

1 STATE OF FLORIDA
2 DEPARTMENT OF HEALTH
3 BOARD OF MEDICINE
4 AND
5 BOARD OF OSTEOPATHIC MEDICINE

6 **PAIN MANAGEMENT CLINIC STANDARDS OF PRACTICE**
7 **JOINT COMMITTEE MEETING**

8 MARRIOTT TAMPA AIRPORT
9 4200 George Bean Parkway
10 Tampa, Florida 33607

11 Saturday, July 24, 2010
12 Volume 11

13 IN RE: DRAFT RULES

14 BOARD OF MEDICINE MEMBERS:

15 FRED BEARISON, M.D., Chairman
16 STEVEN ROSENBERG, M.D. (Not present)
17 ELISABETH TUCKER, M.D.
18 BRIGITTE GOERSCH, Consumer Member
19 GARY WINCHESTER, M.D.

20 BOARD OF OSTEOPATHIC MEDICINE MEMBERS:

21 JOEL ROSE, D.O., Chairman
22 RONALD BURNS, D.O.

23 BOARD OF OSTEOPATHIC MEDICINE STAFF:

24 ANTHONY JUSEVITCH, Executive Director
25 CHRISTY ROBINSON, Program Administrator
DONNA McNULTY, Board Counsel

BOARD OF MEDICINE STAFF:

LARRY McPHERSON, Executive Director
ED TELLECHEA, Board Counsel
NANCY MURPHY, Paralegal
CRYSTAL SANFORD, Program Administrator

1 (Whereupon, the proceedings were called to
2 order by the Chairman after lunch recess, after
3 which the following occurred, to-wit:)

4 * * * * *

5 DR. BEARISON: If everybody could take there
6 seats we=d like to get started, please. What=s
7 been passed out is the rewrite of this. I=ll give
8 the committee members a few minutes to go ahead
9 and look at that.

10 It=s my understanding this reflects all the
11 changes that we made this morning, correct? Mr.
12 Tellechea.

13 MR. MCPHERSON: Folks in the audience the UPS
14 store is closed so staff had to literately beg to
15 get the copies that we handed out. At the end of
16 the meeting I go make some more copies so if want
17 to wait around after the meeting I=ll get you
18 copies of what the changes are but we need go get
19 foregone with the meeting so I=m sorry we can=t
20 stop.

21 DR. BEARISON: I want to refer everybody to
22 page 8, Mr. Tellechea or Ms. McNulty on page 8.

23 MS. McNULTY: Okay, this is on data
24 collection and you=ll see two subsection A=s. The
25 first one is for chronic nonmalignant pain as you
instructed us to do. We had drafted another

1 version of A and this was really to ask for your
2 consideration as we would call the previous
3 meetings of the committee. It was really to kind
4 of capture those physicians who are doing the
5 dispensing of controlled substances in the pain
6 clinics, kind of capturing the numbers of patients
7 that they are seeing and new patients, and the
8 repeat patients. I think that was really the
9 intent of it previously and today it has been
10 modified. So we just ask if you want to consider
11 that other alternative language.

12 DR. WINCHESTER: To me that reads a lot
13 better the second sentence.

14 MR. TELLECHEA: So it=s the second option tht
15 you prefer.

16 DR. WINCHESTER: Yes, it flows better.

17 DR. BEARISON: Is that a motion, Dr.
18 Winchester?

19 DR. WINCHESTER: Yes, it is.

20 DR. BEARISON: Is there a second.

21 DR. ROSE: Second.

22 DR. BEARISON: Any comments committee
23 members. So what we are going to do then, the
24 motion is to substitute the A which is the second
25 A at the bottom of page 8, correct?

DR. WINCHESTER: Correct.

1 MR. TELLECHEA: So instead of reading, number
2 of new and repeat patients seen and treated at the
3 clinic including the number of those prescribed
4 controlled substances for chronic nonmalignant
5 pain it will read: number of new and repeat
6 patients seen and treated at the clinic who are
7 prescribed or dispensed controlled substances
8 medications for the treatment of chronic
9 nonmalignant pain.

10 DR. BEARISON: Okay, there has been a motion
11 and it has been seconded. All those in favor?

12 THE BOARD: Aye.

13 DR. BEARISON: Opposed? Very good.
14 Second Mr. McPherson what page are we on now.
15 Okay we're page 8.

16 MS. McNULTY: I can't hear Larry.

17 DR. BEARISON: The question here is does the
18 committee want the report to go to the Board of
19 Medicine and the Department of Health. Because
20 the way this reads now, the designated physician
21 shall also report to the Board of Medicine/
22 Department in writing on a quarterly basis the
23 following data. So where do we want this data to
24 go.

25 MS. McNULTY: But where are you.

DR. BEARISON: Same page 8, M 2, it=s

1 probably the one, two, three, four, sixth line
2 from the bottom.

3 MR. TELLECHEA: Department should be stricken
4 it should be just The Board of Medicine. Because
5 the statute says now just the Board of Medicine
6 doesn=t it?

7 MR. MCPHERSON: For a different report.

8 MR. TELLECHEA: For a different report?

9 DR. BEARISON: I guess the question is what=s
10 the Department or the Board of Medicine going to
11 do with this report?

