

TENNESSEE BOARD OF PHARMACY  
WEBEX MEETING  
665 Mainstream Dr.  
Nashville, TN 37243

**BOARD MEMBER PRESENT**

Rissa Pryse, D.Ph President  
Katy Wright, D.Ph., Vice President  
Adam Rodgers, D.Ph.  
Melissa McCall, D.Ph.  
Richard Breeden, D.Ph.  
Debra Wilson, D.Ph

**STAFF PRESENT**

Reginald Dilliard, Executive Director  
Matthew Gibbs, Associate General Counsel  
Larry Hill, Pharmacy Investigator  
Rebecca Moak, Pharmacy Investigator  
Robert Shutt, Pharmacy Investigator  
Terry Grinder, Pharmacy Investigator  
Richard Hadden, Pharmacy Investigator  
Derek Johnston, Pharmacy Investigator  
Scott Denaburg, Pharmacy Investigator  
Rita Golden, Pharmacy Investigator  
Patricia Beckham, Pharmacy Investigator  
Sheila Bush, Administrator Director

**STAFF ABSENT**

Andrea Miller, Pharmacy Investigator

The Tennessee Board of Pharmacy convened on Tuesday July 14, 2020, in the Iris Room, 665 Mainstream Drive, Nashville, TN. A quorum of the members being present by WebEx, the meeting was called to order at 8:00 a.m. with Dr. Pryse presiding. Dr. Dilliard asked that public comments be sent via email.

**Minutes**

Dr. Wilson made the motion to accept the minutes as amended. Dr. McCall seconded the motion. The motion carried.

**OGC Report**

Mr. Gibbs stated that there are currently 53 cases open for discipline within the Office of General Counsel. Of those 53 cases, 4 are eligible for a contested hearing.

Mr. Gibbs informed the board that the Tennessee Board of Pharmacy along with the Tennessee Department of Health has been named as two of the defendants contained in the master docket for the National Prescription Opiate Litigation. The Office of the Attorney General is aware of this litigation.

Mr. Gibbs informed the Board's pharmacy intern and pharmacy technician rules are currently in internal review.

## **Complaint Summary**

### **Case 1.**

Complaint alleged misconduct and over dispensing of controlled substances.

BOP Investigator reviewed records and documents but found no evidence of inappropriate dispensing or misconduct. Other evidence may become available at a later date.

#### **No prior discipline.**

Recommend: Dismiss. Reopen if other evidence becomes available.

Dr. Wilson made the motion to accept counsel's recommendation. Dr. Wright seconded the motion. The motion carried.

### **Case 2.**

Respondent is PIC for Case 1 above. Other evidence may become available at a later date.

#### **No prior discipline.**

Recommend: Dismiss. Reopen if other evidence becomes available.

Dr. McCall made the motion to accept counsel's recommendation. Dr. Wright seconded the motion. The motion carried.

### **Case 3.**

Complaint alleged misconduct by respondent pharmacies refusing to fill prescriptions from three prescribers that own and operate an MAT clinic.

BOP Investigator found that the complainants had moved out of their clinic and began prescribing from a local motel room. The matter was forwarded to TDMHSAS for review of MAT rules. Respondent pharmacies exercised professional judgment based upon the unusual circumstances of the clinic practice. The clinic has since relocated to a permanent site.

#### **Prior discipline for one Respondent – failure to register a technician. Agreed Order signed May 29, 2014.**

Recommend: Dismiss

Dr. McCall made the motion to accept counsel's recommendation. Dr. Rodgers seconded the motion. The motion carried

### **Case 4.**

During a periodic inspection, BOP Investigator discovered the PIC of record was not employed at the respondent pharmacy. Investigator reviewed records and found two pharmacists had very similar names. The correct PIC's last name differed from the incorrect PIC's last name by one letter and their first names were the same. Once notified, the corporate office determined a clerical error had occurred. The compliance department evaluated the situation and determined there was no impact with regards to errors, discipline, or insurance billing. Payroll and personnel records were correct. A corrected PIC statement was sent to the BOP office and the information was updated.

