

**Manitoba Pharmaceutical Association**  
**Distance Care Subcommittee**  
**Final Report**  
**October 2008**

The Distance Care Subcommittee would like to thank the Council of the Manitoba Pharmaceutical Association for the opportunity to review the sections of the December 3<sup>rd</sup>, 2007 version of the **Regulations Policy Document** relating to distance pharmacy care and provide recommendations for consideration. As well, thank you for considering and approving our request for a deadline extension to allow us to complete our work.

### **Introduction**

The first meeting was convened on Monday July 7<sup>th</sup>, 2008 with 12 members in attendance. At this first meeting Mr. Kris Thorkelson and Mr. Pat Trozzo were elected as co-chairs of this committee. As well, Mr. Kyle MacNair volunteered to act as a scribe for each of the meetings.

It was clear from the first meeting that the participants around the table had varying levels of knowledge of the work that had already been done in reference to distance pharmacy care, particularly as it related to the International Prescription Services (IPS) business model. It was agreed that all the information that could be gathered should be sent to the committee members and once they had an opportunity to review this information, then the next meeting could be held to begin the necessary discussions.

Subsequent meetings were held on Monday July 28<sup>th</sup>, Monday August 11<sup>th</sup>, Wednesday September 10<sup>th</sup> and Thursday September 25<sup>th</sup>, 2008. The minutes of each of these meetings are provided as attachments to this document.

The distance care subcommittee consisted of the following individuals:

1. Jeremy Cockerill
2. Antoine AbiKhalil
3. Jeff Uhl
4. Leann Simms
5. Michelle Fontaine
6. Lothar Dueck
7. Kris Thorkelson

8. Paul Clark
9. Len Hillary
10. Kyle MacNair
11. Daren Jorgenson
12. Troy Harwood-Jones (non-voting guest)
13. David Marr (one meeting as an invited guest)
14. Pat Trozzo

**Manitoba Pharmaceutical Association  
Distance Care Subcommittee**

## Final Report

Upon direction of the Council of the Manitoba Pharmaceutical Association, the distance care subcommittee gathered on a number of occasions. The mandate as presented by the President of the Manitoba Pharmaceutical Association on Monday July 7<sup>th</sup>, 2008 was to review the issues associated with provision of distance care pharmacy services. The starting point for these discussions was the December 3<sup>rd</sup>, 2007 version of the **Regulations Policy Document** developed by the Council of the Manitoba Pharmaceutical Association (MPhA) after extensive consultation with members and provincial stakeholders.

The distance care subcommittee met a total of five times and have drafted the following recommendations for consideration and action by the Council of the Manitoba Pharmaceutical Association

- The council of the Manitoba Pharmaceutical Association encourage the government of Manitoba to create the regulations required to recognize United States of America prescribers. This authority would be based on section 73(2) of Bill 41: *The Pharmaceutical Act*:

### **Ministerial regulations**

**73(2)** The minister may make regulations

(c) designating persons or classes of persons as "practitioners" under this Act.

- The council of the Manitoba Pharmaceutical Association request the government of Manitoba to make statutory amendments to Bill 41: *The Pharmaceutical Act*. These changes would grant the same powers of investigation to the complaints committee as are available to the disciplinary committee, enabling more complete investigations at the complaint stage.
- The council of the Manitoba Pharmaceutical Association consider obtaining a legal opinion from a United States legal firm on the United States Federal Code and what powers may be available under this code. Specifically, a legal opinion on whether the United States Federal Code as referred to by David Marr, legal counsel to MPhA, allows for investigative authority by the Manitoba Pharmaceutical Association in the United States of America.
- With respect to the December 3<sup>rd</sup>, 2007 version of the **Regulations Policy Document**, the Distance Care Subcommittee makes the following recommendations for consideration by the council of the Manitoba Pharmaceutical Association:
  - o Change section 33(1) (b) to read "It is the intention that the pharmacy will also serve patients who will not attend the pharmacy in person and do not reside in Manitoba; and

- Remove from section 33(1) (c) “consistent with section 68(5).
- Remove section 33(2) (c).
- Remove section 68 (5).
- Remove section 68 (6).
- Remove section 68 (7).
- Create a regulation that recognizes the requirement for a pharmacy to insure timely delivery of acute medications.
- Create a regulation that does not allow pharmacies to use disclaimers and/or waivers with their patients that have the effect of conferring to the patient any liability for breach of the usual professional standards and obligations that pharmacies and pharmacists owe to their patients.

