



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Board of Pharmacy

5200 Oakland Avenue, NE ▪ Suite A ▪ Albuquerque, New Mexico 87113
(505) 222-9830 ▪ Fax (505) 222-9845 ▪ (800) 565-9102
www.rld.state.nm.us/pharmacy

October 17 - 18, 2011 Board Meeting Minutes

New Mexico Board of Pharmacy Regular Board Meeting

Location: 5200 Oakland Ave. Suite A, Albuquerque, New Mexico 87113

Call to Order: The meeting was called to order by the Chairman Danny Cross, R.Ph., at 9:10 a.m.

MEMBERS PRESENT: Richard Mazzoni R.Ph., Chairman
Amy Buesing R.Ph., Member (Tuesday 10/18/11)
LuGina Mendez-Harper R.Ph., Member
Allen Carrier, Public Member
Danny Cross, R.Ph., Member
Joe Anderson R.Ph., Member

MEMBERS ABSENT: Ray Nunley R.Ph., Member
Buffie Saavedra-Shean, Public Member
Amy Buesing R.Ph., Member (Monday 10/17/11 arrived @2:31pm)

STAFF ATTENDING: William Harvey, Executive Director
Debra Wilhite, Administrative Secretary
Larry Loring, Inspector
Ben Kesner, Inspector
Kristofer Mossberg
Sarah Trujillo, Licensing Administrator

Monday October 17, 2011.

- 1. 9:05 a.m. Call to Order**
- 2. Roll Call**

Present were Mr. Carrier, Mr. Anderson, Ms. Harper-Mendez, Mr. Cross and Chairman Richard Mazzoni. Absent were Mr. Nunley, Ms. Saavedra-Shean and Ms. Buesing would be running late.

3. Approval of the Agenda:

Motion made by Mr. Carrier, seconded by Mr. Cross to approve the agenda as presented, board voted unanimously to pass the motion.

4. Approval of August 2011 Minutes:

Ms. Mendez-Harper stated that Ms. Saavedra-Shean's name did not appear to be hyphenated throughout the minutes and Mr. Anderson stated that under BOP/BAOM Education Committee, that the training requirements should have been stated more clearly.

Motion made by Ms. Mendez-Harper, seconded by Mr. Cross to approve the August 2011 minutes as amended, the board voted unanimously to pass the motion.

**5. Applications:
a) Application List:**

Ms. Lugina Mendez-Harper presented the application list to the board.

Motion: 6 Clinic applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Anderson, board voted unanimously to pass motion.

Motion: 1 Emergency Medical Services applications all is in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Anderson, board voted unanimously to pass motion.

Motion: 1 Animal Control application and is in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Cross, board voted unanimously to pass motion.

Motion: 1 Limited Controlled Substance applications and is in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Carrier, board voted unanimously to pass motion.

Motion: 26 Custodial Nursing Home applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Cross, board voted unanimously to pass motion.

Motion: 5 Pharmacy/Hospital applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Cross, board voted unanimously to pass motion.

Motion: 8 Non-Resident Pharmacy applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Cross, board voted unanimously to pass motion. CVS Pharmacy application #3 will be voted on when a quorum is present due to Mr. Mazzoni recusing himself from voting on #3.

Motion: 18 Wholesale/Broker applications all is in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Cross, board voted unanimously to pass motion.

NEW MEXICO BOARD OF PHARMACY
REGULAR MEETING
APPLICATION LIST
August 29 & 30, 2011

CLINIC /HOME HEALTH
1. Central Region Education Cooperative
Mustang Health Center
901 W 3rd Street
Mountainair, NM 87036

CONSULTANT PHARMACIST
Change of Ownership
Kathleen West, R.Ph.

2. Christus St Vincent Urology Association 1630 Hospital Drive Suite D Santa Fe, NM 87505	New Terri Willis, R.Ph.
3. Christus St Vincent Wound & Hyperbaric Ctr 465 St Michaels Drive Suite 101 Santa Fe, NM 87505	New Terri Willis, R.Ph.
4. Foothills Medical Center 3530 Foothills Suite N Las Cruces, NM 88011	New Samuel Shummon, R.Ph.
5. Las Cruces Endoscopy LLC 4381 East Lohman Suite A Las Cruces, NM 88011	Change of Ownership Raymond Rede, R.Ph.
6. MMC Cancer Center 2530 S Telshor Blvd Suite 201 Las Cruces, NM 88011	Remodel Janet Pate, R.Ph.
<u>EMERGENCY MEDICAL SERVICES</u> Motion Picture Set Medics LLC 5 Basket Maker Court Santa Fe, NM 87508-1384	<u>CONSULTANT PHARMACIST</u> New Elaine Romero, R.Ph.
<u>ANIMAL CONTROL</u> City of Lovington Animal Control Center 3633 S Main Lovington, NM 88260	<u>CONSULTANT PHARMACIST</u> Relocation Michael Raburn, R.Ph.
<u>LIMITED CONTROLLED SUBSTANCES</u> Psychiatry Research Clinic 1101 Yale Blvd NE Albuquerque, NM 87131	New
<u>CUSTODIAL/NURSING HOME</u> 1. Advantage Communications 4521 Bermuda NE Albuquerque, NM 87111	<u>CONSULTANT PHARMACIST</u> New Ron Lujan, R.Ph.
2. Advantage Communications 2637 Cagua NE Albuquerque, NM 87110	New Charlotte Breeden, R.Ph.
3. Alpine Assisted Living 356 Country Club Ruidoso, NM 88345	New Paul Tunell, R.Ph.
4. Bernalillo Academy 5400 Gibson Blvd SE #A Albuquerque, NM 87108	New Keun-Kyu Yi, R.Ph.

