

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

F I N A L M I N U T E S

MEETING OF:

STATE BOARD OF PHARMACY

TIME: 10:33 A.M.

Held at

PENNSYLVANIA DEPARTMENT OF STATE

2525 North 7th Street

CoPA HUB, Eaton Conference Room

Harrisburg, Pennsylvania 17110

as well as

VIA MICROSOFT TEAMS

March 3, 2025

State Board of Pharmacy
March 3, 2025

BOARD MEMBERS:

Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson
Arion R. Claggett, Acting Commissioner, Bureau of
Professional and Occupational Affairs
Eric Esterbrook, R.Ph., Vice Chairperson
Janet Getzey Hart, R.Ph., Secretary
John R. Slagle, R.Ph.
James Reed Jr., R.Ph.

BUREAU PERSONNEL:

Sean C. Barrett, Esquire, Board Counsel
Nathan C. Giunta, Esquire, Board Prosecution Liaison
Caroline A. Bailey, Esquire, Board Prosecutor
Tyesha C. Miley, Esquire, Board Prosecutor
Ashley P. Murphy, Esquire, Board Prosecutor
Sara Trimmer, Pharm.D., R.Ph., Executive Secretary
Marc Farrell, Esquire, Regulatory Counsel,
Office of Chief Counsel, Department of State
Cathy A. Tully, Esquire, Board Counsel, State Board
of Massage Therapy
Michael P. Merten, Esquire, Board Counsel, State
Board of Barber Examiners
Elle Thompson, Law Clerk, PA Department of State
Kevin Knipe, MSW, LSW, CCDP Diplomate, Program
Manager, Professional Health Monitoring
Jessica Zukoski, Senior Legal Analyst, Department of
State
Willow Marsh, Legislative Aide, Department of State
Brooke Jones, Legal Extern, Department of State
Nichole Maloney, Administrative Officer 3
Corey Ulisse, Drug Program Specialist, Department of
State
Robert Maloney, Drug Program Specialist, Department
of State

ALSO PRESENT:

Theresa M. Talbott, R.Ph., Director, Pharmacy and
Retail Advocacy, CVS Health
Daniel Longyhore, System Director, Knowledge
Management for Pharmacy at Geisinger

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ALSO PRESENT: (cont.)

Larry Jones, Pennsylvania Society of Health-System
Pharmacists
Rhonda Thomas, PharmD, MBA, BSPS, BCSCP, Director of
Pharmacy, Lehigh Valley Health Network
Anthony Bixler, WellSpan Health, York
Hospital/Pennsylvania Society of Health-System
Pharmacists
Jennifer Gronski, PharmD, WellSpan Health, York
Hospital/Pennsylvania Society of Health-System
Pharmacists
Jill Rebuck, PharmD, MBA, FCCM, FCCP Executive
Director Pennsylvania Society of Health-System
Pharmacists
Natalie Klek, PharmD, TTS, Executive Fellow, Student
- Pennsylvania Pharmacists Association
Alexis Hutzler, APPE Student, Pennsylvania Pharmacists
Association
Joshua Finger, PharmD, Enclara Pharmacia
Brian Swift, PharmD, MBA, Chief Pharmacy Officer,
Jefferson Health
Sarah Everingham, MJ, CCEP, CPhT, Cardinal Health
Brett Rodgers, Senior Manager for Pharmacy
Automation, University of Pittsburgh Medical Center
Leigh Shirley, Director of Pharmacy Operations, Giant
Food Stores
Jessica Adams, PharmD, BCPS, AAHIVE, Scientific
Director, Infectious Diseases at Clinical Care
Options
Megan Ammon, PharmD, BCMTMS, Clinical Program
Coordinator at Weis Markets
Matthew Eberts, Pennsylvania Society of Health-System
Pharmacists
Regan Ceraso, RPh, BPharm, Quality Director, Medical
- Health Professions Program, Carnegie Mellon
University
Trisha Miller, PharmD, MPH, BCACP, Ambulatory Care &
Public Health Pharmacist, University of Pittsburgh
Medical Center
Rick Seipp, PharmD, Value Drug Company
Rebecca Taylor, Pharm.D., Vice President, Pharmacy
Services, University of Pittsburgh Medical Center
Katie Medei, Healthcare Specialty Supervisor,
Walgreens Pharmacy

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ALSO PRESENT: (cont.)

Misha Patel, M.D., Curriculum Education Assistant,
Geisinger Commonwealth School of Medicine
Christopher Miller, Pharm.D., Giant Eagle
Tiffany Booher, MA, LPC, CAADC, CIP, CCSM, Director,
Peer Assistance Monitoring Programs; Program
Director, Pharmacist's Health Program, Pennsylvania
Medical Society
Victoria Elliott, RPh, MBA, CAE, Chief Executive
Officer, Pennsylvania Pharmacists Association
Heather Wilson, MSW, CFRE, Executive Director,
Pharmacists' Health Program, Foundation of the
Pennsylvania Medical Society
Katie Gruber, Manager, Pharmacists' Health
Program, Foundation of the Pennsylvania Medical
Society
Madisyn Irace, PGY1 Resident, WellSpan York
Hospital/Pennsylvania Society of Health-System
Pharmacists
Nicole Sidle, Republican Executive Director, House
Professional Licensure Committee
Michael Barbato Manager, Quality and Regulatory
Operations, Cencora
Catherine Hankins, Student, Albany College of
Pharmacy and Health Sciences
Jennifer Welch, PharmD, ACME/Sav-On Pharmacy
Jessica Sprowls
Chelsey Walker, Pharmacy Manager, Meadville Medical
Center
Candi
Taylor Jones, Account Manager, New Markets at PANTHERx
Rare Pharmacy
Yvonne Zeng, Pharmacy Compliance
Rachel DiPaolantonio, PharmD, Wilkes University
Marcin Cebula, PharmD, Variety Drugs
A. Rodgers
Michelle Omari-Okyere BS, PharmD, BCPS, BCGP, Lehigh
Valley Health Network
Heather Sakely, PharmD, BCPS, BCGP, University of
Pittsburgh
Allen Solomon, PharmD
Steven Zahn, Pharmacy Inspector, Bureau of
Enforcement and Investigation, Department of State
Margaret Barcam, Senior Manager, Pharmacy Technical,
University of Pittsburgh Medical Center

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ALSO PRESENT: (cont.)

