BOARD OF PHARMACY
RULE DEVELOPMENT WORKSHOP
JOINT RULES COMMITTEE
DRAFT MINUTES
July 29, 2020
9:00 A.M. ET
Call In Number: (888) 585-9008
Conference Code: 599-196-982(#)

Participants in this public meeting should be aware that these proceedings are being recorded and that an audio file of the meeting will be posted to the board's website.

I. CALL TO ORDER/ROLL CALL

Dr. Mesaros called the meeting to order at 9:00 a.m. ET.

MEMBERS PRESENT
Jeffrey Mesaros, PharmD, JD, Chair
Jeenu Philip, BPharm,
Jonathan Hickman, PharmD
Mark Mikhael, PharmD
David Wright, BPharm

BOARD OF MEDICINE MEMBERS:
Hector Vila, MD

STAFF PRESENT
Jessica Sapp, Executive Director
Traci Zeh, Program Administrator

BOARD COUNSEL
David Flynn, Esq.
Senior Assistant Attorney General
Christopher Dierlam, Esq.
Assistant Attorney General

BOARD OF OSTEOPATHIC MEDICINE MEMBERS:
Joel B. Rose, DO
Michelle R. Mendez, DO

ABSENT MEMBERS:
Sarvam TerKonda, MD

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II. RULES DEVELOPMENT WORKSHOP

a. 64B16-31.007, F.A.C., Collaborative Practice Certification: Chronic Health Conditions

On June 29, 2020 the Board of Pharmacy received a request for a Rules Workshop from the Florida Chapter of the American College of Physicians and the Florida Academy of Family Physicians as well as the Florida Medical Association on rules 64B16-31.007 Collaborative Practice Certification: Chronic Health Conditions and 64B16-31.039 Test and Treat Certification: Formulary of Medical Drugs.

64B16-31.007 Collaborative Practice Certification: Chronic Health Conditions.
Pursuant to Section 465.1865, F.S., the Board hereby adopts the following list of chronic health conditions for which a pharmacist certified pursuant to section 465.1865, F.S., can provide specified patient care services to patients of a collaborating physician pursuant to a pending Collaborative Pharmacy Practice Agreement:
1) Hyperlipidemia;
2) Hypertension;
3) Anti-coagulation management;
4) Smoking cessation;
5) ~~Osteoporosis and~~ Osteoarthritis;
6) Opioid use disorder; and
7) Those chronic health conditions enumerated in section 465.1865(1)(b), F.S.
~~8) Any disease state that is expected to last greater than one (1) year or more and will require ongoing medical treatment and drug therapy services.~~

Dr. Mesaros summarized the changes made to subsection 5 and 8 of Rule 64B16-31.007, F.A.C., and opened the matter for discussion.

Dr. Vila addressed the Committee and stated the term “arthritis” is already enumerated in s. 465.1865(1)(b), F.S; therefore, the inclusion of osteoarthritis in the rule may be duplicative. Dr. Vila also expressed concern regarding the management of opioid use disorder as a chronic health condition. His concern lies with utilizing controlled substances as a treatment mechanism for opioid use disorder as pharmacists are not authorized to prescribe controlled substances under a collaborative practice agreement.

Dr. Rose commented that it may be beneficial for a pharmacist to manage opioid use disorder as some treatments, e.g. Narcan/naloxone, do not require the use of controlled substances.

Dr. Hickman and Mr. Philip concur with Dr. Rose. Mr. Philip also expressed that other states, e.g. Kentucky, have protocols in place to manage opioid use disorders without the prescription of controlled substances.

Mr. Wright addressed the Committee in agreeance with Dr. Vila to strike subsection 5 from proposed Rule 64B16-31.007, F.A.C. He also concurred with Dr. Rose, Dr. Hickman, and Mr. Philip regarding treatment for opioid use disorder without controlled substances. Mr. Wright disagreed with striking subsection 8 from the rule. He expressed concern that if the subsection is removed, then the Board will be continually adding conditions to the list. He also stated that heart disease should be added to the list of conditions as patients with congestive heart failure benefit from a pharmacist adjusting the dosage of their medication as that could prevent hospitalization.

Dr. Mikhael agreed with striking subsection 5 from the rule and stated that he would be in support of striking subsection 8 for now and revisiting it at a later date.

