



**California State Board of Pharmacy**

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

**STATE BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
PRESCRIPTION MEDICATION ABUSE SUBCOMMITTEE  
MINUTES**

**DATE:** October 7, 2013

**LOCATION:** DCA Headquarters – Hearing Room  
1625 North Market Blvd.  
Sacramento, CA 95834

**COMMITTEE MEMBERS**

**PRESENT:** Ramon Castellblanch, Public Member, Chairperson  
Amy Gutierrez, PharmD  
Rosalyn Hackworth, Public Member  
Darlene Fujimoto, PharmD, Volunteer

**STAFF**

**PRESENT:** Virginia Herold, Executive Officer  
Anne Sodergren, Assistant Executive Officer  
Kristy Shellans, DCA Staff Counsel  
Carolyn Klein, Manager II  
Laura Hendricks, Staff Analyst

**BOARD MEMBERS** Stanley Weisser, RPh, Board President  
**IN AUDIENCE:**

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**Call to Order**

Chairperson Castellblanch called the meeting to order at 9:36 a.m.

**1. Development of a Proposed Mission Statement for the Subcommittee**

This subcommittee was formed to continue to explore ways to address the misuse and abuse of prescription medication, particularly of controlled substances. At the end of the Joint Forum on Pain Management with the Medical Board, a list of possible items was mentioned in the closing ceremony. The complete list was provided in the meeting materials.

The subcommittee has various issue areas:

- Educate the public and licensees about the dangers of prescription drug abuse
- Collaborate with prescribing boards to promote strengthen the sharing of information among practitioners (prescribers and dispensers)
- Promote the use of CURES by practitioners
- Continue to work with the Medical Board and other prescribing boards on topics in this area

Chair Castellblanch has suggested that a mission statement be developed for this committee. For reference, the mission and general goals of the board are provided below. The board has only one mission:

*The Board of Pharmacy protects and promotes the health and safety of Californians by pursuing the highest quality of pharmacists care and the appropriate use of pharmaceuticals through education, communication, licensing, legislation, regulation and enforcement.*

Each of the five committees have general goals:

- Enforcement: Exercise oversight on all pharmacy and drug distribution activities
- Licensing: Ensure the qualifications of applicants and licensees advance the vision and mission of the Board of Pharmacy
- Communication and Public Education: Provide relevant information to consumers and licensees
- Organizational Development: Achieve regulatory efficiency, customer service and consumer protection

### Discussion

Chairperson Castellblanch asked the subcommittee members to provide input on the mission statement after he provided the following starting point: “Promote the prevention and treatment of prescription drug abuse, particularly the abuse and misuse of controlled substances.”

Ms. Hackworth added that the mission statement should indicate the subcommittee is providing education to practitioners and the general public.

Dr. Gutierrez noted that the mission statement should contain language on the use of CURES.

Dr. Fujimoto commented that the mission statement should be clean and simple. She recommended that specific topics such as the use of CURES might be a better subcommittee goal rather than being in the mission statement. Mr. Castellblanch agreed.

Ms. Herold read the proposed mission statement: "Promote the prevention and treatment of prescription drug abuse particularly, the abuse of controlled substances. Provide education to practitioners and the general public regarding prescription drug abuse and misuse. Optimize tools such as CURES." Chairperson Castellblanch commented that the language could be cleaned up by staff.

A member of the public asked if not using CURES would be grounds for discipline by the board. Chairperson Castellblanch responded that the main goal of the subcommittee was education, the issue of discipline would be something the Enforcement Committee with handle. Ms. Herold added that the Enforcement Committee deals with this issue and recently the board has been sending letters to pharmacies that were not utilizing CURES when they should have been.

Chairperson Castellblanch asked Ms. Herold if a motion would be needed to approve the mission statement. Ms. Herold responded that she would work on refining the language and bring it to the next subcommittee meeting for approval.

## **2. Review and Discussion of Statistics Documenting the Issues of Prescription Medication Abuse**

A number of references are pointing to the increasing incidence of controlled substances being misused by individuals.

The meeting materials contained several statistics highlighting the prescription drug abuse impacts and several articles to provide background about prescription drug abuse. The slides in the meeting materials are from a DEA presentation.

### Discussion

Chairperson Castellblanch asked Ms. Herold to provide an overview of the drug abuse statistics.

