Meeting Notice
Missouri Board of Pharmacy
September 13, 2017
8:00 A.M.

Missouri Division of Professional Registration
3605 Missouri Blvd.
Jefferson City, Missouri

Notice is hereby given that the Missouri Board of Pharmacy will be meeting on September 13, 2017. A tentative agenda is attached. If any member of the public wishes to attend the meeting, s/he should be present at 3605 Missouri Boulevard, Jefferson City, Missouri 65109 at 8:00 a.m.

Except to the extent disclosure is otherwise required by law, the Missouri Board of Pharmacy is authorized to close meetings, records and votes, to the extent they relate to the following: Sections 610.021(1), (3), (5), (6), (7), (13), (14), and (17), RSMo, and Section 324.001.8 and .9, RSMo.

The Board may go into closed session at any time during the meeting. If the meeting is closed, the appropriate section will be announced to the public with the motion and vote recorded in open session minutes.

Notification of special needs as addressed by the Americans with Disabilities Act should be forwarded to the Missouri Board of Pharmacy, P O Box 625, 3605 Missouri Blvd., Jefferson City, Missouri 65102, or by calling (573) 751-0093 to ensure available accommodations. The text telephone for the hearing impaired is (800) 735-2966.
# Missouri Board of Pharmacy AGENDA

September 13, 2017

Note: Except as noted below, items may be discussed in any order. Additionally, the Board may go into closed session at any time during the meeting. If the meeting is closed, the appropriate section will be announced to the public with the motion and vote recorded in open session minutes.

#A1. Call to Order Christian Tadrus, PharmD, President (8:00 a.m.)

#A2. Roll Call Christian Tadrus, PharmD, President

#A3. Approval of Minutes
- February 22, 2017
- March 15, 2107
- March 29, 2017
- April 7, 2017
- April 18-20, 2017

#A4. Rule Review
- Executive Order 17-03/ “Red-Tape Reduction” Report
- Rule Review Calendar
- 20 CSR 2220-2.010
- 20 CSR 2220-2.012
- 20 CSR 2220-2.090
- 20 CSR 2220-6.040
- 20 CSR 2220-6.050

#A5. General Administration Report
- General Office and Staff Updates
- 2017 Legislative Implementation
- 2018 Proposed Legislation/Budget Requests
- Governor’s Task Force on Board & Commissions Update
- Financial Report- Proposed Pharmacy Technician, Pharmacist and Intern Pharmacist Fee Decreases
- 2017 Board Patient Safety & Regulatory Conference
- Proposed Rule Update- 20 CSR 2220-2.650
#A6. Remote Pharmacy Technician Supervision/Final Pharmacist Product Verification
  • Staff rule summary

#A7. 2017-2018 Strategic Planning Report
  • Draft Strategic Plan
SECTION A – OPEN SESSION
AGENDA
#A1. Roll Call
#A2. Agenda Additions/Corrections
#A3. Approval of Minutes

- February 22, 2017
- March 15, 2017
- March 29, 2017
- April 7, 2017
- April 18-20, 2017
The Missouri Board of Pharmacy met in open session during the times and dates stated in the following minutes. The regular meeting was called to order by President Christina Lindsay at approximately 8:00 a.m. on February 22, 2017. Each item in the minutes is listed in the order discussed.

**Board Members Present**
Christina Lindsay, PharmD., President
Christian Tadrus, PharmD., Vice-President
Barbara Bilek, PharmD., Member
Douglas R. Lang, R.Ph., Member
Anita Parran, Public Member

**Board Members Absent**
Pamela Marshall, R.Ph., Member

**Staff Present**
Kimberly Grinston, Executive Director
Tom Glenski, R.Ph., Chief Inspector
Katie DeBold, PharmD., Inspector
Amber Cundiff, Compliance Coordinator
Jennifer Luebbert, Administrative Coordinator

**Others Present**
Curtis Thompson, Legal Counsel

**PRESIDENT LINDSAY CALLED THE OPEN SESSION MEETING TO ORDER AT APPROXIMATELY 8:00 AM**

**MOTION TO CLOSE 8:00 A.M.**
At 8:01 a.m., Christian Tadrus made a motion, seconded by Barbara Bilek, that the Board go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed under Section 610.021(1), (3), (5), (7), (13), (14), (17) and (20), RSMo, and under Section 324.001.8, and .9, RSMo. Motion passed 4:0:0:1 with roll call vote as follows:

Barbara Bilek – yes  Pamela Marshall – absent  Anita Parran – yes
Douglas Lang – yes  Christian Tadrus- yes
MEMBERS OF THE PUBLIC LEFT THE MEETING ROOM AT 8:10 AM

RETURN TO OPEN
By motion duly made, seconded, passed and recorded in closed session minutes, the Board returned to open session at approximately 8:37 a.m.

MEMBERS OF THE PUBLIC ENTERED THE MEETING ROOM AT 8:37 A.M. PRESIDENT LINDSAY CALLED THE OPEN SESSION MEETING TO ORDER AT APPROXIMATELY 8:38 a.m.

SECTION D- OPEN

#D1 2020 Rule Review
- Rule Review Calendar
- 20 CSR 2220-2.010 Pharmacy Standards of Operation
  - Current Rule
- 20 CSR 2220-2.025 Non-Resident Pharmacies
  - Current Rule
- 20 CSR 2220-2.090 Pharmacist-In-Charge
  - 2015 Preliminary Draft
- 20 CSR 2220-2.700 Pharmacy Technician Registration
  - 2014 Approved Draft
- 20 CSR 2220-2.950 Automated Filling Systems
  - 2015 Discussion Draft

DISCUSSION: President Lindsay asked for public comments and indicated comments may be limited to three (3) minutes per speaker to accommodate all attendees. The following discussion was held:
- 20 CSR 2220-2.010:
  a. Sam Leveritt suggested line 57 should read “must be completed under clean and aseptic conditions.” Mr. Leveritt further suggested including a timeframe for licensee change of addresses and amending section (9) to reference Class-C pharmacies. Board consensus to require notification of name and address changes within thirty (30) days.
  b. Christian Tadrus suggested revising the rule to reference vaccines and devices and not just “drugs” or “medicine”. Mr. Tadrus further proposed amending section (1)(A) to address pharmacist breaks and noted current tele-pharmacy laws may impact the requirement that a pharmacist must be on duty and present at all times. Christina Lindsay suggested allowing a thirty (30) minute break during which time pharmacy operations would be allowed to continue. However, Ms. Lindsay recommended the Board prohibit dispensing during an authorized break if a patient requests to consult with a pharmacist. Board consensus to draft language as suggested.
  c. Douglas Lang proposed allowing reference materials and required rules/statutes to be maintained electronically. Christian Tadrus suggested allowing multiple
references and not requiring a single reference source; Board consensus to revise as suggested and to allow peer-reviewed and other scholastic periodicals.

d. Mr. Lang asked if a hot and cold water source should be required if the pharmacy is not dispensing; Ms. Grinston proposed adding language from the drug distributor rule requirement that would allow pharmacies to request an exemption.

e. Douglas Lang asked if the rule’s diversion and security requirements should be strengthened to provide additional direction for licensees; Board members suggested words like “adequate” and “proper” are ambiguous and need further definition. Mr. Lang further suggested rule language regarding food storage should be consistent with the Practice Guide.

f. Tom Glenski proposed deleting the offsite storage language and instead requiring offsite centers to be licensed as drug distributors. Mr. Glenski noted the rule was promulgated prior to the drug distributor license statutes being enacted. Board discussion held; Board members commented drug distributor licensure may be burdensome. Board consensus not to require drug distributor licensure at this time.

g. Christian Tadrus expressed concerns regarding the mandatory disciplinary language for permit holders in section (1)(O); Mr. Tadrus stated the language appears to impose strict liability which may be inappropriate in instances where the permit holder is unaware of, or takes reasonable steps to prevent, violations. Mr. Glenski noted this language has been successfully used in disciplinary prosecutions.

h. Barbara Bilek proposed amending section (9) referencing home health agencies to include all authorized prescribers; Board consensus to revise as suggested. Further Board consensus to forward section (9) to the Missouri Department of Health and Senior Services (DHSS) for review.

i. Tom Glenski questioned if the Class-I language was still required given the non-dispensing rule; Staff will research and provide recommendations.

- 20 CSR 2220-2.025: Sam Leveritt proposed including a timeframe for the required non-resident inspection. Douglas Lang suggested the timeframe should be based on the services provided and proposed requiring that a non-resident inspection must have been completed within 18-24 months before the application date; Board discussion held on what a fair timeframe would be. Kimberly Grinston advised other states may not be meeting the 18-24 month timeframe for all pharmacies. Staff proposed deleting the licensure exemption in section (1) for dispensing to patients in an institutional setting.

- 20 CSR 2220-2.090: Board members suggested the rule clearly indicate that the permit holder is also responsible for compliance and further suggested removing duplicate requirements that apply to the permit holder. The following additional changes were proposed/discussed:
  a. Curtis Thompson stated the definition of a pharmacy technician would be governed by law and not the pharmacist-in-charge.
  b. Sam Leveritt proposed using assure vs. ensure throughout the rule and further proposed expanding section (2)(F)’s provisions regarding suspicious activity to all licensees.
c. Bert McClary suggested the automated system language in (2)(E)(E) should be inclusive of all practice settings in light of the ongoing automated system discussions.

d. Douglas Lang questioned if section (4) should require immediate replacement of the pharmacist-in-charge or allow replacement within 5 to 7 business days; Staff advised the Practice Guide recommends replacement within a “reasonable time.” Christian Tadrus suggested any timeframe under seven (7) days may be problematic for small business owners. Board discussion held; Board consensus to allow Board notification within two (2) weeks provided the pharmacy cannot operate until a new pharmacist-in-charge is named.

e. Board discussion held on allowing electronic or alternative license verifications; Ms. Grinston asked if the license posting requirements are appropriate and noted licenses are commonly posted in areas that are not viewable to the public. Ms. Grinston reported consumer complaints have been received from customers who were unable to identify if they were talking with a pharmacist or a technician. Douglas Lang asked if the rule should require a name tag and title instead of displaying a license. Public attendees commented it is hard to distinguish between a pharmacist and technician even in small towns where individuals may be familiar with the local community; Other public attendees noted a name badge and title are already required at their practice sites. Board consensus to draft language requiring a name tag with title; James Gray suggested this requirement should not apply to pharmacies that are not open to the public.

Board consensus to revise the rule drafts as discussed and review at a future meeting.

#D10 Use of Telepharmacy in Pharmacy Practice/Remote Technician Supervision

Adam Chelser, Cardinal Health, Director of Regulatory Affairs, provided a presentation on tele-pharmacy practice and trends. Mr. Chessler advised tele-pharmacy can be an effective means for providing pharmacy services to needed areas; Mr. Chessler indicated Missouri has 55 pharmacy deserts affecting 44,982 Missouri residents and 162 at-risk communities. Board discussion held; Mr. Chessler encouraged the Board to further address/allow tele-pharmacy and offered his assistance with future rule/statutory language.

MOTION TO CLOSE 10:55 A.M.

At 10:55 a.m., Douglas Lang made a motion, seconded by Anita Parran, that the Board go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed under Section 610.021(1)and (3), RSMo, and under Section 324.001.8, and .9, RSMo. Motion passed 4:0:0:1 with roll call vote as follows:

Barbara Bilek – yes Pamela Marshall – absent Anita Parran – yes
Douglas Lang – yes Christian Tadrus - yes

MEMBERS OF THE PUBLIC LEFT THE MEETING ROOM AT 10:55 AM

Missouri Board of Pharmacy
Open Minutes
February 22, 2017
Page 4 of 8
RETURN TO OPEN

By motion duly made, seconded, passed and recorded in closed session minutes, the Board returned to open session at approximately 12:31 p.m.

MEMBERS OF THE PUBLIC ENTERED THE MEETING ROOM AT 12:32 P.M.

- 20 CSR 2220-2.700: Christina Lindsay asked for public comments; Bert McClary supported revising the rule to accommodate current practice. Ms. Lindsay suggested holding discussions pending input from the Pharmacy Technician Working Group. Board consensus to hold as recommended.
- 20 CSR 2220-2.950: Douglas Lang recommended the Board consider a statistically validated sample size in lieu of the 2% review requirement; Christian Tadrus suggested the same issue may apply to remote verifications if allowed by the Board. Board consensus to research the current sample size requirement and discuss at a future meeting.

