Maryland Board of Pharmacy
Public Board Meeting

Agenda
February 18, 2026

Name	Title	Present	Absent
Board Committee			
Banks, B.	Consumer Representative		
Cundiff, J.	Independent Representative		
De Leon, M.	Acute Care Hospital Representative		
Geigher, P.	Consumer Representative/**Treasurer**		
LeGallee, W.	Long Term Care Representative		
Masood, A.	Chain Drug Store Representative		
Oriaifo, A.	At-Large Representative		
Patel, A.	Chain Drug Store Representative		
Robinson, D.	Pharmacy Technician Representative		
Rusinko, K.	Home Infusion Representative/**President**		
Shimoda, M.	At-Large Representative		
Slagle, K.	Independent Representative		
Vázquez, J.	Hospital Acute Care Representative /**Secretary**		
Board Counsel			
Bethman, L.	Board Counsel		
Felter, B.	Board Counsel		
Board Staff			
Speights-Napata, D.	Executive Director		
Gaskins, J.	Legislative Liaison		
Leak, T.	Compliance Director		
Partin, J.	Director of IT, Budget & Procurement		
Valerio, L.	Licensing Manager		

I. Executive Committee Report(s)	**A.) K. Rusinko, Board President**	*Members of the Board with a conflict of interest relating to any item on the agenda are advised to notify the Board at this time or when the issue is addressed in the agenda.*	

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)
	B.) J. Vazquez, Secretary	**1. Call to Order** **2. Sign-in Introduction and of meeting attendees** – *(Please indicate on sign-in sheet if you are requesting CE Units for attendance)* **3. Distribution of Agenda and packet materials** **4. Review and approve January 2026 Public Meeting Minutes**	
II. A. Executive Director Report	**D. Speights-Napata Executive Director**	**1. Meeting Update** **2. Staff Update**	
B. New Business	**K. Rusinko, Board President**		
C. Operations	**J. Partin, IT Director Budget & Procurement**	**1. Procurement and Budget Updates** **a. November Financials** **2. Management Information Systems (MIS) Unit Updates**	
D. Licensing	**K. Slagle, Chair**	**1. Unit Updates** **2. Monthly Statistics**	

License Type	New	Renewed	Reinstated	Total
Distributor	24	2	0	1,601
Pharmacy	19	99	0	2,214

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		Pharmacist	40	541	6	12,970
		Vaccination	94	253	0	6,456
		Pharmacy Intern - Graduate	13	0	0	45
		Pharmacy Intern – Student	6	6	0	366
		Pharmacy Technician	135	311	8	11,311
		Pharmacy Technician-Student	2	0	0	38
		TOTAL	333	1,212	14	35,001
E. Compliance	**T. Leak, Compliance Director**	**1. Unit Updates** **2. Monthly Statistics** **Complaints & Investigations:** **New Complaints – 56** ● Customer Service - 6 ● Employee Pilferage - 1 ● Licensing Referral - 3 ● Inspections - 32 ● Medication Error - 3 ● Refusal to Fill - 1				

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)
		● Out of State Disciplinary Actions - 8 ● Fraud - 2 Resolved - 26 Actions within Goal - 26/26 Formal Disciplinary Action Taken - 2 Summary Actions Taken - 0 Average Days to Complete -N/A **Regulatory Inspections:** Total **- 121** Annual Inspections - 115 ● Chain - 41 ● Independent - 21 ● Sterile Compounding - 12 ● Repository - 20 ● Comprehensive Care - 3 ● Hospital - 8 ● Supplemental Assisted Living - 2 ● Follow up - 2 ● Distributor - 6 ● Attempted- 0 Openings – 4 Sterile Opening: 1 Remodels - **1** Relocations – 0 Repository Openings - **0** Closing Inspections **- 0** Change of Ownership - **0** **Pending Opening – 1** **Pending Closing - 2**	

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F. Legislation & Regulations	**J. Gaskins, Legislative Liaison**	**<u>Legislation</u>** **<u>Regulations</u>** Policy & Regulatory updates	

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III. Committee Reports **A. Practice Committee**	**A. Masood, Chair**	**<u>QUESTION ONE:</u> T.W.** My current understanding is the following: A DEA registration is only valid while the prescriber holds active authority to practice medicine. Upon a prescriber's death, their state license and authority to practice cease, which means their DEA registration would no longer remain valid. An NPI is an administrative identifier, not a prescribing license, so it should be deactivated in NPPES after a prescriber's death. However, NPI status itself does not determine prescribing authority. For prescriptions written before the prescriber's death: Under federal guidance, if the prescription was validly issued at the time it was written (i.e., legitimate medical purpose, prescriber had active authority at that time), the prescription is considered valid at issuance. However, it is unclear whether Maryland law permits dispensing or refilling such prescriptions after the prescriber's death, and whether there are Maryland-specific restrictions or expectations for pharmacists in this situation. Could you please confirm how Maryland pharmacists should handle: • Previously valid prescriptions written before the prescriber passed away • Refills on those prescriptions • Any distinctions for controlled substances vs. non controlled medications Any statute, regulation, or Board guidance would be extremely helpful. I also wanted to verify whether the attached CMS counseling requirement remains active and applicable in Maryland.	