Ms. Herold reported that California is one of the leading states for prescription drug abuse, particularly the abuse of hydrocodone. The board is seeing an increase in pharmacies filling prescriptions for what the DEA calls the "holy trinity" i.e. painkillers, muscle relaxants and anti-anxiety medications. The overuse and abuse of Adderall is another item that should be on the subcommittee's radar. As the result of the increase of deaths related to prescription drug abuse, there are simulations investigations going on by multiple agencies at both the state and federal level. The board currently had two inspector teams (almost half of the inspector staff) dedicated to drug diversion and drug abuse. Last week there was a media event with the sales of craigslist.

Ms. Herold directed the committee and the public's attention to the National Institute On Drug Abuse's article (provided in meeting materials) which states that there are patients who are not receiving adequate pain treatment however the number of people who are abusing prescription drugs is on the rise.

Ms. Herold reported that another aspect of the problem is the lack of ways for patients to properly dispose of unused medications.

Ms. Herold reported that recently the board has heard from a group of pharmacies who had their pain medication supply cut off by their wholesaler who was concerned that the pharmacy was dispensing too many pain medications. This made it difficult for the pharmacies to help their patients who they felt had legitimate medical need for the pain medication.

Ms. Herold commented that the DEA is cutting back both the distribution and the manufacturing of pain medications. As a result the board anticipates seeing more theft, diversion, and counterfeiting as the medications become more valuable.

Ms. Herold provided that the board is working on developing new parameters for the CURES system. SB 809 mandated all doctors, pharmacists, and wholesalers to begin paying \$6 starting in April 2014 to fund the CURES system. The board is now funding a new computer system for the CURES program so that healthcare practitioners will have better access to the data.

Chairperson Castellblanch reported that according to a recent article in the New England Journal of Medicine, the Center for Disease Control is now calling it the "opioid epidemic." He added that according to an article in The American Journal of Public Health, opioids are a serious cause of addiction and the death rates have increased dramatically over the last few years making it the second leading cause of accidental death in the United States. He also noted that so many prescription pain killers are being prescribed, that every man and woman in the United States would have a month supply every year.

Dr. Fujimoto commented that the Board of Pharmacy and the Medical Board are perfectly placed to help lead the way in dealing with this issue. It is up to medical professionals to protect the public. She added that she would like to see the board, and the subcommittee, lead the way in educating practitioners and the public in the areas. Dr. Fujimoto also reported that in her experience people don't think of pharmaceuticals as dangerous like they do street drugs.

Dr. Fujimoto commented that while addiction rates are getting higher it is important to remember that patients still need to get proper pain treatment.

Dr. Gutierrez stated that in addition to prescribers she would like to see pharmacists take an active role in addressing the abuse of controlled substances.

Jessica Amgwerd, from McKesson, asked where the statistics on attachment 2 page 11 came from. Ms. Herold answered that the data came from the DEA.

Ms. Amgwerd asked if there were statistics available for California. Ms. Herold answered that in hydrocodone prescriptions California is at the top.

Ms. Amgwerd asked how the board is using the statistics. Ms. Herold answered that the board uses the statistics for justification to educate the public and practitioners.

Dr. Gutierrez asked Ms. Amgwerd if she knew what action drug wholesalers are taking to address the issue. Ms. Amgwerd answered that McKesson is out in the forefront educating the public and partnering with state and local agencies.

Dr. Gutierrez asked Ms. Amgwerd if she had heard of wholesalers sending out questionnaires and conducting investigations on high volume pharmacies. Ms. Amgwerd answered that they are trying to stay on the forefront and working with government agencies to determine what they can do to address the issue.

Chairperson Castellblanch asked if McKesson would report problems they found to the board. Ms. Amgwerd confirmed they would.

Angela Blanchard, from Health Distribution Management Association (representative of drug wholesalers in California), commented that she would ask her association to provide the subcommittee with the initiatives their member are currently developing.

Chairperson Castellblanch asked Ms. Herold if she could inquire if the DEA has any statistics specific to California. Ms. Herold responded that there was some data on California provided in the meeting materials.

### **3. Discussion of Joint Efforts with the Medical Board of California to Address and Educate Licensees and the Public about Prescription Medication Abuse**

The Medical Board has also formed a subcommittee to work on the issue of prescription medication abuse and perhaps to coordinate another forum in the future in Southern California. The first meeting of their task force was September 23. A copy of the agenda and general project plan was provided in the meeting materials.

