

STATE OF MARYLAND

BOARD OF PHARMACY



2008 ANNUAL REPORT

July 1, 2007
Through
June 30, 2008

VISION

Setting a standard for pharmaceutical services, which ensures safety and quality health care for the citizens of Maryland.

MISSION STATEMENT

The Mission of the Maryland Board of Pharmacy is to protect Maryland consumers and to promote quality health care in the field of pharmacy, through licensing pharmacists, registering pharmacy technicians and issuing permits to pharmacies, and distributors; setting standards for the practice of pharmacy through regulations and legislation; receiving and resolving complaints and educating consumers. The Maryland Board of Pharmacy sets standards that ensure safety and quality health care for the citizens of Maryland.

VALUES AND GUIDING PRINCIPLES

Integrity - The Board selected integrity as its over-arching value. It is defined through the following guiding principles:

Trust - Treating all parties served in ways that will demonstrate that the Board of Pharmacy is honest, impartial, professionally competent, consistent and ethical; that all of the Board's actions and judgments are legal and appropriately serves customers and stakeholders.

The Board respects and appropriately maintains the confidentiality of the individuals and groups that it represents and regulates.

Quality Service - The Board offers accurate, timely and appropriate services to customers and stakeholders by being responsive, accessible, respectful, attentive, consistent and tactful in accordance with its unified vision.

Responsibilities - The Board carries out disciplinary and licensing activities in an impartial, comprehensive and appropriate manner.

The Board addresses issues in accordance with established written guidelines, policies, and procedures.

Decisions are made after gathering and analyzing all pertinent information available from all parties involved.



FY 2008 BOARD COMMISSIONERS

President

Donald Taylor

Chain Drug Store Representative

Secretary

David Chason

Acute Care Hospital Representative

Treasurer

Michael Souranis

Independent Representative

Cynthia Anderson

Home Infusion/ Home Care

Richard W. Matens

Consumer Representative

Lynette Bradley-Baker

At Large Representative

Harry Finke, Jr.

Independent Representative

Lenna Israbian-Jamgochian

Acute Care Hospital Representative

Alland Leandre

Consumer Representative

Mayer Handelman

Long Term Care Representative

Rodney H. Taylor

At Large Representative

Reid Zimmer

Acute Care Hospital

FY 2008 BOARD STAFF

EXECUTIVE

Executive Director
LaVerne G. Naesea

Executive Assistant
LaToya Simmons

ADMINISTRATION AND PUBLIC SUPPORT UNIT

APS Manager
Patricia Gaither

Public Information and
Education Officer/ Emergency
Preparedness Coordinator
Summar J. Goodman

Administrative Assistant
Briget Melvin

Secretary/Receptionist
Anasha Page

LEGISLATION/ REGULATIONS UNIT

Legislation/Regulations
Manager
Anna D. Jeffers

LICENSING UNIT

Licensing Manager
Shirley Costley

Licensing Specialist
Doris James

Licensing Renewal Clerk
Keisha Wise

Licensing Analyst
Fannie Yorkman

Licensing Secretary
Laurie Cohen

MANAGEMENT AND INFORMATION SYSTEMS

MIS Manager
Tamarra Banks

Database Officer
Michelle Hsu

Computer Specialist
Matthew Smith

PHARMACIST COMPLIANCE UNIT

Compliance Manager
Dorcas Ann Taylor

Compliance Investigator
Colin Eversley

Compliance Specialist
Vanessa Thomas-Gray

Pharmacist Inspector
Vacant

Lead Pharmacy Inspector
Joseph Taylor

Pharmacy Inspector
Jeannelle McKnight

Pharmacy Inspector
Nancy Richard

Pharmacy Inspector
Vacant

BOARD COUNSEL **Linda Bethman**

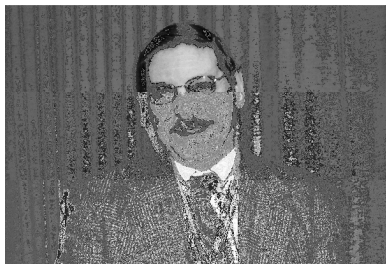
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REMARKS FROM THE BOARD CHAIRMAN

Donald Taylor



Fiscal Year 2008 was a busy year for the Board of Pharmacy. The current Board worked diligently to complete the many projects initiated in prior years, update many sets of regulations and to fulfill legislative mandates.

The Board Commissioners and staff met with the Shanghai Food and Drug Administration Delegation in November to explain how the laws and regulatory procedures work in the United States in order to help the Chinese delegation continue the process of developing their own laws and regulations with regard to medications and drug devices.

The Board has been preparing for the transition of pharmacy inspections by meeting with the Division of Drug Control, which has been acting as the Board's agent in performing annual pharmacy inspections, to coordinate the transition to the Board assuming that responsibility in July. The Board also hired 3 pharmacy inspectors and completed their in-depth training in performing opening and annual pharmacy inspections. New pharmacy inspection forms for hospitals and community pharmacies were developed and will be utilized by the Board's inspectors beginning in July. Other inspection forms, such as long-term care and compounding are in draft form. The Board is looking forward to beginning its own inspections which we are certain will greatly enhance the medication safety of the Maryland consumer.

The Board co-hosted the NABP Conference in Baltimore at the Marriott Waterfront Hotel in May. The Board's staff was instrumental in the planning phase and also in the daily routines of managing the event. The Board Commissioners participated in the forums, discussions, and other NABP events during the three day program.

The Board had a booth at the Baltimore Flower Mart in May. Once again, the Board's booth won 1st prize. Congratulations to the Board's staff and Commissioners for planning and manning the Flower Mart booth. The Board also had a table at the MPhA Annual meeting in Ocean City in June. The table was manned by Board staff who gave out brochures and information to the attendees of the MPhA meeting.

Implementation of many new laws and updating of various regulations required a lot of the Board's time over the last year. a.) HB 233 Physicians and Pharmacist – Therapy Management Contracts Extension of Law was passed and will allow the Board in conjunction with the University of Maryland School of Pharmacy to complete their study and report on the program. b.) The Drug Repository Program applications were completed and the Board is currently reviewing applications for Repositories and Drop-Off Sites. With publicity and the help of our stakeholders, the Board is sure that this program will be a big help to many of Maryland's citizens who need help obtaining their medications. c.) HB

257/SB 725 Pharmacy Benefits Managers- Contract with Pharmacies and Pharmacists passed along with 4 other PBM bills and will strengthen the regulation of PBMs operating in Maryland. d.) HB 551/SB 717 Pharmacists - Administration of Vaccinations – Expanded Authority passed adding pneumococcal pneumonia and herpes zoster vaccine to the influenza vaccine as vaccinations approved for administration by certified pharmacists. e.) SB 767/HB 1387 Health Occupations- Board of Pharmacy – Automated Medications Systems passed requiring the Board to update its automated dispensing systems regulations. The Board has also been developing regulations for the Licensing of Wholesale Prescription Drug and Device Distributors which were effective in April. The Board is currently leading a Task Force mandated to deliver a report to the Maryland legislature on the availability and adoption of electronic pedigrees for prescription drugs to help ensure the safety of the prescription drug supply in Maryland to safeguard Maryland consumers.

The long awaited Technician Registration regulations have been finalized and the Board is reviewing technician training programs for approval and registering technicians as they submit their applications for registration. Requiring pharmacy technicians to have a certain level of education and experience will certainly enhance the safety of the Maryland citizenry. Registration of technicians will also allow the Board to finally have some control over previously unregulated pharmacy personnel.

The Board has continued to have a very active working relationship with DHMH and the Maryland Office of Emergency Preparedness to provide input and suggestions from the pharmacists' perspective regarding planning for protecting the citizens of Maryland and adjacent areas in the event of a catastrophic event or declared State emergency situation. The Board has 2 members on the State's RSS (Receipt, Stage Store) central planning committee and has taken an active role in all Statewide drills. The Board is also working on the finalization of its own COOP plan to ensure that if an emergency situation arises, the Board will have backup plans in place and will be able to continue to operate efficiently. The Board's plan should be completed early in fiscal year 2009.

In closing, Fiscal Year 2008 was one of the busiest years the Board has experienced. The current Board and staff are working diligently to fulfill its mission of protecting Maryland's pharmacy patients and to ensure quality health care for all Maryland citizens.