Mr. Philip stated that he would like to discuss further disease states at the August Rules Committee meeting and is in favor of adding heart disease to the list enumerated in Rule 64B16-31.007, F.A.C.

Dr. Mendez addressed the Committee and expressed that pharmacists already have an obligation to counsel patients and inquired if the intent of the legislation was to facilitate a practice that is already in place.

Angela Garcia from the University of South Florida (USF) addressed the Committee and confirmed that collaborative practice agreements are already being utilized in the ambulatory care setting.

Dr. Mesaros agreed that subsection 5 should be stricken from the rule and opened the floor for public comment.

Michael Jackson, Executive Vice-President of the Florida Pharmacy Association (FPA), addressed the Committee and stated that the language utilized in subsection 8 of the rule appears to be derived from the Centers of Disease Control and Prevention (CDC) verbiage regarding the definition of chronic health conditions. He also expressed that it is not uncommon for regulations to reference outside entities. The goal is to provide a range of services to patients that pharmacists can help manage. The FPA is in support of subsection 8 of the rule, however, the list needs more work, as it is not comprehensive for all chronic conditions.

Dan Buffington, Clinical Pharmacology Services, addressed the Committee and expressed that subsection 8 would allow for pharmacists and physicians to actively collaborate and manage conditions effectively.

Gore Alvarez from Nova Southeastern University addressed the Committee and stated the goal of a collaborative practice agreement is to manage patients. Subsection 8 works in conjunction with this goal and limits excessive rulemaking.

Dr. Rose stated that it was the legislative intent to have each condition be vetted and added to the list on its merits. If the legislature wanted there to be a catchall phrase in the rule, they would have indicated so in the statute. Dr. Rose indicated that additional conditions can be added at a later date.

Christopher Nuland, representing the Florida Chapter, American College of Physicians, addressed the Committee and concurs with the deletion of subsection 8 from the rule.

Toni Large, representing the Florida Society of Rheumatology, addressed the Committee and agrees with Dr. Rose and stated medication management is complex, and each condition should be added on its own merits. Ms. Large expressed opposition to the inclusion of specific conditions in the rule, aside from osteoarthritis.

Mr. Flynn addressed the Committee and reiterated that the term “arthritis” is already enumerated in s. 465.1865(1)(b), F.S; therefore, the inclusion of osteoarthritis in the rule may be duplicative and restrictive so subsection 5 should be stricken from the rule. Mr. Flynn believes that subsection 8 is likely to be challenged as it likely exceeds the rulemaking authority outlined in the statute.

Mr. Philip addressed the Committee indicating he would be in favor of adding heart disease or heart failure to the list of chronic conditions enumerated in the rule.

Dr. Vila stated the importance of considering other disease states; however, this should be done in consultation with other physician groups. He also expressed concern with being too broad with the rule language; it is better to be more specific so that collaboration can occur.

Dr. Mikhael expressed that the intent is a collaboration between the physician, who diagnoses the condition, and the pharmacist, who manages the condition. Subsection 8 would still allow for the physician to have a relationship with the patient; the physician is always in control of the diagnosis. The pharmacist would be following the collaborative practice agreement that is in place.

Dr. Mesaros summarized the discussion.

Dr. Hickman addressed the Committee and agreed with Mr. Wright regarding the inclusion of heart disease to the list

Dr. Mendez addressed the Committee in opposition of subsection 8.

Mr. Flynn addressed the committee and shared that 1 in every 3 deaths in the United States is related to cardiovascular disease. It is an important condition to consider, however, we should consult specialists prior to finalizing its inclusion in the rule language. Subsection 8 will need to be further discussed and revised accordingly.

Dr. Hickman agreed that an open-ended definition is not the legislative intent of the statute. He suggested striking subsection 8 and revisiting it at a later date.

Mr. Philip stated that the Committee is trying to strike a balance between being too open-ended and too restrictive. The language should not exclude comorbid conditions. Any comorbid disease states tied to the conditions listed in subsection 7 should be added to the rule language. He also agreed that heart disease or heart failure should also be added to the list of conditions going forward.

Dr. Vila expressed that physicians are not against this collaboration, but it is important to consult with other physicians prior to finalizing the list of conditions. He recommended giving advance notice for the disease states that will be discussed, so that all interested parties may provide comment. He stated this collaboration is important in order to have the best product for patient safety.

