aid, right now  
5 it's at 8:00 to 3:00, Monday through Friday. So I would  
6 have time in the afternoons to go and make sure  
7 everything's done at the hospital.

8 MR. ROSE: What kind of distribution  
9 system do you have at the hospital?

10 MR. COPELAND: We have Omnicell  
11 automated cabinets. And basically the biggest thing with  
12 that is just restocking every day. And any drugs that we  
13 have to order in, you know, just taking those in on a  
14 daily basis which we're pretty much down to about a once  
15 a week order at this point, so.

16 MR. ROSE: So do you have to approve  
17 the orders before they are dispensed from the machines or  
18 not?

19 MR. COPELAND: No, sir. Most --  
20 well, at this point it's ER only. So, like I said, we  
21 haven't had an inpatient in several days. Any inpatients  
22 that come in is a retrospective review of all the orders.  
23 And I add, I do go in every day except for Sunday so, you  
24 know, everything's checked within 24 hours.

25 MR. RICHARDSON: Do you see the



1 hospital closing eventually?

2 MR. COPELAND: We're not really sure  
3 at this point. There is a bid on the table right now to  
4 buy Bamberg County Hospital and Barnwell County Hospital.

5 MR. RICHARDSON: It's joint?

6 MR. COPELAND: To combine them to  
7 build a new facility. And that was another question that  
8 I wanted to ask y'all about. If this is approved and the  
9 sale does take place, would I be able to still do that  
10 with the new company or would I have to come back before  
11 the Board if it's a new permit?

12 MR. ROSE: You'd have to have a new  
13 permit because it's a new company.

14 MR. COPELAND: Right. Okay. So I  
15 would have to come back before the Board?

16 MR. BUSHARDT::  
17 Yes.

18 MR. COPELAND: Okay.

19 MR. RICHARDSON: In the meantime,  
20 where do the patients go? What hospital do they go to?

21 MR. COPELAND: Pretty much anyone who  
22 comes in that needs, you know, further assistance is  
23 transferred to either Barnwell or to Orangeburg or  
24 Columbia or Charleston, just depending on the severity.

25 MR. SPOON: If that happens, you

1 would want to submit an updated application.

2 MR. COPELAND: The sale?

3 MR. SPOON: Yes, sir.

4 MR. COPELAND: We've actually -- I've  
5 already filled out all the paperwork.

6 MR. SPOON: All right.

7 MS. BUNDRICK: We're just waiting  
8 because we're not sure if it's going to go through yet or  
9 not.

10 MR. ROSE: And you've got to remember  
11 that you have to do it personally, too, not just the  
12 permit but your personal changes.

13 MR. COPELAND: Okay.

14 MR. ROSE: Within ten days. Is it  
15 ten days?

16 MS. BUNDRICK: Uh-huh (affirmative  
17 response).

18 MR. COPELAND: Okay.

19 MR. ROSE: Like when you went to work  
20 for the chain, also with a hospital you have to make sure  
21 that all that's relayed to the board in a timely manner.

22 MR. COPELAND: Yes, sir.

23 MR. LIVINGSTON: Bill, where will it  
24 be located, if y'all combined?

25 MR. COPELAND: It's been talked in

1 Denmark, so pretty much halfway between.

2 MR. LIVINGSTON: I still spend a lot  
3 of recreational time in that area. I prefer that y'all  
4 be able to patch me up if I need something.

5 MR. COPELAND: That's right.

6 MR. BUSHARDT: Okay. Any other  
7 questions of Mr. Copeland?

8 (No response)

9 MR. LIVINGSTON: I can make the  
10 Motion to move.

11 MR. BUSHARDT: Well, we have a  
12 Motion.

13 MR. HUBBARD: I second.

14 MR. BUSHARDT: And we have a second.  
15 Anymore discussion?

16 (No response)

17 MR. BUSHARDT: All in favor signify by  
18 raising their right hand.

19 (Board members comply by uplifting their hand.)

20 MR. BUSHARDT: Opposed; likewise.  
21 Motion carries. Thank you.

22 MR. COPELAND: Thank you.

23 MR. BUSHARDT: Congratulations.  
24 Okay. Request Approval of Non-Resident Pharmacy  
25 Application. Medicare Infusion Services Incorporated.

1 Bernard Conniff.

2 (The witnesses are sworn in.)

3 MR. BUSHARDT: Do you have attorney  
4 representation?

5 MR. CONNIFF: I'm the corporate  
6 counsel.

7 MR. BUSHARDT: Okay.

8 MR. CONNIFF: In-house. Different  
9 from an out-house one.

10 MR. BUSHARDT: Okay. Great. Ms.  
11 Bundrick, would you like to tell us about the request,  
12 please? And why it was denied, initially, at the staff  
13 level?

14 MS. BUNDRICK: Medicare was issued a  
15 Cease & Desist September the 7th from us for engaging in  
16 unlawful distribution in the State of South Carolina.  
17 And they have applied for a new permit.

18 MR. CONNIFF: Actually, if I may  
19 correct. We had applied for -- initially, we applied for  
20 a new permit because we were under the impression we had  
21 to apply for a new one. But we had a permit and it  
22 lapsed.

23 MS. BUNDRICK: It lapsed, yes.

24 MR. CONNIFF: So what we're asking  
25 for is just plain reinstatement. The Cease & Desist was

1 issued in September but we had ceased operating or  
2 servicing anybody, I believe, in June. We -- the permit  
3 lapsed and we didn't realize it. Because we had a  
4 pharmacist, managing pharmacist, who applied before. We  
5 only had one or two patients in South Carolina, mainly  
6 children, who had cystic fibrosis and they required  
7 certain particular medicines. Then Medicaid requested  
8 the records. And at that point, they realized and let us  
9 know that our permit was lapsed. We didn't realize it.  
10 And as soon as we realized it, then we stopped providing  
11 services in South Carolina. What we're trying to do is  
12 reinstate the permit. We inquired if we could reinstate  
13 it retroactively; we were told no. So it would be a new  
14 reinstatement but it would be the same permit that we had  
15 before.

16 MR. BUSHARDT: Okay.

17 MR. CONNIFF: Now, why did it lapse?  
18 I'm almost embarrassed to say. We changed pharmacists.  
19 For some reason, we didn't realize it was lapsing and  
20 then we also changed addresses and apparently because  
21 when we changed pharmacists we didn't notify a change of  
22 address we didn't get an order saying we had to renew the  
23 permit. So it was a lapsed permit. And when we realized  
24 it, of course, we applied for a new one but then we were  
25 told, Don't apply for a new one; you have an existing one

1 and you need to reinstate that one. But because there  
2 was a Cease & Desist, we were told we have to come before  
3 the Board.

4 MR. BUSHARDT: Right. Okay. That's  
5 why we have that if you change addresses or anything that  
6 you let the Board know so we can get in touch with you  
7 about such things as that. Prime example.

8 MR. CONNIFF: Obviously, it's  
9 Murphy's Law. Everything that could go wrong, did go  
10 wrong, or we did wrong. In the sense, I guess it's -- we  
11 operate basically in Florida. It was very unusual for us  
12 to have a couple of patients we were servicing in South  
13 Carolina. It was mainly doctors. We are one of the few  
14 providers of a drug called Synergy down in that state and  
15 because of that I guess we had relationships with  
16 physicians that had children that needed the particular  
17 medicines which we were told were hard to get and we  
18 could provide. And we were doing it by mail order.  
19 We're not a mail order pharmacy. So, I mean, I've looked  
20 at your Statute and it says if you are a mail order you  
21 need a permit, but then the Statute is a little bit hard  
22 to read because first it says -- you imply from that that  
23 if you're a mail order you do not need a permit. But  
24 then there's a provision at the end that says, well, if  
25 you -- any drug at all then you need a permit. So, you

1 know, we were kind of reading it both ways. But it  
2 wasn't that at all. It was the fact that we changed our  
3 administrative pharmacist. He was the one that was  
4 basically had applied originally and we didn't realize we  
5 had a lapsed license. As soon as we did, we stopped and  
6 we reapplied and we've been in this process now for a few  
7 months trying to get the license back up.

8 MR. BUSHARDT: Do you know how much  
9 product was shipped from January to June?

10 MR. CONNIFF: We have -- well, we  
11 have an issue with Medicaid right now. And apparently  
12 that amounts to about two hundred-some thousand dollars  
13 in product. However, it's a very expensive product. I  
14 don't know quantity-wise exactly how much it would be but  
15 we would be shipping on a monthly basis. I believe we  
16 had two kids and then we were down to one child that we  
17 were shipping to. So as to the quantity, I don't know.  
18 But I mean I guess the money will give you some version  
19 of that. Like I said, we were not even aware that we  
20 were -- that we had the problem until Medicaid asked for  
21 all the records, and in doing their review, they were  
22 doing a mail correspondence-type audit, and they were the  
23 ones who pointed it out to us and said, oops, you've got  
24 a problem.

25 MR. BUSHARDT: Right. Yeah, you hate

1 to get those letters. Okay. Do we have any questions  
2 from the Board members?

3 MR. LIVINGSTON: You're saying that  
4 during this time when your permit was lapsed you shipped  
5 \$200,000 worth of medications for two patients in South  
6 Carolina?

7 MR. CONNIFF: We had these children,  
8 I believe, with cystic fibrosis and they consume very  
9 expensive type of medicines. Which is why we were  
10 contacted to begin with by a particular physician, I  
11 guess. So that would be the monthly medicine that they  
12 consume. I mean, I do have a list of what they -- of  
13 drug names, and basically it consists of about 18  
14 different medications. Mostly having to do with  
15 bronchial dilators --

16 MR. LIVINGSTON: Would you mind if we  
17 took a look at that list?

18 MR. CONNIFF: No, by all means.

19 MR. SPOON: You don't have any  
20 objection to that, Mr. Conniff?

21 MR. CONNIFF: Pardon?

22 MR. SPOON: You don't have any  
23 objection to that? Making this part of the record?

24 MR. CONNIFF: No, I have no  
25 objection.



1 MR. SPOON: Okay.

2 MR. CONNIFF: I mean, it's all open  
3 and Medicaid has a complete list. South Carolina  
4 Medicaid, that is. And we've been dealing with Ms. Gould  
5 on this matter now for a few months. Now, she said staff  
6 do not reinstate the permit, it would have to go before  
7 the Board, and that's why we're here to see if we can  
8 reinstate.

9 MS. LONG: What are the issues you're  
10 having with South Carolina Medicaid?

11 MR. CONNIFF: Because the Statute,  
12 the Medicaid Statute reads that you have to have a South  
13 Carolina permit to bill South Carolina Medicaid. So it's  
14 a technical issue basically which says since our permit  
15 was lapsed you can make the argument that we did have a  
16 permit but we had a lapsed permit. Since the permit was  
17 lapsed, we didn't have a permit and therefore Medicaid  
18 says they put the whole amount at issue. And, of course,  
19 we've read the Medicaid manual. And curiously enough,  
20 one of the things the Medicaid manual says, if you're an  
21 out-of-state vendor or pharmacy and you are not a mail  
22 order pharmacy you need a permit if you're a mail order  
23 pharmacy. So again, it doesn't state anything about you  
24 need a permit in all circumstances. That is a Medicaid  
25 requirement. Which is, if you're a mail order, you need

1 a permit which the inference is if you're not mail order  
2 you do not, so.

3 MR. LIVINGSTON: But you said that  
4 this was discovered with a Medicaid audit?

5 MR. CONNIFF: Yes.

6 MR. LIVINGSTON: Okay. What was the  
7 audit about? Can you tell us about that?

8 MR. CONNIFF: It's a regular audit.  
9 You know, when you bill Medicaid, Medicaid pays, and then  
10 periodically they ask for backup records for all the  
11 billings and when we provided them that's when the issue  
12 came up. And they have found no irregularity with the  
13 billing or the medicines or anything else. The only  
14 thing they raised is the lapsed permit. It's all  
15 documented. It was documented. They pretty much are  
16 okay with all that. They didn't raise any alternative  
17 paybacks. In other words, they haven't challenged any of  
18 the amounts except for the permit issued which is a  
19 technical issue.

20 AUDIENCE MEMBER: It's illegal to  
21 ship or sell to Medicaid.

22 MR. SPOON: Sir, I'm sorry. Are you  
23 with the company?

24 AUDIENCE MEMBER: No.

25 MR. SPOON: Because if you're going

1 to testify, you have to be sworn in.

2 AUDIENCE MEMBER: I just made a  
3 comment. I'm sorry.

4 MR. CONNIFF: No, they haven't raised  
5 any issue with the product, the delivery, the shipping,  
6 or the documentation at all. Like I said, their only  
7 issue is the fact that their manual states, thou shall  
8 have a permit. Supposedly. Even though that manual I  
9 think is unclear, at least that's my opinion, in that  
10 it's catching the first part of the Statute dealing with  
11 the mail order pharmacy and really does not make  
12 reference to the last provision in your Statute which is  
13 the one that seems to provide that we need a permit in  
14 South Carolina.

15 MR. LIVINGSTON: The intent of that  
16 Statute insures that anybody that's dealing with  
17 medications in South Carolina needs to have a permit  
18 that's for sure.

19 MR. CONNIFF: I believe the last  
20 provision would say that, basically.

21 MS. LONG: So your permit lapsed in  
22 June of 2009?

23 MR. CONNIFF: Yes.

24 MS. LONG: And these are the only  
25 products that you ship into South Carolina?

1 MR. CONNIFF: The only product, yes.  
2 And we're not a mail order. I mean, this was kind of an  
3 unusual circumstance. We felt we were more providing a  
4 service, but, you know. And then, like I said, it was  
5 only two patients that were involved in the matter. I  
6 mean, primarily, we just don't deal outside the state.  
7 We're only in Florida.

8 MR. LIVINGSTON: How big a facility  
9 is this? How many employees do you have?

10 MR. CONNIFF: How many -- pardon?

11 MR. LIVINGSTON: Employees do you  
12 have?

13 MR. CONNIFF: We have about 35  
14 employees. And we're billing now approximately I believe  
15 like 20 Million.

16 MR. LIVINGSTON:  
17 Annual?

18 MR. CONNIFF: Annually. That's  
19 billable for, you know, and the profit margin in this  
20 area is very good. Tight. Because what we bill is  
21 medicines and medicines are very costly.

22 MR. ROSE: Is most of this stuff you  
23 ship in the state of Florida, is it mail order?

24 MR. CONNIFF: It's not mail order.  
25 As a matter of fact, what we do mostly is just PO to

1 community pharmacy, so --

2 MR. ROSE: Are you sending it their  
3 pharmacy?

4 MR. CONNIFF: We deliver to the  
5 patients' homes, mostly. We also do compounding.

6 MR. ROSE: How do you deliver it?

7 MR. CONNIFF: We have trucks. We  
8 have vans and trucks and we fill the prescription. We  
9 get prescriptions from doctors or ALF's or a variety of  
10 sources and we do the delivery at the house of the  
11 medicine and the refills on the prescriptions. We also  
12 do compounding which we didn't do before but we have  
13 started up since and we provided all the documentation.  
14 We don't do any compounding outside the state or for  
15 anything outside; it's all local. The most we can say is  
16 we're within the state of Florida. And mostly I would  
17 say the south end.

