

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23

ALABAMA STATE BOARD OF PHARMACY

BUSINESS MEETING

Wednesday, January 14, 2015

9:10 a.m.

LOCATION: Alabama State Board of Pharmacy
111 Village Street
Hoover, Alabama 35242

REPORTER: Sheri G. Connelly, RPR

1 APPEARANCES

2

3 BOARD MEMBERS:

4 Dan McConaghy, President

5 Buddy Bunch, Treasurer

6 David Darby, Member

7 Donna Yeatman, Member

8

9 ALSO PRESENT:

10 Susan Alverson, Executive Secretary

11 Mitzi Ellenburg, Director of Operations

12 Eddie Braden, Chief Inspector

13 Glenn Wells, Inspector

14 Mark Delk, Inspector

15 Cristal Anderson

16 Terry Lawrence

17 Blake Anderson

18 Zac Brown

19 Gary Mount

20 Cara Leos

21 Matthew Muscato

22 Tammie Koelz

23 Ronda Lacey

- 1 Dane Yarbough
- 2 Roger Bates
- 3 Louise Jones
- 4 Rick Stephens
- 5 Jim Easter
- 6 Steve Bethea
- 7 Chris Burgess
- 8 Julie Hunter
- 9 Cynthia Ransburg-Brown
- 10 Jack Adams
- 11 Eddie Vanderver
- 12 Leah Pierce
- 13 Waldo Roth
- 14 Maggie Fields
- 15 Stephanie Tristano

16

17 *****

18

19 MR. MCCONAGHY: All right. We're
20 going to open the January 14, 2015, Alabama
21 State Board of Pharmacy meeting. We do have a
22 quorum with the exception of Tim Martin is not
23 here. All other members are present and

1 accounted for. I need a motion to adopt the
2 agenda.

3 MR. DARBY: I move we adopt the
4 agenda.

5 MR. BUNCH: Second that.

6 MS. YEATMAN: Second.

7 MR. MCCONAGHY: All in favor?

8 MR. DARBY: Aye.

9 MS. YEATMAN: Aye.

10 MR. MCCONAGHY: Right off the top, I
11 know you got it a little late, Buddy, but are
12 you ready to do the treasurer's report?

13 MR. BUNCH: I'll take a stab at it.
14 Good morning. We did just get it kind of off
15 the press. We had a little technical snafu, but
16 Dan helped me. We're in good shape. Dan's been
17 doing it for years, so if we're off, it's all
18 his fault. I couldn't screw it up that bad in
19 one day. I run it like I'll run my business.
20 If I've got enough money to pay the bills at the
21 end of the week -- at the end of the month,
22 we're doing good, right.

23 But I think the income as far as the

1 budget and all, we're pretty much in line with
2 everything that -- that we budgeted last year
3 and I'll beg a little forgiveness on this month
4 and hopefully next month we'll be more prepared
5 for it but we were -- I got here a little bit
6 early and we were trying to get it printed and
7 done and it just didn't happen until JUST now.
8 But anyway, again, we're in good financial
9 situation and I'll give you a little bit better
10 report next month.

11 MR. MCCONAGHY: I would add on Buddy's
12 report there too, anybody that is from the
13 outside looking in, that 90 percent of the
14 revenue that we're going to get for the year is
15 already in and it might look like there's a lot
16 of money in there but there's not that much
17 money when it's got to last you basically a year
18 and a half because the next cycle is not near as
19 much income. But anybody from the outside
20 looking in needs to understand that that balance
21 is not as big as it looks, so.

22 Motion to accept?

23 MR. DARBY: I make a motion we accept

1 the financial report.

2 MS. YEATMAN: Second.

3 MR. MCCONAGHY: All in favor?

4 MR. DARBY: Aye.

5 MR. BUNCH: Aye.

6 MS. YEATMAN: Aye.

7 MR. MCCONAGHY: All right. We have
8 the man here, Mr. Clean, Mike Garver, to do our
9 Wellness report today.

10 DR. GARVER: That's a great
11 introduction. Happy New Year.

12 MR. DARBY: Happy New Year.

13 DR. GARVER: Good to see all of you
14 and speak to you about the Wellness -- the shape
15 of the Wellness committee and where we are and
16 where we are with several different aspects.
17 I'm going to just kind of start off and read the
18 report for actually the month of December.

19 There are presently 144 people in our
20 screening program with signed contracts and
21 orders. This number includes any individuals on
22 a diagnostic monitoring contract but does not
23 include any of the health professionals listed

1 below. There is one pharmacist in inpatient
2 treatment. There are present 16 pharmacists who
3 are being held out for some reason, and when I
4 say this for some reason, these reasons can mean
5 that they are -- have halfway house, that the
6 treatment center is waiting on them, that
7 they're being evaluated, or that there is
8 another problem -- health problem with them that
9 prevents us from presenting them to you for
10 relicensure.

11 There are no techs in treatment at the
12 present. There are ten techs who are being held
13 out for the same sorts of reasons and we expect
14 a lot of those in the first quarter to come due,
15 so we're going to have a big influx of all of
16 the back work. The staff has done a lot work in
17 the investigation process and the treatment
18 centers are ready to sign off on a lot of them,
19 so we're going to have a lot of people coming
20 back into pharmacy pretty soon and I think
21 that's great.

22 There is one student who is in
23 inpatient treatment. That student was actually

1 here yesterday and will be out of treatment on
2 the 23rd of this month and hopefully back in
3 school. Susan has done a lot to make that
4 process work for us. There is one student who
5 has completed outpatient treatment, refused
6 recommendations. This particular person we've
7 had before the Board before and actually they
8 are asking for an extension in order to get back
9 into the program and school and we're working
10 around try to see if that can -- that could
11 happen.

12 There's one student who's relapsed and
13 been withdrawn from school and may not be able
14 to be returned. The staff knows about this
15 gentleman and we're working on him as we speak.

16 There are 85 individuals in facility-
17 driven aftercare. Facility-driven aftercare is
18 aftercare that's strictly put on by treatment
19 centers where individuals go for a specified
20 amount of time, usually two years to meet once a
21 week with other health professionals. Sometimes
22 they're all pharmacists. Sometimes they're
23 lumped in with physicians and dentists, nurses,

1 but they -- we do have a lot of folks in
2 aftercare.

3 This next are just some -- a little
4 statistic to show you how many people we
5 actually identified -- new cases that we
6 identified in 2014. There are 16 new cases that
7 are -- six pharmacists, nine techs, and one
8 student. There were 36 active cases in 2013 and
9 in 2014 there were 52 total active cases, so we
10 had a net gain of 16 people in 2014 and
11 that's -- that's not too bad actually and most
12 of those people are -- have been processed, have
13 gotten treatment, or in the process of getting
14 that. That's the formal part of this.

15 I did want to speak just two seconds
16 about the mentors we have. We have a total of
17 19 pharmacists and pharmacy techs throughout the
18 state now who are available to mentor
19 pharmacists and techs that get out of treatment
20 and we try to -- except in rare cases where
21 there's a small town and there's no one
22 available, we have people available -- other
23 health professionals, recovering health

1 professionals, pharmacy health professionals
2 available to talk to new recovering pharmacists
3 and pharmacy techs, so we're -- people call me
4 all the time and I get them involved as quick as
5 I can. As long as they have some recovery
6 themselves and want to be a part of it, we're
7 willing to take those on so that -- that's done
8 very well.

9 I sent an email through Susan last
10 month concerning meeting with the schools.
11 We're going to do that the first week in
12 February. We're going to have the meeting up
13 here. The people from Auburn are going to come
14 up actually to Birmingham and we'll all meet
15 here. I don't know where we're going to meet
16 yet, whether we meet at Samford or at the
17 Board's office to continue the discussion around
18 the proper protocol that Susan has kind of
19 worked out and the Wellness committee is in
20 agreement with about facilitating evaluations
21 and treatments for students, so that's it.

22 My mother is okay. There's no more
23 crises with her. Christmas went fine. She

1 opened all but two of her presents and they're
2 in the bottom drawer for Easter. I can't tell
3 you why they're there but that's why they're
4 there.

5 Any questions for me this morning?

6 MR. MCCONAGHY: I'd just like to make
7 a comment and tell you I can speak for the Board
8 that -- Donna is new. She hasn't given me her
9 opinion but we've been --

10 DR. GARVER: Good.

11 MR. MCCONAGHY: The Board has been
12 real pleased with what you've done since you've
13 taken the program over and we've been real happy
14 with it and after speaking with some of the
15 folks that have been through the program and
16 were actually in the previous program, that they
17 speak very highly of the new program.

18 DR. GARVER: Well, thank you. I do
19 appreciate that compliment.

20 MR. MCCONAGHY: I just want you to
21 know that we appreciate you continuing it like
22 you have.

23 DR. GARVER: Well, thank you.

1 Somebody did it for me. I'm just trying to
2 continue that. So that's it. I'll be in
3 contact with you about the meeting and good to
4 see all of you. Good luck.

5 MR. MCCONAGHY: At this time we'd like
6 to start with Mitzi and everybody stand up and
7 tell us who you are and who you represent.

8 MS. ELLENBURG: Mitzi Ellenburg, Board
9 of Pharmacy.

10 MR. MOUNT: Gary Mount, director of
11 pharmacy, Baptist South in Montgomery.

12 MS. LEOS: Cara Leos, ALSHP.

13 MR. BROWN: I'm Zac Brown. I'm a
14 student on rotation here.

15 MR. MUSCATO: Matthew Muscato,
16 Walgreens Pharmacy.

17 MS. KOELZ: Tammie Koelz, Walgreens
18 Pharmacy.

19 MS. LACEY: Ronda Lacey, McWhorter
20 School of Pharmacy.

21 MR. YARBROUGH: Dane Yarbough, Turenne
22 PharMedCo.

23 MR. BATES: Roger Bates, Alabama

1 Pharmacy Association.

2 MS. JONES: Louise Jones, Alabama

3 Pharmacy Association.

4 MR. STEPHENS: Rick Stephens, Senior
5 Care Pharmacy.

6 MR. EASTER: Jim Easter, Baptist
7 Health System. In a few moments Maggie Fields,
8 a student from Samford, will join us.

9 MR. BETHEA: Steve Bethea, University
10 of South Alabama Medical Center.

11 MR. BURGESS: Chris Burgess, Heritage
12 Compounding Pharmacy.

13 MS. HUNTER: Julie Hunter, Omnicare.

14 MS. RANSBURG-BROWN: Cynthia Ransburg-
15 Brown, Sirote and Permutt.

16 MR. ADAMS: Jack Adams, Huntsville
17 Hospital.

18 MR. LAWRENCE: Terry Lawrence, Alabama
19 Board of Pharmacy.

20 MR. VANDERVER: Eddie Vanderver, CAPS,
21 Incorporated.

22 MS. PIERCE: Leah Pierce, Wal-Mart
23 Pharmacy.

1 MR. ROTH: Waldo Roth, Zoopharm.

2 MS. FIELDS: Maggie Fields with Jim
3 Easter.

4 MR. DELK: Mark Delk, State Board of
5 Pharmacy.

6 MR. WELLS: Glenn Wells, State Board
7 of Pharmacy.

8 MR. MCCONAGHY: At this time we're
9 going to need to have a motion to approve the
10 various minutes that we've got listed on here
11 and hopefully y'all looked at them in the
12 Dropbox because we're not going to read all 370
13 pages.

14 MS. YEATMAN: So moved.

15 MR. DARBY: I make a motion we approve
16 the minutes of the November 19, 2014, Board
17 meeting.

18 MR. BUNCH: Second.

19 MR. MCCONAGHY: All in favor?

20 MR. DARBY: Aye.

21 MR. BUNCH: Aye.

22 MS. YEATMAN: Aye.

23 MR. DARBY: I make a motion we approve

1 the December 17, 2014, interview minutes.

2 MR. BUNCH: Second.

3 MR. MCCONAGHY: All in favor?

4 MR. DARBY: Aye.

5 MS. YEATMAN: Aye.

6 MR. BUNCH: Aye.

7 MR. DARBY: And I make a motion we
8 approve the December 17, 2014, Board meeting
9 minutes.

10 MR. BUNCH: Second.

11 MR. MCCONAGHY: All in favor?

12 MR. BUNCH: Aye.

13 MS. YEATMAN: Aye.

14 MR. DARBY: Aye.

15 MR. MCCONAGHY: Okay. By unanimous
16 vote, they're all approved.

17 Eddie, do you want to do the
18 inspector's report now?

19 MR. BRADEN: Yes, sir. If you look in
20 your Dropbox, you'll see how many inspections we
21 had completed last -- last month but I'd like
22 for you to look at the completed complaints for
23 last month. That's a high number. The

1 inspectors worked really hard last month to get
2 cases caught up for the 2014 -- the 2014 year
3 and we're on track to do that many completed
4 this month and we have other information to give
5 you in executive session.

6 MR. MCCONAGHY: Any questions?

7 (No response.)

8 MR. MCCONAGHY: That was good. Susan,
9 secretary's report.

10 DR. ALVERSON: Okay. We were
11 primarily in the office during this past month
12 and I say the biggest thing that happened in the
13 office this past month was wrapping up renewals.
14 As you referred to, Dan, all renewals other than
15 technicians occur in even-numbered years and so
16 all pharmacists renewed their license, plus we
17 had 800 out-of-state businesses who were having
18 a pharmacist apply for a new license and then
19 renewed their license and all businesses renewed
20 their license and I've asked Mitzi to comment on
21 that about how the business part went. We had
22 technicians before and pharmacists follow that
23 but.

1 MS. ELLENBURG: Well, two of the
2 primary problems with the pharmacies,
3 manufacturers, et cetera, has been the slow
4 process of the computer. GL Solutions had
5 problems at their end. It was slow here. It
6 was taking an exceptional amount of time just to
7 enter one and get it approved but they seemed to
8 have worked through that. It's picked up now.

9 The other thing that's really slowed
10 us down this year, and Jim can attest to that,
11 is the number of pharmacies and facilities from
12 out of state that have had some type of
13 disciplinary action, so they could not renew
14 online because there was disciplinary problems.
15 They had to send in paper applications, which
16 slows it down anyway and then with GL Suites
17 being slowed down, that slowed it down even
18 further but we've caught up. We're getting
19 hearing -- we're setting up for administrative
20 hearings for the ones that's had disciplinary
21 for out of state so it's better now.

22 We did the ones that had disciplinary
23 action -- Susan had written a letter and with

1 Jim's permission, we went ahead and sent out
2 their license so that they could still send in
3 the State of Alabama and since they had not
4 actually been charged, they weren't permitted --
5 refused to ship in but we did tell them that
6 there may be some type of administrative hearing
7 or disciplinary action further down the line.

8 MR. WARD: One thing that will speed
9 this up is the application, if they've been
10 disciplined, require them to send the discipline
11 along with their application because a lot of
12 the holdup is they don't send it or they give
13 their version of what happened so we have to
14 contact them back to get a copy of it and that
15 all takes time. So if they are required to
16 submit copies of the discipline, it will
17 certainly speed things up and a lot less work
18 for every -- everybody.

19 MS. ELLENBURG: I agree.

20 DR. ALVERSON: If you could tell me
21 after the meeting what pieces of paper
22 specifically are the most helpful so we can put
23 that on the form or the information.

1 MR. WARD: Okay.

2 DR. ALVERSON: Thanks, Mitzi.

3 MS. ELLENBURG: You're welcome.

4 MR. MCCONAGHY: Susan, along that
5 line, could I just ask you a question because
6 I've run across this a couple of times where
7 people -- pharmacists were trying to renew their
8 license and they had some kind of issue that was
9 going on in another state that was going to be
10 months before it was even addressed. Do we need
11 to create a policy or some kind of rule to where
12 you have a pending -- you could have a pending
13 license that's -- because I don't think we have
14 anything official in our rule like that but
15 something that would allow them to go ahead and
16 issue that license and then --

17 MS. ELLENBURG: Well, that should
18 really revert just like the pharmacists, we go
19 ahead and send it to them with the letter and
20 tell them that there may be disciplinary or
21 administrative hearing further down the line.
22 We shouldn't hold their license because legally
23 they haven't made any -- had any violations in

1 Alabama, so we should go ahead and renew it,
2 send them a letter, tell them there may be
3 something on down the line and show them active
4 in our computer.

5 MR. MCCONAGHY: Okay. I was just
6 thinking if we had something in wording that --
7 where they were able to read that it's -- if
8 they're getting a letter that says that, that
9 we're issuing your license but it's pending --

10 MS. ELLENBURG: Yeah, they should be
11 getting it.

12 MR. MCCONAGHY: -- submittal of the
13 final report for other things.

14 MS. ELLENBURG: Right.

15 MR. MCCONAGHY: I didn't know if we
16 needed to have something even on the website
17 like that where they could go ahead and fill it
18 out online but --

19 DR. ALVERSON: Right, and we'll talk
20 to Lynn about that because Lynn renews all
21 pharmacies -- pharmacists.

22 MR. MCCONAGHY: Okay.

23 DR. ALVERSON: And we'll have that put

1 in that process so it shows.

2 MR. MCCONAGHY: Okay.

3 DR. ALVERSON: All right. We are
4 happy though that that process is over and even
5 though we had some glitches, we did get through
6 it and everyone was still relatively sain.

7 What I most wanted to report about is
8 the data management system. Those of you who
9 have been here for at least a year, so I guess
10 everybody except Donna, has heard me mention
11 every month, we're having a problem with the
12 data management system and Mitzi has told you
13 it's still going on. So we made the decision
14 with your backing that we were going to look for
15 another company and we've looked at a couple of
16 companies and the company we like best is called
17 CyberBest Technology. We've had them in.
18 They've met with the licensing side and the
19 enforcement side. Their CEO has been here.
20 They have a project manager who would be
21 handling our situation. He's met with us a
22 number of times.

