Maryland Board of Pharmacy
Public Board Meeting

Agenda
April 17, 2019

Name	Title	Present	Absent
Ashby, D.	Commissioner		
Bouyoukas, E	Commissioner		
Evans, K.	Commissioner		
Garmer, G.			
Hardesty, J.	Commissioner/Treasurer		
Laws Jr, A.	Commissioner		
Leikach, N.	Commissioner		
Morgan, K.	Commissioner/President		
Oliver, B	Commissioner		
Rusinko, K.	Commissioner		
Toney, R.	Commissioner/Secretary		
Yankellow, E.	Commissioner		
Bethman, L.	Board Counsel		
Felter, B.	Staff Attorney		
Speights-Napata, D.	Executive Director		
Fields, E.	Deputy Director /Operations		
Goldberg, D.	Pharmacist Investigator Supervisor		
Clark, B.	Legislative liaison		
Chew, C.	Management Associate		

I. Executive Committee Report(s)	**A.) K. Morgan, 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.*	

<table>
<tr><th>Subject</th><th>Responsible Party</th><th>Discussion</th><th>Action Due Date (Assigned To)</th></tr>
<tr><td></td><td>B.) R. Toney, Secretary</td><td>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 December 2018 and March 2019 Public Meeting Minutes</td><td></td></tr>
<tr><td>II. A. Executive Director Report</td><td>D. Speights-Napata, Executive Director</td><td>I. Presentation: Joy Strand, Executive Director, Maryland Medical Cannabis Commission
II. Upcoming Meetings
III. Staffing Update
IV. UMES Preceptor Breakfast report</td><td></td></tr>
<tr><td>B. Operations</td><td>E. Fields, Deputy Director/ Operations</td><td>1. Procurement and Budget Updates
a: March 2019 Financial Statements

2. Management Information Systems (MIS) Unit Updates
a: Systems Automation Enhanced Services</td><td></td></tr>
<tr><td>C. Licensing</td><td>E. Bouyoukas, Commissioner</td><td>1. Unit Updates
2. Monthly Statistics
<table>
<tr><th>License Type</th><th>New</th><th>Renewed</th><th>Reinstated</th><th>Total</th></tr>
<tr><td>Distributor</td><td>9</td><td>25</td><td>0</td><td>1,336</td></tr>
<tr><td>Pharmacy</td><td>17</td><td>0</td><td>0</td><td>2.052</td></tr>
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			Pharmacist	**52**	**417**	**0**	**12,088**
			Vaccination	**22**	**8**	**0**	**4,702**
			Pharmacy Intern - Graduate	**6**	**0**	**0**	**47**
			Pharmacy Intern - Student	**13**	**13**	**0**	**842**
			Pharmacy Technician	**124**	**266**	**8**	**9,834**
			Pharmacy Technician-Student	**5**	**0**	**0**	**42**
			TOTAL	**248**	**729**	**8**	**31,025**
D. Compliance	**D. Goldberg, Pharmacist Investigator Supervisor**	**1. Unit Updates** **2. Monthly Statistics** **Complaints & Investigations:** New Complaints - 61 • Customer Service - 3 • Refusal to Fill - 6 • Unlicensed Personnel - 4 • Dispensing Error - 4 • Employee Pilferage - 3 • Inspection Issues - 11 • Invalid CPR - 11 • Disciplinary Actions in Another State - 10					

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		• Medication Error - 3 • Unprofessional Conduct - 6 Resolved (Including Carryover) – 89 Actions within Goal – 53/89 Final disciplinary actions taken – 31 Summary Actions Taken – 2 Average days to complete - 78 **Inspections:** Total - 166 Annual Inspections - 146 Opening Inspections -8 Closing Inspections - 6 Relocation/Change of Ownership Inspections - 1 Board Special Investigation Inspections – 5	
E. Legislation & Regulations	**B. Clark, Legislative Liaison**	**Regulations** COMAR 10.34.05.05 Security Responsibilities COMAR 10.34.30 Applications COMAR 10.34.09 Fees **Legislation** Age change for vaccination	
III. Committee Reports **A. Practice Committee**	**Evans, K. Commissioner**	**Eric Isley:** Are pharmacists allowed to administer Gardasil for someone over the FDA approved age range if we receive a prescription from the patient's primary care provider?	

