The Missouri Hospital Advisory Committee met in open session during the times and dates stated in the following minutes. Each item in the minutes is listed in the order it was discussed.

**Committee Members Present**
Bert McClary, R.Ph., Chairman
Daniel Good, R.Ph., Member
James Gray, R.Ph., Member *(via telephone)*
Colby Grove, R.Ph., Member *(via telephone)*
Neil Schmidt, R.Ph., Member
Greg Teale, R.Ph., Member

**Staff Present**
Kimberly Grinston, Executive Director
Tom Glenski, Chief Inspector
Katie DeBold, Inspector

**Others Present**
Julie Creach, Missouri Department of Health and Senior Services (DHSS)
Sarah Willson, Missouri Hospital Association (MHA)
David Wolfrath, MSHP

Chairman McClary opened the meeting at approximately 10:02 a.m. and roll-call was taken.

**Agenda Item # 2 (Board Updates):** Kimberly Grinston reported the Board is in the process of reviewing all of its rules and noted rules specifically referred for Committee suggestions/input are included in the agenda.

**Agenda Item # 3 (DHSS Updates):** Julie Creach reported DHSS is also reviewing its rules; the hospital pharmacy rules are in the resubmission process for approval by the new administration. Ms. Creach reported DHSS’ budget will likely be approved by the legislature shortly.
**Agenda Item # 4 (Class-J Shared Services Rule):** The following Committee discussion was held:

- Neal Schmidt asked how the proposed changes would affect compounding pharmacies providing medication for another pharmacy. Tom Glenski noted section (2) would accommodate the practice but would prohibit the medication from being sent home with the patient without a Class-J permit.

- Section (2): Greg Teale asked if medication would need to be treated as a prescription if manipulated. Tom Glenski replied pharmacies would be required to treat the vial the same as if it came from a wholesaler which would include complying with relabeling requirements. Mr. Glenski further noted the Board’s requirement would not apply to in-patient dispensing under DHSS’ jurisdiction. James Gray questioned if the new language complies with the federal Drug Quality and Security Act.

- James Gray suggested the rule address return-to-stock items for hospital systems and allow medication that has been properly stored to be relabeled for patient use. Mr. Gray indicated it would be helpful for pharmacies in a hospital system to transport medication among the system instead of wasting it. Discussion held; Committee consensus that a return-to-stock allowance would be helpful for all hospitals. Tom Glenski commented DHSS has jurisdiction over how a hospital handles medication once received. Committee consensus to discuss at a later meeting; Bert McClary cautioned the rule should prohibit staff from arbitrarily using a patient’s medication for other patients.

**AGENDA ITEM # 5 (20 CSR 2220-6.040):** The following Committee discussion was held:

- Section (3)(C): Greg Teale suggested amending the rule to recognize administration training provided by a hospital or hospital related system. Mr. Teale noted pharmacist training requirements are stricter than training requirements for nurses and other healthcare practitioners. Discussion held; Committee members supported allowing alternative pharmacist training programs and noted most schools of pharmacy now require some form of administration training. Kimberly Grinston noted administration training may still be voluntary at some pharmacy schools and asked if a standard hospital pharmacist administration training program currently exists. Neal Schmidt commented St. Louis College of Pharmacy currently requires administration training; Greg Teale indicated pharmacist training would be handled via their nursing education program. Committee consensus to explore alternative training options to allow pharmacists to function at maximum capacity. Daniel Good asked if the rule should be amended to allow delegation to a technician if the technician rule is changed by the Board. Consensus to prohibit delegation “except as otherwise provided by rule.”
• Section (4): Greg Teale recommended adding “shall administer” to this section. Discussion was held on policy and procedure requirements; Tom Glenski noted the Board recently voted to remove the mandatory pharmacist-in-charge review and instead require that policies and procedures must be current and accurate. James Gray suggested requiring licensees to “follow” policies and procedures instead of just maintaining them.

• Section (4)(E): Greg Teale asked if the requirement that a patient be asked to remain in the pharmacy after vaccination is applicable to this rule. Kimberly Grinston explained the requirement is statutory, however, pending legislation would limit the language to immunizations by protocol. Bert McClary suggested addressing vaccines that are not given in a pharmacy.

• Section (5)(A): Bert McClary suggested adding that prescriptions for medication modifications/implementation must be in the name of an authorized practitioner instead of an “authorized prescriber.” Kimberly Grinston reported an authorized practitioner is not defined and suggested the Board of Healing Arts may have concerns with the Board of Pharmacy defining who is an authorized practitioner. Discussion held. Tom Glenski noted § 338.165 and § 338.059, RSMo, references an authorized prescriber.

• Section (6)(A): Greg Teale commented pharmacists practicing in care settings like the emergency department would have most of the documentation required by this section recorded in the hospital's medical record. Mr. Teale questioned if a separate record was necessary for items already recorded and retrievable in another system. Mr. Teale further commented hospitals may not record the manufacturer or the NDC in the same record although the information could likely be researched and retrieved. David Wolfrath and James Gray agreed; Mr. Gray further noted pharmacists assisting practitioner’s clinics may not control what is recorded in the clinic’s software system. Kimberly Grinston asked if the requirement is truly too burdensome. Sarah Willson questioned the need to impose a higher standard than current Joint Commission and CMS requirements. James Gray asked if the required information could be maintained in a common record as referenced in section (10)(A). Committee consensus to include language allowing a common record. Consensus to also remove the reference to biologics and instead require: “The manufacturer name, lot number and expiration date must be documented and recorded for vaccines.” It was further agreed to require documentation of: “the date, route, name, dose and anatomic site” of administration.