12 DR. WINCHESTER: I think that needs to go to
13 the Department. I don=t think B

14 DR. BEARISON: What=s the Board of Medicine
15 going to do with the report?

16 DR. TUCKER: Does the statute say to the
17 Board of Medicine, not the Department?

18 MR. TELLECHEA: That=s for a different
19 report.

20 MS. McNULTY: This is for the data collection
21 piece.

22 MR. TELLECHEA: This is for data collection.
23 So it should say ADepartment@.

24 DR. BEARISON: So where should this go?

25 MR. TELLECHEA: I don=t think it really
matters because let=s face it, it=s going to go to

1 Board staff, you know; and it=s going to go to
2 them as their capacity as employees of the
3 Department of Health, but they=re also for the
4 Board of Medicine. So I don=t know if it really
5 matters so much, but I think you could easily put
6 Board of Medicine or Department or one or the
7 other. It doesn=t matter.

8 MR. MCPHERSON: It=s probably better to pick
9 one.

10 MR. TELLECHEA: Yeah, I=d pick one, too.

11 MR. MCPHERSON: Or we can say it goes to
12 Crystal and Christy.

13 DR. BEARISON: Dr. Winchester, what was your
14 motion then?

15 DR. WINCHESTER: I would say to the
16 Department.

17 DR. TUCKER: Second.

18 DR. BEARISON: All those in favor say aye?

19 BOARD: Aye.

20 DR. BEARISON: Opposed? Okay. That passes.
21 Ms. McNulty?

22 MS. McNULTY: I=ve got a change that
23 primarily affects the osteo version, but I=d like
24 to bring it to the joint committee=s attention.
25 In the osteo version under definitions, we propose
to delete the definition of Aboard eligible@

1 because it=s no longer necessary because the
2 committee has deleted that paragraph.

3 DR. TUCKER: Where are you?

4 MR. TELLECHEA: That was from the Board of
5 Osteopathic Medicine=s version.

6 DR. TUCKER: Okay.

7 MS. McNULTY: And that would have been under
8 Tab 2. Do you want to vote on that, too?

9 DR. ROSE: We can do that in our individual
10 board meeting.

11 MS. McNULTY: All right. And also, Nancy, I
12 did not make the technical changes under the lab
13 piece, but where it had B for your consideration,
14 I thought I had heard somebody say included in the
15 motion was like technical changes, and would you
16 consider the changes to the mass spectrometry
17 section, the GC/MS, and then they have LC/MS/MS.
18 Those were provided in written comments. I
19 understand that both labs did not object to that
20 clean-up of that technical language.

21 MR. TELLECHEA: We need to change the
22 acronyms.

23 MS. McNULTY: Well, we didn=t make them here
24 because we didn=t have time, but would you
25 consider that a technical clean-up?

DR. ROSE: Yes.

1 MR. TELLECHEA: We just need to change the
2 acronyms for the test.

3 MS. McNULTY: It=s for the gas
4 chromatography/mass spectrometry, and then we have
5 currently GC or LC/MS. So I think some comments
6 have been raised that it should be GC/MS or the
7 way it=s in, or they add LC/MS/MS or is it B

8 DR. WINCHESTER: So moved.

9 MR. TELLECHEA: So you=ll allow us to make
10 those technical changes?

11 DR. WINCHESTER: Absolutely.

12 MR. TELLECHEA: Okay.

13 DR. BEARISON: All those in favor?

14 BOARD: Aye.

15 DR. BEARISON: Opposed? Okay.

16 MR. TELLECHEA: Anything else that you want
17 to B you=ll notice the introductory language has
18 been changed. I hope that=s what you folks were
19 looking for.

20 MS. McNULTY: Also, I think it might be
21 helpful if they could review the subsection (n),
22 the training requirements, and we tried to also B
23 we suggested a little bit of language in there to
24 incorporate the changes that happened on July 1,
25 2012. We thought we needed to do that as the
first sentence, but I=d like to see if that=s okay

1 with you all.

2 MR. TELLECHEA: Page nine under (n).

3 DR. BEARISON: The question I had, and I
4 think I brought up before, is on page 10 when
5 we're talking about what these physicians need to
6 do; they need three years of documented full time
7 practice, number one; number two, the 40 hours;
8 and number three, which would B the third thing
9 they need is number seven B I=m sorry, above that.

10 The third thing again B the first thing would be
11 three hours documented full time practice; the
12 second thing would be the CME; and then third they
13 have to document privileges at a Florida hospital
14 or practice in a direct supervision of a physician
15 who is qualified under subsection one or two; and
16 the third thing is to have the practice reviewed.

17 So my question was can they practice under direct
18 supervision of a physician who is either number
19 three or number four on page nine? In other
20 words, can they practice under direct supervision
21 of a physician who has completed a pain medicine
22 fellowship program? Not the way it=s written, but
23 do we want number B to add three and four?

24 DR. ROSE: I would be in favor of at least
25 adding three to it. I=m not so sure about four.

DR. BEARISON: Let=s take each one at a time.