**Minutes of the Distance Care Sub-Committee**

**Monday July 7<sup>th</sup>, 2008**

Victoria Inn

- Vote on the chair, two nominees, Pat Trozzo and Kris Thorkelson. A written ballot was undertaken and the result was a 5-5 tie. Consensus that there will be co-chairs. The chair will alternate responsibility.

- Vote on a scribe, one nominee, Kyle MacNair will be the “scribe”.
- Conducted a round-the-table regarding what the goal of the sub-committees will be. Comments include:
  - Should consider the “working-group document” from the facilitated discussion that has been developed already. A lot of work has been done on this issue.
  - This is not strictly “IPS” committee, this section impacts the distance care provision of care to Manitobans in northern regions and care to those in adjacent provinces.
  - Should attempt to meet the September 15<sup>th</sup> deadline.
  - One challenge that this committee has is to understand what issues the membership had that lead to the defeat of the document. Should collect the MSP’s position statements on this issue.
  - Suggest that this subcommittee has to delve into issues on the:
    - Delivery of pharmacy service/product within a local area.
    - Delivery pharmacy service/product within a province (eg. Northern).
    - Delivery pharmacy service/product within Canada (eg. Ontario).
    - Delivery pharmacy service/product within International (eg. IPS).
- Pat provided a brief history of what has occurred thus far on the IPS licensing.
  - A working group that included IPS, MPhA, and government looked at the items that were an issue to MPhA in licensing.
  - In addition a “facilitated” discussion group was convened by the Ministry of Health. The report has now been submitted to the government.
  - Not sure what materials is public information.
- Motion: To invite the president of MIPA (Troy Harwood Jones) to be a member of this Distance Care subcommittee. Discussion.
  - Favour: 6
  - Opposed: 5
  - Passed
- Next steps:
  - Collect MSP’s position statements on Distance Care (and related documents).
  - Request the “working group” report.
  - Request the “facilitated discussion” report.
  - All members to research the existing document to determine what changes (if any) are required within this document and ask colleagues what issues they might have.
  - Consider inviting MSP, MIPA, CSHP, pharmacy-based group that delivers such care (e.g. Grand Medicine) once the committee has developed a baseline understanding of the issues and material available.
  - Develop contact list of membership.

- Invite Troy Harwood Jones to be a member of the committee. Michelle Fontaine noted strong disagreement to allowing participation of the MIPA president.
- Next meeting: July 28<sup>th</sup>, 2008. 7:00-10:00 PM. Pharmacy House.

Third meeting: August 11<sup>th</sup>, 2008. 7:00-10:00 PM. Pharmacy House

### **Minutes of the Distance Care Sub-Committee**

**Monday July 28<sup>th</sup>, 2008**

Norwood Hotel

- Attendees:
  - Kris Thorkelson, Lothar Dueck, Jeff Uhl, Paul Clark, Troy Harwood Jones, Leann Simms, Antoine Bikhilil, Jeremy Cockerill
- Called to order 7:08 by Kris Thorkelson
- Documents
  - The committee did not get approval to release the "Murray" Report, but MPhA has approved the document to be released.
  - The David Marr response to the working document has been approved for release by MPhA and will be sent out before the next meeting.

- Suggested Agenda Items
  - o Set mandate/goals of the sub-committee
  - o Review and discuss documents already provided
  - o Set schedule for meetings
  
- Kris provided a “how we got here”
  
- Discussion of Mandate
  - o Provide recommendations on the Distance Care component of the regulations.
  - o Discussion of whether IPS should be separated from care provided at a distance for domestic clients.
  - o Do not want to re-invent the wheel with respect to what discussions have occurred thus far.

Motion: The mandate of this committee is to investigate the obstacles for support of the distance care component of the draft regulations and provide recommendations for modifications if required to MPhA council. Kyle, Kris. Passed Unanimously.

- It was noted that the committee members were missing the Executive Summary of the Working Group, Kris will work to rectify the information gaps that exist.
  
- Section-By-Section Discussion
  - o There was discussion on whether there is a need to define what distance care is because it may involve care provided locally but not in person, within the province, or outside of the country. There are different implications to care to each of these scenarios of distance care.
  