18 MR. LIVINGSTON: You give us this  
19 list that had 18 drugs on it and of those 18 which ones  
20 are you saying you compound?

21 MR. CONNIFF: Of those? No. The  
22 compounding is a separate issue. None of the ones that  
23 we've delivered here were compounded at all.

24 MR. LIVINGSTON: So this list that  
25 you've given us are basically --

1 MR. CONNIFF: The list --

2 MR. LIVINGSTON: -- meds that --

3 MR. CONNIFF: Those are the ones that  
4 we were shipping to the particular South Carolina  
5 recipients. We never shipped a compound into South  
6 Carolina. We started that afterwards. Beverly Gould,  
7 Ms. Gould has requested all that information. We said,  
8 We don't do compounding in South Carolina, but she said  
9 just in case they wanted all the -- and they're going  
10 through the procedures, policies, procedures, et cetera,  
11 to see that we comply with South Carolina.

12 MR. LIVINGSTON: Right. I actually  
13 have those here in front of me and I've reviewed them. I  
14 guess one question. These policies and procedures that  
15 you have here, these are procedures that you guys created  
16 or did you buy a manual and adapt the manual to your  
17 facility or?

18 MR. CONNIFF: No. I guess some come  
19 from -- you get sample manuals you adapt to and some we  
20 created. It was part of the accreditation process also  
21 that we went through about a year or two back and they  
22 required certain particular procedures. So either we got  
23 forms to guide us on what we should do or we went ahead  
24 and created our own procedures. So you tailor it to our  
25 own operation. Of course, it's not a standard manual

1 that we're using. And particular in the compounding area  
2 it was all pretty much developed for the particular  
3 operation.

4 MR. LIVINGSTON: You said  
5 accreditation process. You're accredited by whom?

6 MR. CONNIFF: Who did we accredit?  
7 It was a -- it's not JACO and it's not one of the big  
8 named ones. But we're accredited by -- if you'd tell me  
9 right now I wouldn't know the name of the accreditation  
10 but --

11 MS. LONG: Just for clarification.  
12 This letter that you have written to Ms. Gould, dated  
13 October 24th, it says medications were shipped to four  
14 children?

15 MR. CONNIFF: Initially, it was four  
16 children. Back when we got the permit is because we were  
17 servicing four children. Eventually as they stopped  
18 needing the medication; we never got new ones. We just  
19 basically -- I guess they completed whatever programs or  
20 grew up or whatever and then we went down to two and  
21 basically one and then we stopped once we encountered  
22 this problem.

23 MR. LIVINGSTON: You're an attorney.  
24 Are you a pharmacist, sir?

25 MR. CONNIFF: No. He's the owner of

1 the company.

2 MR. BRACERAS: I'm the president.  
3 Basically the problem that I think we are going back  
4 about five years. One of the doctors over in Miami moved  
5 here and we used to do those kids. So we follow the  
6 regulation. The pharmacy got the license. But we only  
7 did four or five kids. We were never here marketing the  
8 pharmacy.

9 MR. CONNIFF: It was only four  
10 children.

11 MR. BRACERAS: It's a kid care  
12 program. I don't know if you have one here. In Florida,  
13 the kid care program is basically through Medicaid. We  
14 do the Synergy and we do this PO compound. And it's very  
15 expensive. Usually it consumes about five, six thousand  
16 dollars a month per kid.

17 MR. LIVINGSTON: As far as individual  
18 questions about these policies and procedures, would  
19 either of y'all be able to answer?

20 MR. CONNIFF: I don't know. I can't  
21 say that I would. I send them in in advance to Ms. Gould  
22 and what I say was basically whatever else you need we're  
23 willing to go ahead and implement the policy and  
24 procedure to comply with your requirements here because I  
25 did notice that ours are set up a little different from



1 the list that she had sent us. So I said obviously we  
2 need to accommodate so we will implement whatever the  
3 policies are that we need. Now, initially what we raised  
4 was the issue is we don't compound and we don't send any  
5 compounded drugs into South Carolina, nor do we plan to  
6 nor are we going to. So as a matter of fact, ours, like  
7 he said, it business started because physicians down  
8 there moved up here and kind of we followed him but  
9 that's kind of like tapered off. At this point, what we  
10 really want is to comply because we were not complying.  
11 We have to comply also because we do have an issue with  
12 Medicaid. So, obviously, we want to get everything  
13 straightened out to the compliance end to go forward, in  
14 other words. I don't foresee at least right now we have  
15 no patients up here and I don't foresee that that's going  
16 to materialize.

17 MR. LIVINGSTON: Okay. The problem  
18 for us is there's no differentiation between licenses.  
19 In other words, we don't have a special compounding  
20 permit so if we -- if you get your permit --

21 MR. CONNIFF: It would allow us to do  
22 the compounding. I realize that. I figured that that  
23 was the case. And just in case, we did. So what I told  
24 Ms. Gould was if you need for us to revise policies and  
25 procedures or implement some of the ones that you have

1 here, we'll gladly go ahead and do that. Because  
2 obviously, I mean, you can amend your manual policies and  
3 procedure manual to accommodate whatever your situation  
4 is.

5 MR. LIVINGSTON: It's a pretty  
6 complete manual.

7 MR. CONNIFF: We did a pretty  
8 complete one. I did notice category-wise ours is under  
9 like education or -- we only have like four categories  
10 and yours had like twelve, so.

11 MR. LIVINGSTON: As far as the meat -  
12 -

13 MR. CONNIFF: It's in there?

14 MR. LIVINGSTON: It's pretty --

15 MR. CONNIFF: I hope so. That's good  
16 to hear. That's good news.

17 MS. BUNDRICK: I don't have any  
18 questions.

19 MR. BUSHARDT: Any other questions?

20 (No response)

21 MR. BUSHARDT: Okay. We will take  
22 this up in Executive Session. If you want to wait around  
23 you'll find out today or either you can let Ms. Bundrick  
24 know and give her a call and she can give you our  
25 decision.

1 MR. CONNIFF: Okay. About what time  
2 will that be, do you think?

3 MR. BUSHARDT: Well, as soon as we  
4 finish everything then we'll go into Executive Session  
5 and finish up.

6 MR. CONNIFF: I only ask because we  
7 have a flight out. But we have a late flight.

8 MR. BUSHARDT: Okay. What time is  
9 your flight out?

10 MR. CONNIFF: Oh, about 6:30.

11 MR. BUSHARDT: Oh yeah. Oh yeah.  
12 You'll know before then, I feel sure.

13 MR. CONNIFF: Okay. Thank you.

14 MR. BUSHARDT: Memorandum of  
15 Agreement, Rx Direct, Incorporated. Mr. Hanks, you going  
16 to take care of that?

17 MR. HANKS: Yes, sir.

18 MR. BUSHARDT: All right.

19 (The witness is sworn in.)

20 MR. BUSHARDT: Are one of you an  
21 attorney?

22 MR. BENDER: I am. I'm Edward Bender  
23 with Nexsen Pruet here in Columbia.

24 MR. DARBY: No attorney. Not me.

25 MR. HANKS: Okay. Mr. Chairman and

1 Members of the Board, we're here in the matter of Rx  
2 Direct, Permit #7510. It's OIE Case #2009-39. The  
3 record should reflect that Respondent is present and  
4 represented by his counsel. Respondent and his counsel  
5 appear before you today pursuant to an MOA; wherein that  
6 he admits certain violations of the Practice Act and he  
7 presents himself here today to respond to your questions  
8 and to present evidence in continuation and mitigation of  
9 the violation. The reason he would do that, of course,  
10 is that the Board should be able to form an appropriate  
11 sanction in this matter. The conduct that brings us here  
12 today, Members of the Board, is that the Respondent holds  
13 a Non-Resident Pharmacy Permit in the State of South  
14 Carolina. And the issue that he had occurred in the  
15 State of Arkansas during the period of 2006, and I'll  
16 actually have to take you back to December of 2006. In  
17 December of 2006 -- 2005, excuse me, his permit in  
18 Arkansas expired and it basically lapsed in April of  
19 2006. So they have about a four month window, I suppose,  
20 after this thing expires before it lapsed. But at any  
21 rate, it lapsed in April of '06 and he continued to send  
22 medication into the state while the permit was lapsed and  
23 up until a point in June of 2006. So basically he's  
24 shipping medications where the permit has lapsed. He was  
25 disciplined by the State of Arkansas as a result of that

1 conduct and fined \$1,000. And then in the State of  
2 Hawaii he failed to notify the State of Hawaii that he  
3 had been disciplined by the State of Arkansas. So the  
4 State of Hawaii fined him \$500. And then finally in the  
5 State of Delaware, the State of Delaware looked at the  
6 conduct that had occurred in Arkansas and Hawaii and  
7 decided that they would issue him a consent order that  
8 basically allowed him to be reprimanded. That's  
9 essentially why the Respondent is here today. Again, he  
10 shipped some product into the State of Arkansas. As I  
11 understand it, they're located in Texas. He shipped some  
12 product into Arkansas from April of '06 to June of '06  
13 and then got in trouble in Hawaii for not reporting that  
14 he had did that, and got in trouble in Arkansas. And  
15 because he's been disciplined in those three locations,  
16 it's obviously a violation of our Practice Act. And  
17 that's -- there's nothing hidden beyond that. That's the  
18 conduct that brings him here today. And I appreciate  
19 your attention to this matter and I'll be followed by  
20 counsel for the Respondent. Thank you.

21 MR. BENDER: Mr. Chairman, Members of  
22 the Board, my name is Edward Bender. I'm a lawyer here  
23 in Columbia. I'd like to introduce my client, Craig  
24 Darby. He has flown from Texarkana, Texas to be with us  
25 here today. He is the CEO of RxDirect.com and also a

1 pharmacist and, like you, served on the Board of Pharmacy  
2 in the State of Texas in the 1980s. And so he -- this is  
3 very similar to some of the meetings he's been to before.  
4 Mr. Darby is here and we signed this MOA in essence to  
5 say we admit that there was a problem as Mr. Hanks  
6 detailed to you. In 2006, Rx Direct which is a small 25  
7 employee mail order pharmacy based out of Texarkana, let  
8 its license lapse. Its pharmacist in charge, Ms. Connie  
9 Ewald was renewing her PIC permit in Arkansas and, due to  
10 a clerical error, just a simple mistake, she had thought  
11 that she had renewed the pharmacy permit as well and had  
12 not. And as a result, there was a four month window from  
13 January to April when they had essentially a grace period  
14 where their license was still valid during the renewal  
15 period. They discovered that their pharmacy license had  
16 not been renewed. They stopped shipping their  
17 medications into Arkansas and went through the renewal  
18 process and were renewed on June 21st of 2006. And at  
19 all times were compliant with the Board in Arkansas in  
20 hopes of rectifying the issue and correcting this  
21 clerical mistake. What has occurred since that time is  
22 what I like to call a Parade of Horribles. Once the  
23 lapse happened in Arkansas the Board of Hawaii was not  
24 notified of the lapse; they sent a consent order. Mr.  
25 Darby and Rx Direct signed that Consent Order. And then

1 as they've renewed applications in other states it has  
2 become an issue in these states. So after Hawaii,  
3 Delaware followed. And then five years today, we're here  
4 in South Carolina. And I think Mr. Darby's presence here  
5 and our willingness to sign the MOA and say, yes, we  
6 understand that at one point we have violated the  
7 Pharmacy Practice Act of South Carolina because we had a  
8 lapsed license in the State of Arkansas. But we ask you,  
9 the Board of Pharmacy, to accept our willingness to admit  
10 fault and ask that you hopefully end this Parade of  
11 Horribles because it's the public nature of the  
12 reprimands in these other states that continues this  
13 cycle. And it's been honestly very traumatic not only  
14 for Mr. Darby, but particularly for the pharmacist in  
15 charge, Ms. Connie Ewald. And I'd like, Mr. Spoon, if I  
16 could, to submit to the record the letter that Ms. Ewald  
17 sent to the Board that just details what she has been  
18 through, personally and professionally, as a result of  
19 making this mistake in 2006, five years ago. And if you  
20 would accept that into the record, I'd appreciate it with  
21 Mr. Hanks' consent.

22 MR. SPOON: Mr. Hanks, do you have  
23 any objection?

24 MR. HANKS: No objection.

25 MR. SPOON: Do you have copies of

1 that, Mr. Bender?

2 MR. BENDER: Yes, sir. Thank you.

3 But other than that, you know, I think Rx Direct has --  
4 they have never -- they've complied at all times with the  
5 permit requirements in South Carolina and have notified  
6 this Board at all times of any -- this is the only issue  
7 that they've had and so they've notified the Board and at  
8 all times been compliant with department requirements  
9 here. And so basically we're here to say, grant us some  
10 mercy, and Mr. Darby will be glad to answer any questions  
11 that you may have.

12 MR. SPOON: I just had a question  
13 about the pleadings. And I don't want to take up too  
14 much time with it. Because I know the Board Members have  
15 a question. But as far as the -- and probably for both  
16 counsels, the formal accusation, it was alleged a  
17 violation of the Pharmacy Practice Act, Section 86. Is  
18 that Section D5?

19 MR. HANKS: Those allegations were  
20 deleted in the MOA.

21 MR. SPOON: Right. I was just --  
22 that was my question.

23 MR. HANKS: Yeah, they're totally  
24 deleted in the MOA.

25 MR. SPOON: So with respect to the



1 MOA, and I'm only asking because the Board has a copy of  
2 both documents. But Section 86-D5, but with respect to  
3 the MOA, you're admitting a violation of Section 110?

4 MR. BENDER: That's correct. We're  
5 admitting a violation of 1-110B but not to 86-2D5.

6 MR. SPOON: I'm sorry. Go ahead.

7 MR. BUSHARDT: Do the Board Members  
8 have any questions?

9 (No response)

10 MR. BUSHARDT: Mr. Hanks, do you have  
11 anything else?

12 MR. HANKS: No, we don't. We'd just  
13 like to enter a copy of the MOA which has already been  
14 entered. And we'll just state that we're not trying to  
15 end commerce as we know it here in the United States, Mr.  
16 Chairman and Members of the Board, but essentially we  
17 have a process and anyone who typically gets in trouble  
18 in another state we would typically mirror what happened  
19 in that other state and that would be, of course, a  
20 public reprimand and \$1,000 fine. We're not asking for  
21 that in this case. We understand what has happened in  
22 the other states; we're just asking for a public  
23 reprimand in this situation. Thank you.

24 MR. BENDER: And Mr. Chairman, I  
25 certainly appreciate Mr. Hanks' suggestion. We would ask

1 simply that if you do decide to impose sanctions on our  
2 client that you do so in a private manner in order to  
3 essentially stop this continuous vicious cycle of having  
4 state by state Consent Orders and requests. And as much  
5 as Mr. Darby has enjoyed our fine state, I'm not sure he  
6 wants to travel to the other states that he operates in  
7 to continue with these. So we request a private  
8 reprimand or no sanction at all. So, thank you very  
9 much.