MESSAGE FROM THE EXECUTIVE DIRECTOR

LaVerne G. Naesea



Fiscal Year 2008 was a very active period in the life of the Board because much of the planning from previous years began to come to fruition. New Board members Lynette Bradley-Baker (At-Large representative), Lenna Israbian-Jamgochian (Chain representative) and Reid Zimmer (Acute Care representative) joined veteran Board and staff members in developing new frameworks for meeting the many new State regulatory and statutory mandates.

In effort to become more efficient while also encouraging pharmacists to renew on-line, the Board began sending postcard reminders to pharmacist licensees rather than sending full applications at the beginning of FY 2008 (July 1, 2007). After difficulty over the past three years in attracting and retaining appropriate pharmacist staff to lead the Compliance Unit, the Board successfully recruited Compliance Unit Manager, Ms. Dorcas Ann Taylor (Ann), during FY 2008.

Ms. Taylor, a pharmacist and law school graduate, enthusiastically began reorganizing the Compliance Unit in anticipation of new oversight responsibilities in 2008. Compliance oversight was expanded to include enforcement of new, strengthened wholesale distributor requirements, inspections of wholesale distributors and pharmacies, direct monitoring of licensees remanded to rehabilitation and drug screening and pharmacy technicians under the newly adopted regulations. The Board also recruited and trained three pharmacy technician inspectors to inspect pharmacies and wholesale distributors in FY 2008.

Various Board committees worked with staff managers to update the community and hospital inspection forms, as well as developing new long-term care pharmacy and sterile compounding pharmacy inspection forms for use by its inspectors. Development of a new system for electronically recording inspection reports for all of the new and revised forms was also begun in 2008.

The Board completed a full year of direct monitoring of pharmacists under public orders during FY 2008. Previously, the Pharmacist Education and Assistance Committee (PEAC) performed monitoring and rehabilitation referral services on behalf of the Board. The Board continues to fund PEAC to monitor, mentor and make treatment referrals for self-referred pharmacists.

Final regulations for the *Wholesale Distribution Permitting and Prescription Drug Integrity Act* were adopted in FY 2008. The application for wholesale distributors was significantly revised and new application review and inspection processes were initiated in FY 2008. Similarly, following final adoption of the Pharmacy Technician regulations the Board created new applications and internal processes for their acceptance. Technician candidates and students were allowed a grace period during FY 2008 in order to meet state registration requirements and to allow the Board to approve programs and examinations in which pharmacy candidates could enroll. Pharmacy technician applicants and technician programs were allowed to submit applications, training programs and technician examinations during the latter

part of FY 2008. Pharmacy school students also began submission of applications to request exemptions in order to work in pharmacies at that time. Since both the new distributor and pharmacy technician regulations required criminal background checks to be performed, new operational processes for reviewing and acting on received criminal background reports were also developed in FY 2008.

Several other initiatives were implemented during FY 2008, including, inspection of pharmacies under the new sterile pharmaceutical compounding regulations, full implementation of the required study of outcomes for the Drug Therapy Management initiative, and enhancements to processes related to the Administration of Influenza Vaccines and Prescription Drug Repositories initiatives.

The many new mandates undertaken by the Board in FY 2008 do not come without a price tag. The Board has been quite creative in maintaining license, permit, certification and registration fees at their current levels through FY 2008. In fact, license and permit fees have not been increased since 2002 and no fees are charged for Administration of Influenza Vaccines certificates; nonetheless, general inflation and administration costs associated with the many new and on-going program initiatives describe in this report, may require the Board to increase fees in FY 2009.

The Board continues to be programmatically and fiscally sound as a consequence of conscientious planning and oversight. Board and staff members spend hundreds of man-hours in committee and meetings to develop and carry out its legal responsibilities. The support that continues to be received through partnerships with representatives of its umbrella agency, the Department of Health and Mental Hygiene, federal agencies, the legislature, consumer groups and members of the pharmacy community has enhanced the Board's ability to meet its mission to promote quality pharmacy health care while insuring patient safety for Maryland citizens. The Board acknowledges and appreciates the integral roles these entities play in its success and look forward to continued good relations in the upcoming year.



ADMINISTRATION AND PUBLIC SUPPORT UNIT

OVERVIEW

The Administration and Public Support Unit (APS) is responsible for managing the fiscal, personnel contracting and public information and education functions at the Board. The Board derives its revenue through payments for license, permits and other applicable fees. Expenditures are made based on submission of an annual budget request that must be approved by the Secretary for the Department of Health and Mental Hygiene, the Governor's office and subsequently by the State Legislature. Included in the Budget Request are requests for personnel and funding for new program areas.

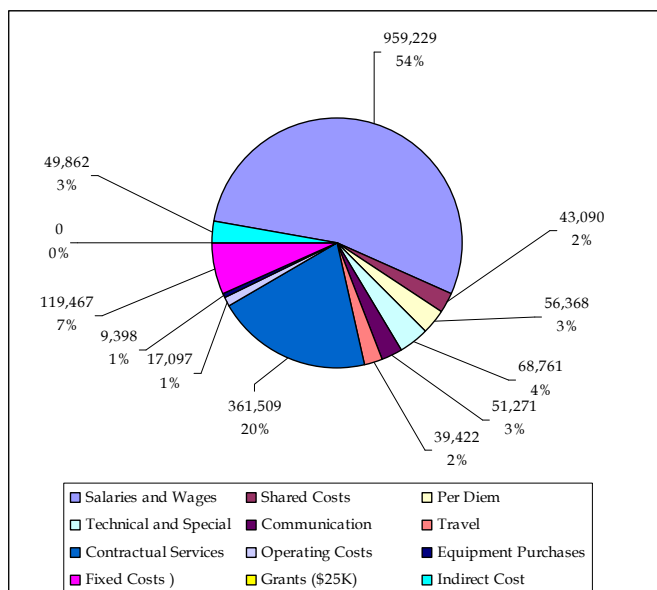
FY 2008 REVENUE

Total revenue collection of \$1,752,509 was 8.5 % higher than in fiscal year 2007, largely due to the new pharmacy technician registration program.

Carryover from Fiscal Year 07	985,688
Collections FY 2008	1,752,509
Pharmacist Examination	33,480
Pharmacist Renewals	553,695
Reciprocity	27,990
Reinstatement	27,583
Pharmacy New/Renewals	451,850
Distributor New/Renewals	512,350
Pharmacy Technicians	109,485
Other	36,076
TOTAL REVENUE	2,738,197

FY 2008 EXPENDITURES

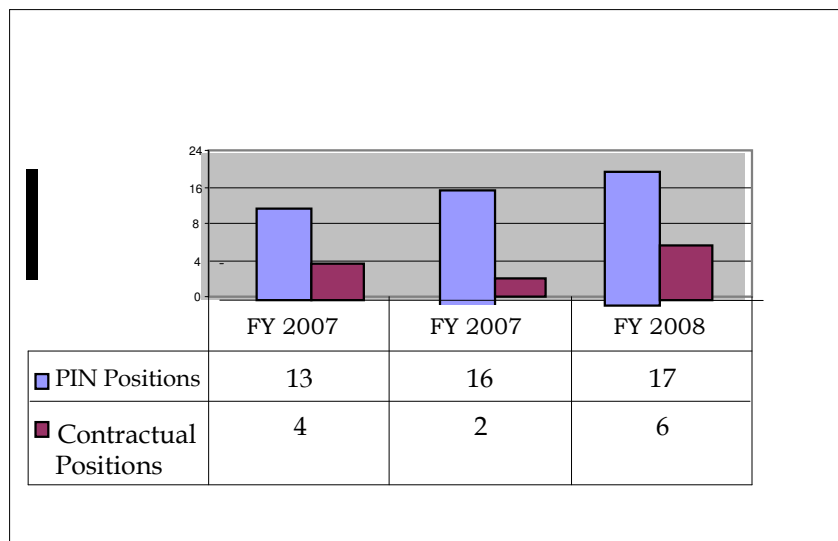
Board expenditures for FY 2008 were \$1,775,475 only 3% more than FY 2007. Increases were due to filling of pin positions that were vacant in FY 2007.