Dr. Mikhael addressed the Committee and agreed with the deletion of subsection 5 and with amending subsection 8. The goal is to move the rule forward and build trust with physicians. He also stated that there is no evidence out there that says a pharmacist cannot safely manage medications. It is better to start cautiously.

Mary Thomas, representing the Florida Medical Association (FMA), supports the elimination of subsection 8.

Vanessa Goodnow, representing Jackson Health System in Miami, addressed the Committee and indicated that there is quite a bit of literature that supports a pharmacist’s collaboration in specialty areas.

Nicole Garett, Clinical Ambulatory Pharmacist in Florida, addressed the Committee in favor of rewording subsection 8 to include language for comorbid and cardiovascular conditions.

Mr. Flynn addressed the Committee and summarized the discussion indicating subsections 5 and 8 will be deleted and that heart disease and behavioral health conditions will be added. These additional conditions will be discussed at the next Board of Pharmacy Rules Committee meeting in August.

b. 64B16-31.039, F.A.C., Test and Treat Certification: Formulary of Medicinal Drugs

64B16-31.039 Test and Treat Certification: Formulary of Medical Drugs
(1) Pursuant to section 465.1895, F.S., the Board hereby incorporates all medicinal drugs approved by the United States Food and Drug Administration ("FDA") as the formulary of medicinal drugs that a pharmacist may prescribe pursuant to a written test and treat protocol.
~~(b) All compounded medicinal drugs that utilize only active pharmaceutical ingredients approved by the FDA.~~
(2) A pharmacist may not prescribe controlled substances as described in s. 893.03 or 21 U.S.C. s. 812.

Dr. Mesaros summarized the changes made to Rule 64B16-31.039, F.A.C. and opened the floor for discussion.

Mr. Wright addressed the Committee and expressed that eliminating subsection (1)(b) may be too limiting, as compounding medicine to treat minor, non-chronic conditions can be useful.

Dr. Rose inquired with Mr. Flynn regarding compounding medication.

Mr. Flynn indicated that s. 465.1895(3), F.S., provides that "the formulary must include medicinal drugs approved by the United States Food and Drug Administration which are indicated for treatment of the minor, nonchronic health condition. The formulary may not include any controlled substance as described in s. 893.03 or 21 U.S.C. s. 812." Compounded drugs could be included in the formulary so long as the ingredients are approved by the FDA; the statutory language does not exclude compounded drugs.

Dr. Vila inquired how compounding would translate into a written protocol.

Mr. Flynn stated that pharmacists must follow federal law. Federal law has certain requirements for compounded drugs. The compounding language could only be applicable in emergency situations.

Richard Montgomery, Florida Board of Pharmacy Chair, addressed the Committee confirming there are current regulations in place that restrict a pharmacist's ability to compound certain drugs.

Mr. Flynn indicated that there are no legal concerns with adding back the stricken language.

Dr. Vila has no objections to adding back the stricken language.

No additional Committee comments were received.

No public comment was received.

III. RULES DISCUSSION

a. HB 389 Practice of Pharmacy

i. Chapter 64B16-31, F.A.C., Collaborative Practice and Test and Treat Certifications

64B16-31.001 Collaborative Practice Certification (CPC).
Applicants for CPC shall submit an application using Form DH-MQA XXXX (eff. 0X/20), "Application *for* Pharmacist Collaborative Practice Certification[1]" that is hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX or http://floridapharmacy.gov. Applicants for certification shall ~~must~~ meet and comply with all requirements in Section 465.1865, F.S.

Rulemaking Authority 465.1865, FS. *Law Implemented* 465.1865, FS. *History – New* XX-XX-20.