23 They have been working with the Board

1 of Nursing now for five years and that's not
2 because it took them five years to put in the
3 system. It's because the Board of Nursing keeps
4 saying, well, we'd like to add another
5 component, we'd like to add another component,
6 so that's why it's been five years but the Board
7 of Nursing has said nothing but wonderful things
8 about them.

9 We also discovered that they are the
10 company that designed a program being used by
11 the police system. It's in -- is it all
12 throughout the State or just --

13 MR. BRADEN: Yes, AlaCOP and LETS are
14 systems that all the departments utilize in the
15 State of Alabama.

16 DR. ALVERSON: And from what I've
17 heard from our inspectors is that it's -- it's
18 just been a great system because it allows them
19 to pull up all the data, user-friendly. You can
20 see everything when you stop to give a ticket or
21 even when -- when our office searches background
22 on somebody, they say the system is -- is just
23 so responsive and user-friendly. So based on

1 the comments that we've gotten from other people
2 in the State that we think we can rely on and
3 having looked at their system, we would like to
4 go with CyberBest.

5 We've talked to them and we've told
6 them that but I would like your approval before
7 we sign a contract and the contract -- a draft
8 of a contract should be here next week. I will
9 send it to all of you. Of course it will go
10 through Jim and Joe's office to be sure
11 everything is right and we're protected. Then
12 we will have about a week to look at that
13 contract, make any changes we want to the
14 contract, send it back.

15 Hopefully we can come to some
16 agreement within about three weeks from now.
17 The price is going to be \$275,000. It would be
18 150,000 when we sign the contract and 125
19 when -- when they put the system in but I know
20 that sounds like a big number but we've paid
21 almost that much to GLS now and with GLS we owe
22 them \$10,000 every month forever.

23 With this company, once it's in, we

1 owe them nothing. We're done. We own all the
2 data and we own the program that they've built,
3 so that's not the case with GLS. So we could
4 take everything, the background, the backbone
5 of -- of what they've designed for us and take
6 that and go to somebody else if we wanted, all
7 right, because -- that's just the way they
8 contract.

9 After they install it, we have a year
10 to work out the kinks and that year is free. If
11 we wish to make small adjustments, that will be
12 free. If we decide we're going to license a new
13 group like, you know, now we're going to be
14 responsible for licensing, I don't know, GNC
15 stores, all right, then that's building a new
16 component and we would pay for that but we would
17 pay for those components as we chose to add
18 them, all right. So there's no ongoing fee or
19 payment that we have with them.

20 They would deliver the first of August
21 of this upcoming summer all of our data -- all
22 of our data in a system already populated, all
23 right. They would also have the technician

1 renewals up and running and we would have a
2 month to practice with it because technicians
3 renew September 1.

4 At the time they deliver the system,
5 they will have inspections finished, so our
6 inspectors will have all of our inspection
7 forms. They will all be on tablets so we can do
8 inspections from the field on a tablet, hit
9 submit and it will go into the system, so we
10 won't be bringing a piece of paper back and
11 someone's got to scan it and then try to put it
12 in the system someplace.

13 Well, Eddie, you've talked to them
14 more than I have on that. Do you want to
15 comment on what would be available on the
16 tablets from the field?

17 MR. BRADEN: They showed me how they
18 are able to do geographic location, show how
19 many pharmacies or registrants we actually have
20 in a certain area. We can do it by county.
21 They can break it down into zip codes to make it
22 easier for the guys to see what is open to need
23 an inspection, so it looked very user-friendly

1 to me.

2 DR. ALVERSON: The inspectors would be
3 able to pull up previous inspections while they
4 were on site if they wanted to know what
5 happened last time. They said even if they were
6 in a town, they're standing on main street
7 thinking isn't there another pharmacy on main
8 street, they'll be able to put that in and it
9 would say, yes, there's -- David Darby has got a
10 store just three or four blocks down. So that
11 would be the inspection system and they will
12 also have, and we are very hopeful about this, a
13 system to track all complaints.

14 So we get complaints from all
15 variations that come in, things that are mild,
16 things that are diversion cases, all kind -- the
17 things that you hear on Tuesdays. They already
18 have a system built that shows that complaint is
19 going to step one. You can put in comments, add
20 documents. The date is there. It shows when it
21 goes to the next person in line, the next person
22 in line, when it leaves to go to the lawyer's
23 office, when it comes back, statements of

1 charges, consent orders, all of that is tracked
2 so you can see it in a time line.

3 So we would be able to at any time
4 say, I want a report on every case that's come
5 in and where it is now, you know, and why has it
6 been in that place for three months, you know.
7 There's probably a good reason, maybe something
8 is in court and we're waiting for a municipal
9 court to finish but at least we would know where
10 everything is and know how it's moving through
11 the system and we would be able then to close
12 the circle knowing it came in here, we went
13 through all these steps. This is all the
14 documentation that we've acquired and we closed
15 it, and this is what happened, all right. And
16 we really need that ability to be able to follow
17 cases in that way. So that would also be
18 delivered August 1.

19 We chose then to have technician
20 online applications installed and pharmacy
21 applications installed next because those are --
22 those create a tremendous amount of work and
23 then the rest of renewals and online

1 applications. They've said they just can't
2 figure out why things have taken so long because
3 basically in our system, when you set up one
4 renewal, all the other renewals look pretty much
5 just like that. So that's where we are.

6 MR. MCCONAGHY: There goes your
7 budget, Buddy.

8 MR. BUNCH: Yeah. They may not want
9 to talk about their competition but do they have
10 any insights on GLS or why there were so many
11 problems with them? I'm just curious.

12 DR. ALVERSON: No, they didn't. I
13 will tell you this though, our contacts at GLS,
14 both our technical contact is gone and the
15 person that is supposed to be my contact for
16 administrative things is gone.

17 We were supposed to meet originally
18 every two weeks. I'm now going every two months
19 before I hear from them. When I contacted them
20 I got a vice president that we know and I was
21 told, well, you can't start with me, you've got
22 to drop down to the project manager to report
23 this. The project manager will report it up

1 through the line and eventually it will come to
2 me that you're leaving and I'll report it to the
3 CEO.

4 So they said, we'll do everything we
5 can to make this easy for you. We'll get your
6 data for you. All we ask is in return is that
7 you don't bad-mouth us to other people. If you
8 would just say things didn't work out, so it's
9 like a divorce but nobody's fault and we'll
10 separate as friends so.

11 MR. MCCONAGHY: Have you got like a
12 time line on when things would need to start
13 with the new company?

14 DR. ALVERSON: Well, they wanted to
15 see the data. They've already been here.
16 They've met with everybody to begin to collect
17 data, things like forms we use, inspection
18 forms, letters, those kinds of things. They
19 asked to see our data from GLS and I've asked
20 for that and they said they're sending it,
21 although they did send me an email saying we
22 don't have to send you your data, just so you
23 know.

1 I've also asked them to stop work on
2 any projects we're working on because that's
3 just a waste of our time working with them and I
4 told them that we're going to be sending a
5 letter and I want that to go through Joe's
6 office saying that you have not begun work on
7 any of the eight projects we were due for this
8 contract year. They're just finishing up
9 projects from last contract year. So since
10 we've had no projects in this year and since
11 they are not going to be doing any -- working on
12 anything for us, I feel what we pay should --
13 should change.

14 So I'm preparing a letter that I -- at
15 least the backbone of a letter to go to Joe
16 because I want to be sure it's stated in correct
17 legal talk. You know, whether we have options
18 to take action afterward, you know, that would
19 be for the Board and Joe and Jim to discuss. I
20 don't want to take any action until I get our
21 data out though. That's my opinion but I'm not
22 a lawyer.

23 MR. WARD: That's right -- you're

1 absolutely right. Is it -- you know, one
2 problem we've had this time is when you want to
3 change a form or something in the computer
4 like --

5 DR. ALVERSON: Yes.

6 MR. WARD: Is that going to be
7 better -- is that something this company knows
8 about? So like if you want something changed,
9 you can go ahead and get it changed without a
10 six-month delay?

11 DR. ALVERSON: Of course they've
12 promised us that, that they would be available.
13 They said any, you know, small change, you just
14 call, we fix it. There's no charge, no
15 question.

16 MR. DARBY: Is there a way we can
17 define what a small change is?

18 DR. ALVERSON: Sure. We ought to put
19 in the contract anything that we -- I mean,
20 we've had so much experience with things going
21 wrong, we ought to be able to define that.

22 MR. DARBY: Yeah. Also, if there
23 is -- can we put in the contract when we do a

1 major change and they're going to charge us for
2 it what the rate of the fee would be for the
3 major changes.

4 DR. ALVERSON: Right. They told us
5 what a project manager or a technical person
6 gets paid per hour and that would be the hourly
7 rate that we pay.

8 MR. DARBY: Okay.

9 DR. ALVERSON: And we can put that in
10 the contract, although people's salary can
11 change.

12 MR. DARBY: Yeah.

13 MS. YEATMAN: Is there a way with this
14 new system that they'll, you know, have
15 complaints and we'll be able to go in and track
16 a certain individual to see how many complaints
17 have been logged against a particular
18 pharmacist, technician?

19 DR. ALVERSON: I'm quite sure we'll be
20 able to but we need to -- that's the kind of
21 thing they're asking us to spell out now because
22 they're saying if you don't ask for it now,
23 you're not going to get it and then we have to

1 adapt the system later. So I'll make a note of
2 that, that we would be able to, although that --
3 the system, and as I understand, if it's by a
4 pharm -- a business or a person, when it gets
5 entered in, it also puts a note in their file,
6 so the systems cross. All the data, the court
7 data, documentation, all of that doesn't
8 transfer to their licensing file but the fact
9 that they --

10 MS. YEATMAN: That they've had some
11 type of sanction.

12 DR. ALVERSON: -- been there, right,
13 would be in their licensing file.

14 MS. YEATMAN: Okay.

15 MR. MCCONAGHY: I guess on time line
16 what I was wondering was I'm the only one that
17 was around back when GLS was contracted and
18 never did have a good feeling about them but is
19 there some way that we could set up where they
20 could meet with the Board, some of these folks,
21 and give their sales pitch to the Board just to
22 say we did the due diligence on this one where
23 we didn't on the last?

1 DR. ALVERSON: Yes, and I asked them
2 and they said, yes, we'll be there, so I can
3 have them for next month. I just didn't -- I
4 wasn't sure that's what you wanted but yes, I'll
5 have the CEO here and the person we're working
6 with for you next month.

7 MR. BUNCH: And their place or their
8 hub is Atlanta; is that right?

9 DR. ALVERSON: Right, the person we're
10 working with is from Atlanta. They're housed in
11 Florida.

12 MR. MCCONAGHY: So you wouldn't need
13 any kind of motion today, we can wait until next
14 month to do that or I think you got the approval
15 to move forward on it already --

16 DR. ALVERSON: Right.

17 MR. MCCONAGHY: -- as far as a motion.

18 DR. ALVERSON: In terms of signing the
19 contract, we'd like to --

20 MR. MCCONAGHY: Like to talk to them
21 first.

22 DR. ALVERSON: Right. So when I send
23 you the first draft of the contract, please feel

1 free to add whatever you want because we'll be
2 better off with six or eight people looking at
3 it than just one person. I would say this,
4 bragging a little bit, I had an email from them
5 yesterday saying we have never worked with a
6 company that everybody speaks up, everybody
7 tells us information, and people have gotten
8 data to us so fast, this has been kind of a
9 remarkable experience for us so -- and that may
10 be part of the sales pitch but it never hurts to
11 brag. That's what I have to say.

12 Oh, I'm meeting -- I have to think
13 what day of the week it is. I'm meeting
14 tomorrow with the Medical Board and the State
15 Department -- State Health Department about
16 pellets and this is what I propose to recommend
17 and I'll take your advice.

18 I've read a lot about implantable
19 hormone pellets and you know, whether they're of
20 any value whatsoever, I'm not going to comment
21 on that. A lot of literature says that they are
22 not but what I have found is that the only way
23 you can sterilize those pellets is by radiation.

1 We don't have a single pharmacy making pellets
2 in Alabama that's using radiation to sterilize
3 the pellets.

4 They're using an autoclave and as you
5 well know, autoclaves work on pressurized steam,
6 so unless water is inside what you're
7 sterilizing, you don't sterilize it, so it turns
8 out that the pellet itself would have to be
9 ten-percent water before you could sterilize it
10 in an autoclave. Well, there's no water in
11 those pellets whatsoever. They're the powder,
12 usually stearic acid, which is -- if I remember
13 from pharmacy school kind of waxy substance I
14 think and the other ingredients are also kind of
15 fatty, all right.

16 So even PCCA refuses to recommend how
17 to compound pellets because they've taken the
18 position that you can't sterilize a pellet
19 unless you do it by radiation, so I feel I'm on
20 good ground making that statement. I've read
21 the cases that have come before the Medical
22 Board here. The Board in Tennessee also had a
23 number of cases of patients with complaints and

1 they all relate to the release rate on the
2 pellets.

3 So there's an issue of how much
4 pressure you apply when you actually create that
5 pellet, and of course, we have no standardized
6 way of doing that. It depends on what
7 ingredients you put in. There are all kinds of
8 factors that affect how that drug is released
9 from that pellet, so I would like to put a
10 requirement in that you can't compound pellets
11 in Alabama or ship pellets into Alabama unless
12 you have at a minimal animal studies to show
13 release processes. I'd prefer human studies to
14 show that in humans these things actually
15 release at a constant rate over a three-month
16 period, which is what's being claimed, but
17 that's not what's happening. People are just
18 making them and figuring it ought to work.

19 MR. WARD: What does the FDA say about
20 that?

21 DR. ALVERSON: I actually have a call
22 in to the FDA. I also have a call in to there's
23 one manufacturer in the United States that does

1 make testosterone pellets and so I have called
2 them to ask them what requirement they had to
3 meet for the FDA to prove release rate or the
4 kinetics of pellets, but I think if a company
5 hasn't looked at that, if they have no idea what
6 the release rate is, we're putting patients at
7 risk, so that's my feeling. If you suggest
8 something else, I -- I would like to know.
9 That's just my take on it.

10 MR. DARBY: I agree with you in
11 principal. The danger I think is that --
12 because you're not talking about -- you're
13 talking about compounding pharmacies not
14 outsourcing facilities or manufacturers, you're
15 talking about compounding pharmacies making
16 these?

17 DR. ALVERSON: I'm talking about
18 compounding pharmacies and I'd also like
19 outsourcing facilities.

20 MR. DARBY: Yeah, I think the danger
21 you run into -- are you going to make those
22 requirements on other compounded products, you
23 know? Are you going to require them to have

1 animal testing or human testing be your --

2 DR. ALVERSON: Right.

3 MR. DARBY: -- or are you treating
4 everybody the same?

5 DR. ALVERSON: My thinking has been
6 that we don't have anything else that I'm aware
7 of that's supposed to have a three-month release
8 rate and where you're giving a patient three
9 months' worth of drug at one time.

10 MR. DARBY: So your requirement could
11 be any product that's going to be released over
12 a 30-day period -- a greater than a 30-day
13 period.

14 MR. WARD: See what the FDA says
15 first.

16 MR. DARBY: Yeah. As far as the --

17 MS. YEATMAN: What their statutes
18 are.

19 MR. WARD: Yeah, what they say about
20 it. I mean, I think you're right but don't you
21 want to see what the FDA says.

22 DR. ALVERSON: Well, they -- they have
23 taken the stance, of course, just by what --

1 what they require now that you have to be able
2 to prove release rate before you can have a
3 product approved.

4 MR. MCCONAGHY: I think we've got
5 somebody in the audience that's had some
6 experience with that if you'd like their input.

7 DR. ALVERSON: From Chris?

8 MR. MCCONAGHY: Yeah.

9 MR. BURGESS: Chris Burgess, Heritage
10 Compounding Pharmacy. We did look into the
11 pellets. I actually have a pellet press at the
12 pharmacy. So our concern with the pellets was
13 the fact -- was the sterility issue.

14 Once we got to the point where we
15 determined gamma radiation was going to be the
16 only way I felt comfortable with the sterility
17 of these products, we stopped it. Gamma
18 radiation at that -- and coming from a nuclear
19 pharmacy, I do have some experience with that,
20 not the actual gamma radiation sterility but
21 radioactivity. But we looked into it and it was
22 a cost issue. It was -- for the number of
23 customers that we had, we were just not going to

1 be able to justify spending the money on the
2 equipment to sterilize the products.

3 Now, the hardness issue, I think if --
4 I completely agree with what Susan's talking
5 about. The release rate, if we stick to just
6 the fact that we say pellets, we want to make
7 sure that we have this information on this
8 delivery device, the pellets, I think we're
9 safe. It still allows us in the compounding
10 world to do stuff and practice as we -- as we
11 currently are practicing but I'm also with
12 Susan, I'm very concerned with pellets industry
13 that has popped up, not just in this state but
14 in the United States, and I think this is a very
15 good move by the Board.

16 MS. YEATMAN: I get the -- having to
17 hold everybody to the same level with the 30
18 days, 90 days whatever release rate. My bigger
19 concern is the sterility of it regardless. If
20 you're looking at, you know, laminar flow hoods,
21 you're not allowing individuals to make
22 compounds without laminar flow hoods. If the
23 only way to sterilize a pellet is to use

1 radiation, then could we not as a board say, you
2 can't make pellets, you can't ship pellets in
3 the State of Alabama unless you can show that
4 you're using radiation to sterilize the product.
5 And then we can address -- if it becomes an
6 issue with, you know, how it's released over a
7 longer period but my bigger concern starting out
8 is what are we offering to the public that's not
9 a sterile product.

10 DR. ALVERSON: I know there's
11 another -- other questions but --

12 MR. BURGESS: Well, there's also
13 information -- a little information on using dry
14 heat sterilization. I haven't seen any testing
15 on that, so just over the last couple of years,
16 and granted I looked at pellets probably four
17 years ago but some pharmacies have -- I've heard
18 through the grapevine trying dry heat
19 sterilization. I just haven't seen any reports
20 on it or any studies on it, so there may be
21 other, you know, ways of getting these pellets
22 sterilized. And then after that, they would --
23 you'd want to make sure that they -- they work

1 and we would need to -- you would want to see
2 some testing, some studies proving that these
3 devices release the drug the way they say
4 they -- or sold as basically.