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		Proposed response: Under COMAR 10.34.32.03B-2(1), pharmacists may administer vaccinations listed in the Center for Disease Control and Prevention's Recommended Immunization Schedule to adults. Because Gardasil is listed in the CDC's immunization schedule, pharmacists may administer the vaccine to an adult outside the approved age range, provided that the vaccine is administered pursuant to a prescription from an authorized prescriber. **Lisa Le Gette:** I am writing to ask you and your Board to consider proposing legislation or rule, as appropriate for your jurisdiction, regarding the ability of pharmacists to use their professional judgment to adapt prescriptions, while still meeting the intent of the prescriber. In the high velocity pace of practice, there are omissions or changes a pharmacist can make on an unclear prescription without contacting the prescriber. **Proposed response:** Thank you for your inquiry. The Board would be happy to review any proposed legislation you may draft for the 2020 session. We look forward to hearing from you. **Bonnie Levin:** MedStar is interested in setting up a Suboxone clinic for substance use disorder patients, and would like to create a collaborative practice agreement for the pharmacist to prescribe Suboxone based on protocol. Would this be acceptable to the Board? If so, we'll develop the protocol and agreement for your review. **Proposed Response:** The Board does not believe that this is a permissible practice. Suboxone is a controlled dangerous substance that is further regulated by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). For further information	

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		regarding this inquiry, the Board recommends contacting SAMHSA at 1-877-726-4727. **Steve Bonwit:** We are inquiring about the legality of health/fitness clubs to have 02 on hand and administering this "drug" during emergency 911 situations (prior to EMS arrival). We have contacted the Maryland Institute for Emergency Medical Services Systems, as well as the Maryland Board of Physicians, and this falls under neither's jurisdiction. Might this be an area you regulate? **Proposed response:** Thank you for your inquiry. Health and fitness clubs are licensed by the Health Club Unit of the Maryland Office of the Attorney General. For further information regarding this inquiry, please contact the Health Club Unit of the Maryland Office of the Attorney General at 410-576-6350 or healthclub@oag.state.md.us. **Tracy O donnell:** I am putting together a FAQs document for the Giant & Martin's pharmacists and I stumbled on a couple I wasn't sure on. I was wondering if you might be able to review and provide guidance. Or have a recommendation on who might be able to clarify/confirm? **Question #1:** "If the patient ran out of refills on the original prescription that was prescribed by my partner, and it's only been 6 months, can I prescribe another 6 months without going through the prescribing process again (questionnaire, ect)?" **Question #2:** "If I have a patient that was prescribed hormonal contraceptive from a pharmacist from a different company, and I perform the screening and prescribing process, will the visit fee be reimbursed by Medicaid if it is only 3 months after the other company submitted the visit fee for payment?"	

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		Question #3: "If my patient has already been diagnosed with hypertension, but their BP reading is 125/85 today, can I prescribe contraception for my patient?" **Question #4:** "If my patient tells me that they bought a UPT and that was negative, can I use this as proof that they are not pregnant?" **Proposed responses:** 1. No. In this situation the patient should be re-evaluated by the new pharmacist to ensure that it is still safe to prescribe contraceptives. 2 For further information on this inquiry, please contact Maryland Medicaid. 3. In this situation, the pharmacist should use his or her professional judgment to determine whether the patient should be referred to a primary care provider. 4. In this situation, the pharmacist should use his or her professional judgment in determining whether to refer the patient to a women's reproductive health specialist. **Nathan White:** I am an attorney with Moore & Van Allen and we are conducting a review of licensure requirements for a client that plans to launch an e-commerce platform in June this year. The e-commerce platform will connect doctors' offices and non- acute healthcare providers, on one side, and third party sellers of durable medical equipment and other items, on the other side. The company will never possess or own the DME or other items. It will simply connect sellers and purchasers (e.g., doctors' offices, clinics) through the e-commerce platform. The e-commerce platform will accept orders on behalf of sellers, but the sellers will fulfill the orders directly to the purchasers. The e-commerce platform will retain a portion proceeds.	