#D10 Use of Telepharmacy in Pharmacy Practice/Remote Technician Supervision

The following comments were received:

- Bert McClary indicated DHSS’s technician rules are limited and noted DHSS has traditionally looked to the Board of Pharmacy for technician standards; Mr. McClary recommended the Board consider both traditional in-patient settings and settings within a hospital under the Board’s jurisdiction. Mr. McClary read a comment from Kevin Kinkade asking that the Board consider allowing remote video supervision of technicians filling automated dispensing cabinets; Mr. Kinkade suggested the allowance would assist small and rural hospitals with limited staffing ability.
- Greg Teale commented remote supervision would benefit practice sites such as oncology centers where pharmacists are asked to assist with dispensing; Mr. Teale suggested remote supervision would increase patient safety by allowing pharmacists to be directly involved in patient care. Mr. Teale noted pharmacists can adequately verify products and remote technician activities with proper video capability. Mr. Teale also commented that recent changes to USP Chapter 800 may require remote supervision and asked if the Board had legal authority to authorize a pilot program.

Board discussion held; Board consensus to research the topic for review at a future meeting.

#D2 Draft Rule Discussion

- 20 CSR 2220-6.050: Board discussion held regarding CDC compliance; Douglas Lang asked if the rule should reference/require compliance with CDC vaccine storage guidelines. Board discussion held; Christina Lindsay asked how many pharmacies would be impacted and noted the guidelines could affect offsite centers for under-served patients. Staff indicated storage guidelines could potentially impact a large number of pharmacies who may not currently have adequate refrigerator/freezer units. Public member Greg Teale estimated pharmacy
compliance costs could range from $250 - $3,000. Board consensus to include CDC's vaccine storage guidelines in the next rule draft for discussion purposes.

- 20 CSR 2220-2.650: Board discussion held on which pharmacy should be designated as the dispensing pharmacy on the label when a prescription is filled and dispensed under a Class-J arrangement and which pharmacy should be responsible for patient counseling. Christian Tadrus suggested the label should at a minimum include an identifier that tells the patient where the prescription was filled to ensure traceability (e.g., an NDI number). Douglas Lang indicated both Class-J pharmacies would have a license with the Board and be required to keep records of prescription activity in the event of a recall; Mr. Lang further commented patients may be confused if multiple pharmacies are on the same label. Barbara Bilek and Anita Parran commented consumers need to know who to call in the event of a problem and may not want to know all of the pharmacies engaged in dispensing. Board consensus to require the name of the pharmacy responsible for patient counseling on the label. Barbara Bilek and Christian Tadrus asked staff to include suggested language requiring notification to the patient when a prescription is filled at another pharmacy.

##D9 Prescription Status OTC Antimicrobials

**DISCUSSION:** Tom Glenski reported the FDA created a new class of drugs called veterinary food directive drugs (VFDs) that can only be purchased with a VFD from a veterinarian. Mr. Glenski reported VFDs are not considered “prescription” drugs, however, the FDA is requiring food distributors to register with them. Mr. Glenski asked if entities dispensing VFD products need to register as drug distributors or pharmacies and noted states have taken variant approaches. Board discussion held regarding the lack of clarity; Board consensus to not require a license at this time pending further guidance from the FDA.

### SECTION A- OPEN

##A5 Approval of Minutes

- Board Meeting (10/26/16 and 10/27/16)
- Conference Call (11/16/2016)

**DISCUSSION:** A motion was made by Douglas Lang, seconded by Barbara Bilek, to approve the October 26 and 27, 2016 minutes. Motion passed 4:0:0:1 by roll call vote as follows:

  Anita Parran – yes  Christian Tadrus – yes

Douglas Lang asked staff to correct the spelling for pharmacist Marty Michel. A motion was made by Douglas Lang, seconded by Anita Parran, to approve the November 16, 2016, minutes with the suggested revision. Motion passed 3:0:1:1 by roll call vote as follows:

SECTION C- OPEN

#C1 Applications for Intern Training Special Sites/Non-Pharmacist Preceptors

- Hillside Health Care Clinic International
- Bureau of Pharmacy and Clinical Support Services
- International Pharmaceutical
- Lumeris Healthcare Outcomes (formerly Essence Healthcare)
- UMKC School of Pharmacy, Division of Pharmacy Practice and Administration
- EPI-Q, Inc.
- Lloyd’s Pharmacy
- East Coast Institute for Research
- Komfo Anokye Teaching Hospital
- Sioux San Indian Health Service (HIS) Hospital Pharmacy

DISCUSSION: Tom Glenski recommended approval of the special sites/non-pharmacist preceptors presented. A motion was made by Christian Tadrus, seconded by Anita Parran, to approve all Intern Training Special Sites/Non-Pharmacist Preceptors for 500 hours. Motion passed 4:0:0:1 with roll call vote as follows:

- Barbara Bilek – yes
- Douglas Lang- yes
- Pamela Marshall – absent
- Anita Parran – yes
- Christian Tadrus – yes

#C2 STLCOP and UMKC School of Pharmacy

- STLCOP Site Listing
- STLCOP Preceptor Listing
- UMKC Site Listing
- UMKC Preceptor Listing

DISCUSSION: Tom Glenski recommended approval of the sites/preceptors presented. A motion was made by Barbara Bilek, seconded by Anita Parran, to approve all sites/preceptors for 500 hours. Motion passed 4:0:0:1 with roll call vote as follows:

- Barbara Bilek – yes
- Douglas Lang- yes
- Pamela Marshall – absent
- Anita Parran – yes
- Christian Tadrus – yes

Christian Tadrus inquired about the status of UMKC’s and STLCOP’s request to have foreign students licensed/registered with the Board before they arrive in the United States. Staff reported the schools have been told that foreign students could be registered as technicians which would allow then to work based on their pending application; Mr. Glenski reported the schools are still reviewing options and other implementation issues.

MOTION TO CLOSE 2:45 P.M.
At 2:45 p.m., Douglas Lang made a motion, seconded by Barbara Bilek, that the Board go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed under Section 610.021(1), (3), (5), (7), (13), (14), (17) and (20), RSMo, and under Section 324.001.8, and .9, RSMo. Motion passed 4:0:0:1 with roll call vote as follows:

Anita Parran – yes  Christian Tadrus – yes

MEMBERS OF THE PUBLIC LEFT THE MEETING ROOM AT 2:45 P.M.

RECONVENE OPEN 3:32 P.M.

By motion duly made, seconded, passed and recorded in closed session minutes, the Board returned to open session at approximately 3:32 p.m.

MOTION TO ADJOURN 3:32 PM

At approximately 3:32 p.m., a motion was made by Douglas Lang, seconded by Barbara Bilek, to adjourn the February 22, 2017 meeting. Motion passed 4:0:0:1 with roll call vote as follows:

Anita Parran – yes  Christian Tadrus – yes

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KIMBERLY A. GRINSTON
EXECUTIVE DIRECTOR

DATE APPROVED:
OPEN MINUTES
Missouri Board of Pharmacy
Telephone Conference Call
March 15, 2017

The Missouri Board of Pharmacy met via telephone conference call in open session during the times and dates stated in the following minutes. The meeting was called to order by Vice-President Christian Tadrus at approximately 3:02 p.m. on March 15, 2017. Each item in the minutes is listed in the order discussed.

**Board Members Present**
Christian Tadrus, PharmD, Vice-President
Barbara Bilek, PharmD, Member (joined at 3:13 p.m.)
Douglas Lang, R.Ph., Member
Pamela Marshall, R.Ph., Member
Anita Parran, Public Member

**Board Members Absent**
Christina Lindsay, PharmD, President

**Staff Present**
Kimberly Grinston, Executive Director
Tom Glenski, Chief Inspector
Jennifer Luebbert, Administrative Coordinator

**Others Present**
Curtis Thompson, General Counsel

**#A1 General Administration Report**

**DISCUSSION:** Executive Director Kimberly Grinston provided the following updates:
- NABP’s annual meeting will be held in May; Pamela Marshall, Douglas Lang and Ms. Grinston are scheduled to attend.
- The Board’s Kansas City Diversion Conference is scheduled for May 5th; Approximately 70 people are registered to attend.
- Staff will continue to monitor legislative activity; Additional updates will be provided in April.

**#C1 Applications for Intern Training Special Site/Non-Pharmacist Preceptor**
- Asante Physician Partners
- KC Care Clinic
- Wal-Mart Health and Wellness
- Wal-Mart Regional Office
- Washington University School of Medicine
DISCUSSION: Tom Glenski recommended approval of all special sites/non-pharmacist preceptors listed and noted the Washington University preceptor will be a M.D.. A motion was made by Pamela Marshall, seconded by Douglas Lang, to approve all Intern Training Special Site/Non-Pharmacist Applications for 500 hours. Motion passed 3:0:0:2 with roll call vote as follows:

Anita Parran – yes       Christina Lindsay – absent

MOTION TO CLOSE 3:08 P.M.
At 3:08 p.m., Pamela Marshall made a motion, seconded by Anita Parran, that the Board go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed under Section 610.021(1), (5) and (14), RSMo, and under Section 324.001.8, and .9, RSMo. Motion passed 3:0:0:2 with roll call vote as follows:

Anita Parran – yes       Christina Lindsay – absent

By motion duly made, seconded, passed and recorded in closed session minutes, the Board returned to open session at approximately 5:56 p.m.

MOTION TO ADJOURN
At approximately 5:57 p.m., upon motion made by Barbara Bilek, seconded by Anita Parran, to adjourn the March 15, 2017, open session conference call meeting. Motion passed 3:0:0:2 with roll call vote as follows:

Anita Parran – yes    Christina Lindsay – absent

KIMBERLY A. GRINSTON
EXECUTIVE DIRECTOR

Date Approved:
The Missouri Board of Pharmacy met via telephone conference call in open session during the times and dates stated in the following minutes. The meeting was called to order by Vice-President Christian Tadrus at approximately 5:02 p.m. on March 29, 2017.

**Board Members Present**
Christian Tadrus, PharmD, Vice-President
Barbara Bilek, PharmD, Member
Douglas Lang, R.Ph., Member
Anita Parran, Public Member

**Board Members Absent**
Christina Lindsay, PharmD, President
Pamela Marshall, R.Ph., Member

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

**Others Present**
Curtis Thompson, Legal Counsel

Vice-President Tadrus opened the meeting at approximately 5:02 p.m. with roll call.

**MOTION TO CLOSE 5:02 P.M.**
At 5:02 p.m., Barbara Bilek made a motion, seconded by Douglas Lang, that the Board go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed under Section 610.021(1), (5) and (14), RSMo, and under Section 324.001.8, and .9, RSMo. Motion passed 3:0:0:2 with roll call vote as follows:

Anita Parran – yes  Christina Lindsay – absent

By motion duly made, seconded, passed and recorded in closed session minutes, the Board returned to open session at approximately 5:12 p.m.
MOTION TO ADJOURN
At approximately 5:12 p.m., upon motion made by Anita Parran, seconded by Barbara Bilek, the March 29, 2017, conference call meeting was adjourned. Motion passed 3:0:0:2 with roll call vote as follows:

Anita Parran – yes  Christina Lindsay – absent

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KIMBERLY A. GRINSTON
EXECUTIVE DIRECTOR

Date Approved:
The Missouri Board of Pharmacy met via conference call in open session during the times and dates stated in the following minutes. The meeting was called to order by President Christina Lindsay at approximately 5:04 p.m. on April 7, 2017.

**Board Members Present**
Christina Lindsay, PharmD, President  
Christian Tadrus, PharmD, Vice-President  
Barbara Bilek, PharmD, Member  
Douglas Lang, R.Ph., Member  
Pamela Marshall, R.Ph., Member  
Anita Parran, Public Member

**Staff Present**
Kimberly Grinston, Executive Director  
Tom Glenski, Chief Inspector  
Jennifer Luebbert, Executive Assistant

**Others Present**
Curtis Thompson, Legal Counsel

President Lindsay called the open session meeting to order at approximately 5:04 p.m. and roll call was taken.

**AGENDA ITEM #1:** Executive Director Kimberly Grinston reported she met with Senator Brown to discuss a potential legislative budget proposal. Sen. Brown indicated difficult funding cuts had to be made and Missouri legislators were looking for ways to utilize the large balances in some of the licensing boards' funds for general revenue needs that were applicable to the profession. Ms. Grinston reported Sen. Brown requested the Board consent to giving $1,000,000 to the University of Missouri Kansas City- pharmacy school in lieu of a proposal that would sweep $4,000,000 from the Board's fund to general revenue. Ms. Grinston attended the meeting with the Division Director and representatives from the Veterinarian Board, the Dental Board and the Real Estate Appraisers Commission. Ms. Grinston asked how the Board would like to proceed and noted Sen. Brown requested a response as soon as possible.

Douglas Lang asked if the appropriation requests would endanger the Board’s fund; Ms. Grinston reported a $4,000,000 sweep would not render the Board insolvent but would leave little cushion in the event of an emergency or unanticipated expense. Ms. Grinston further estimated a $1,000,000 sweep would not endanger the fund. Ms. Grinston stated the Governor’s office has reportedly expressed concerns about the
proposal and cautioned the boards against a potential slippery slope. Board members asked legal counsel if the request was legally possible.