64B16-31.003 Collaborative Practice Certification: Initial Certification Course.
(1) Applicants for Initial Certification Course approval shall submit an application using Form DH-MQA XXX (eff. XX/20) "Application *for* Initial Collaborative Practice Certification Course[2]" that is hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX or http://floridapharmacy.gov.
(2) Initial collaborative practice certification courses shall be a minimum of 20 hours in duration, and shall meet all the following mandatory requirements:
(a) The course may only be offered by a program provider who is accredited by the Accreditation Council for Pharmacy Education (ACPE), ~~or~~ a program provider who is accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 credit, or a program provider approved by the American Osteopathic Association ~~Category 1-A~~ to offer continuing medical education credits.
(b) The course content and objectives offered by an approved provider shall be developed in conjunction with an individual licensed to practice pharmacy and an individual who is a licensed allopathic or osteopathic physician, or an individual who is dual licensed in both pharmacy and allopathic medicine or osteopathic medicine.
(c) The course content shall include all those areas enumerated in section 465.1865 (2)(c), F.S., and shall also cover the following areas:
1. Laws and rules applicable to the collaborative practice for the treatment of chronic health care conditions; and
2. Writing and entering into a collaborative practice agreement.

(d) No less than 12 hours of the course shall be offered through a live seminar or a live video teleconference.
(3) A pharmacist who successfully completes a board approved collaborative practice certification course shall be awarded 20 hours of general continuing education credits.
Place holder for consultation with BOM and BOOM.

Rulemaking Authority 465.1865, FS. *Law Implemented* 465.1865, FS. *History – New* XX-XX-20.

64B16-31.005 Collaborative Practice Certification: Collaborative Pharmacy Practice Agreement Submission.
(1) Prior to providing or implementing patient care services under a Collaborative Pharmacy Practice Agreement or immediately after the renewal of such an Agreement, the Pharmacist shall submit the executed Agreement to the Board Office through the pharmacist's online licensure account at http://www.flhealthsource.gov or via U.S. Mail to 4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399.
(2) In the event of an addendum to the material terms of an existing collaborative pharmacy practice agreement, the pharmacist shall maintain a copy of the addendum and the initial agreement pursuant to Section 465.1865(3)(c), F.S. Material terms shall be defined as those terms enumerated in Section 465.1865(3)(a), F.S.

Rulemaking Authority 465.1865, FS. *Law Implemented* 465.1865, FS. *History – New* XX-XX-20.

64B16-31.007 Collaborative Practice Certification: Chronic Health Conditions.
Pursuant to Section 465.1865, F.S., the Board hereby adopts the following list of chronic health conditions for which a pharmacist certified pursuant to section 465.1865, F.S., can provide specified patient care services to patients of a collaborating physician pursuant to a pending Collaborative Pharmacy Practice Agreement:
1) Hyperlipidemia;
2) Hypertension;
3) Anti-coagulation management;
4) Smoking cessation;
5) ~~Osteoporosis and~~ Osteoarthritis;
6) Opioid use disorder; and
7) Those chronic health conditions enumerated in section 465.1865(1)(b), F.S.
~~8) Any disease state that is expected to last greater than one (1) year or more and will require ongoing medical treatment and drug therapy services.~~

Place holder for discussion with Board to determine appropriate list of chronic health conditions in consultation with BOM and BOOM.

Rulemaking Authority 465.1865, FS. *Law Implemented* 465.1865, FS. *History – New* XX-XX-20.

64B16-31.009 Collaborative Practice Certification: Mandatory Continuing Education.
A licensee shall not be required to complete the 8-hour continuing education related to collaborative pharmacy practice if the initial certificate was issued less than 12 months prior to the expiration date of the license.

Rulemaking Authority 465.1865, FS. *Law Implemented* 465.1865, FS. *History – New* XX-XX-20.

64B16-31.033 Test and Treat Certification (TTC)
Applicants for TTC shall submit an application using Form DH-MQA XXXX (eff. 0X/20), "Application *for* Pharmacist Test and Treat Certification[3]" that is hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX or http://floridapharmacy.gov. Applicants for certification shall ~~must~~ meet and comply with all requirements in Section 465.1895, F.S.

Rulemaking Authority 465.1895, FS. *Law Implemented* 465.1895, FS. *History – New* XX-XX-20.

