

**BOARD OF PHARMACY**  
Professional & Vocational Licensing Division  
Department of Commerce and Consumer Affairs  
State of Hawaii

**MINUTES OF MEETING**

Date: Thursday, June 21, 2018

Time: 9:00 a.m.

Place: King Kalakaua Building  
335 Merchant Street  
Queen Liliuokalani Conference Room First Floor  
Honolulu, Hawaii 96813

Members Present: Kerri Okamura, RPh, Chair, Pharmacist  
Julie Takishima-Lacasa, PhD, Vice Chair, Public  
Marcella Chock, PharmD., Pharmacist  
Mary Jo Keefe, RPh, Pharmacist  
Kenneth VandenBussche, RPh, BCACP, Pharmacist  
Ronald Weinberg, Public

Members Excused: Carolyn Ma, PharmD., BCOP, Pharmacist

Staff Present: Lee Ann Teshima, Executive Officer ("EO")  
Shari Wong, Deputy Attorney General ("DAG")  
Nohelani Jackson, Secretary

Guests: Paul Smith, Walgreens  
Davis Zheng, UH Hilo DKICOP  
Brienne Mosley, Ohio Northern University  
Alanna Isobe, Safeway  
Robert Hetue, University of Wisconsin  
Fred Cruz, CVS Caremark  
Dean Yamamoto, Narcotics Enforcement Division  
Clarissa Buted, UH Hilo DKICOP  
Stacy Pi, Kaiser Permanente  
Ashok Kota, Foodland  
Kellie Noguchi, Kaiser Permanente  
Patrick Uyemoto, Times, Hawaii Pharmacists Association  
Trisch Huynh, UH Hilo DKICOP  
Rene Chavez, UH Hilo DKICOP  
Wesley Sumida, UH Hilo DKICOP  
Tanya Demattic, CVS Longs  
Mihoko Ito, SanHI Govt Strategies  
Amy Este, Walmart

Call to Order: The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by section 92-7(b), Hawaii Revised Statutes ("HRS").

There being a quorum, the Chair called the meeting to order at 9:00 a.m.

Chair's Report: **Announcements and Introductions**

The Chair excused Dr. Ma and asked the audience to introduce themselves.

The Chair presented Dr. Chock with a lei and certificate of appreciation for her invaluable service as a Board member.

### **Approval of the Previous Minutes –April 19, 2018 Meeting**

The Chair called for a motion in regards to the minutes of the May 17, 2018 meeting.

There being no amendments, upon a motion by Mr. Weinberg, seconded by Ms. Keefe, it was voted on and unanimously carried to approve the minutes for the May 17, 2018 meeting as circulated.

Executive Officer's Report:

### **Conferences/Seminars/Meetings**

#### NABP/AACP Districts VI, VII & VII (Annual Meeting, October 14, 17, 2018, Kansas City, Missouri

The EO announced that Ms. Keefe will be attending the NABP/AACP district meeting to be held in Kansas City, Missouri, October.14-17, 2018

#### 2018 MPJE State Specific Review and Pre-test Item Selection, September 6-7, 2018, Mount Prospect, Illinois

The EO stated that after discussing with the Chair, the Board's review will take place here. The questions will be divided up among the Board members.

### **2018 Legislation**

The EO reported on the status of the following bills:

SB 2247, SD1, HD2, CD1 Relating to Opioid Antagonists – Authorizes pharmacists to prescribe, dispense, and provide related education on opioid antagonists to individuals at risk of opioid overdose and to family members and caregivers of individuals at risk of opioid overdose without the need for a written, approved collaborative agreement; subject to certain conditions. (CD1) Enrolled to Governor on 5/3/2018.

- Safety Concerns Trigger Naloxone Hydrochloride  
The EO reported that she came across an article regarding the recall of two lots of naloxone hydrochloride injection within the Carpuject single-use cartridge syringe system being voluntarily recalled by Hospira Inc. because of embedded or loose particulate matter may be present on the syringe's plunger.