EXPENDITURE DETAIL	
Salaries and Wages	959,229
Shared Costs	43,090
Per Diem	56,368
Technical and Special	68,761
Communication	51,271
Travel	39,422
Contractual Services	361,509
Operating Costs	17,097
Equipment Purchases	9,398
Fixed Costs)	119,467
Grants (\$25K)	0
Indirect Cost	49,862
TOTAL EXPENDITURES	1,775,475

PERSONNEL

In fiscal 2008 the Maryland Legislature approved a contractual conversion staff positions for conversion to permanent (PIN) positions.



One PIN position Office Secretary I (Licensing Secretary) was added to support the new Pharmacy Technician program. Six new contractual positions were awarded to the Board for hire staff to handle the responsibilities of the Pharmacy Inspection Program assumed from the Division of Drug Control early Fiscal Year 2008. The inspection positions were: one Pharmacist Inspector, one Lead Inspector, three Pharmacy Inspectors and one Compliance Office Secretary I for handle the expected increase in compliance issues related to that program. The Board also filled the two positions that were vacant at the end of Fiscal year 2007. By the end of FY 2008 the Board had sixteen (17) PIN positions and six (6) ontractual positions. Ninety (90) percent of the positions were filled at all times during fiscal year 2008.

CONTRACTUAL AGREEMENTS

The Board continued its contractual agreement with Towson University to complete the development of a new Database and Disaster Recovery sometime in FY 2009. The agreement is expected to bring more efficiency to the Board's data collection and sharing operations. A continuation contract with the University of Maryland to evaluate the outcomes of Drug Therapy Management agreement was extended to December 31, 2009 in order to measure the success of the Drug Therapy Management project. The Board continues its long-standing Pharmacist Rehabilitation Services contract. The change in FY 2007 reduced services provided by the contractor from support to impair practitioners under Board orders and practitioners who voluntarily (and anonymously) entered into treatment, to the provision of services to voluntary practitioners only. The Board also continued its contract with the Maryland State Archives to provide service web hosting and web statistics.

PUBLIC INFORMATION AND EDUCATION

The Board's Public Information and Education component of the APS Unit is responsible for providing information and education about the Board to the Public and Pharmacist Community. Training and educational activities have included coordinating emergency preparedness activities. In carrying out this responsibility the Public Information and Education Officer is responsible for year-

round recruitment and training of volunteer pharmacists. Additionally, the Board's quarterly newsletter, annual reports and several brochures are other informational tools produced and disseminated to ensure that practitioners and consumers are informed of changes in legal requirements and board procedures and recommended safety measures.

The Public Information and Education component coordinates responses to all requests made to the Board under the Public Information Act. The Public Information Act allows certain Board information to be release regarding licensees and Board activities. The Public Information and Education Officer is responsible for ensuring that the information that is released does not violate state and federal confidentiality rules. This role is extended to coordinating responses to pharmacy related inquiries made to the Governor and Secretary for the Department of Health and Mental Hygiene. The Board is frequently asked to prepare written responses (controlled correspondence) on their behalf to constituents.

Two other, as important responsibilities for this component of the APS Unit include monitoring pharmacy-related news and coordinating media responses; and. planning and staffing events to ensure the Board of Pharmacy's presence around the state. Both of these functions are necessary to encourage patient safety, keep the communities informed of how the Board works to protect Maryland's consumers, and ensure continuous communications between the Board, its licensees, other governmental agencies, and the public.

FY 2008 HIGHLIGHTS OF ACTIVITIES

- August 2007 - Maryland State Fair Exhibit
- August 2007 - American Society of Consultant Pharmacists(ASCP) Mid-Atlantic Conference, Rocky Gap, Maryland
- October 2007 - Maryland Professional Volunteers Corp (MPVC) Training, Baltimore, MD,
- June 2008 Maryland Emergency Management Association (MEMA) Statewide Drill
- May 2008 - Flower Mart Exhibit in partnership with Maryland Pharmacy Coalition and University of Maryland School of Pharmacy
- August 2007 - Maryland State Fair Exhibit
- June 2008 - Maryland Pharmacists Association (MPhA)Exhibit, Ocean City, Maryland,

NEXT YEAR AT A GLANCE

The Board projects \$1,659,703 in revenue for FY 2009. These projections were slightly lower, approximately 7.5 %, than FY 2008 due to lower projections as the new Pharmacy Technician registration program did not get underway as originally scheduled. The Board however projects increase spending related to the Board's assumption of responsibility for performing annual inspections of pharmacies (this responsibility was previously performed by the Labs Administration's Division of Drug Control). The new responsibility required the Board to hire six additional staff persons and the purchase of vehicles.

The Board expects to heighten visibility throughout the state via its public information and education program and emergency preparedness activities. The Board of Pharmacy will also support the National Association of Boards of Pharmacy in hosting its Annual Meeting in Baltimore, Maryland in mid-Spring 2008.

LICENSING UNIT

OVERVIEW

The Licensing Unit is responsible for all activities related to the issuance of new and renewal Maryland practice licenses, permits and registrations to qualified pharmacists, pharmacy technicians and pharmacy owners and pharmaceutical distributors, respectively. In addition, the Licensing Unit processes applications for the Drug Therapy Management Program, Prescription Drug Repository Program and for qualifying pharmacists to administer Influenza Vaccinations.

The Licensing Unit consists of five members including, a Programs Manager, Licensing Specialist, Licensing Analyst, Renewal Specialist and a Secretary. The Licensing Programs Manager is responsible for management, supervision and oversight of all Unit operations. The Licensing Specialist processes applications for new pharmacists, pharmacies and pharmaceutical distributors, as well as pharmacist internship hours, exam scores and score transfers and reciprocity and reinstatement applications. The Pharmacy Technician program is administered by the Licensing Analyst. The Renewal Specialist processes renewal applications for pharmacists, pharmacies and pharmaceutical distributors, and administers the prescription drug repository program. The Licensing Secretary provides administrative support to the licensing committee and all Unit staff, processes applications for the administration of influenza vaccines, processes license verification requests, and assists with certain task related to the pharmacy technician program.

The Licensing Unit staffs the Board's Licensing Committee. Based on committee activities, the Unit continually updates applications to ensure compatibility with changes to licensing requirements. It also works closely with: the Information and Technology Unit, to develop and make changes to relevant databases and also ensure routine posting of relevant licensing updates (including candidate scores) on the Board's web site; the Compliance Unit regarding opening, closing and annual inspection reports for pharmacies and distributors, and to ensure that pharmacists and establishments licensure restriction are properly followed; the Regulations/Legislation Unit to develop program applications and forms in accordance with new laws and regulations; and the Public Administration and Support Unit to order necessary supplies and prepare printing contracts. Application forms for all of the services currently provided through the Licensing Unit can be obtained from the Boards' web site www.mdbop.org

NEW DEVELOPMENTS

The Wholesale Distribution Permitting and Prescription Drug Integrity Act became effective on July 1, 2007. The Act requires greater oversight and restrictions for the licensure and practice of wholesale distributors in Maryland. Effective with the 2008 distributor permit renewal period, all Wholesale Prescription Drug or Device Distributors that apply to operate in Maryland in 2009 must meet the provisions of the new Distribution Permitting and Prescription Drug Integrity Act.

Registration of Pharmacy Technicians was implemented in FY 2008, requiring that all non-registered personnel currently working behind the pharmacy counter or in the pharmacy area and those who apply to work as a pharmacy technician in the future to register with the Board by July 28, 2008. This includes individuals working in independent and retail pharmacies as well as pharmacies serving hospitals, nursing homes, assistant living, and other health facilities. The registration deadline date is. Although it is estimated that the Board will register 2,000 to 5,000 pharmacy technicians within the

first six months, the total received by the end of FY 2008 was 1,846 of that 1,183 have been registered. The Board has considered an extension to allow staff to process the large number of applications received and to allow technicians to enroll in a Board approved training program. Pharmacy technician candidates are allowed to receive up to six months of on-site training in the pharmacy area as part of a Board-approved training program before registering with the Board.