Jacquelyn Sassaman, Pentec Health
Brittany Venturella, PharmD, Manager of Clinical,
Specialty and Central Fill Pharmacy Services at
Weis Markets
JP Burkhart
Jennifer Hall, RPh
Lauren Finoli, PharmD, BCPS, BCCCP, Manager of
Pharmacy Clinical Services, Allegheny General
Hospital
Amanda Abernathy, Director of Population Health and
Quality at UNC Health Blue Ridge
Sheetal Kamath, MPharm, RPh, University of Pittsburgh
Medical Center Presbyterian Shadyside
Michael Barbato
Rachel Wilbur-Adams, Sargent's Court Reporting
Service, Inc.

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[Pursuant to Section 708(a)(5) of the Sunshine Act, at 9:00 a.m., the Board entered into Executive Session with Sean C. Barrett, Esquire, Board Counsel, for the purpose of conducting quasi-judicial deliberations and to receive the advice of Board Counsel. The Board returned to open session at 10:30 a.m.]

The regularly scheduled meeting of the State Board of Pharmacy was held on Monday, March 3, 2025. Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, called the meeting to order at 10:33 a.m.

Introduction of Board Members/Attendees
[Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, requested an introduction of Board members and attendees.]

[Sean C. Barrett, Esquire, Board Counsel, noted the the meeting was being recorded, and those who

1 continued to participate were giving their consent to
2 be recorded.

3 Mr. Barrett also noted the Board entered into
4 Executive Session for the purpose of conducting
5 quasi-judicial deliberations on a number of matters
6 that are currently pending before the Board and to
7 receive the advice of counsel.]

8 ***

9 Appointment - Foundation of the Pennsylvania Medical
10 Society Pharmacists' Health Program
11 [Heather Wilson, MSW, CFRE, Executive Director,
12 Pharmacists' Health Program, Foundation of the
13 Pennsylvania Medical Society, presented to the Board
14 to discuss new branding for pharmacists. She
15 addressed their mission, which includes the
16 Physicians' Health Program, Pharmacists' Health
17 Program, and dental professionals sometime in the
18 future. She referred to feedback from participants
19 and professional associations looking to have their
20 own brand.

21 Ms. Wilson stated Foundation Board members
22 unanimously approved creating a unique brand identity
23 for pharmacists served by the Foundation as the
24 Pharmacists' Health Program, a peer assistance
25 monitoring program of the Foundation of the

1 Pennsylvania Medical Society. She noted it to be the
2 identity they use moving forward as they represent
3 pharmacy.

4 Ms. Wilson thanked the Pennsylvania Pharmacists
5 Association for welcoming the change and inviting
6 them to their conference to assist with getting that
7 brand identity out. She mentioned there is a
8 frequently asked question sheet with the new
9 branding. She noted having a creation of a joint
10 press release, but it will not be released until the
11 webpage is completely redesigned just for the
12 Pharmacists' Health Program.

13 Ms. Wilson also noted there will be a unique page
14 just for pharmacists, and they are invested as a
15 provider to pharmacists, pharmacy interns, and
16 potentially pharmacy techs.

17 Chair Roussel commented that it is exciting to
18 have branding that specifically says Pharmacists'
19 Health Program and asked what else is being done
20 content-wise to take a program that was originally
21 meant for providers who prescribe and tailor it to
22 providers who are surrounded by bottles of narcotics.

23 Tiffany Booher, MA, LPC, CAADC, CIP, CCSM,
24 Director, Peer Assistance Monitoring Programs;
25 Program Director, Pharmacists' Health Program,

1 Pennsylvania Medical Society, explained that the
2 evaluation process would take into consideration the
3 professional's specific specialty, because they serve
4 more than just physicians and pharmacists.

5 Ms. Booher noted their evaluators specialize in
6 working with safety-sensitive professionals and would
7 adjust recommendations based on what their access to
8 substances and shape their treatment plan based on
9 their specific unique needs. She mentioned the
10 professionals are aware of the unique needs of the
11 pharmacists and are very well educated in working
12 with healthcare professionals.

13 Ms. Wilson stated they are also developing
14 asynchronous learning for pharmacy students to
15 understand the impact of addiction and well-being and
16 how that can impact a license, which will be
17 translated across all of the disciplines.

18 Ms. Booher noted working with Mr. Knipe and Ms.
19 Drodgy at the Professionals Health Monitoring Program
20 to modify their paperwork so that it reflects a
21 Pharmacists' Health Program and not a Physicians'
22 Health Program. She also mentioned there will be a
23 listening session with schools of pharmacy on March
24 25, 2025.

25 Jill Rebuck, Executive Director, Pennsylvania

1 Society of Health-System Pharmacists, informed
2 everyone that the Pennsylvania Society of Health-
3 System Pharmacists (PSHP) will be meeting in April
4 2025 in Philadelphia for their annual meeting and
5 would be happy to share information to get the word
6 out to their membership as well.

7 Chair Roussel thanked the Foundation of the
8 Pennsylvania Medical Society for identifying that
9 pharmacists have their own unique considerations when
10 facing recovery.]

11 ***

12 Approval of the Minutes

13 CHAIR ROUSSEL:

14 The minutes were distributed for January
15 21, 2025. Did anyone have any edits that
16 they felt needed to be made from those
17 minutes? Hearing no concerns for edits.

18 I entertain a motion to approve the
19 minutes.

20 MR. SLAGLE:

21 I'll move.

22 CHAIR ROUSSEL:

23 Anybody want to second that?

24 MR. REED:

25 Second.

1 CHAIR ROUSSEL:

2 We'll call the vote.

3

4 Reed, aye; Slagle, aye; Claggett, aye;

5 Esterbrook, aye; Hart, aye; Roussel, aye.

6 [The motion carried unanimously.]

7

8 Report of Board Prosecution

9 [Caroline A. Bailey, Esquire, Board Prosecutor,

10 presented the Consent Agreement for Case No. 24-54-

11 001966.]

12

13 [Tyesha C. Miley, Esquire, Board Prosecutor,

14 presented the Consent Agreements for Case No. 24-54-

15 004940 and Case No. 24-54-018612.

16 Board members wished to return to Executive
17 Session for further discussion concerning agenda item
18 4 at Case No. 24-54-004940.]

19

20 [Nathan C. Giunta, Esquire, Board Prosecution

21 Liaison, presented the Consent Agreement for Case No.

22 24-54-016214.]

