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BOARD OF PHARMACY PUBLIC SESSION MINUTES MONMOUTH CONFERENCE ROOM, 7th FLOOR February 25, 2015

I. CALL TO ORDER

The Open Session of the New Jersey Board of Pharmacy was called to order by the Board President, Mr. Thomas F.X. Bender, at 124 Halsey Street, Monmouth Conference Room, 7th floor, on February 25, 2015 at 9:11 a.m. All members were duly notified of the time, place and all pertinent materials were provided to the members.

II. SUNSHINE LAW ANNOUNCEMENT

President Thomas F.X. Bender read a statement that the newspapers and appropriate elected officials had been notified of the meeting according to the requirements of the Open Public Meetings Act N.J.S.A., Chapter 231, PL1975/C.10:4-8.

III. ROLL CALL

| | |
|----------------------------|-----------------|
| Thomas F.X. Bender, R.Ph. | President |
| Richard Palombo, R.Ph. | Excused absence |
| Margherita Cardello, R.Ph. | |
| Edward G. McGinley, R.Ph. | |
| Mahesh Shah, R.Ph. | |
| Stephen Lieberman, R.Ph. | |
| Calliope Alexander | Excused absence |
| Carol Jacobson, Esq. | |
| Linda Witzal, R.Ph. | |
| Mitch Sobel, R.Ph. | |

OTHERS IN ATTENDANCE

| | |
|---------------------------|-------------------------|
| Anthony Rubinaccio, R.Ph. | Executive Director |
| Matthew Wetzel | Board Staff |
| Megan Cordoma | Deputy Attorney General |
| Jessica Kelley | Board Staff |

IV. UPDATES BY EXECUTIVE DIRECTOR

The Executive Director reported for the month of January \$29,750 was collected in fines and penalties. The following permits, licenses, and registration were issued during the month of January:

Pharmacy Technicians registered – 256

Pharmacists licensed – 36 (31 by examination/score transfer and 5 by reciprocity)

Out-of-State Pharmacies registered – 4

In-State Pharmacies licensed – 4

Pharmacists receiving immunization approval – 37

Interns (foreign graduates) licensed - 10

V. OLD BUSINESS

1) Public Orders Filed

- a. Michael Girgis, RPh – Consent Order – Vol Surrender (01/30/15)
- b. Nicole Asper, RPh – Interim Consent Order (01/21/15)
- c. Nwala Gabriel, RPh – Consent Order of Reinstatement (01/07/15)
- d. CVS Pharmacy – Consent Order (Temperature Excursion) (01/21/15)
- e. Karen Littman, RPh - Consent Order of Reinstatement (01/12/15)

2) Princeton Healthcare System – Implementation of a Dispensing Discharge Program – licensee response to Board inquiry

Correspondence received from Jacqueline White, Director of Pharmacy Services University Medical Center of Princeton at Plainsboro

“The University Medical Center of Princeton at Plainsboro (UMCPP) would like to implement a Dispensing Discharge Program for multi-dose medications. The purpose of this service is to increase patient satisfaction, facilitate care transitions, and reduce pharmaceutical waste. The multi-dose medications that we are considering for this program include inhalers, topical preparations, insulin pens, and ophthalmic/ otic drops when ordered by the physician for continued use upon discharge. These medications will be labeled in accordance with New Jersey Board of Pharmacy Outpatient labeling requirements (NJAC 13:39-7.12) which include:

- *Pharmacy Name and address*
- *Patient Name*
- *Pharmacy Telephone #*
- *Practitioner's Name*
- *Brand name or generic*
- *Prescription #*
- *Strength of med*
- *Directions for Use*
- *Qty dispensed*
- *The phrase "Use by"*
- *Date upon which medication is dispensed*

• *Auxiliary Labeling*

Medications that are considered for our program will:

- 1. Be identified on a pre-approved list that is signed off by organizational leadership.*
- 2. Have received physician authorization for continued use upon patient discharge*
- 3. Be limited to non-scheduled medications (i.e. non-controlled drug substances)*
- 4. Occur only after patient/family have been offered and if accepted, received education*

Our proposed process:

When a multi-dose medication is ordered, the inpatient pharmacy will apply both an outpatient and inpatient label prior to delivery of the medication to the care unit. These medications will be in a distinct container and will have instructions for the nurse to identify the medication as eligible for dispensing upon discharge. Pursuant to a: physician order on the discharge medication reconciliation form and in compliance with NJBOP requirements for counseling, the nurse will offer counseling by a pharmacist and document acceptance or refusal in the electronic medical record. If counseling is accepted, then a pharmacist will educate the patient and document the session in the patient chart, which may be used to audit counseling compliance.