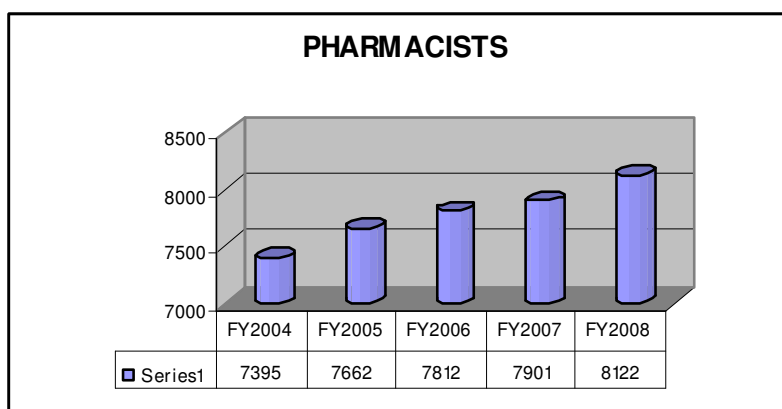
The implementation of the Registration of Pharmacy Technicians generated a need for the approval of Pharmacy Technician Training Programs. Pharmacy technician training programs may be offered by pharmacy employers; nationally recognized pharmacy technician training programs; accredited educational institutions' pharmacy technician programs; pharmacy technician programs approved by the Maryland State Department of Education and the Maryland Higher Education Commission; and Pharmacy technician training programs offered by the U.S. Armed Forces. A list of Board approved technician training programs is available on the Boards' web site www.mdbop.org

ACCOMPLISHMENTS

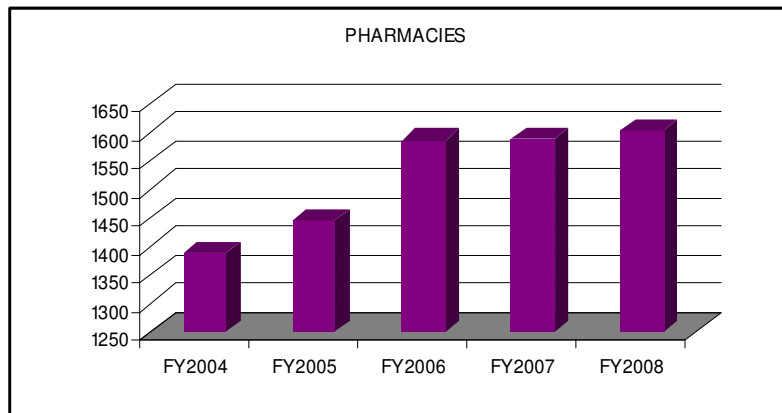
In spite of the challenges involving the preparation and implementation of the Pharmacy Technician and Wholesale Distributors program, the Licensing Unit moved forward with development of new applications and application checklists, instructions and new Unit processes for review and approval of applications. Other accomplishments included: the timely processing of applications for qualified pharmacists to be certified by the Board to administer the Influenza Vaccine, which increased by 47% from 137 in FY 2007 to 259 in FY 2008. Successful adjustments to the online renewal system to allow licensees to renew up until the last day of the license expiration month instead of five days prior to the expiration date; development of a successful review and approval process by the Licensing Committee resulting in Board-approval of three Pharmacy Technician Training Programs before the end of the Fiscal year; and successful development of an application, checklist and instructions for implementation of the new Maryland Prescription Drug Repository Program. The Board received two applications for repositories and two applications for drop-off sites that were pending approval at the end of the fiscal year.

STATISTICS

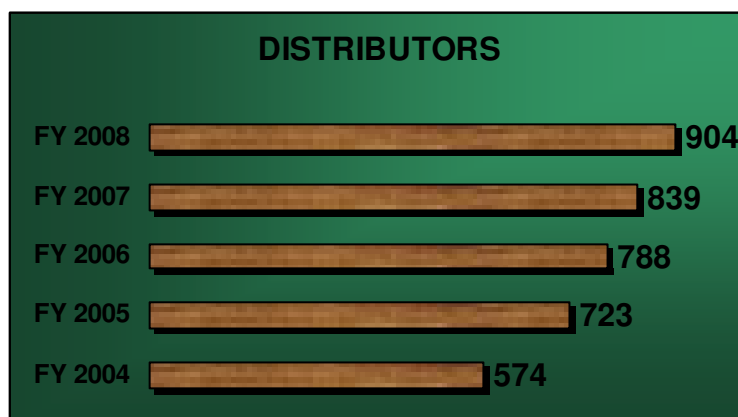
New Maryland pharmacists are licensed by examination or reciprocity and are required to renew every two years during their birth month. The number of pharmacists licensed in Maryland has continued to increase each year. The total number of pharmacists licensed at the end of FY 2008 was 8,122; 221 more than last fiscal year. Of that number 388 were newly issued licenses issued.



All Pharmacy permits expire December 31st of each year. The total number of licensed pharmacies at the end of FY 2008 was 1,602. Of that number 1,237 are in state (including 112 waivers pharmacies) and 365 are located out of state.



Pharmaceutical Distributors also expire December 31st of each year. The total number of licensed Distributor permit holders at the end of FY 2008 was 904. Of that number, 186 are in state and 718 are located out of state. The number of distributors applying for licensure in Maryland has continued to increase every year since FY 2004. This increase is suspected to be related to the more restrictive laws that have been imposed on distributors in other states since FY 2003. In response the Board successfully encouraged the legislature to revise the Maryland statute so that greater scrutiny of Maryland distributor applicants and applications may be undertaken.



NEXT YEAR AT A GLANCE

The Board of Pharmacy anticipates that the upcoming establishment renewal season will be challenging with the implementation of the new Wholesale Distribution Permitting and Prescription Drug Integrity Act. The Act requires more detailed information to be submitted with applications, including submission of certain personnel to criminal background checks, evidence of company surety bonds, and physical inspections of the distributor sites. The Board, Licensing Committee and Unit staff members anticipate complicated and extended reviews to take place with the first round of applications under the new law. There may be a significant influx of new applications for the

Pharmacy Technician program in FY 2009, since so few applied and were approved in FY 2008. The delay in submissions this year was likely related to the need for applicants to complete Board-approved training programs before applying and also because only three technician training programs had been approved by the end of FY 2008. Finally, the Licensing Unit will also work closely with the Boards' Regulations/Legislation Manager in the upcoming year to revise applications that will implement the regulations to expand Administration of Vaccination rules to allow pharmacists to administer two additional vaccinations: herpes zoster and pneumococcal pneumonia.



PHARMACY COMPLIANCE UNIT

OVERVIEW

The Pharmacist/Pharmacy Compliance Unit (PCU) is comprised of a Pharmacist Compliance Officer, a Compliance Secretary, a Compliance Specialist and a Compliance Investigator. The Pharmacy Compliance Unit has many responsibilities, which include, but are not limited to, the following: ensuring that pharmacists, pharmacies and distributors continue to meet state laws and regulations; responding to consumer complaints; providing advice and assistance to consumers, pharmacists, permit holders, legislators, inspectors, regulations coordinators, and federal, state, local and non-public agencies regarding compliance with pharmacy rules; assisting the Board in investigating pharmacists and establishments that do not meet the minimum practice standards (or who violate specific rules designed to protect the public); and monitoring pharmacists who have entered into non-public consent agreements with the Board or have been placed under Board Orders for various violations.

The Pharmacist/ Pharmacy Compliance Unit, in conjunction with other Board Units, strives to protect Maryland consumers, and promote quality health care in the field of pharmacy by monitoring and enforcing compliance with Maryland Pharmacy Laws. For example, the Licensing Unit and PCU work together to identify and investigate pharmacies or pharmacists who fail to renew their license, as well as license/permit applicants who have been identified as having been the subject of disciplinary or criminal actions in other states. A major goal of the Compliance Unit is to implement and manage an efficient, fair and consistent complaint process that enhances the quality of care provided through licensed health care professionals and the regulated industry.