  - o The intention is to identify what wording must exist that allows for acceptability to everyone, recognizing that the current wording within the document is difficult for the IPS practitioners to agree to, and may also not be acceptable to government
  
  - o Section 33
    - 33(2) there was some concern about the vagueness of the term “suitable” with respect to facilities and under whose definition that would be. Discussed the fact that in the experience of MPhA there have been Distance Care pharmacies operating in very unsuitable locations and that it is reasonable to require this.
    - The crux of the further discussion was whether the existing requirements for pharmacist hours (ie. of a basic community pharmacy) adequately cover the need for hours defined in distance care. In other words, why there is a need for additional hours stipulation for Distance Care.

Motion: to Remove 33(2), c. from the draft regulations.

For: 5

Opposed: 3

Carried

- Tabled discussion on 33(2) regarding the addition of other minimum requirements.
- Section 68(5)
  - Two issues that exist are 1) the lumping of all jurisdictions together (domestic and international). 2) requiring that agreements in place before distance care can be provided.
  - Extensive discussion about the rationale for this section, what it is trying to achieve. The committee recognizes that there are a lot of the issues with jurisdiction relate to inspection and investigations
  - The committee agrees that to provide a “safe” process for provision of distance care we cannot just strike section 68(5), something will have to be developed to replace it to insure the safe provision of care.

Statement: the subcommittee recognizes that safety is paramount, but suggests that the language of 68(5) is prohibitive and does not accomplish the safe delivery of care of distance care.

Next steps for August 11<sup>th</sup>:

- The committee should demand the release of the “Murray” report, or components thereof (process documents)
- The executive summary of the Working Group Memorandum that was missed by some and should be re-sent
- David Marr’s response to the Working Group Document will be circulated
- Insure Jason Pankratz and Brent Haverlange are specifically invited to the next meeting

Next Meeting: August 11, 2008

Motion: Adjourn 9:55PM. Carried

## **Minutes of the Distance Care Sub-Committee**

**Monday August 11<sup>th</sup>, 2008**

Norwood Hotel

- Attendees: Lothar Dueck, Kris Thorkelson, Pat Trozzo, Paul Clark, Kyle McNair, Len Hillary, Antoine AbiKhalil, Troy Harwood Jones, Leann Simms
- Called to order 7:10 PM by Pat Trozzo
  
- Documents
  - o The Committee received David Marr's response to the Working Group document
  - o The Committee also received the Craig Murray report late in the day, therefore not much time was available to go through it in detail
  
- Committee asked if Brent and Jason were asked to the meeting to represent MSP, they were, but Pat will follow up to invite them again to the next meeting
  
- Suggested Agenda Items
  - o Presentation from Troy
  - o Next steps for this committee

Presentation from Troy

- overview of the Working Group Memorandum, which was entirely dedicated to the IPS component of distance care
- overview of how we got here including the origin of IPS, October 2007 – Fairmont meeting where stakeholders formed the Working Group to look at the 7 issues raised by MPhA as to why the IPS license would be suspended
- the Working Group used an analysis matrix that looked at 3 specific things:
  - Is the issue unique to IPS
  - Is the issue related to patient safety and public health
  - Has the issue occurred in practice
- Five alternative solutions were named
  - o Suspend license sunset
  - o Recognize US doctors as prescribers
  - o Recognize pharmacists as prescribers
  - o Draft other legislation/regulations for IPS
  - o Find an alternative regulator for IPS

#### Issue One: Investigative Barriers

- In regards to the issue of investigative barriers the Working Group suggested there are no legal barriers to MPhA investigations outside Manitoba. If there were additional costs involved those costs could be recovered at discipline or by an appropriate IPS licensing levy (\*note that MPhA potentially has surplus from previous IPS license fees)
- Only an issue when the complainant is unwilling to co-operate

#### Issue Two: Prescriptive Authority

- IPS has lobbied for recognition of US doctors as prescribers
- Focus of Working Group was on the following solutions: 1) recognize US prescribers or 2) enable MB pharmacists to write limited RX
- It was also suggested that the government could adopt only part of the Act (section 73 (2) whereas gov't can designate a recognized practitioner)
  - o If this happened MB pharmacists could issue RX's for US patients unless MPhA imposed more rules

#### Issue Three: Sharing of Information

- this was not an issue unique to IPS therefore no prohibition on IPS

#### Issue Four: Aiding and Abetting

- Individuals authorize pharmacy to deliver medication to the patient in MB, then the patient ships it to themselves in the US
- There have been no prosecutions of US patients purchasing drugs in Canada
- Conclusion: no breach of US or CDN Law

#### Issue Five: Selling of Non-Health Canada Approved Drugs

- IPS in MB only sell CDN approved drugs therefore not an issue (\* note, it was mentioned that this may have happened in the past but the issue has resolved.)