MOTION TO CLOSE 5:19 P.M.
At 5:19 p.m., Douglas Lang made a motion, seconded by Pamela Marshall, that the Board go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed under Section 610.021(1), RSMo, for purposes of legal advice. Motion passed 5:0:0:0 with roll call vote as follows:

   Anita Parran – yes     Christian Tadrus – yes

By motion duly made, seconded, passed and recorded in closed session minutes, the Board returned to open session at approximately 5:47 p.m.

AGENDA ITEM # 1 (Con’t): Christina Lindsay opened the floor for discussion on how the Board would like to respond. Pamela Marshall stated she was inclined to oppose the request but was concerned about the potential of a $4,000,000 sweep. Douglas Lang expressed concerns with setting a dangerous precedent; Barbara Bilek stated the proposal would only benefit UMKC even though licensing funds are taken from both UMKC and STLCoP graduates. Ms. Bilek indicated she would be more interested in funding a statewide prescription drug monitoring program that would benefit all licensees. Further Board discussion held. Barbara Bilek asked if a formal vote was needed; Curtis Thompson advised one should be taken for the record.

A motion was made by Pamela Marshall, seconded by Douglas Lang, that the Board decline both funding requests presented by Senator Brown. Motion passed 5:0:0:0 with roll call vote as follows:

   Anita Parran – yes     Christian Tadrus – yes

Douglas Lang suggested the Board negotiate an inspector salary increase in lieu of a fund sweep; Board members agreed by consensus.

THE BOARD ADJOURNED BY CONSENSUS AT APPROXIMATELY 5:55 P.M. WITH NONE OPPOSED.

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KIMBERLY A. GRINSTON
EXECUTIVE DIRECTOR

Date Approved:
The Missouri Board of Pharmacy met in open session during the times and dates stated in the following minutes. The regular meeting was called to order by President Christina Lindsay at approximately 8:11 a.m. on April 18, 2017. Each item in the minutes is listed in the order discussed.

**Board Members Present**
Christina Lindsay, PharmD, President
Christian Tadrus, PharmD, Vice-President
Barbara Bilek, PharmD., Member
Douglas R. Lang, R.Ph., Member
Pamela Marshall, R.Ph., Member
Anita Parran, Public Member

**Staff Present**
Kimberly Grinston, Executive Director
Tom Glenski, R.Ph., Chief Inspector
Jennifer Luebbert, Executive Assistant

**Others Present**
Curtis Thompson, Legal Counsel

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**OPEN SESSION**

#A3. **Automated Dispensing System Presentations**
- Med Avail
- Asteres
- ARxIUM
- Ascribe Rx
- Cerner
- Pyxis

**DISCUSSION:** Ms. Grinston reported the Board asked for additional presentations on automated systems and noted the Hospital Advisory Committee asked to include presentations from commonly used automated hospital systems. The following vendors presented to the Board: Alan Brown (Pyxis), Seema Siddiqui (Med Avail), Ken Hill (Asteres), Craig Bartum (ARxIUM), Bruce Smith (MedSelect), Dr. Reid Gillam (AscribeRx) and Steve Ward (Cerner). All vendors suggested automated systems can increase patient safety, decrease medication errors.
and expand access to care. Presenters strongly urged the Board to adopt regulations to accommodate automated systems and offered their assistance with developing statutory/rule language.

#A4. **NABP Sterile Compounding Blueprint**

**ITEMS ENCLOSED:**
- Missouri Sterile Compounding Update/Checklist
- NABP Sterile Compounding Blueprint Memo
- NABP Sterile Compounding Blueprint Agreement
- NABP Universal Sterile Compounding Inspection Form

**DISCUSSION:** Scotti Russell, Legal Counsel for the National Association of Boards of Pharmacy, presented the following information regarding NABP's Sterile Compounding Blueprint Program:

- The program was developed at the request of NABP members in response to the New England Compounding Center events. The goal of the program is to provide reassurance that sister states are adequately inspecting sterile compounding pharmacies within their jurisdictions for USP 797 compliance.
- States using the NABP universal sterile compounding inspection report/checklist or a substantially equivalent state form will be designated as blueprint states. The goal is to have other states recognize/accept inspections from blueprint states in lieu of requiring additional inspections.
- Six (6) states have been officially recognized as blueprint states with another 18 states currently under review. NABP's goal is to have every state participating. However, NABP recognizes some states may not have authority to fully adopt USP 797; NABP is willing to review state specific inspection forms and "crosswalk" them to NABP's form. Member states could still be designated a blueprint state if the crosswalk shows the applicable state form is substantially similar to the universal form. NABP will work with member states to address any concerns or obstacles.

Board discussion held. Douglas Lang asked how NABP’s universal form differs from a VPP inspection and asked if a similar program has been considered for drug outsourcers. Ms. Russell indicated a few states have expressed interest in a universal NABP drug outsourcer inspection form/program but no formal plans exist. Public member Nathan Hansen asked if the NABP form was intended for all hospital pharmacies or just for inspections of hospitals shipping across state lines. Ms. Russell indicated the universal form was intended for any pharmacy since the sterile compounding components would be universal, however, NABP recognizes retail related items may not apply to hospitals. The Board thanked Ms. Russell and indicated the matter will be discussed after the afternoon recess.

The Board recessed for lunch and reconvened at 1:30 p.m.

**AGENDA ITEM # 4 (Con’t):** Ms. Grinston asked how the Board would like to proceed with the request to become a NABP blueprint state. Board discussion held. Douglas Lang and Barbara
Bilek asked if the Board could legally share inspection reports with NABP; Ms. Grinston indicated the reports would be closed/confidential under current law. Tom Glenski noted Missouri has not fully adopted USP Chapter 797 and expressed concerns with inspecting elements that are not legally required. Public attendee Samuel Leveritt noted Chapter 797 conflicts with several nuclear requirements and standards. Further Board discussion held.

A motion was made by Barbara Bilek, seconded by Pamela Marshall, to take no further action at this time but continue to monitor future developments. Motion passed 5:0:0:0 by roll call vote as follows:

Anita Parran – yes        Christian Tadrus – yes

#A5. Board Sterile Compounding Survey/Questionnaire:

ITEMS ENCLOSED:

- NJ Questionnaire
- NJ Affidavit

Douglas Lang asked if Board members were interested in developing a uniform survey or questionnaire that would be sent to sterile compounding applicants as part of the application process. Mr. Lang noted a uniform questionnaire has been effective in other states and may shorten application approvals by ensuring all necessary information is gathered before Board review. Barbara Bilek stated a uniform questionnaire would ensure applicants are being asked for the same information. Ms. Grinston asked if the questionnaire would be required for all applicants or only those that require Board review. Christina Lindsay and Douglas Lang suggested initially sending the questionnaire to applicants that require full Board review/approval. Further Board discussion held; Board consensus to reconvene the sterile compounding committee and have committee members advise on a future questionnaire.

#A7. Promoting Safe E-Prescribing:

ITEMS ENCLOSED:

- Erika L. Abramson, “Causes and Consequences of E-Prescribing Errors in Community Pharmacies”

Vice-President Christian Tadrus asked if the Board would be interested in engaging with the Missouri Board of Healing Arts and the Missouri Board of Nursing to discuss ways to promote safe e-prescribing. Specifically, Mr. Tadrus asked if the Boards should collaborate to discuss e-prescribing quality across the spectrum to eliminate errors and repetitive processes. Douglas Lang noted entities such as NCPDP and SureScripts have collaborated on the national level. Board discussion held. Ms. Grinston noted the Board of Healing Arts, the Board of Nursing and the Board of Pharmacy previously met to discuss joint issues approximately once a quarter. Board members asked staff to pursue re-establishing the collaborative and suggested addressing e-prescribing at the next patient safety conference.
#A8. Pharmacist Drug Utilization Review

ITEMS ENCLOSED:
- Chicago Tribune Article, “Pharmacies Miss Half of Dangerous Drug Combinations”
- Chicago Tribune Article, “House Bill aims to increase pharmacy safety, draws fire”

Douglas Lang noted Missouri law is not very strong on drug utilization review and asked if the Board is meeting its statutory obligation to protect patients under the current regulatory framework. Christina Lindsay asked how other states are addressing the issue; Ms. Grinston indicated several states and municipalities have adopted staffing and workplace guidelines. Christian Tadrus commented the Chicago news articles appear to suggest improper utilization review is a workload issue and not a judgment issue. Mr. Tadrus asked if the profession should be looking at the true outcome instead of the perception of potential patient harm.

Christina Lindsay commented pharmacists can develop “alert fatigue” and suggested that over regulating may heighten the problem instead of relieving it. Douglas Lang noted the Board has reviewed cases of patient harm and indicated pharmacists have a responsibility to conduct an adequate medication review. Mr. Lang suggested the focus should be on the proper regulatory framework to hold practitioners accountable. Additional Board discussion held; Board consensus to review drug utilization review requirements as part of the Board’s ongoing rule review.

#A9A Update on St. Louis County PDMP

ITEMS ENCLOSED:
- PDMP Overview
- St. Louis County FAQ

Spring Schmidt, Division Director, St. Louis County Health Promotion and Public Health Research, presented the following information on St. Louis County’s prescription drug monitoring program:
- The PDMP began accepting data on April 10, 2017; Four Missouri counties will go live on April 25th with another six counties going live July 1st. New counties will be added approximately every two (2) months.
- Approximately 40 counties are participating in the joint DHSS grant program that is helping to fund the PDMP; Participation costs are approximately $7 per user.
- All participants have to be verified and approved by the program administrator prior to gaining access; The Administrator will verify license and DEA #s before approval.
- Three (3) types of user authorization are available subject to Administrator approval: (1) direct/full access, (2) data access only by request and (3) restricted or limited access. Queries are limited to two (2) years.
- The County is working with NABP to join the PDMP Inter-Connect.

Board discussion held; Board members asked how the county system might be impacted if a statewide system is adopted. Ms. Schmidt stated potential impact would depend on the
governing state legislation. Board members asked if Inspectors would be provided access; Ms. Schmidt responded affirmatively and noted a draft Memorandum of Understanding was sent to the Executive Director to allow Inspector participation. The presentation was concluded.

#A6. Development of Strategic Planning Action Plan/2016 Strategic Planning Assessment
   - AHC Consulting, LLC Strategic Planning Report (2016)
   - Idaho Board of Pharmacy Strategic Plan

Christina Lindsay reported the Board originally discussed meeting with AHC Consulting to develop the strategic action plan, however, costs were significant. Ms. Lindsay suggested the Board develop its own action plan based on the strategic planning report and opened the floor for comments from Board members or the public.

Board discussion held; The Board agreed with the strengths listed in the July 2016 strategic planning report but noted significant progress has been made on the pharmacy technician expansion issue. Board consensus to designate pharmacy technician expansion as an opportunity and not a weakness.

Further Board discussion was held; The Board identified by consensus the following proposed strategic goals for FY 18-19:
1. Providing clear rules and regulations
2. Expanding board impact through strategic alliances with relevant stakeholders to enhance the practice of pharmacy in Missouri and increase stakeholder engagement. This goal would also focus on increasing communication to licensees and better leveraging technology, and
3. Promoting and enhancing career and skill development for board management and staff.

Board consensus to identify specific action items and timelines at a future meeting.