WRITTEN COMPLAINTS AND DISCIPLINARY CASES

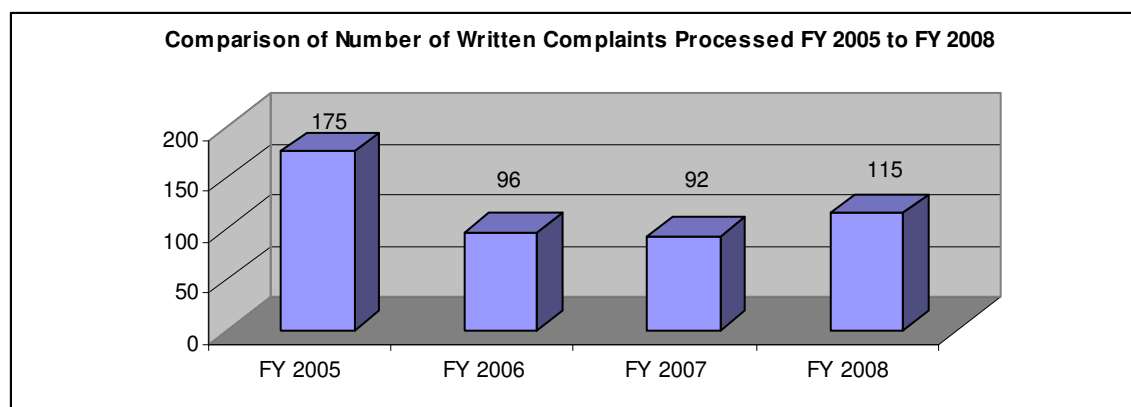
The PCU receives verbal inquiries/questions; written complaints from consumers and other entities; and is charged with addressing or investigating each complaint. A complaint form is used by the Board of Pharmacy to verify and act upon consumer complaints. The consumer and other entities are offered three ways of completing a complaint form: entering information on a hard copy complaint form, providing the information over the phone for transcribing by Compliance staff, or entering the information on-line at <http://www.mdbop.org/forms/complaint.htm>. The hard copy complaint form is mailed, faxed or emailed by the consumer to the Board. Approximately ninety-five percent of complaints filed in FY 2008 were through submission of hard copy forms (i.e. online, postal mail and fax) (see Figure 1). Sometimes the complaint is not in the Board of Pharmacy's jurisdiction. In these cases, the consumer is referred to other consumer protection agencies or programs based upon their concern.

Upon receipt of the complaint, the Compliance Investigator initially reviews the complaint to determine if further investigation is required and enters all pertinent information into a database. The Compliance Investigator will notify the consumer of receipt of the complaint. The compliance investigator also requests a written response to the written complaint from the pharmacy and/or pharmacist. All information is aggregated, analyzed, and presented to the Board's Disciplinary Committee, which makes recommendations regarding Board actions to the full Board. These recommendations include informal actions (e.g. letters of education or admonishment) or more formal actions (e.g. such as charges or emergency suspension) to the full Board. The Board then

votes on the final actions that will be taken. If the Board votes to issue formal charges, the Compliance Unit provides information gathered through interviewing witnesses and investigational findings to Prosecutors of the Attorney General's Office.

The total number of written complaints (i.e. hard copy, online, e-mail, etc.) processed over the past four years is shown in Figure 1.

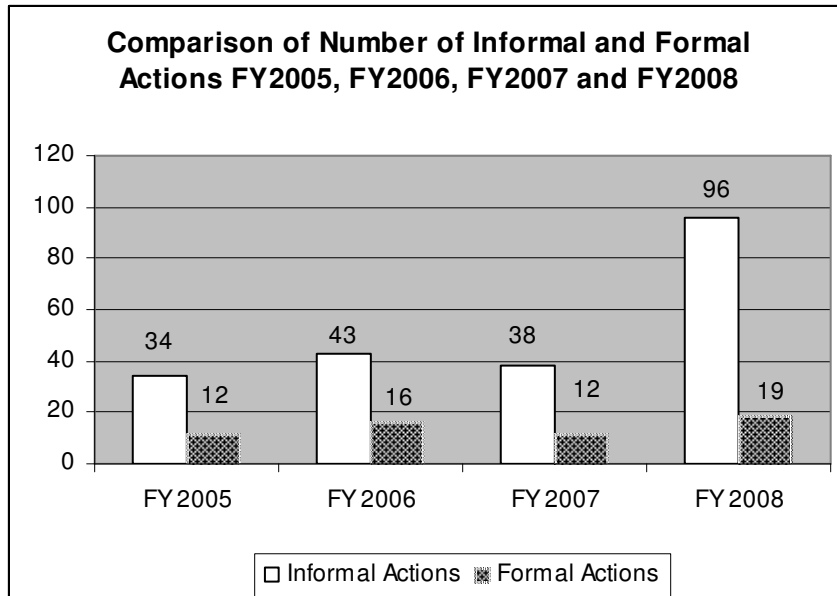
FIGURE 1



Informal actions are not subject to public review; whereas formal actions are subject to public review. A comparison of the number of Board issued informal actions (e.g. letters of education, letters of admonishment) and formal actions (e.g. reinstatements, probation, suspensions, revocation, fines, etc.) received for FY 2006, FY 2007 and FY 2008 is shown in Figure 2.

There were 115 written complaints received by the Pharmacy Compliance Unit FY 2008. The complaint categories are listed in Figure 3. The majority of complaints were classified as customer service complaints (39; 34%). Regulations under Chapter 10, Pharmacist Code of Conduct of the Code of Maryland Regulations (C.O.M.A.R.) are relevant to many of the issues addressed by the Compliance Unit.

FIGURE 2.



The types of actions taken as a result of the written complaints are listed in Figure 4. Eleven (approximately 9%) of the complaint cases were found by the Pharmacy Board to not require further action. There were 70 (61%) complaints that required informal actions such as a letters of admonishment or letters of education. Nineteen (16.57%) complaints warranted formal actions upon licensees, such as probation, suspension, revocation and/or fines (Figure 5).

Twelve (approximately 10%) of the complaints were referred to another agency for further evaluation. Three (approximately 3%) were under investigation or pending formal action at the end of the fiscal year.

FIGURE 3.