5. Bright Horizons Inc 12304 Princess Jeanne NE Albuquerque, NM 87112	New Reynaldo Saenz, R.Ph.
6. Bright Horizons Inc 8505 Mesa Springs Albuquerque, NM 87121	New Reynaldo Saenz, R.Ph.
7. Community Options Inc 3005 Calle Caballeros Santa Fe, NM 87505	New Charles Vandiver, R.Ph.
8. Community Options Inc 6324 Jaguar Santa Fe, NM 87507	New Charles Vandiver, R.Ph.
9. Dungarvin New Mexico 4701 Hill Top Farmington, NM 87402	Change of Ownership Keun-Kyu Yi, R.Ph.
10. Dungarvin New Mexico 4801 Hill Top Farmington, NM 87402	Change of Ownership Keun-Kyu Yi, R.Ph.
11. Dungarvin New Mexico 14402 Pacific Farmington, NM 87402	Change of Ownership Keun-Kyu Yi, R.Ph.
12. Dungarvin New Mexico 4609 Springmist Farmington, NM 87401	Change of Ownership Keun-Kyu Yi, R.Ph.
13. Dungarvin New Mexico 4621 Springmist Farmington, NM 87401	Change of Ownership Keun-Kyu Yi, R.Ph.
14. Dungarvin New Mexico 3880 Yorkshire Farmington, NM 87402	Change of Ownership Keun-Kyu Yi, R.Ph.
15. Dungarvin New Mexico 603 French Drive Farmington, NM 87410	Change of Ownership Keun-Kyu Yi, R.Ph.
16. Dungarvin New Mexico 1104 Washington Avenue Grants, NM 87020	Change of Ownership Keun-Kyu Yi, R.Ph.
17. Dungarvin New Mexico 814 Seville Loop Grants, NM 87020	Change of Ownership Keun-Kyu Yi, R.Ph.

18. Dugarvin New Mexico 920 Lobo Canyon Road Grants, NM 87020	Change of Ownership Keun-Kyu Yi, R.Ph.
19. Dugarvin New Mexico 614 Dekalb Farmington, NM 87401	Change of Ownership Keun-Kyu Yi, R.Ph.
20. EMRSH Inc 1081 Chuck N Dale Lane Santa Rosa, NM 88235	New John Fitzgerald, R.Ph.
21. EMRSH Inc 256 Historic Route 66 Santa Rosa, NM 88235	New John Fitzgerald, R.Ph.
22. Expressions Unlimited 525 San Pedro NE #102-103 Albuquerque, NM 87108	New Perry Storey, R.Ph.
23. Kingston Home Health Services 2400 Legacy Court Santa Fe, NM 87507	New Maria Brown, R.Ph.
24. New Beginnings 10801 Four Banks NE Albuquerque, NM 87112	New Lori Carabajal, R.Ph.
25. New Mexico Health Care Systems 4102 El Alto Court SE Rio Rancho, NM 87124	New Reynaldo Saenz, R.Ph.
26. Retreat at Oxbow North 5224 Old Adobe Trail NW Albuquerque, NM 87120	New Maureen Rogers, R.Ph.
<u>PHARMACY /HOSPITAL</u>	<u>PHARMACIST IN CHARGE</u>
1. Albertsons DBA Sav-On #930 2402 N Grimes Hobbs, NM 88240	Remodel Ronald Inkrott, R.Ph.
2. Memorial Medical Center 2450 S Telshor Blvd Las Cruces, NM 88011	Remodel Janet Pate, R.Ph.
3. Southwest Care Center 649 Harkle Road Suite C Santa Fe, NM 87505	Remodel Jaymison Aronald, R.Ph.
4. UNMHSC Translational Radiopharmacy 2502 Marbel Avenue NE Room B-48 Albuquerque, NM 8713	New Kristina Wittstrom, R.Ph.

5. Wal*Mart
5701 Herrera Drive
Santa Fe, NM 87507

New
Rimabahen Soni, R.Ph.

NON-RESIDENT PHARMACY

1. Balanced Solutions Compounding Pharmacy
550 Technology Park Suite 1008
Lake Mary, FL 32746

PHARMACIST IN CHARGE

New
Kevin Wiltz II, R.Ph.

2. BioRx LLC
9045 E Pima Center Parkway
Scottsdale, AZ 85258

New
Steve Lerch, R.Ph.

3. CVS Rx Services Inc
2100 Highland Corporate Park Drive
Cumberland, RI 02864

New
Donald Dean, R.Ph.

4. Everest Pharmacy
588 West 8360 South
Sandy, UT 84070

New
Sahily Paoline, R.Ph.

5. Meds at Home
6225 Annie Oakley Drive #300
Las Vegas, NV 89120

New
Thomas Beranek, R.Ph.

6. Puget Sound Drug Corp
23422 Pacific Hwy South
Kent, WA 98032

Change of Ownership
Hee-Joo Park, R.Ph.

7. SaveDirectRX Inc
4590 Lockhill Selman
San Antonio, TX 78249

Change of Ownership
Larry Roberts, R.Ph.

8. WellPartner Inc
7216 SW Durham Road Suite 200
Portland, OR 97224

New
Kent Blair, R.Ph.

WHOLESALE/BROKER

1. Adventrx Pharmaceuticals Inc
12390 El Camino Real Suite 150
San Diego, CA 92130

New

2. Becton, Dickinson and Company
DBA BD Distribution Center
130 Four Oaks Parkway
Four Oaks, NC 27524

New

3. Benco Dental Supply Co
3424 Centennial Drive Suite 150
Fort Wayne, IN 46808

New

4. Benco Dental Supply Co 8291 Forshee Drive Unit 4 Jacksonville, FL 32219	New
5. BioRx LLC 9045 E Pima Center Parkway Scottsdale, AZ 85258	New
6. Chelsea Therapeutics Inc 3530 Toringdon Way Suite 200 Charlotte, NC 28277	New
7. Fibrocell Technologies Inc 405 Eagleview Blvd Exton, PA 19341	New
8. Halozyme Therapeutics Inc 11388 Sorrento Valley Road San Diego, CA 92121	new
9. Healthcare Distribution Services 9337 Fraser Avenue Silver Spring, MD 20910	New
10. Janssen Biotech Inc 800 Ridgeview Drive Horsham, PA 19044	New
11. Kadmon Pharmaceuticals LLC 119 Commonwealth Drive Warrendale, PA 15086	New
12. Lloyd Inc of Iowa 604 W Thomas Avenue Shenandoah, IA 51601	New
13. MD Logistics Inc 12125 Moya Blvd Reno, NV 89506	New
14. Nautilus Neurosciences Inc Route 202/206 Bedminster, NJ 07921	New
15. PamLab LLC 2008 Claiborne Avenue Shreveport, LA 7110	New
16. Pharma-C Inc 120 Route 17 North Paramus, NJ 07652	New