1 Number one or two we said good; number three if a
2 physician has a successful completion of a pain
3 medicine fellowship that is accredited, da-da-da-
4 da-da, would that also qualify? And I think it
5 probably should.

6 Dr. Winchester?

7 DR. WINCHESTER: You know, in essence, you're
8 making number one, number two, number three, and
9 number four equally qualified by accepting all
10 four categories of those people. So it would seem
11 logical that they would be able to be supervisors.

12 DR. BEARISON: Your suggestion then, Dr.
13 Winchester, is that we would add B we're talking
14 page ten and B

15 DR. WINCHESTER: Subsection one or two or
16 three or four.

17 DR. BEARISON: So it would be subsections one
18 through four.

19 MS. McNULTY: One through four.

20 DR. BEARISON: Does that make sense to
21 everybody? Is that a motion, Dr. Winchester?

22 DR. WINCHESTER: That's a motion. JAPC
23 probably won't like that language, but B

24 DR. BEARISON: Is there a second?

25 DR. ROSE: Second.

 DR. BEARISON: Anybody have questions or want

1 to discuss that?

2 MR. TELLECHEA: I'll make sure I put the
3 appropriate commas and semi-colons in it so
4 they'll find it acceptable.

5 DR. BEARISON: All those in favor say aye.

6 BOARD: Aye.

7 DR. BEARISON: Opposed? Okay.

8 DR. ROSE: Can you give any insight into the
9 part about having the Florida risk management
10 review? I know obviously what a risk management
11 review is, but is that going to address specific
12 requirements of this rule that they would look for
13 in that? How is that really going to help? Can
14 you give me the logic that was explained?

15 MR. TELLECHEA: I don't know if there was any
16 discussion as to what would entail the risk
17 management review, but my understanding is the
18 risk management review is broader than just
19 determining B I mean, Dr. Winchester is a licensed
20 risk manager. If he does a risk management
21 review, I think it's broader than just seeing
22 whether they comply with the appropriate statutes
23 and rules; am I correct?

24 DR. ROSE: But they're going to be inspected
25 every year, right, anyway.

MR. TELLECHEA: Right, but the inspection

1 every year is just going to be for purposes of
2 whether they're complying with the standard of
3 practice and the statutory requirements. I believe
4 a risk management review would be broader.

5 DR. WINCHESTER: What it does is it gives a
6 baseline to show that a practice as a whole is a
7 reasonable practice. They look at everything from
8 fire extinguisher to how you do your SOAP notes.
9 It just kind of gives you a baseline that you've
10 got a good practice. The nice thing about it is
11 that they make great recommendations, and part of
12 the issue is that you have to comply with the
13 recommendations. So if you've got something in
14 your day-to-day practice that is not really very
15 good method, then you've got to fix it.

16 DR. ROSE: I'm sure everybody's practice
17 would benefit from that review, but I don't know
18 the rationale of singling out this one group of
19 physician practices, why they have to have it.
20 I'm sure someone who's board certified could
21 probably benefit from it as well. So why are we
22 just singling out this one group?

23 DR. BEARISON: It's an option. What we try
24 to do is not make this overly restrictive, so it
25 gives people an option. In our discussions
regarding this, that was the reason why that was

1 put in, so again you have different options. It
2 may turn out that nobody actually needs that
3 option; I don=t know, but that=s the reason it was
4 put in. It=s just so again if you didn=t meet
5 these other qualifications that was an option
6 which this committee felt would be appropriate to
7 assure that the practice was up and running
8 legitimately and it wasn=t a pill mill. That=s
9 the reason why it was put in, to the best of my
10 recollection. Ms. McNulty?

11 MS. McNULTY: When you=re done with this
12 discussion I have another one to raise.

13 DR. ROSE: And they have to be in document
14 compliance.

15 DR. BEARISON: Is that okay, Dr. Rose?

16 DR. ROSE: Yeah, I understand more now a
17 little bit, probably for most of the B okay. So
18 the only option you would have, because I=m
19 thinking about a category of people who don=t have
20 the training, probably unless they=ve sort of been
21 doing this for a while and did some residency and
22 some other training won=t have hospital
23 privileges. So this would be a way for them to
24 continue in practice, that is to have some kind of
25 association with another doctor who may be the
competitor that doesn=t want to supervise.

1 DR. BEARISON: Exactly. That was a thought
2 somebody just, for example, that=s been doing this
3 for 10, 15 years is, you know, is in that kind of
4 situation. So he really doesn=t fall into those
5 things that he doesn=t have a supervisor. Well,
6 this way, again, it was a way to assure that the
7 citizens of Florida were being protected to go
8 ahead and give us a very good degree of comfort
9 that this wasn=t a pill mill, because I=m sure Dr.
10 Winchester can tell us once the practice is
11 evaluated. I mean, if it=s a pill mill or things
12 are going on there that the Department of Health
13 doesn=t want, it will be found out.

14 DR. ROSE: Thank you.

15 DR. BEARISON: Ms. McNulty?

16 MS. McNULTY: Thank you. On page nine, which
17 is under subsection (n), data collection, number
18 three that=s on the top of page nine; as we were
19 going through the drafts changing B we modified
20 ten calendar days on that subsection. Even though
21 this is for all physicians practicing in the pain
22 management clinic, we thought there might be some
23 confusion because under the other rule, the
24 inspection rule, we changed that for the
25 designated physician to require him or her to
inform in ten calendar days. So we just wanted to

1 make it consistent to hopefully eliminate some
2 confusion.