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		Specifically, the CMS guidance outlines required counseling elements for Medicaid beneficiaries (e.g., name/description of medication, route, dose, interactions, side effects, etc.). I want to confirm whether Maryland still follows this counseling requirement in its current form, or if there have been updates or changes to counseling expectations. I have attached a screenshot of the CMS counseling elements referenced. Could you please confirm whether: ● This counseling requirement is still active in Maryland ● Maryland has adopted any state-specific modifications ● There are any updated counseling expectations we should follow **QUESTION ONE RESPONSE:** There is no specific Maryland law regarding prescription validity after the death of the prescriber. However, the Board's interpretation of the prescription requirement is that a prescription is only valid if it is supported by a prescriber with whom a pharmacist can consult regarding clinical appropriateness, etc. Therefore, if a pharmacist is informed of the death of a prescriber, it would be incumbent upon the pharmacist to contact the prescriber's office to identify a new prescriber who is continuing the care for the patient and obtain a new prescription. For non-controlled prescriptions, a pharmacist also has the authority to dispense an emergency 14-day supply refill in accordance with Health Occ. 12-506.. With respect to the counseling requirement for Medicaid patients, please refer to Health Occ. 12-507. And as with any questions regarding Maryland law and its application to your practice, please consult with your legal counsel.	

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		QUESTION TWO: D.M. I need your guidance since I couldn't find a clear answer in the law for the following situations: If a pharmacy receives one script for both C2 & non control medications what is the right thing to do? Also, if it is a C3 with Non control? Should the pharmacist separate them as two written scripts and fill them or it is a different case for the C2?I need your guidance since I couldn't find a clear answer in the law for the following situations: If a pharmacy receives one script for both C2 & non control medications what is the right thing to do? Also, if it is a C3 with Non control? Should the pharmacist separate them as two written scripts and fill them or it is a different case for the C2? . **QUESTION TWO RESPONSE:** Maryland law requires that a separate prescription form is required for each controlled dangerous substance. Health Gen. Art. 21-220(g)(2). However, in your fact scenario, the prescription would be for one CDS and one non-CDS. If a pharmacist otherwise determines that the prescription is valid, the pharmacist does not need to separate the drugs into two prescriptions.	

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		DRUG THERAPY MANAGEMENT	
	K. Rusinko and J. Vazquez Recused	**PHARMACY:** Johns Hopkins **PHARMACIST(S):** Caitlin Dowd-Green, Maiko Patino **PROTOCOL(S):** Asthma, COPD, Obesity and Weight Loss Management	
		PHARMACY: Chase Brexton Health Care **PHARMACIST:** Brianna Murray **PROTOCOL(S):** Psychiatric Clinical Care, Metabolic Syndrome & Substance Use and Dependence	
	M. De Leon Recused	**PHARMACY:** University of MD **PHARMACIST(S):** Emma Brusio, Seferina Kim **PROTOCOL(S):** Chronic Obstructive Pulmonary Disorder, Chronic Hepatitis C Infection Management Treatment & Prevention of of Human Immunodeficiency Virus (HIV) Infection	

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B. Licensing Committee	**K. Slagle, Chair**	**1. Review of Pharmacist New Applications:** **a. M.F. -** The applicant is requesting a one-time extension of the pharmacist application, which expired in January 2026. ***Committee Recommendation:*** *Deny. The applicant must reapply.* **b. A.T.A -** The applicant requests a one- to two-month extension of the Authorization to Test (ATT) for the NAPLEX examination. ***Committee Recommendation:*** *Approve. Extension granted until April 30, 2026. The applicant must reapply.* **c. B.O. -** The applicant respectfully requests an extension of time to complete the required licensing examination, as they were unable to take the MPJE within the originally allotted timeframe. ***Committee Recommendation:*** *Approve. The applicant must reapply.* **2. Review of Pharmacist Renewal Applications: None** **3. Review of Pharmacist Reinstatement Applications: None** **4.Review of Technician New Applications: None** **5. Review of Technician Renewal Applications: None** **6. Review of Technician Reinstatement Applications: None** **7. Review of Intern New Applications: None** **8. Review of Intern Renewal Applications: None** **9. Review of Pharmacy New Applications: None** **10. Review of Pharmacy Renewal Applications: None** **11. Review of Continuing Education Program Request: None** **12. Review of Pharmacy Technician Training Program: None** **13. New Business:**	

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		a. L.C. - An amendment to the Existing training program was submitted for review and approval. The computer-based learning has been moved from an outside platform (PTU) to being provided in-house and is now more integrated throughout the hands-on training portion of the program versus being separate. We believe this provides a more cohesive approach to preparing technicians. ***Committee Recommendation:*** *Approve.* **b. WVUHS Pharmacy -** On October 27, 2025, E.L. contacted the Board to inquire which establishment application is required according to the services provided. The question went to the Practice Committee for review and recommendation. After receiving a response from the Practice Committee, S.C. contacted the Board for a second opinion. ***Committee Recommendation:*** *The Licensing Committee affirms the Practice Committee's recommendation and the Board's initial determination that a distributor permit is required.*	

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C. Public Relations Committee	**J. Vázquez, Chair**	**Public Relations Committee Update:**	
D. Disciplinary	**A. Patel, Chair**	**Disciplinary Committee Update**	
E. Emergency Preparedness Task Force	**A.Patel, Chair**	**Emergency Preparedness Task Force Update**	
IV. Other Business & FYI	**K. Rusinko, President**		
V. Adjournment	**K. Rusinko, President**	**A. The Public Meeting was adjourned** **B. I would like to ask for a motion to close the public meeting and open a closed public session for the purpose of engaging in medical review committee deliberations of confidential matters contained in licensure applications in accordance with General Provisions Article Section 3-305(b)(13).** **C. Immediately thereafter, K. Rusinko, convened an Administrative Session for purposes of discussing confidential disciplinary cases.** **D. With the exception of cases requiring recusals, the Board members present at the Public Meeting continued to participate in the Administrative Session.**	