- (8) Betacetylmethadol
- (9) Betameprodine
- (10) Betamethadol
- (11) Betaprodine
- (12) Clonitazene
- (13) Dextromoramide
- (14) Diampromide
- (15) Diethylthiambutene
- (16) Dimethylthiambutene
- (17) Difenoxin
- (18) Dimenoxadol
- (19) Dimepheptanol
- (20) Dimethylthiambutene
- (21) Dioxaphetyl Butyrate
- (22) Dipipanone
- (23) Ethylmethylthiambutene
- (24) Etonitazene
- (25) Etoxidine
- (26) Furethidine
- (27) Hydroxypethidine
- (28) Ketobemidone
- (29) Levomoramide
- (30) Levophenacymorphan
- (31) Morpheridine
- (32) Noracymethadol
- (33) Norlevorphanol
- (34) Normethadone
- (35) Norpipanone
- (36) Phenadoxone
- (37) Phenampromide
- (38) Phenomorphan
- (39) Phenoperidine
- (40) Piritramide
- (41) Proheptazine
- (42) Properidine
- (43) Propiram
- (44) Racemoramide
- (45) Tilidine
- (46) Trimeperidine

B. OPIUM DERIVATIVES: Unless specifically exempt or unless listed in another schedule, any of the following opium derivatives, its' salts, isomers, and salts of isomers whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

- (1) Acetorphine
- (2) Acetyl dihydrocodeine
- (3) Benzyl morphine
- (4) Codeine methylbromide
- (5) Codeine-N-Oxide
- (6) Cyprenorphine
- (7) Desomorphine
- (8) Dehydro morphine
- (9) Etorphine
- (10) Heroin
- (11) Hydromorphanol
- (12) Methyl-desorphine
- (13) Methyl-dihydromorphine
- (14) Morphine methylbromide

- (15) Morphine methylsulfonate
- (16) Morphine-N-Oxide
- (17) Myrophine
- (18) Nicocodeine
- (19) Nicomorphine
- (20) Normorphine
- (21) Pholcodine
- (22) Thebacon
- (23) Drotebanol
- (24) Beta-Hydroxy-3-Methylfentanyl
- (25) 3-Methylthiofentanyl
- (26) Acetyl-Alpha-Methyl fentanyl
- (27) Alpha-Methylthiofentanyl
- (28) Beta-hydroxfentanyl
- (29) Para-Fluoro fentanyl
- (30) Thiofentanyl

C. **HALLUCINOGENIC SUBSTANCES:** Unless specifically exempt or unless listed in another schedule, any material, compound, mixture or preparation, which contains any quantity of the following hallucinogenic substances, or which contains any of its' salts, isomers, and salts of isomers whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation (for purpose of this sub-section only, the term "isomers" includes the optical position, and geometric isomers).

- (1) 3,4 -methylenedioxy amphetamine
- (2) 5 - methoxy - 3,4-methylenedioxy amphetamine
- (3) 3,4,5 -trimethoxy amphetamine
- (4) Bufotenine
- (5) Diethyltryptamine; DET
- (6) Dimethyltryptamine; DMT
- (7) 4-methyl-2,5-dimethoxy-amphetamine; DOM or STP
- (8) Lysergic acid diethylamide
- (9) Lysergic acid diethylamide
- (10) Marijuana
- (11) Mescaline
- (12) Peyote
- (13) N-ethyl-3-piperidyl benzilate
- (14) N-methyl-3-piperidyl benzilate
- (15) Psilocybin
- (16) Psilocyn
- (17) Tetrahydrocannabinols
- (18) Parahexyl (synthetic analog of delta-9-tetrahydrocannabinol (THC) an active ingredient of cannabis)
- (19) Hashish
- (20) 2, 5 -dimethoxyamphetamine; 2, 5-DMA
- (21) 4-bromo-2, 5-dimethoxy-amphetamine; 2,5-DMA
- (22) 4-methoxyamphetamine; PMA
- (23) Ethylamine N-ethyl-1-phenylcyclohexylamine (PCE)
- (24) Pyrrolidine 1-(1-phenylcyclohexyl)-pyrrolidine (PCPy), (PHP) analog of the drug phencyclidine
- (25) Thiophene (analog of phencyclidine) TCP or TPCP
- (26) Alpha-ethyltryptamine
- (27) 2, 5-dimethoxy-4-ethylamphet-amine
- (28) Ibogaine
- (29) 2,.5 dimethoxy-4-(n)-propylthiophenethylamine (2C-T-7)
- (30) Alpha-methyltryptamine (AMT)
- (31) 5-methoxy-N, N-diisopropyltryptamine (5-MeO-DIPT)
- (32) **Synthetic Cannabinoids: Unless specifically exempted or unless listed in another schedule, any material, compound, mixture of preparation which contains any quantity of the following synthetic Cannabinoids which demonstrates binding activity to the cannabinoid receptor or analogs or homologs**

with binding activity:

- (a) CP 55,244 ((hydroxymethyl)-4-[2-hydroxy-4-(2-methyloctan-2-yl)phenyl]-1,2,3,4,4a,5,6,7,8,8a-decahydronaphthalen-2-ol)
- (b) CP 55,940 (5-hydroxy-2-(3-hydroxypropyl) cyclohexyl]-5-(2-methyloctan-2-yl)phenol)
- (c) JWH-081 (1-pentyl-3-[1-(4-methoxynaphthoyl)]indole)
- (d) JWH-122 (1-pentyl-3-(4-methyl-1-naphthoyl)indole)
- (e) JWH-133 3-(1,1-Dimethylbutyl)-6a,7,10,10a-tetrahydro -6,6,9-trimethyl-6H-dibenzo[b,d]pyran
- (f) JWH 203 1-pentyl-3-(2-chlorophenylacetyl)indole
- (g) JWH 210 4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone
- (h) AM-694 (1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole)
- (i) AM-1221 (1-(N-methylpiperdin-2-yl)methyl-2-methyl-3-(1-naphthoyl)-6-nitroindole)
- (j) AM-2201 (1-(5-fluoropentyl)-3-(1-naphthoyl)indole)
- (k) RCS-4 or SR-19 (1-pentyl-3-(4-methoxy)-benzoyl]indole)
- (l) RCS-8 or SR-18 (1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole)
- (m) JWH-203 (1-pentyl-3-(2-chlorophenylacetyl)indole)
- (n) JWH-210 (1-pentyl-3-(4-ethylnaphthoyl)indole)
- (o) WIN-49,098 (Pravadoline) (4-methoxyphenyl)-[2-methyl-1-(2-morpholin-4-ylethyl)indol-3-yl]methanone
- (p) WIN-55,212-2 (2,3-dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo-1,4-benzooxazin-6-yl)-1-naphthalenylmethanone)

(33) **Substances** determined by the Board to have the pharmacological effect of the substance, the risk to the public health by abuse of the substance and the potential of the substance to produce psychic or physiological dependence liability is similar to the substances described in Paragraph (1) or (2) of 30-31-23C NMSA 1978.