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		In addition to DME, products will include medical devices in all classes, bed, and prescription medical devices. No drugs (prescription or otherwise) will be sold through the platform at this time. In addition, there will be no sales directly to patients or other non-licensed individuals. The seller that contract with the company to sell products through the platform will be solely responsible for the selecting, packaging, and shipping of the products to the purchaser. Before being permitted to sell through the e-commerce platform, all sellers will be responsible for getting the appropriate license from state and federal regulators. Based on this above description of the e-commerce platform, could you kindly inform me if our client is required to obtain licensure with the MD Board of Pharmacy? I don't believe our client falls within the Wholesale Distribution Permitting and Prescription Drug Integrity Act, but am seeking information. **Proposed response:** Thank you for your question. Based on the description you have provided, your client would likely be considered a broker. Under Md. law, your client would therefore be required to obtain a distributor license to carry out its business. **Angela Cassano:** I am working with a company bringing a subcutaneous injectable medication to market. The medication is for cardiovascular disease and would be administered quarterly, possibly twice a year. It would be ideal for pharmacist to both dispense and administer the medication in a community setting. Does Maryland allows central fill of compounded sterile preparations in one hospital to be transferred to another entity owned by the same health-system? If so, is this only patient specific or can batched compounds also be transferred? **Proposed response:** Thank you for your question. Maryland does not have a separate license for central fill pharmacies. Pharmacies are permitted to engage in sterile compounding on a patient specific	

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		basis, provided all labelling, counseling, and other requirements are met. **Mike Nye:** Does the Board have any issues with the following: 1. Using gift card giveaways as a marketing strategy to persuade consumers to transfer their prescriptions to a particular pharmacy, e.g. "receive a $5 shell gas card for each prescription that your transfer to Pharmacy X"? 2. Using charity donations in the same manner as above, e.g. "$1 donated to Charity X for each prescription that you transfer to our pharmacy"? 3. Partnering with a charity for a larger, co-branded charitable effort. E.g. "Our pharmacy has partnered with Charity X to donate $1 from the proceeds of every prescription that we fill to Charity X." **Proposed response:** The Board of Pharmacy does not prohibit these practices; however, if you have payer-specific questions, you will need to contact the payer directly. H.R.: I am a licensed pharmacist working in a retail setting in the state of Maryland. Due to the nature of my concerns, I would like to remain anonymous. I am concerned that retail pharmacists in Maryland are, in many cases, working in settings where there is a dangerously low level of technician support. In my own practice, I have seen the level of tech support drop dramatically over the last three to five years, especially so in the last 6 months. As a retail pharmacist, I am routinely required to work for periods of 3 to 8 hours alone, without any support staff; I perform all the duties of a pharmacist, a pharmacy technician, and a cashier. In a busy pharmacy (which most are), it only takes more than 2 patients engaging at any of the 7 contact points (drive-thru, drop-off, pick-up, e-scribe, phone, counselling and	

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		vaccinations) to create a frenzied, chaotic and distracted workplace for a pharmacist. It is my sincere belief that these long hours without any support, combined with the volume of prescriptions filled per shift, poses a threat to public safety. I also know that there are many colleagues that share my concerns. One possible solution to this issue would be to enact a regulation similar to what is in place in Delaware. Under 24 DE ADC 2500-3.8, a pharmacy permit holder must ensure that there is at least one trained pharmacy technician immediately available on site at all times when a pharmacy is open for business. Enacting such a regulation would not only ensure that pharmacists have the support that they need, but would also rectify a threat to public safety that currently exists in Maryland. An additional and more comprehensive solution would be to enact a regulation that considers how many prescriptions per day or week that a pharmacy processes and mandates certain staffing levels based on those numbers. I hope that the Board will consider adopting regulations such as those suggested above in the interest of protecting Marylanders. Retail pharmacies are operating right now with dangerously low staffing levels. I fear that allowing this to continue poses a threat that will cause real harm to the communities that we serve. **Proposed response:** Thank you for your concerns. The Board is concerned with public safety, and has developed a workgroup to examine pharmacist working conditions. Despite the Board's ongoing effort, individual pharmacists have a professional obligation to leave an environment they feel unsafe. If you would like the Board to follow up on a specific incident or practice that you believe is a danger to public health, a formal complaint must be filed with the Board. Once such a complaint is filed, the Board is required to conduct an investigation.	

