**Minutes**

**HB 2879 Advisory Committee Meeting**  
**September 8, 2015 9-11:30am**  
**Board of Pharmacy; 800 NE Oregon Street Portland 97232**

**ATTENDEES**

- Emily Elman
- Lorinda Anderson
- Sarah Wickenhagen
- Fiona Karbowicz
- Marc Watt
- Dr. Pete Palacio (phone)
- Dr. Maria Rodriguez (phone)
- Roberto Linares (phone)
- Crystal Bryan (phone)
- Julie Miller, BOP Intern

Unable to Attend: Gary Miner, Connie Clark, Helene Rimburg, Nicole Krishnaswami, Christy Cowgill

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Desired Outcome</th>
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<td>Welcome</td>
<td>Introductions</td>
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<td>Review of 8.26.15 Meeting</td>
<td>- The Committee reviewed and approved draft minutes from the 8.26.2015 meeting.</td>
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  - Definitive referral points have been incorporated into the mandated Standard Procedures Algorithm  
  - Pregnancy assessment. The Committee approved adding the six follow-up questions for pregnancy rule-out onto Step 2 of the Standard Procedures Algorithm, for the pharmacist to ask, if a woman answers “Yes” to question #1.  
  - The Committee approved the requirement to take blood pressure.  
  - Initiation Strategies (initial/change in treatment) counseling points were discussed and decided to re-organize Step 5 (as seen on current draft).  
  - The Committee approved the requirements for Counseling points to be:  
    - “Quick Start” – Begin today and use backup method for 7 days.  
    - Management and expectations of side effects  
    - Adherence and follow-up visit expectations  
  - Other? Encouragement of routine health screenings, STD prevention and notification to current healthcare provider  
  - The Committee reviewed the Follow-Up Questionnaire (changes in treatment).  
  - The Committee discussed mandatory requirements vs. items in “toolkit”. It has been determined that the Self-Assessment Risk Questionnaire, Standard Procedures Algorithm and Visit Summary are required. The rest of the products will be made available as appendices for reference by participating pharmacists and pharmacies. |
Lorinda Anderson lead a conversation regarding clinical Q&A for the continued development of the training program. Items addressed included handling details of the USMEC and risk factors, actual clinical use of progesterone-only pills and 50mcg doses, routine starter doses, driperinone and PMS/PMDD, antibiotics counseling and cyclical vs. continuous dosing.

Marc Watt shared DOJ Counsel’s opinion regarding statute intent for “prescribe and dispense”. The use of the conjunctive word “and” is consistent with prescribing and dispensing being separate actions, as it is also used with “hormonal contraceptive patches and self-administered oral hormonal contraceptives” though there is no rational expectation that both a patch and an oral product be dispensed to a patient at the same time.

The Committee briefly began to conceptualize the rules. Using our typical rule structure, the “skeleton” will look something like the following:

- Preamble
- Definitions
- Advisory Committee Makeup
- Training Program
- Delivery of Care
- Pharmacy Policies and Procedures
- Records

Next steps
- Rules to be drafted
- Communication/Outreach
- Other?