10 MR. BUSHARDT: Anything further from  
11 the Board?

12 (No response)

13 MR. BUSHARDT: Okay. Thank you very  
14 much. And we'll do this in Executive Session and you can  
15 find out today.

16 MR. BENDER: Okay. Thank you, Mr.  
17 Chairman.

18 MR. DARBY: Thank you, Pharmacy  
19 Board.

20 MR. BUSHARDT: All right. A report  
21 on MALTAGON. Carole Russell.

22 MS. RUSSELL: Yes. On September 18th  
23 through the 21st, Ms. Sanders and I attended the MALTAGON  
24 meeting in Savannah. MALTAGON stands for Mississippi,  
25 Alabama, Louisiana, Tennessee, Arkansas, Georgia,

1 Oklahoma, and North Carolina. This is a Regional Board  
2 of Pharmacy Group. Once Florida, Kentucky, and South  
3 Carolina joined, they didn't know how to make another  
4 word out of that so they're just included underneath  
5 there in parenthesis and at this year's meeting did  
6 accept Texas into the group as well. Most of the program  
7 was spent talking about the things we heard about  
8 yesterday at the prescription drug summit. The illegal  
9 use of prescription medications. One morning was devoted  
10 to a discussion on pseudoephedrine regulations and meth  
11 labs. And most of the conference, which was really  
12 beneficial for Cle and myself, was hearing from other  
13 states about common issues they're dealing with in their  
14 particular state. So it was a roundtable discussion.  
15 Every state got to comment on how they were handling that  
16 particular challenge in their state. And it was a great  
17 chance to meet Board Members from other states around us  
18 and learn how they're solving problems in their states as  
19 well. So I appreciate the support of the Board in going  
20 to that meeting.

21 MR. BUSHARDT: Thank you. We  
22 appreciate you going too.

23 MR. ROSE: How did it compare to the  
24 meeting in Biloxi?

25 MS. RUSSELL: It was less structured.

1 There was less planned programming and more open forum  
2 roundtable discussions.

3 MR. ROSE: Because it sounds like  
4 some of the same issues came up.

5 MS. RUSSELL: Yeah.

6 MR. ROSE: Especially the  
7 pseudoephedrine thing.

8 MS. RUSSELL: Yeah. Yeah. We spent  
9 a lot of time talking about that. And how the  
10 pseudoephedrine is actually acquired. There are groups  
11 that go and pick up people that want to make money and  
12 give them a stack of fake driver licenses and then they  
13 take them in a van up the street and they get out and  
14 they got to the Walgreens on this side and the CVS on  
15 that side and just collect as much as they can.

16 MR. ROSE: And then they strip them  
17 out going home?

18 MS. RUSSELL: Uh-huh (affirmative  
19 response).

20 MR. ROSE: Somebody was telling --  
21 one guy was telling us about the guy in, I think it was  
22 Mississippi, he went to Texas or Alabama one and got the  
23 drug. And they said all the way back he was throwing  
24 these blister packs out the window as he was stripping  
25 them down. And they said actually he made some on the

1 way back, some methamphetamine on the way back.

2 MS. RUSSELL: They call that meth  
3 smurfing.

4 MR. ROSE: It's good that you got to  
5 go because it's good for the Board Members to go and I  
6 encourage all the Board Members to try and make some of  
7 these trips because it's a little hard if there were just  
8 two Board Members going.

9 MR. BUSHARDT: Well, we got word  
10 today if we need more we can request it. We may not get  
11 it, but we can request it.

12 MR. ROSE: We got the money, we just  
13 can't use it right now.

14 MR. BUSHARDT: Okay. Proposed  
15 Changes to the Engine Act. This is just for our  
16 knowledge at the present time. There has been some  
17 possible changes that have been offered for us to look at  
18 and study. And we will do that on probably an individual  
19 basis and then at some point in time we'll get back and  
20 discuss it maybe a little more in detail when we've all  
21 had time to really devote a little time to it. And when  
22 we understand a little bit more about some of these  
23 changes. Does anybody have anything else they want to  
24 offer on that?

25 (No response)

1 MR. BUSHARDT: Okay. 2011 ASHP mid-  
2 year meeting.

3 MS. BUNDRICK: That's on the agenda  
4 because the agency's requiring the Board to approve in  
5 the Minutes for staff and/or Board Members to go to Board  
6 meetings. When I submit travel, I have to document that  
7 the Board approved it.

8 MR. BUSHARDT: So you need a Motion?

9 MS. BUNDRICK: I need a Motion.

10 MR. ROSE: Is somebody going to the  
11 meeting or?

12 MS. BUNDRICK: Carole's planning on  
13 going and I was planning on going if I could.

14 MR. ROSE: Because I don't think  
15 we've ever done that before, have we? To the ASHP  
16 meetings, or the APHA meetings in the past.

17 MS. BUNDRICK: We haven't done the  
18 ASHP before.

19 MS. RUSSELL: There's a session at  
20 this meeting for pharmacists who -- health system  
21 pharmacists who sit on State Boards of Pharmacy. And  
22 that was what was of particular interest to our Board.

23 MS. BUNDRICK: Yeah.

24 MS. RUSSELL: I'm going at my own  
25 expense. My employer is paying my registration so I'm

1 not asking for support from the Board.

2 MS. BUNDRICK: Oh, okay. I  
3 apologize. I thought originally you were.

4 MR. ROSE: Just for your information,  
5 Carole, they send that out every year. I get one every  
6 year that I'm on the Board but they never have paid for  
7 anybody to go, so.

8 MR. BUSHARDT: Maybe a first time  
9 then maybe?

10 MR. ROSE: It could be the thing. I  
11 mean, it's another meeting, you know, so. And I would  
12 say that I'm sure the APHA has a meeting like that, too.  
13 I never have heard from them but it's possible. Have you  
14 ever heard of anything like that, Carmello? The APHA?

15 MR. CINQUEONCE: What's that?

16 MR. ROSE: Where the board members in  
17 each state would meet at the APHA meeting?

18 MR. CINQUEONCE: I have not.

19 MR. ROSE: It would probably be a  
20 large number of people.

21 MR. CINQUEONCE: That would be.  
22 Yeah. I don't recall seeing anything like that at the  
23 APHA meeting.

24 MR. ROSE: Because the ASHP does  
25 that, the hospital group. The health system group, I

1 should say, does that every year. Kind of getting all  
2 their ducks in a row.

3 MR. BUSHARDT: Okay. Do I hear a  
4 Motion?

5 MS. LONG: I'll make a Motion.

6 MR. RICHARDSON: I need to ask  
7 another question.

8 MR. BUSHARDT: Let's do it after I  
9 get a second. Then any discussion. Do I hear a second?

10 MR. LIVINGSTON: Second.

11 MR. BUSHARDT: All right, second.

12 Now for discussion. Excuse me. Go ahead, Mr.

13 Richardson.

14 MR. RICHARDSON: I just wanted to ask  
15 a question. It doesn't --

16 MR. BUSHARDT: Certainly. Go ahead.

17 MR. RICHARDSON: -- deal with the  
18 Motion.

19 MR. BUSHARDT: That's fine. Go  
20 ahead.

21 MR. RICHARDSON: Just something that  
22 you asked the lady from NABP today.

23 MR. CINQUEONCE: Yes, sir.

24 MR. RICHARDSON: You asked her about  
25 community accreditation.



1 MR. CINQUEONCE: Yes, sir.

2 MR. RICHARDSON: Could you elaborate  
3 a little bit?

4 MR. CINQUEONCE: Yeah. It's my  
5 understanding that NABP has partnered with the American  
6 Pharmacist Association to develop some standards for a  
7 volunteer program where they would encourage community  
8 pharmacies, independents, and chains alike to go through  
9 a process of obtaining this designation or this  
10 accreditation from NABP. And so it would be an NABP  
11 accreditation model much like say VAWD or VIPS. This  
12 would be a community pharmacist accreditation program  
13 where, again, pharmacists would have to meet certain  
14 requirements, meet certain standards, apply for the  
15 process and then obtain accreditation. Their argument  
16 is, at least in my discussions with NABP and APHA, their  
17 arguments are that third-party payers are requesting this  
18 or there's a demand from third-party payers that  
19 community pharmacy maintain standards across state lines  
20 so that a community pharmacy in South Carolina would have  
21 met and obtained or met certain standards at a national  
22 level that would be similar to a community pharmacy say  
23 in California.

24 MR. RICHARDSON: I guess that wasn't  
25 my question. The word community.

1 MR. CARMELLA: Yes, sir.

2 MR. RICHARDSON: The word, you said  
3 community pharmacy, yet you said chain and independents  
4 alike.

5 MR. CINQUEONCE: Yes, sir.

6 MR. RICHARDSON: And so that means  
7 any pharmacy within a community?

8 MR. CINQUEONCE: Correct. Their term  
9 that they're using is community pharmacy. What I  
10 envision and what we've sort of heard is that that would  
11 include retail pharmacy, whether they be chains or  
12 whether they be independents.

13 MR. RICHARDSON: Okay.

14 MR. CINQUEONCE: Yes, sir.

15 MR. BUSHARDT: Okay, we have a motion  
16 on the floor and a second for approval of ASHP 2011 mid-  
17 year meeting. Do I hear anymore discussion?

18 (No response)

19 MR. BUSHARDT: All in favor of the  
20 Motion signify by raising their right hand.

21 (Board members comply by uplifting their hand.)

22 MR. BUSHARDT: Opposed; likewise.

23 Motion passed.

24 MR. ROSE: Okay. We've got to  
25 appoint somebody then.

1 MR. BUSHARDT: Okay.

2 MR. ROSE: Because it's a couple of  
3 weeks or less.

4 MS. RUSSELL: Yeah, I went ahead and  
5 registered to take advantage of early bird registration.

6 MR. BUSHARDT: Why don't you nominate  
7 Carole?

8 MR. ROSE: That's what I said. We've  
9 got to nominate somebody. You've also got to nominate  
10 Lee Ann to go. Or suggest that Lee Ann go. I don't  
11 guess we can nominate Lee Ann.

12 MR. BUSHARDT: Well, I don't guess we  
13 need to do Carole then because if she's got somebody else  
14 paying for it all we've got to do is nominate Lee Ann?

15 MR. ROSE: Are they paying the whole  
16 thing or not?

17 MS. RUSSELL: They're just paying my  
18 registration.

19 MR. ROSE: I think we need to do part  
20 of hers too.

21 MR. BUSHARDT: All right. Well,  
22 let's --

23 MR. ROSE: We would nominate Carole  
24 to go and Lee Ann, or we would suggest that they allow  
25 Lee Ann to go. Is that what we can do, Lee Ann? I don't

1 think we can tell staff if you can go or not, that's up  
2 to the powers that be.

3 MR. RICHARDSON: And all the other  
4 expenses that Carole incurs that they don't pay for.

5 MR. BUSHARDT: All right. A Motion  
6 is made. Do I have a second?

7 MS. LONG: Second.

8 MR. BUSHARDT: All right. Any other  
9 discussion?

10 (No response)

11 MR. BUSHARDT: Now, all in favor  
12 signify by raising their right hand.

13 (Board members comply by uplifting their hand.)

14 MR. BUSHARDT: Opposed; likewise.  
15 Motion passed. Okay. Well, you have our blessing.

16 MS. RUSSELL: Thank you. It's in New  
17 Orleans. It'll be a tough place to go.

18 MR. ROSE: It might be tougher than  
19 you think.

20 MR. BUSHARDT: All right. Committee  
21 reports. The technician.

22 MS. LONG: We've established our  
23 committee. We've not met.

24 MR. BUSHARDT: Good. Okay.  
25 Compounding?

1 MR. LIVINGSTON: The Compounding  
2 Committee itself has not met but the Task Force continues  
3 the work of integrating 797 and 795 into the current  
4 Practice Act. And we did kind of establish guidelines  
5 just so you guys will know that hopefully we can, in the  
6 first quarter of 2012, complete our work and therefore  
7 get it to the Board -- get it actually from the Task  
8 Force to the Compounding Committee and then come from the  
9 Compounding Committee back to the Board. If we, as a  
10 Board, then approve these additions to the Practice Act  
11 then we can go from there through the process of going to  
12 the Legislative committee and pre-filing some type of  
13 legislation before the end of 2012. It has been a long  
14 task.

15 MR. BUSHARDT: Yes, it is. Yes, it  
16 is.

17 MR. LIVINGSTON: But it continues.

18 MR. BUSHARDT: Yeah. The  
19 legislative? While we're on a roll?

20 MR. LIVINGSTON: Yeah. Thank you.  
21 All right. The legislative committee did meet on  
22 November 10th and we had several items on the agenda that  
23 we discussed. Some of them included the addition of the  
24 7th Congressional District to, I guess, adjust our  
25 Practice Act to account for the addition of the 7th

1 Congressional District into our -- into the State.  
2 Carmello Cinqueonce was going to look into this to see  
3 what kind of things we might need to add, but quite  
4 honestly, we've been told today that a provision by the  
5 Senate may clean up this for us without having to make  
6 any adjustments to our Practice Act, so we'll see how  
7 that develops.

8 MR. CINQUEONCE: That's expanding  
9 from 6 to 7 seats, correct, congressional seats?

10 MR. ROSE: Yeah, and they're going to  
11 have to do a lot of other Boards too and they're just  
12 going to put it in there to change. But you say it will  
13 supersede our Act?

14 MR. BUSHARDT: Yeah. Yeah.

15 MR. LIVINGSTON: That's what we've  
16 been told, so we'll see how that pans out. The other  
17 thing, some other things that we discussed, we discussed  
18 some regulations in regards to something that you guys  
19 sent to us, which was a --

20 COURT REPORTER: Could you speak up?

21 MR. LIVINGSTON: I'm trying to read  
22 notes.

23 COURT REPORTER: They're blocking  
24 your voice.

25 MR. LIVINGSTON: We discussed

1 requiring some Regulations or Statute changes to make  
2 sure that the medications that are shipped into the state  
3 are -- the temperature is controlled and making sure that  
4 the people who ship those medications into the state  
5 provide adequate documentation that the medication was in  
6 a controlled environment and meets the standards that the  
7 manufacturer had set forth for that medication. So,  
8 again, the association was going to take a look at some  
9 other legislation that may be pending or may be already  
10 enacted in other states and get back to us on that. We -  
11 -

12 MR. BUSHARDT: Excuse me. Can I ask  
13 one question? Is that tablets, too?

14 MR. LIVINGSTON: Yes.

15 MR. BUSHARDT: That's everything?

16 MR. LIVINGSTON: Any medicine that you  
17 look at has a specific temperature range that it needs to  
18 be stored at.

19 MR. BUSHARDT: Right.

20 MR. LIVINGSTON: And what we're  
21 worried about is, you know, shipping into a real hot  
22 summer, you know, sitting in a mailbox. You know, those  
23 temperatures far exceed what the manufacturer recommends  
24 for the storage temperature. So we want to be sure that  
25 we're not -- the processes of obtaining prescriptions by

1 patients in South Carolina are not -- or they go through  
2 these processes and then they are receiving medications  
3 that have not been maintained like they're supposed to  
4 be.