23 MR. BARRETT:

24 Based on Executive Session deliberations,
25 I believe the Board Chair would entertain

1 a motion to approve the Consent
2 Agreements at item 3, Case No. 24-54-
3 001966; agenda item 6, Case No. 24-54-
4 018612; and agenda item 7, Case No. 24-
5 54-016214.

6 CHAIR ROUSSEL:

7 Would anybody like to make a motion?

8 MR. SLAGLE:

9 I'll make that motion.

10 MR. REED:

11 Second.

12 CHAIR ROUSSEL:

13 Any further discussion? Let's call the
14 vote.

15

16 Reed, aye; Slagle, aye; Claggett, aye;
17 Esterbrook, aye; Hart, aye; Roussel, aye.

18 [The motion carried unanimously. The Respondent's
19 name at agenda item 3, Case No. 24-54-001966 is A&S
20 Chemists LLC; agenda item 6, Case No. 24-54-018612,
21 Preston's Pharmacy Inc.; and agenda item 7, Case No.
22 24-54-016214, Uttam G. Sheladiya, R.Ph.]

23

24 Report of Board Counsel - Proposed Adjudications and
25 Orders

1 MR. BARRETT:

2 Agenda item 10. Based on Executive
3 Session deliberations, I believe the
4 Board Chair would entertain a motion to
5 adopt the Proposed Adjudication and Order
6 at Case No. 24-54-005912, United Pharmacy
7 Upper Darby Inc., and Case No. 24-54-
8 005979, Kayode C. Jacobs, R.Ph.

9 CHAIR ROUSSEL:

10 I would entertain a motion.

11 MR. SLAGLE:

12 So moved.

13 MR. REED:

14 Second.

15 CHAIR ROUSSEL:

16 Any discussion? Let's call the vote.

17

18 Reed, aye; Slagle, aye; Claggett, aye;
19 Esterbrook, aye; Hart, aye; Roussel, aye.

20 [The motion carried unanimously.]

21 ***

22 Report of Board Counsel - Final Adjudication and
23 Order

24 MR. BARRETT:

25 Agenda item 11. Based on Executive

1 Session deliberations, I believe the
2 Board Chair would entertain a motion to
3 approve the Final Adjudication and Order
4 at Case No. 24-54-008533, Victor Glen
5 Spearman, R.Ph.

6 CHAIR ROUSSEL:

7 I'd be happy to entertain a motion.

8 MR. SLAGLE:

9 So moved.

10 MR. REED:

11 Second.

12 CHAIR ROUSSEL:

13 Any discussion? Let's call the vote.

14

15 Reed, aye; Slagle, aye; Claggett, aye;
16 Esterbrook, aye; Hart, aye; Roussel, aye.

17 [The motion carried unanimously.]

18 ***

19 Review of Applications

20 MR. BARRETT:

21 Agenda item 12. Based on Executive
22 Session deliberations, I believe the
23 Board Chair would entertain a motion to
24 provisionally deny the Civic Center
25 Pharmacy, LLC, for a New Nonresident

1 Pharmacy Application Registration.

2 CHAIR ROUSSEL:

3 I will entertain the motion.

4 MR. SLAGLE:

5 So moved.

6 MR. REED:

7 Second.

8 CHAIR ROUSSEL:

9 Any discussion? Let's call the vote.

10

11 Reed, aye; Slagle, aye; Claggett, aye;

12 Esterbrook, aye; Hart, aye; Roussel, aye.

13 [The motion carried unanimously.]

14

15 Discussion - DOH Accreditation Review - Evidence-

16 Based Prescribing: Tools You Can Use to Fight the

17 Opioid Epidemic

18 MR. BARRETT:

19 Agenda item 13. Based on Executive

20 Session deliberations, I believe the

21 Board Chair would entertain a motion to

22 approve the curriculum for pain

23 management, identification of addition,

24 and the practices of prescribing or

25 dispensing of opioids education as

1 proposed by the Department of Health.

2 MR. SLAGLE:

3 I'll make that motion.

4 MR. REED:

5 Second.

6 CHAIR ROUSSEL:

7 Any further discussion? She encouraged
8 the Department of Health to seek ACPE
9 accreditation for pharmacists for their
10 lovely program. Any other discussion?
11 We'll call the vote.

12

13 Reed, aye; Slagle, aye; Claggett, aye;
14 Esterbrook, aye; Hart, aye; Roussel, aye.

15 [The motion carried unanimously.]

16

17 Discussion - Appointment of Probable Cause Screening
18 Committee Member

19 [Christine Roussel, Pharm.D., BCOP, BCSCP,
20 Chairperson, asked for another Board member to join
21 Ms. Hart on the Probable Cause Screening Committee,
22 and Mr. Reed volunteered to be the alternate.

23 Mr. Giunta provided an overview of the Probable
24 Screening Committee, where an evaluation may need to
25 occur on an impaired professional for possible

1 temporary immediate suspension of a license.]

2 ***

3 Report of Board Chairperson

4 [Christine Roussel, Pharm.D., BCOP, BCSCP, mentioned
5 the Board's big focus is the regulatory work session
6 but also wanted to have Ms. Hart share some
7 information of value for pharmacists in Pennsylvania.

8 Ms. Getzey Hart informed Board members that the
9 National Association of Boards of Pharmacy (NABP) put
10 together a Pulse platform for pharmacies and their
11 need to follow the the Drug Supply Chain Security Act
12 (DSCSA) rules and regulations that have been passed
13 by following the drug manufacturer to dispensing to a
14 patient to make sure there are not any drugs that are
15 contraband making their way into the drug supply
16 chain.

17 Ms. Getzey Hart stated Pulse has a very good
18 platform that is not only recognized in the United
19 States, but also in countries such as South Africa.
20 She believed a brief Board meeting presentation from
21 NABP and Pulse may be beneficial as far as the
22 importance and showing how boards of pharmacy are
23 utilizing this for counterfeit drugs and following
24 their own individual state pharmacy rules and
25 regulations.

1 Chair Roussel thanked Ms. Hart and mentioned that
2 there would be an opportunity to provide further
3 education about Pulse in the future.]

