California State Board of Pharmacy
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ENFORCEMENT AND COMPOUNDING COMMITTEE
MEETING MINUTES

DATE:	December 11, 2017
LOCATION:	Department of Consumer Affairs First Floor Hearing Room 1625 North Market Blvd Sacramento, CA 95834
COMMITTEE MEMBERS PRESENT:	Allen Schaad, License Member, Chair Amy Gutierrez, PharmD, Licensee Member, Vice Valerie Munoz, Public Member
COMMITTEE MEMBERS NOT PRESENT:	Gregory Lippe, Public Member Stan Weisser, Licensee
STAFF MEMBERS PRESENT:	Virginia Herold, Executive Officer Anne Sodergren, Assistant Executive Officer Christine Acosta, MD, Supervising Inspector Laura Freedman, DCA Staff Counsel Joshua Room, DCA Staff Counsel Laura Hendricks, Staff Analyst MaryJo Tobola, Senior Enforcement Manager

1. Call to Order and Establishment of Quorum and General Announcements

Chair Allen Schaad called the meeting to order at 9:32 a.m.

2. Public Comment for Items Not on the Agenda, Matters for Future Meetings

The committee was advised of a current shortage of IV bags and requested that there be discussion on how to alleviate the shortage at a future meeting. The committee was also advised of delays in processing applications within the California Department of Public Health(CDPH) regarding construction in hospitals necessary to comply with board regulations. A request was made for assistance in resolving the CDPH backlog.

A representative from the California Retailers Association (CRA) requested the board to consider future discussion regarding quality assurance testing for simple to moderate compounding products.

3. Discussion and Consideration of Possible Statutory Proposal Relating to the Use of Automated Drug Delivery Systems (ADDS)

Chairperson Schaad provided an overview of the agenda item including a review of relevant law, background and prior committee discussion regarding the use of ADDS. Chairperson Schaad reviewed the basic framework from which a legislative proposal could be secured.

In addition to discussing the outlined proposal parameters, Chairperson Schaad reminded the committee that board staff are seeking input from the committee on the frequency of inspections for the location of the device, as well as if the proposal should include a limit on the number of dispensing systems a pharmacy can operate.

As part of the discussion, the committee asked whether a pharmacy with an ADDS could be located out of state and was advised that the pharmacy operating and owning the ADDS must be licensed in California. Further, the committee was advised that the clinical (for example, patient consultation) may only be performed by a California licensed pharmacist; the pharmacist may reside in another state, but they must be licensed to practice in California. The committee discussed the two types of uses of an ADDS including those systems used to dispense directly to the patient as well as those used for unit dose administration by an authorized person to a patient. The committee discussed the need to maintain safety and the security precautions that may be necessary pertaining to the location of the machine. The committee considered inspection requirements including pre-licensure inspection The committee determined that a limit of five dispensing devices should be incorporated into the program.

The committee heard public comments in support of the expanded use of ADDS.

The committee confirmed that under the proposal, an ADDS could be used for new and refill prescriptions and that consultation requirements need to be consistent with current requirements for any other medication dispensed to a patient in California. The committee agreed to limit the locations of a dispensing system to those locations where healthcare is provided

Motion: Recommend that the committee move forward to direct board staff to draft a proposal that the committee can present to the full board which incorporates all concepts listed identified below.

a. ADDS proposal will apply to new and refill prescriptions.
b. Re-emphasize the requirements for resolving medication errors.
c. Pharmacies have the obligation to correct the issues.
d. Require notification to the board of any security events.
e. Require consultation for only new or changes in prescriptions.
f. Require completion of the Self-Assessment Form on an annual basis, as well as the other triggers.
g. Confirm that Notice to Consumers and language requirements are complied with at the dispensing site.

h. Limit the number of dispensing systems a pharmacy may operate.
i. Pre-licensure inspection for site approval.

M/S: Gutierrez/Munoz

Support: 3 Oppose: 0 Abstain: 0

4. Discussion and Consideration of Possible Board Policy Relating to Disclosure of Enforcement Actions Involving Board Members

Chairperson Schaad stated that board members must be aware of conflicts of interest and clarified that such conflicts could be real or perceived.

Chairperson Schaad identified that one area where board members should be transparent is in the area of enforcement actions (whether they are directly or indirectly involved). Board members should determine whether recusal should occur based on the real or possible appearance of self-interest. For example, an enforcement matter involving a board member could influence a member's objectivity in future decision making.