3 MR. TELLECHEA: They went from 15 to 10 to
4 make them all consistent.

5 MS. McNULTY: So it=s a little bit more
6 restrictive, but it=s also consistent.

7 DR. WINCHESTER: Do you want a motion on that
8 since we didn=t pass that? I=ll make it.

9 DR. TUCKER: Second.

10 DR. BEARISON: All those in favor, say aye?

11 BOARD: Aye.

12 DR. BEARISON: Opposed? Very good. Thank
13 you.

14 Any other comments, Mr. McPherson? Okay.
15 So we have the rewrite.

16 Next, why don=t we go back to Mr. McPherson
17 as far as, do you want to talk about future dates?

18 MR. McPHERSON: Yes.

19 MR. TELLECHEA: We=re going to need a vote on
20 all the other changes, whether they have been
21 approved or not as drafted. Now, if you want to
22 have the discussion first so people can continue
23 reading it while we=re going or we can do the vote
24 now. I=m still going to need a vote on this.

25 DR. TUCKER: Move to approve the changes as
written.

1 DR. WINCHESTER: Second.

2 DR. BEARISON: All those in favor, say aye?

3 BOARD: Aye.

4 DR. BEARISON: Opposed? Okay.

5 MS. McNULTY: Also, we=re making the same
6 changes for the osteo version of the rule and
7 keeping the AOA.

8 DR. BEARISON: All right. Mr. McPherson?

9 MR. MCPHERSON: Thank you, Mr. Chair.

10 Members, we have a meeting that we need to
11 schedule to handle the accreditation issue and
12 then secondly to handle that part of 2272 that
13 we=re going to separate, which is the number of
14 prescriptions that can be written for controlled
15 substances at a pain clinic during 24 hours. So
16 it looks like the earliest date we could all meet
17 would be August 28th. That=s a Saturday and I=m
18 assuming given the geographic make-up either Tampa
19 or Orlando is probably the best location, easiest
20 to get to. But could you look at your calendar
21 and see if the 28th is good?

22 DR. BEARISON: Mr. McPherson, do you think
23 both of these issues could be handled in one
24 meeting, like a morning to do one and the
25 afternoon to do the other? Is that something you
think might be reasonable?

1 DR. ROSE: No, I can=t tell you right now.

2 MR. TELLECHEA: I think that one on the
3 number of prescriptions, that=s going to take more
4 than one meeting on that one.

5 MR. MCPHERSON: We=re going to ask for as
6 much input as we can, so I would ask if you have
7 some ideas of who we should be contacting to get
8 input on the numbers of prescriptions, that would
9 be very helpful. If you could send them to me or
10 to Crystal, not to each other, just say here=s my
11 suggestion. Then what we will do is we=ll get all
12 the suggestions and then we=ll copy all of you.
13 That way we can stay in the sunshine.

14 DR. BEARISON: Does that August 28th work for
15 everybody?

16 DR. TUCKER: No.

17 MS. McNULTY: I have a question, though. Are
18 you intending to invite a lot of people from the
19 outside as discussed by Dr. Rose? If so, is that
20 enough time to get them to come? I=m not sure of
21 the logistics, but maybe Christy or Crystal could
22 have some input on that.

23 MR. MCPHERSON: I=m thinking that in order to
24 arrive at what the numbers of prescriptions would
25 be, we=re going to have to hear from people who do
pain management and say here=s what you can

1 expect, here=s what we do, in addition to other
2 folks. Am I right? Do you see this as involving
3 somebody different from that?

4 DR. BEARISON: Correct, Mr. McPherson, to be
5 honest with you I have no idea. I think we need
6 people who actually do it to come and testify and
7 present information to us.

8 DR. ROSE: I think you need some pharmacology
9 professor-type people or someone looking at maybe
10 safety issues and maybe B I don=t know if law
11 enforcement has any weigh-ins on things that are
12 red flags for them, but the clinical ends dictate.

13 DR. BEARISON: I think first things first.
14 Dr. Winchester and Dr. Tucker, the 28th does not
15 work for you?

16 DR. TUCKER: No.

17 MR. MCPHERSON: Okay, the 28th does not work.

18 Does everybody want to stick with Saturday?

19 DR. WINCHESTER: Is there any possibility B I
20 know I=m new on this committee and I=m sure the
21 answer is no, but to have the meeting on a Friday
22 instead of a Saturday?

23 DR. BEARISON: We can do it whenever we want,
24 can=t we, Mr. McPherson?

25 MR. MCPHERSON: Yes. What if we were to back
up from the 28th of August and go back to the 27th

1 of August?