MOTION TO CLOSE 5:43 P.M.
At 5:43 p.m., Pamela Marshall made a motion, seconded by Douglas Lang, that the Board go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed under Section 610.021(1), (3), (5), (7), (13), (14), (17) and (20), RSMo, and under Section 324.001.8, and .9, RSMo. Motion passed 5:0:0:0 by roll call vote as follows:
   - Barbara Bilek – yes
   - Douglas Lang – yes
   - Pamela Marshall – yes
   - Anita Parran – yes
   - Christian Tadrus – yes

PUBLIC ATTENDEES LEFT THE MEETING ROOM AT APPROXIMATELY 5:43 P.M.
RETURN TO OPEN
By motion duly made, seconded, passed and recorded in closed session minutes, the Board returned to open session on April 19, 2017, at approximately 8:43 A.M. The following Board members and staff were in attendance:

Board Members Present
Christina Lindsay, PharmD, President
Christian Tadrus, PharmD, Vice-President
Barbara Bilek, PharmD., Member
Douglas R. Lang, R.Ph., Member
Pamela Marshall, R.Ph., Member
Anita Parran, Public Member

Staff Present
Kimberly Grinston, Executive Director
Tom Glenski, R.Ph., Chief Inspector
Bennie Dean, R.Ph., Inspector
Katie DeBold, PharmD, Inspector
Joe Dino, R.Ph., Inspector
Jennifer Luebbert, Executive Assistant
Andi Miller, PharmD, Inspector
Shelda Sternberg, Compliance Coordinator
Lisa Thompson, R.Ph., Inspector
Dan Vandersand, R.Ph., Inspector
Elaina Wolzak, R.Ph., Inspector
Barbara Wood, R.Ph., Inspector

Others Present
Curtis Thompson, Legal Counsel

A full transcript of Section B discussion items is available at the Board's office. A general summary of the Board’s votes/recommendations is provided below:

#B4 Public Rule Hearing

DISCUSSION: President Lindsay opened the hearing pursuant to Executive Order 17-03 and asked for public comments. Public comments were received from Allison Smith (University of Kansas Health System) and Nathan Hanson regarding the Board’s sterile compounding rule. A full transcript of the comments provided is available at the Board's office.
#B5 2020 Rule Review

ITEMS ENCLOSED:
- Rule Review Calendar
- 2020 Review Status Report
- 2017 Rule Review Request Form
- 20 CSR 2220-2.140 (Prescription Services by Pharmacists/Pharmacies for Residents in Long-Term Care Facilities)
- 20 CSR 2220-2.085 (Electronic Transmission of Prescription Data)
- 20 CSR 2220-2.145 (Minimum Standards for Multi-Med Dispensing)
- 20 CSR 2220-6.060 (General Provisions)
- 20 CSR 2220-6.070 (Certificate of MT Plan Authority)
- 20 CSR 2220-6.080 (MT Services by Protocol)

DISCUSSION: President Lindsay requested public comments on rules 20 CSR 2220-2.140, 2.085 and 2.145 and 20 CSR 2220-6.060 to 6.080. The following votes/recommendations were made (See transcript for full Board/public comments):
- 20 CSR 2220-2.140: No public comments received. Board consensus to create a Long-Term Care task force to review the rule and make recommendations.
- 20 CSR 2220-2.085: Written comments were submitted by CVS Pharmacy; Board consensus to have staff revise the rule for review at a future meeting.
- 20 CSR 2220-2.145: No public comment; Board consensus to refer rule to the Long-Term Care task force for comments/suggestions.
- 20 CSR 2220-6.060 to 6.080: Public comments were received from Bert McClary (Hospital Advisory Committee Chairman); Board consensus to delay further revision pending comments from the Hospital Advisory Committee.

#B6 Draft Rules Under Review

ITEMS ENCLOSED:
- 20 CSR 2220-2.010 Pharmacy Standards of Operation (Draft)
- 20 CSR 2220-2.025 Non-Resident Pharmacies (Draft)
- 20 CSR 2220-2.090 Pharmacist-In-Charge (2015 Draft)
- 20 CSR 2220-2.650 Class J: Shared Services Pharmacy (Draft)
- 20 CSR 2220-2.950 Automated Filling Systems (Draft)
- 20 CSR 2220-6.040 Administration by Medical Prescription Order (Draft)
- 20 CSR 2220-6.050 Administration of Vaccines Per Protocol (Draft)
  ○ Discussion Draft

DISCUSSION: The presented drafts were reviewed and the following discussion was held (See transcript for full Board/public comments):
- 20 CSR 2220-2.010: Board consensus to revise the rule to: (1) eliminate duplication, (2) extend the allowed temporary absence beyond breaks and meal periods, (3) limit authorized temporary absences to thirty (30) minutes, (4) restrict dispensing during a temporary absence if prohibited by a pharmacist, (5) give licensees the options of
posting a license or providing an online license verification and (6) require that pharmacist-in-charge (PIC) notifications must be submitted to the Board within fifteen (15) days but allow pharmacies to continue operating once a new PIC is named.

Board consensus to further revise the rule as reflected in the transcript and review changes at a future meeting. Board members subsequently questioned if the disciplinary language in section (1) (O) of the rule is legally required. Curtis Thompson advised he could address the question in closed session.

**MOTION TO CLOSE 9:59 A.M.**
At 9:59 a.m., Pamela Marshall made a motion, seconded by Douglas Lang, that the Board go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed under Section 610.021(1), RSMo, and under Section 324.001.8, and .9, RSMo. Motion passed 5:0:0:0 by roll call vote as follows:

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<tr>
<th>Name</th>
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<tr>
<td>Barbara Bilek</td>
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<td>Anita Parran</td>
<td>yes</td>
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<tr>
<td>Christian Tadrus</td>
<td>yes</td>
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**RETURN TO OPEN**
By motion duly made, seconded, passed and recorded in closed session minutes, the Board returned to open session at approximately 10:10 a.m.

**#B6 Draft Rules Under Review (Con't).** The following additional Board discussion was held.

- 20 CSR 2220-2.025: No public comments; Board consensus to clarify what is an “official” license verification and review draft at a future meeting.

- 20 CSR 2220-2.090: Vice-President Tadrus asked if the rule could be shortened to avoid duplication. The Board agreed by consensus to: (1) incorporate the same PIC change requirements included in 20 CSR 2220-2.010, (2) remove the annual policy and procedure review requirement and instead require policies/procedures to be current and accurate and (3) allow pharmacy technician registrations to be maintained in a central location in lieu of a required technician list. Board consensus to revise as reflected in the transcript and review at a future meeting.

- 20 CSR 2220-2.650: Christian Tadrus suggested requiring that pharmacies indicate on the prescription label if a prescription is filled at another pharmacy. Board discussion held; Douglas Lang expressed concerns about patient confusion and licensee costs. Christina Lindsay asked Board members to informally designate their position on a mandatory label indicator; All Board members recommended against the suggested indicator with the exclusion of Mr. Tadrus and Ms. Lindsay who abstained as President. Further Board discussion held. Board consensus to amend the rule to provide the pharmacy must notify patients that their prescription “may be filled” at another pharmacy. Board consensus to further revise the rule as reflected in the transcript and review at a future meeting.

- 20 CSR 2220-2.950- Douglas Lang indicated he would like to review the statistician’s comments further. Board consensus to hold pending further research.

- 20 CSR 2220-6.040 and 6.050- Board consensus to revise as reflected in the transcript and review at a future meeting.
**#B7 Rules Under Discussion:**

**ITEMS ENCLOSED:**
- 20 CSR 2220-6.055 (Non-Dispensing Activities) & Point-of-Care/CLIA Waived Testing
  - Current Rule
  - Idaho Board of Pharmacy CLIA Continuing Education Program
  - Point-of-Care Testing (Dr. Marsha Gilbreath)
  - NACDS Point-of-Care Testing Certificate Program
- Class-N Automated Dispensing Systems- Health Care Facilities (Discussion Draft)
- Class-O Automated Dispensing Systems

**DISCUSSION:** The following Board discussion was held:
- 20 CSR 2220-6.055: Ms. Grinston presented information on CLIA waived testing; Board discussion was held on applicability of federal requirements/allowances. Board consensus to hold pending further discussion with legal counsel.
- Class N & Class-O Drafts: Board discussion held; Board consensus to ask the Hospital Advisory Committee and Long-Term Care Task Force for comments/suggestions.

**#B12 Hospital Advisory Committee Update:**
- Chairman Updates
- Review of Class-B Hospital Guidance

**DISCUSSION:** Chairman Bert McClary reported the Committee met on March 17th and discussed proposed legislation, a potential PDMP, the Board’s MTS rules, the Class-B guidance document and the automated dispensing/distribution drafts. Discussion of these items will continue and comments provided to the Board once finalized.

Mrs. Grinston reported she asked the Missouri Department of Health and Senior Services (DHSS) to give final approval of the Class-B guidance document; Minor changes were received which have been included in the agenda and highlighted. Board discussion held. A motion was made by Douglas Lang, seconded by Christian Tadrus, to approve the Class-B guidance document with the DHSS recommended changes. Motion passed 5:0:0:0 by roll call vote as follows:

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**#B13 Pharmacy Technician Working Group Suggestions:** The Board reviewed the Working Group suggestions; Board consensus to draft proposed legislation for the 2017-2018 legislative session for further review at the next meeting.

**#B14 Remote Pharmacy Technician Supervision:** Board discussion held; Board members asked to review legislative or rule options for allowing remote pharmacy technician supervision.
Board members suggested taking a cautious approach to ensure patient safety; additional data from other states was also requested.

**#B15 Pharmacy Use of Multiple D/B/A Names**: Mrs. Grinston reported a Board member asked to reconsider the Board’s policy on multiple dba names. Vice-President Tadrus indicated use of multiple names may become more common as pharmacies expand into different business and billing models. Board discussion held; Board members asked staff to consult with IT to determine what can be accommodated in the Board’s current licensing system. Board consensus to hold pending additional information.

**#B16 STLCOP and UMKC College of Pharmacy**
- STLCOP Site Listing
- STLCOP Preceptor Listing
- UMKC Site Listing
- UMKC Preceptor Listing

DISCUSSION: Tom Glenski recommended approval of the preceptors presented. A motion was made by Pamela Marshall, seconded by Douglas Lang, to approve all preceptors. Motion passed 5:0:0:0 with roll call vote as follows:

Anita Parran – yes  Christian Tadrus – yes

Tom Glenski indicated the Schnuck’s Corporate Office and the South County Dept. of Health sites on STLCoP’s list need to apply as special sites. Mr. Glenski further recommended not approving Verbac, Cerner or the Kansas City Care-Prospect location as these locations either have expired licenses or a pending application that has not been approved. A motion was made by Douglas Lang, seconded by Barbara Bilek, to approve all sites with the exception of Schnuck’s Corporate Office, South County Dept. of Health, Verbac, Cerner and the Kansas City Care- Prospect location, as recommended by Mr. Glenski. Motion passed 5:0:0:0 with roll call vote as follows:

Anita Parran – yes  Christian Tadrus – yes

**#B17 Applications for Intern Training Special Sites/Non-Pharmacist Preceptors**
- Lloyds Pharmacy
- Washington University School of Medicine (Alzheimer Disease Research Center)
- MedTrax Rx
- Jewel Osco/Albertsons Safeway District Office
- Goa College of Pharmacy
- Board of Pharmacy Specialties
- Express Scripts Customer and Provider Solutions
- QuintilesIMS
- John C. Murphy Health Center
DISCUSSION: Tom Glenski recommended approval of the special sites/non-pharmacist preceptors presented. A motion was made by Barbara Bilek, seconded by Douglas Lang, to approve all Intern Training Special Sites/Non-Pharmacist Preceptors for 500 hours. Motion passed 5:0:0:0 with roll call vote as follows:

Anita Parran – yes  Christian Tadrus – yes

#B8 Approval of Minutes

A motion was made by Douglas Lang, seconded by Pamela Marshall, to approve the December 14, 2016, minutes. Motion passed 4:0:1:0 by roll call vote as follows:

Anita Parran – yes  Christian Tadrus – yes

A motion was made by Douglas Lang, seconded by Pamela Marshall, to approve the January 18-19, 2016, minutes. Motion passed 5:0:0:0 by roll call vote as follows:

Anita Parran – yes  Christian Tadrus – yes

#B9 BOARD MEMBER REPORTS

DISCUSSION: Douglas Lang reported he attended the joint MSHP/ICHP meeting that was held in April; Tom Glenski gave an informative presentation on Missouri law updates. Barbara Bilek noted attendance was lower for the MSHP meeting. Christian Tadrus reported he attended MPA’s annual legislative day where Kimberly Grinston provided the Board’s regulatory update. Over 300 students attended the MPA meeting.

#B10 General Administration Report

DISCUSSION: Kimberly Grinston provided the following updates:
Personnel Updates: Shelda Sternberg has been hired as the new Compliance Coordinator. Amber Cundiff has taken a job with Cole County. Tiffani Stumpf has accepted a Technician II position in another office; Alex Withers has been hired as her replacement on the technician desk and will begin employment shortly.

Kansas City Diversion Conference: Over 150 people have registered for the conference which is better than the 42 attendees that registered in October; Additional updates will be provided after the meeting.

Patient Safety Conference: The other medical boards have not expressed a strong interest in hosting the joint patient safety conference this year. The Board of Healing Arts will be hosting a statewide opioid conference and has asked for the Board’s assistance. Pamela Marshall indicated previous patient safety conferences were beneficial and recommending hosting a pharmacy only conference if necessary; Anita Parran agreed and volunteered to assist with planning. Board consensus to host a pharmacy focused patient safety conference and to continue assisting the Board of Healing Arts.

Tri-Regulator Meeting: Anita Parran and Barbara Bilek expressed interest in attending; Ms. Grinston will provide additional information after the meeting.

Governor’s Efficiency Review: The Governor established the Board and Commissions task force to review the efficiency of board operations. The Board has received an initial task force inquiry asking for general information. The task force may be looking at metrics to assess Board operations; Ms. Grinston has communicated that certain metrics such as application processing times may not be an adequate benchmark for the Board given that applications may be pending for a significant period of time due to factors beyond the Board’s control (e.g., applicants waiting to take the exam or to complete hours). Ms. Grinston will continue to monitor developments and advise the Board of future updates.

Division Director: Division Director Katie Steele Danner has been officially confirmed.

2017 Legislative Update: Ms. Grinston is monitoring legislative proposals and will provide updates after session ends. Discussions were held regarding a potential fund sweep; Ms. Grinston noted the Board voted to officially oppose fund sweep language.