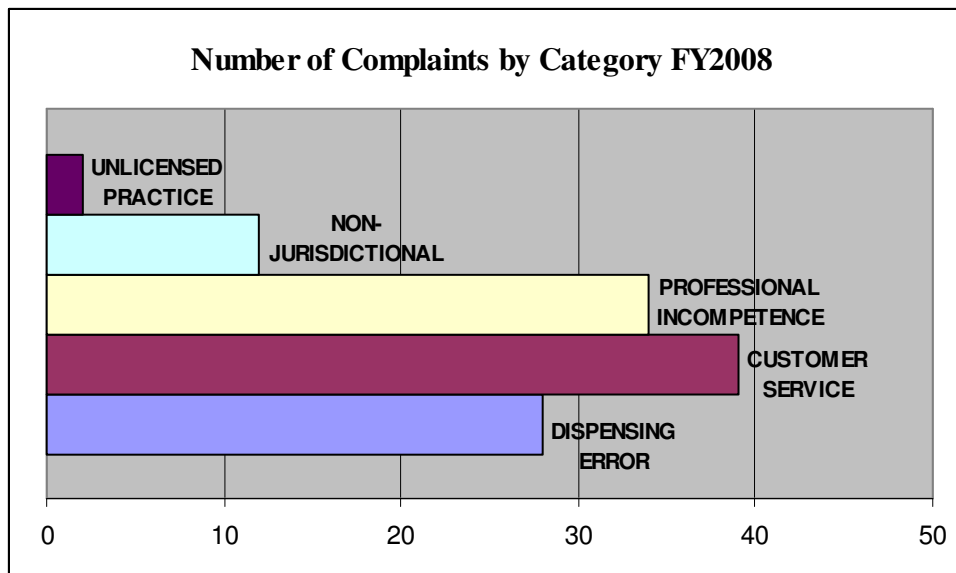


FIGURE 4. TYPES OF ACTIONS TAKEN BY THE BOARD FY 2008

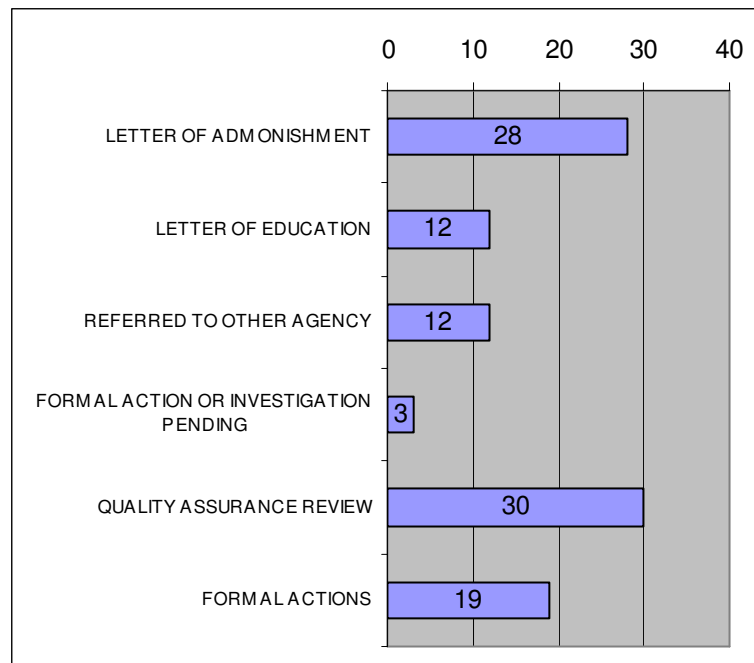
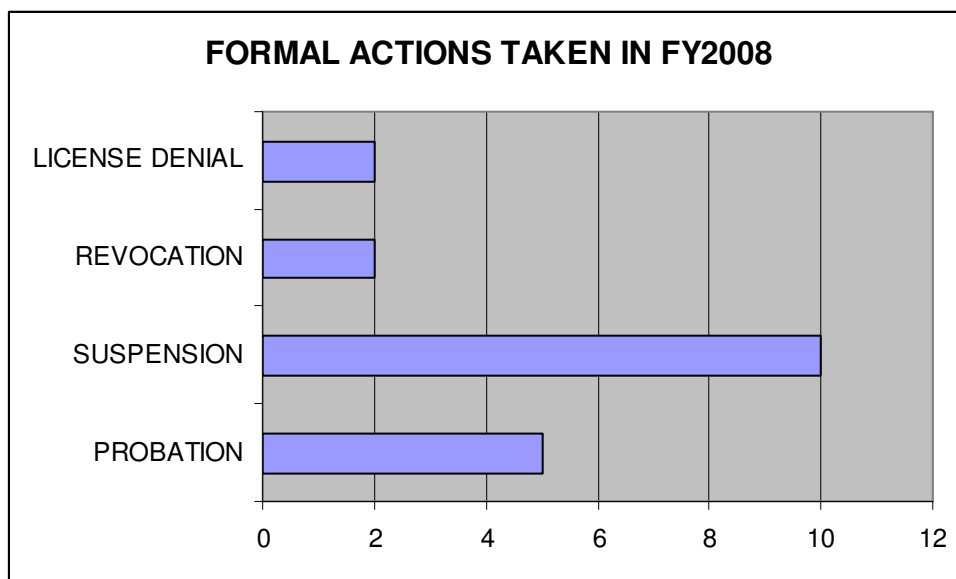


FIGURE 5.



PHARMACY/DISTRIBUTOR INSPECTIONS

The Pharmacy Compliance Unit worked closely with its agent, the Division of Drug Control agent in performing annual inspections for pharmacies and distributors. Pharmacy inspections performed by the Division of Drug Control inspectors were reported to the Pharmacy Compliance Unit and reviewed to determine compliance with pharmacy laws. The Compliance Unit considers routine pharmacy inspections important in the educational process of promoting good pharmacy practice, explaining State and federal pharmacy laws, and enforcing these laws. The majority of cases were minor infractions or non-compliance to established requirements. The permit holder usually immediately corrects the minor problem and no further action by the Board is required. More serious infractions may lead to further investigations, fines, and possible pharmacy closing. During FY2008, 104 pharmacies were cited for minor infractions and 17 pharmacies were fined for more serious infractions.

PHARMACISTS IMPAIRED BY SUBSTANCE ABUSE

Studies have shown that the prevalence of chemical dependency among pharmacists ranges between 10% and 18%. The National Institute on Drug Abuse also estimates that 8% to 12% of health care workers have substance abuse problems. To help address this issue the Pharmacy Practice Act recognizes the existence of a Pharmacist Rehabilitation Committee, which provides support and referrals for impaired pharmacists. In addition, pharmacy regulations require that pharmacists have a duty to report members of the profession who are impaired and practicing. These reports must be made directly to the committee rather than the Board of Pharmacy. The Maryland Board of Pharmacy directly monitors licensees who enter into Board Orders which mandate treatment and abuse monitoring.

A Pharmacist using mind-altering drugs endangers the health and welfare of the general public. The potential medication errors and drug misuse caused by an impaired pharmacist can have devastating consequences for the innocent victim and create liability for the employer. The risk also extends to the pharmacist and his or her family. Some impaired pharmacists enter into a relation with PEAC (Pharmacists' Education and Advocacy Council) through self referral. In addition, the PCU may receive reports of impaired pharmacists from a variety of other sources (e.g., other state boards, consumers, etc) which require further investigation. As with all cases before the Board, it will act to protect the public. The Board may limit or restrict the pharmacist's practice. One of the Compliance Unit FY 2008 focus continues to be on Board-referred (Case under Order) impaired pharmacists.

NEXT YEAR AT A GLANCE

As part of the year 2008, the Compliance Unit participated in the Board's strategic planning for several FY 2009 projects which include:

- Compliance issues related to new legislation regarding pharmacy technicians
- Transition of many of the pharmacy inspection functions from the Division of Drug Control to the PCU
- Compliance issues related to new legislation regarding wholesale prescription drug and device distributors.

The specific objectives involved:

- Establishment of new positions within the Board and the training of new personnel;
- Development and implementation of new policies and procedures which includes the expansion of services to monitor and investigate compliance issues related to pharmacy technicians and inspections of pharmacy and distributor establishments;
- Development and implementation of new inspection forms;
- Development and implementation of tracking forms and database management; and
- Expansion of direct responsibility for performing pharmacy inspections, as well as distributor inspections.

The projected goals for FY2009 include performing 100% annual pharmacy inspections which include community, long term care, hospital, wholesale distributor and other waived establishments. The Compliance Unit intends to have a full staff of pharmacy inspectors by the end of FY2009. Also by the end of FY2009, the Compliance Unit anticipated fully automating the inspection program as well as acquiring all necessary tools to successfully perform inspections.



LEGISLATIVE/REGULATIONS UNIT

OVERVIEW

The Legislative and Regulations Unit (the “Unit”) plays an active role in supporting the Board by evaluating, developing and drafting Board-directed legislative and regulatory proposals that protect the public and promote quality health care in the pharmaceutical profession. The Unit is also responsible for drafting and obtaining Board approval for legislative reports and for supporting the Board and its various committees in the areas of legislative review, health policy research, regulatory evaluation and a variety of special assignments. The committees staffed by this Unit are Pharmacy Practice and Legislative. Special sub-committee and task forces staffed during 2008 included the Wholesale Distributor SB 759 Workgroup and the Long Term Care Task Force.

Throughout the year the Unit responds to phone calls and email inquiries from the public, applicants, licensees, permit holders, Maryland agencies, pharmaceutical companies, legislators, other state agencies, other state boards, attorneys throughout the country and students. The Unit makes every effort to respond in detail, addressing all the issues, in the order in which the inquiries were received. Questions posed to the Unit that require Board interpretation or involve controversial issues are presented at the monthly Practice Committee Meeting. Depending on the Practice Committee's recommendations, some of the responses are brought to the public Board Meetings for approval. During Fiscal Year 2008 the Unit responded to 1,190 phone calls and provided written responses to 458 email inquiries. The Unit responded to approximately 5% more phone calls and approximately 11% more emails during fiscal year 2008 than in fiscal year 2007.

LEGISLATIVE INITIATIVES

During the Maryland Legislative Session, the Unit reviews and tracks legislation, prepares written position papers, determines fiscal impacts of bills, testifies before legislative committees and meets with legislators, stakeholders and subcommittees regularly to insure that the Board's legislative initiatives are successful in Annapolis. The Unit is most visible during the session as it strives to effectively communicate Board policies to legislators, health professional boards, local and national health associations and the regulated industry.

The Unit presented 41 bills out of approximately 2,641 bills to the Board of Pharmacy's Legislative Committee for consideration. The Unit drafted position papers and/or letters to legislative committees for 24 of the 41 bills. Below is provided a chart of the 24 bills (companion bills are counted as one bill) and the results.