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		The Board will consider your legislative proposals; however, such proposals are more appropriately addressed to your local Maryland legislators. **Laure Kouyoudjian PA-C:** Our office is currently administrating biologic therapy in an outpatient setting. One of our consultant suggested that we may want to hire a pharmacy technician for purpose of inventory management and mixing biologic therapy. I have been looking for information regarding that possibility, but it is unclear to me that Pharmacy technician can do so in a private office setting that does not employ a pharmacist. Could you clarify for me if this would be allowed in the state of MD. **Proposed response:** Thank you for your inquiry. If the outpatient setting that you have described is a physician's office, and the physician has a dispensing license, technicians can perform these duties (but would not be practicing as a technician). **John Carlo Combista:** I am hoping to hearing with regards to the Pharmacy Intern License, I just need to clear things out. The CNMI of Saipan, Northern Mariana Islands, US Territory requires the Pharmacy Intern License from the US Mainland 50 States in order to reciprocate it and give a license to the interns. It means that Saipan cannot give license to the interns directly or immediately. It means that only if the intern can get a Pharmacy Intern License from a US Mainland State that Saipan can use it to reciprocate and allow the intern to do internship hours in Saipan but record the hours' not in Saipan but in a Board of Pharmacy in a US State such as in Maryland. Now, I would like to know since the Pharmacy Manager in a Saipan is a PharmD License in Saipan, Dr. Joshua Wise of PHI	

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		Pharmacy, but he is not working as a pharmacist in Maryland but in Saipan managing 3 big Pharmacy in the island of Saipan. Basing from these facts, can I apply for a Pharmacy Intern License from Maryland Board of Pharmacy but fulfill the internship not in Connecticut but in Saipan under a Preceptor who is License in Saipan who is not practicing in Maryland but practicing the Profession in Saipan and not record the internship hours in Saipan but record the hours in Maryland Board of Pharmacy? I am really hoping for your kind considerations, positive feedback and best advice. **Proposed response:** Thank you for your inquiry. The Board of Pharmacy will not accept intern hours completed in Saipan. **Zinkeng Asonganyi:** We implemented the use of a close system transfer device (CSTD), Equashield in the summer of last year to protect staff during preparation of chemotherapy. It is considered one of the very best true CSTD per NIOSH standards and has been shown to prevent microbial ingress into drug vials, extending the sterility of SDV (study link below). Like you know, per USP797 standards, once you puncture the vial, it is only good for up to 6 hrs within an ISO 5 environment. This has created a significant amount of waste of viable drug in our infusion center and financial expense to the tune of thousands of dollars every month. With the use of a few FDA-ONB approved CSTD including Equashield, organizations have extended the expiration of a single does vials from 6 hrs. to up to 7 days. This practice is currently referred to as drug vial optimization (DVO), it has helped organizations such as Walter Reed Medical Center, OSUMC, and UNCMC reduced waste and conserve expensive medication. Our goal at AAMC is to collaborate with an external laboratory, develop a microbiology protocol and test to determine how long single dose vials are sterile in our current clean room environment and engineering controls. We would perform periodic QA testing to	

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		ensure that SDV medications remain sterile. We are a busy infusion center and anticipate medications will; be used up within 24 to 48hrs if we extend the BUD and not 7 days like studies and some organizations nationally are doing. I am providing some resources below including some articles with microbiologic protocols used by other organizations and FDA-ONB approval of Equashield and UNC's DVO practice: **Proposed response:** Thank you for your question. Pharmacists should refer to USP-797 guidelines and use their professional judgment to determine how to proceed in this situation. **Visesh Velagapudi:** I have a question regarding dispensing of insulin in a hospital setting. If a patient were to verbalize financial difficulty affording insulin on the day of discharge, is a hospital permitted to dispense the insulin pen dedicated to that patient to take home until the patient has means of affording it outpatient and labeled appropriately under a prescribers order. Or are hospitals forbidden from dispensing any medications under any circumstances. **Proposed response:** Pursuant to COMAR 10.34.03.10, institutional pharmacies may dispense drugs for use outside the institutional pharmacy by clinics, ambulatory patients, or other patients "about to be discharged" provided that the director of pharmacy ensures that the labels on such drugs meet the requirements of Md. Code Ann., Health Occ. § 12-505. **Alison Donley:** We've just received our first pharmacist prescriber group and renderer applications (it's drug hut, if you're curious) through ePREP, so that's good news. I'm developing instructions for our analysts to review the applications as they come in, and I realize I have a few questions for you regarding documentation of training program completion.	