**No prior discipline.**

Recommend: LOI to match license numbers, not merely names when changing PIC.

Dr. McCall made the motion to issue a Letter of Instruction to the pharmacy to make sure that the license numbers match not just the names when changing PIC. Dr. Wright seconded the motion. The motion carried.

**Case 5.**

Complaint was filed on 2/20/2020 by an insurance auditor alleging an audit of the respondent pharmacy discovered a certain vitamin product showed more units had been dispensed than had been purchased by the pharmacy. The pharmacy's explanation was accepted by the insurance company on 4/9/2020 (after the complaint had been filed) and the pharmacy remains in good standing with the insurance plan.

BOP Investigator found that the pharmacy explained the alleged discrepancy occurred due to purchases from the previous pharmacy owner that were not included in the audit, and due to possible misfills because the pharmacy stocked and dispensed a similar vitamin while the original product was being discontinued. Investigator also found that the pharmacy has a policy to "offer counseling" on new prescriptions.

**There does not appear to be prior discipline against this Respondent.**

Recommend: LOW for lack of concern for possible misfills; LOI for counseling requirements.

Dr. Wilson made the motion to issue a Letter of Warning for the lack of concern for possible misfil and a Letter of Instruction for counseling requirements to the pharmacy. Dr. McCall seconded the motion. The motion carried.

**Case 6.**

DEA notified BOP of controlled substance losses attributed to the respondent pharmacist.

BOP Investigator contacted the respondent's former employer and obtained a copy of a signed statement where the respondent admitted to theft of controlled substances for personal use.

BOP Investigator met with the respondent, who admitted the thefts but denied having addiction issues and stated a willingness to undergo an evaluation to prove it.

Respondent did undergo an evaluation and was recommended to participate in a residential treatment program.

**No prior discipline.**

Recommend: Suspension / probation; shall fully comply with any and all arrangements with TPRN

Dr. Wright made the motion to authorize a formal hearing for suspension/probation for the pharmacist. The pharmacist shall fully comply with any and all arrangements with TPRN. Dr. Rodgers seconded the motion. The motion carried.

**Case 7.**

Respondent pharmacist's former employer notified BOP of missing controlled substances; that the respondent admitted diversion; and had been captured on video taking some controlled substances.

BOP Investigator contacted the respondent who accepted total responsibility and exhibited a great deal of remorse, embarrassment and shame over the situation. Respondent has since offered to voluntarily surrender her pharmacist's license.

**License previously surrendered (for chemical dependency) and subsequently reinstated.**

Recommend: Accept voluntary surrender

Dr. McCall made the motion to accept the voluntary surrender of the pharmacist license. Dr. Wilson seconded the motion. The motion carried.

**Case 8.**

During a periodic inspection, BOP Investigator found the following violations:

BOP was not notified of PIC change for approximately nine months;  
Pharmacy technician student had no name tag;  
One CPhT certificate not available and not posted as required;  
Technician registry and affidavits were not up-to-date;  
No signage or documentation of compliance with TCA 63-1-601.

PIC of respondent pharmacy has informed Investigator that all corrections have been made.

**No prior discipline.**

Recommend: Civil penalty \$900.00 for failure to report PIC change; Civil penalty \$450.00 for not conducting CS inventory with PIC change. LOI to address other issues.

Dr. Wright made the motion to authorize a formal hearing to the pharmacy with a \$900.00 civil penalty for failure to report a PIC change, a \$450.00 civil penalty for failure to conduct a CS inventory with the PIC change and a Letter of Instruction to address other issues. Dr. Rodgers seconded the motion. A roll call vote was taken. The motion carried.