Bill #	Bill Name	Result
HB 120	Pharmacy Benefits Managers – Disclosures	PASSED
SB 724	Pharmacy Benefits Managers – Disclosures	PASSED
SB 141	Maryland Graduate and Professional Scholarship Program – Qualifications	PASSED
HB 233	Physicians and Pharmacists - Therapy Management Contracts - Extension of Law	PASSED
HB 243	Pharmacy Benefits Managers - Choice of Pharmacy	WITHDRAWN
SB 726	Pharmacy Benefits Managers - Choice of Pharmacy	WITHDRAWN
HB 257	Pharmacy Benefits Managers - Contracts with Pharmacies and Pharmacists	PASSED

SB 725	Pharmacy Benefits Managers - Contracts with Pharmacies and Pharmacists	PASSED
HB 343	Pharmacy Benefits Managers - Therapeutic Interchanges	PASSED
SB 723	Pharmacy Benefits Managers - Therapeutic Interchanges	PASSED
HB 419	Pharmacy Benefits Managers – Registration	PASSED
SB 722	Pharmacy Benefits Managers – Registration	PASSED
HB 427	Health Occupations - Power of Secretary of Health and Mental Hygiene - Regulatory Boards	WITHDRAWN
HB 435	Pharmacists - Generic Drugs - Treatment of Epileptic Seizures	WITHDRAWN
HB 514	Maryland Medbank Program – Funding	PASSED
SB 775	Maryland Medbank Program – Funding	PASSED
HB 525	Advisory Council on Prescription Drug Monitoring – Study	PASSED
HB 551	Pharmacists - Administration of Vaccinations – Expanded Authority	PASSED
SB 717	Pharmacists - Administration of Vaccinations – Expanded Authority	PASSED
HB 580	Pharmacy Benefits Managers - Pharmacy and Therapeutics Committees	PASSED
SB 720	Pharmacy Benefits Managers - Pharmacy and Therapeutics Committees	PASSED
SB 401	Public Health - Ephedrine, Pseudoephedrine, or Phenylpropanolamine Purchases - Statewide Electronic Logbook	UNFAV REPORT
SB 433	Pharmacy Permit Holders - Signs for Reporting Incorrectly Filled Prescriptions	UNFAV REPORT
HB 586	Statewide Advisory Commission on Immunizations – Influenza Vaccines	PASSED
SB 304	Statewide Advisory Commission on Immunizations – Influenza Vaccines	PASSED
HB 666	Uniform Emergency Volunteer Health Practitioners Act	INTERIM STUDY
SB 857	Uniform Emergency Volunteer Health Practitioners Act	INTERIM STUDY
HB 757	Consumer Protection - Sale or Distribution of Personal Information – Limitations	FAILED
HB 772	Pharmacists - Substitution of Generic Drugs or Device Products - Consent of Consumers or Authorized Prescribers	UNFAV REPORT
SB 767	Health Occupations - Board of Pharmacy - Remote Automated Medication Systems	PASSED
HB 1387	Health Occupations - Board of Pharmacy - Remote Automated Medication Systems	PASSED
HB 811	State Board of Dental Examiners Nomination and Disciplinary Processes – Task Force on the Discipline of Health Care Professionals and Improved Patient Care	PASSED

SB 764	State Board of Dental Examiners Nomination and Disciplinary Processes – Task Force on the Discipline of Health Care Professionals and Improved Patient Care	PASSED
SB 698	Criminal Procedure - Occupational Licenses or Certificates - Issuance of a Certificate of Relief from Disabilities	FAILED
HB 1123	Criminal Procedure - Occupational Licenses or Certificates - Issuance of a Certificate of Relief from Disabilities	UNFAV REPORT
HB 1334	Health Regulatory Boards - Additional Powers and Duties	WITH DRAWN
HB 1383	Good Samaritan - State of Emergency - Liability Protection	UNFAV REPORT

SUMMARY OF 2008 BILLS PASSED THAT SIGNIFICANTLY IMPACT MARYLAND PHARMACY PRACTICE

HB 511/SB 717 Pharmacists - Administration of Vaccinations - Expanded Authority

expands the authority of pharmacists to administer influenza vaccinations by allowing pharmacists to administer influenza, pneumococcal pneumonia and herpes zoster vaccines. Pharmacists must comply with additional requirements for pneumococcal pneumonia and herpes zoster that include: the requirement of a prescription before administration; notification to the prescribing physician within 7 days of the: identity of the patient, vaccination administered, route and site of the administration, dose administered, and date of administration. If the prescribing physician is not the patient's primary care physician, the pharmacist is required to make a reasonable effort to make the same notifications to the primary care physician as would be made to the prescribing physician. The legislation passed.

HB 525 Advisory Council on Prescription Drug Monitoring – Study establishes an Advisory Council on Prescription Drug Monitoring to study and make recommendations concerning: the prescription drugs to be monitored; the types of dispensers that shall be required to submit prescription drug monitoring data (the “data”); the data a dispenser must submit to the program; the process for submitting data to the program; which recipients are authorized to receive the prescription drug monitoring data; the circumstances under which the data will be provided to an authorized recipient; the circumstances under which an authorized recipient may disclose the data; how to ensure that confidential or privileged patient information is kept confidential; the process for interpreting data for disciplinary or law enforcement purposes; the most efficient and effective operation of a program; the cost of and sources of funds for the program, including the cost of and sources of funds for submitting and receiving the data; the establishment and operation of a program is feasible without additional cost to dispensers and authorized recipients; a time line for establishing and implementing a program; identifying the types of education and training needed to implement a program; the need for immunity from liability in connection with the submission or receipt of data; and the need for penalties for improper submission or use of data. The Council should begin meeting this fall. The legislation passed.

HB 1387/SB 767 Health Occupations - Board of Pharmacy - Remote Automated Medication Systems requires a pharmacist to review for accuracy, completeness, and appropriateness all medication orders before being entered into a remote automated medication system. A company

that manages the remote automated medication system and the health care facility must meet the following requirements: 1) need not have a pharmacist physically present to review the selection, packaging, or repackaging of the medications; 2) may deliver a starter dose or a dose in response to an emergency without prior review by a pharmacist; and 3) the system may allow simultaneous access to multiple drug strengths, dosage forms, or drug entities. This remote automated medication system must at least: 1) use bar codes; 2) have electronic reporting capability regarding the identity of all persons with access to the system; 3) before administration of a medication to a patient provide a written report that describes the medication or a picture of the medication. The legislation also requires that a health care facility where the remote automated medication system is located shall have at least: 1) a pharmacist available for consultation 24 hours per day; 2) technical assistance regarding operation of the system available 24 hours a day; and 3) a quality assurance program developed with a pharmacist. Training will be required for all persons with access to the system by the company that owns the system. Finally the quality assurance program shall include: 1) policies and procedures for where the pharmacy receives the order and where the system is located; 2) daily inspection of the integrity of the system; 3) a plan for addressing medication errors; 4) a plan for reviewing incidents regarding inappropriate use and access to the system; 5) proper labeling procedures that comply with applicable State and federal laws; and 6) policies and procedures for the safe handling and return of unused medications. The legislation passed.

REGULATORY INITIATIVES

Maryland Board of Pharmacy Regulations, COMAR 10.34.01 - .34, revisions effective since July 1, 2007:

COMAR Citation	Title	Effective Date
10.34.01	Disciplinary Proceedings	January 28, 2008
10.34.08	Information Required on Prescriptions or Patient Drug Profiles	January 28, 2008
10.34.09	Fees	January 28, 2009
10.34.10	Pharmacist and Pharmacy Technician Code of Conduct	January 28, 2008
10.34.11	Monetary Penalties	January 28, 2008
10.34.19	Sterile Pharmaceutical Compounding	September 10, 2007
10.34.21	Standard of Practice for Unlicensed Personnel	January 28, 2008
10.34.22	Licensing of Wholesale Prescription Drug or Device Distributors	April 1, 2008
10.34.32	Pharmacist Administration of Influenza Vaccination	July 2, 2007
10.34.34	Pharmacy Technicians	January 28, 2008

Maryland Board of Pharmacy Regulations, COMAR 10.34.01 - .34 and other COMAR chapters, currently in the revision or promulgation process:

COMAR Citation	Title	Proposal status
10.13.01	Dispensing of Prescription Drugs by a Licensee	Revisions under consideration pursuant to the Regulatory Review and Evaluation Act Report dated February 28, 2008.
10.27.04	Dispensing in Methadone	Board of Nursing regulations that were to be jointly