2 DR. WINCHESTER: I could do that.

3 MR. MCPHERSON: Okay, one person can?

4 DR. BEARISON: If it=s here in Tampa, I can
5 do it. Also, isn=t Dr. Steven Rosenberg on the
6 committee, also?

7 MR. MCPHERSON: Yes.

8 DR. BEARISON: When he is back in town; do we
9 know, Crystal?

10 MS. SANFORD: For the August board meeting.

11 DR. BEARISON: Okay.

12 MR. MCPHERSON: August 21st is the osteopathic
13 board meeting, so that=s out for August. The 19th
14 of August B

15 MS. McNULTY: Just so that you know, Mr.
16 McPherson, we are B our osteo meeting starts on
17 the 20th, so that would be back to back. That=s
18 actually in Orlando, though.

19 DR. BEARISON: I can=t make the 20th.

20 MR. MCPHERSON: The 28th is out, the 27th is
21 out B

22 DR. BEARISON: The 27th is out, too?

23 MR. MCPHERSON: The 27th is out. We have a
24 member who can=t make it, member of the committee.

25 So we=ll go through there; let=s see if we can B
what about earlier in the week other than Friday?

1 Is that B would that be a problem if we had it on
2 a Thursday or Wednesday?

3 DR. BEARISON: I can=t do it because I=ll be
4 in North Carolina until Thursday morning, the 26th.

5 DR. TUCKER: Can we look into September?

6 MR. McPHERSON: September B

7 DR. TUCKER: You=ve got Labor Day and then
8 you=ve got September 10th.

9 MR. McPHERSON: Yeah, that=s Labor Day
10 weekend. So the next Saturday would be the 11th of
11 September or Friday the 10th.

12 What about Friday, September 10th? Okay.
13 Counsel, I would ask that given the nature to move
14 along with this rule, it would appear that
15 September 10th is the earliest we could get
16 everybody together that=s on this committee. Do
17 you see any problem with a need to do it sooner
18 than that with less than everybody, Donna or B

19 MR. TELLECHEA: You=re asking me?

20 MS. McNULTY: I think the 10th is sufficient
21 because we have to also try to get people to
22 attend that can provide meaningful input to this
23 committee.

24 DR. TUCKER: So the more time, the better.

25 MR. McPHERSON: So that means if we have it
on the 10th, we=re going to have to notice that on

1 September 18th. I=m sorry. August 18th.

2 MS. McNULTY: Where do you want to meet?

3 DR. TUCKER: Orlando.

4 DR. BEARISON: Dr. Rose, Dr. Burns, what is
5 easier for you?

6 DR. ROSE: Orlando=s great for me.

7 DR. BEARISON: I=m sorry?

8 DR. ROSE: Orlando=s great for me.

9 DR. BURNS: I live here.

10 DR. BEARISON: Yeah, I live here, too.

11 DR. ROSE: Doesn=t matter.

12 DR. BEARISON: Staff, does it make any
13 difference for people coming from Tallahassee?

14 MS. SANFORD: No.

15 MS. McNULTY: Can I say thank you for making
16 it a Friday?

17 DR. BEARISON: Do you want to tentatively
18 plan it for that Friday in Orlando?

19 We=ll get there, Crystal. I=m a fair guy;
20 you know that.

21 MR. McPHERSON: Friday, Orlando, September
22 10th, and to start at 9:00?

23 DR. TUCKER: 9:00.

24 DR. BEARISON: I think 9:00 is good.

25 MS. McNULTY: Dr. Rose is going to be driving
from Tampa.

1 DR. BEARISON: We can stay over Thursday
2 night, I'm sure. That's greater than 50 miles for
3 us. Where do you live, in Tampa?

4 DR. ROSE: Yes.

5 DR. BEARISON: That's greater than 50 miles.
6 We probably go after work Thursday night, I'm
7 just thinking out loud, is probably what I would
8 do. I think 10:00 is sort of too late. I think
9 9:00 would be fine. Is that okay with the ladies
10 on this side of the room?

11 MS. SANFORD: Fine.

12 MR. MCPHERSON: Thank you, members. We'll
13 put out a notice for September 10th, Orlando.
14 It'll take us a couple of days to get a hotel
15 contracted for, 9:00 A.M., Orlando.

16 DR. TUCKER: Could we try the Hyatt at the
17 airport?

18 MR. MCPHERSON: We can ask. Now, could I
19 impose upon you just one more time? Let's assume
20 we're going to have to have a meeting after
21 September 10th. It would be very helpful to know
22 that now. We can get it set up, so we could start
23 looking at B if we're looking at Friday, we're
24 looking at September 17th, which is B I think
25 that's a religious holiday.

DR. BEARISON: I think the 10th is, also,

1 isn=t it?

2 MR. MCPHERSON: The 17th is a religious
3 holiday.

4 DR. BURNS: What religious holiday is it?

5 MR. MCPHERSON: Yom Kippur.

6 DR. BEARISON: Yeah, and the Jewish New Year
7 is the 10th, I think, which we=ve already talked
8 about.

9 MR. MCPHERSON: All right. What about the
10 24th of September?

11 DR. BEARISON: It=s the Gator game. Of
12 course it=s a holiday.

13 MR. MCPHERSON: The 24th?

14 DR. BEARISON: Is that going to give enough
15 time between the two meetings?

16 DR. BURNS: We have a conflict on the 24th.

17 DR. TUCKER: For the next meeting.

18 DR. BEARISON: Can that be on a Saturday,
19 also, because that=s another Friday and that=s B

20 MR. MCPHERSON: Two weeks.

21 MR. TELLECHEA: Why are we having it so soon?

22 DR. TUCKER: Well, we=re trying to get it
23 before the October meeting and try to cover both
24 topics. You were the one who said we had to take
25 a lot of time with prescription B

MR. TELLECHEA: Okay. Both topics and you

1 want to have it in two separate meetings? Okay.