4 ***

5 Report of Acting Commissioner - No Report

6 ***

7 Report of Executive Secretary - No Report

8 ***

9 Report of Board Members - No Report

10 ***

11 [Pursuant to Section 708(a)(5) of the Sunshine Act,
12 at 11:07 a.m., the Board entered into Executive
13 Session with Sean C. Barrett, Esquire, Board Counsel,
14 for the purpose of conducting quasi-judicial
15 deliberations and to receive the advice of Board
16 Counsel. The Board returned to open session at
17 11:14 a.m.]

18 ***

19 MR. BARRETT:

20 The Board did enter into Executive
21 Session for quasi-judicial deliberations.
22 After Executive Session, based on those
23 deliberations, I believe the Board Chair
24 would entertain a motion to approve the
25 Consent Agreement at item 4, Case No. 24-

1 54-004940.

2 MR. SLAGLE:

3 I will make that motion.

4 MR. REED:

5 Second.

6 CHAIR ROUSSEL:

7 Any further discussion? Seeing none.

8 Let's call the vote.

9

10 Reed, aye; Slagle, aye; Claggett, aye;

11 Esterbrook, aye; Hart, aye; Roussel, aye.

12 [The motion carried unanimously. The Respondent's
13 name at item 4, Case No. 24-54-004940 is Wedge
14 wood Pharmacy, LLC.]

15 ***

16 Report of Board Counsel - Regulatory Status Report -
17 Update on Final Regulation 16A-5433 (Pharmacy
18 Technician Registration)

19 [Marc Farrell, Esquire, Regulatory Counsel, Office of
20 Chief Counsel, Department of State, informed Board
21 members that 16A-5433 regarding the pharmacy
22 technician regulation has two of the three Governor's
23 Office approvals and would be on the April 10, 2025
24 Independent Regulatory Review Commission (IRRC)
25 Meeting agenda if approved soon.]

1 Mr. Farrell mentioned the more realistic
2 effective date of the regulation is May 15, 2025. He
3 explained that the Attorney General's Office has 30
4 days after it is approved by IRRC and then it goes to
5 the Legislative Reference Bureau (LRB) to be
6 published as final in the *Pennsylvania Bulletin*.

7 Chair Roussel commented that pharmacy technicians
8 in the state of Pennsylvania having access to the
9 PharmHealth program will be very valuable to them.

10 A question was noted from the last meeting about
11 the intent to stagger the reapplication years for
12 pharmacists and technicians.

13 Chair Roussel commented that they would not be
14 ready for it in August if it is approved at the May
15 meeting. She noted they could push it to make the
16 time for technician licenses to be 2027 if they did
17 not make 2025 and believed they would err on the side
18 of being able to do it successfully from a Board
19 labor standpoint.

20 Chair Roussel suggested further Board discussion
21 because it may be too accelerated to anticipate all
22 would be able to be registered and force a renewal in
23 2027. She noted the Board should not put speculative
24 dates on it at this moment until it is actually
25 through and should also consider the labor under the

1 direction of Acting Commissioner Claggett.

2 Acting Commissioner Claggett commented that the
3 Board will follow up with the direction at the next
4 meeting.]

5 ***

6 Report of Board Counsel - Proposed Annex - Combined
7 Parts I, II, and III of Regulation 16A-5427
8 (General Revisions)

9 [Marc Farrell, Esquire, Regulatory Counsel, Office of
10 Chief Counsel, Department of State, provided a
11 proposed combined annex of Parts I, II, and III for
12 16A-5427 regarding the general revisions last week.
13 He mentioned there are some issues with the Uniform
14 Pharmacy Jurisprudence Examination (UPJE) with early
15 graduation.

16 Chair Roussel referred to the definitions, noting
17 they changed the language pharmacist manager to
18 pharmacist in charge to be consistent with other
19 states but still need to remove pharmacist manager
20 throughout the document.

21 Larry Jones, Pennsylvania Society of Health-
22 System Pharmacists, mentioned there is one instance
23 where changing manager to pharmacist in charge does
24 not work and referred to § 27.11(g), if the
25 pharmacist in charge ceases to hold that position,

1 the pharmacist will inform the Board but do not know
2 the name of the new pharmacist in charge and would be
3 up to the owner at that point to notify the Board of
4 the new pharmacist in charge or new person taking
5 over.

6 Mr. Jones suggested it read, "on a Board-approved
7 form," either the pharmacy owner or new pharmacist in
8 charge will notify the Board of the new appointment.

9 Chair Roussel repeated for clarity, if the
10 pharmacist in charge ceases to hold that position,
11 the permit holder shall inform the Board in writing
12 of this fact on the Board-approved form. She also
13 suggested it read, shall inform this Board in writing
14 or electronically as opposed to the approved form.

15 Mr. Jones believed Board-approved form was used
16 to encompass both paper and electronic.

17 Chair Roussel noted it to read, the new
18 pharmacist in charge will inform the Board not more
19 than 30 days later.

20 Chair Roussel suggested removing MPJE from the
21 definition section.

22 Theresa M. Talbott, R.Ph., Director, Pharmacy and
23 Retail Advocacy, CVS Health, asked why the Board
24 would want a two-step process, noting they already
25 have one form. She mentioned that if she was a

1 pharmacist in charge (PIC) and quit that it is her
2 right to tell the Board she is no longer the PIC for
3 that store. She noted the permit holder currently
4 has 15 days to tell the Board the current PIC is gone
5 and the name of the new PIC.

6 Ms. Talbott mentioned that the intent was to
7 expand that to 30 days and not make it a two-step
8 process. She believed it would be more difficult to
9 have two forms from an execution standpoint, and it
10 puts the burden on the permit holder. Board members
11 agreed.

12 Rhonda Thomas, PharmD, MBA, BSPS, BCSCP, Director
13 of Pharmacy, Lehigh Valley Health Network, commented
14 that the pharmacist in charge is usually the one
15 submitting all of the applications, and the
16 registration in the Pennsylvania Licensing System
17 (PALS) is under the pharmacist in charge. She
18 mentioned there really is not a definition of permit
19 holder and all seems to fall to the pharmacist in
20 charge.

21 Dr. Thomas mentioned that it is a broken process,
22 because it is difficult to make those changes if the
23 pharmacist in charge left on bad terms. She noted
24 having the same issue with the Drug Enforcement
25 Administration (DEA), because they were the Power of

1 Attorney (POA) and going through that.

2 Dr. Thomas again noted it to currently be a
3 broken system, especially with PALS, where it is her
4 login and then renewing that license every two years
5 in addition to her login for her pharmacist license.