**Case 9. (Case pulled due to new information coming in)**

**Case 10.**

During a periodic inspection, BOP Investigator found the following violations:

Changes of PIC were not reported as required for a cumulative period of approximately six months; controlled substance inventory was not conducted with the changes of PIC; shelves were dirty; fifty nine out of date medications were on the pharmacy shelves; one tech was not listed on the tech registry; one tech's updated registration was not posted as required; one schedule II prescription was found that did not have proper documentation.

**No prior discipline.**

Recommend: Civil penalty \$600.00 for failure to report PIC changes; civil penalty \$300 for not conducting CS inventory with PIC changes. Civil penalty \$590.00 for out of dates; LOW for other violations.

Dr. McCall made the motion to authorize a formal hearing to the pharmacy with a \$600.00 civil penalty for failure to report a PIC change, a \$300.00 civil penalty for failure to conduct a CS inventory with the PIC change, a \$590.00 civil penalty for out of dates and a Letter of Warning for other violations. Dr. Rodgers seconded the motion. A roll call vote was taken. The motion carried.

**Case 11.**

DEA made BOP aware of controlled substance diversion occurring at a hospital. BOP Investigator found that Pyxis reports show suspicious behavior by a nursing staff member. No diversion appears to have occurred in the pharmacy or by pharmacy staff.

**Not licensed by the Board.**

Recommend: Dismiss against the pharmacy and refer findings to BIV/BON.

Dr. Wright made the motion to accept counsel's recommendation. Dr. Wilson seconded the motion. A roll call vote was taken. The motion carried.

**Case 12.**

Complaint was referred from BME that respondent pharmacy was filling prescriptions from a physician prescribing for himself and family members. There were some maintenance medications and some controlled substances. BOP Investigator found that it had been a long-standing practice for this particular physician who worked near the pharmacy. Newer staff at the pharmacy questioned the practice but did not enforce BME's prescribing guidelines that were revised in 2017, nor did they enforce DEA guidelines for prescribing controlled substances for self or family members.

The prescriber's license had expired 7/31/2018. According to the complaint, the physician was not aware the license was expired until DEA started an investigation in 2020. The physician admitted prescribing for self and family members without keeping records for the medications prescribed, and admitted to not being aware of the CSMD. The DEA registration number has been retired and the physician has decided not to renew the Tennessee medical license.

BOP Investigator educated pharmacy staff, including several pharmacists that had filled the prescriptions. All are now aware of BME's stated policy as well as DEA regulations on this subject.

**No prior discipline.**

Recommend: LOW

Dr. McCall made the motion to issue a Letter of Warning. Dr. Rodgers seconded the motion. A roll call vote was taken. The motion carried.

**Case 13.**

Respondent is a sterile compounding pharmacy. During a periodic inspection, BOP Investigator found the following violations:

Compounding with API that had no documentation of endotoxin testing; media fill testing not considered “worst case/most challenging”; pressure differentials for clean and ante-room that were not within compliant range; differential pressures were not documented at least every shift; light fixtures lacked a seal to make a smooth ceiling; disinfecting agent PREempt RTU was not the one available as a sterile product; plexi-glass door from ante-room to main area had a crack; label did not express time of day in BUD; incomplete room/PEC certification report.

Pharmacist/owner of respondent pharmacy agreed that staff was not monitoring as required and that gauges needed recalibrated. Continuous monitoring was added so an alarm will sound if pressures are out of range. All other policies and procedures were addressed in the response to BOP Investigator.

**No prior discipline.**

Recommend: Reprimand and civil penalty \$1000.00

Dr. Wilson made the motion to authorize a formal hearing with license reprimand and a \$1000.00 civil penalty. Dr. Wright seconded the motion. A roll call vote was taken. The motion carried.

**Case 14.**

Complaint alleged respondent pharmacy sends medications to patients that have not requested the medications and that are not expecting medications. The complaint also alleged possible insurance fraud by billing for those medications.