HB 2145, HD1, SD1, CD1 Relating to Medication Synchronization - Allows the synchronization of plan participants' medications. Requires plans, policies, contracts, or agreements that are offered by health insurers, mutual benefit societies, and health maintenance organizations and provide prescription drug benefits, to apply prorated daily cost-sharing rates for prescriptions dispensed by network pharmacies for less than a thirty-day supply. (HB2145 CD1) Transmitted to Governor on 4/30/2018

SB 2298, SD2, HD3, CD1 Relating to Healthcare Preceptor Tax Credits – Allows advanced practice registered nurses, pharmacists, and physicians to receive income tax credits for acting as preceptors in volunteer-based supervised clinical training rotations provided to eligible students that enable the students to obtain an eligible healthcare professional degree or certificate. Applies to taxable years beginning after 12/31/2018. (CD1) – The Governor signed this bill into law on 6/14/2018, Act 43, SLH 2018.

HB 1602, HD2, SD1, CD1 Relating to Opioids - Requires the inclusion of a label warning of the risks of addiction and death on the packaging of any opioid drug dispensed by a health care professional or pharmacist. (HB1602 CD1) Transmitted to Governor on 5/2/2018

HB 2739, HD1 – Relating to Health - Establishes a regulated process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription. (HB2739 HD1) – Act 2, SLH 2018

- The EO reported that she came across an article from Community Hospital Corporation that a state judge overturned the California's physician aid-in-dying law ruling the Legislature unconstitutionally passed it during a special session limited to healthcare issues. California is one of seven states (Colorado, Montana, Oregon, Vermont, Washington, Hawaii and the District of Columbia) that allows doctors to prescribe lethal prescriptions for terminally ill patients.

SB 2646, SD1, HD3, CD1 – Relating to Prescription Drugs - Requires prescribers of certain controlled substances to consult the State's Electronic Prescription Accountability System before issuing a prescription for the controlled substance, under certain circumstances. Provides that a violation by a prescriber shall not be subject to criminal penalty provisions but that a violation may be grounds for professional discipline. Repeals on 6/30/2023. (CD1) – Enrolled to the Governor on 5/3/2018.

### **Revisions to Pharmacist's Corresponding Responsibility Guidance Statement - Draft**

The EO reported that she is waiting on revising the guidance book until the previously mentioned bills are enacted.

### **Pharmacists Continuing Education Audit – Report**

The EO reported that approximately 150 audit letters were mailed out. Only nine (9) pharmacists failed to respond. These pharmacists will be getting a follow-up letter and if they fail to respond, she will refer the matter to the Regulated Industries Complaints Office for investigation and possible disciplinary action. She also reported that some pharmacists who received the audit letter tried to place their license on inactive status thinking they do not have to comply with the continuing education (“CE”) requirement. She stated that once you are selected for the audit, it doesn’t matter if you decide to place your license on inactive status, you will still be required to provide proof of completion of the CE requirement especially since when they submitted their renewal application and answered “yes” that they completed the CE requirement, if they failed to complete the CE requirement then there is an additional allegation that they submitted false information to the Board.

### **Working Conditions Survey**

The Chair reported that she added questions as previously recommended by the Board at the May meeting:

- “Are you currently a pharmacist practicing in Hawaii?”
- “Is your performance measured or do you receive a bonus salary based on the number of prescriptions you fill per hour, shift, month?”
- “If you are currently the manager of a pharmacy, were you given the opportunity to decline the position without negative ramifications?”
- “Do you provide the following services, (emergency contraception, administration of adult or adolescent immunizations, prescribe and dispense women’s contraceptives, or prescribe and dispense naloxone)?”
- “If you provide any of the services above, do you feel you are able to provide the services in a safe manner?”

The EO stated that she will follow up and work with Dr. Ma on how to disseminate the survey.

### **State Board of Pharmacy ACPE CPE Activity**

The EO reported that she has not had an opportunity to follow-up on this and will try to do so and report at the July meeting.