5 MR. BUSHARDT: It's definitely a  
6 safety issue.

7 MR. LIVINGSTON: Yeah.

8 MR. BUSHARDT: Definitely.

9 MR. LIVINGSTON: So we will be  
10 following up on that.

11 MR. BUSHARDT: Thank you.

12 MR. LIVINGSTON: Briefly discussed PBM  
13 Legislation, Central Fill Legislation, nothing really to  
14 report there. The PBM Legislation is still out there.  
15 Central Fill Legislation is basically dead. We talked at  
16 length about some new legislation in regards to third-  
17 party audits. And North Carolina has recently enacted  
18 some legislation that basically gives it -- makes it a  
19 fair playing field for pharmacies and third-party  
20 auditors. And that's something that we really want to  
21 look into. We're going to look into that a little more  
22 and we'll be discussing it in January a little more and  
23 then probably at our January meeting we'll have something  
24 to present to you, maybe to get the blessings of the  
25 Board to move forward with that. Again, these third-



1 party audits that we, when I say we, the people who work  
2 in the retail world have to deal with on a day-to-day  
3 basis are really starting to affect the care of the  
4 patients in South Carolina. You know, we're spending a  
5 lot of time with auditors. Spending a lot of time making  
6 sure that we jump through their hoops and that's taking  
7 time away from the care that we need to give to our  
8 patients, so it is a significant issue. It's a  
9 significant issue that needs to be addressed. And North  
10 Carolina apparently has passed this legislation with  
11 little to no objection, so it would be nice to be able to  
12 do something like that here in South Carolina. Just FYI,  
13 from what I understand, the PBM Legislation has been in  
14 the past has always dealt with transparency and the audit  
15 situation. This is basically separating the transparency  
16 from the audit situations or audit legislation and just  
17 putting that out on the plate by itself so I think it's  
18 something that we probably need to proceed with.

19 MR. BUSHARDT: Do we have access to  
20 that North Carolina Legislation?

21 MR. LIVINGSTON: I probably have  
22 something here, Dan, that you can get a copy of.

23 MR. BUSHARDT: Yeah, I would love to  
24 get a copy of that, please.

25 MR. LIVINGSTON: I'll see if we can

1 make a copy right now. If you'll make --

2 MR. BUSHARDT: And I'll be glad to  
3 offer you all my -- I just went through a disk audit so I  
4 can give you all some, really some good ammunition for  
5 that.

6 MR. LIVINGSTON: I told the  
7 Legislative Committee of an audit that I've been  
8 experiencing myself. And I'll take a few minutes to  
9 share it with you. But I had a pediatric suspension that  
10 was needed to be made for a child in Columbia, a child  
11 that was seeing a physician in Charleston at MUSC. We  
12 made this pediatric suspension. It was all kind of  
13 problems. The strength was left off the prescription.  
14 Just a multitude of phone calls between my staff and the  
15 physician's office. And we, on an audit on that  
16 particular prescription, in one of the conversations my  
17 staff had asked for the physician's NPI number. Instead  
18 of the nurse giving the physician's NPI number, they gave  
19 the clinic's NPI number. And there's no way that my  
20 staff dreamed that NPI number that actually was the same  
21 address as the physician; it was just the clinic's. They  
22 recouped \$1,500 from me for that. In that same audit,  
23 one that I didn't -- actually I appealed that. I'm still  
24 waiting for those findings. But there was another  
25 discrepancy with a prescription where a physician who'd

1 written a prescription for a Suboxone for pain control.  
2 He didn't put an XDA number on there. Well, Suboxone  
3 written for pain control you don't have to have XDA  
4 number; you just have to have your DEA number on it. So  
5 the physician wrote a letter for me that stated that, I  
6 wrote this prescription for pain control; however, I do  
7 have an XDA number. He signed it, had his address on  
8 there, phone number, everything. I lost that appeal  
9 because it was not on his letterhead at the top. \$500  
10 because the letter that he wrote for me was not on his  
11 letterhead. So that's what we're dealing with  
12 continually. And those things take a lot of time.

13 MR. BUSHARDT: It takes two to three  
14 full days of your time to do these things.

15 MR. LIVINGSTON: And the people who  
16 are suffering for it are the people that we need to be  
17 counseling on medications. So hopefully we can get  
18 somewhere with that. The next item that we discussed was  
19 the fact that Georgia has enacted some legislation to  
20 require some additional information on Schedule II  
21 prescriptions, and this is an additional seal that must  
22 be placed on the prescription. So the question arises if  
23 a prescription in Augusta or North Augusta is filled that  
24 was written in Georgia and the prescription does not have  
25 that seal on it which is required in Georgia, the

1 prescription is filled in South Carolina, is that  
2 prescription valid or not? And commonsense would tell  
3 you that it probably would be valid but an auditor may  
4 not think it's that way so we're going to follow up with  
5 DHEC and get their opinion on exactly what they think  
6 about that. And then the other thing that we need to  
7 discuss is some possible legislation to add a certified  
8 technician to the Board of Pharmacy. And this is  
9 something that the Committee wanted to bring to the Board  
10 and I guess get a feel for where we need to go with this.  
11 I don't know that we took a vote on it. I honestly  
12 don't. Lee Ann?

13 MS. BUNDRICK: I don't think we  
14 really took a vote because they didn't know how the Board  
15 felt. I do know that there is one Senator, if I'm not  
16 mistaken, that has introduced every year for a technician  
17 to be added to the Board of Pharmacy. It hadn't gone  
18 anywhere but it gets introduced.

19 MR. LIVINGSTON: The idea honestly  
20 was if we have to add a -- we have to open the Practice  
21 Act up to add a seventh member to account for the 7th  
22 Congressional District, it would be a nice time to add  
23 the technician if that's what the Board wanted to do.  
24 And quite honestly, they are -- they're permitted by the  
25 Board; they're regulated by the Board, but they don't

1 have a seat at the table so.

2 MR. ROSE: It's kind of like the x-  
3 ray techs and the radiologists. They control them but  
4 they don't allow them to be part of their practice.

5 MR. LIVINGSTON: I do think that if  
6 we had to make changes to the Practice Act to adjust for  
7 this seventh member or 7th Congressional District, it  
8 certainly would be the time to address the technician  
9 issue. From what we've heard today, that may not be  
10 necessarily so. It would have to come up just as it's  
11 come up the last few years with the Senator who addresses  
12 it then and go that route. Which has not been a  
13 favorable route.

14 MR. BUSHARDT: So no Motion is made  
15 or coming from the --

16 MR. LIVINGSTON: And I think that's  
17 basically all we had. If y'all want to discuss that  
18 issue?

19 MR. BUSHARDT: What we'll do, we'll  
20 bring that up in the discussion topics. How about that?

21 MR. RICHARDSON: Whether or not we  
22 put a technician on the Board?

23 MR. BUSHARDT: Right. We'll do that  
24 in discussion topics. Nuclear Pharmacy. Was that all,  
25 Addison?

1 MR. LIVINGSTON: That's plenty.

2 MR. BUSHARDT: Okay. Nuclear  
3 Pharmacy.

4 MR. ROSE: Nuclear Pharmacy Committee  
5 has not met but one thing that's come up nationally with  
6 Nuclear Pharmacy is that they now have a controlled drug  
7 that's a Nuclear Pharmacy imaging drug and it's going to  
8 require some work with DHEC to decide how to handle that  
9 because a lot of times nuclear pharmaceuticals,  
10 radiopharmaceuticals are going into hospitals as extra  
11 doses and they don't even have a patient's name on them.  
12 You know? So this could not do that. There would have  
13 to be a prescription for that controlled drug. And I  
14 don't know how it would be handled, so. I've got to work  
15 and see if we need to have another Nuclear Pharmacy  
16 meeting for that, and that's the only thing I've got for  
17 that committee.

18 MR. BUSHARDT: Okay. Pharmacy  
19 Practice. I bet you've got something on that though.

20 MR. ROSE: Yeah, I do. Okay. I  
21 think the first thing to do maybe is to do this agreement  
22 that the South Carolina Hospital Association lawyers and  
23 the LLR lawyers and -- I guess Lee Ann, were you involved  
24 with that?

25 MS. BUNDRICK: Yes, sir.

1 MR. ROSE: Lee Ann came up with this  
2 agreement that we have to vote on. And it's really to  
3 clarify the position of the Board of Pharmacy regarding  
4 the permitting requirements of Non-Dispensing Hospital-  
5 owned Physician Practices. And what we are asked to  
6 approve is that, at this Board meeting, we determine that  
7 40-43-60(H) a Non-Dispensing Hospital-Owned Physician  
8 Practice will not be required to seek a permit to operate  
9 in South Carolina. Different parts of the state has had  
10 different takes on this. Up in the northern part of the  
11 state most of the hospital-owned physician practices have  
12 Non-Dispensing Permits, around Columbia they don't seem  
13 to have them. And I don't know about Charleston, whether  
14 they have them or not. They do?

15 MS. RUSSELL: (Nods head  
16 affirmatively).

17 MR. ROSE: I think it's just mainly  
18 the center of the state that doesn't have them. But  
19 anyway, this would mean that no one that is in a  
20 hospital-owned physician practice would have to have a  
21 Non-Dispensing permit, period.

22 MS. BUNDRICK: For the store  
23 administering.

24 MR. ROSE: Well, they can't fill  
25 prescriptions.

1 MS. BUNDRICK: I know.

2 MR. ROSE: So this is all it would  
3 be. That one thing, so. And that would be the Motion  
4 from the Committee. Because had set the thing in Motion  
5 for the group to meet and this is what they came up with.  
6 I don't know. Does anybody else have this -- so if we  
7 could have a -- we don't need a second, I don't guess?

8 MR. BUSHARDT: Well, it said in the  
9 Motion -- or did it?

10 MR. ROSE: No. The Motion in there  
11 was to have the group meet.

12 MR. BUSHARDT: Right. Okay.

13 MR. ROSE: Isn't that right, Robert?  
14 Is that the way you remember it?

15 MR. SPIRES: Yes.

16 MR. ROSE: So really I do probably  
17 need a second to put this before the Committee.

18 MS. RUSSELL: Second.

19 MR. BUSHARDT: Any discussion?  
20 Robert, have you seen this letter?

21 MR. SPIRES: I have not; no, sir.

22 MR. BUSHARDT: You definitely need to  
23 see this letter then. Jimmy Walker was the one. And you  
24 need to see this letter also because your name was on  
25 there, too.



1 MR. SPIRES: Okay.

2 MR. LIVINGSTON: Maybe you ought to  
3 just read it to everybody?

4 MR. BUSHARDT: I tell you what. I'll  
5 read it to you. Would that be all right? Or do you need  
6 to look at it?

7 MR. ROSE: The first part of it up  
8 there needs to be -- you've got it. Okay.

9 MS. BUNDRICK: That's not right  
10 though.

11 MR. BUSHARDT: It needs to be  
12 physician practices at the top.

13 MR. ROSE: Instead of facilities.

14 MR. BUSHARDT: Right, instead of  
15 facilities. Do you have one? Y'all look at that just a  
16 second.

17 MR. ROSE: While we're looking at  
18 that, one of the things that we were discussing in the  
19 meeting was is that even though they won't have to have  
20 these Non-Dispensing permits, the Pharmacist in Charge  
21 for that hospital system will still be liable for any  
22 drugs in any of those facilities. And they're still  
23 going to be liable to the Joint Commission JCHO as far as  
24 being able to be recertified in that hospital system, or  
25 hospital, whichever it might be. Because the Joint

1 Commission requires the pharmacist that's in charge to  
2 make sure that everything is being done correctly and the  
3 physician, practices, and clinics, or whatever, like the  
4 MOU that we were doing with the medical university  
5 earlier today. So you're still going to be responsible.  
6 You're still going to probably need to do everything  
7 you're doing, you just won't have to have a pharmacy  
8 permit anymore if this is passed.

9 MS. LONG: Just so I have  
10 clarification. Does this apply to like doctors offices  
11 that are owned by a hospital and not located inside a  
12 hospital?

13 MR. ROSE: This is all physicians  
14 practices that are owned by hospitals.

15 MS. LONG: So it's allowing doctors -  
16 -

17 MR. ROSE: It really -- no, it's just  
18 hospitals. We didn't include anybody else.

19 MS. BUNDRICK: It's just hospitals.

20 MR. SPIRES: Like this. This is for  
21 just hospitals.

22 MS. BUNDRICK: Just hospitals.

23 MR. BUSHARDT: Is this what they were  
24 asking for?

25 MR. SPIRES: Yeah, I think. I think

1 you're correct. It should be physician practices.

2 (Court Reporter Interrupts)

3 MR. BUSHARDT: One at a time. One at  
4 a time. We have frustration here.

5 MS. RUSSELL: In reality, these areas  
6 get inspected every month for Joint Commission  
7 compliance, for DHEC compliance any way, so as far as the  
8 ones we have at MUSC, nothing will change as far as  
9 performing monthly inspections of all medication storage  
10 areas, whether they're inpatient or outpatient.

11 MR. ROSE: But the difference is with  
12 Joint Commission is you have a technician do it. With  
13 the Pharmacy Practice Act with the Non-Dispensing Permit  
14 it had to be a pharmacist doing it.

15 MS. RUSSELL: No, it could be a  
16 designee --

17 MR. ROSE: I think it does.

18 MS. RUSSELL: -- cosigned by the  
19 consultant pharmacist.

20 MR. ROSE: You have somebody who is  
21 responsible.

22 MS. BUNDRICK: That, I think that was  
23 set up in MUSC MOA.

24 MR. ROSE: That's your MOA not --

25 MS. RUSSELL: Was that in the MOA?

1 MS. BUNDRICK: Uh-huh (affirmative  
2 response).

3 MR. ROSE: Not for everybody. Okay.  
4 But anyway, this is the way that LLR and Carmello and Lee  
5 Ann -- this is what they came up with. And it's not a  
6 bad thing.

7 MR. BUSHARDT: No, I think it's fine.  
8 My one question is, is there anything in here that could  
9 be -- this is for storage and administration; is there  
10 anything in here that could be construed as dispensing?

11 MR. ROSE: No.

12 MR. SPIRES: I will answer that.  
13 Again, if they're dispensing then they would follow under  
14 40-43-60(I).

15 MR. BUSHARDT: Correct.

16 MR. SPIRES: Which deals with  
17 hospital-owned drugs that are dispensed.

18 MR. BUSHARDT: That's right. This is  
19 H.

20 MR. ROSE: That's right.

21 MR. SPIRES: So if they wanted to  
22 dispense, then this would not apply; they would have to  
23 get a pharmacy permit in order to dispense. So we would  
24 try to make that very clear to the hospitals, this is  
25 only for storage administration.