Legal advised that the disclosure of disciplinary or administrative action could be addressed in the Organizational Development Report.

No public comments.

Motion: Board member involvement in disciplinary or administrative action will be reported in the Organizational Development Report.

M/S: Gutierrez/Munoz

Support: 3 Oppose: 0 Abstain: 0

5. Discussion and Consideration of Federal Drug Administration (FDA) Draft Guidance for Industry Relating to *"Grandfathering Policy for Packages and Homogenous Cases of Product Without a Product Identifier"*

Chairperson Schaad provided background information on the Drug Supply Security Act (DSSA), signed into law in November 2013, which established the federal track and trace requirements.

The committee was advised that information on the delays in implementation will be included in the board newsletter.

6. Discussion and Consideration of "CURES 2.0 Survey of California Physicians' and Pharmacists' Experience with and Attitudes about CURES 2.0"

Chairperson Schaad provided background information on the survey. As approved by the board at the July 2016 meeting, the board assisted researchers from the University of California, Davis in surveying pharmacists regarding the use of CURES. Questions were designed to learn about their use, access to, likes, dislikes and concerns with CURES. Physicians also participated in a related survey at the same time.

UC Davis researchers partnered with the California Department of Public Health to develop and conduct the survey.

Ms. Herold informed the committee that the board has already agreed to sponsor legislation on upgrading elements in CURES to make the system more valuable, which could include more CURES education/training.

The committee heard public comment which informed the board that legislation has been passed to improve CURES access relative to the electronic medical records within hospital facilities.

7. Discussion and Consideration of Possible Statutory Proposal to Require E-Prescribing of Prescription Drugs

Chairperson Schaad explained that since at least 1994, California was positioned to allow e-prescribing for dangerous drugs and controlled substances; however, for prescribing controlled substances, California had to wait for the DEA to finish its federal requirements, which occurred in March 2010.

Chairperson Schaad reported that prescription medications may be prescribed on paper, verbally or electronically. Controlled medications, a subset of prescription medication, have special restrictions that specify conditions for oral or written prescriptions, and electronic prescriptions must comply with federal requirements. Additionally, in California, if written, the prescriptions must generally be written on prescription forms printed by DOJ-licensed printers with 14 specific features. He added that Schedule II controlled medications, with rare exceptions, cannot be orally ordered or refilled.

Chairperson Schaad stated that over the past decade, the abuse of pharmaceutical drugs both controlled and noncontrolled has skyrocketed in the United States and has led to the current opioid epidemic throughout the country.

Chairperson Schaad reported that in California criminal organizations have been able to take advantage of weaknesses and lack of oversight of the printing program for prescription pads, resulting in their ability to counterfeit prescriptions. This has led to the diverting of the most dangerous and addictive drugs prescribed. Chairperson Schaad stated that as recently as November 29, 2017, a member of a drug trafficking organization that illegally acquired and distributed at least 50,000 oxycodone tablets

valued at $1.5 million using counterfeit security prescription forms during a three-year span was convicted in federal court in San Diego.

Chairperson Schaad explained that some patients who have become addicted to drugs or simply want to divert drugs alter prescriptions to increase the quantity prescribed, add additional drugs, or add refills. Some steal entire prescription pads from prescribers that are sold to criminal organizations or used by addicts to fill the drugs of their choice. Chairperson Schaad noted that prescribers routinely report losing their pads to the Board of Pharmacy and other agencies.

Chairperson Schaad reported that there are currently seven states that have passed legislation on e-prescribing. Laws already exist in three states (NY, MN, and ME) while the remaining four will become effective in 2018. Of the three states with active laws, Minnesota requires prescribers, pharmacies and health systems to have the capabilities to e-prescribe but does not mandate its use. However, NY and ME mandate the use of e-prescribing as the primary means of prescribing medication.

Chairperson Schaad stated that according to Surescripts data, 98 percent of retail pharmacies were able to accept e-prescriptions and 45.3 million prescriptions for controlled substances were delivered electronically in 2016 – a 254 percent increase from the 12.81 million controlled substance e-prescriptions in 2015.