Representatives from the Medical Board were invited to attend this meeting to join in this discussion.

#### Discussion

Chairperson Castellblanch requested that the entire subcommittee be informed of the

next Medical Board Subcommittee meeting.

Ms. Herold reported that the Board of Pharmacy started working with the Medical Board two years ago as the result of a bill from the American Cancer Society who felt patients were not getting proper pain treatment. The bill had a provision that would have taken away the board's ability to discipline for clearly excessive dispensing. The board objected to the bill and the provision was removed with the agreement that the Board of Pharmacy and the Medical Board would work together on educating practitioners on prescription drug issues.

Ms. Herold noted that due to scheduling conflicts the Medical Board was unable to attend the subcommittee meeting.

Ms. Herold provided a report of some of the events that occurred prior to the Medical Board's Subcommittee meeting on September 23, 2013 that contributed to the scope of that subcommittee's meeting including:

- The American Medical Association released a policy statement saying that pharmacists have no business questioning a prescription written by a prescriber.
- A large chain drug store wrote an \$80 million check for the DEA for excessing furnishing.
- The board's precedential decision on corresponding responsibility confirming a pharmacist's duty to verify that prescriptions are issued for a legitimate medical purpose.

Ms. Herold indicated that the initial goal of the Medical Board was to create a list of questions that a pharmacist could ask a prescriber to validate a prescription. The board strongly opposed the development of a specific list of questions. Instead at the meeting there was a productive conversation of the corresponding responsibility that a pharmacist and a pharmacy have when filling a prescription. Ms. Herold added that the Medical Board is very interested in continuing to work with the board on improving the relationship between prescribers and pharmacists.

Chairperson Castellblanch was pleased that the Medical Board did not create the list of questions that a pharmacist is allowed to ask a prescriber.

Chairperson Castellblanch asked if the subcommittee should be working on a list of questions in anticipation of the idea moving forward with the Medical Board. Ms. Herold responded that she does not feel that they should lock in particular set of questions,

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rather they should work on fostering the understanding that questions *should* be asked.

Dr. Gutierrez noted that the Medical Board's subcommittee mission seemed to be preventing overdoses, which she feels is too limited of a scope. Chairperson Castellblanch agreed that overdoses are just one part of the prescription drug abuse problem. Ms. Herold added that the Medical Board has been on the front page of the newspapers regarding drug overdoses so it is high on their radar.

Dr. Steve Gray, from CSHP, offered that pharmacists can currently prescribe under certain guidelines, so the subcommittee should be aware of the Medical Board developing prescribing guidelines and should request that a pain management pharmacist be a part of any development discussions. Chairperson Castellblanch responded that he was unaware that certain pharmacists could currently prescribe. Dr. Gutierrez added that perhaps the board could look at current prescribing guidelines that larger organizations may have.

Dr. Fujimoto thanked Dr. Gray for reminding the subcommittee that pharmacists can be prescribers. She added that she thinks the Medical Board had a reasonable set of prescribing guidelines and perhaps they could just be modified to fit pharmacists.

Chairperson Castellblanch commented that there currently an opioid epidemic and the subcommittee should consider looking at prescribing guidelines as a factor.

Tom Davis, from CVS Pharmacy, commended the Board of Pharmacy for the formation of this subcommittee. He added that it is an ongoing challenge to change the attitude of pharmacist on regarding their corresponding responsibility. Mr. Davis reported that CVS has an ongoing training series on containing education which they provide three times a year. He reemphasized that partnership between doctors, pharmacists, government agencies, and the community is going to be key to be stopping the escalation of this problem.

**The subcommittee recessed for a break at 10:37 a.m. and resumed at 10:45 a.m.**

Jonathon Nelson, from CSHP, commented that pain management pharmacists need to be better utilized. He added that SB 493 will provide new opportunities for pharmacists to have a bigger role in patient care. Mr. Nelson asked the subcommittee to continue to encourage pharmacists to play a bigger role in pain management.

#### **4. Discussion of the New CURES Program and Elements Needed in a Prescription Medication Monitoring Program for California**

In California, the Controlled Substance Utilization Review and Evaluation System (CURES) is an

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electronic tracking program that reports all pharmacy (and specified types of prescriber) dispensing of controlled drugs in Schedules II, III, and IV by drug name, quantity, prescriber, patient, and pharmacy.