2 DR. BEARISON: Can we do the 25th, Saturday,
3 or B

4 DR. ROSE: I=m not available on the 24th or
5 the 25th.

6 DR. BURNS: I=m not, either.

7 DR. BEARISON: So the 24th or 25th doesn=t work
8 for either one of you?

9 DR. ROSE: No.

10 DR. BURNS: No.

11 DR. TUCKER: Should we consider doing the 10th
12 and the 11th?

13 DR. BEARISON: Well, that Saturday didn=t
14 work for B

15 I thought you said the 11th didn=t work that
16 Saturday?

17 DR. TUCKER: No. Saturday would work with
18 me, Friday and Saturday would work.

19 MR. McPHERSON: The 10th is designed to avoid
20 having it on a Saturday, just have it on the 10th.

21 Do you want to reconsider that to have a two day
22 meeting?

23 DR. TUCKER: That=ll keep costs down because
24 we won=t have to travel as much.

25 MR. McPHERSON: What about personally,
though?

1 MR. TELLECHEA: What are you all saying?
2 What=s the proposal?

3 DR. TUCKER: To do the 10th and the 11th as
4 opposed to the B

5 MR. TELLECHEA: I thought some people
6 couldn=t make the 11th.

7 MR. MCPHERSON: We have at least one member
8 who B

9 DR. BURNS: I think Dr. Winchester said he
10 can=t do Saturday.

11 MR. MCPHERSON: B is not B

12 MR. TELLECHEA: I wonder why?

13 DR. WINCHESTER: I don=t have to be here.

14 MR. MCPHERSON: If we start at 9:00 A.M., we
15 can just plan on a very long day and get it done.

16 DR. TUCKER: You know, but after a while, it
17 just doesn=t B maybe not everybody else does, but
18 cobwebs take over. After a while, it=s just B no
19 matter what you say, it=s just going in one ear
20 and out the other just trying to keep up with all
21 this legalese.

22 MR. MCPHERSON: I think the next meeting or
23 two will be less complicated because we=re focused
24 in on the accreditation and B

25 DR. TUCKER: Well, but if we have to do
testimony, though, so would we be able to get both

1 of those done in a day with testimony?

2 MR. MCPHERSON: I think if you give people
3 the opportunity to speak and say here=s how much
4 time you have, they=ll be brief.

5 DR. BEARISON: And we=ve done that before at
6 other meetings. I have sat there with my gavel
7 and said your three minutes are up.

8 MR. MCPHERSON: So if we can stick with the
9 10th for September and then pick out B let=s assume
10 we have to have another meeting B pick out another
11 day we could schedule that, since we=re here.

12 MS. McNULTY: I think it would be pressing it
13 to try to get both of those and good language to
14 take all before the October meeting if we=re
15 really just starting the process September 10th.

16 MR. TELLECHEA: Yeah, we=re not going to have
17 language for the October meeting because we=re
18 going to get the testimony in September, then
19 based on the testimony we=re going to have to go
20 back and draft some language and then we=re going
21 to have to bring back the language to the
22 committee again for their approval and to make
23 changes. I=m sure there=s going to be changes.
24 Then that=s the earliest they=ll have to go
25 probably to a meeting, so we=re going to have B
it=s not going to be a one meeting deal, folks. I

1 can tell you right now.

2 MR. MCPHERSON: Well, let=s say we have to
3 have B okay, counsel, do you feel that we won=t be
4 able to have a meeting in September after the 10th?
5 That would be too soon?

6 MR. TELLECHEA: I think you can have a
7 meeting in September, but if your plan is to meet
8 in September then have language to the full board
9 in October, that=s not going to happen. We=re not
10 going to be able to get that done like that. I
11 mean, we can have a meeting in September and start
12 working on this, get all of the testimony, get all
13 the information, and then based on that you can
14 give us an idea of what you want to see, and then
15 we=ll go back to the office and we=ll start
16 drafting the language to bring back at a
17 subsequent meeting.

18 MS. McNULTY: But it takes a little bit of
19 time to do that, plus we might envision probably
20 getting hand-outs, you know, give them a week to
21 give post-meeting comments, and B

22 DR. BEARISON: Maybe, Mr. McPherson, we
23 should just go into October, the B

24 MR. MCPHERSON: Mr. Chairman, October 1st and
25 2nd is Board of Medicine.

DR. BEARISON: Right, then 8th and 9th I=m

1 gone; I=m not available the 8th and 9th which would
2 put us to October 15th. I=m not indispensable, so
3 I=ve been told. So October B

4 MR. TELLECHEA: So we=re going to have one
5 meeting for purposes of the number of
6 prescriptions, and then another meeting for
7 purposes of setting forth the criteria for
8 approving accreditation entities, correct?