(a) **Salvia Divinorum**

(b) **Salvinorin A** (methyl (2*S*,4*aR*,6*aR*,7*R*,9*S*,10*aS*,10*bR*)-9-(acetyloxy)-2-(furan-3-yl)-6*a*,10*b*-dimethyl-4,10-dioxododecahydro-2*H*-benzo[*f*]isochromene-7-carboxylate)

- (34) 4-methyl-ethylcathinone (4-MEC)
- (35) 4-ethyl-methcathinone (4-EMC)
- (36) 2-ethylamino-1-phenyl-propan-1-one (Ethcathinone)
- (37) 3',4'-methylenedioxyethylcathinone (ethylone)
- (38) beta-keto-N-methyl-3,4-benzodioxolybutanamine (bk-MBDB, butylone)
- (39) naphthylpyrovalerone (NRG-1, naphyrone)
- (40) N,N-dimethylcathinone (metamfepramone)
- (41) alpha-pyrrolidinopropiophenone (alpha-PPP)
- (42) alpha-Pyrrolidinobutiophenone (α -PBP)
- (43) 4'-methoxy-alpha-pyrrolidinopropiophenone (MOPPP)
- (44) 4'-Methyl- α -pyrrolidinopropiophenone (MPPPP)
- (45) 3',4'-methylenedioxy-alpha-pyrrolidinopropiophenone (MDPPPP)
- (46) 3',4'-Methylenedioxy-alpha-pyrrolidinobutiophenone (MDPBP)
- (47) 4'-Methyl- α -pyrrolidinobutiophenone (MPBP)
- (48) alpha-pyrrolidinovalerophenone (alpha-PVP)
- (49) 5,6-methylenedioxy-2-aminoindane (MDAI)
- (50) alpha-methylamino-butyrophenone (Buphedrone)
- (51) beta-Keto-ethylbenzodioxolylbutanamine (Eutylone)

(52) beta-Keto-ethylbenzodioxolylpentanamine (Pentylone)

D. DEPRESSANTS: Unless specifically exempt or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its' salts, isomers and salts of isomers whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

- (1) Mecloqualone
- (2) Methaqualone
- (3) Benzodiazepines
 - (a) bromazepam
 - (b) camazepam
 - (c) clobazam
 - (d) cloxazolam
 - (e) delorazepam
 - (f) ethyl loflazepate
 - (g) fludiazepam
 - (h) flunitrazepam
 - (i) haloxazolam
 - (j) ketazolam
 - (k) loprazolam
 - (l) lormetazepam
 - (m) medazepam
 - (n) nimetazepam
 - (o) nitrazepam
 - (p) nordiazepam
 - (q) oxazolam
 - (r) pinazepam
 - (s) tetrazepam
- (4) Gamma hydroxybutyric acid and any chemical compound that is metabolically converted to GHB.
- (5) Gamma butyrolactone and any chemical compound that is metabolically converted to GHB.
- (6) 1-4 butane diol and any chemical compound that is metabolically converted to GHB.

E. STIMULANTS: Unless specifically exempted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its' salts, isomers, and salts of isomers.

- (1) Fenethylamine
- (2) N-ethylamphetamine
- (3) cis-4-methylaminorex
- (4) N, N-dimethylamphetamine
- (5) N-benzylpiperazine (BZP, 1-benzylpiperazine)

F. Any material, compound, mixture or preparation which contains any quantity of the following substances.

- (1) 3-Methylfentanyl(N-3-methyl-1-(2-phenyl-ethyl)-4-Piperidyl)-N-phenylpropanamide, its' optical and geometric isomers, salts and salts of isomers.
- (2) 3, 4-methylenedioxyamphetamine (MDMA), its' optical, positional and geometric isomers, salts and salts of isomers.
- (3) 1-methyl-4-phenyl-4-propionoxypiperidine (MPPP), its' optical isomers, salts, and salts of isomers.
- (4) 1-(2-phenylethyl)-4-phenyl-4-acetoxy piperidine (PEPAP), its' optical isomers, salts and salts of isomers.
- (5) 2-amino-1-phenyl-1-propanone (Cathinone)
- (6) 2-(methylamino)-1-phenyl-propan-1-one (Methcathinone)

b. NMAC 16.19.34 Re-use of prescription drugs.:

Present were Mr. Sedrick Spencer and Randy Marshall from NMMS to discuss with the board their acceptance of the new Drug Donation rule 16.19.34 NMAC.

Ms. Mendez-Harper presented the language for 16.19.34 NMAC Drug Donation rule.

Motion: Accept the new Drug Donation rule 16.19.34 NMAC. Motion made by Mr. Cross, seconded by Mr. Anderson, board voted unanimously to pass the rule.

**TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 19 PHARMACISTS
PART 34 PRESCRIPTION DRUG DONATIONS**

16.19.34.1 ISSUING AGENCY: Regulation and Licensing Department - Board of Pharmacy.

16.19.34.2 SCOPE: This section applies to licensed clinics and participating practitioners located within the state of New Mexico who provide for the donation and redistribution of previously dispensed prescription drugs that have not been used.

16.19.34.3 STATUTORY AUTHORITY:
Section 26-1-3.2 of the New Mexico Drug, Device and Cosmetic Act requires the Board of Pharmacy to promulgate rules establishing standards and procedures necessary for the safe redistribution of previously dispensed prescription drugs.