#B11 Inspection/Investigation Report

Inspection/Investigation Updates

DISCUSSION: Chief Inspector Tom Glenski provided the following updates:

Investigation/Inspection statistics were provided; fewer investigations were opened in the last quarter. Facilities inspected in March may not have been entered due to office staff being on maternity leave. The list of common inspection violations will be provided at a future meeting.

Inspectors will begin handing out a new inspection folder with pertinent Board information; Additional information will be added for sterile compounding pharmacies.

The electronic inspection process has been revised; Inspectors will now e-mail inspection reports in lieu of copying a CD. The revised process will significantly decrease paperwork.

The Lunch with the Chief Webinar on the take-back rule was successful; Over 226 people attended. The next webinar will likely focus on legislative changes.
President Christina Lindsay thanked Mr. Glenski for his twenty (20) years of exemplary service with the Board and presented him with a plaque and Board gift.

**#B18. Shawn Markley, Disciplinary Hearing**

**ITEMS ENCLOSED:**
- Notice of Disciplinary Hearing
- Complaint
- Stipulation For Cause to Discipline
- Consent Order

DISCUSSION: The Board convened a disciplinary hearing at 4:06 p.m. Alicia Turner-Embley was present as counsel for the Board. Attorney Joshua Wilson was present on behalf of Mr. Markley who was also in attendance. Mrs. Turner and Mr. Wilson provided opening statements. Exhibits and witnesses were presented. Mrs. Turner and Mr. Wilson provided closing statements. The hearing adjourned at 5:16 p.m. A transcript of the hearing is available in the Board’s records.

THE FOLLOWING ITEMS WERE PROVIDED TO THE BOARD FOR INFORMATIONAL PURPOSES; NO DISCUSSION WAS HELD.

**#B20. Board Disciplinary Report**
- Pharmacists
- Pharmacies
- Drug Distributors
- Pharmacy Technicians – Conditional Registration
- Pharmacy Technicians – Employment Disqualification List

**#B21. Board Licensing Statistics (For Informational Purposes Only)**

**#B22. U.S. Government Accounting Office Updated State Sterile Compounding Survey Results (For Informational Purposes Only)**
- U.S. GAO Survey Results

**MOTION TO CLOSE**
At 5:17 p.m., Douglas Lang made a motion, seconded by Christian Tadrus, that the Board go into closed session and that all votes, to the extent permitted by law, pertaining to and/or resulting from this closed meeting be closed under Section 610.021(1), (3), (5), (7), (13), (14) and (17), RSMo, and under Section 324.001.8, and .9, RSMo. Motion passed 5:0:0:0 with roll call vote as follows:
MEMBERS OF THE PUBLIC LEFT THE MEETING ROOM AT APPROXIMATELY 5:17 P.M.

RECONVENE OPEN 12:36 P.M.
April 20, 2017

By motion duly made, seconded, passed and recorded in closed session minutes, the Board returned to open session at approximately 12:36 p.m. on April 20, 2017.

MOTION TO ADJOURN 12:37 PM
At approximately 12:37 p.m., a motion was made by Douglas Lang, seconded by Christian Tadrus, to adjourn the April 2017 meeting. Motion passed 5:0:0:1 with roll call vote as follows:

Anita Parran – yes  Christian Tadrus – yes

____________________________________
KIMBERLY A. GRINSTON
EXECUTIVE DIRECTOR

DATE APPROVED:
#A4. **Rule Review**
- Executive Order 17-03/ “Red-Tape Reduction” Report
- Rule Review Report
- 20 CSR 2220-2.010
- 20 CSR 2220-2.012
- 20 CSR 2220-2.090
- 20 CSR 2220-6.040
- 20 CSR 2220-6.050
WHEREAS, Missouri’s state government has proposed and codified an excessive amount of regulations; and

WHEREAS, the Missouri Register, a publication that includes proposed and final regulations, has published more than 40,000 pages since 2000; and

WHEREAS, Missourians and Missouri businesses deserve efficient, effective, and necessary regulations; and

WHEREAS, regulations should not reduce jobs, stifle entrepreneurship, limit innovation, or impose costs far in excess of their benefits; and

WHEREAS, regulations that are ineffective, unnecessary, or unduly burdensome must be repealed; and

WHEREAS, removing needless and burdensome regulations will make Missouri more attractive to businesses and encourage job growth.

NOW THEREFORE, I, ERIC R. GREITENS, GOVERNOR OF THE STATE OF MISSOURI, by virtue of the authority vested in me by the Constitution and laws of the State of Missouri, do hereby order:

1. Every State Agency shall immediately suspend all rulemaking.
   a. This suspension shall remain in effect until February 28, 2017.
   b. Any proposed regulation that affects health, safety, or welfare, or is otherwise time sensitive or required by law, should be submitted to the Office of the Governor prior to February 28, 2017.

2. No State Agency shall release proposed regulations for notice and comment, amend existing regulations, or adopt new regulations at any time until approved by the Office of the Governor.

3. Every State Agency shall undertake a review of every regulation under its jurisdiction within the Code of State Regulations.
   a. As part of its review, every State Agency shall (i) accept written public comments for at least a 60-day period; (ii) hold at least two public hearings to allow citizens and businesses to identify regulations that are ineffective, unnecessary, or unduly burdensome; (iii) solicit and incorporate comments and advice from private citizens, stakeholders, regulated entities, and other interested parties; and (iv) complete the review by May 31, 2018.
   b. Every State Agency shall designate an individual to oversee the review.
   c. For each existing regulation, and any future proposed regulation, every State Agency shall affirm in a report submitted to the Office of the Governor by May 31, 2018:
      i. The regulation is essential to the health, safety, or welfare of Missouri residents;
      ii. The costs of the regulation do not outweigh their benefits, based on a cost-benefit analysis;
      iii. A process and schedule exist to measure the effectiveness of the regulation;
iv. Less restrictive alternatives have been considered and found less desirable than the regulation;

v. The regulation is based on sound, reasonably available scientific, technical, economic, and other relevant information; and

vi. The regulation does not unduly and adversely affect Missouri citizens or customers of the State, or the competitive environment in Missouri.

d. By June 30, 2018, every State Agency shall take any action necessary to repeal or to cease rulemaking for any regulation that does not meet any criteria in Section 3(c) of this Order.

4. This Order does not modify any State Agency’s obligations under Section 536.175, RSMo. Any State Agency that has already completed the review required by Section 536.175, RSMo. may include any applicable results of that review when responding to this Order. Any State Agency that has not already completed the review required by Section 536.175, RSMo. shall do so in the manner and on the schedule required by statute.

5. “State Agency” shall have the definition provided in Section 536.010(8), RSMo.

6. This Order shall supersede any previous executive order that is inconsistent with the terms contained herein.

IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Missouri, in the City of Jefferson, on this 10th day of January, 2017.

Eric R. Greitens
Governor

John R. Ashcroft
Secretary of State
<p>| CURRENT RULES | NUMBER OF REGULATING DISTRIBUTIONS TARGETED FOR ELIMINATION | RULE PURPOSE | DATE OF ADOPTION OR LAST AMENDMENT | STATUTORY AUTHORITY FOR REELAMMITTING | DOES THE REGULATION IN WHOLE OR IN PART DUPLICATE EXISTING STATUTORY WORKING | ORIGIN OF THE RULE (STATE, FEDERAL, LEGISLATIVE, ADMINISTRATIVE, ETC.) | IF THE ORIGIN OF THE RULE IS FEDERAL, IS IT MORE STRINGENT THAN THE FEDERAL RULE (Y/N) | IS THE RULE ESSENTIAL TO THE HEALTH, SAFETY AND WELFARE OF MISSOURI RESIDENTS (Y/N) | DOES THE COSTS OF THE RULE OUTWEIGH THE BENEFITS OF THE RULE, BASED ON A COST-BENEFIT ANALYSIS (Y/N) | DOES THE RULE REQUIRE ANY ADVERSELY AFFECT MISSOURI CITIZENS, CUSTOMERS OF THE STATE, AND/OR THE COMPETITIVE ENVIRONMENT IN MISSOURI (Y/N) | WERE ANY COMMENTS RECEIVED DURING THE 60-DAY COMMENT PERIOD, PUBLIC HEARINGS OR OTHERWISE (Y/N) | SHOULD THE RULE BE AMENDED OR RESCINDED (Y/N) | SHOULDN'T THE RULE BE AMENDED OR RESCINDED (Y/N) | SHOULD THE STATUTORY AUTHORITY FOR REELAMMITTING BE AMENDED OR RESCINDED (Y/N) | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 CSR 2220-1.010 | General Organization | | | | | | | | | | | | | | | |
| 20 CSR 2220-1.020 | Board Compensation | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.005 | Definitions | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.010 | Pharmacy Standards of Operation | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.013 | Prescription Delivery Requirements | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.015 | Termination of Business as a Pharmacy | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.016 | Pharmacy Operating Procedures During Declared Disasters | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.018 | Prescription Requirements | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.020 | Pharmacy Permits | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.075 | Registered Pharmacists | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.050 | Public Complaint Handling and Disposition Procedure | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.090 | Electronic Prescription Records | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.081 | Electronic Record-Keeping Systems | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.085 | Electronic Transmission of Prescription Data | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.095 | Collection of Medication for Destruction | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.110 | FBA Refills | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.120 | Transfer of Prescription Information for the Purposes of a BMF | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.130 | Non-Farmaciaing | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.140 | Prescription Services by Pharmacists/Pharmacies for Residents in Long-Term Care Facilities | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.145 | Minimum Standards for Medication Dispensing | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.150 | Mandatory Reporting Rule | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.160 | Definition of Disciplinary Actions | | | | | | | | | | | | | | | |
| 20 CSR 2220-2.165 | License Disciplinary Agreements | | | | | | | | | | | | | | | |</p>
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<th>CURRENT RULES</th>
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<th>RULE Purpose</th>
<th>DATE OF ADOPTION OR LAST AMENDMENT</th>
<th>STATUTORY AUTHORITY FOR REGULATING RESTRICTIONS</th>
<th>DOES THE CATEGORY REQUIRE ENFORCEMENT OF THE RULE (YES/NO)?</th>
<th>IF THE ORIGIN OF THE RULE IS STATE, FEDERAL, LEGISLATIVE, ADMINISTRATIVE, ETC.</th>
<th>ORIGIN OF THE RULE (STATE, FEDERAL, LEGISLATIVE, ADMINISTRATIVE, ETC.)</th>
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<th>DO THE COSTS OF THE RULE OUTWEIGHT THE BENEFITS OF THE RULE, BASED ON A COST- BENEFIT ANALYSIS?</th>
<th>DOES THE RULE BASED ON SCIENTIFIC, REASONABLE, AVAILABLE, SCIENTIFIC, TECHNICAL, ECONOMIC, AND/OR OTHER RELEVANT INFORMATION REQUIRE Diktat?</th>
<th>Does the rule unduly and adversely affect Missouri citizens, customers of the state, and/or the competitive environment in Missouri?</th>
<th>Were any comments received during the 60-day comment period, public hearings or otherwise?</th>
<th>Should the rule be amended or rescinded?</th>
<th>Should the statute granting rulemaking authority be amended or rescinded?</th>
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| 1) 20 CSR 2220-2.010 (Pharmacy Standards of Operation) | January Agenda  
February Agenda  
April Agenda  
June Agenda  
July Agenda: Changes made; Will be reviewed in September |
| 2) 20 CSR 2220-2.012 (Pharmacy Supervision) | April- Bd. voted to separate portions from 2.010 and return to Bd. for additional review.  
June Agenda  
July Agenda: Changes made; Will be reviewed in September |
| 3) 20 CSR 2220-2.025 (Non-Resident Pharmacies) | January Agenda  
February Agenda  
April Agenda  
June Agenda  
July Agenda: Rule approved  
**Rule filed for approval 8/14/17** |
| 4) 20 CSR 2220-2.090 (Pharmacist-In-Charge Rule) | January Agenda  
February Agenda  
April Agenda  
June Agenda  
July Agenda: Changes made; Will be reviewed in September |
| 5) 20 CSR 2220-2.650 (Class J: Shared Services Pharmacy) | February Agenda  
April Agenda  
June Agenda: Emergency and Amended rule approved  
**Rule filed July 2017; Emergency rule now effective.** |
| 6) 20 CSR 2220-6.040 (Administration by Medical Prescription Order) | October 2016 Agenda  
April 2017 Agenda- Ask HAC to provide recommendations on RPh training programs.  
June Agenda  
July Agenda: Changes made; Will be reviewed in September |
| 7) 20 CSR 2220-6.050 (Immunization by Protocol) | February Agenda  
April agenda- Held pending possible changes that would not require BOHA approval.  
June agenda- Returned to Bd. for additional review.  
July Agenda: Changes made; Will be reviewed in September |