9 DR. BEARISON: Unless we do that in one day
10 and that way you=ll have all that; then you can go
11 back for all that language. You know what I=m
12 saying?

13 MR. TELLECHEA: We could do that in one day,
14 but it=s going to have to be a longer day.

15 MS. McNULTY: Start at 9:00 on that Friday?

16 MR. TELLECHEA: Start at 9:00, you know, and
17 expect to be there a full day until 5:00.

18 DR. BEARISON: Even if you do that, go back
19 to September 10th, and start at 8:00. We come in
20 the night before, Thursday night, and then just go
21 Friday until we=re done. Start at 8:00 Friday
22 morning, go 8:00 to 12:00 then plan to take an
23 hour off, an hour lunch whatever, then come back
24 at 1:00 or 1:30 and then boom. That way, if we
25 can get both of those topics, then we can do what
we need to do and then we can get the information

1 to you people. That=s what I originally suggested
2 is to have one long meeting to do both those
3 things, and I understand what Dr. Tucker said and
4 I=m the same way. After a couple of hours, you=re
5 toast, but this way again if we divide it up and
6 start at 8:00, 8:00 to 12:00 and even a two hour
7 break, come back at 2:00, then 2:00 until we=re
8 finished. That way it=s one day, one meeting, both
9 topics are covered and it=s early enough in
10 September that the legal people have enough time
11 to do what they need to do with it.

12 Does that seem to make sense, Mr. McPherson?

13 MR. MCPHERSON: Does anybody have a problem
14 starting at 8:00 on September 10th?

15 DR. BEARISON: Which is that Friday, correct?

16 MR. MCPHERSON: That=s a Friday. All right.
17 Let=s schedule it for 8:00 A.M. and we=ll try to
18 do both issues. If we can=t complete both issues,
19 we can=t complete them; but I think if we start at
20 8:00 we will.

21 DR. BEARISON: Friday, September 10th, and
22 you=re talking 8:00 A.M. in Orlando.

23 MR. MCPHERSON: Right. Now for an October
24 meeting, the 8th and 9th, someone=s out?

25 DR. BEARISON: Yeah, I=m out the 8th and 9th.

MR. MCPHERSON: How about the 15th then?

1 DR. TUCKER: I can=t do that.

2 DR. BEARISON: And I can=t do the 22nd.

3 MR. McPHERSON: What about the 16th; that=s a
4 Saturday in October?

5 DR. TUCKER: No, that whole weekend I can=t
6 do.

7 MR. McPHERSON: Okay. October 22nd?

8 DR. BEARISON: No.

9 MR. McPHERSON: How about the 23rd?

10 DR. BEARISON: No, that weekend I=m in B-

11 MR. McPHERSON: Can we do it earlier that
12 week?

13 DR. BEARISON: No, I=m gone most of that
14 week, but again, if everybody else can make it,
15 then B

16 MR. McPHERSON: Well, we=re pushing the end
17 of October, so I=m thinking given the importance
18 of moving along with this rule I think we need to
19 meet at least in the first half of October since
20 we=re having the meeting on September 10th.

21 MS. CRYSTAL: Could we possibly ask everybody
22 to send some dates in and see if we can combine it
23 that way? It might end up being Tuesday or Monday
24 and do it via e-mail?

25 MR. McPHERSON: Theoretically, that=s B and I
emphasize the word Atheoretically@ B that works,

1 but I=ll tell you it=s very difficult to set a
2 meeting based upon requests for dates in e-mails.

3 If at all possible, this would be the best time
4 to set a meeting for October. So, folks, let=s
5 back up. Do we have one person who=s out on the
6 16th who can=t do it?

7 DR. TUCKER: I can=t.

8 MR. McPHERSON: That=s one person.

9 DR. BEARISON: And I can=t do it the 23rd.

10 MR. McPHERSON: Oh. So we have one person
11 out on the 15th. How many people out for the 14th,
12 which would be a Thursday?

13 DR. TUCKER: I could probably do a Thursday.

14 MR. McPHERSON: Thursday the 14th, and we
15 could it at Key West?

16 DR. TUCKER: Yeah, I=m there.

17 MR. McPHERSON: What about the 14th starting
18 at 8:00 and what city, either Tampa or Orlando?
19 How about Tampa October 14th, 8:00; that=s a
20 Thursday?

21 DR. BEARISON: And you=ll send us an e-mail,
22 Crystal, Monday just to make sure everybody can
23 check their calendars again because I know I have
24 more on my calendar.

25 MR. McPHERSON: Thank you, members.

DR. BEARISON: Thank you, Mr. McPherson.

1 Dr. Winchester?

2 DR. WINCHESTER: Back to the rule, if we can;
3 I noticed on page 22 where there=s a notification
4 and it=s going to the Board and previously we had
5 voted for the notification on the data to go to
6 the Department, and I think that=s confusing. I
7 think that it ought to be the same and I don=t
8 care which one.

9 MR. TELLECHEA: This was required by statute
10 to be to the Board.

11 DR. WINCHESTER: Okay, so let=s make the
12 other one to the Board, too, even though I said to
13 the Department earlier just to make it simpler
14 everything goes to the Board.