5 MR. BETHEA: Steve Bethea, USA Medical
6 Center. I would urge the Board as they consider
7 rules for the pellets to consider defining
8 carefully what we consider a pellet to be. Are
9 they from the manufacturer called pellets? We
10 mix things up on chemotherapy LCDs for hepatic
11 chemo embolization with other things mixed in it
12 and they're going to be released over long
13 periods of time.

14 We put antibiotics in bone cement when
15 we replace joints. There are a lot of things we
16 mix with extended releases that are going to
17 vary from patient to patient and concentration
18 to concentration and procedure to procedure, so
19 we don't want to write ourselves out of therapy
20 with other things that we mix up.

21 DR. ALVERSON: That's a great comment.
22 I think the Medical Board only wanted to address
23 hormone pellets. The cases that -- that

1 we've -- that I've read, and some of them are
2 horrific, have all related to release rate
3 where -- and frequently they put in -- I've seen
4 up to ten pellets at one time they implant and
5 if you get them from someplace that releases
6 quickly, that's a year's worth of hormone that's
7 going to be released in a very short period of
8 time, you know, and they've seen precancerous
9 growths in women, really excessive bleeding,
10 tissue damage, all the things that happen with
11 your hormones being out of sync, you know, mild
12 as it is hair loss, you know, those kinds of
13 things.

14 MR. MCCONAGHY: All right. Yeah, I
15 think it would be pretty easy to regulate
16 whether they're sterilized or not but it would
17 be a whole another issue for that so we may need
18 to separate the duration of the therapy from the
19 sterility issue but.

20 MS. YEATMAN: It could be two separate
21 things but I -- I mean, I would think if you're
22 a reputable company, you should be able to show
23 that what you're saying you are providing to the

1 public is actually what you're providing. So if
2 we're going to ask them to show evidence that it
3 takes 90 days for this hormone to be released,
4 if they can't show that, that's not something I
5 want to dispense.

6 DR. ALVERSON: Well, we just shut down
7 a pharmacy in northern Alabama that was getting
8 pellets from a 503B facility in another state
9 and they had zero documentation. Now, they were
10 radiating the pellets.

11 MS. YEATMAN: See, that's two
12 different issues.

13 DR. ALVERSON: Right.

14 MR. DARBY: Had the FDA inspected the
15 out-of-state facility yet?

16 DR. ALVERSON: Yes.

17 MR. MCCONAGHY: Donna, on that I think
18 about my old inspector was A. C. McDonald and
19 one of his things was -- his quotes was, "We
20 don't make all these rules for the reputable
21 people."

22 MS. YEATMAN: Right. If everybody did
23 their job it wouldn't happen.

1 MR. MCCONAGHY: Is that it, Susan?

2 DR. ALVERSON: That's it.

3 MR. MCCONAGHY: Jim, have you got an
4 attorney's report?

5 MR. WARD: No, sir, just --

6 MR. MCCONAGHY: Thank you.

7 MR. WARD: -- just executive
8 session.

9 MR. MCCONAGHY: We'll move into old
10 business. Number one item on there is for
11 nonresident pharmacies and I'm not sure who's
12 going to present that but if you would, when you
13 do, give a little background about why we're
14 doing the nonresident pharmacy thing.

15 DR. ALVERSON: All right. At first I
16 thought those were my initials but that's before
17 I got married so.

18 I would mostly like to thank the Board
19 for allowing us to do the distance interviewing.
20 I can't tell you what a difference that made in
21 workload in our office and I think we -- we
22 provided the same service to people who were
23 going to be getting licensed here but using

1 that -- that system of doing it through distance
2 communication and being live and every one of
3 the Board members participated to make it
4 possible and so I'd really like to thank you for
5 that.

6 We were not able to get a printout
7 from our data company of how many nonresident
8 pharmacies renewed but -- and we have tried.
9 It's a bunch. That's the best I can do for you.
10 So that's finished but as you mentioned, we have
11 been really shocked by the number of pharmacies
12 and pharmacists who had disciplinary issues in
13 the past and have had to come before the Board.

14 Okay. The UAB Medicine is my comment
15 too. Do you want me to mention that?

16 MR. MCCONAGHY: Uh-huh.

17 DR. ALVERSON: I think I have an
18 answer to this but I believe the Board wanted to
19 support our law in not allowing for the practice
20 of Internet medicine when they never see a
21 practitioner on screen or through any other
22 means. I just want to be sure when pharmacists
23 call and say, can I fill this prescription,

1 what -- what the Board's stance was and I'm not
2 necessarily asking for a vote. I just want to
3 be sure it's fine when our staff tells people we
4 don't support prescriptions that have come
5 through filling out questionnaires and there's
6 been no human contact whatsoever.

7 MR. BUNCH: I guess if they know it
8 came that way then they should not fill a
9 prescription but the problem is them knowing
10 that, I guess, so if you don't --

11 DR. ALVERSON: They don't always know.
12 Sometimes they do know and those are the ones
13 that have called our office to say, what do I
14 do. I just want to be sure we're doing what the
15 Board wants to say we don't see it as a valid
16 prescription.

17 MR. BUNCH: I think that's our
18 stance.

19 DR. ALVERSON: And we have no
20 intention of going out and trying to take
21 pharmacists to task for that. We understand
22 they're in a difficult situation.

23 MR. MCCONAGHY: Yeah, and I think our

1 wording should just be that you shouldn't
2 knowingly fill a prescription that's an Internet
3 based and leave it at that.

4 DR. ALVERSON: Okay. That solves my
5 problem.

6 MR. BUNCH: Yeah.

7 MR. MCCONAGHY: And I don't know if it
8 would be you or Mitzi, tell us where the -- the
9 rule that we started last week about the boxes,
10 how far are we on that and what's the -- how
11 long is that going to take to --

12 DR. ALVERSON: On the emergency
13 boxes.

14 MR. MCCONAGHY: Nursing home.

15 MS. ELLENBURG: The publishing date
16 for the Legislative Reference Monthly magazine
17 will be the end of the month so I'll get it in
18 there for the end of the month. You have to
19 have a hearing, of course, within 35 days so
20 that will be set for February and then the
21 process starts. You have to give them 35 days
22 comments and so forth, but it will be mailed
23 this month, published in the journal this month.

1 There will be an administrative hearing in
2 February.

3 MR. MCCONAGHY: So before it will
4 actually be active, it will be --

5 MS. ELLENBURG: It has to be public.

6 MR. MCCONAGHY: -- after we meet in
7 March?

8 MS. ELLENBURG: No, because you have
9 to give them -- it has to be 35 days for public
10 comments. Then you have to go in and the Board
11 has to vote after the comment period time to
12 accept any comments or reject any comments and
13 then it has -- it will be published and it's
14 effective 35 days from that. So you're talking
15 about at least three or four months.

16 MS. YEATMAN: Susan, have you had any
17 conversation with the Board of Medical Examiners
18 about this e-medicine?

19 DR. ALVERSON: Yes, I have.

20 MS. YEATMAN: Are they supportive of
21 it or what is their --

22 DR. ALVERSON: Well, they have a
23 similar law. Do you want to finish this

1 emergency box discussion?

2 MR. MCCONAGHY: Well, I think -- well,
3 I mean, I just want to --

4 MS. YEATMAN: Sorry.

5 MR. MCCONAGHY: Time line wise, I
6 think that pretty well sums it up if we're
7 probably talking April.

8 MS. ELLENBURG: I would say April,
9 yes, sir.

10 DR. ALVERSON: Yes, we did discuss it
11 with -- that was the first place we went. They
12 have a similar law but they felt that they had
13 told UAB that they could do this as a research
14 project way back and they didn't want to go back
15 on their word. So they still support the same
16 position that we do but they saw this as an
17 exemption.

18 MS. YEATMAN: So in their mind it's a
19 research project?

20 DR. ALVERSON: It's a research
21 project.

22 MR. MCCONAGHY: All right. If that's
23 all on the old business, we'll move into new

1 business. The number one item on there is
2 background checks on the applications for the
3 technicians and I think we're right back to
4 Susan again on that one.

5 DR. ALVERSON: I'm sorry. We
6 discussed this before but if we're going to
7 build a new computer system, we'll have to have
8 a way to build this in. We would like to move
9 forward with getting background checks on
10 technicians before they're licensed. A large
11 number of states have already moved to that. Of
12 course that means there will be more hearings.
13 If you feel that information will be helpful for
14 you --

15 MS. YEATMAN: Yeah.

16 MR. BUNCH: I think it's way behind --
17 way past due.

18 MR. WARD: How much does it cost?

19 DR. ALVERSON: Nothing, because when
20 you apply online it says that your application
21 won't be processed until we receive your
22 background check. This is where you go online
23 to do your background check and in that filling

1 it out, it says use a credit card and pay
2 usually \$35.

3 MR. DARBY: The cost will be passed on
4 to the applicant.

5 MS. YEATMAN: Yeah, the technician.

6 MR. MCCONAGHY: Yeah, part of their
7 application fee.

8 MR. DARBY: Yeah, I have no problem
9 with doing background checks on technicians.
10 Why would you not do it on everybody?

11 DR. ALVERSON: All pharmacists have a
12 background check before they start pharmacy
13 school. Now, if you would like to do it before
14 they get a pharmacy license, we can do that too.
15 What you would catch is what they did in
16 pharmacy school.

17 MR. MCCONAGHY: I just know what --
18 applying to some other states and recently
19 Tennessee, they require it of a pharmacist
20 that's reciprocating.

21 DR. ALVERSON: All right. We can
22 easily do that.

23 MS. YEATMAN: Why would we not want to

1 do it?

2 MR. BUNCH: Are we saying a background
3 check?

4 MS. YEATMAN: She's saying that we
5 won't process it until we receive it.

6 MR. BUNCH: Are we saying a background
7 check on pharmacists -- new pharmacists or
8 renewal pharmacists?

9 DR. ALVERSON: I don't think we'd want
10 to do it every renewal. That would be every two
11 years.

12 MR. BUNCH: Things happen within two
13 years.

14 DR. ALVERSON: Right.

15 MS. YEATMAN: New application and
16 reciprocity.

17 MR. WARD: Who's doing the background
18 check?

19 DR. ALVERSON: There are a number of
20 companies that do that. There's one company
21 nationally that does it for pharmacy schools.
22 They have the national contract and they also
23 have the national contract for medical school

1 applications.

2 MR. WARD: And they -- what are they
3 backgrounding?

4 MR. DARBY: What are they checking?

5 MR. WARD: What are they checking?

6 DR. ALVERSON: They do state, cities,
7 counties, federal.

8 MR. DARBY: Are they checking arrests
9 or bankruptcies?

10 MR. WARD: Do they have credit? Do
11 they use credit, criminal history, employment,
12 whatever?

13 MR. BRADEN: It's criminal history.

14 MR. WARD: It's criminal history.

15 MR. BRADEN: Right.

16 DR. ALVERSON: I think they do
17 abuse -- child abuse records. That's a --

18 MR. WARD: Well, you know, for Alabama
19 folks we could get all of that except for the
20 city. It's all online now. That's what I do.

21 MR. BRADEN: But that's one of the
22 situations, the city --

23 MR. WARD: The city is the problem.

1 MR. BRADEN: You can't get that.

2 MR. WARD: Right, I agree.

3 MR. BUNCH: I think without a doubt
4 background checks on technicians and as far as
5 pharmacists go.

6 DR. ALVERSON: If you want to discuss
7 that, the pharmacy part, and how --

8 MR. WARD: I think the reciprocity you
9 have --

10 MS. ELLENBURG: At what point does the
11 pharmacy school do a background check, when they
12 first start school?

13 DR. ALVERSON: When they apply.

14 MS. ELLENBURG: So it would be five
15 years before they came to us basically?

16 DR. ALVERSON: Four years. Samford
17 has been doing it for a while. Auburn has
18 implemented, I believe.

19 MS. ELLENBURG: Well, I mean, you
20 could still do it on new pharmacists because
21 anything can happen in four years.

22 MR. WARD: I think it's a good idea.
23 I just wanted to see what it is.

1 MR. DARBY: Before you sign off on
2 it.

3 MS. YEATMAN: We should --

4 MR. BUNCH: Why don't we --

5 MR. DARBY: I think we can see what's
6 available out there.

7 MS. YEATMAN: We have a contract with
8 whoever, so why don't we pursue it, talk to the
9 company that's doing it from the pharmacy
10 schools.

11 DR. ALVERSON: Would you like a
12 presentation from a company?

13 MR. DARBY: Yes.

14 DR. ALVERSON: Yes.

15 MR. WARD: Susan, for example, credit
16 may be important because if someone who is broke
17 could be stealing medicine and sell it, you
18 know, so we may want it to be broader than just
19 criminal.

20 MR. DARBY: I would -- I would check
21 with other states and see what -- if they do
22 background checks and, one, see what they check
23 for.

1 DR. ALVERSON: Right.

2 MR. DARBY: If it's criminal and
3 financial and then two, find out what rate of
4 people that come up with dings on their record
5 because, you know, you check -- I think
6 Mississippi requires background checks and you
7 know, you might find out that, you know, one
8 percent and then you question, well, is it worth
9 it. But if it's ten percent, it would certainly
10 be worth it.

11 MR. WARD: People have garnishments
12 and stuff you might want to know.

13 MR. DARBY: Yeah.

14 DR. ALVERSON: I can tell you about
15 five years of experience at Samford with people
16 who have been accepted because you don't have
17 everybody do it, just those that you've
18 accepted, and I'd say we would average maybe one
19 a year that we would have to get a ruling from
20 the Board, will you provide an intern/extern
21 license for this person.

22 MR. MCCONAGHY: Well, it sounds like
23 we're going to have to -- if we're going to do

1 this, we'll have to have a new rule about it and
2 the -- I would suggest that -- or make a motion
3 that we put Donna in charge of the Board side of
4 coming up with some wording and some policy on
5 that.

6 MS. YEATMAN: It's great being new.

7 MR. MCCONAGHY: Are you going to
8 second that, David?

9 MR. DARBY: I'll second that.

10 MS. YEATMAN: Good. I got the
11 wording. Jim just gave it to me. I'm done.
12 Look how quick and efficient I am.

13 MR. WARD: You've got it in
14 680-2-.14.

15 MR. MCCONAGHY: I think there's a
16 total consensus on that's a good idea, so let's
17 move on to --

18 DR. ALVERSON: Number two.

19 MR. MCCONAGHY: -- number two.

20 DR. ALVERSON: Right now we have a
21 verification page which boards of pharmacy
22 really -- most boards of pharmacy have something
23 on their website with the verification page, so

1 if you're going to hire somebody or usually it's
2 a hiring situation, you could pull up that name
3 on the website and it will tell you if they
4 have -- they're in good standing, whether
5 they're on probation, or if they have a --
6 something in their history and then you can dig
7 deeper.

8 Right now, this is going to come as a
9 shock to you but GLS has screwed it up. So we
10 have people who are on probation that the system
11 has shown in good standing. I'm not aware that
12 they've said something is wrong with anybody
13 that isn't but I would be in favor of taking
14 down our verification until we know the system
15 is correct.

16 There are some major insurance
17 companies now that refuse to have a contract
18 with a store or with a pharmacist who has
19 anything on their record, and you know, we've
20 had to answer some of those questions and write
21 letters to get people who have the right to have
22 a contract give them that right and clear up
23 situations because our database was screwed up.

1 MR. DARBY: Yeah, I think you need to
2 take that down immediately.

3 MS. YEATMAN: Yeah, now, if
4 information is bad.

5 MR. MCCONAGHY: You don't need a
6 motion for that.

7 DR. ALVERSON: No, I don't. I want
8 just want to be sure we --

9 MR. MCCONAGHY: We've got -- would you
10 mind taking one question on that?

11 DR. ALVERSON: No, I'm sorry.

12 MR. BETHEA: Real quick, Steve Bethea,
13 University of South Alabama. My employer
14 requires me to verify my pharmacists that we
15 register when they do -- when I go to the
16 website to print that off, I will now have to
17 call the Board probably.

18 DR. ALVERSON: I'm sorry. That means
19 we will have to answer the phone.

20 MR. BETHEA: Can I just email you a
21 list of my people and they can email me back?

22 DR. ALVERSON: Yes.

23 MR. BETHEA: Thank you.

1 DR. ALVERSON: And I'm sorry because I
2 know this is going to be hard on everybody but I
3 just feel -- I mean, we've had situations that
4 people have gotten hurt and I'd rather we do the
5 work than have somebody's career hurt.

6 MR. BETHEA: Okay, thank you.

7 MR. DARBY: Yeah.

8 DR. ALVERSON: We'll have to look at
9 CE for pharmacists. Do you want to stick with
10 the five-percent audit or do you want me to ask
11 you this question later on when I have a
12 printout from NABP and I can tell what you
13 proportion of pharmacists in Alabama supposedly
14 didn't get their CE.

15 MR. MCCONAGHY: I think it's in our
16 rule right now that it's five percent --

17 DR. ALVERSON: Five percent.

18 MR. MCCONAGHY: -- so unless we're
19 going to change the rule, we'll need to stick
20 with it.

21 MR. DARBY: I don't think there's a
22 specific number. It's just random. I don't
23 think there's a -- I was reading the rule a

1 minute ago. I don't think there's a specific
2 number, is there?

3 MS. ELLENBURG: No.

4 MR. DARBY: No.

5 DR. ALVERSON: All right. We'll stick
6 with that.

7 MS. LACEY: Susan, will NABP just give
8 you a list of -- Ronda Lacey, McWhorter School
9 of Pharmacy.

10 Will NABP just give you a printout of
11 the individuals who were -- of the hours they've
12 completed and that way you would just only be
13 looking at the people who didn't get their CEs?