We are excited to pioneer this process as our research has identified that we may be the first to implement this type of program in the state of New Jersey. To ensure we are in accordance with state labeling and dispensing requirements, your approval of our program is requested. We would appreciate input or suggestions and look forward to hearing from you.”

Jacqueline White, the Director of Pharmacy Services responded to the Board’s request confirming that the program appears to meet the requirements of N.J.A.C. 13:39-7.12 which will allow the pharmacist to release any remaining medication in a multiple dose container to the patient at discharge.

Edward McGinley moved, seconded by Margherita Cardello, that the program presented as in compliance with New Jersey’s Board of Pharmacy regulations. **Motion passed 8-0.**

VI. NEW BUSINESS

1) Total Vein Pharmacy- Houston, TX - Out-of-state Sterile Compounding Pharmacy applicant.

Edward McGinley moved, seconded by Carol Jacobson, that the pre-opening inspection report was completed in June 2014 and that the pharmacy has been operational for 7 months. The Board requests a third party (such as NABP) or the Texas Board of Pharmacy complete an inspection as to determine operations now so their dynamic conditions can be measured. The application will be reconsidered after the results from a new inspection are received. **Motion passed 8-0.**

2) **PromptCare Home Infusion, LLC – King of Prussia, PA - Out-of-state Sterile Compounding Pharmacy applicant**

Edward McGinley moved, seconded by Stephen Lieberman, that the inspection was completed pre-opening and without technicians employed. The Board requests that a third party (such as NABP) or the Pennsylvania Board of Pharmacy complete an inspection as to determine operations now so their dynamic conditions can be measured. The application will be reconsidered when results from a new inspection are received. **Motion passed 8-0.**

3) **Bill A4101 - Provides US Armed Forces and Reserves members with protection against interference with their employment, trade or business.**

Summary:

“Under current law, any person who willfully deprives, prevents or obstructs a member of the organized militia in his employment because he is a member of the organized militia, or is performing or about to perform his duty or dissuades a person from enlistment by threatening or harming his employment, is guilty of a misdemeanor. This bill adds members of the United States Armed Forces and the Reserves to those protected by the statute. Under the bill, this act will provide employment protection for military personnel. This bill replaces the term misdemeanor with the current equivalent designation of a crime of the fourth degree. The bill also adds a mandatory minimum fine of \$2,500 for a violation of the statute. Any fines collected will be deposited in the "NJ National Guard State Family Readiness Council Fund.”

The Board accepted this bill as informational.

4) **A4094 – Permits administration of epinephrine auto-injector device by persons who complete approved educational program.**

Summary:

“This bill would facilitate access to epinephrine auto-injector devices, which may be used to treat symptoms of life-threatening allergic reactions, known as anaphylaxis, by persons who have completed an educational program approved by the Commissioner of Health. This authorization would not apply to health care professionals and emergency medical technicians who are otherwise authorized to administer the devices in the scope of their practice.

Educational programs would include training in the administration of epinephrine auto-injector devices, recognition of the symptoms of anaphylaxis, safe maintenance and storage of the devices, and such other information as the commissioner deems necessary.

Health care professionals would be authorized to prescribe and dispense an epinephrine auto-injector device, either directly or through a standing order, to a person authorized to administer, maintain, and dispose of the device under the

bill or to an entity employing the person if administration of an epinephrine auto-injector device is within the scope of that person's employment.

The bill would provide that health care professionals are immune from civil and professional liability for prescribing or dispensing an epinephrine auto-injector device in accordance with the bill. Additionally, a person authorized to administer an epinephrine auto-injector device under the bill would be immune from civil liability for administering the device in good faith and without fee to a person who appears to be suffering from anaphylaxis or any other serious condition treatable with epinephrine."

Carol Jacobson moved, seconded by Mitch Sobel, to support with comment: It would be beneficial for pharmacists to be able to dispense epi-pens without a prescription when and if an individual needs it, based on a pharmacist's professional experience, and absent a standing order. **Motion passed 8-0.**

5) A4087 – Requires pharmaceutical manufacturers and wholesale distributors accept and provide a rebate for certain returned drugs.