1 MR. BUSHARDT: Yeah, I want that made  
2 very clear.

3 MR. SPIRES: Yes. That is our  
4 understanding that's what will go out, yes, sir.

5 MR. BUSHARDT: That's right. That's  
6 right. Okay.

7 MR. CINQUEONCE: I agree, Dan. I  
8 mean, I think would it be prudent to add a sentence or  
9 two that would suggest that?

10 MR. BUSHARDT: I don't have any  
11 problem with that.

12 MR. CINQUEONCE: I mean, I don't know  
13 that it's critical but --

14 MR. BUSHARDT: Yeah.

15 MR. ROSE: I think you could send a  
16 letter along with it or something like that. I think  
17 that would be more apropos than putting it in here. We  
18 don't want to cloud the issue up anymore than it already  
19 is.

20 MR. LIVINGSTON: Just put one  
21 sentence that says, This does not apply to the practices  
22 of [inaudible].

23 COURT REPORTER: I can't hear,  
24 please.

25 MR. BUSHARDT: He was whispering. So

1 I think what we need to do as a Board, we need to decide  
2 whether we need to add one, that one line or whether it  
3 can -- this is plain enough?

4 MR. ROSE: There would have to be an  
5 amendment to the question.

6 MR. BUSHARDT: Right. I guess what  
7 we need to decide is, could it ever be construed -- could  
8 this be construed as something that would be allowed  
9 dispensing.

10 MR. ROSE: It says Non-Dispensing at  
11 the top of the page.

12 MR. LIVINGSTON: I think that it is  
13 construed someone is in violation of the Practice Act and  
14 they can be held accountable for it. I honestly think  
15 it's pretty clear.

16 MR. BUSHARDT: As a lawyer.

17 MR. LIVINGSTON: Yes or no.

18 MR. BUSHARDT: Well, you're familiar  
19 with this; right?

20 MR. SPOON: I am familiar with this.

21 MR. BUSHARDT: Good.

22 MR. SPOON: I am filling in for y'all  
23 today, obviously, so don't, kind of like a substitute  
24 teacher, don't throw spit-balls at me. But I did get a  
25 copy of the draft letter. Emphasize it is a draft

1 letter, as all Board Members did, and had a discussion  
2 with Dean and Lee Ann about it, and so I think everybody  
3 now who needs a copy of the letter has that draft. It is  
4 -- I think that the last discussion that I had with Dean,  
5 and I'll be happy to take it back up with him again, that  
6 it was very succinct by design. The letter was written  
7 in a way that was succinct without getting into a lot of  
8 interpretation and extrapolation of what things may or  
9 may not mean in the future. Because the question before  
10 the committee, I guess your Practice Committee, which  
11 again I was not in attendance at that meeting either, was  
12 trying to answer a fairly specific question, a short  
13 question, and so they wanted to do it, you know, in as  
14 succinct a fashion as possible and so that's what this  
15 has. We did change, as you can see, under the RE:, after  
16 the date and address, RE: Non-Dispensing Hospital-Owned,  
17 it was changed to physician practices. The draft that I  
18 received originally said Facilities. There were no other  
19 changes to it. It does quote specifically Section 60(H)  
20 of the Practice Act. And I think that says a lot in  
21 terms of not trying to deal with any other sections as  
22 was pointed out. This is a Board directive on that  
23 statutory section and that section alone. And the only  
24 other thing I just had a very, very small suggestion on  
25 was the very last sentence that says, Contact the Board

1 staff and ask the question to the Board should it say  
2 Board Administrator there instead of contact the Board  
3 staff. It's just a stylistic thing. But that's the  
4 draft that is out there now for the Board to approve.  
5 That was the Committee's request to the Board to put out  
6 a letter. And I think the only question you have before  
7 you now was did you want to add an additional sentence to  
8 say, If you didn't read the first three lines here's  
9 another line. And that's completely up to you. I mean,  
10 that's completely up to the Board Members.

11 MR. BUSHARDT: I understand what  
12 you're telling me. And it definitely says H. It  
13 definitely -- it doesn't say anything with I. I is  
14 completely different from H. And I can go along with  
15 that.

16 MR. SPOON: Okay.

17 MR. BUSHARDT: All right, so --

18 MR. ROSE: But if they want to put a  
19 board administrator that will be fine with me, as long as  
20 it's fine with the second.

21 MS. RUSSELL: Uh-huh (affirmative  
22 response).

23 MR. BUSHARDT: Okay. Do we have a  
24 second?

25 MR. ROSE: Yes.



1 MS. RUSSELL: Yes.

2 MR. BUSHARDT: Okay. We have a  
3 Motion and we have a second. Any more discussion?

4 (No response)

5 MR. BUSHARDT: Okay. All in favor of  
6 the Motion raise your right hand.

7 (Board members comply by uplifting their hand.)

8 MR. BUSHARDT: Opposed; likewise.  
9 Motion carries. Good. I actually did that because I  
10 misunderstood. I misunderstood what the Hospital  
11 Association was asking at the very beginning. So that's  
12 why I brought that up because I didn't understand. It  
13 wasn't clear to me what was being asked but this is clear  
14 to me what is being asked now.

15 MR. SPIRES: Good. That's what we  
16 wanted.

17 MR. BUSHARDT: So I know exactly  
18 what's going on now so if anybody wants to know, tell  
19 them they can call me and I can tell them. Okay.

20 MR. ROSE: Moving on along.

21 MR. BUSHARDT Okay.

22 MR. ROSE: We talked about the  
23 immunization protocol. Rob had some questions about that  
24 and I think we need to discuss it now. You know, what  
25 your thing that you're worried about in the protocol.

1 Maybe you can just give them an overview.

2 MR. HUBBARD: Okay, basically what I  
3 was asking was, with the new immunization protocol, who  
4 is the prescriber for the immunizations for the flu?  
5 Once we have satisfied the protocol criteria and the  
6 patients have signed off, and we prepare a prescription  
7 for documentation, who is the prescriber? And so I think  
8 that we've reached a consensus in the Committee meeting  
9 that the pharmacist, the administering pharmacist is  
10 actually the prescriber. And since we have NPI numbers  
11 that we can use NPI numbers and bill an insurance  
12 company. So that's basically what I was asking.

13 MR. ROSE: And we didn't make a  
14 Motion. This is just for information and it's just what  
15 we came up with in the Committee. If we need a Motion,  
16 we can do that but we did not make a Motion.

17 MS. BUNDRICK: And this has been a  
18 question that we get quite frequently at the Board  
19 office. Some pharmacists were actually using Dr. Costas'  
20 NPI number cause he signed the protocol and we said no,  
21 you can't do that, so.

22 MR. BUSHARDT: Can we use the  
23 pharmacist's NPI?

24 MR. ROSE: Yes.

25 MS. BUNDRICK: Yes. You should.

1 MR. BUSHARDT: Yeah, well, I think  
2 that's a logical thing.

3 MR. NEWTON: Yeah. They'll run into  
4 a lot of third-party problems with Dr. Costas, I think.

5 MR. BUSHARDT: Yeah. Yeah, I bet so.

6 MS. BUNDRICK: Yeah, they will.

7 MR. HUBBARD: Okay. Can we make a  
8 motion for the Board to approve the administering  
9 pharmacist is the prescriber?

10 MR. ROSE: Sure.

11 MR. HUBBARD: I would like to make  
12 that as a Motion.

13 MR. BUSHARDT: Do I hear a second?

14 MS. LONG: Second.

15 MR. BUSHARDT: And this is perfectly  
16 legal? No problem.

17 MS. SPOON: Yeah.

18 MR. BUSHARDT: Okay. All right, we  
19 have a Motion. We have a second. How about discussion?  
20 Anymore discussion?

21 (No response)

22 MR. BUSHARDT: Okay. All in favor  
23 signify by raising their right hand.

24 (Board members comply by uplifting their hand.)

25 MR. BUSHARDT: Opposed; likewise.

1 Motion carries.

2 MR. SPOON: And the reason I'm not  
3 going too far out on a limb to say that it's legal  
4 because if I recall, and it's been a very long time ago,  
5 the protocol, the development of the protocol between the  
6 multiple boards was as a result of Legislation.

7 MS. BUNDRICK: That's correct.

8 MR. SPOON: The Legislation  
9 specifically directed the Boards to develop protocols.

10 MS. BUNDRICK: Right.

11 MR. SPOON: So the only thing I want  
12 to add to that is that if that's not clear in the  
13 protocol, I think that Legislation provides that the  
14 affected Boards can go back and amend the protocol over  
15 time. So that's the only thing I would add. If it's not  
16 clear in that protocol who's the prescriber, then -- and  
17 there's a committee, I think --

18 MS. BUNDRICK: There's a Committee.

19 MR. SPOON: -- there's a Committee  
20 process that kind of takes that up, so those Committees  
21 are set up, I think, statutorily, so that's the way I  
22 would go about it.

23 MR. BUSHARDT: Okay. All right.

24 Dock?

25 MR. ROSE: Yeah. We had a question

1 about patient medication dispensing machines in hospital  
2 emergency rooms. And we had a lot of discussion about  
3 it, but I don't exactly remember what we decided. Do you  
4 remember, Robbie? Excuse me. Rob.

5 MR. HUBBARD: I think that we decided  
6 that as long as they weren't controlled substances.

7 MR. ROSE: For just dispensing  
8 prescriptions out of? This is dispensing --

9 MR. BUSHARDT: No, that was --

10 MS. BUNDRICK: No.

11 MR. BUSHARDT: That was the  
12 emergency.

13 MS. BUNDRICK: That's the one they  
14 withdrew and we're going to try and look at working on  
15 Legislation. That was Agape.

16 MR. ROSE: Yes, because this is  
17 actually prescriptions that they're wanting to dispense  
18 in the emergency room.

19 MS. BUNDRICK: Right. That was the  
20 Agape for long-term health care.

21 MR. ROSE: Electronic emergency  
22 boxes.

23 MR. HUBBARD: I'm sorry. I  
24 misunderstood.

25 MR. BESS: Hello. My name is Ed

1 Bess. Lee Ann and I have a meeting with Wilbur and  
2 Connie Overton tomorrow at 10:00 a.m. Hopefully we can  
3 resolve this finally.

4 MR. ROSE: I feel like we ought to  
5 get somebody to bless the fleet that's going over there.  
6 I don't know why I said that. A remote dispensing system  
7 tied with Applegate?

8 MS. BUNDRICK: Agape.

9 MR. ROSE: Agape. Applegate? Agape  
10 Pharmacy. And I think we told them that the best thing  
11 they could do, we couldn't help them with the pharmacy,  
12 that the best thing they could do if they want to get  
13 that ability they would need to let Legislation and add  
14 it to the Statute to get that. They're wanting to  
15 remotely --

16 MS. BUNDRICK: Use the TALYST System.

17 MR. ROSE: Yeah, and it's kind of  
18 like the pharmacist will be in Columbia and they'd get a  
19 fax of the orders and they would put them in the system  
20 and then they could get them out in Florence or wherever  
21 it was that they wanted. We told them that we couldn't  
22 do that without Legislation, an addition to either as a  
23 regulation or statute to do that.

24 MS. BUNDRICK: And we have a meeting  
25 set up with them, Ed and I do, December 13th. Because

1 they've already started trying to get Legislative  
2 support.

3 MR. ROSE: Okay. I think I got a  
4 couple of emails about that. Okay. And then we have the  
5 physician dispensing that Carmello was talking about. Do  
6 you want to --

7 MR. CINQUEONCE: Sure.

8 MR. ROSE: -- talk about that for a  
9 minute?

10 MR. CINQUEONCE: Well, yeah, I just  
11 wanted to bring it to the Committee's attention and  
12 through the Committee to the Board that was brought to  
13 our attention. A company, I believe by the name of  
14 Physician Pharmaceuticals Corporation out of Tennessee,  
15 that was marketing to physicians in the state of South  
16 Carolina to put in systems for dispensing within their  
17 offices. And it was just a concern of ours. We wanted  
18 to bring it to the Board's attention to see if those  
19 folks were on your radar with regards to properly being  
20 permitted, if necessary. We certainly don't want these  
21 individuals to be marketing to physicians that do not own  
22 their own practice and thereby -- and therefore subject  
23 to the permitting process. So, again, we just wanted to  
24 bring it to your attention. I believe I handed out some  
25 company information to the Committee. Again, no real

1 request other than to just say that this has come to our  
2 attention. We wanted to make sure that the Board was  
3 aware. I believe they're permitted in the state as a  
4 wholesaler. But they're aggressively marketing in the  
5 state to physician's offices. And I don't know that that  
6 marketing is limited to those physician practices which  
7 own their own -- that would own their own inventory in  
8 this case.

9 MR. ROSE: That's something to think  
10 about and keep up with.

11 MR. BUSHARDT: Is that the one that's  
12 using Techs instead of Pharmacists?

13 MR. CINQUEONCE: Well -- I'm sorry?  
14 That they would use Techs instead of Pharmacists? Well,  
15 if they partner with a physician I suppose the physician  
16 could assign that duty or task to whomever they please  
17 within the practice.

18 MR. BUSHARDT: Right. Is that the  
19 one who trains their own Techs, too?

20 MR. CINQUEONCE: Yeah. They do --  
21 well, again, if your question is back at the facility in  
22 Tennessee and who are they using to -- in that process.  
23 Again, I don't know.

24 MR. BUSHARDT: Okay.

25 MR. CINQUEONCE: But I assume that



1 they have a Wholesaler Permit with this board or other  
2 aspects of their operation should be in compliance with  
3 the Practice Act.

4 MS. RUSSELL: They call them  
5 dispensing technicians not Pharmacy Technicians.

6 MR. BUSHARDT: Okay.

7 MR. ROSE: And we also talked about  
8 an automated repacker. I don't remember -- we didn't get  
9 the Minutes yet so I don't know what that's about so  
10 we'll probably have to delay that until next time. And  
11 also dispensing IV infusion drugs. And it was a little  
12 bit of a confusing situation where the pharmacy was  
13 dispensing the drugs to a patient at home, but somebody  
14 else was coming in the home? Do you remember that,  
15 Carole? Coming in the home and doing the IV's and all  
16 that kind of stuff?

17 MS. RUSSELL: They were shipping the  
18 product to the home and then a Home Care Nurse was going  
19 into the home to administer it.

20 MR. ROSE: And they wanted to know  
21 whether it was okay or not. What kind of policies and  
22 procedures they might have to have I think was part of  
23 that. And I don't think that we really gave them a whole  
24 lot of help either way with that. But I really don't  
25 remember what that -- do you remember what the automated

1 repacker was?

2 MS. RUSSELL: Is that the one for  
3 long-care facilities?

4 MR. ROSE: I don't remember.

5 MS. RUSSELL: They would have to --

6 MR. ROSE: Do you remember, Rob, at  
7 all?

8 MR. HUBBARD: No.

9 MS. BUNDRICK: That company was  
10 TALYST. And I know Agape.

11 MR. ROSE: Well, we can bring that up  
12 next time.

13 MS. LONG: Ed, do you know?

14 MR. BEST: That had to do with a lot  
15 number. Once something went through a repackaging they  
16 have to --

17 MR. ROSE: Where they had to have the  
18 lot number where it would go back to that?

19 MR. BEST: Correct. And I think that  
20 --

21 MR. ROSE: To the original lot  
22 number. And they have a -- in their log they had to be  
23 able to go into the log and find a place where it would  
24 show the original NDC number and lot number and  
25 expiration date altogether. Somebody said that one

1 company could do it with their computer but another  
2 company couldn't evidently, so. It was just a topic of  
3 discussion. It'll probably come up again. Thank you  
4 very much.