BOP Investigator interviewed the PIC and was told the following:

Pharmacy receives orders, fills the orders, and ships the medications to patients; billing is processed by the parent company; medications are sometimes refused by patients and returned to the pharmacy; sometimes these medications are re-dispensed and sometimes sent to a reverse distributor (no documentation of using a reverse distributor could be found); the PIC does not know if insurance claims are reversed if the medications are refused by the patient; the PIC does not know if a legitimate prescriber-patient relationship exists; counseling is offered through a letter to the patients.

Investigator performed a periodic inspection. The following violations were found:

Staff without appropriate identification and/or name tags; tech registry and affidavits were not available; dispensing area was not clean, orderly, and/or well lighted; counseling is only offered in printed form; no access to CSMD.

**No prior discipline.**

Recommend: Reprimand and costs of investigation; forward to interested agencies.

Dr. Wright made the motion to authorize a formal hearing with licensure reprimand and the cost of investigation. The complaint will also be forwarded to interested agencies. Dr. McCall seconded the motion. A roll call vote was taken. The motion carried.

**Case 15.**

Respondent is PIC for Case 14 above.

**No prior discipline.**

Recommend: Reprimand

Dr. Rodgers made the motion to authorize a formal hearing for license reprimand. Dr. McCall seconded the motion. A roll call vote was taken. The motion carried.

**Case 16.**

Complainant made allegations of felonious misconduct against the respondent pharmacist but did not provide any supporting documentation.

BOP Investigator contacted complainant who stated there was no proof of any of the allegations.

BOP Investigator contacted the respondent who categorically denied all of the allegations.

**No prior discipline.**

Recommend: Dismiss

Dr. McCall made the motion to accept counsel's recommendation. Dr. Wilson seconded the motion. A roll call vote was taken. The motion carried.

**Case 17.**

Complainant made allegations of discriminatory practices by the respondent pharmacist. Allegations include requiring the patient to take extra steps in order to receive prescriptions; delays in receiving medications; and that "they continually change the rules."

BOP Investigator received correspondence from the respondent pharmacist explaining the process of having to manually bill for the patient's drugs and potential pitfalls due to the numerous steps that had to be taken. Respondent stated that due to "service level falling through the cracks," some streamlining has been put into place to try to reduce the steps for claim adjudication. These will help reduce the wait times for billing responses and decrease the number of steps involving personnel to process and communicate to the patient.

No violations of laws or rules could be found.

**Prior discipline: failure to counsel (11/8/2011)**

Recommend: Dismiss

Dr. Rodgers made the motion to accept counsel's recommendation. Dr. Wilson seconded the motion. A roll call vote was taken. The motion carried.

**Case 18.**

Respondent pharmacist was convicted of crimes and sentenced to prison. The conviction was not reported to BOP as required in 1140-02-.01 (17). Current licensure was maintained until 12/31/19 but has since expired.

**No prior discipline.**

Recommend: Revoke license

Dr. Rodgers made the motion to authorize a formal hearing for revocation. Dr. McCall seconded the motion. A roll call vote was taken. The motion carried.

**Case 19.**

Joint inspection with BOP and DEA yielded the following violations at the respondent pharmacy:

Audit of ten randomly selected controlled substances had up to 1.25% variance; current wholesaler link did not show all CSOS records were checked in correctly; fourteen invoices did not show date of receipt; twenty-seven controlled substance prescriptions lacked required information; six DEA 222 forms were not properly completed.

Respondent's PIC stated new processes, including a perpetual Schedule 2 inventory, have been created for tighter controlled substance accountability. BOP Investigator verified training to address other record keeping issues applicable to staff members was completed in weeks following the initial inspection.

**No prior discipline.**

Recommend: LOI

Dr. McCall made the motion to issue a Letter of Instruction. Dr. Wright seconded the motion. A roll call vote was taken. The motion carried.

**Case 20.**

BOP office received information that the respondent W/D allegedly hoarded hydroxychloroquine and price gouged when selling to hospitals.