UNDER DISCUSSION (No Current Draft)
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<th>20 CSR 2220-2.085 (Electronic Transmission of Prescription Data)</th>
<th>April 2017 Agenda: Vote to begin revision; Will be returned to Bd. in July</th>
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| 2) | 20 CSR 2220-2.140 (Prescription Services by Pharmacists/Pharmacies for Residents in LTC Facilities) | April 2017 Agenda: Forward to LTC task force to review  
June 2017: Reviewed by LTC task force (Will be reviewed again at September LTC meeting) |
| 3) | 20 CSR 2220-2.145 (Minimum Standards for Multi-Med Dispensing) | April 2017 Agenda: Forward to LTC review task force  
June 2017: Reviewed by LTC task force (Will be reviewed again at September LTC meeting) |
| 4) | 20 CSR 2220-2.950 (Automated Filling Systems) | February Agenda (By request)  
April Agenda- Doug Lang will review statistician comments and return suggestions at the July meeting.  
July Agenda: Reviewed; Additional research to be conducted |
| 5) | 20 CSR 2220-6.055 (Non-Dispensing Activities) | October 2016 Agenda: Further review requested  
April 2007 Agenda- Hold pending recommendations from the HAC and the LTC Committee |
| 6) | Class-N Automated Dispensing Systems (Health Care Facilities) | January Agenda  
February Agenda  
Additional research/information requested by Bd. Companies will present to the Board in April.  
April Agenda- Hold pending recs from the HAC and LTC Committee. |
| 7) | Class-O Automated Dispensing Systems (Ambulatory Care) | April Agenda- Hold pending recs from the HAC and LTC Committee. |

**HOLD/ NO REVISION AT THIS TIME**

<p>| 20 CSR 2220-2.005 (Definitions) | January Agenda |
| 20 CSR 2220-2.015 (Termination of Business as a Pharmacy) | January Agenda |
| 20 CSR 2220-2.016 (Pharmacy Operating Procedures During Declared Disasters) | January Agenda |
| 20 CSR 2220-2.020 (Pharmacy Permits) | January Agenda |
| 20 CSR 2220-2.080 (Electronic Prescription Records) | January Agenda |
| 20 CSR 2220-2.083 (Electronic Record-Keeping Systems) | January Agenda |
| 20 CSR 2220-2.400 (Compounding Standards of Practice) | July Agenda: Pending federal developments may affect rule; Hold for 1 year and reconsider. |
| 20 CSR 2220-2.500 (Nuclear Pharmacy) | July Agenda: Hold pending |</p>
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<td>20 CSR 2220-2.600</td>
<td>(Class F: Renal Dialysis Pharmacy)</td>
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<td>20 CSR 2220-2.675</td>
<td>(Class L: Veterinary Pharmacies)</td>
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<td>(Pharmacy Technician Registration)</td>
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<td>• Held pending outcome of Pharmacy Technician Working Group</td>
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<td>• April 2017: Hold pending recommendations from the HAC Committee</td>
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<td>• HAC reviewed 5/4/17- Recommended further review after consultation with industry partners.</td>
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<td>20 CSR 2220-6.100</td>
<td>(Pharmacy Standards for Dispensing Blood-Clotting Products)</td>
<td>July Agenda</td>
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20 CSR 2220-2.010 Pharmacy Standards of Operation

PURPOSE: This rule establishes general operational standards for pharmacies licensed by the Board.

(1) Pharmacy Staff and Supervision. Pharmacies must be under the supervision of a pharmacist-in-charge that has been designated with the Board and who holds a current and active Missouri pharmacist license or, for pharmacies located outside of Missouri, a current and active pharmacist license in the state where the pharmacy is located.

(A) If the designated pharmacist-in-charge changes, the pharmacy may not continue operations until a new pharmacist-in-charge is named. A change of pharmacist-in-charge application must be submitted to the Board with the applicable fee within fifteen (15) calendar days after a new pharmacist-in-charge is designated.

(B) A controlled substance inventory must be taken at or immediately prior to a pharmacist-in-charge change as required by 20 CSR 2220-2.090.

(C) In addition to a designated pharmacist-in-charge, pharmacy operations must be conducted under the supervision of a pharmacist at all times and shall comply with 20 CSR 2220-2.012.

(D) If the pharmacy is open to the public, all Board licensees and registrants must wear an identification badge or similar identifying article that identifies their name and applicable license/registration when practicing or assisting in the practice of pharmacy (e.g., pharmacist, pharmacy technician, intern pharmacist);

(2) Equipment and Reference Materials. Pharmacies must be equipped with properly functioning pharmaceutical equipment for the pharmacy services performed as recognized by the latest edition of the United States Pharmacopoeia (USP) or Remington’s Pharmaceutical Sciences. The following resources/equipment must also be maintained at the pharmacy:

(A) A current edition of statutes and rules governing the pharmacy’s practice, including, but not limited to, Chapters 338 and 195, RSMo, 20 CSR 2220 and, if applicable, 19 CSR 30 governing controlled substances;
(B) A device or other equipment for numbering or uniquely identifying prescriptions and medication orders along with appropriate equipment for producing prescription/medication order labels.

(C) Reference materials or other resources that include all drugs approved by the United States Federal Drug Administration (FDA) and generally recognized or peer-reviewed pharmaceutical reference materials that include the following items/topics:

1. Pharmacology of drugs;
2. Dosages and clinical effects of drugs;
3. Patient information and counseling; and
4. Sterile or non-sterile compounding, if applicable.

(D) Required resources/references may be maintained at the pharmacy manually or electronically provided the resource/reference is immediately accessible when requested by the Board or a Board authorized designee.

(4) General Standards of Operation. All pharmacies licensed by the Board shall comply with all applicable state and federal law governing pharmacy practice and medication handling, disposal and distribution. Except as otherwise provided by law, Board licensed pharmacies must ensure:

(A) All Missouri and federal pharmacy licenses, permits or registrations are current and accurate, including, the pharmacy’s name, permit classification(s) and address;

(B) Individuals practicing or assisting in the practice of pharmacy are appropriately licensed or registered with the Board and are appropriately trained for the duties performed;

(C) All pharmacist, intern and pharmacy technician licenses/registrations are conspicuously posted with a photo attached that is not smaller than two by two inches (2” x 2”). Alternatively, licenses and registrations may be maintained in a central location within the pharmacy with the required photo, provided the licenses/registrations are immediately retrievable during an inspection or to the public if requested;

(D) Medication and drug-related devices are properly and accurately prepared, packaged, dispensed, distributed and labeled under clean, and when required, aseptic conditions;
(F) The pharmacy is maintained in a clean and sanitary condition and trash is disposed of in a
timely manner. Waste and hazardous materials must be handled and disposed of in compliance
with applicable state and federal law;

(G) Appropriate sewage disposal and a hot and cold water supply are available within the
pharmacy, except as otherwise provided by the Board. The required water supply may not be
located within a bathroom;

(H) The pharmacy is free from insects, vermin and animals of any kind, except for service
animals as defined by the Americans with Disabilities Act (ADA); and

(I) Appropriate lighting, ventilation and humidity are maintained in areas where drugs are
stored or dispensed.

(5) Drug Storage. Medication must be properly stored and maintained within temperature
requirements recommended by the manufacturer or the United States Pharmacopeia (USP), or
both.

   (A) Temperatures in drug storage areas must be recorded and reviewed each day the
pharmacy is in operation using a temperature recording device or equipment. Alternatively, a
continuous temperature monitoring system may be used if the system maintains ongoing
documentation of temperature recordings that are reviewed daily.

   (B) No outdated, misbranded or adulterated drugs or devices may be dispensed or
maintained within the pharmacy’s active inventory, including prescription and related
nonprescription items. Outdated, misbranded or adulterated medication or personal employee
use must be quarantined in an area that is clearly identified and physically separate from
medication maintained for dispensing, distribution or other pharmacy use. Medication for the
personal use of pharmacy staff or personnel must be labeled in accordance with section 338.059,
RSMo, or as otherwise required by law.

   (C) Food and beverage items that are not in their original, sealed manufacturing packaging
must be stored separately from medication and medication-related devices. Open food or
beverages used in compounding or intended for patient use with medication may be stored in the
same area as drugs and drug-related devices as long as the items are separated from other
inventory and sanitary conditions are maintained at all times.

   (D) Medication may not be stored on the floor.
(6) Security. Adequate security and locking mechanisms must be maintained to prevent unauthorized pharmacy access and to ensure the safety and integrity of drugs and confidential records. Pharmacy traffic must be restricted to authorized persons so that proper control over drugs and confidential records can be maintained at all times.

(A) If the pharmacy is located in a facility that is accessible to the public and the pharmacy’s hours of operation are different from those of the remainder of the facility, ceilings and walls must be constructed of plaster, drywall or other substantial substance so that the pharmacy permit area is separate and distinct from the remainder of the facility. Drop down ceilings or other openings that would allow unauthorized access into the pharmacy are not allowed.

(B) Pharmacies dispensing or stocking controlled substances must comply with all controlled substance security requirements.

(C) A Class-I pharmacy within a residence must be located in a physically separate room that has a door with a suitable lock. Patients shall not be allowed in a Class-I pharmacy located within a residence. Other than a Class-I pharmacy, no pharmacy permit will be issued to any location, that is located in a residence regardless of zoning.

(7) Record Keeping. Pharmacy records must be accurately and properly maintained in compliance with applicable state and federal law, including, all applicable controlled substance laws. Records required by Chapters 195 and 338, RSMo or divisions 20 CSR 2220 and 19 CSR 30 shall be available for inspection, photocopying, photographing or electronic duplication by a Board representative. Unless otherwise provided by law, records required by Chapter 338 or 20 CSR 2220 that do not have a specified retention time must be kept for two (2) years and must be readily retrievable at the request of the Board or the Board’s authorized designee.

(A) Each pharmacy shall designate either a primary manual or electronic record keeping system which will be used to record the dispensing of all prescriptions and medication orders. Poison sales may be recorded in a separate manual log. Electronic systems must comply with 20 CSR 2220-2.080 and all controlled substance record keeping requirements. Except as otherwise authorized or required by law, at least three (3) separate files of prescriptions/medication orders must be maintained as follows:

1. A separate file for Schedule I and II controlled substances;
2. A separate file for Schedules III, IV and V controlled substances; and
3. A separate file(s) for all other prescriptions/medication orders.

(B) Distribution records. Pharmacies shall maintain inventories and records of all legend
drugs received and distributed that include:

1. Date of the transaction/distribution;
2. Product name, strength and quantity;
3. The names of the parties;
4. The receiving entity’s address;
5. Any other information required by state or federal law.

(8) Offsite storage. Medication or confidential patient records may be maintained at a facility
located at a separate address or premises from the pharmacy provided the facility is registered
with the Board prior to use. Registration notices must be submitted on a form approved by the
Board and include the address of the facility and hours of operation (if applicable).

1. Adequate security and storage conditions must be maintained at these facilities to
guarantee the security and integrity of records, medication and drug-related devices. At a
minimum, registered storage facilities must maintain a functioning alarm system. Any breach in
security must be documented and reported to the Board electronically or in writing within fifteen
(15) days of the breach.

2. Storage and warehouse locations will be considered facilities of a pharmacy pursuant to
section 338.240, RSMo and will be subject to inspection by the board pursuant to section
338.150, RSMo.

3. No record less than two (2) years old may be stored offsite. Patient records stored at an
offsite facility must be retrievable within two (2) business days of a request from the board or its
authorized representatives.

5. No fee will be charged by the board for registering a storage facility under this subsection.

(9) Mandatory Reporting. Pharmacies must notify the board in writing or electronically within
fifteen (15) days of any final disciplinary action taken against a Board licensee or registrant that
might have led to disciplinary action under § 338.055, RSMo, or resignation of a
licensee/registrant in lieu of such final disciplinary action. The notification must include:

1. The pharmacy’s name and permit number;
2. Name of person making the notification;
3. The licensee’s or registrant’s name and license/registration number;
4. Date of action;
5. Reason for action; and
6. Any additional information required by law.

(10) Drug samples shall not be maintained in or dispensed by pharmacies, except as otherwise authorized by state and federal law, including, but not limited to, 21 U.S.C. section 353 and the federal Prescription Drug Marketing Act of 1987.

(11) A home health or hospice agency licensed or certified according to Chapter 197, RSMo, or any licensed nurses of such agency, may possess drugs in the usual course of business of such agency without being licensed as a pharmacist or a pharmacy.

(A) The following prescription drugs may be possessed by a home health or hospice agency identified in this section without a pharmacy license or permit:
1. Injectable dosage forms of sodium chloride and water;
2. Irrigation dosage forms of sodium chloride and water;
3. Injectable dosage forms of heparin and alteplase in concentrations that are indicated for maintenance of venous access devices;
4. Injectable dosage forms of diphenhydramine and epinephrine;
5. Vaccines; and
6. Tuberculin test material.

