

THE MARYLAND BOARD OF PHARMACY

CELEBRATING 100 YEARS OF SERVICE-1902-2002

Presidents

1918	H. Lionel Meredith
1926	J. Fuller Frames
1930	Lloyd N. Richardson
1935	Harry R. Rudy
1938	L. M. Kantner
1940	Lloyd N. Richardson
1945	T. Ellsworth Ragland
1952	Charles S. Austin, Jr.
1958	S. Earl Webster
1961	Alexander J. Ogrinz, Jr.
1970	Norman J. Levin
1973	Morris R. Yaffe
1976	Ralph T. Quarles
1978	Bernard Lachman
1986	Anthony Padussis
1988	Steve S. Cohen
1997	George Voxakis
1998	David Russo
1999	Stanton G. Ades

-Present

Secretaries

1918	David R. Millard
1920	Samuel Y. Harris
1922	George A. Bunting
1925	Robert L. Swain
1940	Aquilla Jackson
1940	L. M. Kantner
1956	Francis S. Balassone
1972	Frank Block
1973	Charles H. Tregoe
1976	Robert Snyder
1977	Paul Freiman
1987	Milton S. Moskowitz
1992	Ralph Small
1995	Melvin N. Rubin
1996	Dorothy L. Levi
1998	W. Irving Lottier Jr.

-Present

BOARD CELEBRATES 100TH ANNIVERSARY THIS YEAR

The Maryland Board of Pharmacy is celebrating its 100th anniversary year in 2002. Created in April 1902 through By-laws that provided the framework, the Board has the right to hold meetings, obtain funds, elect officers, and offer examinations. Today the Board's Mission is: to protect Maryland consumers and promote quality health care in the field of pharmacy through licensing pharmacists and issuing permits to pharmacies and distributors, setting standards for the practice of pharmacy through regulations and legislation; educating consumers; and receiving and resolving complaints from the public regarding pharmacists, pharmacies and distributors. Based on available records, Officers of the Board have included the list to the left.



An original cabinet and compounding surface from a pharmacy in Maryland in the early 20th century.

BOARD TIMELINE OF SIGNIFICANT EVENTS

1872 Regulation of pharmacy in Maryland initially performed by Baltimore City Government in partnership with the Maryland Pharmacists Association (founded in 1892).

1902 Chapter 179, Acts of 1902-General Regulation of Pharmacy, created The Maryland Board of Pharmacy under state administration. The Board recognized pharmacists and assistant pharmacists as practitioners and meetings were twice a year.

1917 Fees were \$15.00 for an initial Pharmacist License and \$2.50 for renewals.

1918 Board membership expanded from 2 to 5. Drug inspectors were responsible for inspecting physician offices and hospital dispensaries as well as retail stores.

1919 WWI resulted in a shortage of pharmacists. The Board began enforcing the State food and Drug Law, which included the narcotic and poison acts and drug section.

1920 Legal prerequisites established: exam candidates must be 21 years old, had at least 4 years of high school or equivalent, and graduated from of a Board-approved College of Pharmacy.



A display of apothecary jars—some decorative and some which contained the medication whose name was printed or etched onto the bottles.

1921 Violations of pharmacy laws first brought to the attention of the Board, leading to annual license renewals.

1922 Deputy Drug Commissioner (DDC) position created in Health Department to enforce Pharmacy law by investigating violations, allowing Pharmacy Board to function solely as an examining and licensing Board. DDC began investigating Pharmacy Schools for subsequent approval by the Board.

1926 Budget Bill required Board funds to go to State Treasury. Board combined Secretary and Treasurer offices. Pharmacy School extended to a three-year program resulting in exam prerequisites of graduation from a Board approved 3 year pharmacy school and having 2 years of pharmacy experience.

1927 Pharmacy employers required to submit affidavits to verify students' pharmacy experience.

1928 Board proposed eliminating Assistant Pharmacist license.

1931 Board membership expanded to five members; Practical exam revised to more fully reflect qualifications of applicants, including questions on routine retail drug store operations, proprietary products, and special reference to style of package, price, appearance, size, etc.

1932 Pharmacy School programs expanded to four years, resulting in exam prerequisites expanding to require graduation from a Board-approved four year program, with one year of pharmacy experience.