### Correspondence:

#### **National Association of Boards of Pharmacy (“NABP”)**

#### News Roundup

The Chair reported on the May 2018 issue that included the following information:

- Massachusetts now requires pharmacy technicians to be licensed;

- Ohio upgrades their automated Rx reporting system that will calculate and display a patient's narcotic (opioids) and buprenorphine equivalencies separately due to recent guidance by the CDC;
- South Carolina approves expungement policy that would allow licensee/permittee who have been issued a reprimand to petition the Board for expungement from their record;
- Utah Legislature passes bills on pharmacist dispensing, PBMs Cannabis products, CS and Opiate abuse.

### **Kishan Patel, Pharmacy Student – Student Immunizations**

Mr. VandenBussche led the discussion on the following email inquiry:

“Hello, my name is Kishan Patel and I am a student pharmacist from Rutgers University in New Jersey. I am calling to ask a question pertaining to how pharmacy is practiced in the state of Hawaii, My understanding is that Hawaii allows student pharmacists to immunize patients. In New Jersey, that is not the case. Currently, student pharmacists in New Jersey are advocating for the authority to immunize patients while on rotations under the supervision of a preceptor. However, New Jersey is a state that requires us to appeal to our state legislators to amend the current statute. We understand that in some states, the State Board of Pharmacy is able to regulate whether or not student pharmacists are able to immunize patients.

We are wondering whether Hawaii is a state that required a statutory amendment or a State Board of Pharmacy regulatory change in order to authorize student pharmacists to be able to immunize.”

Mr. VandenBussche stated that pursuant to HAR §16-95-85, as cited below, pharmacy interns may immunize patients under the supervision of a licensed or registered pharmacist:

§16-95-85 Scope of practice of a pharmacy intern. A pharmacy intern may perform all functions under the definition of “practice of pharmacy” as stated in section 461-1, HRS, except where prohibited by any state or federal law or rule and excluding the final drug verification before it is dispensed. The pharmacy intern shall at all times be under the immediate supervision of a licensed or registered pharmacist. [

The Board concurred with Mr. VandenBussche's citation and also wanted to include the definition of “pharmacy intern” as defined in HAR 16-95-2:

"Pharmacy intern" means a student or graduate of a school or college of pharmacy, that is accredited or is a candidate for accreditation by the ACPE, and who is issued a permit by the board to work under the immediate supervision of a registered pharmacist.

**S. 2645 U.S. Senate – To establish a demonstration program under which the Drug Enforcement Administration provides grants to certain States to enable those States to increase participation in drug take-back programs.**

Dr. Chock summarized S. 2645.

**FDA takes new steps to advance the development of innovative products for treating opioid use disorder**

The Vice Chair summarized the FDA new release stating that the FDA is releasing the first of two new draft guidance documents intended to aid industry in developing new medications for use in medication-assisted treatment (“MAT”) for opioid dependence. According to the article “medication-assisted treatment is effective in treating addiction and we at the Department of Health and Human Services are using every avenue we have to boost access to it.”

“Use of MAT for opioid dependence relies on prescription drugs, including buprenorphine, methadone and naltrexone, to stabilize brain chemistry; reduce or block the euphoric effects of opioids; relieve physiological cravings; and normalize body functions. Regular adherence to MAT with buprenorphine helps patients gain control over their use of opioids without causing the cycle of highs and lows, intoxication and withdrawal associated with opioid misuse or abuse. At proper doses, buprenorphine can also block the pleasurable effects of other opioids, making continued opioid abuse less attractive.”

**Opioid Dependence: Developing Depot Buprenorphine Products for Treatment - Guidance for Industry by U.S. Department of Health and Human Services, Food and Drug Administration, Center for Drug Evaluation and Research – FYI...either Glenda or another board member to summarize article**

A copy of this draft guidance, as referenced previously, was distributed to the Board members.