16.19.34.4 DURATION: Permanent.

16.19.34.5 EFFECTIVE DATE: _____, unless a different date is cited at the end of a section.

16.19.34.6 OBJECTIVE: The objective of Part 34 of Chapter 19 is to ensure the safe donation and redistribution of unused prescription drugs by licensed clinics and participating practitioners by establishing standards and procedures including but not limited to accepting, storing, packaging, labeling, inspecting, record keeping, and disposal.
[16.19.33.6 NMAC - N, 05-14-10]

16.19.34.7 DEFINITIONS:

- A. "Board"** means the New Mexico Board of Pharmacy.
- B. "Clinic"** means a facility licensed pursuant to section 61-22-14 NMSA 1978 in which one or more licensed practitioners diagnose and treat patients and in which drugs are stored, dispensed or administered for the diagnosis and treatment of the facility's patients; provided that "clinic" does not include the privately owned practice of a licensed practitioner or group of licensed practitioners exempt under section 61-11-22 NMSA 1978.
- C. "Donor"** means an individual who donates an unused prescription drug to a clinic or participating practitioner, who originally prescribed that prescription drug for their patient, for the purpose of redistribution to established patients of that clinic or practitioner.
- D. "Eligible drug"** means an unused prescription drug stored in a tamper-evident container, or by a tamper evident process preventing unauthorized access, and has an expiration date of six (6) months or greater listed on the packaging. No drug shall be re-dispensed more than one time.
- E. "Ineligible drug"** means any controlled substances or any prescription drug within the Risk Evaluation and Mitigation Strategies (REMS) requirements as set forth by Sec 505-1[21 USC355-1] of the Food Drug and Cosmetic Act (FD&C Act), with the exception of a MedGuide as set forth in Title 34, CFR, Subsection 208, Patient Package Insert (PPI) or a communication plan, without prior board approval.
- F. "Participating practitioner"** means a licensed practitioner who is authorized to prescribe drugs, who registers with the board and is subject to rules promulgated by the board, to participate in the collection of

donated drugs, prescribed for use by established patients of that practitioner and donated for the purpose of redistribution to established patients of that practitioner.

G. “Prescription Drug” for the purposes of this rule means any drug required by federal or state law or regulation to be dispensed only by a prescription, including finished dosage forms and active ingredients subject to Section 503(b) of the Federal Food, Drug and Cosmetic Act.

H. “Recipient” means an individual who voluntarily receives donated prescription drugs.

I. “Tamper-evident” means a device or process that makes unauthorized access to protected pharmaceutical packaging easily detected.

J. “REMS” means Risk Evaluation and Mitigation Strategy as required by The Food and Drug Administration Amendments Act of 2007.

16.19.34.8 PROCEDURES:

A. All clinics and participating practitioners shall follow the procedures for accepting and redistributing certain donated prescription drugs, including refrigerated drugs, consistent with public health and safety standards.

(1) Before accepting donated prescription drugs, the clinic or the participating practitioner shall:

(a) Register with the New Mexico Board of Pharmacy as a practitioner who will facilitate prescription drug donation.

(b) Provide donor with appropriate form for documentation and verification upon acceptance of an eligible donated drug.

(c) Identify drug as eligible or ineligible prior to accepting the donated drug.

1. Ineligible drugs may not be accepted for donation.

2. Only drugs originally prescribed and dispensed by a licensed clinic or practitioner may be accepted.

(2) Standards and procedures for storing donated prescription drugs

(a) Donated prescription drugs must be stored separately from other prescription stock or inventory.

(b) All donated drugs must be stored in compliance with the manufacturer’s storage requirements per the drug monograph.

(3) Standards and procedures for labeling donated prescription drugs

(a) All personal information from donor must be removed from packaging.

(b) Labeling donated prescription drugs must be in compliance with the Food and Drug Administration (FDA) and the State of New Mexico’s requirements for labeling prescription drugs.

(4) Before redistributing donated prescription drugs, the clinic or the participating practitioner shall:

(a) Comply with all applicable federal laws and the laws of the state that deal with the inspection, storage, labeling and redistribution of donated prescription drugs.

(b) Confirm that the donor of a prescription drug is or was a patient of that practitioner or licensed clinic.

(c) Examine the donated prescription drug to determine that it has not been adulterated or misbranded and certify that the drug has been stored in compliance with the requirements of the product.

(d) Have the donor read and sign the Board approved Donor Form. This form will serve as documentation and verification upon acceptance of eligible donated drug.

(e) Have all recipients of donated prescription drugs read and sign the Board approved Recipient Form.

(f) Confirm the patient receiving the donated prescription drug has a valid prescription/order for the drug.

(g) Provide the recipient of any prescription drug with a REMS’s required patient-directed instructional document accompanying the medication, which could be either a Medication Guide (MedGuide) or a Patient Package Insert (PPI).

(h) Confirm they have received and read the formal communication plan from the drug manufacturer as part of the REM’s requirement for that prescription drug if applicable.

(5) Standards and procedures for inspecting donated prescription drugs to determine that the packaging is tamper-evident and that the donated prescription drugs are unadulterated, within the labeled expiration date, and are safe and suitable for redistribution.

(a) When inspecting packaging ensure:

1. Tamper-resistant packaging is intact
2. There are no breaks, cracks or holes in packaging
3. Appropriate quantity as indicated on package
4. Consistency of information is maintained on packaging (expiration date, lot number)

and outer packaging if applicable.

- (b) When inspecting liquids observe:
1. Color
 2. Thickness
 3. Unusual particles
 4. Transparency
 5. Odor
- (c) When inspecting tablets or capsules observe and confirm uniformity of:
1. Color
 2. Shape
 2. Unusual spots
 3. Texture
 4. Odor
 5. Imprint or markings
 6. Physical damage (cracks, breaks, erosion, abrasion)

(6) A handling fee not to exceed twenty dollars (\$20.00) may be charged to the recipient by the clinic or the participating practitioner to cover the costs of inspecting, storing, labeling and redistributing the donated prescription drug.

16.19.34.9 RECORD KEEPING:

(A) All clinics and participating practitioners shall provide separate records or forms documenting the receipt and redistribution of all unused prescription drugs and maintain the records for 3 years.