A grinding wheel used in early compounding.

1933 Board introduced written practical exam, which included 10 prescriptions which applicants were required to explain the compound process. Written pharmacy law exam introduced. Board of Pharmacy office located with the Department of Health offices.

1934 New legislation required the Board to issue permits to retail drug stores, wholesalers and manufacturers, and provided the Board with the ability to revoke or suspend any permit or pharmacist license; Drug stores, wholesalers and manufacturers became subject to Board inspections for sanitary conditions; Drug stores were required to maintain files on filled prescriptions and to make them available for Board inspection; Maryland Board became the first state to pass a law requiring minimum equipment to be located in drug stores; USP and NF required in drug store; Distribution of drugs at medicine shows and samples left at homes became illegal.

1935 Combined degrees in medicine and pharmacy discontinued.

1936 Inspection of retail drug stores began; Board set course requirements for admission to School of Pharmacy from high school.



A cabinet containing samplings of medication and equipment from the early 20th Century. Part of a display in the MPhA museum containing artifacts of that era.

1941 Law passed to regulate sale of drugs at auctions; only products with less than one gram of codeine or any of its salts/ounce allowed to be sold without prescription.

1942 Board Annual Budget: \$ 2,605.50.

1947 Board membership composition defined: two members from Baltimore City, two from the counties and one from either; one member allowed to only have 5 years of experience instead of ten years as required by other members.

1949 First recorded survey showed 6.65 million prescriptions filled in Maryland retail drug stores at an average cost of \$1.518, as well as 1148 licensed pharmacists in 650 retail drug stores.



A box containing filling and packing apparatus used in pharmacies in the past century.

1952 Survey showed 79% of stores had a fountain, 40% in the city and 15% in counties sold liquor; Durham-Humphrey Act passed.

1953 Dangerous Drug Act passed, similar to the Durham-Humphrey Act; Wholesalers and manufacturers only allowed to supply prescription drugs to authorized dealers; Physician's office staff prohibited from dispensing Dangerous Drugs; Barbiturate Act amended to allow pharmacists to take prescriptions and refills by telephone.

1957 New requirement that vending machines used for drugs be approved by the Board through issuance of a permit.

1958 Survey showed 10.1 million prescriptions filled.

1961 Board given authority to suspend or revoke pharmacist licenses for specific causes and to license pharmacists biannually; Permit from Board required for distribution of Dangerous Drugs; Barbiturates added to list of Dangerous Drugs; Board permitted to place impaired (addicted) pharmacists on probation.

1963 Board began requiring pharmacy to provide pharmacist supervision during all hours of operation; University of MD expanded to 5-year program; Board began requiring candidates for licensure to acquire 2 years of pre-pharmacy courses, 3 years in a pharmacy school program, and 1 year of practical experience in order to sit for the pharmacy licensure examination.

1964 Survey showed 14.4 million prescriptions filled.

1967 Law enacted to define practice activities permitted under a pharmacist license.

1968 Board began regulating depressant and stimulant drugs.

1969 Authority provided to Medical Assistance Program to determine drug formulary for generic substitutions; Comprehensive Drug Abuse Control and Rehabilitation Act enacted.



Part of a display of wedgewood and glass mortar and pestles, which have been used in prescription compounding for over a century and have become symbols of pharmacy.

1970 Schedules of Dangerous Drugs outlined in enacted bill.

1971 Board began requiring 4 years of experience or completion of an approved internship program for pharmacist licensure; Pharmacists required to include name and strength of drug on prescription labels; Survey showed 21.7 million prescriptions filled.

1972 Board began prohibiting pharmacists from filling prescriptions more than 30 days after they are written and prohibiting pharmacists from changing drugs or brand of medications dispensed to patients without prior consent from the authorized prescribers; Law enacted to guarantee patients freedom of choice of pharmacy.



B. Olive Cole. Dr. Cole was the first woman to be named Dean of a school of pharmacy, serving as Acting Dean of the University of Maryland School of Pharmacy from 1948 to 1949. She was also the first woman to receive a law degree from the University of Maryland School of Law.