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		1. What document exactly should we be using to verify a pharmacist has completed a training program? Is it the certificate of completion from a Board-approved program (presently, OSU's program)? The notification form? Or the written confirmation from the Board accepting the pharmacist notification form? 2. Would it be possible for you to share a copy of the appropriate document(s) so we have an example on hand? 3. Finally, if a pharmacist is exempt from the training program because they have undergone training for prescribing contraceptives as part of their educational program, does the Board require documentation of that? If so, what does that look like? **Proposed response:** Thank you for your question. 1. The Board is working on a form, but is currently accepting an email confirmation of completion of a Board-Approved training course. 2. We will share the form with you as soon as it is completed. 3. Yes. This will be the same form as the notification form for completion of a Board-approved training course, which will have a field to indicate that the pharmacist received the necessary training as part of their formal education. **Daniel Palmer:** I am writing to you to raise awareness of a problem we currently have with our State's current policy regarding controlled medications. I have been diagnosed with adult ADD. You can imagine my surprise after 30 years of no diagnosis that I would suddenly need medication every day in order to help regulate normal brain function. At first I was relieved that I would have an answer to many of the problems that I experienced in everyday life. Chronic	

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		fatigue, forgetfulness, excessive stress, difficulty focusing, all of these things could be helped by taking one to two small pills per day. At first I was ecstatic. The medication I was prescribed was effective and I was able to work with my doctor to find the correct dosage that worked best for me. I was doing better at my job, I was able to focus on multiple aspects of my life that I had been ignoring, thus improving my overall health. My relationships with family and friends were even becoming easier. But after my first prescription, I soon found it difficult to find a refill. I was caught between waiting weeks for more medication to come into local pharmacies, or drive half way across the state to find a pharmacy that could fill my prescription. This is super dangerous, as with most prescribed medications there can be serious health effects from constantly going on and off medications. But because prescribed drugs such as Adderall and Ritalin (Methylphenidates) are controlled substances, pharmacies cannot order enough medication to serve their local patients. I've experienced times where a pharmacy will get its weekly order early afternoon, and by mid-evening be out of stock due to the number of patients needing this important medication. Were you aware that in 2011, the CDC conducted a study and found that 11.8% of youth from ages 4-17 were ever diagnosed with Attention-Deficit/Hyperactivity Disorder in the state of Maryland/ (https://www.cdc.gov/ncbddd/adhd/prevalence.html#current) Although this is an alarming number, what is just as alarming is the difficulty parents and adults with ADHD go through to find the medication to help with the diagnosis. I understand the dangers of Methylphenidates. They are addictive substances and when abused can lead to all kinds of detrimental health effects. But when used in a patient suffering from a chemical imbalance in the brain, such as caused by ADHD, they are generally non-habit forming, and provide immeasurable benefits. It is a struggle every month just to find my prescription. I should not have to travel half way across Maryland in order to fill a prescription that has been prescribed by a licensed doctor. It would be doing a favor to me and thousands of Maryland families if we could consider changes to our laws that would make	

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		access to prescribed medications easier. Making prescriptions more available also will help regulate the price of medications and make them more cost effective for those struggling with illnesses. I would like to know your thoughts on this subject. I admit, I'm not a doctor and I'm not an expert on medications. I'm just a Maryland citizen who wants to make the lives easier for Marylanders to seek the treatments and therapies that are effective and necessary for productive lives. **Proposed response:** The Board appreciates the problem that you are experiencing and is working toward a resolution. In the meantime, the Board encourages you to open a dialogue with your pharmacist to try to resolve the issue. **Elizabeth Hamilton:** I am a primary care physician with GBMC Health Partners. I regularly send prescriptions to the Walmart pharmacy in my Towson neighborhood. Recently though, I have discovered that Walmart has their own policy for opioid prescribing that I found very disturbing. After speaking with 2 of their pharmacists I have learned that they will only dispense 7 days of medication for acute pain. In order to know whether a patient is suffering from acute or chronic pain they will ask the patient. This seems very inappropriate as patients do not always know that terminology. Alternatively they will call my office and request the diagnosis as well as the acuity of the patient's pain. Today a pharmacist called my office and requested the diagnosis as well as the acuity of pain before dispensing the Tramadol I ordered. This is the only pharmacy where I am asked to do this. I don't work for Walmart and I am not under their policies. I have my own practice and prescribing license and do not feel I should have to answer to the pharmacist. I work in the past interest of my patients and consider the CDC opioid guidelines when I prescribe medication. That being said, I treat patients and put my patients first. The patient in question today suffers from knee pain related to chronic spasm in his legs because he has cerebral palsy. It is chronic pain due to cerebral palsy. I also	