#### Issue Six: Advertising

- Agree that we do need to discipline any pharmacy, including IPS that breaks the rules, however this is not a issue unique to IPS
- Suggested that the advertising component in the Code of Ethics be revised/revisited

#### Issue Seven: Complex Ownership and International Movement of Drugs

- MPhA cannot inspect international groups
- Marketing firm shows where to go for drugs (this is an IPS business)
- There must be clarity on where the drug is coming from (ie what country)

After Troy's presentation there were questions and discussion

- pharmacist's prescribing
  - o issue of pharmacist profiting from writing and Rx
  - o is it ethical?
  - o Are we unqualified to write the Rx

Going Forward

- 1) committee needs to examine Murray Report
- 2) Pat will invite David Marr to respond to the Working Group report
- 3) Try to decide whether we need to make changes to current regulations or re-write them completely?

Next meeting – Pat will check availability of David Marr and get back to committee – potential dates Sept 2-4, 2008

Motion: Adjourn 9:50 PM. Carried

## **Minutes of the Distance Care Sub-Committee**

**Wednesday September 10<sup>th</sup>, 2008**

Norwood Hotel

- Attendees:
  - o Kris Thorkelson, Lothar Dueck, Jeff Uhl, Paul Clark, Leane Simms, Len Hillory, KyleMacNair, (guest) Troy Harwood-Jones, (guest) David Marr
  
- Called to order 7:06 by Pat Trozzo (leaving at 8:45pm at which point Kris will take over as chair)
  
- First issue the deadline is September 15<sup>th</sup>, but we are not in a position to report by then. A request has been made for an extension to MPhA. The request was made for an extension to October 15<sup>th</sup>. MPhA would like to have an interim report (copy of minutes and why we need an extension).
  
- There has been an indication from both the Registrar and the President (Randy) to attend our sub-committee meeting. This will be discussed later in the meeting.
  
- Discussion of the minutes of the previous minutes. Troy provided some suggested edits regarding the minutes, specifically related to the sections that he presented on to insure they accurately captured his statements. The revised minutes will be circulated for voting
  
- Mr. Marr provided a response to the issues raised on the working group statements. Mr. Marr stated that the Murray report did not adequately deal with the issues raised by the working group and MPhA. Mr. Marr has met with Mr. Curtis Unfried (MIPA lawyer) to discuss the outstanding issues.
  
- The following are the main points of discussion brought up during David Marr's presentation:
  - o Co-signing issue remains one of the most serious issues of the IPS issues of distance care. The issues of distance care within Manitoba is less of a legal challenge.
  - o This issue must be dealt with permanently. The position of IPS has been to allow rx to be filled from US physicians. This position has been put forward from day 1. A request was made of CPSM (Bill Pope) if protocols could be developed to legally allow MB physicians to co-sign. The response was "no".

- It was initially believed that MB gov could not allow recognition of US physicians. But positions have evolved that suggest they could. In Bill 41 the description of prescriber was removed from the act and moved to regulations to allow more agile addition of prescribers. This allows changes without opening the Act.
  - There was indication that US physicians would be included as prescribers by the Gov, but they have not. There have been legal opinions that have suggested that this is acceptable.
  - The suggestion has been made that the pharmacist should be allowed to prescribe drugs to facilitate IPS service. But this opens up issues of legality, appropriateness, conflict-of-interest. This is an issue that the profession as a whole would have to decide upon.
  - The opinion of Mr. Marr is that allowing Canadian pharmacies to fill prescriptions by US prescribers would be the simplest and most reasonable strategy.
  - However, doing this brings into issue the investigative authority of those outside of Manitoba.
  - Statutory amendments would be required of Bill 41 to facilitate the investigation of complaints concerning pharmacists providing IPS. The same powers that are available at the disciplinary stage would have to be available at the complaints stage and would be required to enable full investigations where necessary. This needs to apply to all parties (complainant, 3<sup>rd</sup> party, etc.).
  - This is consistent with the general comments of the working group.
  - Regarding investigative authority. Mr. Marr recommends that there is a need to enlist an opinion from a knowledgeable US attorney regarding the use of “district court rules” in the US could help with investigations.
  - Page 8 of Mr. Marr’s statements. Consideration of the sections related to US district court. This would have to be verified by a US lawyer or judge.
  - There is agreement between MPhA and Working Group that this may be feasible if the investigation powers are available.
  - Regardless of how this occurs there is an issue of the time consuming and costly nature for international investigation. This is a serious concern, especially if IPS parties cannot pay. Suggestion to consider a stabilization fund where to practice in this area a fund is kept at a set level with assessment. Question, hasn’t this been dealt with by existing larger charges for IPS pharmacies (funds). Answer, these additional funds were not “set aside” in this manner but utilized to facilitate the investigation regulation of the industry.
  - The Provincial government appears to be acting evasively as to what they want done, what they have done and what they can do. There appears to be no will of the government to take a leadership role in any meaningful way.
- Aiding and abetting is less of an issue if the US government isn’t enforcing the laws it has in place.