6 It was noted that a pharmacist in charge who has
7 a medical emergency or passes away cannot notify the
8 Board and believed having the burden on the business
9 entity makes sense.

10 Dr. Trimmer reported having two instances in
11 seven months, where they left and she cannot give
12 them the registration code, noting they have to reach
13 out to the owner, and it is cumbersome for the
14 pharmacy to get the information for them to be able
15 to release the information.

16 Ms. Getzey Hart believed there is a disconnect
17 and the pharmacist is the one who is in the place of
18 leaving employer one and wanting to go to employer
19 two to be the PIC but cannot be the PIC because they
20 have not been released from being the PIC where they
21 were previously.

22 Mr. Jones suggested it read, "pharmacy permit
23 holder (facility/owner) and where they had the
24 sentence, they write "of the new pharmacist in charge
25 if known period." He noted "if the pharmacy permit

1 holder is unable to replace the pharmacist in 30
2 days" language already exists and just have to define
3 the pharmacy permit holder as facility/owner. He
4 noted the password and ID needs to be cleaned up in
5 the next computer system.

6 It was suggested that what they have in place,
7 other than changing from 15 to 30 days, needed to be
8 fixed. Community practice typically are having that
9 done centrally and the pharmacist in charge is not
10 filling out their PALS paperwork, because there is
11 someone designated for all of the different permits
12 within the chain.

13 Mr. Giunta mentioned that one of the first
14 consent agreements approved was that exact situation,
15 and they look at it as the facility, not the
16 individual. He mentioned that they look at pharmacy
17 manager as the company. He noted they will not go
18 after the PIC because the PIC may not be there and is
19 kind of not on them to change who is replacing them.

20 Mr. Barrett expressed concern with the idea of
21 writing in solutions to potentially a software issue
22 that could change in the future and then make the reg
23 really cumbersome if they change systems. He did not
24 believe the goal is to shift the responsibility to
25 the PIC himself, where there might be liability for

1 sanctions if the language is not clear.

2 Mr. Jones again suggested it read, permit holder
3 (facility/owner).

4 Dr. Rebuck referred to the definition under drug
5 order (ii), the term does not include an order for a
6 drug for a patient in an institution which the
7 patient will self-administer which will be considered
8 a prescription. She recommended removing (ii)
9 because it is still a drug order from an
10 institutional perspective and not a prescription.
11 She explained that just because patients are
12 administering the drug themselves, the provider still
13 needs to write an order for that medication.

14 Mr. Barrett expressed concern with the effect of
15 it throughout the rest of the act. He believed it
16 was placed there to exempt that from certain other
17 provisions and taking out that exemption from the
18 definition may cause unintended consequence where a
19 drug order might be mentioned later on to include
20 things that were not originally within the scope of
21 that provision.

22 Dr. Rebuck commented that the act talks about
23 prescriptions more in the noninstitutional setting
24 and drug orders more in the institutional setting and
25 cannot think of an institutional setting where self-

1 administered medication would not be considered a
2 drug order. She noted a self-administered medication
3 in an institution is a drug order.

4 Chair Roussel noted self-administration is also
5 listed under § 27.18(o) for everyone's review.

6 Dr. Rebuck stated § 27.18(o) supports what they
7 are recommending with the removal of (ii).

8 Chair Roussel noted the issue could be revisited
9 at the April meeting if anybody has any concern about
10 the removal of (ii) they found later. She encouraged
11 hospital pharmacists to revisit and double check that
12 because they have the greatest impact.

13 Dr. Rebuck referred to the the definition of
14 satellite pharmacy and suggested adding satellite
15 pharmacy may include a retail pharmacy operated by an
16 institutional pharmacy on off hours of the
17 institution-owned retail pharmacy on evenings and
18 weekends for the purpose of continuation of care and
19 off hours.

20 Dr. Rebuck noted the retail pharmacy is allowed
21 to have the same license as the retail pharmacy on
22 site or within 5 miles of the retail pharmacy because
23 patients are discharged from the hospital and the
24 nearest open retail pharmacy in rural areas in many
25 of their health systems may be 30 miles away.

1 Dr. Rebuck suggested the language read, satellite
2 pharmacy may include a retail pharmacy operated by an
3 institutional pharmacy on off hours only if it is the
4 institution-owned retail pharmacy on evenings and
5 weekends for the sole purpose of continuation of care
6 on off hours. The retail pharmacy is allowed to have
7 the same license as the retail pharmacy on site or
8 within 5 miles of the retail pharmacy.

9 Dr. Rebuck referred to § 27.11(i), where each
10 pharmacy in this Commonwealth will require a separate
11 permit regardless of ownership, unless the pharmacy
12 is a satellite pharmacy.

13 Dr. Rebuck noted it to be another conflicting
14 area and is just the idea of consideration of
15 allowing a retail pharmacy to have a satellite
16 location in the institution for dispensing when the
17 retail pharmacy location is closed, not requiring a
18 separate license and only within that same health
19 system for that reason of the pharmacy deserts that
20 they are seeing.

21 Dr. Rebuck noted the change under § 27.11(i) may
22 make more sense with the exception there or recommend
23 the Board consider a change to the satellite pharmacy
24 definition.

25 Mr. Jones expressed concern with the details of

1 the off hours and weekend language and suggested it
2 be changed to when the main pharmacy is closed.

3 Dr. Rebuck suggested it read, satellite pharmacy
4 may include a retail pharmacy operated or owned or
5 operated by an institutional pharmacy when the retail
6 pharmacy is closed.

7 Chair Roussel requested seeing that in writing
8 because they have institutions and then a retail
9 pharmacy operating in that institution. She noted
10 there are two ways to do it but are currently a
11 little vague, where some places feel that since there
12 is no difference between an HP and an RP license that
13 they could operate both retail and hospital out of
14 the same license.

15 Chair Roussel mentioned that other people take a
16 more conservative approach and will license their
17 retail pharmacy separately. She noted a separate DEA
18 license comes with that because they are doing
19 different things with that and provided an example.

20 Dr. Rebuck offered to provide proposed language
21 and further discussion, and Mr. Farrell suggested Dr.
22 Rebuck send in comments to the draft that went out
23 last week. She also mentioned the language could be
24 in either location and referred to § 27.11(i), where
25 each pharmacy in the Commonwealth will require a

1 separate permit regardless of ownership unless the
2 pharmacy is a satellite pharmacy as defined in
3 § 27.1.