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		referred him to an orthopedist. I don't believe I need to explain that to a pharmacist before he fills my patient's medication. I would appreciate your attention to this matter and helping me understand how best to handle this. My patients like Walmart for its convenience and low process, but I am reluctant to use their pharmacy at all now. **Proposed response:** The Board encourages you to contact the establishment in question with your concerns about its internal policies.	
B. Licensing Committee	**D. Ashby, Chair**	**1. Review of Pharmacist Applications:** **a. #118733-** The applicant is requesting the Board to approve her to retake the MPJE exam for a 7th time. ***Committee' s Recommendation: Approve*** **b. #120311-** The applicant received his FPGEC certificate in December 2018. The Michigan Board of Pharmacy will not verify his pharmacy experience hours because he was not registered as an intern in that state. Per the applicant, despite not being registered with the MI BOP; he has completed hundreds of pharmacy experience hours under the supervision of a preceptor recognized by the state of Michigan. Maryland law requires Foreign Graduates to have 1560 documented pharmacy experience hours. ***Committee's Recommendation: Deny, applicant only held a pharmacy technician license with Michigan Board of Pharmacy. Pharmacy Technician hours do not count towards a MDBOP pharmacist license.***	

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		c. **#113760-** The applicant's MDBOP application expired on July 27, 2018. The applicant is requesting the Board grant her an extension of the expired MDBOP application. The applicant took the NAPLEX exam three times and did not pass until February 28, 2019. The applicant was informed that she could submit a new application packet to the MDBOP. ***Committee' s Recommendation: Approve*** **d.** **#116720-** The applicant's MDBOP application is due to expire on 04/25/2019. She is requesting the Board grant her an application extension. She is unable to schedule a test date and time at a site near her geographic area, she is without transportation or funds to take the MPJE exam elsewhere. A new MDBOP application along with the MPJE exam fee would pose financial hardship. She would not be able to schedule the MPJE exam until after April 2019. The applicant was informed that she could take the MPJE exam at another location. ***Committee's Recommendation: Approve, a 30-day MDBOP application extension beginning 04/25/2019.*** ***e.*** **#117672-** The applicant is requesting the Board grant her another extension for the NAPLEX score transfer. She was granted a score transfer extension in January 2019 until February 2019 by the Board. Her son was sick, while they were in Cameroon and returned to the states from Cameroon on February 10, 2019. ***Committee's Recommendation: Approve, MDBOP application extension until 6/30/2019.***	

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		f. **#117178-** The applicant's MDBOP application is due to expire on 5/22/2019 and her NAPLEX/MPJE eligibility is due to expire on 6/12/2019. The Board approved her ADA testing accommodations on 8/17/2018. She experienced life situations that she feels hindered her from finishing her studies. The applicant is requesting and extension of her NAPLEX and MPJE eligibility expiration dates to 8/2019. She is willing to pay another MDBOP application fee. ***Committee's Recommendation: Approve, MDBOP application extension until the end of 8/31/2019.*** ***g.*** **#119730-** The applicant is requesting the Boards approval to retake the MPJE exam for the 8th time. She states that she would have passed, if she had not gotten sick during the exam on 2/8/2019. She was pregnant and had a cold/flu. This had a combined effect on her doing her best on her 7th MPJE exam attempt. ***Committee's Recommendation: Approve*** **2. Review of Pharmacy Intern Applications: NONE** **3. Review of Pharmacy Technician Applications: NONE** **4. Review of Distributor Applications: NONE** **5. Review of Pharmacy Applications: NONE** **6. Review of Pharmacy Technicians Training Programs: NONE** **7. New Business: NONE**	

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C. Public Relations Committee	**E. Yankellow, Chair**	**Public Relations Committee Update:**	
D. Disciplinary	**J. Hardesty, Chair**	**Disciplinary Committee Update**	
E. Emergency Preparedness Task Force	**N. Leikach, Chair**	**Emergency Preparedness Task Force Update**	
IV. Other Business & FYI	**K. Morgan, President**		
V. Adjournment	**K. Morgan, President**	**A. The Public Meeting was adjourned.** **B. K. Morgan convened a Closed Public Session to conduct a medical review committee evaluation of confidential applications.** **C. The Closed Public Session was adjourned. Immediately thereafter, K. Morgan convened an Administrative Session for purposes of discussing confidential disciplinary cases.**	

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		D. With the exception of cases requiring recusals, the Board members present at the Public Meeting continued to participate in the Closed Public Session and the Administrative Session.	