(1) A form to be signed by the donor serving as receipt of the drug verifying the donor voluntarily donating the drug, the donated prescription drug has been properly stored-not stored at temperature extremes nor hazardous conditions and protected from light and humidity, the container has not been tampered with, and the drug has not been adulterated or misbranded. The form shall include at least the following:

1. Date the drug was donated.
2. Name, address and telephone number of the donor.
3. Name, strength and quantity of the drug.
4. Manufacturer and lot number (if available) of drug
5. The expiration date of drug.
6. Name, date and signature of the practitioner or pharmacist who is accepting and

inspecting the donated drugs.

(2) A form to be signed by the recipient specifying: knowledge that the donor is not a pharmacist and took reasonable care of the donated prescription drug, that the donor is known to the clinic or the participating practitioner and that there is no reason to believe that the donated prescription drug was improperly handled or stored and any person who exercises reasonable care in donating, accepting or redistributing pursuant to this section (NMSA 26-1-3.2 1978) shall be immune from civil or criminal liability or professional disciplinary action of any kind for any related injury, death or loss; and that the immunity provided by this section shall not decrease or increase the civil or criminal liability of a drug manufacturer, distributor or dispenser that would have existed but for the donation. The form shall include at least the following:

1. Date the recipient received the drug.
2. Name, address and phone number of the recipient.
3. Name, strength and quantity of the drug.
4. Manufacturer and lot number (if available) of drug.
5. The expiration date of drug.
6. Documentation that donated drug was dispensed with applicable forms as deemed by the REMS requirements.
7. No product where integrity cannot be assured shall be accepted for redistribution.

(B) All records and forms required by this rule may be in electronic form.

16.19.34.10 LIABILITY:

- A.** Any person who exercises reasonable care in donating, accepting or redistributing prescription drugs pursuant to this section shall be immune from civil or criminal liability or professional disciplinary action of any kind for any related injury, death or loss.
- B.** The immunity provided by this section shall not decrease or increase the civil or criminal liability of a drug manufacturer, distributor or dispenser that would have existed but for the donation.
- C.** A manufacturer shall not be liable for failure to transfer or communicate product consumer information or the expiration date of the donated prescription drug pursuant to this section.
- D.** This section does not restrict the authority of an appropriate governmental agency to regulate or ban the use of any prescription drugs.

16.19.34.11 PARTICIPATING PRACTITIONERS AND LICENSED CLINICS

- A.** Practitioners and licensed clinics must submit the required application form provided by the board to obtain eligibility for participation.
- B.** The board may remove at any time practitioners or any licensed clinics from participating in the reuse of prescription drug donations should they fail to comply with regulations stated therein.
- C.** The board shall maintain and publish a current listing of participating practitioners and licensed clinics including name(s) and address.

16.19.34.12 DISPOSAL

- A.** Participating practitioners and licensed clinics may dispose of unused donated prescription drugs, that were collected but not re-distributed, in accordance with state and federal requirements for the disposal of prescription drugs.

16.19.34.13 RECALLS

- A.** Participating practitioners shall monitor FDA recalls, market withdrawals, and safety alerts and will communicate with recipients if medications they received may be impacted by this FDA action.

c. NMAC 16.19.22.9 Extension language.:

Ms. Mendez-Harper presented the amendment language for 16.19.22 NMAC regarding the definition for stocking and the extension cutoff for licensees.

Motion: Accept the amendments for 16.19.22 NMAC. Motion made by Mr. Cross, seconded by Mr. Anderson, board voted unanimously to pass the motion.

16.19.22.7 DEFINITIONS:

- A. "Direct supervision"** means that the pharmacist onsite shall observe and direct to a degree sufficient to assure the accurate completion of the activities of the pharmacy technicians and must provide a final check of all aspects of the prepared product and document the final check before dispensing.
- B. "Indirect supervision"** means that the pharmacist offsite shall observe via live surveillance cameras and direct pharmacy activity remotely via remote tele-pharmacy communication technology to a degree sufficient to assure the accurate completion of the activities of the pharmacy technicians and must provide a final check of all aspects of the prepared product and document the final check before dispensing.
- C. "Pharmacy technician"** means a person who, under the supervision of a licensed pharmacist, performs repetitive tasks not requiring the professional judgment of a pharmacist. This includes assisting in various technical activities associated with the preparation and distribution of medications.
 - (1) "Certified pharmacy technician"** means a pharmacy technician who has completed the training and certification outlined in 16.19.22.9 NMAC, completed a board approved certification exam, is registered by the board of pharmacy and maintains current board approved certification.
 - (2) "Non-certified pharmacy technician"** means a pharmacy technician who is in the process of completing the training and education outlined in 16.19.22.9 NMAC and is registered by the board of pharmacy.
 - (3) "Remote pharmacy technician"** means a certified pharmacy technician who meets the special requirements for indirect supervision at a remote dispensing site as specified in the board of pharmacy tele-pharmacy regulations.
- D. "Prescription drug"** means and human drug required by federal or state law or regulation to be dispensed only by a prescription, including finished dosage forms and active ingredients subject to Section 503(b) of the Federal Food, Drug and Cosmetic Act.

E. “Professional judgment” means a cognitive process, by a licensed professional, that takes education, experience, current primary literature and current standards of practice into consideration when drawing conclusions and reaching decisions.

F. “Stocking” means placement of the prescription drug container on the pharmacy shelf or other areas of the facility where the product is available for use.

G. “Supervision” means that the pharmacist shall observe and direct to a sufficient degree to assure the accurate completion of the activities of the pharmacy technicians and must provide a final check of all aspects of the prepared product and document the final check before dispensing.

H. “Support personnel” means pharmacy personnel other than pharmacy technicians, which may include clerks, secretary’s and delivery personnel, who under the supervision of a pharmacist, may perform duties associated with the practice of pharmacy, excluding the direct processing and filling of prescriptions, stocking prescription drugs, or duties restricted to only a pharmacist, pharmacist intern, or pharmacy technician.

I. “Technician training sponsor” means pharmacist-in-charge, pharmacist or designated administrator at a pharmacy technician training program who assumes responsibility for training and duties performed by a non-certified technician.