BOP Investigator received invoice documentation and a response indicating only eight bottles had been sold into Tennessee. Respondent stated the markup was about 38%, in line with, or below normal margins, and that only enough was purchased to fill the orders at hand.

**No prior discipline.**

Recommend: Dismiss

Dr. Breeden made the motion to accept counsel's recommendation. Dr. Wright seconded the motion. A roll call vote was taken. The motion carried.



**Case 21.**

Complaint alleged the respondent technician took medication from the pharmacy without paying.

BOP Investigator did an extensive investigation finding that the respondent admitted the allegation but stated she had permission from pharmacists that allowed payment to occur, days later. However, none of the pharmacists would agree that this had ever been allowed. Investigator reviewed the patient's records and found that three medications had been filled on 2/20/20. Two of them were paid for nine days later and one was paid for eleven days later. Pharmacists all claimed to be unaware and denied approving it.

**No prior discipline.**

Recommend: Revoke tech registration

Dr. Breeden made the motion to authorize a formal hearing for revocation. Dr. Wilson seconded the motion. A roll call vote was taken. The motion carried.

**Case 22.**

Complaint alleged the respondent pharmacy was not following guidelines of social distancing and that masks and gloves were not being worn correctly. It also alleged surfaces were not being disinfected properly.

BOP Investigator observed the pharmacy and staff for approximately fifteen minutes. Plexiglas barriers were in place, hand sanitizer was available for consumer use, and six staff members that were present were all wearing masks correctly. Investigator did not see cleaning procedures during the short visit but did see cleaning products for store use behind the counter. Investigator contacted a pharmacy supervisor who claimed to be unaware of a customer complaint, but said the pharmacy is following CDC guidelines for pharmacies.

**No prior discipline.**

Recommend: Dismiss

Dr. Wilson made the motion to accept counsel's recommendation. Dr. Breeden seconded the motion. A roll call vote was taken. The motion carried.

**Case 23.**

Complaint alleged the respondent pharmacy was not following guidelines of social distancing; that gloves were not being worn by staff; that masks were not being worn correctly; cleaning of high touch surfaces was not being performed; and that the drive-thru and walk-up window drawers were not clean.

BOP Investigator observed the pharmacy and staff for approximately fifteen minutes. Investigator did see staff members with masks lowered around their chin, but the masks were pulled up over the nose and mouth when assisting customers. Investigator viewed the drive-thru window and noted scratches and cloudiness from frequent use and exposure to the elements. The walk-up window was clean.

Investigator contacted a pharmacy supervisor who responded that management was aware of the customer's complaint and that the drive-thru system has been cleaned and sanitized in addition to the routine cleaning and disinfection of high-touch areas performed throughout the day. The supervisor had

the drive-thru cleaned again after meeting with the Investigator and reinforced to pharmacy staff the importance of wearing PPE appropriately to protect patients and staff.

**No prior discipline.**

Recommend: Dismiss

Dr. Wright made the motion to accept counsel's recommendation. Dr. Breeden seconded the motion. A roll call vote was taken. The motion carried.

**Case 24.**

Pharmacy management self-notified BOP that a certified pharmacy technician had failed to renew certification. The certification had expired 11/30/2019 but was not noticed by management until 5/4/2020. It was renewed 5/5/2020. Respondent had always relied on management to remind her of the renewal but will now add a reminder to her personal calendar to avoid this happening again. The PIC told Investigator the pharmacy's renewal alert system failed to alert management of the expiration.

**No prior discipline.**

Recommend: LOW

Dr. McCall made the motion to issue a Letter of Warning. Dr. Wright seconded the motion. A roll call vote was taken. The motion carried.

**Case 25.**

Respondent is PIC for Case 24 above.

**No prior discipline.**

Recommend: LOW

Dr. Rodgers made the motion to issue a Letter of Warning. Dr. Breeden seconded the motion. A roll call vote was taken. The motion carried.

**Case 26.**

Complaint was originally opened against the respondent pharmacy alleging loss of controlled substances. Investigation led to a pharmacy technician who admitted in writing to the diversion.