- Non-health Canada approved products issue. The Manitoba IPS pharmacies should not sell or offer to sell non-Health Canada approved product. Advertising for non-health Canada approved product on Manitoba pharmacy sites is the equivalent to selling and should not occur. The issue of referral of prescription to a different jurisdiction is different, but must be clear. If a Canadian pharmacy is advertising a Non-Health Canada approved products it should be investigated and dealt with.
- Issues of the provision of care provided to patients outside of Manitoba but inside Canada would be effectively dealt with by the changes in the statues of the complaints stage.
- Jurisdictional agreements were thought to be the reasonable solution. However, they are not acceptable to IPS. If we can come up with solutions that MPhA and IPS agree with, it would be difficult for the Provincial Government to ignore. Whether the federal government would actually stop the MB Government allowing US prescribers it is debatable.
- Limited prescriptive authority of pharmacists
  - o The intention of the prescriptive authority regulations was to allow pharmacist prescribing in specialty practice.
  - o There should be no impediment to recognizing US pharmacists as long as they are properly vetted.
  - o A US prescription is always a better option than a secondary prescription. Regardless who is the secondary prescription.
  - o The authority of MPhA is theoretically heightened depending on how that limited prescriptive authority is put into practice. Although it may not because you still may have to compel the US.
  - o The idea that the Government will not recognize the US prescriber buy will allow pharmacists to recognize the prescriber in this “limited prescriptive authority” is hypocritical.
  - o The use of pharmacist prescriptive authority in this manner is generally not acceptable to the sub-committee especially when the solution of using US prescribers directly is far more appropriate.
- Pat left Kris is the chair (8:34PM)
- For executive we need to provide the minutes of all our meetings. As well, it would be good to come up with a synopsis of recommendations to date.
- The issue with the fed gov is from the Food and Drug act wording of 1951 that defines a prescriber as Canadian. The federal government will not change it. Do they have the authority to stop MB gov to recognize prescribers or do they have the political will is unknown. Knowing that the MB government’s position on utilizing pharmacist prescribing to facilitate IPS:

- We want to deal with the prescriber directly for patient safety. Third party is not an appropriate, safe or ethical way of going about.
  - The membership is unlikely to support the concept of the use of pharmacist prescriptive authority.
- The issue of fees for IPS service is an issue that was discussed extensively. There is concerns that the fees have to be equitable and not overly restrictive, but recognize the additional costs that may be recognized from the provision of IPS service. Further discussion should occur.
    - Tentative statement to be discussed next meetingThe subcommittee recognizes that time and cost of appropriate investigation is an issue. There should be a fair and equitable fee levied to international pharmacy services to address these concerns.
    - Possible suggestion of a stabilization fund.

**Recommendations to Council from today’s meeting:**

- Only two major issues need to be dealt with in order to resolve the MPhA concerns regarding barriers and voids in its ability to protect the public. These are “co-signing” and “inspection and investigation barriers”.
- In terms of patient safety, recognizing a US prescriber to facilitate the solution of “co-signing” of international prescriptions is the only viable solution available and is recommended by this sub-committee.
- The MPhA should ask the Government to create the regulations that recognizes US prescriber by the authority based on the following section of the Bill 41:
  - Ministerial regulations**
  - 73(2)** The minister may make regulations
  - (c) designating persons or classes of persons as "practitioners" under this Act.
- Statutory amendments would be required of Bill 41. The same powers need to be granted to the complaints committee as granted to the disciplinary committee would be required to enable full investigations where necessary. These powers need to apply to all parties (complainant and 3<sup>rd</sup> party).
- There is an opinion of MPhA legal council that a US Federal Code exists that may allow for appropriate investigations in the United States. This committee recommends that a legal opinion be sought from a US lawyer that confirms this interpretation.