1973 Survey showed 20.9 million prescriptions filled.

1975 Regulations passed to allow only pharmacists or pharmacy interns to provide drug information about drug's therapeutic value, potential side effects, and uses in treatment and prevention of diseases; Board began allowing prescriptions to be filled up to 120 days after they are written; Board requires prescription labels to include expiration date of drug and any special handling instructions regarding proper storage; Prescription Price Posting Bill passed to include 100 most commonly prescribed drugs, excluding controlled dangerous drugs.

1976 Composition of Board changed to seven members, six with at least 5 years of experience and five actively engaged in the practice of pharmacy, plus one consumer — two from the city, two from the counties and three from either; Terms set at 5 years.

1978 Board given disciplinary power; definition of pharmacy practice expanded.

1979 Board received first complaint from the public consumer.



A display of apothecary jars which were in popular use in pharmacies in the early and mid 20th century.

1980 Maryland Pharmacy Assistance program prohibited from reimbursing providers for drugs determined by the FDA to be ineffective; Second consumer member added to the Board; Board began circulating quarterly newsletter through contract with the National Association of Board of Pharmacy; Regulations enacted regarding security of pharmacy, required equipment and institutional guidelines.

1981 Regulations passed requiring pharmacists filling prescription to initial prescription.

1982 New system for issuing license renewals began — licenses renewed in odd and even years, based on license number; Drug Formulary of Therapeutically Equivalent Drug Products established; Price poster no longer required; Board requires date of filling and refilling a prescription to be recorded on the prescription label.

1984 Regulations passed to allow emergency refilling of prescription when prescriber not available, under certain circumstances; Board permitted to regulate distribution of medications in correctional facilities.

1985 Board initiated waiver of certain requirements for specialty pharmacies; Continuing Education required for pharmacists.

1986 Physicians, dentists and podiatrists allowed to dispense; Pharmacists prohibited from accepting rubber stamped signatures and preprinted prescription forms for controlled substances.

1987 Applicants for licensure must demonstrate oral competency in English; Prescriber required to write “Dispense as written” on prescriptions in order to prohibit generic substitution.

1990 Nurse midwives and nurse practitioners allowed to prescribe; Parenteral and Sterile Enteral Compounding regulations promulgated; Fax transmission regulations promulgated; Out of State Pharmacy regulations promulgated.

1991 Board requires pharmacies to provide a suitable set of practice references.

1992 Maryland Prescription Drug Distributors and Marketing Act passed to address drug diversion; Pharmacists authorized to substitute generically equivalent drugs for brand name; University of MD School of Pharmacy expanded to a 6-year program resulting in a Doctor of Pharmacy degree and incorporating all required practical experience to take the licensure exam within the curriculum.

1993 Pharmacist Compliance Officer position created on the Board of Pharmacy.

1994 State considers prescriptions as part of a patient’s medical record resulting in requiring pharmacies to meet confidentiality of medical records provisions; Automation of Board data systems begun.

1995 Board began contracting Pharmacist Education and Assistance Committee; Acute Care regulations promulgated; First Board public education campaign introduced with “Your Right to Know About Prescriptions” brochure.

1996 Monthly two-year licensure renewals based on pharmacists birth month system began; Board began requiring pharmacists to take oral competency exams; Long Term Care regulations promulgated.

1997 Title 12: Pharmacy Practice Act revised; Board adopted NABP, NAPLEX and MJPE examinations to test knowledge of federal and state-specific laws.

1998 Board initiated Web Site; Code of Conduct for Pharmacists regulations promulgated; Board membership increased to 10 pharmacists.

1999 Public education campaign initiated to educate public about role of pharmacist in health care.

2001 Board issued first newly formatted newsletter prepared completely by the Board (‘in-house’).

2002 Drug Therapy Management Bill passed, to allow pharmacists, physicians and patients to enter into therapy management contracts outside an institutional setting to modify, continue or discontinue drug therapy, to allow outside laboratory tests, or to conduct other patient care management measures related to monitoring or improving the outcome of drug or device therapy; Requirement for the Board to monitor manufacturers abolished.

There are currently 6,978 licensed pharmacists in Maryland and 1404 pharmacies.

The Board thanks the Maryland Pharmacists Association (MPhA) for permission to photograph and use the pharmacy equipment from their museum in Baltimore, Maryland.

Prepared with research assistance from Dorothy Levi, R. Ph.