**No prior discipline.**

Recommend: Dismiss against the pharmacy, open against the tech.

Dr. Breeden made the motion to accept counsel's recommendation. Dr. McCall seconded the motion. A roll call vote was taken. The motion carried.

**Case 27.**

Respondent is the technician for Case 26 above.

**No prior discipline.**

Recommend: Revoke technician registration

Dr. Wilson made the motion to authorize a formal hearing for revocation. Dr. McCall seconded the motion. A roll call vote was taken. The motion carried.

**Presentation**

Dr. Kim V. Garvey, Research Instructor, Department of Anesthesiology, Vanderbilt University Medical Center, presented to the board a continuing education course offered by the Tennessee Department of Health that will satisfy the continuing education requirements for controlled substances credits. Dr. Garvey asked the board to have the presentation added to the board's website. After discussion, the board decided to upload the presentation to the board's website.

**Legislative Report**

Patrick Powell, Esq., Legislative Liaison for the Department of Health presented the following public chapters to the board.

**Public Chapter 573**

This act amends the Tennessee Together statutes. It expands the definition of "alternative treatments" by adding "nonopioid medicinal drugs or drug products, occupational therapy, and interventional procedures or treatments." This is primarily relevant to the treatments that must be disclosed and explained by a healthcare practitioner to a patient or the patient's legal representative as a prerequisite to obtaining informed consent to treatment with an opioid.

This act took effect on March 19, 2020.

**Public Chapter 594**

This act was the Department of Health's Licensure Accountability Act. The bill allows all health related boards to take action against a licensee that has been disciplined by another state for any acts or omissions that would constitute grounds for discipline in Tennessee. The law also expands available emergency actions, allowing actions beyond simply a summary suspension. Finally, the act establishes that the notification of law changes to health practitioners can be satisfied by the online posting of law changes by the respective boards. Notice must be maintained online for at least 2 years following the change.

This act took effect March 20, 2020.

**Public Chapter 738**

This act amends prohibits a governmental entity from authorizing destruction of public records if the governmental entity knows the records are subject to a pending public record request. Prior to authorizing destruction of public records an entity must contact the public record request coordinator to

ensure the records are not subject to any pending public record requests. Records may still be disposed of in accordance with an established records retention schedule/policy as part of an ordinary course of business as long as the records custodian is without knowledge the records are subject to a pending request.

This act took effect on June 22, 2020.

### **Public Chapter 761**

This act allows certain midlevel practitioners to prescribe buprenorphine when employed in a community mental health center (CMHC) or a federally qualified health center (FQHC). To be eligible under this law, the practitioner must be licensed, and practice as, a family, adult, or psychiatric nurse practitioner or physician assistant. They also must have a DATA waiver issued by SAMHSA/DEA. There can be no limitations or conditions imposed on the provider's license within the previous three (3) years. Prescriptions by the practitioner must not exceed a sixteen (16) milligram daily equivalent. The practitioner also must not prescribe mono product or buprenorphine without naloxone. The provider may only prescribe buprenorphine products to patients treated through the organization that employs the provider. Prescriptions can only be dispensed by a licensed pharmacy to ensure entry into the CSMD. The provider has a cap of fifty (50) patients at any given time. The law also requires the provider to initiate and lead a discussion regarding patient readiness to taper off medications in their treatment at any time upon the patient's request, but no later than one (1) year after initiating treatment, and then every six (6) months thereafter.

The facility must employ one or more physicians and have adopted clinical protocols for medication assisted treatment. The midlevel's collaborating physician must hold an active DATA waiver and be treating patients with buprenorphine at the same facility. The facility must employ providers that accept TennCare and are accepting new TennCare patients. The facility must verify identification of patients. The collaborating physician must review 100% of the charts of patients being prescribed a buprenorphine product and can only collaborate/supervise four (4) nurse practitioners or physician assistants.

This act took effect July 1, 2020.