15 DR. TUCKER: Will we need to designate a
16 committee or a person to review that?

17 MR. TELLECHEA: No.

18 MR. MCPHERSON: It will come to the Board of
19 Medicine.

20 DR. BURNS: If we develop an online system
21 for this, it won=t make a difference who it comes
22 to; it=ll just go right to our system.

23 DR. BEARISON: Do we need a motion for that?

24 DR. TUCKER: So moved.

25 MS. GOERSCH: Second.

DR. BEARISON: All those in favor?

1 BOARD: Aye.

2 DR. BEARISON: Okay. Does any other
3 committee members want to bring anything else up?

4 Okay. I had one thing I already brought up,
5 but I want to bring it up again to get a
6 consensus, that what I=d like this committee to do
7 is go ahead and make a recommendation to the full
8 Board of Medicine, also, on the osteopathic side,
9 the osteopathic Board, that both boards write a
10 letter to the senators that sponsored this bill
11 letting them know that it was our recommendation
12 that a fix be made or whatever that the drug
13 databank, that it be required that that be queried
14 before a prescription was written for a controlled
15 substance, because as we said before B I mean,
16 that=s really the crux of the matter, that the
17 pill mills aren=t going to go ahead and do that,
18 but this way that if they=re required to do it, it
19 would really add teeth to the databank, because
20 the way it is now if you=re not required by law to
21 query it, then that=s a big problem.

22 Any thoughts of other committee members on
23 that? Is there agreement that they should do
24 that?

25 DR. TUCKER: You said from both boards?

DR. BEARISON: Mr. Tellechea, how do you

1 think the best way to approach that is?

2 MR. TELLECHEA: You can do it individually by
3 each board or the boards if they agree can send a
4 joint letter, if they so want.

5 DR. TUCKER: Maybe you and Dr. Burns as
6 chairman and vice-chairman send a letter.

7 DR. BEARISON: Or should this committee send
8 a letter, Mr. Tellechea, or the Board of Medicine
9 and the Board of B

10 MR. TELLECHEA: I think it would be better if
11 it came from each of the full boards.

12 DR. BEARISON: Okay. So when we give our
13 respective reports to our full boards, we can go
14 ahead and tell them this is what this committee is
15 recommending to the boards and then the chair of
16 each board with your assistance can write the
17 letter. That way it=s documented that this is
18 what each board recommends, that the legislation
19 be amended so it=s now part of law that that
20 databank has to be queried before the prescription
21 is written.

22 MR. TELLECHEA: If boards agree to do this,
23 we=ll draft a joint letter with two signature
24 lines and you folks can have both chairmen signing
25 it.

DR. BEARISON: Do I have a motion to have

1 that?

2 DR. TUCKER: So moved.

3 DR. BEARISON: All in favor?

4 BOARD: Aye.

5 DR. BEARISON: Opposed? Very good. Mr.
6 McPherson?

7 MR. MCPHERSON: Would that letter thank the
8 senator for his leadership?

9 DR. TUCKER: Oh, yes.

10 DR. BEARISON: Absolutely.

11 MR. MCPHERSON: And explain what we've done
12 so far based upon his work?

13 DR. TUCKER: Yes.

14 DR. BEARISON: Yes, sir.

15 Dr. Winchester?

16 DR. WINCHESTER: I'd just like to commend the
17 staff for their fantastic job on getting these
18 rules rewritten and back to us and approved; that
19 was a very good job.

20 DR. BEARISON: Any committee member have
21 anything else they want to add? Staff, Mr.
22 McPherson?

23 MR. MCPHERSON: Anybody need a chip here to
24 get reduced parking rates? They're right up here,
25 help yourself. People who would still like a copy
of this, we'll put this online. So on Monday you

1 can go online and get it. If you want it before
2 Monday and would like me to drag my middle aged
3 body B my older body to make copies, I=ll do that.

4 DR. BEARISON: Crystal, can we leave our
5 stuff here or should we take it?

6 MS. SANFORD: If you don=t want it for later
7 reference, you can leave it here.

8 DR. BEARISON: We=ll get all the information
9 we need for the next meeting before the next
10 meeting?

11 MS. SANFORD: Absolutely.

12 DR. BEARISON: Very good.

13 Once again, I want to thank my fellow
14 committee members as well as staff; you=ve done an
15 excellent job and this meeting is adjourned.
16 Thank you all.

17 (Whereupon, the meeting was adjourned at
18 4:00 P.M.)

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C E R T I F I C A T E

THE STATE OF FLORIDA,)
COUNTY OF WAKULLA,)

I, Suzette A. Bragg, Court Reporter and
Notary Public, State of Florida at Large,

DO HEREBY CERTIFY that the above-entitled
and numbered cause was heard as herein above set out;
that I was authorized to and did transcribe the
proceedings of said matter, and that the foregoing and
annexed pages, numbered 1 through 208, volume II
inclusive, comprise a true and correct transcription of

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the proceedings in said cause.

I FURTHER CERTIFY that I am not related to or employed by any of the parties or their counsel, nor have I any financial interest in the outcome of this action.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my seal, this 10th day of August, 2010.

SUZETTE A. BRAGG, Notary Public
State of Florida at Large
My Commission Expires: 2/21/2013