[16.19.22.7 NMAC - Rp, 16 NMAC 19.22.7, 06-27-2001; A, 11-15-10]

16.19.22.9 TRAINING AND EDUCATION:

A. The pharmacist-in-charge shall ensure that the pharmacy technician has completed initial training which includes:

- (1) federal and state laws and regulations that affect pharmacy practice; specific regulations which address the use of supportive personnel and technicians;
- (2) ethical and professional standards of practice;
- (3) medical and pharmaceutical terminology, symbols and abbreviations used in the practice of pharmacy and components of a prescription;
- (4) pharmaceutical calculations necessary for the preparation and dispensing of drug products;
- (5) manufacturing, preparation, packaging, labeling and proper storage of drug products;
- (6) dosage forms and routes of administration; and
- (7) trade and generic names for medications frequently dispensed by the pharmacy;
- (8) basic comprehension of pharmacology;
- (9) basic knowledge of appropriate pharmacy references.

B. If the duties of the technician will include the preparation of sterile products then, in addition to the training and education requirements listed in this section, the technician will complete training outlined in Paragraph (2) of Subsection C of 16.19.6.11 NMAC.

C. A written record of training and education will be maintained by the pharmacy technician and contain the following:

- (1) name of person receiving the training;
- (2) date(s) of the training;
- (3) description of the topics covered;
- (4) names of the person(s) who provided the training; and
- (5) signature of the technician and the technician training sponsor.

D. A written record of training and education must be submitted to the board with certification exam documentation to obtain certified pharmacy technician registration.

E. All technicians are required to obtain board approved certification within one year of registration with the board as a technician. **Extensions will no longer be granted to pharmacy technicians registered on or after November 15, 2010.**

F. The pharmacist-in-charge shall be responsible for the implementation of policies and procedures for additional training appropriate to duties and responsibilities performed by a pharmacy technician as well as an ongoing quality assurance plan to assure competency.

8. 3:00 p.m. Stipulated or Settlement Agreements/Surrenders/Default Hearings and Orders*

2010-072 Walgreens PH 1886 – Stipulated Agreement:

Motion: Accept stipulated agreement for pharmacy and pharmacists for 2010-072 and rescind NCA's issued for pharmacies and respondents for 2010-072. Designate name and title of the signer on stipulated agreement. Motion made by Mr. Cross, seconded by Mr. Anderson, board voted unanimously to pass the motion.

2010-072 Walgreens PH 1328 – Stipulated Agreement:

Motion: Accept stipulated agreement for pharmacy and pharmacists for 2010-072 and rescind NCA's issued for pharmacies and respondents for 2010-072. Designate name and title of the signer on stipulated agreement. Motion made by Mr. Cross, seconded by Mr. Anderson, board voted unanimously to pass the motion.

2011-032 Voluntary Restriction Pharmacist License – Joanne Ruppen RP4429:

Motion: Accept voluntary restriction of pharmacist license for Joanne Ruppen RP4429. Motion made by Mr. Anderson, seconded by Mr. Cross, board voted unanimously to pass the motion.

2011-018 Voluntary Restriction Pharmacist License – Jennifer Kobyljanec (Rodgers)RP6539:

Motion: Accept voluntary restriction of pharmacist license for Jennifer Kobyljanec RP6593. Motion made by Mr. Anderson, seconded by Mr. Cross, board voted unanimously to pass the motion.

2011-070 Voluntary Surrender – Dominic Griego PT5206:

Motion: Accept voluntary surrender and pay costs of investigation. Motion made by Mr. Cross, seconded by Mr. Anderson, board voted unanimously to pass the motion.

2011-060 Voluntary Surrender – Charlten Dann PT7510:

Motion: Accept voluntary surrender and pay costs of investigation. Motion made by Mr. Cross, seconded by Ms. Buesing, board voted unanimously to pass the motion.

9. Executive Directors Report (May be heard at any time during the two day meeting)

a. Case presentations (will be presented on Tuesday October 18, 2011):

b. NABP report: Mr. Harvey covered numerous topics covering; CPD up and coming, PMP security access (2 levels of security), pharmacy's on tribal lands and jurisdiction issues, pharmacists prescribing and administering being a conflict, virtual pharmacy practice across state lines, prescription labeling consistency, medical spa's use of growth hormones, Latisse and Botox home parties, Ms. Mendez-Harper on th

NABP resolution committee, and the next NABP District Meeting will be in Littlerock, Arkansas.

c. Medical Marijuana use by pharmacists, interns or pharmacy technicians:

Licenses inquiring about whether they may utilize medical marijuana will be advised that they may not, since marijuana is federally classified as CI and considering the definition of unprofessional or dishonorable conduct.

16.19.4.9 DEFINING UNPROFESSIONAL OR DISHONORABLE CONDUCT:

A. Preamble: In defining "unprofessional conduct" the definitions of professional conduct and a pharmacist's duty should be considered.

B. Professional conduct may be defined as complying with all the laws and regulations that apply to a given professional activity.

C. Definition: Unprofessional or dishonorable conduct by a pharmacist shall mean, among other things, but not be limited to.

(1) Violation of any provision of the Pharmacy Act as determined by the board.

(2) Violation of the board of pharmacy regulations as determined by the board.

(3) Violation of the Drug and Cosmetic Act as determined by the board.

(4) Violation of the Controlled Substances Act as determined by the board.

(5) Failure of the pharmacist to conduct himself professionally in conformity with all applicable federal, state and municipal laws and regulations to his relationship with the public, other health professions and fellow pharmacists.

Amy Buesing in attendance at 2:31 p.m.

d. Proposed changes to 16.19.23 Parental Responsibility Act Compliance:

The board discussed the proposed language and requested to notice for hearing at the January 2012 board meeting.

Motion: Notice proposed language for 16.19.23 Parental Responsibility Act Compliance for the January 2012 board meeting, motion made by Mr. Carrier, seconded by Ms. Buesing, board voted unanimously to pass the motion.

e. Use of prescription drugs beyond their expiration dates: Granted only by the FDA and if in emergency situations and critical to patient care and lack of the drug especially in hospitals.

f. PMP Interconnect MOU: The board discussed approval of the PMP Interconnect MOU contract.