Summary:

This bill permits a pharmacy, chain pharmacy distribution center, or pharmacy member of an affiliated group to return to a wholesale distributor or the pharmaceutical manufacturer certain prescription drugs if the drug is no more than six months past its expiration date. The bill requires pharmaceutical manufacturers and wholesale distributors to accept the return of the outdated drugs in both full and partial containers. Furthermore, the bill provides that the manufacturer or distributor is required to provide a pharmacy, chain pharmacy distribution center, or pharmacy member of an affiliated group with full credit or replacement for those drugs, provided the drug is not adulterated, misbranded or counterfeit.

Mahesh Shah moved, seconded by Stephen Lieberman, to support the bill with comment that it is unclear what the content and impact of the "specified list" would be. **Motion passed 7-0. Carol Jacobson abstained.**

6) 4088 – Establishes "Hazardous Drug Safe Handling Act:" requires DOLWD to promulgate standards and regulations concerning safe handling of hazardous drugs by health care personnel.

This bill establishes the "Hazardous Drug Safe Handling Act, "which would require the Commissioner of Labor and Workforce Development ("commissioner") to promulgate rules and regulations concerning the handling of hazardous drugs by health care personnel. Hazardous drugs, including antineoplastic drugs used in chemotherapy, have been associated with a number of adverse acute, short-term, and chronic effects, including skin rashes, infertility, miscarriage, birth defects, various cancers, and damage to the liver, kidneys, bone marrow, heart, and lungs.

Under the bill, no later than 12 months after the effective date, the commissioner, in consultation with the Commissioner of Health, the Director of the Division of Consumer Affairs in the Department of Law and Public Safety, and a stakeholder group comprised of certain members as set forth in the bill, will be required to adopt consensus-driven standards and regulations concerning the handling of hazardous drugs by health care personnel in a health care setting or an animal or veterinary facility. The standards and regulations will describe the hazardous drugs for which handling is to be regulated, the methods and procedures for handling such drugs, an implementation plan, and such other requirements as may be necessary to protect the health and safety of health care personnel. The standards and regulations may include, but are not limited to: (1) written, site-specific hazardous drug control programs to avoid occupational exposure through transporting, compounding, administering, disposing, or other handling of hazardous drugs; (2) hazard assessments to determine precautions necessary to protect health care personnel from exposure; (3) engineering controls to eliminate or minimize exposure; (4) personal protective equipment and the circumstances under which personal protective equipment must be used by health care personnel; (5) safe handling practices, including handling, receiving, storage, preparing, administering, waste handling, cleaning, housekeeping, labeling and signage, and maintenance practices; (6) spill control and response procedures; (7) training standards and practices; (8) requirements for record keeping, including records related to training sessions, qualifications, incident reports, and other pertinent information; and (9) medical surveillance, including, at a minimum, a medical evaluation for health care personnel who directly handle hazardous drugs, at no cost to the personnel, at the time of hiring, upon exposure to hazardous drugs, and upon request when such request is related to reproductive concerns.

These standards and regulations would also include a schedule of penalties for violations, which may incorporate such factors as the commissioner determines relevant to assessing penalties for violations, including any history of previous violations, the seriousness of the current violation, and any other factors which the commissioner may establish by regulation.

In addition, the standards and regulations would, to the extent feasible, be consistent with and not exceed recommendations in the 2004 alert by the National Institute for Occupational Safety and Health (NIOSH) in the Centers for Disease Control and Prevention, entitled "Preventing Occupational Exposures to Antineoplastic and Other Hazardous Drugs in Health Care Settings." The standards and regulations may incorporate applicable updates and changes to NIOSH guidelines, and the bill would require the standards and regulations be reviewed by the commissioner, in consultation with a stakeholder group, every two years.

Employers of health care personnel will be required to provide hazardous drugs training to all employees who have or are likely to have occupational exposure to hazardous drugs. The training will take place at the time of the employee's initial job assignment, and on an annual basis thereafter.