5 MR. BUSHARDT: Good. All right.  
6 Pharmacy Technology?

7 MR. HUBBARD: We have not met.

8 MR. BUSHARDT: Okay. Recovering  
9 Professional Program?

10 MR. RICHARDSON: I don't think that  
11 we've met since we met the last time but we do have an  
12 issue that we'd like to discuss with the Board, and I'm  
13 going to ask Rick to help us with that.

14 MR. BUSHARDT: Okay.

15 MR. WILSON: Thank you, Mr. Chairman.  
16 We have an Advisory Committee meeting coming up on  
17 December 2nd and, Dr. Richardson, I'm sure will be there  
18 as he usually is to participate on behalf of the Board.  
19 And at that time we'll also be discussing with the Board  
20 Members the extension of the Abstinence Policy that we  
21 have before you now. You had last meeting a  
22 consideration of a tweak to the Abstinence Policy that's  
23 been in place since RPP's been around, and actually that  
24 language that's in your Orders has been here since the  
25 90's, at least, when I was doing your stuff before RPP

1 came along. And that's because abstinence is so  
2 important to a recovery being successful. And the whole  
3 objective is to have people back in safe practice so that  
4 they can be effective contributing resources for the  
5 community. We know though that sometimes people have  
6 medical conditions that require them to get medications  
7 and, of course, we're talking just about participants in  
8 RPP; this isn't the general population. This is people  
9 who have a diagnosed impairment or predisposition toward  
10 addiction, either dependence or some habituation. So  
11 their problem is using the drugs, and sometimes people do  
12 need those for short-time use. And the last time we  
13 presented you with a policy that had the language in  
14 there that said that you may use your doctor's  
15 prescriptions but you can't return to practice until you  
16 are back in abstinence, and you have to have a negative  
17 drug screen to establish that. And that is -- but all  
18 the major Boards, you included, you the dental, the  
19 nursing, and the medical board have all unanimously  
20 supported that position. The next step up and I'm glad  
21 to see Mr. Sheheen joining me here. The next step is that  
22 we know there are some people, there is a handful of our  
23 participants who assert that there is no effective  
24 alternative that they can avail themselves of before they  
25 can come back to practice if this goes into effect. For

1 new people who have just been brought into RPP,  
2 Pharmacists and all the others, it's in effect right now,  
3 so they start from that. This is the people who are  
4 already in there who have been using with a physician's  
5 or other prescriber's blessing some drug that could cause  
6 impairment. We're not talking about things that don't  
7 have some kind of impact on their judgement or ability to  
8 have a clear judgement in providing the healthcare. This  
9 is the special drugs that have been identified by places  
10 like Talbot and other health professionals as having an  
11 impact on their judgement. So they're going to need to  
12 have some way to present those issues to you. And the  
13 Medical Board suggested that this process involve a  
14 personal appearance by the individual with their  
15 prescriber, whoever that may be, and it should be laid  
16 before you live, but after they have provided a letter in  
17 writing that has detailed the efforts that have been made  
18 to seek an alternative treatment, whatever that may be.  
19 But they detail all those activities that have been  
20 explored, the conclusion by the prescriber, that this is  
21 the only way for them to get relief from their condition.  
22 And number three, that they, in their medical opinion,  
23 believe that the individual can practice safely if they  
24 continue taking the medication as prescribed. Then it  
25 comes before you and you may make a judgement of whether

1 or not you feel like that's appropriate. We're not  
2 talking about a lot of people. We've got probably one  
3 handful of folks from the pharmacy licensing side of our  
4 world that are on prescriptions right now from people and  
5 we don't know that all of them won't be able to move off.  
6 But for those who may not feel like with their  
7 prescriber's blessing that they can, they've asked  
8 questions about, Well, how do I present this? How do I  
9 get somebody to say okay. We're not going to say okay  
10 from RPP because we know that abstinence is critical to  
11 somebody being able to practice safely. But if a medical  
12 professional will detail those efforts and also go on the  
13 record as saying that they believe this individual can  
14 practice safely if they're taking the medication as  
15 prescribed, then that could be a judgement that with  
16 support allowing them. But that's not something you or  
17 RPP without that kind of determination could make and do  
18 in good faith. Because no matter how somebody feels,  
19 whether their prescriber does or they feel that they need  
20 to have it, whether they don't think that their judgement  
21 is impaired or not, we know scientifically that it can be  
22 and usually is, so we can't make that kind of a  
23 judgement. But this that you have before you is an  
24 extension of the policy that we feel like in some special  
25 cases will have to come to you. And so we are in a, I

1 think, a posture now of having people make those kinds of  
2 presentations to you probably at your next meeting or  
3 after. We don't, like I say, anticipate a lot of them,  
4 but it would have to come to you at some point, and this  
5 would be the fashion we would recommend it be done in.  
6 Are there any questions I may -- does that make sense to  
7 everybody?

8 MR. RICHARDSON: Mr. Sheheen, do you  
9 have any additional comments?

10 MR. SHEHEEN: No, sir, I don't. I  
11 apologize for being late; I was with the Nursing Board.

12 MR. RICHARDSON: You pay him well so  
13 he represented you well.

14 MR. SHEHEEN: I do. Thank you.

15 MR. WILSON: Thank you.

16 MR. SHEHEEN: I'll be glad to answer  
17 any questions, but I know Rick drafted the policy.

18 MR. ROSE: Well, when you look at it,  
19 really, there is probably a lot of pharmacists that  
20 aren't in the recovering program that are taking these  
21 medications anyway that have back problems or different  
22 kind of pain problems that are taking large doses.  
23 Arthritis, things like that.

24 MR. WILSON: There are some.

25 MR. SHEHEEN: That are not in RPP?

1 MR. ROSE: That are not in RPP.

2 MR. SHEHEEN: Yeah. We don't feel  
3 that they -- we don't have anything to do with that.  
4 They're not a danger because they won't -- they're not a  
5 danger to relapsing to their addiction because they're  
6 not addicted or they're not a danger to become addicted.  
7 So the people that we're focusing on are the ones that  
8 have a diagnosis of a dependence or abuse.

9 MR. ROSE: Yeah, I'm just saying they  
10 can be impaired, too, though.

11 MR. SHEHEEN: They could be. I'm  
12 sure they are, sir.

13 MR. HUBBARD: There are the ones we  
14 don't know about. That's right.

15 MR. SHEHEEN: Yes, sir.

16 MR. WILSON: It's interesting when we  
17 look at the statistics that we've been able to gather  
18 that the kinds of drugs that the different professions  
19 favor. And we have of course a lot more nurses because  
20 we've got 63,000 licensees or so in the state, and we  
21 have a larger number then, of course, proportionately of  
22 them in RPP. But the kinds of injuries they sustain or  
23 the kinds of pain that they have to deal with deals with  
24 opiates quite often because of the lifting and the heavy  
25 work that they are involved with. Pharmacists, we see a



1 lot fewer of the opiates, for instance, as you're  
2 mentioning, Dock, but there's a lot of Adderall and  
3 stimulants that are involved for folks, and I think some  
4 of that probably comes from the stress and the pressure  
5 that you have in trying to do so much in such a short  
6 time usually during the day. There's a good deal of  
7 alcohol, but by and large I think the overwhelming trend  
8 is toward the stimulants. It's largely Adderall.

9 MR. LIVINGSTON: In this statement it  
10 says, Mood-altering substances. Would that include an  
11 antidepressant?

12 MR. SHEHEEN: No, sir; it does not.  
13 And there is an argument there that it does alter the  
14 mood because it takes away the depression but what we're  
15 talking about are psychoactive medications, specifically  
16 opiates, central nervous system stimulants, sedative  
17 hypnotics, and some muscle relaxants. We have seen a  
18 good bit of abuse with Soma, so. But, no, sir; it does  
19 not. And SSARIs and SNRIs would not be in there.

20 MR. WILSON: And the Lithium and that  
21 sort of thing. Those are all --

22 MR. SHEHEEN: Yeah, no psychotropics,  
23 obviously, they change the mood, too, but in a different  
24 way.

25 MR. BUSHARDT: Leo, would you like to

1 make a Motion to accept the Revised Abstinence Policy of  
2 RPP?

3 MR. RICHARDSON: I would like to.

4 MR. BUSHARDT: Okay. And do I have  
5 second?

6 MR. LIVINGSTON: Second.

7 MR. BUSHARDT: Do I have any further  
8 discussion?

9 MS. LONG: I just have a question.

10 If this comes before us and we deny; we say no, you can't  
11 take that drug. We don't see that fit. Do we have a  
12 liability that if that patient had that issue, I mean, is  
13 there any kind of liability that then falls on us because  
14 we denied them that?

15 MR. WILSON: I would argue -- and I'm  
16 not representing you; I once was but I don't anymore,  
17 that your duty is toward the public and the patients and  
18 the liability would be the other way if you said yes  
19 without darn good reason and full satisfaction that you  
20 were doing the right thing.

21 MS. LONG: Okay, then in turn, if,  
22 hypothetically, we allowed somebody to go back onto a  
23 particular drug and then they became a threat to the  
24 public, would the liability come back to us or that  
25 doctor that made the statement in which --

1 MR. WILSON: It would probably be  
2 shared in some way. It's hard to anticipate how it might  
3 break down, but you would be supported by that statement.  
4 That's why that's so important to have in the record.

5 MS. LONG: It's just because we just  
6 get a snapshot. We don't --

7 MR. WILSON: That's right.

8 MS. LONG: -- get the whole medical  
9 background or whole history of the patients. So I feel  
10 like it's a tough decision to make as a Board Member and  
11 then you assume liability making that one decision.  
12 That's how I feel.

13 MR. LIVINGSTON: Would we be denying  
14 them -- we wouldn't be denying them the drug? Our  
15 responsibility would be denying them the right to work.

16 MR. WILSON: That's right.

17 MS. LONG: Right.

18 MS. BUNDRICK: Right.

19 MR. LIVINGSTON: So we can deny them  
20 the right to work. They can still take their medicine;  
21 they just can't work while they take their medicine. Or  
22 either they can change their medicine so that they can  
23 work.

24 MR. WILSON: That's right.

25 MR. SHEHEEN: Exactly.

1 MR. ROSE: And all this is going  
2 through RPP before it would ever come before us anyway.

3 MR. WILSON: That's right.

4 MR. SHEHEEN: That's right.

5 MR. ROSE: A lot of people are  
6 probably going to be denied before they ever get to us.

7 MR. SHEHEEN: That's right.

8 MR. WILSON: And they are being now.

9 MR. ROSE: And you might say no,  
10 they're going to relapse if they do this or whatever.

11 MS. BUNDRICK: Well, like Rick said,  
12 these will be people that are already in RPP prior to  
13 y'all approving this Policy last time.

14 MR. ROSE: You can make the same  
15 argument for someone we allow to practice again that'S in  
16 RPP.

17 MS. LONG: All right, but they have  
18 to abstain; correct?

19 MR. WILSON: Yes.

20 MR. SHEHEEN: Yes.

21 MS. LONG: So this is saying they can  
22 go back on with permission with --

23 MR. ROSE: They're still going to  
24 have drug tests though.

25 MR. WILSON: Yeah, but see those drug

1 tests are going to be positive as they have been in the  
2 past.

3 MR. ROSE: But the thing is, you're  
4 also going to test for all these other drugs --

5 MR. WILSON: That's true.

6 MR. ROSE: -- that's not included in  
7 it. I don't know that you can tell if it's a specific  
8 stimulant or opiate or not.

9 MR. SHEHEEN: We can.

10 MS. LONG: But you don't know whether  
11 they're abusing it or if they're taking it appropriately?

12 MR. WILSON: Now that's exactly the  
13 issue that the practitioner is going to be raising is  
14 that I'm prescribing it at this level and I believe if he  
15 takes it at this level he's going to be okay. It won't  
16 impair him. He has no guarantee, however, that he's  
17 going to comply with that. And there could be other  
18 sources or, you know, whatever happens in somebody's  
19 system taking another drug, some synergistic effect. You  
20 know, he's putting his neck out when he makes that kind  
21 of statement, but he's making that statement instead of  
22 you.

23 MR. ROSE: And he's also doing it to  
24 help the patient.

25 MR. WILSON: Okay, a lot of the time

1 that's the motivation. Most of the time. It should be.

2 MR. SHEHEEN: And that's one of the  
3 reasons that drove this policy to begin with is that  
4 these people are getting prescriptions for medications  
5 and we can't tell if they're taking it -- they could be  
6 doctor shopping; they could be buying it on the street  
7 and supplementing, so they could be taking a lot more.  
8 We have cases where that happens; where they're taking a  
9 lot more than their prescription. We can't tell that by  
10 the positive drug screen.

11 MS. LONG: Is there any way to put in  
12 the policy that they must follow one doctor? I mean, if  
13 they see --

14 MR. WILSON: We already have that.

15 MR. SHEHEEN: We have that. Oh,  
16 yeah, that's part of our policy is just --

17 MS. LONG: Okay. So the doctor can  
18 monitor -- I mean --

19 MR. WILSON: Supposed to be.

20 MR. SHEHEEN: Supposed to be. We're  
21 dealing with drug addicts.

22 MS. LONG: Right.

23 MR. WILSON: And we're fortunate to  
24 have the cooperation of DHEC with, you know, prescription  
25 monitoring program, as well. So we sort of do these

1 snapshots, too, to make sure that things are okay with  
2 these folks. But it's hard to say because their tests  
3 are not quantitative, they can just tell us whether  
4 something's there, they can't tell us to what level at  
5 any given moment. And it is a snapshot, at best.

6 MR. RICHARDSON: Mr. Chairman, I  
7 think -- Mr. Hanks, you have something for Mr. Wilson or  
8 Mr. Sheheen?

9 MR. HANKS: The only thing I'll say,  
10 I trust that Rick has looked into the Americans with  
11 Disabilities Act issues related to that and you're okay  
12 there. The only other issue is, I thought it would be a  
13 little cleaner based on some of the issues that Ms. Long  
14 had if y'all deferred that whole process back to RPP and  
15 let them as the expert make that calculation; defer it to  
16 them.

17 MR. RICHARDSON: Thank you.

18 MR. WILSON: And the reason we didn't  
19 go that way, respectfully, was that we don't control  
20 licensure. And that's your prerogative. And we  
21 understand looking after people who you want to make sure  
22 are monitored to be in safe condition to practice, but  
23 practice is your realm rather than the RPP's. We'll be  
24 glad to revisit it but I think that's what it really gets  
25 down to is that you guys are in a lot better shape to

1 make that judgment than we would be, as addiction  
2 specialists.