Motion: To approve the Recommendation to Council from today’s meeting.

Kris/Kyle

Approved unanimously.

**Future Meetings:**

Ron was concerned about the direction of the committee and wished to attend the meeting. Randy was also interested in coming to a meeting. There was discussion

whether that is useful to have these individuals attend. If there is a need for them to come from my committee. The consensus is that currently we do not require them to attend the meeting but may request them to attend future meetings.

Next meeting: September 17, 2008

Goal: work on the regulations assuming our initial recommendations are accepted.

Three meetings will likely be required.

Suggested Next Meeting (pending Pat's approval): Wednesday, September 24<sup>th</sup>, 2008;  
7:00pm

Next Meeting: October 2<sup>nd</sup>, 2008 (a new scribe will have to be assigned)

### **Minutes of the Distance Care Sub-Committee**

**Thursday September 25<sup>th</sup>, 2008**

Norwood Hotel

- Attendees:
  - o Lothar Dueck, Jeff Uhl, Paul Clark, Len Hillory, KyleMacNair, (guest) Troy Harwood-Jones, Pat Trozzo, Jeremy Cockerill, Leann Simms
- Called to order 7:06 by Pat Trozzo
- Review of discussion of from end of previous meeting regarding recommendations to council
- Looking for recommendations from committee on what we are going to put forward regarding the distance care regulations. Should we go section-by-section and line-by-line to determine what if anything needs to be changed? Thus far much of our recommendations have been outside of the authority of MPhA and thus our

- Discussion of how to go through with revisions without knowing how the recommendations that are being made to government will be taken.
- Start section-by-section:
- 33(1) – discussion of the pharmacies that service domestic clients
  - o It currently it suggests you cannot serve an out-of-province persons unless you have the component
  - o The way (b) is written, essentially all pharmacies would have to have a distance care component
  - o Motion to change:
    - 33(1) (b) it is the intention that the pharmacy will also serve patients who will not attend the pharmacy in person and do not reside in Manitoba; and
  - o Delete from 31(c) “consistent with section 68(5).
    - Passed
  - o Discussion: Intention of 68(5) – intention was to facilitate the investigative authority concerns of MPhA. With the information provided Mr. Marr that jurisdictional investigation may be possible if his interpretation of the American institutes are correct. Question as to whether 68(5) could be removed
  - o Previous motion (Aug 28/08)
    - Motion: to Remove 33(2), c. from the draft regulations.
      - For: 5
      - Opposed: 3
      - Passed
  - o Motion add back 33(2)(c) into the draft regulations
    - For: 2
    - Opposed: 6
    - Defeated
  - o Motion: to remove 33(2)(a)
    - Retracted
  - o Motion: to strike 68(5)
    - For: 6
    - Against: 0
    - Abstain: 1
    - Passed
  - o Create a new sections that state under (33)(2):
    - Controlled drugs and substance and narcotics will not be provided through distance care.
    - Motion:

- The pharmacy providing distance care will respect the drug scheduling laws of the other jurisdiction.
    - No seconder
    - Defeated
- Motion: Strike sections 68(6) and 68(7)
  - For: 7
  - Against: 0
  - Passed
- Motion:
  - Adopt the following into regulations - point 8 of IPS Standards of Practice March 11, 2008 into section 33(2)
    - For: 7
    - Against: 0
    - Passed
- Discussion, no further meeting may be required.
- Consideration of the concerns over delays in that may exist in the area of distance care and whether regulations should be passed. For example, if there is an acute need for a medication, it is not appropriate to go into the mail.
- Modification:
  - Motion
    - A regulation be developed that recognizes the requirements for timely delivery of acute medications for all pharmacies.
      - For: 7
      - Against: 0
      - Passed
- Pat or Kris will send out the minutes and the summary of recommendations to be approved by email if no objection.
- Adjourned: 10:19PM