14 DR. ALVERSON: What we received when
15 we did it with the technicians was a printout of
16 hours but we had no way of knowing if they're
17 live or they're not live, so what we got from
18 NABP with the technicians we felt was unusable
19 so we did a random sample of everybody.

20 If the data is better and it's usable,
21 you know, then I would think we could get them
22 from people who we know didn't get their
23 hours --

1 MS. LACEY: Thank you.

2 DR. ALVERSON: -- which if that's
3 agreeable with the Board.

4 MR. BUNCH: I thought, you know, when
5 they were starting the new numbering that was
6 going to take care of all of the random checks
7 and all. I mean, you've either got it or you
8 don't but what you're saying is that we don't
9 know if it's live or not live.

10 MS. YEATMAN: We know how many hours
11 they got.

12 DR. ALVERSON: We knew how many hours,
13 right.

14 MS. YEATMAN: We don't know if they
15 filled all the other requirements.

16 DR. ALVERSON: Right.

17 MR. BUNCH: So they know that's a
18 problem and there's a fix to that you think?

19 MS. ELLENBURG: Well, the problem was
20 with the technicians. Last year you could not
21 even go online with their NABP number and pull
22 them up. There was absolutely no data.
23 But the pharmacists there was data, so it was

1 the technicians was the issue.

2 MR. BUNCH: So is that in the works to
3 be fixed?

4 MS. ELLENBURG: It should have been
5 corrected through them, yes, sir.

6 MR. BUNCH: That's an ideal system if
7 you've got their NABP number, you've either got
8 it or you don't.

9 MS. ELLENBURG: Right.

10 MR. BUNCH: You don't have to guess
11 who --

12 MS. ELLENBURG: Well, somehow there
13 was a glitch and NABP wasn't capturing the tech
14 CE.

15 MR. BUNCH: Have they got GLS there?

16 MR. WARD: How many pharmacists are
17 there, Susan?

18 DR. ALVERSON: Between 7,000 and 8,000
19 pharmacists.

20 MR. WARD: Five percent would be like
21 350 to 400.

22 DR. ALVERSON: Four hundred, right.

23 MR. WARD: That's an awful lot of

1 work.

2 MR. MCCONAGHY: Louise, did that
3 answer your question?

4 MS. JONES: Yes, thank you. I guess
5 I'm surprised because I wasn't aware. We've
6 been told as an ACPE accredited provider who's
7 required to report to the system beginning
8 January '13 that the reason we were doing this
9 was so that state boards of pharmacy would be
10 able to know automatically every pharmacist and
11 every technician who were not meeting
12 requirements. So if it's not functioning in a
13 format that allows you to be able to determine
14 that, I would be interested in knowing if once
15 you get this next set if it's still doing that
16 because we can certainly work with them as an
17 ACPE accredited reporting provider and let them
18 know our frustrations with that because it's a
19 waste of our time if it's not working that
20 way.

21 DR. ALVERSON: Part of the disconnect
22 is you said you're working with ACPE but NABP is
23 running the show.

1 MS. JONES: Right, right.

2 DR. ALVERSON: So ACPE can say yes,
3 it's supposed to be that way but they -- the
4 data goes to NABP and it's what NABP does with
5 it that's the issue.

6 MS. JONES: And as a state board, I
7 would assume y'all are going to have a lot more
8 power petitioning them to have the system report
9 the way you want it than an ACPE provider would,
10 so I certainly encourage you to flex your muscle
11 on that one because that's ridiculous.

12 DR. ALVERSON: We agree.

13 We ran into something in the state
14 that we weren't expecting and Cristal is going
15 to do a report for you and ask you for your
16 advice on nonpharmacy dispensing sites.

17 MS. ANDERSON: Yes, recently I had an
18 inquiry that was received by a pharmacist here
19 in Alabama. He was questioning the nonpharmacy
20 dispensing sites and basically whose regulation,
21 whose protocol they fall under.

22 I thought there might be a simple
23 answer but after looking into it, I see where

1 nonpharmacy dispensing sites, they have no
2 regulation by federal agencies and minimal by
3 two states. A nonpharmacy dispensing site is a
4 site other than a pharmacy that dispenses
5 medicinal preparations under the supervision of
6 a physician to patients for self-administration.
7 Usually this is physician offices, ERs, urgent
8 care centers, rural health facilities.

9 There's only seven that are registered
10 NPI sites in Alabama. I partnered with
11 Investigator Glenn Wells and we actually went
12 out to the site that the pharmacist was asking
13 us about, which is the Mohawk Healthy Life
14 Center in Roanoke, Alabama. We didn't really
15 have jurisdiction but they did let us come in
16 and see their -- their facility and it actually
17 was the best case scenario on that one, but
18 being that there's so little, if any,
19 legislation, we're a little bit concerned as far
20 as who's regulating these people.

21 MR. WARD: Well, here's the problem.
22 The Pharmacy Practice Act, and every time the
23 Board tries to amend it, the medical association

1 makes sure that they stick a clause in that it
2 does not apply to doctors. So if it's under the
3 auspices of the authority of a physician, it's
4 not silent in our law. There is a prohibition
5 that the Act -- the Pharmacy Practice Act does
6 not apply so all the things you would like for
7 them to do as a pharmacy, you can't.

8 MS. ANDERSON: Which I did speak with
9 someone at the Board of Medical Examiners and
10 they said that they monitored the physician --
11 the dispensing physician but they --

12 MR. WARD: If it's controlled drugs
13 they do.

14 MS. ANDERSON: Yeah, but they don't
15 monitor the facility.

16 MR. WARD: Yeah.

17 MS. ANDERSON: There's no standards of
18 practice. They're only registered with an NPI
19 and NCPDP, which is the National Council for
20 Prescription Drug Programs, and so I'm a little
21 concerned about that but like I said, we did
22 find the actual means they were using in Roanoke
23 and it seemed pretty good. I just wanted to

1 show you a demonstration of it.

2 DR. ALVERSON: The physicians aren't
3 always there either and this one is dispensing
4 samples.

5 MS. ANDERSON: And this is how they're
6 marketing it to physicians as well.

7
8 (The following is transcription of the video.)

9 Welcome to MedStart Connect, an
10 integrated medication management program
11 designed to help providers improve medication
12 adherence and increase patient satisfaction.
13 MedStart Connect is a complete program that
14 begins at the point of care and benefits
15 patients for as long as they continue therapy.

16 Patients start the program by
17 receiving a free 30-day sample of their
18 medication during their visit with the doctor.
19 MedStart Connect also includes patient outreach
20 and one-on-one phone support so patients can ask
21 questions about their medication and receive
22 adherence counseling.

23 The program provides an optional

1 MedStart Connect home delivery service that
2 offers patients free shipping, low prices on
3 generics, and 90-day refills of their
4 medication, ideal for patients who have a high
5 deductible health plan, have difficulty getting
6 to the pharmacy, or who pay out of pocket for
7 their prescriptions.

8 At the heart of MedStart Connect is
9 the MedStart cabinet, which allows you to
10 provide free 30-day samples of generic, brand,
11 and over-the-counter medications to your
12 patients. Centrally located in the patient care
13 area, the MedStart cabinet can be used by any
14 licensed health care provider. The MedStart
15 cabinet provides controlled access and
16 automatically manages sample inventory.

17 Providing patients with a sample of
18 their medication is easy. First, the physician
19 logs into the MedStart cabinet. If the cabinet
20 is interfaced with an EMR or practice management
21 system, the physician then chooses the patient's
22 name from the list. If the cabinet is not
23 interfaced, the physician simply scans the

1 patient's super bill. The system will
2 automatically collect patient information and
3 sample inventory data. The physician is then
4 shown a list of medications available in the
5 cabinet. The desired generic, brand, or
6 over-the-counter medication is selected from the
7 list. Once a medication is selected, the door
8 will open so the sample can be removed from the
9 bin.

10 Next, the bar code on the sample is
11 scanned to verify that the correct medication
12 has been removed from the cabinet. A label will
13 print, as well as helpful information about the
14 medication to give to the patient along with the
15 sample similar to what they would receive at a
16 pharmacy. Finally, the physician logs out. The
17 entire process takes about 20 seconds.
18 Physicians and patients can benefit from the
19 MedStart connect program. Physicians can offer
20 a value-added service to their patients while
21 patients leave with a free sample in hand
22 improving their satisfaction.

23 But MedStart Connect does not end

1 there. Patient outreach and one-on-one phone
2 support is also available from our pharmacy
3 staff and care specialists. Pharmacists are
4 available to answer medication-related questions
5 and our care specialists encourage patients to
6 adhere to their medications. A toll-free number
7 is also available to physician office staff for
8 any medication-related questions or concerns.

9 The MedStart Connect optional home
10 delivery service helps patients save time and
11 money on medications. We offer a convenient
12 mail order service with low price 90-day
13 supplies of medications delivered right to their
14 home. Once enrolled, patients in the MedStart
15 home delivery program receive ongoing adherence
16 support. MedStart Connect provides refill
17 reminders to help patients stay on track and we
18 work with physician offices to authorize new
19 prescriptions when necessary.

20 Our packaging is discreet and
21 confidential with free standard shipping.
22 MedStart Connect, brought to you by MedVantx, is
23 the trusted program that's provided millions of

1 samples in physician offices and delivered
2 millions of prescriptions through home delivery,
3 free 30-day samples of medication, patient
4 outreach and adherence counseling, and home
5 delivery. MedStart Connect helps improve
6 medication adherence and increase patient
7 satisfaction for happier patients and healthier
8 practices.

9 (End of video.)

10 MS. ANDERSON: And this was just the
11 type of cabinet they were using at this
12 particular facility. I don't know if all the
13 other facilities or the other six in the State
14 of Alabama are utilizing this type of technology
15 or if it's, you know, a little bit more sketchy
16 but.

17 MR. WARD: Well, they -- they read our
18 law because distributing samples is an exemption
19 so -- but I think the hook may be the
20 counseling, the calling. It looks like they're
21 really a mail order.

22 MS. ANDERSON: This one was going
23 through Cigna Insurance.

1 MR. WARD: Well, I think they need
2 to -- I think they need to have a license
3 here.

4 MS. ANDERSON: Which the mail order
5 facility does.

6 MR. WARD: Yeah.

7 MS. ANDERSON: But just not the actual
8 facility where it's being dispensed.

9 MR. MCCONAGHY: But if they've got an
10 NPI number, that gives them the ability to bill
11 and you would think that the third parties would
12 be holding them to the same kind of standards
13 that they would be holding the pharmacists to.

14 MR. WARD: How do they know who to
15 call when they get that brochure? How do they
16 know who to call?

17 MS. ANDERSON: Who to call?

18 MR. WARD: Yeah.

19 MS. ANDERSON: For --

20 MR. WARD: They get their sample and
21 the said it doesn't stop here. They call a
22 pharmacist.

23 MS. ANDERSON: Yeah, they have a

1 hotline number so you can --

2 MR. WARD: Who does?

3 MS. ANDERSON: It's provided through
4 this company, so I would imagine it would --

5 MR. WARD: Well, does the company have
6 a license with us?

7 MS. ANDERSON: Yes, as a mail order
8 facility.

9 MS. YEATMAN: MedStart does?

10 MS. ANDERSON: They go through --
11 yeah, actually, they do. Their parent company
12 has one.

13 MR. DARBY: MedVantx.

14 MS. ANDERSON: MedVantx.

15 MR. WARD: So they have a mail order?

16 MS. ANDERSON: They do, in place
17 and this is --

18 MR. BUNCH: What's the financial
19 incentive for physicians? Is he getting a
20 kickback? If he's giving them a so-called
21 sample there and then it's going to be mail
22 order through Cigna, is he just doing this out
23 of the kindness of his heart?

1 MS. ANDERSON: I highly doubt it. I
2 couldn't find --

3 MR. BUNCH: Where is his incentive to
4 do this?

5 MR. DARBY: What -- when you were on
6 site, was the physician actually doing the
7 operation of the machine like it was in the
8 video?

9 MS. ANDERSON: No. They had a nurse
10 practitioner at the time. Their physician comes
11 in and sees them twice a week.

12 MR. WARD: Why don't you bring this up
13 when you meet with them. Maybe there's
14 something jointly you can do.

15 DR. ALVERSON: Okay.

16 MS. ANDERSON: Like I said, this was
17 actually a pretty -- a pretty good operation
18 that we went in and saw. I'm just not sure --
19 they just happened to have a high standard. I'm
20 not sure -- that's not required so the other six
21 facilities in the State might -- might be more
22 sub par but I just kind of wanted to touch base
23 with y'all. Y'all can talk about it and maybe

1 let me know how you'd like me to proceed.

2 MR. WARD: If you believe this video,
3 there's always a doctor. It says the physician
4 does it all so --

5 MS. ANDERSON: Which I checked with
6 the nurse practitioner that is licensed with the
7 medical examiners and she said that the nurse
8 was practicing within her scope since she was
9 a -- the doctor was her collaborating
10 physician.

11 MR. MCCONAGHY: Any more questions?

12 MR. WARD: What was the name of the
13 company, Med what?

14 MS. YEATMAN: MedVantx and MedStart.

15 MR. WARD: What was the name of that
16 company?

17 MS. ANDERSON: The actual one that we
18 visited?

19 MR. WARD: Yeah, the one that was on
20 that video, Med --

21 MR. DARBY: MedStart.

22 MS. YEATMAN: MedStart.

23 MR. WARD: MedStart.

1 MR. DARBY: And MedVantx is the
2 parent.

3 MR. MCCONAGHY: Yeah, I think the
4 general consensus is the Board would like you to
5 follow up on that.

6 Next item on the new business is
7 the --

8 MR. DARBY: CVS.

9 DR. ALVERSON: CVS wanted to change
10 their inventory date. Normally, I mean, our
11 office just handles that but I think we have to
12 get approval from the Board.

13 MR. DARBY: What's the current date?

14 MS. ELLENBURG: I talked with the
15 gentleman from CVS and April 20 is their
16 inventory date now. He was wanting to change
17 his -- all of the out-of-state facilities to the
18 same date and I told him we had no jurisdiction
19 on the out-of-state inventory, so it's become a
20 moot point now.

21 MR. DARBY: Okay.

22 DR. ALVERSON: I'm done. You don't
23 have to hear anything else from me.

1 MR. WARD: Do you have any opinion,
2 Susan, what's in it for the doctors?

3 DR. ALVERSON: Do I have any opinion
4 about what?

5 MR. WARD: Why would the physicians be
6 doing this? How is it helping them to have this
7 cabinet in there and dispensing a sample rather
8 than the patient leave and call the pharmacy.
9 How are they make -- are they making money on
10 it?

11 MR. BUNCH: They've got to be getting
12 money.

13 MR. WARD: Yeah.

14 DR. ALVERSON: There's got to be
15 something.

16 MR. BUNCH: Yeah, I know --

17 DR. ALVERSON: I'm guessing the mail
18 order company has a contract somehow.

19 MR. WARD: I'm just wondering if that
20 is an issue to look at, some sort of kickback.

21 DR. ALVERSON: Right.

22 MR. WARD: I'm not sure they've
23 researched it but it seems --

1 DR. ALVERSON: In my mind, it's a way
2 for mail order companies to kind of gather
3 patients. I mean, in some ways it's the same
4 idea as having a pharmacy in the hospital so you
5 give them their take-home medication.

6 MR. BUNCH: Right.

7 DR. ALVERSON: And then you convert
8 them to mail order.

9 MR. WARD: The thing about it, you get
10 to see them -- you get to see a doctor giving
11 them a sample -- they got -- they said you get
12 90 days.

13 DR. ALVERSON: Right. Yes, converted
14 immediately to mail order.

15 MR. WARD: How? That's the part
16 that's scripted.

17 MS. ANDERSON: This facility was
18 e-scripting, I believe. They said that they
19 would give the sample, check back with the
20 patient, see how they were doing, and then
21 e-script the prescription to the mail order
22 facility.

23 MR. WARD: So they have captive

1 doctors. So the doctor has got to be getting
2 something.

3 MR. BUNCH: He's getting payment --
4 he's payment -- probably by the number of
5 patients that he's -- that he's sending to the
6 mail order facility because a doctor is not
7 going to do that without some money.

8 MS. YEATMAN: Well, how is it being
9 presented to the patient?

10 MR. WARD: I don't know.

11 DR. ALVERSON: It also seems that the
12 patient has no freedom of choice that way.

13 MS. YEATMAN: Exactly, yeah.

14 MR. WARD: But that's when a
15 captive --

16 MR. BUNCH: That happens every day.
17 They don't have a freedom of choice.

18 MR. MCCONAGHY: I think that's a whole
19 separate discussion on that.

20 MR. BUNCH: It is.

21 MR. MCCONAGHY: Any other new
22 business?

23 DR. ALVERSON: No. We're done. I'm

1 done.

2 MR. MCCONAGHY: Not exactly on new
3 business, I guess it would be more of an
4 announcement, is most everybody here knows
5 Charlie Thomas and he's retiring February 1st
6 from the Health Department. If you get a
7 chance, you know, contact him. They're going to
8 have a function for him I think to -- Louise, do
9 you know when they're having the --

10 MS. JONES: It's today but it's a
11 surprise.

12 DR. ALVERSON: It's a surprise for us
13 too.

14 MR. MCCONAGHY: It will be a surprise
15 by the time he reads this. Charlie is one of
16 those --

17 MR. BUNCH: Good thing Charlie isn't
18 here.

19 MR. MCCONAGHY: -- he's been involved
20 in everything, been on the State Board, and I
21 met him back in 1979 when he was working retail
22 pharmacy and that's -- he's for sure going to be
23 one of the hall of fame pharmacists that goes in

1 there now that he's retiring. I don't think
2 they ever put anybody in there until they
3 retire.