(B) The agency shall have policies and procedures that addresses at least the following:
1. Specific drugs authorized to be possessed by the agency and the nurse;
2. Indications for use of the drugs possessed;
3. Receiving orders from an authorized prescriber for drug administration;
4. Leaving drugs with the patient for routine care procedures;
5. Conditions for storing and transporting drugs by the agency and nurse; and
6. Quantity of drugs possessed by the agency and nurse.

(C) The nurse must have authorization from an authorized prescriber, such as an individual patient order, protocol or standing order, to administer the drugs.
(D) Up to a two (2)-week supply of sodium chloride, water, and heparin may be left with the patient provided the patient or the patient’s representative has been instructed verbally or in writing on how to perform the procedure. Drugs left with the patient shall be labeled with instructions for use. A record shall be made of all drugs left with the patient in the patient’s medical record. Drugs left with the patient may not be returned to the agency.

(E) Drugs may be stored at the agency or transported by the nurse, and shall be stored or transported at all times in accordance with the manufacturer’s storage requirements. Except as otherwise authorized by section (5)(C) of this rule, refrigerator units used by the agency for storing drugs shall not be used for storing non-drug items.

(F) All drugs must be received from a licensed pharmacy or drug distributor. The quantity of drugs possessed by an agency shall be limited to the amount necessary to meet the needs of the agency’s patient population for two (2) weeks.

(12) When a pharmacy permit holder knows or should have known, within the usual and customary standards of conduct governing the operation of a pharmacy that an employee, has violated pharmacy law or rules, the permit holder shall be subject to discipline under Chapter 338, RSMo.

(13) Exemptions. At its discretion, the Board may grant an exemption to the facility requirements of this rule if such exemption is not contrary to law and the exemption will provide equal or greater protection of the public safety, health or welfare. Exemption requests must be submitted in writing and identify the specific exemption requested, the grounds for exemption, the requested exemption length and proposed procedures or safeguards for protecting the public safety, health or welfare if the exemption is approved.

20 CSR 2220-2.012 Pharmacy Supervision

PURPOSE: This rule establishes supervision requirements for Missouri licensed pharmacies.

1 (1) Definitions.

(A) “Pharmacy Permit Area”- An area within the same physical address of a pharmacy that has been inspected and approved by the Board as part of the pharmacy permit.

(B) “Practice of Pharmacy”- Any activity within the practice of pharmacy as defined by Chapter 338, RSMO.

2 (2) Except as otherwise provided in this rule or by other applicable law, no prescription or medication order may be prepared, compounded, dispensed, handled or otherwise provided without a pharmacist on duty who is present within the pharmacy permit area and able to render immediate assistance and correct errors.

(A) The pharmacy must maintain current and accurate policies and procedures governing pharmacy technician and intern pharmacist allowed activities and standards for supervision. Policies and procedures may be maintained at the pharmacy manually or electronically, provided they are available at the request of the Board or the Board’s authorized designee.

(B) During pharmacy business hours, a sign with a minimum of two inch (2") lettering must be prominently displayed in an area that is easily viewable to the public advising the public when no pharmacist is on duty.

(C) Except as otherwise provided by this rule or other applicable law, a pharmacist must verify the accuracy of:

1. Prescription or medication order data on each original prescription or medication order prior to dispensing; and

2. The final contents and affixed label of each new and refill prescription or medication order prior to dispensing.

3 (3) Authorized Activities During a Pharmacist’s Temporary Absence. Except as otherwise authorized by law, intern pharmacists and pharmacy technicians may perform the following activities when a pharmacist is absent:
(A) Pharmacist Within Premises. Interns and pharmacy technicians may continue to
assist in the practice of pharmacy when a pharmacist is temporarily absent from the pharmacy
permit area provided the pharmacist is physically present within the pharmacy’s premises [and
able to provide assistance in the event of an emergency and able to maintain proper supervision
over the pharmacy so as not to endanger the public or allow diversion of medication]. If
authorized by a pharmacist or the permit holder, complete and labeled prescriptions or
medication orders that have been verified by a pharmacist may be dispensed during a temporary
absence. If pharmacist counseling is requested, the medication may not be dispensed until the
pharmacist is present or, at the patient’s option, a contact number for the patient may be collected
for the pharmacist to call on return. If the temporary absence exceeds thirty (30) minutes, the no
pharmacist on duty sign must be posted and no further dispensing or pharmacy activities may
take place except as otherwise authorized by subsection (3)(B) of this rule.

(B) Pharmacist Not Within Premises. If authorized by a pharmacist or the permit holder,
intern pharmacists and pharmacy technicians may perform the following activities when a
pharmacist is not physically present on the pharmacy premises:
   a. Receive medication deliveries, however, the medication may not be stocked or
      otherwise handled, and;
      b. Accept prescriptions, medication orders and refill requests, provided the
         prescription, medication order or refill request may not be prepared, compounded, filled or
         dispensed.

(C) Notwithstanding any provision of this rule, no sterile compounding may be
performed by an intern pharmacist or pharmacy technician without a pharmacist present within
the pharmacy permit area and supervising.

Comment [GK1]: Should/Does this allowance include verbal prescriptions from prescribers?
20 CSR 2220-2.090 Pharmacist-in-Charge

PURPOSE: This amendment updates and further defines the duties of the pharmacist-in-charge.

(1) Except as otherwise authorized by law, each pharmacy shall designate a pharmacist-in-charge who is responsible for managing pharmacy compliance and supervising pharmacy staff. At a minimum, the pharmacist-in-charge shall ensure pharmacy operations comply with the rules of the Board and all applicable state and federal law governing pharmacy practice, including, but not limited to, 20 CSR 2220-2.010 and all applicable controlled substance laws.

(2) A pharmacist must immediately notify the Board electronically or in writing on a form designated by the Board if he/she stops serving as the designated pharmacist-in-charge. At or immediately prior to a pharmacist-in-charge change, a controlled substance inventory must be taken by a designee of the permit holder that complies with state and federal biennial controlled substance inventory requirements, including, 21 CFR § 1304.11. The signature of the individual(s) taking the required inventory must be documented on the inventory.

(3) This rule shall not be construed to exempt a permit holder from responsibility for compliance with applicable state or federal law.


20 CSR 2220-6.040 Administration by Medical Prescription Order

PURPOSE: This rule establishes procedures for pharmacists to administer medication pursuant to a medical prescription order.

(1) A pharmacist who complies with the provisions of this rule may administer drugs and devices pursuant to a medical prescription order, including, vaccines.

(2) Except as otherwise provided by law, a pharmacist may not delegate medication administration to another person, except to an intern pharmacist who has met the qualifications of subsections (4)(B) – (D) and is working under the direct supervision of a pharmacist qualified to administer drugs by medical prescription order.

(3) Pharmacist Qualifications. A pharmacist who is administering drugs pursuant to a medical prescription order must first file a Notification of Intent to administer drugs by medical prescription order with the Board. To file a Notification of Intent, a pharmacist must—
   (A) Hold a current Missouri pharmacist license;
   (B) Hold a current healthcare provider level cardiopulmonary resuscitation (CPR) certification or Basic Life Support certification issued by the American Heart Association, the American Red Cross or an equivalent organization. The certificate program must have included a live training component;
   (C) Have successfully completed a certificate program in medication administration and emergency procedures accredited by the Accreditation Council for Pharmacy Education (ACPE) or provided by a governmental entity or a healthcare professional organization or educational institution approved by the Board. To obtain Board approval, the training program must provide instruction in:
      1. Administration techniques which must include hands-on training in routes of administration;
      2. Drug storage and handling;
      3. Informed consent requirements;
      4. Pre- and post- administration assessment and counseling;
      5. Biohazard waste disposal, and;
      6. Identifying and treating adverse reactions, including, anaphylactic reactions and needle sticks.
   (D) Pharmacists shall maintain proof of compliance with the requirements of this section for a minimum of two (2) years.
   (E) If a pharmacist wishes to administer drugs by a route of administration not included in the original certification program, the pharmacist must first be trained in the techniques of that route of administration by a licensed health care practitioner who is authorized to administer medication. Documentation of the required training and
training date(s) must be maintained at the pharmacy and available to the Board on request.

(4) General Requirements.
(A) Except as otherwise authorized by law, a pharmacist shall administer vaccines in accordance with current treatment guidelines established by the Centers for Disease Control and Prevention (CDC) or in accordance with manufacturer’s guidelines.
(B) A pharmacist shall comply with all state and federal laws and regulations pertaining to Vaccine Information Statements and informed consent requirements.
(C) A pharmacist shall have a current and accurate written policy and procedure manual covering all aspects of administering drugs by medical prescription order. At a minimum, the required policies and procedures must include provisions governing:
1. Drug administration procedures, including, authorized routes of administration,
2. Drug storage;
3. Pre- and post- administration assessment and counseling, including, providing vaccine information statements when applicable;
4. Biohazard waste disposal and disposal of used/contaminated supplies;
5. Identifying and handling acute adverse events or immunization reactions, including, anaphylactic reactions; and
6. Recordkeeping requirements, including, providing notification to the prescriber and primary health care providers, as required by law.
(D) Drugs must be stored within the manufacturer’s labeled requirements at all times, including when performing administrations outside of a pharmacy. Vaccines shall be stored in accordance with CDC guidelines at all times.
(E) Pharmacists shall request that a patient remain in the pharmacy a safe amount of time after administering a vaccine to observe any adverse reactions, as required by section 338.010, RSMo.

(5) Requirements of Medical Prescription Order. At a minimum, the medical prescription order from a licensed prescriber must contain the following:
(A) The name of the licensed prescriber issuing or authorizing the order;
(B) The name of the patient to receive the drug;
(C) The name of the drug and dose to be administered;
(D) The route of administration;
(E) The date of the original order; and
(F) The date or schedule, if any, of each subsequent administration.

(6) Record Keeping.
(A) A pharmacist who administers medication pursuant to a medical prescription order must maintain the following records separate from the prescription files of a pharmacy:
1. The name, address, and date of birth of the patient;
2. The date, route, and anatomic site of the administration;
3. The medication name and dose. For vaccines and biologics, the manufacturer, expiration date and lot number must also be documented and recorded;

4. For vaccines, the name and address of the patient’s primary health care provider, as identified by the patient. The pharmacist shall document in the patient’s immunization record if a primary health care provider is not provided;

5. The identity of the administering pharmacist. If administered by an intern pharmacist, the identity of the intern and supervising pharmacist;

6. The nature of an adverse reaction and who was notified, if applicable; and

7. Documentation of a patient’s refusal or failure to remain in or return to the pharmacy after administering a vaccine to observe any adverse reactions.

(B) Except for proof of compliance with section (3) of this rule, all records required by this rule must be kept by the pharmacist for two (2) years from the date of such record. Records must be kept by the pharmacist at the pharmacy where the prescription order is maintained or may be securely stored offsite at a location designated by the pharmacist. Records maintained at a pharmacy must be produced immediately or within two (2) hours of a request from the Board or the Board’s authorized designee. Records not maintained at a pharmacy must be produced within three (3) business days of a Board request.

(7) Notification Requirements.

(A) A pharmacist administering a vaccine pursuant to a medical prescription order shall notify the patient’s primary health care provider, if provided by the patient, within fourteen (14) days after administration of the following:

1. The identity of the patient;
2. The vaccine administered;
3. The route of administration;
4. The anatomic site of the administration;
5. The dose administered; and
6. The date of administration.

(B) In the event of any adverse event or reaction experienced by the patient following medication administration, the pharmacist shall notify the prescriber within twenty-four (24) hours after learning of the adverse event or reaction. Notification shall be mandatory and cannot be waived.

(C) A pharmacist administering drugs pursuant to a medical prescription order must report the administration to all entities as required by state or federal law and to the Missouri immunization registry operated by the Missouri Department of Health and Senior Services (ShowMeVax), or its successor.

(D) The required notifications may be made electronically or in writing or via a common electronic medication record that is accessible to and shared by both the
physician and pharmacist. Documentation of the required notifications, including the notification date, must be kept at the pharmacy or other authorized location where the prescription order is maintained.

(8) Notification of Intent Refiling. To continue administration, a Notification of Intent to administer drugs by medical prescription order must be refiled with the Board biennially along with the pharmacist’s Missouri pharmacist license. To refile, a pharmacist must hold a current health care provider Basic Life Support certification issued by the American Heart Association, the American Red Cross or an equivalent organization. The certification program must have included a live training component.


20 CSR 2220-6.050 Administration of Vaccines Per Protocol

PURPOSE: This rule establishes the procedures for pharmacists to administer vaccines per written protocol with a physician.

(1) A pharmacist may administer vaccines authorized by Chapter 338, RSMo, pursuant to a written protocol authorized by a physician licensed pursuant to Chapter 334, RSMo, who is actively engaged in the practice of medicine. Unless otherwise restricted by the Board or the governing protocol, pharmacists authorized to immunize pursuant to this rule may administer immunizations at any Missouri licensed pharmacy. Immunizations may be provided at a non-pharmacy location if authorized by the governing protocol.