### **Public Chapter 771**

This act allows certain midlevel practitioners to prescribe buprenorphine when employed in a non-residential office-based opiate treatment facility (OBOT) licensed by the Department of Mental Health and Substance Abuse Services (MHSAS). To be eligible under this law, the practitioner must be licensed, and practice as, a family, adult, or psychiatric nurse practitioner or physician assistant. They also must have a DATA waiver issued by SAMHSA/DEA. Prescriptions by midlevel providers under this statute are capped at a sixteen (16) milligram daily dose, and must not be for a mono-product or buprenorphine without naloxone, except when utilizing injectable or implantable buprenorphine products. Midlevel providers under this statute are capped at 100 patients.

The OBOT in these situations must employ the midlevel's collaborating physician (who also must hold an active DATA waiver and be treating patients with buprenorphine at the same OBOT) and the OBOT must

not have the authority to dispense buprenorphine products. The collaborating/supervising physician under this statute cannot supervise more than two (2) midlevel practitioners.

The OBOT also must employ providers that are credentialed and contracted to accept TennCare patients and bill TennCare for services for treatment of opioid use disorder with buprenorphine. Finally the OBOT must be accepting new TennCare patients.

This act took effect August 1, 2020.

### **Repackaging Pilot Program**

#### **PCA NuscriptRx**

Dr. Wright made the motion to approve **PCA NuscriptRx** request to be added to the Repackaging Pilot Program. Dr. Rodgers seconded the motion. The motion carried.

Dr. Breeden made the motion to approve **Galen Pharmacy** request to be added to the Repackaging Pilot Program. Dr. McCall seconded the motion. The motion carried.

### **Rules**

Andrew Coffman, Attorney for the Controlled Substances Monitoring Database, presented a draft of the Commissioner's Controlled Substance Monitoring Database Rules. Mr. Coffman asked the board for suggestions concerning the definition of discount cards. Dr. Dilliard stated that he will put out the survey through NABP.

### **Consent Orders**

The following consent orders were presented to the Board. Dr. Wilson was recused.

#### **NeoPharma Tennessee, LLC**

Dr. Wright made the motion to accept the consent order as presented. Dr. Breeden seconded the motion. The motion carried.

#### **Corey Gathings, D.Ph.**

Dr. McCall made the motion to accept the consent order as presented. Dr. Rodgers seconded the motion. The motion carried.

#### **Elizabeth Hutchinson, RT**

Dr. Wright made the motion to accept the consent order as presented. Dr. Wright seconded the motion. The motion carried.

#### **Ashley Jackson, RT**

Dr. Breeden made the motion to accept the consent order as presented. Dr. McCall seconded the motion. The motion carried.

### **Pharmacy Network Services**

Dr. Wright made the motion to accept the consent order as presented. Dr. Breeden seconded the motion. The motion carried.

**Tennessee CVS #3726**

Dr. McCall made the motion to accept the consent order as presented. Dr. Wright seconded the motion.  
The motion carried.

**Tennessee CVS #7738**

Dr. Breeden made the motion to accept the consent order as presented. Dr. McCall seconded the motion.  
The motion carried.

**Walgreens #3699**

Dr. Breeden made the motion to accept the consent order as presented. Dr. McCall seconded the motion.  
The motion carried.

**Walgreens #15287**

Dr. Breeden made the motion to accept the consent order as presented. Dr. McCall seconded the motion.  
The motion carried.

**Mark Beshay, RT**

Dr. McCall made the motion to accept the consent order as presented. Dr. Breeden seconded the motion.  
The motion carried.

Dr. Wilson voted on the following consent orders.

**Cecil Nelson, RT**

Dr. McCall made the motion to accept the consent order as presented. Dr. Breeden seconded the motion.  
The motion carried.

**Amy Lynn, RT**

Dr. McCall made the motion to accept the consent order as presented. Dr. Wright seconded the motion.  
The motion carried.