Data from CURES aids this board in efforts to identify, prosecute and reduce prescription drug diversion. CURES provides invaluable information that offers the ability to identify if a person is “doctor shopping” (when a prescription drug addict visits multiple doctors to obtain multiple prescriptions for drugs, or uses multiple pharmacies to obtain prescription drugs). Information tracked in the system contains the patient name, prescriber name, pharmacy name, drug name, amount and dosage, and is available to law enforcement agencies, regulatory bodies and qualified researchers. The system can also report on the top drugs prescribed for a specific time period, drugs prescribed in a particular county, doctor prescribing data, pharmacy dispensing data and is a critical tool for assessing whether multiple prescriptions for the same patient may exist.

CURES now has more than 100 million controlled substance prescriptions electronically filed. The system has been key in investigations of doctor shoppers, pharmacies and prescribers. For the board, this data is critical in allowing for the identification of pharmacies involved in massive dispensing of controlled substances, which can be a potential sign of drug diversion, and serves as a trigger for important investigations.

In addition to CURES’ value to regulatory and law enforcement agencies, CURES also has a prescription drug monitoring component whereby DOJ-preapproved providers may access reports on specific patients to see what controlled substances have been dispensed to the patient by various pharmacies. Use of this system can prevent prescribers from prescribing and pharmacies from dispensing medications to doctor and pharmacy shoppers. However, the computer system supporting CURES in the DOJ needs upgrading.

Governor Brown signed requirements to upgrade the CURES system last Friday. The Department of Consumer Affairs and the health care boards that use CURES should benefit from the new parameters once the new computer system is available in about two years. A copy of SB 809 is provided as Attachment 4.

### Discussion

Chairperson Castellblanch asked Ms. Herold to provide a report on SB 809.

Ms. Herold reported that SB 809 addresses the problem with CURES funding by charging practitioners \$6 per year starting April 1, 2014. SB 809 also requires agencies to provide funding to make the computer system faster so that the data will be useful. Ms. Herold added that SB 809 also requires starting in 2016 everyone to sign up for CURES when they renew their license.



Chairperson Castellblanch added that CURES is currently very difficult to use and there was only one person who runs the program.

Ms. Hackworth asked if the new funding would provide more staff. Ms. Herold responded that she believes DOJ will hire new staff, however the board want to make sure that they are not overfunding CURES.

Dr. Gutierrez asked if there is timeline or a plan for upgrading the system. Ms. Herold answered that there is a detailed set of specs for the computer system that has to go through an approval process. Ms. Herold noted that on July 1, 2016 the new system will be implemented.

Chairperson Castellblanch asked if until 2016 the current system will remain in place. Ms. Herold responded that unfortunately that would be the case.

Dr. Gutierrez asked if there was a way to at least get people registered now for the system. Ms. Herold responded that the board could publicly state at their meetings that we need to get people registered prior to the new system implementation in 2016.

Chairperson Castellblanch would like to see a timeline on the project so he can at least see that the project is moving towards the 2016 implementation date.

Ms. Hackworth would like to see the new system provide more current data. Ms. Herold responded that currently the data is required to be input into the system on a weekly basis.

A member of the public asked to clarify if pharmacies had to report weekly to CURES. Ms. Herold responded that once a week pharmacies have to report all Schedule II through IV prescriptions that they dispensed.

Tom Davis, from CVS, asked if in the long term the board sees the information being shared with boarding states. Ms. Herold answered that the board really wants to share information, especially with bordering states and added that the DOJ does not want to go with the NABP model that would be compatible with boarding states.

Ms. Sodergren stated that SB 809 requires that the CURES system be capable of working in conjunction with all national prescription drug monitoring programs. Chairperson Castellblanch asked to confirm that the DOJ does not want to use the NABP model to achieve this. Ms. Herold confirmed.

Chairperson Castellblanch asked how the board could convey to the DOJ that they feel the NABP model would be best. Ms. Herold responded that this has been conveyed.

Chairperson Castellblanch asked that the implementation of the CURES system be agenized for the next subcommittee meeting.