4 MS. JONES: He's actually been
5 inducted into the Alabama Healthcare Hall of
6 Fame.

7 MR. MCCONAGHY: He has. Well, that
8 would be appropriate. Charlie has left his
9 stamp on a lot of things and he's opened a lot
10 of doors since he's been down at the Health
11 Department. He's got pharmacy sitting at a lot
12 of tables that they didn't used to know were
13 even there and if you get a chance, y'all thank
14 Charlie for all he's done for the profession in
15 Alabama.

16 All right. If that's it, at this time
17 we're going to move into executive session,
18 which is for the purpose of talking about the
19 competencies of professionals, permit holders,
20 and registrants, and any other legal matters
21 that we might need to discuss. We will go into
22 executive session at -- let's see, we'll give a
23 ten-minute break here, so we'll go in at 10:50

1 and we'll probably be out by 11 o'clock today
2 and at that time we will resume the meeting.

3 We'll come back into a public meeting
4 but we will not carry out any further business.
5 We'll just vote on any items that need to be
6 voted on that were discussed in executive
7 session but you're welcome to come back if you
8 want to but we're just going to say some numbers
9 and vote on them and that will be it. So if
10 there's no further questions, we'll retire into
11 executive session.

12 MR. DARBY: You need to take a vote.

13 MR. MCCONAGHY: That's right. We have
14 to take an individual vote on that, don't we?

15 MR. DARBY: I'll second the motion.

16 MR. MCCONAGHY: Okay. That's a motion
17 and seconded. Buddy?

18 MR. BUNCH: I vote yea.

19 MR. MCCONAGHY: Yea. Donna?

20 MS. YEATMAN: Yea.

21 MR. MCCONAGHY: David?

22 MR. DARBY: Yes.

23 MR. MCCONAGHY: And yes here. We're

1 retired.

2

3 (Whereupon, a recess for executive
4 session was taken from 10:39 a.m. to
5 11:52 a.m.)

6

7 MR. MCCONAGHY: We're out of executive
8 session and resuming our other and David is
9 going to read those numbers in and results, so.

10 MR. DARBY: Case number 14-0078, case
11 number 14-0160, letter of concern.

12 Case number 14-0168, case number
13 14-0170, no violation.

14 Case number 14-0173, accept a
15 permanent surrender.

16 Case number 14-0178 and case number
17 14-0181, letter of warning.

18 Case number 14-0189, pharmacy --
19 supervising pharmacist plan of action on
20 identifying the duplicate therapy.

21 Case number 14-0115, no violation.

22 Case number 11-0198, a follow-up
23 letter and inquiry to the insurance company and

1 send a copy to the pharmacy.

2 Case number 12-0362, closed case, no
3 license to be issued.

4 Case number 14-0149, require plan of
5 action.

6 I make a motion we accept these
7 recommendations.

8 MR. MCCONAGHY: I second it.

9 MR. BUNCH: Aye.

10 MS. YEATMAN: Aye.

11 MR. DARBY: Aye.

12 MR. MCCONAGHY: Being no other
13 business before the Board, the meeting is
14 adjourned.

15

16 (Whereupon, the meeting was adjourned
17 at 11:54 a.m.)

18

19

20

21

22

23

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23

CERTIFICATE

STATE OF ALABAMA

SHELBY COUNTY

I, Sheri G. Connelly, RPR, Certified Court Reporter, hereby certify that the above and foregoing hearing was taken down by me in stenotype and the questions, answers, and statements thereto were transcribed by means of computer-aided transcription and that the foregoing represents a true and correct transcript of the said hearing.

I further certify that I am neither of counsel, nor of kin to the parties to the action, nor am I in anywise interested in the result of said cause.

/s/ Sheri G. Connelly

SHERI G. CONNELLY, RPR

ACCR No. 439, Expires 9/30/2015

WORD INDEX

< \$ >

\$10,000 23:22**\$275,000** 23:17**\$35** 53:2

< 1 >

1 25:3 27:18**10:39** 86:4**10:50** 84:23**11** 85:1**11:52** 86:5**11:54** 87:17**11-0198** 86:22**111** 1:19**12-0362** 87:2**125** 23:18**13** 66:8**14** 1:10 3:20**14-0078** 86:10**14-0115** 86:21**14-0149** 87:4**14-0160** 86:11**14-0168** 86:12**14-0170** 86:13**14-0173** 86:14**14-0178** 86:16**14-0181** 86:17**14-0189** 86:18**144** 6:19**150,000** 23:18**16** 7:2 9:6, 10**17** 15:1, 8**19** 9:17 14:16**1979** 83:21**1st** 83:5

< 2 >

20 72:17 79:15**2013** 9:8**2014** 9:6, 9, 1014:16 15:1, 8 16:2,
2**2015** 1:10 3:20

88:22

23rd 8:2

< 3 >

30 41:17 88:22**30-day** 39:12, 12

70:17 71:10 74:3

35 49:19, 21 50:9,
14**350** 65:21**35242** 1:20**36** 9:8**370** 14:12

< 4 >

400 65:21**439** 88:22

< 5 >

503B 45:8**52** 9:9

< 6 >

680-2-.14 59:14

< 7 >

7,000 65:18

< 8 >

8,000 65:18**800** 16:17**85** 8:16

< 9 >

9 88:22**9:10** 1:12**90** 5:13 41:18

45:3 81:12

90-day 71:3 73:12

< A >

a.m 1:12 86:4, 5
87:17**ability** 27:16 75:10**able** 8:13 20:725:18 26:3, 8 27:3,
11, 16 31:21 32:15,20 33:2 40:1 41:1
44:22 47:6 66:10,

13

absolutely 31:1

64:22

abuse 55:17, 17**accept** 5:22, 23

50:12 86:14 87:6

accepted 58:16, 18**access** 71:15**accounted** 4:1**ACCR** 88:22**accredited** 66:6, 17**acid** 36:12**ACPE** 66:6, 17, 22
67:2, 9**acquired** 27:14**Act** 68:22 69:5, 5**action** 17:13, 23

18:7 30:18, 20

86:19 87:5 88:16

active 9:8, 9 20:3

50:4

actual 40:20 69:22

75:7 78:17

Adams 3:10 13:16,
16**adapt** 33:1**add** 5:11 22:4, 5

24:17 26:19 35:1

address 42:5 43:22**addressed** 19:10**adhere** 73:6**adherence** 70:12,

22 73:15 74:4, 6

adjourned 87:14, 16**adjustments** 24:11**administrative**

17:19 18:6 19:21

28:16 50:1

adopt 4:1, 3**advice** 35:17 67:16**affect** 37:8**aftercare** 8:17, 17,
18 9:2**afterward** 30:18**agencies** 68:2**agenda** 4:2, 4**ago** 42:17 63:1**agree** 18:19 38:10

41:4 56:2 67:12

agreeable 64:3**agreement** 10:20

23:16

ahead 18:1 19:15,

19 20:1, 17 31:9

ALABAMA 1:2, 18,

20 3:20 12:23

13:2, 10, 18 18:3

20:1 22:15 36:2

37:11, 11 42:3

45:7 55:18 61:13

62:13 67:19 68:10,

14 74:14 84:5, 15

88:3

AlaCOP 22:13**allow** 19:15**allowing** 41:21

46:19 47:19

allows 22:18 41:9

66:13 71:9

ALSHP 12:12**Alverson** 2:10

16:10 18:20 19:2

20:19, 23 21:3

22:16 26:2 28:12

29:14 31:5, 11, 18

32:4, 9, 19 33:12

34:1, 9, 16, 18, 22

37:21 38:17 39:2,

5, 22 40:7 42:10

43:21 45:6, 13, 16

46:2, 15 47:17

48:11, 19 49:4, 12

50:19, 22 51:10, 20

52:5, 19 53:11, 21

54:9, 14, 19 55:6,

16 56:6, 13, 16

57:11, 14 58:1, 14

59:18, 20 61:7, 11,

18, 22 62:1, 8, 17

63:5, 14 64:2, 12,

16 65:18, 22 66:21

67:2, 12 70:2

77:15 79:9, 22

80:3, 14, 17, 21

81:1, 7, 13 82:11,

23 83:12

amend 68:23**amount** 8:20 17:6

27:22

Anderson 2:15, 17

67:17 69:8, 14, 17

70:5 74:10, 22

75:4, 7, 17, 19, 23

76:3, 7, 10, 14, 16

77:1, 9, 16 78:5, 17
81:17
animal 37:12 39:1
announcement 83:4
answer 47:18
60:20 61:19 66:3
67:23 73:4
answers 88:9
antibiotics 43:14
anybody 5:12, 19
60:12 84:2
anyway 5:8 17:16
anywise 88:16
APPEARANCES
2:1
applicant 53:4
application 18:9,
11 52:20 53:7
54:15
applications 17:15
27:20, 21 28:1
52:2 55:1
apply 16:18 37:4
52:20 56:13 69:2,
6
applying 53:18
appreciate 11:19,
21
appropriate 84:8
approval 23:6
34:14 79:12
approve 14:9, 15,
23 15:8
approved 15:16
17:7 40:3
April 51:7, 8 79:15
area 25:20 71:13
arrests 55:8
asked 16:20 29:19,
19 30:1 34:1
asking 8:8 32:21
48:2 68:12
aspects 6:16
Association 13:1, 3
68:23
assume 67:7
Atlanta 34:8, 10
attest 17:10
attorney's 46:4

Auburn 10:13
56:17
audience 40:5
audit 62:10
August 24:20
27:18
auspices 69:3
authority 69:3
authorize 73:18
autoclave 36:4, 10
autoclaves 36:5
automatically
66:10 71:16 72:2
available 9:18, 22,
22 10:2 25:15
31:12 57:6 72:4
73:2, 4, 7
average 58:18
aware 39:6 60:11
66:5
awful 65:23
Aye 4:8, 9 6:4, 5, 6
14:20, 21, 22 15:4,
5, 6, 12, 13, 14 87:9,
10, 11

< B >
back 7:16, 20 8:2,
8 18:14 23:14
25:10 26:23 33:17
51:14, 14 52:3
61:21 81:19 83:21
85:3, 7
backbone 24:4
30:15
background 22:21
24:4 46:13 52:2, 9,
22, 23 53:9, 12
54:2, 6, 17 56:4, 11
57:22 58:6
backgrounding
55:3
backing 21:14
bad 4:18 9:11
61:4
bad-mouth 29:7
balance 5:20
bankruptcies 55:9
Baptist 12:11 13:6

bar 72:10
base 77:22
based 22:23 49:3
basically 5:17
28:3 43:4 56:15
67:20
Bates 3:2 12:23, 23
beg 5:3
beginning 66:7
begins 70:14
begun 30:6
believe 47:18
56:18 78:2 81:18
benefit 72:18
benefits 70:14
best 21:16 47:9
68:17
Bethea 3:6 13:9, 9
43:5, 5 61:12, 12,
20, 23 62:6
better 5:9 17:21
31:7 35:2 63:20
big 5:21 7:15
23:20
bigger 41:18 42:7
biggest 16:12
bill 72:1 75:10
bills 4:20
bin 72:9
Birmingham 10:14
bit 5:5, 9 35:4
68:19 74:15
Blake 2:17
bleeding 44:9
blocks 26:10
BOARD 1:2, 18
2:3 3:21 8:7 11:7,
11 12:8 13:19
14:4, 6, 16 15:8
21:23 22:3, 6
30:19 33:20, 21
35:14 36:22, 22
41:15 42:1 43:6,
22 46:18 47:3, 13,
18 48:15 50:10, 17
58:20 59:3 61:17
64:3 67:6 68:23
69:9 79:4, 12
83:20 87:13

boards 59:21, 22
66:9
Board's 10:17 48:1
bone 43:14
bottom 11:2
box 51:1
boxes 49:9, 13
Braden 2:12 15:19
22:13 25:17 55:13,
15, 21 56:1
brag 35:11
bragging 35:4
brand 71:10 72:5
break 25:21 84:23
bring 77:12
bringing 25:10
broader 57:18
brochure 75:15
broke 57:16
brought 73:22
Brown 2:18 12:13,
13 13:15
Buddy 2:5 4:11
28:7 85:17
Buddy's 5:11
budget 5:1 28:7
budgeted 5:2
build 52:7, 8
building 24:15
built 24:2 26:18
Bunch 2:5 4:5, 13
6:5 14:18, 21 15:2,
6, 10, 12 28:8 34:7
47:9 48:7, 17 49:6
52:16 54:2, 6, 12
56:3 57:4 64:4, 17
65:2, 6, 10, 15
76:18 77:3 80:11,
16 81:6 82:3, 16,
20 83:17 85:18
87:9
Burgess 3:7 13:11,
11 40:9, 9 42:12
BUSINESS 1:8
4:19 16:21 33:4
46:10 51:23 52:1
79:6 82:22 83:3
85:4 87:13
businesses 16:17, 19

<p>< C ></p> <p>cabinet 71:9, 13, 15, 19, 19, 22 72:5, 12 74:11 80:7</p> <p>call 10:3 31:14 37:21, 22 47:23 61:17 75:15, 16, 17, 21 80:8</p> <p>called 21:16 38:1 43:9 48:13</p> <p>calling 74:20</p> <p>CAPS 13:20</p> <p>captive 81:23 82:15</p> <p>capturing 65:13</p> <p>Cara 2:20 12:12</p> <p>card 53:1</p> <p>Care 13:5 64:6 68:8 70:14 71:12, 14 73:3, 5</p> <p>career 62:5</p> <p>carefully 43:8</p> <p>carry 85:4</p> <p>case 24:3 27:4 68:17 86:10, 10, 12, 12, 14, 16, 16, 18, 21, 22 87:2, 2, 4</p> <p>cases 9:5, 6, 8, 9, 20 16:2 26:16 27:17 36:21, 23 43:23</p> <p>catch 53:15</p> <p>caught 16:2 17:18</p> <p>cause 88:17</p> <p>CE 62:9, 14 65:14</p> <p>cement 43:14</p> <p>center 7:6 13:10 43:6 68:14</p> <p>centers 7:18 8:19 68:8</p> <p>Centrally 71:12</p> <p>CEO 21:19 29:3 34:5</p> <p>certain 25:20 32:16</p> <p>certainly 18:17 58:9 66:16 67:10</p> <p>CERTIFICATE 88:1</p>	<p>Certified 88:6</p> <p>certify 88:7, 14</p> <p>CEs 63:13</p> <p>cetera 17:3</p> <p>chance 83:7 84:13</p> <p>change 30:13 31:3, 13, 17 32:1, 11 62:19 79:9, 16</p> <p>changed 31:8, 9</p> <p>changes 23:13 32:3</p> <p>charge 31:14 32:1 59:3</p> <p>charged 18:4</p> <p>charges 27:1</p> <p>Charlie 83:5, 15, 17 84:8, 14</p> <p>check 52:22, 23 53:12 54:3, 7, 18 56:11 57:20, 22 58:5 81:19</p> <p>checked 78:5</p> <p>checking 55:4, 5, 8</p> <p>checks 52:2, 9 53:9 56:4 57:22 58:6 64:6</p> <p>chemo 43:11</p> <p>chemotherapy 43:10</p> <p>Chief 2:12</p> <p>child 55:17</p> <p>choice 82:12, 17</p> <p>chooses 71:21</p> <p>chose 24:17 27:19</p> <p>Chris 3:7 13:11 40:7, 9</p> <p>Christmas 10:23</p> <p>Cigna 74:23 76:22</p> <p>circle 27:12</p> <p>cities 55:6</p> <p>city 55:20, 22, 23</p> <p>claimed 37:16</p> <p>clause 69:1</p> <p>Clean 6:8</p> <p>clear 60:22</p> <p>close 27:11</p> <p>closed 27:14 87:2</p> <p>code 72:10</p> <p>codes 25:21</p> <p>collaborating 78:9</p> <p>collect 29:16 72:2</p>	<p>come 7:14 10:13 23:15 26:15 27:4 29:1 36:21 47:13 48:4 58:4 60:8 68:15 85:3, 7</p> <p>comes 26:23 77:10</p> <p>comfortable 40:16</p> <p>coming 7:19 40:18 59:4</p> <p>comment 11:7 16:20 25:15 35:20 43:21 47:14 50:11</p> <p>comments 23:1 26:19 49:22 50:10, 12, 12</p> <p>committee 6:15 10:19</p> <p>communication 47:2</p> <p>companies 21:16 54:20 60:17 81:2</p> <p>company 21:15, 16 22:10 23:23 29:13 31:7 35:6 38:4 44:22 47:7 54:20 57:9, 12 76:4, 5, 11 78:13, 16 80:18 86:23</p> <p>competencies 84:19</p> <p>competition 28:9</p> <p>complaint 26:18</p> <p>complaints 15:22 26:13, 14 32:15, 16 36:23</p> <p>complete 70:13</p> <p>completed 8:5 15:21, 22 16:3 63:12</p> <p>completely 41:4</p> <p>compliment 11:19</p> <p>component 22:5, 5 24:16</p> <p>components 24:17</p> <p>compound 36:17 37:10</p> <p>compounded 38:22</p> <p>Compounding 13:12 38:13, 15, 18 40:10 41:9</p> <p>compounds 41:22</p>	<p>computer 17:4 20:4 31:3 52:7</p> <p>computer-aided 88:11</p> <p>concentration 43:17, 18</p> <p>concern 40:12 41:19 42:7 86:11</p> <p>concerned 41:12 68:19 69:21</p> <p>concerning 10:10</p> <p>concerns 73:8</p> <p>confidential 73:21</p> <p>Connect 70:9, 13, 19 71:1, 8 72:19, 23 73:9, 16, 22 74:5</p> <p>Connelly 1:23 88:6, 20, 21</p> <p>consensus 59:16 79:4</p> <p>consent 27:1</p> <p>consider 43:6, 7, 8</p> <p>constant 37:15</p> <p>contact 12:3 18:14 28:14, 15 48:6 83:7</p> <p>contacted 28:19</p> <p>contacts 28:13</p> <p>continue 10:17 12:2 70:15</p> <p>continuing 11:21</p> <p>contract 6:22 23:7, 7, 8, 13, 14, 18 24:8 30:8, 9 31:19, 23 32:10 34:19, 23 54:22, 23 57:7 60:17, 22 80:18</p> <p>contracted 33:17</p> <p>contracts 6:20</p> <p>controlled 69:12 71:15</p> <p>convenient 73:11</p> <p>conversation 50:17</p> <p>convert 81:7</p> <p>converted 81:13</p> <p>copies 18:16</p> <p>copy 18:14 87:1</p> <p>correct 30:16</p>
--	--	--	--