	Clinics	promulgated with the Board of Pharmacy. Board of Pharmacy approved on June 18, 2008.
10.34.19	Parenteral/Sterile Enteral Compounding	Proposal submitted to DHMH June 27, 2008 to comply with the revised USP 797.
10.34.20	Format of Prescription Transmission	Revisions under consideration in Practice Committee
10.34.23	Pharmaceutical Services to Residents in Long-Term Care Facilities	Published August 6, 2004 and withdrawn December 23, 2005 by operation of law. Proposal revisions under consideration.
10.34.25	Delivery of Prescriptions	Regulatory revisions under consideration in Practice Committee
10.34.28	Automated Medication Systems	Regulatory revisions under consideration pursuant to HB 1387/SB 767 Health Occupations - Board of Pharmacy - Remote Automated Medication Systems, 2008
10.34.32	Pharmacist Administration of Influenza Vaccination	Regulatory revisions under consideration pursuant to SB 717 Pharmacists – Administration of Vaccinations – Expanded Authority, 2008

SUMMARY OF 2008 REGULATORY CHANGES

10.34.22 Licensing of Wholesale Prescription Drug or Device Distributors

This chapter was revised pursuant to SB 759 Wholesale Distributor Permitting and Prescription Drug Integrity Act, 2007, by requiring: criminal background checks for designated representatives and their immediate supervisors; routine inspections; more detailed contact information for the owners of a wholesale distributor; a surety bond of \$100,000; more detailed requirements for storage and handling including a security system that protects from theft and diversion; security software for the wholesale distributor's computer systems; video monitoring of entrances and exits; and adding in language from the DEA for what constitutes a significant inventory loss. The Board plans to implement these requirements at the end of the next renewal period in the fall of 2008, which would be the regularly scheduled time for renewal of wholesale distributors.

10.34.34 Pharmacy Technicians

This chapter was promulgated pursuant to SB 371/HB 492 - State Board of Pharmacy – Registration of Pharmacy Technicians, 2006. The regulations set out the application requirements to qualify for registration as a pharmacy technician. An applicant will need to submit to a criminal background check, be at least 17 years old, and either be certified by a national certification program or complete a training program and examination approved by the Board. If an applicant has worked in a pharmacy area of a pharmacy owned by the same permit holder since January 1, 2006, they may be eligible to be "grandfathered" and therefore exempt from training and examination provisions. The regulations include an exemption from registration for pharmacy students enrolled and in good standing at an accredited school of pharmacy. The regulations also establish continuing education requirements and renewal requirements. The Board's deadline for registration of all pharmacy technicians in Maryland is July 28, 2008.

As a result of the new law to register pharmacy technicians several other regulatory chapters had to be revised to accommodate the registration of pharmacy technicians. Those chapters are: 10.34.01, 10.34.08, 10.34.09, 10.34.10, 10.34.11, and 10.34.21.

ACCOMPLISHMENTS

A major accomplishment for the Unit has been the staffing of the Wholesale Distributor SB 759 Workgroup. The Workgroup was convened pursuant to the Wholesale Distributor Permitting and Prescription Drug Integrity Act, passed during the 2007 Maryland Legislative Session. The initial task of the Workgroup was to review and recommend regulations to implement the Act. The Workgroup made their recommendation for revisions to COMAR 10.34.22 Licensing of Wholesale Prescription Drug or Device Distributors, to the Board in August 2007. The Board reviewed the recommendations of the Workgroup and promulgated the regulations. The revised regulations became effective on April 7, 2008.

Additionally the Workgroup was mandated to (1) survey the availability of electronic track and trace pedigree technology across the entire prescription pharmaceutical supply chain; (2) determine when electronic track and trace pedigree technology will be universally available across the entire prescription pharmaceutical supply chain; and (3) based on its determination of the universal availability of electronic track and trace pedigree technology, make recommendations to the Board for a target date, no sooner than July 1, 2010, for implementation of electronic track and trace pedigree technology across the entire prescription pharmaceutical supply chain.

The Workgroup will continue collecting information during the fall of 2007 regarding electronic track and trace technology with the eventual plan of conducting a survey of the availability of electronic track and trace pedigree technology across the entire prescription pharmaceutical supply chain. The survey is anticipated to be completed and analyzed by the fall of 2008. Based on the findings, the Workgroup will determine the universal availability of electronic track and trace pedigree technology and make recommendations to the Board for implementation of electronic track and trace pedigree technology across the entire prescription pharmaceutical supply chain.

PROJECTIONS

The Unit projects a busy fiscal year 2009 as several new initiatives will be implemented by Board Staff. The Unit anticipates that it will assist the Licensing Unit in fielding phone calls and responding to e-mail inquiries concerning the renewal of wholesale distributors and the continued registration of pharmacy technicians. Beginning in June of 2008, the Unit began the process of revising the Maryland Pharmacy Law Book. The expectation is that the review and proofing process will be completed in the late summer of 2008 with a shipment date in the fall. The 2008 Edition of the Maryland Pharmacy Laws book will be distributed to all pharmacy permit holders and will be offered for sale to pharmacists and the public on the Board's website.

The Unit also will complete the tasks of the Wholesale Distributor SB 759 Workgroup during the fall of 2008 and submit a report to the Legislature by January 1, 2009.



MANAGEMENT AND INFORMATION SERVICES UNIT

OVERVIEW

The Management & Information Services Unit (MIS) provides automation support to assist the Board in performing mandated functions. Through the use of computers, networking, web and various software applications (such as Microsoft Office Suites), the MIS Unit installs, creates and maintains systems used by the Board. The MIS Unit consists of a Unit Manager and Database Specialist. The Board also contracts with specialists on an as needed basis to help support specialty MIS projects.

NEW DEVELOPMENTS

The Unit's database specialist position, which had been vacant for much of FY 2007, was filled during FY 2008. The Board also contracted with a consultant to support Disaster Recovery and network upgrade projects. The functions performed by this consultant included Help Desk support.

Early in the fiscal year the Board determined that the MIS unit should address the many new initiatives from the previous year's Legislative Session. Following related task force and committee work, for implementing the registration of Pharmacy Technicians, unit staff developed a pharmacy technician registration database which tracks and verifies pharmacy technician applicants and fee payments, and prints registration forms for issuance to pharmacy technicians. A mechanism to verify registered pharmacy technicians was also added to the Board web site.

MIS began the year with upgrading servers and several computers in the Licensing, Compliance, Administration and Public Support, and Legislative Units. The upgrades were performed in part to accommodate an increase in Board staff membership and also to meet new requirements from the Department. All units were required to upgrade network servers from Windows NT to Windows 2003. This was completed by the second quarter (fall 2007). The Windows NT server was eventually shut down completely, after the new system ran without failure.

The Board was required several years ago to maintain procedures for performing its critical business functions in the event of an emergency. The Office of the Inspector General's (OIG) internal audit required the Board to address the following components of the Board's Disaster Recovery Plan (DRP), which did not adequately describe:

- * Alternate site processing arrangements
- * Required hardware and software components
- * Restoring network connectivity
- * Application inventories prioritized for recovery

The personal computers (PCs) and laptops that were replaced and functioning were turned into Disaster Recovery equipment, a copy of the new network was placed on an older server and priorities for recovery were defined. The OIG reviewed and approved the Board's (DRP) Plan, which included negotiations with other agencies for an alternative location.

The Board has continued development of the new in-house database system, through contract with RESI, an agency of Towson University. The new system will combine most of the Board's existing 27 databases into one system to address the Board's fiscal, licensure and compliance units' needs.

Major contractor delays have interfered with the completion of the project in FY 2008. A new agreement was reached at the end of the fiscal year that requires RESI to provide dedicated programming support in fiscal year 2009.

NEXT YEAR AT A GLANCE

While the Board Units continue to launch new programs that require support from MIS, technologies such as blast emails, online surveys, wireless and launching a secure web site were used to conduct internal Board business to accomplish many tasks; MIS focus for FY 2009 will be on completing the new in-house database system. Because of contractor design and project management challenges the project is now slated to be completed by the end of FY 2009. Projected goals in FY 2009 include:

- 1) Completing design and implementation of the new in-house, integrated database system;
- 2) Completing the implementation of an automated inspection system for different pharmacy and distributors;
- 3) Completing the DRP alternate site set up for emergency operations;
- 4) Revamping the Boards public web site; and
- 5) Obtainment of permanent for Help Desk Staff to support all new systems.