## 5. Corresponding Responsibility of Pharmacists and the Board's Recent Precedential Decision in this Area

Corresponding responsibility is defined in federal and state law, and California's Health and Safety Code 11153 provides that:

### **11153. Responsibility for Legitimacy of Prescription; Corresponding Responsibility of Pharmacist; Knowing Violation**

(a) A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Except as authorized by this division, the following are not legal prescriptions: (1) an order purporting to be a prescription which is issued not in the usual course of professional treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use.

At the July 2013 Board Meeting, the board voted to make its decision in Pacifica Pharmacy a precedential decision regarding a pharmacist's corresponding responsibility. This decision is now posted on the board's website as a precedential decision, and has been the subject of a subscriber alert. Recently, Supervising Deputy Attorney Joshua Room did a summary of the decision which was provided in the meeting materials.

The board will highlight this decision in a future issue of *The Script*. It will also add this decision as a topic in prescription drug abuse presentations made by staff, and specifically call it to the attention of prosecuting DAGs when seeking discipline for a licensee's failure to adhere to corresponding responsibility.

### Discussion

Ms. Shellans stated that the presidential decision clarifies that it is the duty of a pharmacist to exercise corresponding responsibility and provided some red flags that they should be aware of when filling a prescription.

Chairperson Castellblanch asked Ms. Shellans to discuss some of the red flags for the subcommittee. Ms. Shellans reported that some of the red flags discussed in the decision were: nervous patient demeanor, irregularity in the prescriptions, cash payments, requests for early

refills, prescriptions written for potentially duplicative drugs, the same combination of drugs being prescribed to patients regardless of their ages and long distances traveled by the patient to fill the prescriptions. Ms. Shellans added that corresponding responsibility law has been on the books for years however most pharmacists and doctors are not aware of it.

Dr. Gutierrez added that there is a link to the decision on the board's website and a subscriber alert had gone out.

Dr. Steve Gray, as an individual and teacher of pharmacy law, commented that he feels that students are taught to look at each individual prescription and not taught to look for larger patterns.

Dr. Gutierrez agreed with Dr. Gray and noted that pharmacists as a whole need to think outside the box.

**The subcommittee recessed for a break at 11:33 a.m. and resumed at 11:24 a.m.**

## **6. Discussion on the Board of Pharmacy's Previously Published *Health Notes on Pain*, a Monograph for Pharmacy Practitioners**

In the mid-1990s and ending in the early 2000s, this board published a series of eight monographs for pharmacists whereby the board could ensure the consistency of education being available on specific topics, and for which a pharmacist could earn continuing education credit by completing and passing an exam on the materials' content. The board generally subcontracted with pharmacist experts in the field, and relied on academic editors to develop the articles. Each issue was attractive, but development of each issue was relatively expensive and time consuming.

The first issue was on treating pain, including appropriate pain management, and other topics. This was developed following the then Administration's work in addressing under-treatment of pain.

This monograph is still available on our website:

[http://www.pharmacy.ca.gov/publications/health\\_notes\\_pain\\_mgmt.pdf](http://www.pharmacy.ca.gov/publications/health_notes_pain_mgmt.pdf) However, a recent review of the monograph indicates that the messages in this issue may be at odds with federal and state thinking about pain management.

During this segment of the meeting, the subcommittee will have a chance to discuss future use and availability of this issue.

### Discussion

Chairperson Castellblanch noted that the document tells pharmacist that there is an extremely

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low probability of opioid dependency. It was written at 1996 and this is no longer an accurate statements. Chairperson Castellblanch added that he does not feel that the board should be putting this information out to the public and he wants to create an article that is more up to date and consistent with the current problem. He provided that in the academic arena if a document is over two years old it is considered out of date.

Dr. Fujimoto commented that the board has put out very little information on drug abuse and she supports this new direction. She added that at the time the document was created, there was an under treatment of pain.

Dr. Gutierrez commented that the board should remove the outdated documents from its website.

Ms. Hackworth provided that when she sees that a website has outdated documents it hurts the credibility of the entire website.

**Motion:** Send the *Health Notes* to the Communication Public Education Committee for review.

M/S: Gutierrez/Hackworth

Support: 4                      Oppose: 0                      Abstain: 0

Chairperson Castellblanch commented that he would like the board to consider providing links to materials that other reputable entities have created on the topic.