60:15 72:11 88:12
corrected 65:5
cost 40:22 52:18
 53:3
Council 69:19
counsel 88:15
counseling 70:22
 74:4, 20
counties 55:7
county 25:20 88:4
couple 19:6 21:15
 42:15
course 23:9 31:11
 37:5 39:23 49:19
 52:12
court 27:8, 9 33:6
 88:7
create 19:11 27:22
 37:4
credit 53:1 55:10,
 11 57:15
criminal 55:11, 13,
 14 57:19 58:2
crises 10:23
Cristal 2:15 67:14
cross 33:6
curious 28:11
current 79:13
currently 41:11
customers 40:23
CVS 79:8, 9, 15
CyberBest 21:17
 23:4
cycle 5:18
Cynthia 3:9 13:14

< D >

damage 44:10
Dan 2:4 4:16
 16:14
Dane 3:1 12:21
danger 38:11, 20
Dan's 4:16
Darby 2:6 4:3, 8
 5:23 6:4, 12 14:15,
 20, 23 15:4, 7, 14
 26:9 31:16, 22
 32:8, 12 38:10, 20
 39:3, 10, 16 45:14
 53:3, 8 55:4, 8

57:1, 5, 13, 20 58:2,
 13 59:9 61:1 62:7,
 21 63:4 76:13
 77:5 78:21 79:1, 8,
 13, 21 85:12, 15, 22
 86:10 87:11
data 21:8, 12
 22:19 24:2, 21, 22
 29:6, 15, 17, 19, 22
 30:21 33:6, 7 35:8
 47:7 63:20 64:22,
 23 67:4 72:3
database 60:23
date 26:20 49:15
 79:10, 13, 16, 18
David 2:6 26:9
 59:8 85:21 86:8
day 4:19 35:13
 82:16
days 41:18, 18
 45:3 49:19, 21
 50:9, 14 81:12
December 6:18
 15:1, 8
decide 24:12
decision 21:13
deductible 71:5
deeper 60:7
define 31:17, 21
defining 43:7
delay 31:10
deliver 24:20 25:4
delivered 27:18
 73:13 74:1
delivery 41:8 71:1
 73:10, 15 74:2, 5
Delk 2:14 14:4, 4
demonstration 70:1
dentists 8:23
Department 35:15,
 15 83:6 84:11
departments 22:14
depends 37:6
designed 22:10
 24:5 70:11
desired 72:5
determine 66:13
determined 40:15
device 41:8

devices 43:3
diagnostic 6:22
difference 46:20
different 6:16
 45:12
difficult 48:22
difficulty 71:5
dig 60:6
diligence 33:22
dings 58:4
Director 2:11
 12:10
disciplinary 17:13,
 14, 20, 22 18:7
 19:20 47:12
discipline 18:10, 16
disciplined 18:10
disconnect 66:21
discovered 22:9
discreet 73:20
discuss 30:19
 51:10 56:6 84:21
discussed 52:6
 85:6
discussion 10:17
 51:1 82:19
dispense 45:5
dispensed 75:8
dispenses 68:4
dispensing 67:16,
 20 68:1, 3 69:11
 70:3 80:7
distance 46:19
 47:1
distributing 74:18
diversion 26:16
divorce 29:9
doctor 70:18 78:3,
 9 81:10 82:1, 6
doctors 69:2 80:2
 82:1
documentation
 27:14 33:7 45:9
documents 26:20
doing 4:17, 22
 30:11 37:6 46:14
 47:1 48:14 53:9
 54:17 56:17 57:9
 66:8, 15 76:22
 77:6 80:6 81:20

Donna 2:7 11:8
 21:10 45:17 59:3
 85:19
door 72:7
doors 84:10
doubt 56:3 77:1
DR 6:10, 13 11:10,
 18, 23 16:10 18:20
 19:2 20:19, 23
 21:3 22:16 26:2
 28:12 29:14 31:5,
 11, 18 32:4, 9, 19
 33:12 34:1, 9, 16,
 18, 22 37:21 38:17
 39:2, 5, 22 40:7
 42:10 43:21 45:6,
 13, 16 46:2, 15
 47:17 48:11, 19
 49:4, 12 50:19, 22
 51:10, 20 52:5, 19
 53:11, 21 54:9, 14,
 19 55:6, 16 56:6,
 13, 16 57:11, 14
 58:1, 14 59:18, 20
 61:7, 11, 18, 22
 62:1, 8, 17 63:5, 14
 64:2, 12, 16 65:18,
 22 66:21 67:2, 12
 70:2 77:15 79:9,
 22 80:3, 14, 17, 21
 81:1, 7, 13 82:11,
 23 83:12
draft 23:7 34:23
drawer 11:2
driven 8:17
drop 28:22
Dropbox 14:12
 15:20
drug 37:8 39:9
 43:3 69:20
drugs 69:12
dry 42:13, 18
due 7:14 30:7
 33:22 52:17
duplicate 86:20
duration 44:18

 < E >
early 5:6

easier 25:22	45:22 53:10 58:17	FDA 37:19, 22	79:5
easily 53:22	62:2 63:19 83:4	38:3 39:14, 21	following 70:8
Easter 3:5 11:2	evidence 45:2	45:14	follow-up 86:22
13:6, 6 14:3	Exactly 82:13 83:2	February 10:12	foregoing 88:8, 12
easy 29:5 44:15	Examiners 50:17	49:20 50:2 83:5	forever 23:22
71:18	69:9 78:7	federal 55:7 68:2	forgiveness 5:3
Eddie 2:12 3:11	example 57:15	fee 24:18 32:2	form 18:23 31:3
13:20 15:17 25:13	exception 3:22	53:7	formal 9:14
effective 50:14	exceptional 17:6	feel 30:12 34:23	format 66:13
efficient 59:12	excessive 44:9	36:19 52:13 62:3	forms 25:7 29:17,
eight 30:7 35:2	Executive 2:10	feeling 33:18 38:7	18
either 64:7 65:7	16:5 46:7 84:17,	felt 40:16 51:12	forth 49:22
70:3	22 85:6, 11 86:3, 7	63:18	forward 34:15
Ellenburg 2:11	exemption 51:17	field 25:8, 16	52:9
12:8, 8 17:1 18:19	74:18	Fields 3:14 13:7	found 35:22
19:3, 17 20:10, 14	expect 7:13	14:2, 2	four 26:10 42:16
49:15 50:5, 8 51:8	expecting 67:14	figure 28:2	50:15 56:16, 21
56:10, 14, 19 63:3	experience 31:20	figuring 37:18	65:22
64:19 65:4, 9, 12	35:9 40:6, 19	file 33:5, 8, 13	free 24:10, 12 35:1
79:14	58:15	fill 20:17 47:23	70:17 71:2, 10
email 10:9 29:21	Expires 88:22	48:8 49:2	72:21 73:21 74:3
35:4 61:20, 21	extended 43:16	filled 64:15	freedom 82:12, 17
embolization 43:11	extension 8:8	filling 48:5 52:23	frequently 44:3
e-medicine 50:18	extern 58:20	final 20:13	friends 29:10
emergency 49:12	< F >	Finally 72:16	frustrations 66:18
51:1	facilitating 10:20	financial 5:8 6:1	function 83:8
employer 61:13	facilities 17:11	58:3 76:18	functioning 66:12
employment 55:11	38:14, 19 68:8	find 58:3, 7 69:22	further 17:18 18:7
EMR 71:20	74:13 77:21 79:17	77:2	19:21 85:4, 10
encourage 67:10	facility 8:16 45:8,	fine 10:23 48:3	88:14
73:5	15 68:16 69:15	finish 27:9 50:23	< G >
enforcement 21:19	74:12 75:5, 8 76:8	finished 25:5 47:10	gain 9:10
enrolled 73:14	81:17, 22 82:6	finishing 30:8	gamma 40:15, 17,
enter 17:7	Facility-driven 8:17	first 7:14 10:11	20
entered 33:5	fact 33:8 40:13	24:20 34:21, 23	garnishments 58:11
entire 72:17	41:6	39:15 46:15 51:11	Garver 6:8, 10, 13
equipment 41:2	factors 37:8	56:12 71:18	11:10, 18, 23
ERs 68:7	fall 67:21	five 22:1, 2, 6	Gary 2:19 12:10
e-script 81:21	fame 83:23 84:6	56:14 58:15 62:16,	gather 81:2
e-scripting 81:18	far 4:23 34:17	17 65:20	general 79:4
et 17:3	39:16 49:10 56:4	five-percent 62:10	generic 71:10 72:5
evaluated 7:7	68:19	fix 31:14 64:18	generics 71:3
evaluations 10:20	fast 35:8	fixed 65:3	gentleman 8:15
even-numbered	fatty 36:15	flex 67:10	79:15
16:15	fault 4:18 29:9	Florida 34:11	geographic 25:18
eventually 29:1	favor 4:7 6:3	flow 41:20, 22	getting 9:13 17:18
everybody 12:6	14:19 15:3, 11	folks 9:1 11:15	20:8, 11 42:21
18:18 21:10 29:16	60:13	33:20 55:19	45:7 46:23 52:9
35:6, 6 39:4 41:17		follow 16:22 27:16	

71:5 76:19 80:11
82:1, 3
give 5:9 16:4
18:12 22:20 33:21
46:13 49:21 50:9
60:22 63:7, 10
72:14 81:5, 19
84:22
given 11:8
gives 75:10
giving 39:8 76:20
81:10
GL 17:4, 16
Glenn 2:13 14:6
68:11
glitch 65:13
glitches 21:5
GLS 23:21, 21
24:3 28:10, 13
29:19 33:17 60:9
65:15
GNC 24:14
go 8:19 19:15, 18
20:1, 17 23:4, 9
24:6 25:9 26:22
30:5, 15 31:9
32:15 50:10 51:14
52:22 56:5 61:15
64:21 76:10 84:21,
23
goes 26:21 28:6
67:4 83:23
going 3:20 5:14
6:17 7:15, 19
10:11, 12, 13, 15
14:9, 12 19:9, 9
21:13, 14 23:17
24:12, 13 26:19
28:18 30:4, 11
31:6, 20 32:1, 23
35:20 38:21, 23
39:11 40:15, 23
43:12, 16 44:7
45:2 46:12, 23
48:20 49:11 52:6
58:23, 23 59:7
60:1, 8 62:2, 19
64:6 67:7, 14
74:22 76:21 82:7

83:7, 22 84:17
85:8 86:9
Good 4:14, 16, 22
5:8 6:13 11:10
12:3, 4 16:8 27:7
33:18 36:20 41:15
56:22 59:10, 16
60:4, 11 69:23
77:17 83:17
gotten 9:13 23:1
35:7 62:4
granted 42:16
grapevine 42:18
great 6:10 7:21
22:18 43:21 59:6
greater 39:12
ground 36:20
group 24:13
growths 44:9
guess 21:9 33:15
48:7, 10 65:10
66:4 83:3
guessing 80:17
guys 25:22

< H >
hair 44:12
half 5:18
halfway 7:5
hall 83:23 84:5
hand 72:21
handles 79:11
handling 21:21
happen 5:7 8:11
44:10 45:23 54:12
56:21
happened 16:12
18:13 26:5 27:15
77:19
happening 37:17
happens 82:16
happier 74:7
Happy 6:11, 12
11:13 21:4
hard 16:1 62:2
hardness 41:3
health 6:23 7:8
8:21 9:23, 23 10:1
13:7 35:15 68:8

71:5, 14 83:6
84:10
Healthcare 84:5
healthier 74:7
Healthy 68:13
hear 26:17 28:19
79:23
heard 21:10 22:17
42:17
hearing 17:19
18:6 19:21 49:19
50:1 88:8, 13
hearings 17:20
52:12
heart 71:8 76:23
heat 42:14, 18
held 7:3, 12
help 70:11 73:17
helped 4:16
helpful 18:22
52:13 72:13
helping 80:6
helps 73:10 74:5
hepatic 43:10
Heritage 13:11
40:9
high 15:23 71:4
77:19
highly 11:17 77:1
hire 60:1
hiring 60:2
history 55:11, 13,
14 60:6
hit 25:8
hold 19:22 41:17
holders 84:19
holding 75:12, 13
holdup 18:12
home 49:14 71:1
73:9, 14, 15 74:2, 4
hoods 41:20, 22
hook 74:19
Hoover 1:20
hopeful 26:12
hopefully 5:4 8:2
14:11 23:15
hormone 35:19
43:23 44:6 45:3
hormones 44:11
horrific 44:2

Hospital 13:17
81:4
hotline 76:1
hour 32:6
hourly 32:6
hours 63:11, 16, 23
64:10, 12
house 7:5
housed 34:10
hub 34:8
human 37:13 39:1
48:6
humans 37:14
hundred 65:22
Hunter 3:8 13:13,
13
Huntsville 13:16
hurt 62:4, 5
hurts 35:10

< I >

idea 38:5 56:22
59:16 81:4
ideal 65:6 71:4
identified 9:5, 6
identifying 86:20
imagine 76:4
immediately 61:2
81:14
implant 44:4
implantable 35:18
implemented 56:18
important 57:16
improve 70:11
74:5
improving 72:22
incentive 76:19
77:3
include 6:23
includes 6:21
70:19
income 4:23 5:19
Incorporated 13:21
increase 70:12
74:6
individual 32:16
85:14
individuals 6:21
8:16, 19 41:21

63:11	42:6 44:17, 19	24:13, 14 26:4	12
inducted 84:5	65:1 67:5 80:20	27:5, 6, 9, 10 28:20	LETS 22:13
industry 41:12	issued 87:3	29:23 30:17, 18	letter 17:23 19:19
influx 7:15	issues 45:12 47:12	31:1, 13 32:14	20:2, 8 30:5, 14, 15
information 16:4	issuing 20:9	35:19 36:5 38:8,	86:11, 17, 23
18:23 35:7 41:7	item 46:10 52:1	23 41:20 42:6, 10,	letters 29:18 60:21
42:13, 13 52:13	79:6	21 44:8, 11, 12	level 41:17
61:4 72:2, 13	items 85:5	48:7, 11, 12 49:7	license 16:16, 18,
ingredients 36:14	< J >	53:17 55:18 57:18	19, 20 18:2 19:8,
37:7	Jack 3:10 13:16	58:5, 7, 7, 12 60:14,	13, 16, 22 20:9
initials 46:16	January 1:10 3:20	19 62:2 63:21, 22	24:12 53:14 58:21
inpatient 7:1, 23	66:8	64:4, 9, 10, 14, 17	75:2 76:6 87:3
input 40:6	Jim 3:5 13:6 14:2	66:10, 18 74:12, 15	licensed 46:23
inquiry 67:18	17:10 23:10 30:19	75:14, 16 78:1	52:10 71:14 78:6
86:23	46:3 59:11	80:16 82:10 83:7,	licensing 21:18
inside 36:6	Jim's 18:1	9 84:12	24:14 33:8, 13
insights 28:10	job 45:23	knowing 27:12	Life 68:13
inspected 45:14	Joe 30:15, 19	48:9 63:16 66:14	line 5:1 18:7 19:5,
inspection 25:6, 23	Joe's 23:10 30:5	knowingly 49:2	21 20:3 26:21, 22
26:11 29:17	join 13:8	knows 8:14 31:7	27:2 29:1, 12
inspections 15:20	jointly 77:14	83:4	33:15 51:5
25:5, 8 26:3	joints 43:15	Koelz 2:22 12:17,	list 61:21 63:8
Inspector 2:12, 13,	Jones 3:3 13:2, 2	17	71:22 72:4, 7
14 45:18	66:4 67:1, 6 83:10	< L >	listed 6:23 14:10
inspectors 16:1	84:4	label 72:12	literature 35:21
22:17 25:6 26:2	journal 49:23	Lacey 2:23 12:19,	little 4:11, 15 5:3,
inspector's 15:18	Julie 3:8 13:13	19 63:7, 8 64:1	5, 9 9:3 35:4
install 24:9	jurisdiction 68:15	laminar 41:20, 22	42:13 46:13 68:18,
installed 27:20, 21	79:18	large 52:10	19 69:20 74:15
insurance 60:16	justify 41:1	late 4:11	live 47:2 63:17, 17
74:23 86:23	< K >	law 47:19 50:23	64:9, 9
integrated 70:10	keeps 22:3	51:12 69:4 74:18	located 71:12
intention 48:20	kickback 76:20	Lawrence 2:16	LOCATION 1:18
interested 66:14	80:20	13:18, 18	25:18
88:16	kin 88:15	lawyer 30:22	logged 32:17
interfaced 71:20, 23	kind 4:14 6:17	lawyer's 26:22	logs 71:19 72:16
intern 58:20	10:18 19:8, 11	LCDs 43:10	long 10:5 28:2
Internet 47:20	26:16 32:20 34:13	Leah 3:12 13:22	43:12 49:11 70:15
49:2	35:8 36:13, 14	leave 49:3 72:21	longer 42:7
interview 15:1	75:12 77:22 81:2	80:8	look 5:15 15:19,
interviewing 46:19	kindness 76:23	leaves 26:22	22 21:14 23:12
introduction 6:11	kinds 29:18 37:7	leaving 29:2	28:4 40:10 59:12
inventory 71:16	44:12	left 84:8	62:8 80:20
72:3 79:10, 16, 19	kinetics 38:4	legal 30:17 84:20	looked 14:11
investigation 7:17	kinks 24:10	legally 19:22	21:15 23:3 25:23
Investigator 68:11	knew 64:12	legislation 68:19	38:5 40:21 42:16
involved 10:4	know 4:11 10:15	Legislative 49:16	looking 5:13, 20
83:19	11:21 20:15 23:19	Leos 2:20 12:12,	35:2 41:20 63:13
issue 19:8, 16 37:3			67:23
40:13, 22 41:3			