3 MR. SPOON: And just to be clear. In  
4 the handful of cases that Rick's talking about, you're  
5 going to have those people coming in before you making an  
6 appearance. They're also going to be, as I understand,  
7 the most recent change to the Policy is that they will  
8 also be required pretty much to have their treating  
9 physician here to testify on the record. And assuming  
10 all that occurs, and it's going to be not -- it's not  
11 going to be very many instances where that -- I don't  
12 know how many people you're going to have on a yearly  
13 basis, two to three, at most?

14 MR. WILSON: Probably. Maybe not  
15 even that many.

16 MR. SHEHEEN: Yeah. At most.

17 MR. SPOON: But just to be clear, and  
18 I think this goes to the liability issue, too, is that  
19 assuming all those things occurred, I think the Board  
20 would still have the discretion to make a decision one  
21 way or the other. And that discretion would include  
22 saying to that licensee, We don't grant your request to  
23 take the medication. And I guess they have two options  
24 there, find an alternate medication. But your discretion  
25 would include that. And that goes to the liability issue



1 because you can never predict with any great amount of  
2 certainty that you won't be sued but there's a couple  
3 things that give me comfort about exercising that  
4 discretion. You have a practitioner on the record. You  
5 can weigh the evidence and weigh the weight and  
6 credibility of their testimony and what they have to say.  
7 There are some legal protections that Boards have in the  
8 law that's not in the Practice Act necessarily but things  
9 like the Tort Claims Act. It doesn't mean no one will  
10 ever sue you. I think that if they were thinking about  
11 it, if they felt like the Board had gone outside its  
12 discretion their better course of action would be to  
13 appeal your decision. And you have some things working  
14 in your favor on appeal, too. So, I mean, I'm  
15 comfortable with the liability question but it's always  
16 something that's out there.

17 MR. LIVINGSTON: I have two  
18 questions. Suppose I was a person that was in RPP and I  
19 was addicted to hydrocodone. And I had a back injury.  
20 And I had a physician who was willing to stand for me to  
21 say that I had to have hydrocodone to be able to  
22 function. And then I had that prescription and I also  
23 diverted from some other means to get additional  
24 hydrocodone. How would you be able to detect that if  
25 this policy is changed? You wouldn't?

1                   MR. WILSON: I don't believe there's  
2 any way you could short of some observation that they  
3 were, you know, they were --

4                   MR. SHEHEEN: Impaired.

5                   MR. WILSON: -- acting impaired.

6                   MR. SHEHEEN: Yeah.

7                   MR. WILSON: Acting in an impaired  
8 fashion. Like we were talking; it's a snapshot. There's  
9 no way to really catch that unless you had some kind of  
10 real-time monitor hooked up to people to show what their  
11 level might be if that was fantastically available.

12                   MR. LIVINGSTON: But right now,  
13 before we make this change, you would catch that because  
14 of the drug screen?

15                   MR. SHEHEEN: No.

16                   MR. WILSON: Well, the drug screen is  
17 just a snapshot.

18                   MR. SHEHEEN: That's one of the  
19 things that --

20                   MR. LIVINGSTON: Well, yeah, I  
21 understand that. But what I'm saying is, now if you  
22 checked that hydrocodone then it comes up a red flag.

23                   MR. BUSHARDT: This is before the  
24 change.

25                   MR. SHEHEEN: Well, if they've got a

1 prescription for it, it doesn't come up for a red flag  
2 because they've got a prescription.

3 MR. BUSHARDT: That's right.

4 MS. LONG: And he's saying if we  
5 didn't allow --

6 MR. LIVINGSTON: That's what I'm  
7 saying.

8 MS. LONG: And it came --

9 (Court Reporter Interrupts)

10 MR. ROSE: One at a time.

11 MR. SHEHEEN: Well, after this policy  
12 they can't take hydrocodone and work. So they would have  
13 to have a urine drug screen without any hydrocodone in it  
14 before they could go back to their pharmacy. So that's  
15 what this policy does. Is we don't feel like they're  
16 safe to practice if they're on hydrocodone so they can't  
17 -- and remember, I keep having to remind myself and  
18 others that this is just people with a diagnosis of  
19 dependence or abuse that aren't safe to practice on  
20 hydrocodone. So they would be positive now and have a  
21 prescription and we would allow them to work; with the  
22 new policy, with the Abstinence Policy, they would have  
23 to stay out of work until they got off the hydrocodone.  
24 Does that answer your question?

25 MR. LIVINGSTON: Yeah. I guess I was

1 confused because I was thinking this newer policy would  
2 allow them to work.

3 MR. SHEHEEN: No, sir.

4 MR. WILSON: They would be asking you  
5 for permission for that.

6 MR. SHEHEEN: Yeah, that --

7 MR. WILSON: Yeah, that's the Board's  
8 job.

9 MR. SHEHEEN: That would be up to  
10 this Board.

11 MR. LIVINGSTON: I mean, what I'm  
12 saying, we give them that permission to work.

13 MR. SHEHEEN: Okay.

14 MR. LIVINGSTON: Okay? They have the  
15 prescription for hydrocodone. You do the urine drug  
16 screen. You pick up on the hydrocodone but yet they're  
17 supplemented from diverted means.

18 MR. WILSON: That's right.

19 MR. LIVINGSTON: There's no way to  
20 check to catch that now --

21 MR. SHEHEEN: Exactly.

22 MR. LIVINGSTON: -- with the policy  
23 change.

24 MR. SHEHEEN: Exactly. With those  
25 few people.

1 MR. LIVINGSTON: Before the policy  
2 change, they can't work and use hydrocodone. Okay? If  
3 they're dependent on hydrocodone and they use and you do  
4 a random drug screen, you're going to catch it. But if  
5 we change the policy and they add on to that  
6 prescription, there's no way to catch it. Your own  
7 detection method goes out the window with this policy  
8 change.

9 MR. SHEHEEN: And that would be only,  
10 the people that this Board granted that permission,  
11 believed that physician and granted that permission, that  
12 would be that very few people. That's -- you're correct.  
13 It's the same way it is with people before the Abstinence  
14 Policy where they can't take hydrocodone and work. You  
15 would narrow it down to just those few people that get  
16 the blessing of the Board.

17 MS. LONG: I guess my concern is, and  
18 I understand that right now it's probably very few people  
19 because this Policy isn't in place, but once this Policy  
20 is in place and people know it's an option, you're  
21 talking about, you know, a couple years down the road,  
22 you might be talking about more people coming before the  
23 Board.

24 MR. WILSON: Well, the idea that the  
25 Medical Board suggested to us was that the stage for them

1 to get to the Board be a very difficult one to set. And  
2 that's what Sheradon was mentioning before: you've got to  
3 provide a copy of the patient record; you have to have a  
4 letter from that physician saying what they have done.  
5 They can't just half come in and -- the patient can't  
6 just come in and say, I've got a bad back, I need  
7 hydrocodone; I can't work without it. And the doctor  
8 write it. That happens a lot. But they're going to have  
9 to explore other alternatives and detail what they've  
10 tried to find as a viable option and then he's got to  
11 conclude there is no option for this patient that will  
12 work for him and that if he takes it like I'm prescribing  
13 it, he's safe; then he gets to come to see you. Has to  
14 take time away from his practice to come here and talk to  
15 you and go over that stuff before you're satisfied.  
16 That's what the Medical Board wanted to do. Because they  
17 do believe there needs to be some crack in the door to  
18 allow those situations that may exist where it is  
19 absolutely necessary for that. But they don't want it to  
20 be an easy one because it's just that flood gate that you  
21 could open --

22 MS. LONG: I was going to say, a  
23 crack in the door --

24 MR. WILSON: -- if it were easy. So  
25 that was the thinking, you know, that's exactly right.

1 MR. ROSE: But right now if they get  
2 -- if they have a doctor's prescription they can take it,  
3 right?

4 MR. WILSON: But not work.

5 MR. ROSE: But not work.

6 MR. WILSON: That's correct.

7 MR. SHEHEEN: Yeah.

8 MR. WILSON: And for the people who  
9 are already on it, they can work now but come February  
10 1st we had to slip it -- we were looking at January and  
11 slipped it to February. When that date comes, they're  
12 not going to be able to work until they can give us a  
13 negative drug screen. Those are the people that we think  
14 you're going to hear from and I think --

15 MS. BUNDRICK: I'm already --

16 MR. WILSON: -- they're already  
17 knocking on the door at this point. Yeah. She knows  
18 she's got at least one.

19 MS. BUNDRICK: One's already called.

20 MR. WILSON: My count this morning  
21 among the case managers was they had I think it was five,  
22 maybe six, that they could off the top of their head  
23 think of pharmacists who were currently on drugs that  
24 would be a problem for them come February 1. And several  
25 of them have already asked for doctor's appointments to

1 start exploring their options which is what we want them  
2 to do.

3 MR. LIVINGSTON: How would we ever  
4 have a hearing without violating their HIPPA rights?

5 MS. BUNDRICK: It would have to be  
6 closed; wouldn't it?

7 MR. WILSON: Yeah. I mean that's not  
8 difficult.

9 MS. BUNDRICK: Just a closed hearing?

10 MR. WILSON: Uh-huh (affirmative  
11 response).

12 MR. ROSE: Like a sealed MOU or  
13 something like that; right? We would just have to have  
14 it in private?

15 MR. WILSON: Pat would probably be  
16 involved in putting that on so he could probably --

17 MR. ROSE: He's standing up right  
18 now.

19 MR. BUSHARDT: He wants to say  
20 something here now. Go ahead, Pat.

21 MR. HANKS: The other two issues that  
22 I see are. Would we ever really be in a situation where  
23 we would want the Board to contradict whatever RPP's  
24 recommendation in that regard is? If RPP and some  
25 paperwork and other recommendations have said that this



1 person probably shouldn't practice, should we ever be in  
2 a predicament where we're putting the Board in a position  
3 to say that they should practice, is why I was saying  
4 this whole decision process probably should just be  
5 referred back to the RPP Program because we don't really  
6 want any conflict either way; it's going to be a problem.  
7 And then secondly, if we did enact a process, the Board  
8 meets four to five times a year in the interim time, on  
9 the medications or off the medications, before the Board  
10 will meet to make an approval.

11 MR. WILSON: Well, under the policy  
12 they would not be working in the meantime.

13 MR. LIVINGSTON: What does it mean to  
14 you if this Motion is denied? What do you do?

15 MR. WILSON: Well, I think we hear a  
16 lot of screams and rending of garments and threats of  
17 lawsuits, you know.

18 MR. LIVINGSTON: For what reason?

19 MR. WILSON: Well, because they're  
20 going to be denied the right to -- the ability to work.  
21 And they've been doing it --

22 MR. LIVINGSTON: Well, they're being  
23 denied that now. I mean, that's no change; right?

24 MR. WILSON: Well, as of February 1  
25 they will be denied that. That's the point for the

1 people who are currently under it. And they're going to  
2 make the argument that, I've been doing this for x-number  
3 of years. They've maybe never missed a beat from the  
4 time they had their problem original, you know. But, you  
5 know, the fact is they're habituated to the stuff and  
6 they're not going to give it up without a fight, and  
7 perhaps, a legal fight. And they've not had problems  
8 with the Board since that time. That's going to be the  
9 kind of argument they'd take to the ALJ. You know, so,  
10 you know, Why are you denying me? And they're going to  
11 throw up things like the ADA. Ad that'll be the, that'll  
12 probably be the big thing. But I think the thinking  
13 behind the policy is that it gives them the option but it  
14 doesn't make it easy. They have a lot of very high jumps  
15 to make before they ever get to the Board and they've got  
16 to have the cooperation and the assistance of the  
17 prescribing healthcare provider before they can even get  
18 to Lee Ann and ask for an appearance. So, you know, it  
19 makes them -- it gives them every incentive to get off  
20 the drug in the first place and then this policy is  
21 further incentive because they're going to have a hard  
22 time producing the records to justify even getting the  
23 issue to you. Did that make sense? Does that make any  
24 more sense to you or not?

25 MR. LIVINGSTON: It does. I just

1 feel like we might be about to create an animal.

2 MS. LONG: That's how I feel. I  
3 mean, I know people that have had addiction problems,  
4 very close to me, and I think the last thing you do is  
5 provide them with --

6 MR. RICHARDSON: Well, they --

7 MS. LONG: And to me, I think there's  
8 always another alternative. I mean, it may not be what  
9 they want to hear but I think there's always another  
10 alternative.

11 MR. WILSON: And it may be that as we  
12 gain experience we may come back and say this isn't a  
13 good thing and we need to rescind it. I think right now  
14 though we'd recommend that, you know, we go forward with  
15 it and see how we play it out because I think there are  
16 some advantages to it if it works right. But I hear what  
17 Ms. Long is saying and certainly we are well aware of  
18 that over at the RPP. And Frankie and the clinical folks  
19 know all that addictive thinking and the kinds of  
20 arguments they come up with and they're very creative and  
21 very insistent.

22 MS. LONG: Very manipulative and very  
23 -- uh-huh (affirmative response).

24 MR. WILSON: That's right.

25 MR. LIVINGSTON: One final question,

1 just so I can be clear. Right now your Abstinence Policy  
2 is that if they use any mood-altering substance they  
3 can't go back to work?

4 MR. WILSON: It's any mood-altering  
5 substance that could cause impairment. It's not the good  
6 ones.

7 MR. LIVINGSTON: Right.

8 MR. WILSON: There are good -- y'all  
9 know. I mean, there are some good drugs out that we want  
10 people on, you know?

11 MR. LIVINGSTON: I understand. I  
12 understand.

13 MR. WILSON: That's right. When they  
14 need it.

15 MR. SHEHEEN: Not psychiatric and  
16 mental health medications.

17 MR. WILSON: Right.

18 MR. LIVINGSTON: So you have that  
19 policy right now?

20 MR. WILSON: And it's only the older  
21 ones. This is a small population of people who are  
22 currently using. That's that handful I'm telling you  
23 about that we have in the RPP right now.

24 MR. LIVINGSTON: Okay. Hold on.  
25 That handful is confusing. They're in the RPP Program

1 but they're not practicing; correct?

2 MR. WILSON: No, they are practicing  
3 and they have been with the prescriptions.

4 MR. ROSE: They have a prescription.  
5 And they are practicing.

6 MR. WILSON: That justifies it.

7 MR. ROSE: It's like somebody has a  
8 really bad back who couldn't even hardly stand up without  
9 some kind of pain meds. But the thing about it is, those  
10 people are not affected by the medication as a normal  
11 person would be. Like a terminal cancer patient can take  
12 a lot more morphine than anybody else would ever dream of  
13 taking but it just barely does take care of their pain,  
14 or may not even take care of their pain.