The commissioner will enforce the provisions of the bill, and will have right-of-entry to all pertinent premises and records for the purposes of inspection and information. The commissioner will be authorized to assess and collect administrative penalties for violations of the bill consistent with the schedule of

penalties set forth in regulation. The bill would prohibit levying an administrative penalty unless the commissioner provides the alleged violator with notification, by certified mail, of the violation and of the amount of the penalty, and an opportunity to request a hearing before the commissioner, or the commissioner's designee, within 15 days following receipt of the notice. If a hearing is requested, the commissioner would issue a final order upon such hearing and a finding that a violation has occurred. If no hearing is requested, the notice would become a final order upon expiration of the IS-day period. Payment of the penalty would be due when a final order is issued or when the notice becomes a final order.

Edward McGinley moved, seconded by Mitch Sobel to support the concept of the bill with comment that there are several different initiatives underway already, including a New Jersey Senate proposed bill, upcoming USP guidance regarding USP chapter 800 which should also be considered by the legislature. If the bill goes through, the Board of Pharmacy would welcome dialogue with DOLWD regarding promulgation of the regulations. **Motion passed 8-0.**

7) A3911 – Requires health care facilities to provide information and facilitate access to palliative care services.

Summary:

This bill would establish certain requirements concerning palliative care, which is patient-centered and family-centered medical care that optimizes quality of life by anticipating, preventing, and treating suffering caused by serious illness. Palliative care may involve addressing physical, emotional, social, and spiritual needs, as well as facilitating patient autonomy, access to information, and choice. Specific examples of palliative care include comprehensive pain and symptom management and discussion of treatment options appropriate to the patient, such as hospice care.

The bill would establish a "Palliative Care Consumer and Professional Information and Education Program" in the Department of Health, which would maximize the effectiveness of palliative care initiatives in the State by ensuring that comprehensive and accurate information and education about palliative care is available to the public, to health care providers, and to health care facilities. The department would be permitted to develop and implement any other initiatives regarding palliative care services and education that the department determines would further this purpose.

The bill would additionally require all licensed health care facilities to establish a system for identifying patients or residents who could benefit from palliative care, and to provide information about and facilitate access to appropriate palliative care services for those patients and residents. If a health care facility fails to meet these requirements, the facility would be required to provide the Commissioner of Health with a plan of action to bring the facility into compliance, and could additionally be subject to a civil monetary penalty. In implementing these requirements, the department would be required to take into account factors that may impact a health care facility's ability to establish an information and access system, including: the size of the facility; access and proximity to palliative care

services, including the availability of hospice and palliative care board-certified practitioners and related workforce staff; and geographic factors. Additionally, in implementing both the Palliative Care Consumer and Professional Information and Education Program and the requirement that facilities establish a palliative care information and access system. The department would be required to consult, at a minimum, with: the State Board of Medical Examiners, the New Jersey Board of Nursing, the Board of Pharmacy, the New Jersey Hospital Association, the New Jersey Association of Health Care Facilities, the Medical Society of New Jersey, the New Jersey Association of Osteopathic Physicians and Surgeons, the New Jersey State Nurses Association, the Home Health Assembly of New Jersey, and the New Jersey Hospice and Palliative Care Organization.

Carol Jacobson moved, seconded by Linda Witzal to support this Bill. **Thomas Bender and Mahesh Shah were opposed. Stephen Lieberman abstained. Motion to support 5-2. Motion does not pass.**

After further discussion, Carol Jacobson moved, seconded by Linda Witzal to support the bill. **Motion passed 6-2. Thomas Bender and Mahesh Shah opposed.**

8) Pharmacy Intern Hours earned out of state – Board discussion

The board frequently receives inquiries regarding acceptance of intern hours earned out of state.

Edward McGinley moved, seconded by Mahesh Shah, for the Board to consider intern hours earned out of state based on the following conditions: The preceptor must meet New Jersey's preceptor requirements, complete and return the practical experience affidavit, and must also complete New Jersey's intern evaluation form. After these conditions are met, the Board will review the documentation and make its determination on a case by case basis. **Motion passed 8-0.**

9) Shanne Fraguada – Pharmacy Technician – Finalization of POD

On 02/20/01, Mr. Fraguada was arrested by the Mountainside Police Department for Use/Influence Controlled Dangerous Substance. Service of the POD was effectuated, but no response was received.