• Committee discussion was held on addressing or clarifying the lines between DHSS jurisdiction and Board jurisdiction. Sarah Willson indicated she doesn’t
know the current position of the MHA membership but noted MHA would be willing to discuss the issue with its membership.

- **Section (7):** Bert McClary suggested allowing documentation in a common record; Consensus to amend as suggested. Kimberly Grinston reported the Board is also considering allowing ShowMeVax reporting for vaccines.
- **Section (10)(A):** Bert McClary suggested this section was no longer necessary with the exception of (10)(A) that allows a common hospital record.

**AGENDA ITEM # 6 (Class-B Rule Concept Draft)**- Bert McClary noted the agenda included an older draft that does not have the latest suggestions. Consensus to table for review in June.

**AGENDA ITEM # 7 (Class-B Guidance Document)**- Kimberly Grinston reported the Board approved the draft guidance document and asked for final changes. Bert McClary asked if the document should be held pending the Class-J rule revision which the Board indicated may be promulgated as an emergency rule. Discussion held; Committee consensus not to hold the guidance document. Mr. McClary noted the Bureau of Hospital Standards should be referenced as the Division of Hospital Licensure.

**AGENDA ITEM # 8 (Class-N/Automated Distribution Draft)**- Bert McClary suggested broadening the rule to allow Class-B pharmacies to provide general floor stock with or without an automated cabinet. Mr. McClary noted for safety and accountability reasons, these medications should be controlled by the pharmacy even if done via a distribution process. Discussion held; Committee consensus to focus on a general distribution rule that would include both automated and non-automated distribution models. Consensus to revise and review at future meeting.

**AGENDA ITEM # 9 (Pharmacy Technician Working Group)**- Kimberly Grinston reported the Board voted to pursue technician legislation in 2018 based on the Working Group’s recommendations. Daniel Good asked if the Board would consider a proposal that would address expansion of technician authority just in hospital settings given that retail pharmacy has voiced objections to the technician proposal in the past. Discussion held; Committee consensus to ask interested hospitals/associations to submit letters to the Board in support of pursuing legislative action.

**AGENDA ITEM # 10 (Remote Technician Supervision)**- Bert McClary noted this topic was discussed during the pharmacy technician working group discussion. Daniel Good commented remote supervision or telepharmacy needs to be properly defined because the terms are used differently in various practice settings.

**AGENDA ITEM # 11 (Medication Therapy Services)**- Discussion held on possible rule changes; Bert McClary noted the rule would need to be modified if the advanced pharmacy practice suggestions are enacted. Greg Teale asked if the rule revision
should be postponed pending the outcome of the practice advancement legislative discussions. James Gray noted the Board of Healing Arts does not allow physicians in training to enter into a protocol which may be problematic. Further discussion was held on modifying the rule to remove the patient-specific order requirement; James Gray and Neal Schmidt suggested allowing pharmacists to initiate MTS as authorized by the hospital’s approved protocols. Tom Glenski noted the statute requires a patient-specific order for services under the Board’s jurisdiction. Further discussion held; Consensus to advise that the Board not open the rule at this time in light of potential practice changes and other priority rules under Board review.

AGENDA ITEM # 12 (Committee Operations)- Bert McClary asked for feedback on Committee operations and the current meeting schedule; Mr. McClary suggested meeting in-person every other month. James Gray agreed calls are not as productive unless there is a pressing issue. Mr. McClary informed the Committee he would like to step down as Chairman due to personal travel and other activities. Mr. McClary also noted it would be appropriate for others to participate in the leadership and direction of the Committee. Committee consensus to discuss a replacement Chairman in July. Neil Schmidt announced he would be resigning from the Committee to spend additional time with family. Mr. Schmidt indicated David Wolfrath is his suggested replacement and is currently pending official appointment. Mr. Schmidt thanked the Committee and offered to assist in the future. Mr. McClary asked if the Committee would be interested in doing a strategic review of the Committee’s operations; Daniel Good suggested doing a brief SWOT analysis at the next meeting. Discussion held; Consensus to include a strategic planning/review item on the agenda after Mr. Wolfrath is appointed.

AGENDA ITEM # 12 (Long-Term Care Working Group)- Kimberly Grinston reported the Board President has appointed working group members. Bert McClary suggested the Working Group consider state and federal compliance requirements affecting long-term care, including, CMS and DHSS requirements. Greg Teale noted health systems are starting to purchase more long-term care facilities to improve transitions of care and that pharmacists will be asked to assume additional duties in these facilities such as medication handling and anti-microbial stewardship. Mr. Teale further commented long-term care pharmacy issues may need to be addressed sooner than anticipated given industry expansion.

AGENDA ITEM # 13 (Future Meeting Dates/Topics)- Greg Teale asked if the Committee should discuss the Board’s sterile compounding rule. Tom Glenski reported the Board reconvened the sterile compounding sub-committee to take comments and make suggestions on the rule. Discussion held; Consensus not to submit formal Committee recommendations at this time but to contact interested parties to submit individual comments if desired. Further discussion held on future meeting dates; Consensus to meet on July 17, 2017.

THE HOSPITAL ADVISORY COMMITTEE ADJOURNED BY CONSENSUS AT 3:03 P.M.
Kimberly A. Grinston

KIMBERLY A. GRINSTON
EXECUTIVE DIRECTOR

Date Approved: August 7, 2017