## **7. Discussion about Public Education Efforts for Prescription Drug Abuse, and Community Outreach**

During the April 2013 Board Meeting discussion on the success of the February Joint Forum with the Medical and the need for greater public activity with respect to prescription drug abuse led the board to form this subcommittee. An excerpt of the minutes from this meeting was provided in the meeting materials.

Some of the items suggested include a brochure for pharmacists on corresponding responsibility, sharing information on improving opioid use in hospitals (see meeting materials for a fact sheet developed by Dr. Gutierrez's facility), and possible curriculum development for use in schools to advise students and parents of the dangers of prescription drug abuse and the attraction such drugs hold for youth.

The DEA has developed such a curriculum and we hope to obtain a copy for the next meeting.

### Discussion

Ms. Hackworth expressed her opinion that the subcommittee should look at ways to get information out to the community and parents. She recommended considering using the curriculum that the DEA already had created.

Dr. Gutierrez noted that there was a lot of interest in the DEA workshop that the board recently took part in. Ms. Herold noted that there is another one scheduled for January 2014 and the board will continue to work on participating in these events.

Chairperson Castellblanch asked to agenize looking at the most effective way to educate pharmacists.

Chairperson Castellblanch commented that he would like to see what the DEA is doing to educate the community and noted that he knows that they are working with schools in the San Diego area. Dr. Fujimoto commented that she actually serves on the multidisciplinary task force in San Diego. Dr. Fujimoto added that she there are already multiple educational groups who are looking for venues to put on workshops and the board should consider partnering with them.

Dr. Gutierrez asked Ms. Herold to work with the DEA on getting some of the materials they have created.

Ms. Herold commented that the DEA is organized into small units throughout the state and some of them are more interested in outreach activities

Chairperson Castellblanch asked Dr. Fujimoto to provide more details on the San Diego task force at the next subcommittee meeting.

A member of the public comments noted that high schools are often in denial that there is a prescription drug abuse problem and recommended that the board reach out to superintendents. Chairperson Castellblanch responded that he would like to look into this more after Dr. Fujimoto's presentation on how San Diego is working with school districts.

Tom Davis, from CVS, commented that he would like to see the board require a certain number of CE credits be required to be on drug abuse, new trends, and corresponding responsibly. The subcommittee agreed and Chairperson Castellblanch asked Ms. Herold to bring an outline of what currently is required for CE to the next subcommittee meeting.

## **8. Public Outreach to Address Prescription Drug Abuse**

Over the last two years, the board has hosted several one-day seminars for pharmacists and other interested parties on drug diversion, prescription drug abuse and corresponding responsibility for pharmacists. The board's partner in this has been the Los Angeles Office of the

Drug Enforcement Administration. Six hours of CE is awarded for this training, which is well attended and receives high evaluation scores. Two such sessions were provided in June and July 2013. Later in 2014, the board hopes to host training in Orange County.

Also in mid-August 2013, this board joined with the Washington, DC headquarters office of the DEA to co-host with them four, one-day seminars for pharmacists in California on controlled substances issues, prescription drug abuse, corresponding responsibility and other matters related to curtail drug diversion. Two were held in San Diego, and two held in San Jose. At least 300 pharmacists have attended each of these presentations.

### Discussion

No comments from the subcommittee or the public.

### **9. Public Comment for Items Not on the Agenda, Matters for Future Meetings\***

Dr. Gutierrez asked that the issues with the CURES program put on the agenda for the next meeting. Ms. Hackworth added that she would like to focus on getting people registered.

Chairperson Castellblanch asked how frequently the subcommittee should meet. Ms. Hackworth expressed her desire for the subcommittee to meet every two months. Ms. Herold commented that other committees meet quarterly. Ms. Hackworth asked to meet more frequently in the beginning and then move to a quarterly basis. Chairperson Castellblanch provided that the subcommittee would meet in December.

A member of the public commented that unused medication destruction is a key issue. Ms. Herold answered that unfortunately until the DEA issued their guidelines there is nothing that the board can do.

Dr. Steve Gray, as an individual, recommended that the committee consider at what private or federal funds might be available for the CURES system as the funding provided in SB 809 may not be enough to have a functional system when all the required practitioners register. Chairperson Castellblanch agreed with Dr. Gray and asked him to provide any recommendations to Ms. Herold.

A member of the public commented that perhaps the CURES system could take advantage of other parallel computer systems.

### **Adjournment**

**12:00 p.m.**