Edward McGinley moved, seconded by Thomas Bender to finalize the POD without modification. **Motion passed 8-0.**

10) Deborah Sadowski, Director of Pharmacy Services – Deborah Heart and Lung Center. Implementation request for Aesynt’s PROManager-RX ADS

The hospital utilizes an automated prescription dispensing device. Dispensing accuracy is 99.5% and errors are in pharmacy checking rather than robot error. The hospital is requesting a waiver to only be required to perform a 5% random checking process in lieu of 100% checking for medications dispensed by the PROManager-RX.

Stephen Lieberman moved, seconded by Linda Witzal, to approve a 5% random checking process in lieu of 100% for medications dispensed by the ProManager-RX. All other medications will remain 100% pharmacist checked. The Enforcement Bureau will inspect the system prior to approval of the minutes next month. **Motion passed 8-0.**

11) Cystic Fibrosis Services, San Antonio TX, Out-of-state pharmacy application - disciplinary history.

The Board received and reviewed the application with disciplinary history. The owner, Michael D. Felish was convicted of driving under the influence in Citybrook, Illinois. Mr. Felish paid a \$500.00 fine and court costs.

“Respondent is a licensed pharmacy with a headquarters in Centennial, Colorado. Respondent also has a nonresident pharmacy license in Iowa. On March 28, 2013, the Board received a self-report from respondent that it had entered into a stipulation and order to resolve a charge by the Colorado Pharmacy Board (Colorado Board). The Colorado Board alleged that respondent procured a product deemed to be a prescription drug from a source that was not registered by the Colorado Board. Respondent agreed to pay a \$5,000.00 fine and a ten percent surcharge for the violation.

The Iowa Board of Pharmacy finds that respondent Cystic Fibrosis Services) Inc. Pharmacy committed a violation of regulations cited in the statement of charges. The Board imposes a citation and warning, and \$500.00 civil penalty based on the violation.”

“The Louisiana Board of Pharmacy issued a FOD on August 11, 2010 after Raymond Roland Carvajal, PIC, dispensed prescriptions into Louisiana without a current and valid Louisiana pharmacy permit.”

The Board indicated the following laws were violated:

“La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1221(B): No out-of-state pharmacy providing pharmacy services to residents of this state shall operate or maintain a pharmacy located out-of-state

unless the pharmacy is issued a permit by the board.

La. R.S. 37: 1232(A): A pharmacy located outside this state which does business in this state within the meaning of this Chapter shall hold a current pharmacy permit as provided in this Chapter.

LAC 46 LIII §2319(A): Out-of-state pharmacies soliciting, receiving, and dispensing and delivering prescription damages and devices to Louisiana residents constitutes doing business in Louisiana.”

Edward McGinley moved, seconded by Margherita Cardello, to approve this application contingent upon receipt of information from John Colaizzi regarding an updated list of officers and information on whether this is a publicly or privately owned facility. **Motion passed 7-0. Thomas Bender was recused due to his affiliation with Walgreens**

12) Rood and Riddle Veterinary Pharmacy, Lexington KY, Out-of-state pharmacy application – Sterile Compounding.

Linda Witzal moved, seconded by Carol Jacobson to approve the change of address application. **Motion passed 8-0.**

13) Absolute Pharmacy, Lutz, FL, Out-of-state pharmacy application – Sterile Compounding.

Edward McGinley moved, seconded by Thomas Bender to await pending NABP Verified Pharmacy Program inspection report results prior to approving this application. **Motion passed 8-0.**

14) Stephen Kalinoski – moved to Executive Session for advice of counsel.

15) Jeffrey Skuraton, RPh, Reinstatement Request

The board received and reviewed the reinstatement request from Jeffrey Skuraton, RPh. In addition to reinstatement, he is asking that the \$17,000 fines associated with his consent order be waived as the IRS has found him unable to pay taxes owed. The board has received a letter from a psychologist, a letter from a psychiatrist, the IRS financial hardship letter, and continuing education credit records.

Edward McGinley moved, seconded by Thomas Bender, for Mr. Skuraton to demonstrate fitness to return to practice by taking the MPJE examination, PARE examination, and an ethics course, such as ProBe/Prime. After documentation indicating unconditional, successful completion of these has been submitted to the Board, the Board will evaluate this information, and reconsider reinstatement or determine any other requirements that must be completed prior to reinstatement. **Motion passed 7-0. Stephen Lieberman is recused because he went to school**

with the applicant.