4 Dr. Rebuck noted they could make a comment in
5 that section or add it to the definition section,
6 where they are requesting consideration of allowing a
7 retail pharmacy to have a satellite location in the
8 institution for dispensing when the retail pharmacy
9 location is closed, not requiring a separate license
10 and only within the same health system.

11 Chair Roussel commented that the hospital
12 pharmacy becomes the satellite of the retail pharmacy
13 when the retail pharmacy is closed.

14 Ms. Talbott asked whether NABP has a definition
15 and recommended the Board look there.

16 Rebecca Taylor, Pharm.D., Vice President,
17 Pharmacy Services, University of Pittsburgh Medical
18 Center, expressed concern with missing the
19 opportunity to file the Prescription Drug Monitoring
20 Program (PDMP) for the controlled substances and is
21 asking, especially for rural sites, for a 5-mile
22 allowance. She discussed how they can dispense
23 discharge medications on off hours with the decrease
24 in 24/7 pharmacies across our state and mentioned
25 operating with a to-go pack or become duly licensed

1 as an in-patient and retail pharmacy in the same
2 space.

3 Chair Roussel recommended looking at the Model
4 Practice Act and then other states to see if there is
5 anything that supports what she is suggesting. She
6 addressed the conflicts and recommended putting
7 everything in writing, along with seeking regulatory
8 language in other states.

9 Chair Roussel also suggested PSHP convene a group
10 of stakeholders to work on that language.

11 Dr. Rebuck referred to § 27.11(g), a pharmacy may
12 not operate without a pharmacist in charge more than
13 30 days. She reported hearing from several health-
14 system stakeholders about concerns with not being
15 able to include individual PICs on Family and Medical
16 Leave (FMLA), which is a maximum of 12 weeks, and
17 asked the Board to consider either a temporary PIC
18 provision for FMLA purposes or an exemption for FMLA
19 purposes.

20 Ms. Talbott explained that it goes back to 2010
21 when it was 15 days and was expanded to 30 days with
22 a provision, because it may be more than 30 days.
23 She noted the Board wanted to make it clear that if
24 someone is the PIC and would not be there for more
25 than 30 days that somebody else needs to be

1 responsible. She referred to the previous sentence,
2 where the pharmacy cannot obtain from the Board an
3 extension of time.

4 Dr. Rebuck noted PSHP is comfortable with that
5 and requested no additional changes.

6 Mr. Jones referred to the definition of the
7 management of drug therapy and noted prior Board
8 discussion in 2018, 2020, and 2022. He noted they
9 adjust regimens based on protocols, order lab tests,
10 perform tests, and monitor the patients.

11 Mr. Jones also noted they discontinue and
12 initiate meds, which were supposed to get added to
13 the definitions and allowances for institutional
14 practice or within the definition of management of
15 drug therapy, so when they got to a collaborative
16 practice agreement (CPA), they would have to get
17 further defined not under § 27.301 with this
18 institution but under § 27.302 if the contract would
19 allow that.

20 Mr. Jones stated management of drug therapy and
21 pharmaceutical care does include those two items
22 based on protocol definitions and medical staff
23 review and approval.

24 Chair Roussel stated a pharmacist can initiate a
25 drug and discontinue a drug secondary to a

1 relationship with the provider. She mentioned it
2 would need a caveat that it is secondary to a
3 collaborative practice agreement, because
4 independently they cannot do that.

5 Mr. Jones noted it is allowable in § 27.301 but
6 has to be clarified in § 27.302 for outside
7 institutions.

8 Chair Roussel suggested Mr. Jones send specific
9 language to Mr. Farrell for Board review at the next
10 meeting.

11 Mr. Barrett noted there is a discrete definition
12 in the act of management of drug therapy under 63
13 P.S. § 390(9.1) of the act, where there is an actual
14 legislative definition that this is largely copying
15 and not a creation of the Board. He mentioned they
16 may be constrained in expanding or modifying it in
17 any substantial way.

18 Mr. Farrell noted many of the changes to § 27.11
19 are from what they are calling Part I general
20 revisions. He mentioned lifting a lot of language
21 out of the pharmacy tech regs with changing manager
22 to in charge.

23 Dr. Rebuck referred to § 27.12(c)(2), a pharmacy
24 intern may neither intern nor be in a pharmacy if a
25 pharmacist is not on duty. She noted being under the

1 the impression that the intern or technician may be
2 in the pharmacy while the pharmacist is on break but
3 did not see it listed under (c)(2) or (3)(ii). She
4 suggested a clause, where the pharmacy intern may
5 neither enter or be in a pharmacy if the pharmacist
6 is not on duty with the exception of a 30-minute
7 break.

8 Dr. Rebuck referred to § 27.12(3)(3)(ii), a
9 pharmacy technician or trainee may not enter or be in
10 a pharmacy if a pharmacist is not on duty.

11 Dr. Rebuck referred to § 27.12(6), a tech trainee
12 shall wear a name tag that clearly identifies the
13 trainee's first name with the title pharmacy
14 technician trainee. She believed it adds unnecessary
15 requirements to the pharmacist in charge to enforce.
16 She noted the same issue with the registered pharmacy
17 technician.

18 Chair Roussel noted that is from the tech act but
19 wanted to check the act to see if there is anything
20 they can do to liberalize that.

21 Dr. Rebuck referred to § 27.16(b)(1)(i), within
22 the prescription area, there must be a prescription
23 working counter of at least 10 linear feet in length.
24 She preferred it ends at the word counter for it to
25 read, within the prescription area, there must be a

1 prescription working counter to provide adequate
2 space for equipment and medication processing.

3 Dr. Rebuck mentioned that if it is not agreed
4 upon that they would like to leave one as is,
5 (b)(1)(i) and add a statement that the counter space
6 requirement is not applicable to an institutional
7 pharmacy.

8 Dr. Rebuck referred to recommendation (b)(1)(i)
9 within the prescription area, there must be a
10 prescription working counter and then add the
11 verbiage prescription working counter to provide
12 adequate space for equipment and medication
13 processing.

14 Ms. Getzey Hart commented that the state of
15 Pennsylvania still licenses a pharmacy as a pharmacy
16 without designations of different types. She noted
17 their registration is a pharmacy and interpretation
18 of the square footage should be left broad for
19 assessments to be made on the blueprints.