Chairperson Schaad explained that in New York, which has had a mandate since March 2016 for both controlled and non-controlled prescriptions to be e-prescribed:

- 98.1 percent of pharmacies were EPCS-enabled.
- 72.1 percent of prescribers were EPCS-enabled. (One year ago, only 47% of New York prescribers could use EPCS.)
- 91.9 percent of controlled substance prescriptions were sent electronically, according to Surescripts).

Chairperson Schaad stated that the use of e-prescribing in California is increasing because e-prescribing helps to:

- Reduce overall mistakes made in interpreting physicians' handwriting.
- Allow for the prescription information to auto populate in the pharmacy computer without staff input.
- Reduce patients' wait times for filling prescriptions.
- Enable fast retrieval of records.
- Save space saving by e-storage of records.
- Substantially reduce the opportunities for persons to steal, alter, "doctor shop," or counterfeit prescriptions, thus decreasing unsupervised access to medication.

Chairperson Schaad reported that board staff recommends sponsoring legislation to

require e-prescribing as the primary mode for ordering controlled and other prescription drugs in CA. Staff notes that the proposal would need to allow for exemptions to the e-prescribing requirements to address some scenarios, e.g., for terminally ill patients or when the electronic system is not available.

Chairperson Schaad added that as part of its discussion the committee may also want to consider when such provisions would take effect. In NY, the mandate to use e-prescribing was three years after enactment of their regulations, and their full implementation date was 2016. (Several other exemptions are still being phased into e-prescribing.)

Dr. Gutierrez and Chairperson Schaad spoke in support of requiring e-prescribing in California.

Dr. Gutierrez stated that there are some circumstances that the board may want to consider exempting. She explained that in New York, e-prescribing in emergency rooms sometimes caused problems for patients. Ms. Herold agreed that switching to 100 percent e-prescribing will not work and added that as part of the legislative process these exemptions (emergency rooms, rural areas, terminally ill patients) will need to be addressed.

Ms. Herold stated that the according to the New York Board of Pharmacy's executive officer, within two years of implementing e-prescribing doctor shopping dropped by 90 percent. Ms. Herold stated that she strongly recommends that the board require e-prescribing with a three-year implementation timeline.

Dr. Gutierrez stated that in her professional career she has found that e-prescribing benefits patients by ensuring prescription accuracy and helps pharmacists ensure that controlled substance prescriptions are valid.

BJ Bartleson from the California Hospital Association spoke in support of e-prescribing and asked that the board allow for an implementation period so that hospitals can get the needed electronic systems in place.

Angie Manetti representing the California Retailers Association also spoke in support of e-prescribing.

Lori Womsly representing Walgreens spoke in support of e-prescribing but stated that a three-year implementation may be too long. Dr. Gutierrez agreed that the board should not specify an implementation timeline as this would probably be determined during the legislative process.

A representative from Kaiser Permanente spoke in support and asked the board to be mindful of areas where e-prescribing may be inappropriate (such as in emergency rooms and in rural areas).

Charlie Hardey from CVS Health spoke in support of e-prescribing and added that currently approximately 30 percent to 40 percent of prescriptions CVS receives are via e-prescription. He added that CVS's data analysis shows that after the implementation of e-prescribing in New York, there has been a significant decrease in pharmacy and prescriber transcription errors. He also noted that according to CVS when a hard-copy prescription is handed to a patient, 1 in 3 patients will not get it filled; e-prescribing helps doctors and pharmacists monitor patient adherence.

A member of the public asked if veterinarians would be exempt. Ms. Herold responded that in some states they are exempted, but the board will have to determine if they should be exempted in California. The board determined that this would need to be researched and addressed as part of the legislative process.

A pharmacist asked if e-prescribing would affect oral prescriptions. Ms. Herold responded that currently the board does not intend to disallow oral prescriptions; however, the preferred method would be e-prescribing.

Motion: Sponsor legislation requiring e-prescribing for all prescriptions in California. Direct staff to work with the chair of the committee to determine settings where e-prescribing my not be clinically appropriate.

M/S: Gutierrez/Munoz

Support: 3 Oppose: 0 Abstain: 0

DynaLabs Stability Studies Presentation

During the meeting, DynaLabs provided the committee with a presentation on stability studies and potency over time. The presentation highlighted, potency over time, what is required in a stability study, stability indicating method creation per USP, linearity and range, accuracy and precision, forced degradation studies, validation extension/specificity, summary of differences between POT vs SIM study, specificity aka validation extension and how cGMP ideology relates to sound scientific principal.