64B16-31.035 Test and Treat Certification: Initial Certification Course
(1) Applicants for Initial Certification Course approval shall submit an application using Form DH-MQA XXX (eff. XX/20) "Application *for* Initial Test and Treat Certification Course[4]" that is hereby incorporated by reference and available at http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX or http://floridapharmacy.gov.
(2) Initial test and treat certification courses shall be a minimum of 20 hours in duration, and shall meet all the following mandatory requirements:
(a) The course may only be offered by a program provider who is accredited by the Accreditation Council for Pharmacy Education (ACPE), ~~or~~ a program provider who is accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 credit, or a program provider approved by the American Osteopathic Association ~~Category 1-A~~ to offer continuing medical education credits.
(b) The course content and objectives offered by an approved provider shall be developed in conjunction with an individual licensed to practice pharmacy and an individual who is a licensed allopathic or osteopathic physician, or an individual who is dual licensed in both pharmacy and allopathic medicine or osteopathic medicine.
(c) The course content shall include all those areas enumerated in section 465.1895 (2)(b), F.S., and shall also cover the following areas:
1. Laws and rules applicable to test and treat certifications; and
2. Writing and entering into a written protocol.
(d) No less than ~~12~~ 8 hours of the course shall be offered through a live seminar or a live video teleconference.
(3) A pharmacist who successfully completes a board approved test and treat certification course shall be awarded 20 hours of general continuing education credits.
Place holder for consultation with BOM and BOOM.

Rulemaking Authority 465.1895, FS. *Law Implemented* 465.1895, FS. *History – New* XX-XX-20.

64B16-31.037 Test and Treat Certification: Written Protocol and Written Protocol Submission

(1) Within 5 business days of entering into a written protocol with a supervising physician pursuant to section 465.1895, F.S., the pharmacist shall submit a copy of the written agreement to the Board Office through the pharmacist's online licensure account at http://www.flhealthsource.gov or via U.S. Mail to 4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399.
(2) In the event of an addendum to the material terms of an existing written protocol, the pharmacist shall maintain a copy of the addendum and the initial agreement. Material terms shall be defined as those terms enumerated in Section 465.1895(5)(a), F.S.

Rulemaking Authority 465.1895, FS. *Law Implemented* 465.1895, FS. *History – New* XX-XX-20.

64B16-31.039 Test and Treat Certification: Formulary of Medical Drugs
(1) Pursuant to section 465.1895, F.S., the Board hereby incorporates all medicinal drugs approved by the United States Food and Drug Administration ("FDA") as the formulary of medicinal drugs that a pharmacist may prescribe pursuant to a written test and treat protocol.
~~(b) All compounded medicinal drugs that utilize only active pharmaceutical ingredients approved by the FDA.~~
(2) A pharmacist may not prescribe controlled substances as described in s. 893.03 or 21 U.S.C. s. 812.

Rulemaking Authority 465.1895, FS. *Law Implemented* 465.1895, FS. *History – New* XX-XX-20.

64B16-31.041 Test and Treat Certification: Patient Records
Upon receipt of a patient request, a pharmacist shall furnish patient records to a health care practitioner designated by the patient within a reasonable time frame, not to exceed 5 business days.

Rulemaking Authority 465.1895, FS. *Law Implemented* 465.1895, FS. *History – New* XX-XX-20.

64B16-31.043 Test and Treat Certification: Follow-up Care
A pharmacist must provide written information to the patient advising the patient when to seek follow-up care from his or her primary care physician. A pharmacist shall provide follow-up care written information:
(1) Immediately prior to performing testing, screening, or treatment services on a patient for the first time;
(2) As outlined in the written protocol; and
(3) When the pharmacist determines in his or her judgment that the patient should follow-up with his or her primary care provider.

Rulemaking Authority 465.1895, FS. *Law Implemented* 465.1895, FS. *History – New* XX-XX-20.

64B16-31.045 Test and Treat Certification: Mandatory Continuing Education.
A licensee shall not be required to complete the 3-hour continuing education related to minor, nonchronic health conditions if the initial certificate was issued less than 12 months prior to the expiration date of the license.

Rulemaking Authority 465.1895, FS. *Law Implemented* 465.1895, FS. *History – New* XX-XX-20.

64B16-31.050 Mandatory Review of Rule Chapter 64B16-31, F.A.C.
(1) No later than 90 days prior to December 31, 2025, the Board shall review each rule in this Chapter and amend, modify or repeal any rule that creates barriers to entry for private business competition, is duplicative, outdated, obsolete, overly burdensome, or imposes excessive costs.
(2) In the event the Board fails to complete this review, the board, for any rule that has not been reviewed in accordance with subsection (1), shall begin the rule repeal process in accordance with the Administrative Procedures Act.