<p>looks 5:21 74:20 loss 44:12 lot 5:15 7:14, 16, 18, 19 8:3 9:1 18:11, 17 35:18, 21 43:15 65:23 67:7 84:9, 9, 11 Louise 3:3 13:2 66:2 83:8 low 71:2 73:12 luck 12:4 lumped 8:23 Lynn 20:20, 20</p> <p>< M > machine 77:7 magazine 49:16 Maggie 3:14 13:7 14:2 mail 73:12 74:21 75:4 76:7, 15, 21 80:17 81:2, 8, 14, 21 82:6 mailed 49:22 main 26:6, 7 major 32:1, 3 60:16 making 36:1, 20 37:18 38:15 80:9 man 6:8 management 21:8, 12 70:10 71:20 manager 21:20 28:22, 23 32:5 manages 71:16 manufacturer 37:23 43:9 manufacturers 17:3 38:14 March 50:7 Mark 2:14 14:4 marketing 70:6 married 46:17 Martin 3:22 matters 84:20 Matthew 2:21 12:15 McConaghy 2:4 3:19 4:7, 10 5:11 6:3, 7 11:6, 11, 20</p>	<p>12:5 14:8, 19 15:3, 11, 15 16:6, 8 19:4 20:5, 12, 15, 22 21:2 28:6 29:11 33:15 34:12, 17, 20 40:4, 8 44:14 45:17 46:1, 3, 6, 9 47:16 48:23 49:7, 14 50:3, 6 51:2, 5, 22 53:6, 17 58:22 59:7, 15, 19 61:5, 9 62:15, 18 66:2 75:9 78:11 79:3 82:18, 21 83:2, 14, 19 84:7 85:13, 16, 19, 21, 23 86:7 87:8, 12 McDonald 45:18 McWhorter 12:19 63:8 mean 7:4 31:19 39:20 44:21 51:3 56:19 62:3 64:7 79:10 81:3 means 47:22 52:12 61:18 69:22 88:10 Med 78:13, 20 Medical 13:10 35:14 36:21 43:5, 22 50:17 54:23 68:23 69:9 78:7 medication 70:10, 11, 18, 21 71:4, 18 72:6, 7, 11, 14 74:3, 6 81:5 medication-related 73:4, 8 medications 71:11 72:4 73:6, 11, 13 medicinal 68:5 Medicine 47:14, 20 57:17 MedStart 70:9, 13, 19 71:1, 8, 9, 13, 14, 19 72:19, 23 73:9, 14, 16, 22 74:5 76:9 78:14, 21, 22, 23</p>	<p>MedVantx 73:22 76:13, 14 78:14 79:1 meet 8:20 10:14, 15, 16 28:17 33:20 38:3 50:6 77:13 MEETING 1:8 3:21 10:10, 12 12:3 14:17 15:8 18:21 35:12, 13 66:11 85:2, 3 87:13, 16 Member 2:6, 7 MEMBERS 2:3 3:23 47:3 mention 21:10 47:15 mentioned 47:10 mentor 9:18 mentors 9:16 met 21:18, 21 29:16 83:21 Mike 6:8 mild 26:15 44:11 millions 73:23 74:2 mind 51:18 61:10 81:1 minimal 37:12 68:2 minute 63:1 minutes 14:10, 16 15:1, 9 Mississippi 58:6 Mitzi 2:11 12:6, 8 16:20 19:2 21:12 49:8 mix 43:10, 16, 20 mixed 43:11 Mohawk 68:13 moments 13:7 money 4:20 5:16, 17 41:1 73:11 80:9, 12 82:7 monitor 69:15 monitored 69:10 monitoring 6:22 Montgomery 12:11 month 4:21 5:3, 4, 10 6:18 8:2 10:10 15:21, 23 16:1, 4,</p>	<p>11, 13 21:11 23:22 25:2 34:3, 6, 14 49:17, 18, 23, 23 Monthly 49:16 months 19:10 27:6 28:18 39:9 50:15 moot 79:20 morning 4:14 11:5 mother 10:22 motion 4:1 5:22, 23 14:9, 15, 23 15:7 34:13, 17 59:2 61:6 85:15, 16 87:6 Mount 2:19 12:10, 10 move 4:3 34:15 41:15 46:9 51:23 52:8 59:17 84:17 moved 14:14 52:11 moving 27:10 municipal 27:8 Muscato 2:21 12:15, 15 muscle 67:10</p> <p>< N > NABP 62:12 63:7, 10, 18 64:21 65:7, 13 66:22 67:4, 4 name 60:2 71:22 78:12, 15 national 54:22, 23 69:19 nationally 54:21 NCPDP 69:19 near 5:18 necessarily 48:2 necessary 73:19 need 4:1 14:9 19:10 25:22 27:16 29:12 32:20 34:12 43:1 44:17 61:1, 5 62:19 75:1, 2 84:21 85:5, 12 needed 20:16 needs 5:20 neither 88:14 net 9:10</p>
--	---	--	--

never 33:18 35:5,
10 47:20

New 6:11, 12 9:5,
6 10:2 11:8, 17
16:18 24:12, 15
29:13 32:14 51:23
52:7 54:7, 15
56:20 59:1, 6 64:5
73:18 79:6 82:21
83:2

nine 9:7

nobody's 29:9

nonpharmacy
67:16, 19 68:1, 3

nonresident 46:11,
14 47:7

Normally 79:10

northern 45:7

note 33:1, 5

November 14:16

NPI 68:10 69:18
75:10

nuclear 40:18

number 6:21
15:23 17:11 21:22
23:20 36:23 40:22
46:10 47:11 52:1,
11 54:19 59:18, 19
62:22 63:2 64:21
65:7 73:6 75:10
76:1 82:4 86:10,
11, 12, 12, 14, 16, 16,
18, 21, 22 87:2, 4

numbering 64:5

numbers 85:8 86:9

nurse 77:9 78:6, 7

nurses 8:23

Nursing 22:1, 3, 7
49:14

< O >

occur 16:15

o'clock 85:1

offer 72:19 73:11

offering 42:8

offers 71:2

office 10:17 16:11,
13 22:21 23:10
26:23 30:6 46:21
48:13 73:7 79:11

offices 68:7 73:18
74:1

official 19:14

Oh 35:12

okay 10:22 15:15
16:10 19:1 20:5,
22 21:2 32:8

33:14 47:14 49:4
62:6 77:15 79:21
85:16

old 45:18 46:9
51:23

Omnicare 13:13

once 8:20 23:23
40:14 66:14 72:7
73:14

one-on-one 70:20
73:1

ones 17:20, 22
48:12

ongoing 24:18
73:15

online 17:14 20:18
27:20, 23 52:20, 22
55:20 64:21

open 3:20 25:22
72:8

opened 11:1 84:9

operation 77:7, 17

Operations 2:11

opinion 11:9
30:21 80:1, 3

optional 70:23
73:9

options 30:17

order 8:8 73:12

74:21 75:4 76:7,
15, 22 80:18 81:2,
8, 14, 21 82:6

orders 6:21 27:1

originally 28:17

ought 31:18, 21
37:18

out-of-state 16:17
45:15 79:17, 19

outpatient 8:5

outreach 70:19
73:1 74:4

outside 5:13, 19

outsourcing 38:14,
19

over-the-counter
71:11 72:6

owe 23:21 24:1

< P >

packaging 73:20

page 59:21, 23

pages 14:13

paid 23:20 32:6
paper 17:15 18:21
25:10

par 77:22

parent 76:11 79:2

part 9:14 10:6
16:21 35:10 53:6
56:7 66:21 81:15

participated 47:3

particular 8:6
32:17 74:12

parties 75:11
88:15

partnered 68:10

passed 53:3

patient 39:8 43:17,
17 70:12, 19 71:12
72:2, 14 73:1 74:3,
6 80:8 81:20 82:9,
12

patients 36:23
38:6 68:6 70:15,
16, 20 71:2, 4, 12,
17 72:18, 20, 21

73:5, 10, 14, 17
74:7 81:3 82:5

patient's 71:21
72:1

pay 4:20 24:16, 17
30:12 32:7 53:1
71:6

payment 24:19
82:3, 4

PCCA 36:16

pellet 36:8, 18

37:5, 9 40:11

41:23 43:8

pellets 35:16, 19, 23
36:1, 3, 11, 17 37:2,
10, 11 38:1, 4

40:11, 12 41:6, 8,
12 42:2, 2, 16, 21
43:7, 9, 23 44:4
45:8, 10

pending 19:12, 12
20:9

people 6:19 7:19
9:4, 10, 12, 22 10:3,
13 19:7 23:1 29:7
35:2, 7 37:17

45:21 46:22 48:3
58:4, 11, 15 60:10,
21 61:21 62:4
63:13, 22 68:20

people's 32:10

percent 5:13 58:8,
9 62:16, 17 65:20

period 37:16

39:12, 13 42:7
44:7 50:11

periods 43:13

permanent 86:15

permission 18:1

permit 84:19

permitted 18:4

Permutt 13:15

person 8:6 26:21,
21 28:15 32:5
33:4 34:5, 9 35:3
58:21

petitioning 67:8

pharm 33:4

pharmacies 17:2,
11 20:21 25:19

38:13, 15, 18 42:17
46:11 47:8, 11

pharmacist 7:1

16:18 32:18 53:19
60:18 66:10 67:18
68:12 75:22 86:19

pharmacists 7:2

8:22 9:7, 17, 19
10:2 16:16, 22

19:7, 18 20:21

47:12, 22 48:21

53:11 54:7, 7, 8

56:5, 20 61:14

62:9, 13 64:23

65:16, 19 73:3

75:13 83:23

<p>PHARMACY 1:2, 18 3:21 7:20 9:17 10:1, 3 12:9, 11, 16, 18, 20 13:1, 3, 5, 12, 19, 23 14:5, 7 26:7 27:20 36:1, 13 40:10, 12, 19 45:7 46:14 53:12, 14, 16 54:21 56:7, 11 57:9 59:21, 22 63:9 66:9 68:4, 22 69:5, 7 71:6 72:16 73:2 80:8 81:4 83:22 84:11 86:18 87:1</p> <p>PharMedCo 12:22</p> <p>phone 61:19 70:20 73:1</p> <p>physician 68:6, 7 69:3, 10, 11 71:18, 21, 23 72:3, 16 73:7, 18 74:1 77:6, 10 78:3, 10</p> <p>physicians 8:23 70:2, 6 72:18, 19 76:19 80:5</p> <p>picked 17:8</p> <p>piece 25:10</p> <p>pieces 18:21</p> <p>Pierce 3:12 13:22, 22</p> <p>pitch 33:21 35:10</p> <p>place 27:6 34:7 51:11 76:16</p> <p>plan 71:5 86:19 87:4</p> <p>please 34:23</p> <p>pleased 11:12</p> <p>plus 16:16</p> <p>pocket 71:6</p> <p>point 40:14 56:10 70:14 79:20</p> <p>police 22:11</p> <p>policy 19:11 59:4</p> <p>popped 41:13</p> <p>populated 24:22</p> <p>position 36:18 51:16</p> <p>possible 47:4</p>	<p>powder 36:11</p> <p>power 67:8</p> <p>practice 25:2 41:10 47:19 68:22 69:5, 18 71:20</p> <p>practices 74:8</p> <p>practicing 41:11 78:8</p> <p>practitioner 47:21 77:10 78:6</p> <p>precancerous 44:8</p> <p>prefer 37:13</p> <p>preparations 68:5</p> <p>prepared 5:4</p> <p>preparing 30:14</p> <p>prescription 47:23 48:9, 16 49:2 69:20 81:21</p> <p>prescriptions 48:4 71:7 73:19 74:2</p> <p>PRESENT 2:9 3:23 7:2, 12 46:12</p> <p>presentation 57:12</p> <p>presented 82:9</p> <p>presenting 7:9</p> <p>presently 6:19</p> <p>presents 11:1</p> <p>President 2:4 28:20</p> <p>press 4:15 40:11</p> <p>pressure 37:4</p> <p>pressurized 36:5</p> <p>pretty 5:1 7:20 28:4 44:15 51:6 69:23 77:17, 17</p> <p>prevents 7:9</p> <p>previous 11:16 26:3</p> <p>price 23:17 73:12</p> <p>prices 71:2</p> <p>primarily 16:11</p> <p>primary 17:2</p> <p>principal 38:11</p> <p>print 61:16 72:13</p> <p>printed 5:6</p> <p>printout 47:6 62:12 63:10, 15</p> <p>probably 27:7 42:16 51:7 61:17</p>	<p>82:4 85:1</p> <p>probation 60:5, 10</p> <p>problem 7:8, 8 21:11 31:2 48:9 49:5 53:8 55:23 64:18, 19 68:21</p> <p>problems 17:2, 5, 14 28:11</p> <p>procedure 43:18, 18</p> <p>proceed 78:1</p> <p>process 7:17 8:4 9:13 17:4 21:1, 4 49:21 54:5 72:17</p> <p>processed 9:12 52:21</p> <p>processes 37:13</p> <p>product 39:11 40:3 42:4, 9</p> <p>products 38:22 40:17 41:2</p> <p>profession 84:14</p> <p>professionals 6:23 8:21 9:23 10:1, 1 84:19</p> <p>program 6:20 8:9 11:13, 15, 16, 17 22:10 24:2 70:10, 13, 16, 23 72:19 73:15, 23</p> <p>Programs 69:20</p> <p>prohibition 69:4</p> <p>project 21:20 28:22, 23 32:5 51:14, 19, 21</p> <p>projects 30:2, 7, 9, 10</p> <p>promised 31:12</p> <p>proper 10:18</p> <p>proportion 62:13</p> <p>propose 35:16</p> <p>protected 23:11</p> <p>protocol 10:18 67:21</p> <p>prove 38:3 40:2</p> <p>provide 58:20 71:10</p> <p>provided 46:22 73:23 76:3</p> <p>provider 66:6, 17</p>	<p>67:9 71:14</p> <p>providers 70:11</p> <p>provides 70:23 71:15 73:16</p> <p>providing 44:23 45:1 71:17</p> <p>proving 43:2</p> <p>public 42:8 45:1 50:5, 9 85:3</p> <p>published 49:23 50:13</p> <p>publishing 49:15</p> <p>pull 22:19 26:3 60:2 64:21</p> <p>purpose 84:18</p> <p>pursue 57:8</p> <p>put 8:18 18:22 20:23 22:2 23:19 25:11 26:8, 19 31:18, 23 32:9 37:7, 9 43:14 44:3 59:3 84:2</p> <p>puts 33:5</p> <p>putting 38:6</p> <p>< Q ></p> <p>quarter 7:14</p> <p>question 19:5 31:15 58:8 61:10 62:11 66:3</p> <p>questioning 67:19</p> <p>questionnaires 48:5</p> <p>questions 11:5 16:6 42:11 60:20 70:21 73:4, 8 78:11 85:10 88:9</p> <p>quick 10:4 59:12 61:12</p> <p>quickly 44:6</p> <p>quite 32:19</p> <p>quorum 3:22</p> <p>quotes 45:19</p> <p>< R ></p> <p>radiating 45:10</p> <p>radiation 35:23 36:2, 19 40:15, 18, 20 42:1, 4</p> <p>radioactivity 40:21</p> <p>ran 67:13</p>
---	---	---	--