**Working Solutions – May 2018**

Ms. Keefe summarized the May 2018 issue that included the following articles:

- Communicating with millennials for Peak Productivity;
- Gardening and Stress Management;
- Mental Wellness in the Workplace;
- Emotional Stress and Traffic Accidents;
- How Complacency Increases Risk

**Questions about CLIA Waived Screening**

Dr. Chock read the following email inquiry from Ms. Este and asked her if she wanted to address the Board:

“In regards to CLIA waived testing by pharmacists in a retail pharmacy setting;

1. Is it okay to perform **screenings** for blood pressure, blood glucose, hemoglobin A1c, complete cholesterol, and Body Mass Index?
2. Can the results be given to the patient with no interpretation?
3. Can an informative paper be given to the patient that describes “healthy ranges” for the above screenings? This paper would have information on it that is readily available on the internet to the patient should they search the results. It also groups results in “red, yellow, or green”. The pharmacist and the paper would refer the patient to the physician for any interpretation or if results were “red”. “

During the discussion, the Board cited the definition of “Practice of pharmacy” under HRS 461 that includes the following:

- (2) Performing the following procedures or functions as part of the care provided by and in concurrence with a "health care facility" and "health care service" as defined in section 323D-2, or a "pharmacy" or a licensed physician or a licensed advanced practice registered nurse with prescriptive authority, or a "managed care plan" as defined in section 432E-1, in accordance with policies, procedures, or protocols developed collaboratively by health professionals, including physicians and surgeons, pharmacists, and registered nurses, and for which a pharmacist has received appropriate training required by these policies, procedures, or protocols:
  - (A) Ordering or performing routine drug therapy related patient assessment procedures;
  - (B) Ordering drug therapy related laboratory tests;

The DAG referred Ms. Este to consult with her legal counsel.

The EO asked if screenings for blood pressure, blood glucose, hemoglobin A1c, complete cholesterol, and Body Mass Index” were considered “routine drug therapy related patient assessment procedures; or “drug therapy related laboratory tests”?

It was the consensus of the Board that it was not.

The EO asked if a pharmacist license was required in order to administer/perform these screenings?

It was the consensus of the Board that it was not.

The EO stated if the activities described did not fall within the scope of “practice of pharmacy” and a pharmacist license is not required to perform these activities, then technically this does not fall under the Board’s jurisdiction. If a pharmacist chooses to offer this service, then it is up to the pharmacist/pharmacy.

After careful consideration, the Board agreed that the activities described did not fall within the scope of "practice of pharmacy" and a pharmacist license may not be required to perform these activities.

In accordance with HAR § 16-201-90, the above interpretation is for informational and explanatory purposes only and based solely on the information provided. It is not an official opinion or decision and therefore not binding on the Board.

Executive Session: At 9:43 a.m., upon a motion by the Vice Chair, seconded by Dr. Chock, it was voted on and unanimously carried to move into executive session pursuant to §92-4 and §92-5(a)(1) and (4), HRS, "To consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;" and "To consult with the Board's attorney on questions and issues pertaining to the board's powers, duties, privileges, immunities, and liabilities".

At 10:08 a.m., upon a motion by Ms. Keefe, seconded by Dr. Chock, it was voted on and unanimously carried to move out of executive session.

Applications: **Ratification Lists**

Upon a motion by Mr. Weinberg, seconded by Dr. Chock, it was voted on and unanimously carried to approve the attached ratification lists.

### **Applications**

#### Pharmacist(s)

Upon a motion by Mr. Weinberg, seconded by Dr. Chock, it was voted on and unanimously carried to approve the following pharmacist application;

Brendan Anthony Ferris

#### Miscellaneous Permit

The Board deferred the following applications for more information:

SterlingRx, Inc., dba Sterling Specialty Pharmacy, Daniel B. Astrup, Owner  
EntirelyPets Pharmacy

Next Meeting: Thursday, July 19, 2018  
9:00 a.m.  
Queen Liliuokalani Conference Room, First Floor  
335 Merchant Street  
Honolulu, Hawaii 96813

The Chair asked if everyone could attend and said that she will not be able to attend the July meeting.



Adjournment: With no further business to discuss, the Chair adjourned the meeting at 10:15 a.m.

Taken and recorded by:

                  /s/ Lee Ann Teshima                    
Lee Ann Teshima, Executive Officer

6/22/18

[ X ] Minutes approved as is.

[   ] Minutes approved with changes; see minutes of \_\_\_\_\_