15 MR. WILSON: And that's what the --

16 MR. ROSE: Because they've had so  
17 much.

18 MR. WILSON: That's right. And  
19 that's what the physician is going on the record, you  
20 know, with.

21 MR. ROSE: That's the reason the  
22 physician's going to be here.

23 MR. WILSON: That's right. That's  
24 right.

25 MR. LIVINGSTON: All right. I guess I

1 was --

2 MS. BUNDRICK: Since the Policy  
3 passed the last Board meeting any new enrollee in RPP has  
4 to have abstinence.

5 MR. WILSON: That's right.

6 MR. SHEHEEN: Yeah.

7 MR. WILSON: They cannot practice  
8 until they give us a negative drug screen.

9 MR. SHEHEEN: And we're not hearing  
10 the gnashing of teeth from them like we are the ones that  
11 have been there a while that got a letter last week  
12 saying that --

13 MS. BUNDRICK: Yeah.

14 MR. SHEHEEN: -- come February the  
15 1st they can't take these medications. And by February,  
16 they need to research the alternatives between now and  
17 February the 1st and produce a negative drug screen.  
18 Those are the ones that we're -- and like Rick said, with  
19 the pharmacists, our informal survey this morning was  
20 five, maybe six people total.

21 MR. LIVINGSTON: So --

22 MR. SHEHEEN: That are taking them,  
23 and we don't know whether they've abused --

24 MR. LIVINGSTON: Those people right  
25 now -- and again, I'm confused. But the people right now

1 that have a prescription, who are currently working that  
2 are going to a drug screen, and if they were diverting  
3 and using extra you still couldn't catch them right now?

4 MR. WILSON: Couldn't catch them.

5 MR. SHEHEEN: Couldn't catch them;  
6 that's right.

7 MR. LIVINGSTON: All right. I  
8 understand. You couldn't catch them now and you couldn't  
9 catch them when it changes?

10 MR. SHEHEEN: That's right.

11 MR. RICHARDSON: Okay. Call for the  
12 question.

13 MR. BUSHARDT: All right. We have  
14 the motion to accept the revised Abstinence Policy. And  
15 we have a second. So all in favor signify by raising  
16 their right hand.

17 (Board members comply by uplifting their hand.)

18 MR. BUSHARDT: And all opposed;  
19 likewise. Okay, the ayes have it. Motion's passed.

20 MR. WILSON: Thank you very much.

21 MR. SHEHEEN: Thank you for your  
22 time.

23 MR. WILSON: We're going to have an  
24 interesting time. We are.

25 MR. BUSHARDT: As you can tell by an

1 interesting vote.

2 MR. WILSON: Yes. That was a good  
3 discussion. Thank you very much.

4 MR. BUSHARDT: Any other thing on  
5 RPP?

6 MR. RICHARDSON: No, sir. Thank you.

7 MR. BUSHARDT: Medication Integrity  
8 Committee?

9 MS: RUSSELL: We haven't met.

10 MR. BUSHARDT: Finance Committee?

11 MR. RICHARDSON: Mr. Chairman, we  
12 have not met but I do have the guidelines for that. We  
13 do have a meeting set for the 14th of December at 10:00  
14 in this room. Let me read just one thing from the  
15 guidelines. There should -- there shall be a minimum of  
16 one member from retail hospital and nursing home industry  
17 as well as the South Carolina Board of Pharmacy. Where  
18 appropriate there should be representatives of nuclear  
19 pharmacy, wholesale, college and other appropriate  
20 segments of the profession. The question is this. All  
21 of you who are interested in becoming a part of this  
22 committee, if you'll let Marilyn know, we would  
23 appreciate it. And if we have an agenda we'll make sure  
24 you get that before the meeting on the 14th of December.  
25 Thank you.



1 MR. BUSHARDT: All right. Discussion  
2 Topics. We have one discussion topic.

3 MR. RICHARDSON: I have one, too.

4 MR. BUSHARDT: Okay.

5 MR. RICHARDSON: After you.

6 MR. ROSE: Could we go ahead and have  
7 Executive Session first?

8 MR. BUSHARDT: Yes, we can. We sure  
9 can.

10 MR. RICHARDSON: I've just got one  
11 thing I think is important about my report that I need to  
12 sort of give the public before they leave before we go  
13 into Executive Session.

14 MR. BUSHARDT: Okay. Go ahead.

15 MR. RICHARDSON: If you'll allow me  
16 to.

17 MR. BUSHARDT: Go ahead. Go ahead.

18 MR. RICHARDSON: I'm a member of the  
19 Task Force on the control and accountability of  
20 prescription medication. And we heard Ms. Bundrick's  
21 report this morning, we did meet on October 26th and  
22 27th. I just want to make sure that I give you the  
23 objectives of the Task Force, and there are two. Number  
24 one, review any existing state laws and regulations  
25 addressing the control and accountability of prescription

1 drugs. The report of the Task Force to review  
2 recommended revisions to the CSA, Controlled Substances  
3 Act, as well as relevant sections of the Model State  
4 Pharmacy Act and Model Rules of the National Association  
5 of Board of Pharmacy. Number two, recommendations and  
6 revisions necessary to the NABP Model Act addressing this  
7 issue. And there is a Model Act that we have and  
8 whatever additions that we want to add to that hopefully  
9 over time I'll have an opportunity to share those with  
10 you. There are nine of us on the Task Force and two of  
11 us are not pharmacists. One other person other than  
12 myself being a laymember; the other person is a  
13 businessperson out of California. I just wanted you to  
14 be aware of that. There are nine of us. Thank you, Mr.  
15 Chairman.

16 MR. BUSHARDT: Okay. All right.

17 MR. ROSE: I move we go into  
18 Executive Session.

19 MR. BUSHARDT: Do I have a second?

20 MR. HUBBARD: Second.

21 MR. BUSHARDT: Okay. All in favor  
22 raise your hand.

23 (Board members comply by uplifting their hand.)

24 MR. BUSHARDT: Opposed, no. All  
25 right. We're going into Executive Session.

1 (Executive Session 4:15 p.m. until 4:37 p.m.)

2 MR. BUSHARDT: Do I head a motion to  
3 come out of Executive Session?

4 MR. ROSE: So moved.

5 MR. ROSE: Second.

6 MR. BUSHARDT: All those in favor  
7 signify by raising their right hand.

8 (Board members comply by uplifting their hand.)

9 MR. BUSHARDT: Opposed; likewise. No  
10 motions were made or business conducted while we were in  
11 Executive Session. On the Request for Approval of the  
12 Pharmacy Technician Registration on Stephanie Loge?

13 MS. LONG: I make a Motion to accept.

14 MR. LIVINGSTON: Second.

15 MR. BUSHARDT: Any discussion?

16 (No response)

17 MR. BUSHARDT: All in favor signify  
18 by raising their hand.

19 (Board members comply by uplifting their hand.)

20 MR. BUSHARDT: Opposed; likewise.  
21 Motion carries.

22 MS. LOGE: Thank you, Board.

23 MR. BUSHARDT: Okay. Request  
24 Approval of Non-Resident Wholesale Distributor  
25 Manufacturer Medi-Nuclear LLC.

1 MR. ROSE: Mr. Chairman, I make a  
2 Motion that we -- I make a Motion that we accept the  
3 request.

4 MR. HUBBARD: I second.

5 MR. BUSHARDT: Okay. A Motion's made  
6 and seconded. Any discussion?

7 (No response)

8 MR. BUSHARDT: All in favor signify  
9 by raising their right hand.

10 (Board members comply by uplifting their hand.)

11 MR. BUSHARDT: Opposed; likewise.  
12 Motion carries. And the Request Approval of Non-Resident  
13 Pharmacy Application - Medicare Infusion Services,  
14 Incorporated. What is the Board's pleasure?

15 MR. LIVINGSTON: Mr. Chairman, I'll  
16 make a Motion that we defer this request at this time  
17 until the Board can determine if discipline action is  
18 warranted.

19 MR. BUSHARDT: Do I hear a second?

20 MR. ROSE: Second.

21 MR. BUSHARDT: All right, any  
22 discussion?

23 (Off the Record)

24 MR. BUSHARDT: All in favor signify by  
25 raising their right hand.

1 (Board members comply by uplifting their hand.)

2 MR. BUSHARDT: Opposed; likewise.

3 Motion carries. Memorandum of Agreement, Rx Direct,  
4 Incorporated.

5 MS. LONG: I make a motion to accept  
6 the Memorandum of Agreement and issue a private  
7 reprimand.

8 MR. BUSHARDT: Okay. Do I hear a  
9 second?

10 MR. LIVINGSTON: Second.

11 MR. BUSHARDT: Okay. Any discussion?

12 (No response)

13 MR. BUSHARDT: All in favor signify  
14 by raising their right hand.

15 (Board members comply by uplifting their hand.)

16 MR. BUSHARDT: Opposed; likewise.

17 Motion carries. Discussion topics? Haven't you got one?

18 MR. ROSE: Let me do the one for  
19 Pharmacy Practice --

20 MR. BUSHARDT: Okay.

21 MR. ROSE: -- first.

22 MR. BUSHARDT: All right.

23 MR. ROSE: I forgot that we did have  
24 a Motion from the Pharmacy Practice Committee to -- we  
25 have some things that were passed by the Board after the

1 September meeting that we felt like should be added to  
2 our Pharmacy Policy and Procedures so I would move that  
3 all the Motions we made at the September meeting that  
4 were passed by the Board become Policy and Procedures for  
5 the Board.

6 MR. BUSHARDT: Okay.

7 MR. HUBBARD: Second.

8 MR. BUSHARDT: All right. Any  
9 discussion?

10 (No response)

11 MR. BUSHARDT: All in favor signify  
12 by raising their right hand.

13 (Board members comply by uplifting their hand.)

14 MR. BUSHARDT: Opposed; likewise.  
15 Motion carries.

16 MR. LIVINGSTON: All right. Back to  
17 the addition of a certified, state certified, technician  
18 to the Board of Pharmacy. And again, this is just  
19 discussion, an opportunity to discuss. I think at some  
20 point the associations, the South Carolina Pharmacy  
21 Association, the Retail Pharmacy Association, the  
22 Hospital Association, they all need to consider this and  
23 offer an opinion back to the Board as their thought on  
24 this and we need to consider it as well. I'm not  
25 prepared to make a Motion of any kind right now but I do

1 want to just talk about it, concerns, how ti would work.  
2 I'm always very concerned about opening the Practice Act  
3 up for anything because things seem to happen on Main  
4 Street that we didn't intend to happen. So I really  
5 don't know the -- if we want to tackle this issue right  
6 now or not. Comments from you guys?

7 MR. BUSHARDT: Any comments from the  
8 Board?

9 MR. LIVINGSTON: Does anyone have any  
10 objection to it? The idea of it?

11 MR. ROSE: My only problem is how do  
12 you determine who would be the candidates and things like  
13 that. Do you only allow state certified techs to do it  
14 or do you allow all the techs or --

15 MR. LIVINGSTON: I think it would be  
16 proper to have a state certified technician.

17 MR. RICHARDSON: Would that be a  
18 member at large? I guess I'm along the same line with  
19 Dock, appointed by the government or what. I think  
20 probably in lieu of what Dock said that would be the  
21 cleanest thing.

22 MR. LIVINGSTON: Right.

23 MR. ROSE: Well, actually, I found  
24 out everybody's really appointed by the Governor.

25 MR. BUSHARDT: You did; didn't you?

1                   MR. RICHARDSON: I guess that's true,  
2 Dock. The preliminary thing; right? The Governor's  
3 leadership.

4                   MR. ROSE: Yeah.

5                   MR. LIVINGSTON: That was kind of the  
6 consensus of the Legislative Committee is that it would  
7 be cleanest that way, to be an at-large member. I really  
8 haven't heard anyone have a real theoretical problem with  
9 a technician being on the Board. Again, we do register  
10 them. We do, I guess, discipline them. So them having a  
11 voice at the table is not a bad idea. I just don't know  
12 about the logistics of getting it done. So --

13                   MR. RICHARDSON: I just think it's  
14 the right thing to do.

15                   MR. ROSE: You know, it's kind of  
16 like having a layman on the Board. I mean, many  
17 situations have been decided by Leo's vote. Isn't that  
18 right, Leo?

19                   MR. RICHARDSON: Yes.

20                   MR. ROSE: Where Leo's been either  
21 the positive or negative; he's been the one that carries  
22 the vote. And so it would be the same thing with a  
23 pharmacy technician. But I don't see anything wrong with  
24 it. I personally don't see anything wrong with it.

25                   MR. LIVINGSTON: Well, if we --



1 again, the association is going to -- the South Carolina  
2 Pharmacy Association is going to talk about it amongst  
3 themselves and when we have our next Legislative  
4 Committee we will maybe come out of that Committee  
5 meeting with a Motion to you guys of what we want to do.  
6 How does that sound?

7 MR. RICHARDSON: That's good.

8 MR. ROSE: Great.

9 MR. LIVINGSTON: Okay. I have  
10 nothing further.

11 MR. BUSHARDT: Any other discussion  
12 topics?

13 (No response)

14 MR. BUSHARDT: Do I hear the most  
15 important Motion of today?

16 MR. ROSE: So moved.

17 MR. BUSHARDT: And a second?

18 MR. LIVINGSTON: Second.

19 MR. BUSHARDT: All in favor, rise,  
20 and let's go home. Thank you for coming.

21 (State's Exhibit No. 1 marked for  
22 identification purposes.)

23 \*\*\*\*\*

24 (Whereupon, the hearings were adjourned at  
25 4:45 p.m.)

1 CERTIFICATE OF REPORTER

2 I, SONYA K. GRICE, COURT REPORTER AND NOTARY PUBLIC  
3 IN AND FOR THE STATE OF SOUTH CAROLINA AT LARGE, HEREBY  
4 CERTIFY THAT I RECORDED AND TRANSCRIBED THE SOUTH  
5 CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION,  
6 BOARD OF PHARMACY MEETING/HEARINGS ON THE 17TH DAY OF  
7 NOVEMBER, 2011, AND THAT THE FOREGOING 265 PAGES  
8 CONSTITUTE A TRUE AND CORRECT TRANSCRIPTION OF THE SAID  
9 HEARINGS.

10 I FURTHER CERTIFY THAT I AM NEITHER ATTORNEY NOR  
11 COUNSEL FOR, NOR RELATED TO OR EMPLOYED BY ANY OF THE  
12 PARTIES CONNECTED WITH THIS ACTION, NOR AM I FINANCIALLY  
13 INTERESTED IN SAID CAUSE.

14 I FURTHER CERTIFY THAT THE ORIGINAL OF SAID  
15 TRANSCRIPT WAS THEREAFTER SEALED BY ME AND DELIVERED TO  
16 MARILYN CROUCH, SCLLR - BOARD OF PHARMACY, KINGSTREE  
17 BUILDING, 110 CENTERVIEW DRIVE, COLUMBIA, SOUTH CAROLINA,  
18 WHO WILL RETAIN THIS SEALED ORIGINAL TRANSCRIPT.

19 IN WITNESS WHEREOF, I HAVE SET MY HAND AND SEAL THIS  
20 11TH DAY OF JANUARY, 2012.

21 \_\_\_\_\_

22 SONYA K. GRICE, COURT REPORTER  
23 MY COMMISSION EXPIRES JUNE 15, 2015

24  
25