<p>random 62:22 63:19 64:6 Ransburg 13:14 Ransburg-Brown 3:9 13:14 rare 9:20 rate 32:2, 7 37:1, 15 38:3, 6 39:8 40:2 41:5, 18 44:2 58:3 read 6:17 14:12 20:7 35:18 36:20 44:1 74:17 86:9 reading 62:23 reads 83:15 ready 4:12 7:18 real 11:12, 13 61:12 really 16:1 17:9 19:18 27:16 44:9 47:4, 11 59:22 68:14 74:21 reason 7:3, 4 27:7 66:8 reasons 7:4, 13 receive 52:21 54:5 70:21 72:15 73:15 received 63:14 67:18 receiving 70:17 recess 86:3 reciprocating 53:20 reciprocity 54:16 56:8 recommend 35:16 36:16 recommendations 8:6 87:7 record 58:4 60:19 records 55:17 recovering 9:23 10:2 recovery 10:5 Reference 49:16 referred 16:14 refill 73:16 refills 71:3 refuse 60:17 refused 8:5 18:5</p>	<p>refuses 36:16 regardless 41:19 register 61:15 registered 68:9 69:18 registrants 25:19 84:20 regulate 44:15 regulating 68:20 regulation 67:20 68:2 reject 50:12 relapsed 8:12 relate 37:1 related 44:2 relatively 21:6 release 37:1, 13, 15 38:3, 6 39:7 40:2 41:5, 18 43:3 44:2 released 37:8 39:11 42:6 43:12 44:7 45:3 releases 43:16 44:5 relicensure 7:10 rely 23:2 remarkable 35:9 remember 36:12 reminders 73:17 removed 72:8, 12 renew 17:13 19:7 20:1 25:3 renewal 28:4 54:8, 10 renewals 16:13, 14 25:1 27:23 28:4 renewed 16:16, 19, 19 47:8 renews 20:20 replace 43:15 report 4:12 5:10, 12 6:1, 9, 18 15:18 16:9 20:13 21:7 27:4 28:22, 23 29:2 46:4 66:7 67:8, 15 REPORTER 1:23 88:7 reporting 66:17 reports 42:19</p>	<p>represent 12:7 represents 88:12 reputable 44:22 45:20 require 18:10 38:23 40:1 53:19 87:4 required 18:15 66:7 77:20 requirement 37:10 38:2 39:10 requirements 38:22 64:15 66:12 requires 58:6 61:14 research 51:13, 19, 20 researched 80:23 response 16:7 responsible 24:14 responsive 22:23 rest 27:23 result 88:17 results 86:9 resume 85:2 resuming 86:8 retail 83:21 retire 84:3 85:10 retired 86:1 retiring 83:5 84:1 return 29:6 returned 8:14 revenue 5:14 revert 19:18 Rick 3:4 13:4 ridiculous 67:11 right 3:19 4:10, 22 6:7 20:14, 19 21:3 23:11 24:7, 15, 18, 23 27:15 30:23 31:1 32:4 33:12 34:8, 9, 16, 22 36:15 39:2, 20 44:14 45:13, 22 46:15 51:22 52:3 53:21 54:14 55:15 56:2 58:1 59:20 60:8, 21, 22 62:16 63:5 64:13, 16 65:9, 22 67:1, 1</p>	<p>73:13 80:21 81:6, 13 84:16 85:13 risk 38:7 Roanoke 68:14 69:22 Roger 3:2 12:23 Ronda 2:23 12:19 63:8 rotation 12:14 Roth 3:13 14:1, 1 RPR 1:23 88:6, 21 rule 19:11, 14 49:9 59:1 62:16, 19, 23 rules 43:7 45:20 ruling 58:19 run 4:19, 19 19:6 38:21 running 25:1 66:23 rural 68:8 < S > safe 41:9 sain 21:6 salary 32:10 sales 33:21 35:10 Samford 10:16 13:8 56:16 58:15 sample 63:19 70:17 71:16, 17 72:3, 8, 10, 15, 21 75:20 76:21 80:7 81:11, 19 samples 70:4 71:10 74:1, 3, 18 sanction 33:11 satisfaction 70:12 72:22 74:7 save 73:10 saw 51:16 77:18 saying 22:4 29:21 30:6 32:22 35:5 44:23 54:2, 4, 6 64:8 says 20:8 35:21 39:14, 21 52:20 53:1 78:3 scan 25:11</p>
---	--	--	---

<p>scanned 72:11 scans 71:23 scenario 68:17 school 8:3, 9, 13 12:20 36:13 53:13, 16 54:23 56:11, 12 63:8 schools 10:10 54:21 57:10 scope 78:8 screen 47:21 screening 6:20 screw 4:18 screwed 60:9, 23 scripted 81:16 searches 22:21 Second 4:5, 6 6:2 14:18 15:2, 10 59:8, 9 85:15 87:8 seconded 85:17 seconds 9:15 72:17 Secretary 2:10 secretary's 16:9 see 6:13 8:10 12:4 15:20 22:20 25:22 27:2 29:15, 19 32:16 39:14, 21 43:1 45:11 47:20 48:15 56:23 57:5, 21, 22 67:23 68:16 81:10, 10, 20 84:22 seen 42:14, 19 44:3, 8 sees 77:11 selected 72:6, 7 self-administration 68:6 sell 57:17 send 17:15 18:2, 10, 12 19:19 20:2 23:9, 14 29:21, 22 34:22 87:1 sending 29:20 30:4 82:5 Senior 13:4 sent 10:9 18:1 separate 29:10 44:18, 20 82:19 September 25:3</p>	<p>service 46:22 71:1 72:20 73:10, 12 session 16:5 46:8 84:17, 22 85:7, 11 86:4, 8 set 28:3 33:19 49:20 66:15 setting 17:19 seven 68:9 shape 4:16 6:14 SHELBY 88:4 Sheri 1:23 88:6, 20, 21 ship 18:5 37:11 42:2 shipping 71:2 73:21 shock 60:9 shocked 47:11 short 44:7 show 9:4 20:3 25:18 37:12, 14 42:3 44:22 45:2, 4 66:23 70:1 showed 25:17 shown 60:11 72:4 shows 21:1 26:18, 20 shut 45:6 side 21:18, 19 59:3 sign 7:18 23:7, 18 57:1 signed 6:20 signing 34:18 silent 69:4 similar 50:23 51:12 72:15 simple 67:22 simply 71:23 single 36:1 sir 15:19 46:5 51:9 65:5 Sirote 13:15 site 26:4 68:3, 4, 12 77:6 sites 67:16, 20 68:1, 10 sitting 84:11 situation 5:9 21:21 48:22 60:2</p>	<p>situations 55:22 60:23 62:3 six 9:7 35:2 74:13 77:20 six-month 31:10 sketchy 74:15 slow 17:3, 5 slowed 17:9, 17, 17 slows 17:16 small 9:21 24:11 31:13, 17 snafu 4:15 so-called 76:20 sold 43:4 Solutions 17:4 solves 49:4 Somebody 12:1 22:22 24:6 40:5 60:1 somebody's 62:5 someone's 25:11 someplace 25:12 44:5 soon 7:20 Sorry 51:4 52:5 61:11, 18 62:1 sort 80:20 sorts 7:13 sounds 23:20 58:22 South 12:11 13:10 61:13 speak 6:14 8:15 9:15 11:7, 17 69:8 speaking 11:14 speaks 35:6 specialists 73:3, 5 specific 62:22 63:1 specifically 18:22 specified 8:19 speed 18:8, 17 spell 32:21 spending 41:1 stab 4:13 staff 7:16 8:14 48:3 73:3, 7 stamp 84:9 stance 39:23 48:1, 18 stand 12:6</p>	<p>standard 73:21 77:19 standardized 37:5 standards 69:17 75:12 standing 26:6 60:4, 11 start 6:17 12:6 28:21 29:12 53:12 56:12 70:16 started 49:9 starting 42:7 64:5 starts 49:21 STATE 1:2, 18 3:21 9:18 14:4, 6 17:12, 21 18:3 19:9 22:12, 15 23:2 35:14, 15 41:13 42:3 45:8 55:6 66:9 67:6, 13 74:13 77:21 83:20 88:3 stated 30:16 statement 36:20 statements 26:23 88:10 States 37:23 41:14 52:11 53:18 57:21 68:3 statistic 9:4 statutes 39:17 stay 73:17 stealing 57:17 steam 36:5 stearic 36:12 stenotype 88:9 step 26:19 Stephanie 3:15 Stephens 3:4 13:4, 4 steps 27:13 sterile 42:9 sterility 40:13, 16, 20 41:19 44:19 sterilization 42:14, 19 sterilize 35:23 36:2, 7, 9, 18 41:2, 23 42:4</p>
--	--	--	--

sterilized 42:22 44:16	Susan 2:10 8:3 10:9, 18 16:8 17:23 19:4 41:12 46:1 50:16 52:4 57:15 63:7 65:17 80:2	technician 24:23 27:19 32:18 53:5 66:11	44:15, 21 45:17 46:21 47:17 48:17, 23 51:2, 6 52:3, 16 54:9 55:16 56:3, 8, 22 57:5 58:5 59:15 61:1 62:15, 21, 23 63:1, 21 64:18 74:19 75:1, 2, 11 79:3, 11 82:18 83:8 84:1
sterilizing 36:7	System 13:7 21:8, 12 22:3, 11, 18, 22 23:3, 19 24:22 25:4, 9, 12 26:11, 13, 18 27:11 28:3 32:14 33:1, 3 47:1 52:7 60:10, 14 65:6 66:7 67:8 71:21 72:1	technicians 16:15, 22 25:2 52:3, 10 53:9 56:4 63:15, 18 64:20 65:1	thinking 20:6 26:7 39:5
Steve 3:6 13:9 43:5 61:12	Susan's 41:4	Technology 21:17 74:14	third 75:11
stick 41:5 62:9, 19 63:5 69:1	sync 44:11	techs 7:11, 12 9:7, 17, 19 10:3	Thomas 83:5
stop 22:20 30:1 75:21	System 13:7 21:8, 12 22:3, 11, 18, 22 23:3, 19 24:22 25:4, 9, 12 26:11, 13, 18 27:11 28:3 32:14 33:1, 3 47:1 52:7 60:10, 14 65:6 66:7 67:8 71:21 72:1	tells 11:2, 7 12:7 18:5, 20 19:20 20:2 28:13 46:20 49:8 58:14 60:3 62:12	thought 46:16 64:4 67:22
stopped 40:17	systems 22:14 33:6	ten 7:12 44:4 58:9	three 23:16 26:10 27:6 39:8 50:15
store 26:10 60:18	< T >	ten-minute 84:23	three-month 37:15 39:7
stores 24:15	tables 84:12	Tennessee 36:22 53:19	ticket 22:20
Street 1:19 26:6, 8	tablet 25:8	ten-percent 36:9	Tim 3:22
strictly 8:18	tablets 25:7, 16	terms 34:18	time 8:20 10:4 12:5 14:8 17:6 18:15 25:4 26:5 27:2, 3 29:12 30:3 31:2 33:15 39:9 43:13 44:4, 8 50:11 51:5 66:19 68:22 73:10 77:10 83:15 84:16 85:2
student 7:22, 23 8:4, 12 9:8 12:14 13:8	take 4:13 10:7 24:4, 5 30:18, 20 35:17 38:9 48:20 49:11 61:2 64:6 85:12, 14	Terry 2:16 13:18	times 19:6 21:22
students 10:21	take-home 81:5	testing 39:1, 1 42:14 43:2	tissue 44:10
studies 37:12, 13 42:20 43:2	taken 11:13 28:2 36:17 39:23 86:4 88:8	testosterone 38:1	today 6:9 34:13 83:10 85:1
stuff 41:10 58:12	takes 18:15 45:3 72:17	thank 11:18, 23 46:6, 18 47:4 61:23 62:6 64:1 66:4 84:13	told 21:12 23:5 28:21 30:4 32:4 51:13 66:6 79:18
sub 77:22	talk 10:2 20:19 28:9 30:17 34:20 57:8 77:23	Thanks 19:2	toll-free 73:6
submit 18:16 25:9	talking 38:12, 13, 15, 17 41:4 50:14 51:7 84:18	therapy 43:19 44:18 70:15 86:20	tomorrow 35:14
submittal 20:12	Tammie 2:22 12:17	thereto 88:10	top 4:10
substance 36:13	task 48:21	thing 16:12 17:9 18:8 32:21 46:14 81:9 83:17	total 9:9, 16 59:16
suggest 38:7 59:2	tech 65:13	things 18:17 20:13 22:7 26:15, 16, 17 28:2, 16 29:8, 12, 17, 18 31:20 37:14 43:10, 11, 15, 20 44:10, 13, 21 45:19 54:12 69:6 84:9	touch 77:22
Suites 17:16	technical 4:15 28:14 32:5	think 4:23 7:20 19:13 23:2 34:14 35:12 36:14 38:4, 11, 20 39:20 40:4 41:3, 8, 14 43:22	town 9:21 26:6
summer 24:21			track 16:3 26:13 32:15 73:17
sums 51:6			tracked 27:1
super 72:1			transcribed 88:10
supervising 86:19			transcript 88:13
supervision 68:5			
supplies 73:13			
support 47:19 48:4 51:15 70:20 73:2, 16			
supportive 50:20			
supposed 28:15, 17 39:7 67:3			
supposedly 62:13			
sure 23:10 30:16 31:18 32:19 34:4 41:7 42:23 46:11 47:22 48:3, 14 61:8 69:1 77:18, 20 80:22 83:22			
surprise 83:11, 12, 14			
surprised 66:5			
surrender 86:15			

transcription 70:8 88:11	user-friendly 22:19, 23 25:23	58:12 61:7, 8 62:9, 10 67:9 85:8	22 64:19 65:12 68:21 70:6 72:13 74:17 75:1 76:5 82:8 84:7
transfer 33:8	usually 8:20 36:12 53:2 60:1 68:7	wanted 21:7 24:6 26:4 29:14 34:4 43:22 47:18 56:23 69:23 77:22 79:9	Wellness 6:9, 14, 15 10:19
Treasurer 2:5	utilize 22:14	wanting 79:16	Wells 2:13 14:6, 6 68:11
treasurer's 4:12	utilizing 74:14	wants 48:15	went 10:23 16:21 18:1 27:12 51:11 68:11 77:18
treating 39:3	< V >	WARD 18:8 19:1 30:23 31:6 37:19 39:14, 19 46:5, 7 52:18 54:17 55:2, 5, 10, 14, 18, 23 56:2, 8, 22 57:15 58:11 59:13 65:16, 20, 23 68:21 69:12, 16 74:17 75:1, 6, 14, 18, 20 76:2, 5, 15 77:12 78:2, 12, 15, 19, 23 80:1, 5, 13, 19, 22 81:9, 15, 23 82:10, 14	We're 3:19 4:16, 17, 22 5:1, 8, 14 7:15, 19 8:9, 15 10:3, 6, 11, 12, 15 14:8, 12 16:3 17:18, 19 20:9 21:11 23:11 24:1, 12, 13 27:8 30:2, 4 34:5, 9 38:6 41:8 45:2 46:13 48:14 51:6 52:3, 6 58:23, 23 62:18 68:19 82:23 84:17 85:8, 23 86:7
treatment 7:2, 6, 11, 17, 23 8:1, 5, 18 9:13, 19	valid 48:15	waste 30:3 66:19	whatsoever 35:20 36:11 48:6
treatments 10:21	value 35:20	water 36:6, 9, 10	willing 10:7
tremendous 27:22	value-added 72:20	waxy 36:13	wise 51:5
tried 47:8	Vanderver 3:11 13:20, 20	way 24:7 27:17 31:16 32:13 33:19 35:22 37:6 40:16 41:23 43:3 48:8 51:14 52:8, 16, 17 63:12, 16 66:20 67:3, 9 81:1 82:12	wish 24:11
tries 68:23	variations 26:15	ways 42:21 81:3	withdrawn 8:13
Tristano 3:15	various 14:10	website 20:16 59:23 60:3 61:16	women 44:9
true 88:12	vary 43:17	Wednesday 1:10	wonderful 22:7
trusted 73:23	verification 59:21, 23 60:14	week 4:21 8:21 10:11 23:8, 12 35:13 49:9 77:11	wondering 33:16 80:19
try 8:10 9:20 25:11	verify 61:14 72:11	weeks 23:16 28:18	wondering 33:16 80:19
trying 5:6 12:1 19:7 42:18 48:20	version 18:13	welcome 19:3 70:9 85:7	word 51:15
Tuesdays 26:17	vice 28:20	well 10:8 11:18, 23 17:1 19:17 22:4 25:13 28:21 29:14 36:5, 10 39:22 42:12 45:6 50:22 51:2, 2, 6 55:18 56:19 58:8,	wording 20:6 49:1 59:4, 11
Turenne 12:21	video 70:8 74:9 77:8 78:2, 20	well 10:8 11:18, 23 17:1 19:17 22:4 25:13 28:21 29:14 36:5, 10 39:22 42:12 45:6 50:22 51:2, 2, 6 55:18 56:19 58:8,	work 7:16, 16 8:4 18:17 24:10 27:22 29:8 30:1, 6 36:5 37:18 42:23 62:5 66:1, 16 73:18
turns 36:7	Village 1:19		
twice 77:11	violation 86:13, 21		
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3	violations 19:23		
Tuesdays 26:17	visit 70:18		
Turenne 12:21	visited 78:18		
turns 36:7	vote 15:16 48:2 50:11 85:5, 9, 12, 14, 18		
twice 77:11	voted 85:6		
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3	< W >		
Tuesdays 26:17	wait 34:13		
Turenne 12:21	waiting 7:6 27:8		
turns 36:7	Waldo 3:13 14:1		
twice 77:11	Walgreens 12:16, 17		
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3	Wal-Mart 13:22		
Tuesdays 26:17	want 9:15 10:6 11:20 15:17 23:13 25:14 27:4 28:8 30:5, 16, 20 31:2, 8 35:1 39:21 41:6 42:23 43:1, 19 45:5 47:15, 22 48:2, 14 50:23 51:3, 14 53:23 54:9 56:6 57:18		
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12 58:3 59:18, 19 68:3			
Tuesdays 26:17			
Turenne 12:21			
turns 36:7			
twice 77:11			
two 8:20 9:15 11:1 17:1 28:18, 18 44:20 45:11 54:10, 12			

<p>worked 10:19 16:1 17:8 35:5 working 8:9, 15 21:23 30:2, 3, 11 34:5, 10 66:19, 22 83:21 workload 46:21 works 65:2 world 41:10 worth 39:9 44:6 58:8, 10 wrapping 16:13 write 43:19 60:20 written 17:23 wrong 31:21 60:12</p> <p>< Y ></p> <p>y'all 14:11 67:7 77:23, 23 84:13 Yarbough 3:1 12:21 YARBROUGH 12:21 yea 85:18, 19, 20 Yeah 20:10 28:8 31:22 32:12 38:20 39:16, 19 40:8 44:14 48:23 49:6 52:15 53:5, 6, 8 58:13 61:1, 3 62:7 69:14, 16 75:6, 18, 23 76:11 78:19 79:3 80:13, 16 82:13 year 5:2, 14, 17 6:11, 12 16:2 17:10 21:9 24:9, 10 30:8, 9, 10 58:19 64:20 years 4:17 8:20 16:15 22:1, 2, 6 42:15, 17 54:11, 13 56:15, 16, 21 58:15 year's 44:6 Yeatman 2:7 4:6, 9 6:2, 6 14:14, 22 15:5, 13 32:13 33:10, 14 39:17 41:16 44:20 45:11, 22 50:16, 20 51:4,</p>	<p>18 52:15 53:5, 23 54:4, 15 57:3, 7 59:6, 10 61:3 64:10, 14 76:9 78:14, 22 82:8, 13 85:20 87:10 yesterday 8:1 35:5</p> <p>< Z ></p> <p>Zac 2:18 12:13 zero 45:9 zip 25:21 Zoopharm 14:1</p>		
---	--	--	--