The committee discussed FDA approval, specificity and validation. Chairperson Schaad asked DynaLabs representative if they are FDA approved because the FDA has not disapproved their method. DynaLabs representative confirmed that by FDA not saying their method is wrong there is an inference that their method is correct.

Ms. Sodergren asked if their stability indicating method is consistent with USP for 503(a). DynaLabs representative confirmed that stability indication is required for 503a and/or 503(b).

8. Discussion and Consideration of Noncompliant California Security Prescription Forms

Chairperson Schaad informed the committee that the California Health and Safety Code contains specific provisions for California Security Forms, which are the specialized prescription forms for prescribing controlled substances in California. There are 14 security features that are required to appear on the form. California Department of Justice (DOJ) licenses the printers who are authorized to print these forms.

Chairperson Schaad explained that the board has identified that noncompliant security forms are in use. The board typically cites and fines the pharmacy, and advises the prescribing board that one of its practitioners is using noncompliant form.

Chairperson Schaad, specified that in early November, two pharmacy chains refused to fill non-compliant security forms. The board learned that a DOJ audit of California licensed security printers identified 12 companies that were producing forms that were non-compliant.

Chairperson Schaad informed the committee that the board recently has received complaints from patients or prescribers whose patients have been denied medication from the pharmacy because of the noncompliant forms

Chairperson Schaad confirmed that a Subscriber Alert has been released addressing, in part, Interim Solutions.

The committee was informed by Ms. Herold that there are 33 DOJ licensed security printers. There are four licensed security printers who continue to print noncompliant forms. There are two major areas of noncompliance: no checkoff box for the number of refills and absence of a watermark.

Ms. Herold reminded the committee that initially the board processed the licensure of security printers. In 2006, licensure responsibility was transferred to DOJ, regulations have not yet been promulgated. Ms. Herold suggested that the committee may want to consider working with DOJ to transfer the licensure of security printers back to the Board of Pharmacy, due to our ability to regulate.

The committee heard public comment which recommended a standardized template to ensure that compliance is consistent, an inquiry on how pharmacists would know if a form received from a licensed security printer was valid as well as information that there are prescribers who refuse to buy new forms until they have run out, regardless of warnings.

Motion: Executive Officer will work with Department of Justice to ensure that prescribers are receiving compliant forms.

M/S: Gutierrez/Schaad

Support: 3 Oppose: 0 Abstain: 0

9. Update on Emergency Regulations to Amend California Code of Regulations, Title 16 Section 1735.2, Related to Compounding Beyond Use Dates

Chairperson Schaad informed the committee that during the July 2017 Board Meeting, the board voted to pursue an emergency regulation to amend Section 1735.2.

The committee was informed that emergency regulations were filed on December 11, 2017.

10. Discussion and Consideration of Draft Frequently Asked Questions Relating to Compounding Requirements, California Code of Regulations, Title 16, Sections 1735 et seq. and 1751 et seq.

Chairperson Schaad stated the committee has considered requested changes to the board's compounding requirements. Some of the requested changes were accepted and are included in the board's emergency rulemaking and/or the permanent rulemaking referenced above.

Chairperson Schaad also stated that when considering some other requested changes, members determined that a change to the regulation was not necessary, but additional guidance should be provided in the form on a FAQ.

Board staff confirmed that a FAQ has been developed, but the committee was encouraged to consider adding other areas that would be helpful in the FAQ.

The committee heard public comment. A member of the public suggested a FAQ topic on the required training and competency requirements (content and frequency) of non-sterile compounding supervising staff pharmacists and PICs. Members of the public were invited to submit additional topics for an FAQ.

11. Discussion and Consideration of Requested Changes to Board Compounding Regulations, California Code of Regulations, Title 16, Sections 1735 et seq. and 1751 et seq.

Chairperson Schaad provided an overview of relevant law, CCR Section 1735 et seq., and CCR section 1751 et seq., which established the requirements for compounding drug preparation.

Chairperson Schaad invited discussion regarding the following proposed regulatory changes.