20 Chair Roussel noted she did not find anything in
21 the act that specifically speaks to countertop.

22 Dr. Rebuck referred (b)(1)(i) and suggested
23 leaving the whole first sentence that talks about the
24 250 square feet and then that second sentence, within
25 the prescription area, there must be a prescription

1 working counter to provide adequate space for
2 equipment and medication processing and get rid of
3 the 10 linear feet through the end of that sentence.

4 Chair Roussel suggested leaving within the
5 prescription area, there must be at least 10 linear
6 feet and then remove the part that talks about if
7 there are more pharmacists on duty and get rid of the
8 two seconds sentences.

9 Dr. Rebuck suggested a working counter of at
10 least 10 feet in length, not worrying about the word
11 adequate, and getting rid of remaining language.

12 Chair Roussel noted it to be changed to (b)
13 building standards (1) minimum size (i) and stopping
14 at 10 linear feet in length by 2 linear feet in width
15 of countertop and eliminating the second two
16 sentences.

17 Chair Roussel informed Board members that she
18 would be submitting a comment about refrigerators
19 with thermometers being required in pharmacies but no
20 language to say that they also need a log and will
21 submit that language.

22 Mr. Jones noted it is in the Department of Health
23 (DOH) Life Safety Code regulations and suggested
24 taking the verbiage from there. He offered to submit
25 examples of DOH regulation regarding the temperature

1 log.

2 Chair Roussel suggested having a 3- or 4-hour
3 power session at the April or May meeting to wrap
4 things up, and Mr. Barrett mentioned the Board can do
5 that but what is being discussed has to be noted on
6 the agenda.

7 Mr. Farrell noted changes under § 27.18 standards
8 of practice are from Part I of the general revisions.

9 Dr. Rebuck referred to § 27.18(f) and recommended
10 changing the brand name Dilaudid to the generic name
11 hydromorphone. No pharmacist or pharmacy may
12 dispense, dispose of, or sell a Schedule V cough
13 preparation containing codeine, hydromorphone or
14 other narcotic cough preparation.

15 Dr. Rebuck referred to § 27.18(h)(i),
16 prescriptions for nonproprietary drugs may be
17 refilled for one year from the date of the
18 prescription if refills have been authorized. She
19 requested consideration to allow pharmacists to
20 dispense up to a 90-day supply if the patient has
21 enough refills to comply with their insurance
22 allowance. She suggested adding verbiage, if written
23 for a 30-day supply but has 11 refills, the
24 pharmacist can change to a 90-day supply with three
25 refills for noncontrolled substance prescriptions.

1 Chair Roussel informed Dr. Rebuck that they
2 cannot change the quantity on a prescription, because
3 it is prohibited in the act.

4 Dr. Rebuck referred to § 27.18(p)(1), a
5 pharmacist practicing in a hospital, institution, or
6 similar place or specialized ambulatory care unit may
7 not be required to extend pharmaceutical services to
8 other than registered patients of that hospital or
9 institution. She suggested changing institution to
10 health system.

11 Mr. Barrett expressed concern with the use of
12 health system because there is no definition for
13 that, noting the clause is limited to hospital,
14 institution, similar place, or specialized ambulatory
15 care and suggested putting that back out instead of
16 hospital or institution.

17 Dr. Rebuck referred to § 27.18(v)(1), a drug
18 order in an institution. She suggested an addition
19 at the end of the paragraph "and the initials of the
20 pharmacist." She requested placing a comma and
21 adding the language, except nonpatient-specific
22 medications when being vended from central automation
23 or an automated dispensing cabinet.

24 Dr. Rebuck referred to § 27.19(d)(3)(iii), the
25 pharmacist may send a written. She suggested the

1 addition of "or electronic" offer to counsel.

2 Ms. Talbott suggested language, a pharmacist may
3 send an offer to counsel and then the form would say
4 an offer to counsel must include the telephone number
5 or other means of communication to be consistent in
6 both.

7 Dr. Rebuck referred to § 27.19(e)(2) and
8 suggested the addition of "video" for it to read, at
9 the discretion of the patient or caregiver by
10 telephone or video.

11 Chair Roussel referred to § 27.21, a candidate
12 for licensure to practice pharmacy by examination
13 must pass both the North American Pharmacist
14 Licensure Exam (NAPLEX) and the Multistate Pharmacy
15 Jurisprudence Examination identified by the Board but
16 then complete an application for licensure with the
17 Board, which functions for applying to take the
18 NAPLEX.

19 Chair Roussel noted they can apply and sit for
20 both, but if they will allow a Jurisprudence Exam,
21 they are now only applying to sit for the NAPLEX.
22 She stated the candidate must pass both, apply to be
23 able to take the NAPLEX, but a Jurisprudence
24 Examination may be taken by a pharmacy student in
25 their final year.

1 Chair Roussel asked whether the student has to
2 apply to take the NAPLEX to be eligible, and if so,
3 she believed they may need to ask NABP about what
4 that looks like. She could not find which states are
5 allowing a student to take the test before
6 graduating, because most are still being written and
7 in play.

8 Chair Roussel stated the candidate has to pass
9 both, apply for NAPLEX, and then a Pharmacy
10 Jurisprudence Exam may be taken. She asked whether
11 the Board has to approve them taking the
12 Jurisprudence Exam.

13 Dr. Trimmer noted they are granted eligibility
14 based off of the application submitted, where
15 somebody applying for reciprocity would submit their
16 NABP license transfer application, which includes
17 their education, which includes their intern hours,
18 which allows her to grant them the ability to sit for
19 the test.

20 Chair Roussel suggested scheduling a discussion
21 concerning the logistics with somebody at NABP to
22 understand how the process would go if they allow a
23 student to do an undergraduate.

24 Ms. Getzey Hart noted the idea is to have it done
25 the last year of school and get it out of the way.

1 She also noted there is a movement that has been
2 discussed in many states from an NABP perspective.
3 She offered to set up a call with NABP.

4 Chair Roussel referred to § 27.21(b) and asked
5 what that would look like, noting she did not
6 anticipate new applicants with anything other than a
7 Doctor of Pharmacy degree at this point.

8 Mr. Farrell noted that he was not sure what to do
9 about what is left after they make that revision
10 because all of the ACPE schools accredited are the
11 Doctor of Pharmacy now. He believed they could leave
12 it as is.