Motion: Approve the PMP Interconnect MOU, motion made by Mr. Carrier, seconded by Ms. Buesing, Mr. Anderson, Ms. Mendez-Harper and Mr. Mazzoni voted yes, Mr. Cross voted no. The motion was passed.

g. Drug Formulary rule: Board of Chiropractic Examiners: The BOP will appeal the formulary rule if filed no later than 30 days of filing.

h. Sterile compounding without a prescription: The board addressed compounding issues, one in particular regarding Avastin at the August 2011 board meeting. The Medical Board also answered questions regarding prescriptions of compounded drugs. Any drug compounded must be done at that time and by prescription only.

10. Committee Reports:

Tele-Pharmacy Committee: No report at this time

Pharmacist CE Committee: No report at this time.

Pharmacist Practice Committee: Committee meeting scheduled for November 7, 2011.

Emergency Preparedness Committee: No report at this time.

Pharmacist Clinician Committee: Clinician applications have been submitted for approval.

Board of Pharmacy/Chiropractor Formulary Committee: Chiropractic board filed a rule regarding the formulary on Friday October 14, 2011, of which the Pharmacy Board will appeal no later than 30 days of filing.

Board of Pharmacy/BAOM Education Committee: No report at this time.

Pharmacy Technician Committee: No report at this time. The board discussed a few issues regarding the security issues when testing through PTCB and ExCPT and whether the NABP accepts certification from ExCPT.

The board went into recess at 3:38 p.m. and will reconvene on Tuesday October 18, 2011 at 9:00 a.m.

Tuesday October 18, 2011

1. 9:05 a.m. Call to Order

Present were Mr. Carrier, Mr. Anderson, Mr. Cross, Ms. Buesing, Ms. Mendez-Harper and Mr. Mazzoni. Absent were Ms. Saavedra-Shean, and Mr. Nunley.

Mr. Harvey introduced the new Dean, Lynda S. Welage, for the UNM College of Pharmacy.

2. Cont'd Application List from Monday October 17, 2011(quorum present):

Motion: 1 Non-Resident Pharmacy applications all is in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Anderson, board voted unanimously to pass motion. CVS Pharmacy application #3 was on when a quorum was present due to Mr. Mazzoni recusing himself from voting.

b) Pharmacist Clinicians:

Motion: Recommendations, prescriptive authority and PhC certification approved for Tuesday Homer. Motion made by Ms. Mendez-Harper, seconded by Mr. Anderson, board voted unanimously to pass the motion.

Motion: Recommendations and PhC certification approved for Shellie Bouma and Richard Levine. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass the motion.

Motion: Motion was made by Mr. Cross, seconded by Ms. Buesing to attach the application list to the minutes, board voted unanimously to pass the motion.

3. Public and Professional Requests/Waiver Petitions:

a. Express Scripts request to re-visit technician/pharmacist ratio:

Ms. Henna Griego from Express Scripts was in attendance and presented a request to re-visit the technician/pharmacist ration. Upon discussion with the board, the request would be deferred until January 2012 pending an inspection by the board and submission of protocols by Express Scripts.

Motion: Defer technician/pharmacist ratio request until January 2012. Motion made by Mr. Cross, seconded by Mr. Anderson, board voted unanimously to pass the motion.

b. James Moseley, R.Ph., request to modify Settlement Agreement 2006-144:

Mr. James Moseley R.Ph. was in attendance requesting modification of his settlement agreement to allow his probation to be decreased and be released from the lifetime MTP requirement.

Upon discussion the board asked to go into closed session.

Motion: Go into closed session to discuss modification of settlement agreement 2006-144. Motion was made by Ms. Buesing, seconded by Mr. Cross, Mr. Carrier, Mr. Anderson, Ms. Mendez-Harper and Mr. Mazzone voted unanimously to go into closed session.

The board went back into open session and the only issue discussed was modification of settlement agreement 2006-144 for James Moseley.

The board informed Mr. Moseley that they would re-visit and address the probation and MTP issues of the settlement agreement after he has completed the one year transition period with MTP.

Motion: The board will re-visit modification of 2006-144 James Moseley's settlement agreement after completion of one year MTP transition period. Motion made by Mr. Cross, seconded by Ms. Buesing, board voted unanimously to pass the motion.

c. Artesia General Hospital Pharmacy status report:

Mr. Kirk Irby was in attendance and presented the board with an update regarding the status of newly installed as of week of October 10, 2011 with equipment and monitoring system in order to be in compliance with remote tele-pharmacy and hospital rules. The board will schedule an inspection with Artesia General Hospital.

The board will also evaluate the current rules for possible amendments related to compliance regarding the issues Mr. Irby and the hospital have experienced.

d. Region II PSE Report:

Detective Jeff Browning was in attendance and has complied with the requirements of the board regarding pseudoephedrine reporting.

e. Petition for Waiver, Deborah Zamora-Martinez, R.Ph.:

Ms. Deborah Zamora-Martinez Rph. asked the board to grant her a waiver to allow volunteering at the board in order to be in compliance with her active status as a pharmacist.

Motion: Grant the waiver for active status performing volunteer work at the board. Motion made by Ms. Buesing, seconded by Mr. Cross to grant the waiver for a two year period.

4. Cont'd from Monday October 17, 2011 Executive Directors Report (May be heard at any time during the two day meeting)

The Chairman asked the board to go into closed session to discuss case presentations.

Motion: Go into closed session to discuss case presentation. Motion made by Ms. Buesing, seconded by Ms. Mendez-Harper, Mr. Carrier, Mr. Anderson, Mr. Cross, and Mr. Mazzone voted unanimously to pass the motion.

a. Case presentations:

Harvey: 2010-031/no action taken
2011-029/close
2011-032/voluntary restriction of license
2011-018/voluntary restriction of license

Kesner: 2011-042/NCA w/pre-NCA stipulated agreement
2011-060/voluntary surrender (presented)

Loring: 2011-034/close
2011-037/NCA or surrender license
2011-055/close
2011-061/examining committee
2011-062/examining committee
2011-070/voluntary surrender (presented)
2011-071/table pending further investigation

Kris Mossberg: 2011-068/NCA w/pre-settlement agreement and advisory letters

The board went back into open session and the only issue discussed was case presentations.

Motion: Accept the cases as presented. Motion made by Ms. Mendez-Harper, seconded by Mr. Carrier, the board voted unanimously to pass the motion.

The board adjourned at 12:50 p.m.