<u>Proposed change to CCR 1735(b) regarding the use of compounding kits</u>

Chairperson Schaad stated that the committee previously considered a change that would exempt from the definition of compounding the combining of nonhazardous ingredients from prepackaged kits supplied by an FDA registered manufacturer for nonsterile preparations. In response to public comment, board staff was directed to contact the FDA to determine the level of regulatory oversight these kits have. Staff has been advised that the FDA is not aware of any FDA approved applications for compounding kits and the FDA has not conducted premarket review of any instructions provided with product or any premarket review of the manufacturer's assignment of BUDs. The FDA also advised board staff that it is currently reviewing its policy in this area. Given the review being undertaken by the FDA, rather than exempting compounding kits from the definition of compounding, an alternative approach may be to exempt such compounding from some of the regulation requirements such as the compounding log. Based on the direction from the committee, staff can develop language to facilitate implementation.

A representative from the California Pharmacists Association (CPhA) encouraged the board to maintain consistent with USP in the creation of compounding regulations. Board staff asked if there is an exemption for compounding kits in their suggested language. CPhA representative stated that there is no specific language, but they recommend reference to CCR1735 (a)(3). CPhA recommends that the kits, themselves, be held to the same compounding standards as medications.

As part of its discussion the staff and committee discussed how to determine if a medication in a kit is an FDA approved medication.

The committee stated the goal is to move forward while making sure the kits are available and meet all standards. Board staff will work on a recommendation for the next meeting.

<u>Proposed change to CCR Section 1735.1(r) regarding the board's current definition of "hazardous drug"</u>

Chairperson Schaad stated that the committee previously considered a request to change the board's definition of "hazardous drug" to mirror the definition provided in USP <800>. In late September 2017 USP announced the postponement of the official date of Chapter <800> until December 1, 2019 to coincide with the anticipated update to Chapter <797>.

Consistency between the board's definition of hazardous and USP <800> would be beneficial to the board's regulated public. However, given the postponement of the relevant USP Chapter, it seems appropriate for the committee to provide guidance on its preference for reconciling the two definitions.

Chairperson Schaad presented proposed language that could be used to update the board's definition of hazardous to coincide with the effective date of USP <800>.

The committee was informed by public comment that pharmacists have been complying

by performing appropriate risk assessment. A public member recommended that language allows for risk assessment and allows for alternate strategies, in alignment with USP <800>.The committee was informed that CalOSHA is also working on regulations, therefore, recommendations should be identical.

Board staff confirmed that staff will research USP <800>, in relation to risk assessment.

Proposed Change to CCR Section 1735.2(a), regarding documentation of prescriber's authorization to compound

Chairperson Schaad stated that during prior discussions, the committee considered if it would be appropriate to remove the requirement to document a prescriber's authorization to compound a product. As a result, the committee requested additional research to be conducted by board staff.

Chairperson Schaad explained to the committee that without documentation neither the pharmacy nor the board will have any record that the prescriber authorized use of a compounded product.

Chairperson Schaad informed the committee that public comment previously contemplated that such a requirement could result in a delay in therapy. It was suggested that in order to avoid a delay, a slight revision to the language or an FAQ could be developed to specify that the documentation could be made after the compounded preparation is dispensed.

The committee discussed, in part, whether this change is necessary, explored the need for written documentation at a pharmacy level and the apparent need to clarify what makes a prescription compound.

Public comments supported that this change is unnecessary.

The committee directed the board staff to create language that is not burdensome nor redundant to current requirements in law. Board staff will refine current language and draft language that will focus on consumer protection.

Proposed Change to CCR Section 1735.2(i)(2)-(4), regarding BUDs for sterile drug products

Chairperson Schaad stated that during prior discussions, the committee considered if changes were necessary to the requirements for the establishment of a BUD for sterile products. At the time of its last discussion, the committee was anticipating changes to USP <797> would be in place in 2018. Given the delay in those changes, it may be appropriate consider if board requirements should be updated now and reassessed after USP completes it work.

Chairperson Schaad provided the committee, for consideration, recommended language which may more clearly align with current USP <797> requirements.

The committee was informed by board staff that the presented recommended language was previously brought to the committee; no action has been taken.

Public comment proposed mirroring emergency regulations for non-sterile compounding to apply to sterile compounding. Public comment also encouraged adding language for approved monographs.

The committee asked board staff to research what we are currently doing with patients who need more than one dose and look for alternatives.

Proposed Change to CCR Section 1735.6(e), regarding the venting requirements for hazardous drug compounding

Chairperson Schaad stated the board's current regulations require such compounding must be completed in an externally vented, physically separated room and that each PEC in the room shall also be externally vented.