16) NABP 111th Annual Meeting, May 16-19, New Orleans – Delegate & Alternate selection

Linda Witzal moved, seconded by Stephen Lieberman to nominate Thomas Bender as the delegate and Richard Palombo as an alternate for the NABP 111th Annual Meeting. **Motion passed 8-0.**

17) Matt Mandel, Esq – “Vaccine” Pharmacy – Advisory Opinion requested

“The proposed business will be a pharmacy practice site (stationary) and the clinic site (variable). The pharmacy practice site is the one that needs to be licensed by the board and will include the following features: The location will be a secure climate controlled area locked, alarmed and insured. It will be consistent in size with all applicable regulations (federal, state and local) for a facility of this type. Vaccine distributors will provide the vaccines in the quantity and schedules consistent with proper storage and handling. Deliveries will be arranged so that someone will be at the practice site at the time of delivery to ensure proper storage requirements have been met. The practice site will only be active during peak immunization season(s) for about 6 months per year. Refrigerators will be housed there for the proper storage of vaccines. Supply cabinets, filing and storage of records and furnishing consistent with the tasks involved. Telephone and internet will be installed along with appropriate computer hardware and software to provide necessary administrative and management functions. Coolers and totes to transport vaccines and needed supplies to the clinic site will be housed at the practice site.”

Edward McGinley moved, seconded by Thomas Bender, that because of insufficient information to date, the board recommends Mr. Mandel’s client submit an application for the pharmacy practice site so that we can tangibly address hypothetical questions being raised. **Motion passed 8-0.**

18) Ehab Attia, Pharmacist Applicant – Request to take NAPLEX for 6th time

Mr. Attia appeared before the Board to answer questions.

Carol Jaconson moved, seconded by Mahesh Shah, to allow Mr. Attia to take the NAPLEX examination one last time. **Mitch Sobel and Thomas Bender oppose. Motion does not pass 5-2. Margherita Cardello is recused due to her affiliation to RiteAid.**

Chair direct: tabled until March with the suggestion Mr. Attia provides the Board with a written plan, explaining preparation for NAPLEX.

19) TCS Labs, St. Petersburg, FL - Out-of-state pharmacy application - disciplinary history

Chair direct: Request applicant to complete a mail order/internet certification.

20) CDS Guidance for CII liquids - maximum doses dispensed as per regulations.

Matthew Wetzel provided an overview of a Guidance Document to be made available to pharmacists to clear up any confusion regarding the calculation of the maximum number of “dosage units” that a pharmacist may dispense on schedule II liquid medications.

A discussion followed and some additional scenarios were raised by the Board and meeting attendees. Mr. Wetzel will update the document to provide expanded examples to address the points raised, and present the updated document to the Board for their review and endorsement.

VII. MITIGATION/HEARING REQUEST

1) Angelo Cifaldi on behalf of All Wellness Pharmacy, Freehold, NJ

Following an inspection revealing a violation related to incorrect dosage, a UPL was issued seeking a fine for this, other violations, and a letter of corrective action.

Mr. Angelo J Cifaldi, counsel for Leonid Zbarsky of All Wellness Pharmacy provided an explanation for the violations and requested that the Board mitigate the fines.

Stephen Lieberman moved, seconded by Mitch Sobel, to deny the mitigation.

Motion passed 7-0. Mahesh Shah recused due to his affiliation with Mr. Cifaldi.

VIII. INFORMATIONAL

N/A

IX. COMMITTEE REPORTS

N/A

X. APPROVAL OF MINUTES

Edward McGinley moved, seconded by Mahesh Shah to approve the February 4, 2015 Open Session Minutes as amended. **Motion passed 8-0.**

XI. ADJOURNMENT

At 11:48 a.m., Mitch Sobel moved, seconded by Linda Witzal, to adjourn the Public Session. **Motion passed 8-0.**

Stephen Lieberman moved, seconded by Margherita Cardello, to move into the Executive Session for review of 16 Complaints, 5 Old Business Items, 12 New Business Items, the Secretary's Report and Recommendation on Retail and Institutional Permits (from December 10, 2014 and February 25, 2015), the Secretary's Report and Recommendation on Inspection Reports from December 10, 2014, January 28, 2015 and February 25, 2015), and the approval of the Executive Session Minutes (from December 10, 2014 and February 4, 2015). **Motion passed 8-0.**