(A) A pharmacist shall administer vaccines in accordance with current treatment guidelines established by the Centers for Disease Control (CDC) and in accordance with manufacturer’s guidelines, provided CDC guidelines shall control in the event of a conflict with manufacturer guidelines. Vaccines may not be administered to persons under twelve (12) years old unless otherwise authorized by law.

(B) Pharmacists shall comply with all state and federal laws and regulations pertaining to Vaccine Information Statements and informed consent requirements.

(C) Vaccines must be stored at all times in accordance with CDC guidelines/recommendations and within the manufacturer’s labeled requirements, including, when administering outside of a pharmacy.

(D) A pharmacist may not delegate the administration of vaccines to another person, except to an intern pharmacist who has met the qualifications under subsections (4)(B) and (C) and is working under the direct supervision of a pharmacist qualified to administer vaccines. Intern pharmacists must maintain proof of compliance with subsections (4)(B) and (C) for a minimum of two (2) years.

(2) The authorizing physician is responsible for the oversight of, and accepts responsibility for, the vaccines administered by the pharmacist.

(3) Pharmacist Qualifications. A pharmacist who is administering a vaccine authorized by Chapter 338, RSMo, by protocol must:

(A) Hold a current Missouri pharmacist license;
(B) Hold a current healthcare provider level cardiopulmonary resuscitation (CPR) or basic life support (BLS) certification issued by the American Heart Association, the American Red Cross or an equivalent organization. The qualifying BLS or CPR certification program must have included a live in-person skills assessment;

(C) Have successfully completed a certificate program in administering vaccines accredited by the Accreditation Council for Pharmacy Education (ACPE) or a similar health authority or professional body approved by the State Board of Pharmacy. To be approved, non-ACPE programs must include a live/in-person training component and include instruction in:

1. Current CDC guidelines and recommendations for vaccines authorized by Chapter 338, RSMo, including, recommended immunization schedules;
2. Basic immunology and vaccine protection;
3. Physiology and techniques for vaccine administration which must include hands-on training in common routes of vaccine administration, including, intramuscular, intradermal, subcutaneous and nasal routes of administration;
4. Pre- and post- vaccine screening or assessment; and
5. Identifying and treating adverse immunization reactions.

(D) Have filed a Notification of Intent with the Board of Pharmacy attesting that the pharmacist has complied with sections (3)(A) to (3)(C) of this rule. Notifications of Intent must be filed on the Board’s website or on a form approved by the Board; and

(E) Have a current written protocol with an authorizing physician that complies with this rule.

(4) Protocol Requirements.

(A) Pharmacists administering vaccines pursuant to this rule must enter into a written protocol with a Missouri licensed physician for the administration of vaccines as authorized by Chapter 338, RSMo. The written protocol may be valid for a time period not to exceed one (1) year. The protocol must be renewed annually and include the following:

1. The identity of the participating pharmacist and physician, including signatures;
2. Time period of the protocol;
3. The identification of the vaccines which may be administered;
4. The identity of the patient or groups of patients to receive the authorized vaccine(s);
5. The identity of the authorized routes and anatomic sites of administration allowed;
6. A provision to create a prescription for each administration under the authorizing physician’s name;

7. A provision establishing a course of action the pharmacist shall follow to address emergency situations including, but not limited to, adverse reactions, anaphylactic reactions, and accidental needle sticks;

8. A provision establishing the length of time the pharmacist must observe an individual for adverse events following an injection;

9. A provision establishing the disposal of used and contaminated supplies;

10. The street addresses of any non-pharmacy locations at which the pharmacist may administer the authorized vaccine;

11. Record-keeping requirements and any required notification procedures; and

12. A provision that allows for termination of the protocol at the request of any party to it at any time.

(B) The protocol, and any subsequent amendments or alterations, shall be manually or electronically signed and dated by the pharmacist and authorizing physician prior to its implementation, signifying that both are aware of its content and agree to follow the terms of the protocol. The authorizing physician and pharmacist must each maintain a copy of the protocol for a minimum of eight (8) years after termination of the protocol.

(C) Additional pharmacists or immunization locations may be added to an existing protocol, if the amendment is signed and dated by the authorizing physician(s) and, if applicable, any newly added pharmacist(s). Other participating pharmacists shall not be required to re-sign the protocol unless other protocol terms or provisions are changed.

(5) Record Keeping.

(A) A pharmacist administering vaccines pursuant to this rule shall maintain a record of each administration which shall include:

1. The name, address, and date of birth of the patient;

2. The date, route, and anatomic site of the administration;

3. The name, dose, manufacturer, lot number, and expiration date of the vaccine;

4. The name and address of the patient’s primary health care provider, as identified by the patient;

5. The identity of the administering pharmacist or intern pharmacist;
6. The nature of an adverse reaction and who was notified, if applicable
7. Documentation that intern pharmacists administering vaccines under the pharmacist’s supervision have complied with section (2) of this rule; and
8. Documentation that any notifications required by this rule have been sent.

(B) If the vaccine was administered on behalf of a pharmacy, the pharmacist shall ensure the records required by subsection (5)(A) of this rule are promptly delivered to the pharmacy.

(C) Within seventy-two hours (72) hours after administration of a vaccine, the administering pharmacist must obtain a prescription from the authorizing physician for the drug dispensed or create a prescription, as authorized by protocol documenting the dispensing of the drug. Notwithstanding any other provision of this rule, prescription records shall be maintained as provided by Chapter 338, RSMo, and the rules of the board.

(D) The records required by this rule must be securely and confidentially maintained as follows:

1. If the vaccine is administered on behalf of a pharmacy, both the pharmacy and the administering pharmacist shall ensure that all records required by this rule are maintained at the pharmacy separate from the pharmacy’s prescription files.

2. If the vaccine is not administered on behalf of a pharmacy, records shall be maintained by the administering pharmacist at an address that is identified in the protocol prior to administering the vaccine; and

3. Records shall be maintained for two (2) years from the date of such record and made available for inspecting and copying by the State Board of Pharmacy or the State Board of Registration for the Healing Arts and/or their authorized representatives. Records maintained at a pharmacy must be produced during an inspection by the State Board of Pharmacy and/or their authorized representatives. Records not maintained at a pharmacy shall be produced within three (3) business days after a request from the State Board of Pharmacy or the State Board of Registration for the Healing Arts and/or their authorized representatives.

(6) Notification of Immunizations. All pharmacists providing immunizations must be reported to the Missouri immunization registry operated by the Missouri Department of Health and Senior Services (ShowMeVax). Additionally, pharmacists must:
(A) Notify all persons or entities as required by state and federal law;
(B) Notify the protocol physician after administering a vaccine as required by the governing protocol;
(C) Notify the patient’s primary care provider as required by Chapter 338, RSMo; and
(D) Notify the patient’s primary health care provider and, if different, the protocol physician, within twenty-four (24) hours after learning of any adverse event or reaction experienced by the patient. Adverse events or reactions must also be reported to the Vaccine Adverse Event Reporting System (VAERS) or its successor, within thirty (30) days.
(E) Unless otherwise provided by the governing protocol, notification may be made via a common electronic medication record that is accessible to and shared by both the physician and pharmacist. Proof of notification must be maintained in the pharmacist’s records as required by section (6) of this rule.

(7) Notification of Intent Renewal. A Notification of Intent (NOI) to immunize by protocol must be renewed biennially on the Missouri Board of Pharmacy’s website or in a form approved by the Board with the immunizing pharmacist’s Missouri pharmacist license. To renew a NOI, pharmacists must:

(A) Have a current Missouri pharmacist license;
(B) Have a current healthcare provider cardiopulmonary resuscitation (CPR) or basic life support (BLS) certification that complies with section (4)(B) of this rule; and
(C) Have completed a minimum of two (2) hours of continuing education (0.2 CEU) related to administering vaccines or CDC immunization guidelines in a course provided by the Board or an ACPE accredited continuing education provider within the applicable pharmacist biennial renewal period (November 1st to October 31st of the immediately preceding even numbered years). Alternatively, continuing education may be provided by a governmental entity, healthcare professional organization or educational institution approved by the Board in advance. Approval requests for non-ACPE programs must be submitted in accordance with 20 CSR 2220-7.080. To be approved, non-ACPE programs must provide instruction in one or more of the following:

1. Current CDC guidelines and recommendations for vaccines authorized by Chapter 338, RSMo, including, recommended immunization schedules;
2. Basic immunology and vaccine protection;
3. Physiology and techniques for vaccine administration;
4. Pre- and post-vaccine screening or assessment; or
5. Identifying and treating adverse immunization reactions.

(D) The required continuing education (CE) shall be governed by 20 CSR 2220-7.080 and may be used to satisfy the pharmacist’s biennial continuing education requirements. The initial training program required by subsection (3) of this rule may be used to satisfy the CE requirements of this subsection if the training program was completed within the applicable pharmacist biennial renewal cycle.
Basic Life Support training reinforces healthcare professionals' understanding of the importance of early CPR and defibrillation, basic steps of performing CPR, relieving choking, and using an AED; and the role of each link in the Chain of Survival.

Advanced Cardiovascular Life Support

Providers enhance their skills in treating adult victims of cardiac arrest or other cardiopulmonary emergencies, while earning their American Heart Association ACLS (AHA ACLS) for Healthcare Providers Course Completion Card.

Pediatric

The American Heart Association offers training regarding the cardiovascular treatment of infants, children, and adolescents. Healthcare providers will learn about basic rhythms, arrhythmias, and even skills to assess at-risk patients.

HeartCode

HeartCode® is a Web-based, instructional course that uses eSimulation technology to allow students to assess

Stroke

With Stroke training solutions, medical providers discover more about quickly identifying and effectively treating

Get With The Guidelines - Resuscitation

Get With The Guidelines- Resuscitation, is a national database of
and treat patients in virtual healthcare settings. Through eSimulation students apply their knowledge to patient cases and see the results of their decisions in real-time.

stroke as well as providing ongoing care for patients that enhances their quality of life.

in-hospital resuscitation events. Discover how your medical facility can contribute data.

Full Code Pro App
The AHA's Full Code Pro App (FCP 3.0) is a free, easy-to-use, mobile application that allows healthcare providers to quickly document critical interventions during cardiac arrest resuscitation events. This app enables providers to focus on the patient without sacrificing proper documentation.

Handbook
The Handbook of Emergency Cardiovascular Care for Healthcare Providers is a vital reference for healthcare providers. It is often included on hospital crash carts and is accessed frequently in the field by EMS and other first responders.

CPR-related inquiries:
1-877-AHA-4CPR or 1-877-242-4277

International Inquiries
Global Web Support
### Advanced Child Care Training Online

This class can be taken anytime at your convenience.

- **Online**
- **$35**

The American Red Cross Advanced Child Care Training Online course teaches the knowledge and skills necessary to responsibly care for children and infants in and outside of the home. This includes training in leadership, child behavior and discipline, professionalism, safety, basic childcare (bottle feeding, holding, etc.). Learners will be engaged in virtual environments in which world-class animated characters respond specifically to choices made. Throughout, learning is supported through additional activities and informative videos. Note: This program is not intended as certification for state licensed child-care providers and does not meet all state requirements for such certification.

See Additional Details

### Babysitting Basics - Online Course

This class can be taken anytime at your convenience.

- **Online**
- **$29**

The Babysitting Basics - Online Course teaches the essential skills needed to provide quality care for children in a safe and nurturing environment. This course includes training in child growth and development, professionalism, safe and healthy environments, developmentally appropriate practices, and emergency preparedness. Note: This program is not intended as certification for state licensed child-care providers and does not meet all state requirements for such certification.

See Additional Details
Breathing new life into resuscitation education, Basic Life Support for Healthcare Providers (BLS) is designed to train professionals to respond to cardiac and breathing emergencies for adult, child, and infant victims. Consistent with the 2015 AHA Guidelines for CPR/ECC, BLS is the foundational CPR/AED program typically required for healthcare providers and public safety professionals. Through the use of lecture, skills demonstration and practice, case-based emergency response scenarios, and reflection and debriefing activities with a focus on team-based response, BLS builds the key critical thinking, problem solving, and team dynamic skills that are needed to drive better patient outcomes. Upon successful completion of the course, learners will receive a 2-year “Basic Life Support for Healthcare Providers” digital certificate with anytime, anywhere access to certificate and training history.
#A5. **General Administration Report**
- General Office and Staff Updates
- 2017 Legislative Implementation
- 2018 Proposed Legislation/Budget Requests
- Governor’s Task Force on Board & Commissions Update
- Financial Report- Proposed Pharmacy Technician, Pharmacist and Intern Pharmacist Fee Decreases
- 2017 Board Patient Safety & Regulatory Conference
- Proposed Rule Update- 20 CSR 2220-2.650