Chairperson Schaad informed the committee that board staff received questions about the venting requirements and was recently advised that the board's application of the requirement, which allows a single venting system for both the PEC and the room, is consistent with OSHPD's. Specifically, OSHPD advised the board staff that there is nothing in the code or USP that prevents a designer from venting the room through the hood and noted that the key is to ensure that the design would not violate the hood's listing requirements to be able to maintain its ISO-5 environment.

Chairperson Schaad stated that during prior discussions, the committee considered if alternative containment strategies for hazardous drugs could be considered. Given the statements from OSHPD on this item, board staff does not believe such a change is appropriate.

Chairperson Schaad informed the committee that recently, board staff was advised that the board's requirements should be placed in the Building Standards Code. Board staff confirmed that staff will be working with legal counsel to determine if such a change is necessary and if so, the best strategy for implementation.

No public comment.

Proposed Change to CCR Section 1751.4(d) regarding where decontamination requirements and cleaning frequency

Chairperson Schaad stated that in response to questions submitted previously, it was

suggested that the board consider detailing contamination requirements as well as reconsider the frequency of cleaning some surfaces and areas that must be cleaned.

Chairperson Schaad provided the committee with proposed language that could be used to update such requirements.

Public comment recommended extending the frequency from 48 to 72 hours, to allow for long weekends. Public comment also recommended using the verbiage, “when open and daily when compounding”.

The committee discussed issues with pharmacists that only open once a month. The committee was informed that board staff could work with staff experts to consider consequences of cleaning once per month for such pharmacies. The committee directed board staff to conduct more research to present to the committee, at a later date.

<u>Proposed Change to CCR Section 1751.7(e)(1) regarding alternative testing methods and end product testing requirements.</u>

Chairperson Schaad stated that the committee has previously considered whether a rapid microbial test method may be appropriate. Such testing, when used and applied appropriately, can provide test results much more quickly than current testing requirements, which could address some concerns raised about delays in therapy.

Chairperson Schaad presented proposed language that could be used to allow for the use of rapid microbial method testing for batch-produced sterile drug programs.

In relation to the proposed language, Chairperson Schaad stated that the committee has previously considered if the board should expand its current exception for end product testing of non-sterile to sterile batch preparations. Given that pharmacies need to provide compounded preparations when a drug is in short supply, a limited exception for such instances may be appropriate.

In response, Chairperson Schaad presented proposed language that could be used to create such an exception.

The committee agreed that they agreed with the concept which includes the use of RMM and FDA.

Public comment suggested taking out RMM and using alternative testing methods per USP <797>. In addition, public comment recommended the board to consider irrigation solutions being exempt from pyrogen testing.

Board staff confirmed that they will research irrigation solution issues. The results of research will be brought directly to the full board.

12. Status Reports on Waivers Issued for Compounding Construction Compliance Delays Pursuant to California Code of Regulations, Title 16, Sections 1735.6 and 1751.4

Chairperson Schaad provided an overview of relevant law and an overview of the process.

Chairperson Schaad provided the committee with an update, informing them that the waiver review process is ongoing as pharmacies continue to seek extensions or modifications, often due to construction delays, in their facilities to comply with <USP> 800.

Chairperson Schaad reminded the committee During the November 2017 Board Meeting, the recent delay in USP <800> to December 1, 2019, was discussed. The board directed staff to continue to evaluate waivers and monitor progress toward compliance with the board's regulation. The board granted authority to the executive officer to grant waivers through November 30, 2019.The board's continued monitoring of progress is consistent with USP, which is "…encouraging early adoption and implementation of Chapter <800> to help ensure a safe environment and protection of healthcare practitioners and others when handling hazardous drugs."

Chairperson Schaad reported that since the waiver process began, 415 waivers have been approved. Board staff continues to receive a relatively low number of new requests. However, as implementation of the waivers transitions to a monitoring phase, board staff is now undertaking review of status reports that are documenting progress of an entity to achieving compliance

Ms. Herold informed the committee that the last Waiver Appeal meeting was conducted in July 2016.

13. Enforcement Statistics

Enforcement statistics were distributed for two months.

14. Future Committee Meeting Dates

Chairperson Schaad reported the scheduled committee dates for 2018 as provided below:

March 28, 2018.
June 7, 2018.
September 5, 2018.
December 13, 2018.

Chairperson Schaad adjourned the meeting at 2:33 PM.