13 Mr. Farrell noted he added § 27.24(d), the Board
14 may require evidence of additional Pennsylvania-
15 specific jurisprudence training in addition to the
16 Board-identified Pharmacy Jurisprudence Examination.

17 Mr. Farrell noted § 27.24(a) was removed.

18 Victoria Elliott, RPh, MBA, CAE, Chief Executive
19 Officer, Pennsylvania Pharmacists Association, stated
20 given the timing and not an invitation officially for
21 comments, that not everyone has had a chance to
22 comment, to not presume that whatever they discussed
23 is final.

24 Chair Roussel commented that they do need to put
25 a wrap on what they are going to do at some point.

1 She noted the comment about satellite pharmacists and
2 the definition is not a small concept. She requested
3 everyone send substantiative changes ahead of the
4 April meeting.

5 Dr. Rebuck referred to § 27.302(h), the
6 collaborative agreement shall be filed with the
7 Bureau, submitted electronically and added all of
8 that language. She mentioned Ms. Talbott made a
9 recommendation asking why they need to file
10 collaborative agreements formally with the Bureau and
11 instead allow them to be maintained on site and
12 available on request, as noted in (i), which she
13 suggested be removed.

14 Mr. Farrell stated it is in the statute and has
15 to be filed with the Board.

16 Chair Roussel asked whether anyone had any
17 substantive edits that have not been addressed that
18 might be helpful in advance of April. She
19 recommended everyone submit any edits electronically
20 to Mr. Farrell to be reviewed and cross-referenced
21 before the meeting.

22 Dr. Rebuck § 27.204(b)(2), the automated
23 medication system was tested and validated by the
24 pharmacy and found to dispense accurately prior to
25 the implementation of the system. She noted they

1 will subsequently be asked to validate every six
2 months, where the Board may independently validate
3 the accuracy of the system.

4 Dr. Rebuck commented that there is no way to
5 prove or validate the accuracy as it is written in
6 the regulations with automated dispensing systems and
7 believed it is more about changing the text to have
8 products meet vendor specifications of accuracy and
9 current working conditions. She mentioned that will
10 be the theme when they come back to this section in
11 April, because they do not want something written in
12 the regulations that cannot be met.

13 Dr. Rebuck also referred to § 27.204(h)(2),
14 establishes mechanisms and procedures to test the
15 accuracy of the automated medication system at least
16 every six months and whenever any upgrade or change
17 is made to the system. She noted they do not want to
18 promise something they cannot actually deliver. She
19 recommended the language read, refer to the equipment
20 working within vendor-specified operations.

21 Chair Roussel agreed it to be an issue, noting
22 there are literature evaluations and research studies
23 done on pieces of technology that are published
24 speaking to their accuracy but speaks to a broader
25 sense of accuracy of the systems rather than the

1 individual ones. She noted it almost requires them
2 to separate out Pyxis automated dispensing cabinets
3 and pill packaging machines.

4 Dr. Rebuck stated PSHP wanted to ensure health
5 systems can comply with the regs as written.

6 Chair Roussel suggested looking at the Model
7 Practice Act and looking at other states.

8 Mr. Jones reported another large issue has come
9 up in hospitals concerning immunizations and actually
10 came out as extensions of COVID. He addressed retail
11 operations, where pharmacists in retail settings have
12 been giving not only the COVID and the flu vaccine as
13 they do in retail places, but they are giving them in
14 retail pharmacies within the institutions.

15 Mr. Jones noted they are also, under that
16 immunization license, authorized to give "other
17 injectable meds," which are long-acting psychiatric
18 meds and HIV meds that Medicaid and some of the other
19 state agencies are asking pharmacy to take on.

20 Mr. Jones stated the Department of Health has
21 jurisdiction over the State Board of Pharmacy on who
22 is authorized to administer medications in the
23 confines of the hospital walls. He referred to
24 § 27.42, where the pharmacy will comply with all
25 Department of Health regulations in order to be

1 compliant with this Board.

2 Mr. Jones noted Department of Health medical
3 staff regulations under § 107.64 gives them the out
4 they need, where the Pharmacy and Therapeutics (P&T)
5 Committee must approve the process, it must go to the
6 medical staff, and the medical staff must approve it
7 when a pharmacist gives the medications in the
8 confines of the hospital.

9 Mr. Jones noted the documentation as it exists
10 satisfies both the Department of Health and the Board
11 of Pharmacy and hoped to be able to do a reference
12 for institutions giving immunizations, where they can
13 refer to those statutes for compliance. He mentioned
14 it ties together the Department of Health issue with
15 the Board of Pharmacy compliance to the Department of
16 Health regulations. He offered to provide wording
17 for the next meeting.

18 Chair Roussel again mentioned the regulatory work
19 session in April would bring everything across the
20 finish line, and Mr. Farrell noted to send written
21 comments to wherever the draft they received on
22 Wednesday came from.

23 Chair Roussel thanked everybody for their help
24 and effort to the State Board of Pharmacy.]

25 ***

1 Adjournment

2 CHAIR ROUSSEL:

3 Motion to end the meeting?

4 MR. ESTERBROOK:

5 So moved.

6 ***

7 [There being no further business, the State Board of
8 Pharmacy Meeting adjourned at 1:06 p.m.]

9 ***

10

11 CERTIFICATE

12

13 I hereby certify that the foregoing summary
14 minutes of the State Board of Pharmacy meeting, was
15 reduced to writing by me or under my supervision and
16 the minutes accurately summarize the substance of the
17 State Board of Pharmacy meeting.

18

19

20



21

Rachel Wilbur-Adams,

22

Minute Clerk

23

Sargent's Court Reporting

24

Service, Inc.

25

26

STATE BOARD OF PHARMACY
REFERENCE INDEX

March 3, 2025

TIME	AGENDA
9:00	Executive Session
10:30	Return to Open Session
10:33	Official Call to Order
10:33	Introduction of Board Members/Attendees
10:37	Appointment - Physicians' Health Program, Foundation of the Pennsylvania Medical Society
10:45	Approval of Minutes
10:46	Report of Board Prosecution
10:59	Report of Board Counsel
11:00	Review of Applications
11:02	Discussion
11:04	Report of Board Chairperson
11:07	Executive Session
11:14	Return to Open Session
11:16	Report of Board Counsel (cont.)
1:06	Adjournment