Rulemaking Authority 465.1895, FS. *Law Implemented* 465.1895, FS. *History – New* XX-XX-20.

The Joint Committee reviewed the proposed draft rule language that was amended based on comments following the June 25, 2020 Joint Rules Committee Meeting and decided to discuss Rules 64B16-31.003 and 64B16-31.043, F.A.C.

Dr. Mesaros summarized the proposed changes to Rule 64B16-31.003, F.A.C.

Dr. Villa addressed the Committee and suggested striking subsection (2)(b), which states "or an individual who is dual licensed in both pharmacy and allopathic medicine or osteopathic medicine." This language may prevent collaboration between practitioners.

Dr. Hickman echoed Dr. Villa's sentiments to ensure collaboration from both sides. Dr. Hickman inquired if the language requires the practitioners to function in a consultant or in an instructor role.

Mr. Flynn indicated that the intent is for the practitioners be involved in the development of the course.

Mr. Wright addressed the Committee with no opposition with the change and agreed with Dr. Vila to strike (2)(b).

Mr. Philip would like to amend the language in subsection (2)(d) of Rule 64B16-31.003, F.A.C., to the following: (d) No less than 8 ~~12~~ hours of the course shall be offered through a live seminar or a live video teleconference.

Dr. Rose addressed the Committee regarding allowing a period of time for the courses to be provided through distance learning given our current pandemic.

Dr. Vila has no objection to modifying the hours requirement.

Michael Jackson, Executive Vice-President of the FPA, addressed the Committee and expressed the FPA is making their best effort to collaborate with colleagues to develop a course; however, there could be a delay to bringing a course to fruition and he inquired if the collaboration must take place with a Florida licensed physician or a physician licensed outside of the state.

Dr. Hickman and Dr. Rose agreed that the language should not exclude out-of-state practitioners.

Dr. Mendez addressed the Committee in opposition and stated the legislative intent was for Florida practitioners only.

Mr. Flynn stated that there is nothing that prohibits consultation from practitioners licensed outside of Florida.

Dr. Vila expressed that the language should be left as proposed and offered his consultative services for course development.

Nicole Garett, Clinical Ambulatory Pharmacist in Florida, addressed the Committee and sought clarification regarding the content of the certification course. Ms. Garett inquired as to whether pre-existing content could be submitted for approval.

Mr. Flynn stated that there is nothing that limits utilizing pre-existing content; however, this must be done in consultation with a pharmacist.

Mr. Dierlam indicated that a pre-existing course could be submitted for approval so long as it meets the statutory and regulatory requirements.

Mary Thomas, representing the Florida Medical Association, addressed the Committee and expressed concern over consulting with practitioners licensed in other states.

Mr. Philip stated that as collaborative practice begins to evolve, national programs may be created. It would be prudent to allow for national certification courses to be submitted in Florida.

Dr. Mendez addressed the Committee regarding the definition of a supervising physician and inquired if limits would be put in place to restrict the pharmacists to physician ratio.

Dr. Hickman alluded to the current structure set in place for the immunization certification for pharmacists.

Ms. McNulty and Mr. Tellechea indicated that there is no rulemaking authority to allow for a cap at this time. Mr. Tellechea indicated any standard of care issues down the road would be handled appropriately by each regulatory board.

Dr. Vila addressed the Committee and suggested the Board of Medicine and the Board of Osteopathic Medicine provide samples of protocol templates to physicians.

Kathy Baldwin, representing the Florida Society of Health-System Pharmacists (FSHP), addressed the Committee and offered to share examples of protocols utilized by other states.

Mr. Philip addressed the Committee and suggested to amend the language in Rule 64B16-31.043, F.A.C., to the following:

- A pharmacist must provide written information to the patient advising the patient when to seek follow-up care from his or her primary care physician. A pharmacist shall provide follow-up care written information:
  (1) Immediately prior to performing testing, screening, or treatment services on a patient for the first time; or
  (2) As outlined in the written protocol; and
  (3) When the pharmacist determines in his or her judgment that the patient should follow-up with his or her primary care provider.

Dr. Mesaros expressed no opposition to this amendment.

Dr. Mesaros opened for public comment.

No public comments were received.

IV. ADJOURNMENT

There being no further discussion, the meeting adjourned at 12:20 p.m.