**Ashley Jenkins, D.Ph.**

Dr. Wright made the motion to accept the consent order as presented. Dr. Breeden seconded the motion.  
The motion carried.

**Request to Reapply**

**Isiah Pigram, RT**

Dr. Wright made the motion to approve **Isiah Pigram, RT** request to reapply for registration as a pharmacy technician once he has been evaluated by TPRN. Mr. Pegram's registration as a pharmacy was revoked at the January 7, 2020 board meeting for diversion. Dr. Breeden seconded the motion. The motion carried.

**Bonnie Shields, RT**

Dr. Wright made the motion to approve **Bonnie Stinson Shields, RT** request to reapply for registration as a pharmacy technician. Ms. Shields registration as a pharmacy technician was revoked at the Mary 8, 2019 board meeting. Dr. Wilson seconded the motion. The motion carried.

**Gateway Presentation**

Dr. Bess provided the board an update on CSMD Integration into provider workflow. The Tennessee Department of Health has contracted with Appriss, Inc. to integrate CSMD information into Electronic Health Records (EHRs) and Pharmacy Management Systems using Appriss Health's PMP Gateway service. The workflow integration will, in many cases, eliminate the need for providers to navigate to the CSMD website, log in, and enter their patient's information. Instead, controlled substance prescription records may be obtained within the clinical workflow. Currently several sites live and the early feedback to the CSMD program in very positive. Dr. Bess encouraged those interested to check out the Integration link on the CSMD Tennessee Department of Health website for more information. The CSMD team is available to assist with the process as needed.

**Order Modification**

**Nancy Kemp Hooper, D.Ph.**

Dr. Wilson made the motion to approve Nancy Kemp Hooper's request for an order modification to lift her probation. Dr. Hooper's pharmacist license was placed on probation for 5 years on April 14, 2016. Dr. Rodgers seconded the motion. The motion carried.

**Application Review**

**Sydney McKinney-Williams, RT**

Ms. McKinney-Williams answered "no" to the question that asked "Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offenses) whether or not sentence was imposed or suspended?" Ms. McKinney-Williams entered pretrial diversion on 10/17/2019 for two years in Murray, KY. Ms. McKinney-Williams was also ordered to pay restitution which has been paid. After discussion, Dr. Wright made the motion to approve Ms. McKinney-Williams application for registration as a pharmacy technician as a conditional license to run concurrent with her court order. Dr. McCall seconded the motion. The motion carried.

**Director's Report**

Dr. Dilliard asked to board to extend waiver of board rule 1140-14-.12 (2)(a) until December 31,2020. Dr. Wilson made the motion to extend the waiver of board rule 1140-14-.12 (2) (a) until December 31, 2020. Dr. Wright seconded the motion. The motion carried.

Dr. Dilliard asked to board to extend waiver of board rule 1140-03-.01 (1) until December 31,2020. Dr. McCall made the motion to extend the waiver of board rule 1140-03-.01 (1) until December 31, 2020. Dr. Wright seconded the motion. The motion carried.

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Dr. Dilliard informed the board that the MPJE review is scheduled for August 1, 2020 thru September 11, 2020. After discussion, Dr. Breeden, Dr. Hadden and Dr. Wright will participate in the review of the MPJE.

Dr. Dilliard informed the board that there will be a change in how the board hear and process complaints. Dr. Gibbs will no longer present the complaint summary. The complaints will be reviewed by a Board Consultant, the pharmacist investigator and Mr. Gibbs. Dr. Will Bunch and Dr. Buddy Stephens will be the Consultants for the board.

Dr. Dilliard informed the board that the office staff and investigators are working form home. Governor Lee's Executive Orders suspended pharmacy inspection.

Dr. Wilson made the motion to adjourn.at 2:45 p.m. Dr. Breeden seconded the motion. The motion carried.

**The minutes were approved at the September 15, 2020 board meeting as amended.**



Tennessee Board of Pharmacy  
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July 14, 2020