

Maryland Board of Pharmacy  
Public Meeting Minutes  
Date: October 21, 2009

Name	Title	Present	Absent	Present	Absent
Anderson, C.	Commissioner	x		4	0
Bradley-Baker, L.	Commissioner	x		4	0
Chason, D.	Commissioner	x		4	0
Finke, H.	Commissioner	x		4	0
Handelman, M.	Commissioner		x	3	1
Israbian-Jamgochian, L.	Commissioner	x		4	0
Leandre, A.	Commissioner	x		4	0
Matens, R.	Commissioner	x		4	0
Souranis, M.	Commissioner/Treasurer	x		4	0
Taylor, D.	Commissioner/President	x		4	0
Taylor, R.	Commissioner/Secretary	x		4	0
Zimmer, R.	Commissioner	x		3	1
Bethman, L.	Board Counsel	x		4	0
Gibbs, F.	Board Counsel	x		4	0
Banks, T.	MIS Manager		x	2	2
Gaither, P.	Administration and Public Support Manager	x		4	0
Goodman, S.	Acting Licensing Manager	x		4	0
Jeffers, A.	Legislation/Regulations Manager	x		3	1
Naesea, L.	Executive Director	x		4	0
Simmons, L.	Executive Secretary	x		4	0

Subject	Responsible Party	Discussion	Motion	Action/Results
I. Call to Order	Donald Taylor, Board President	A. D. Taylor brought the Public Meeting to order at <u>9:00</u> a.m.		
		B. D. Taylor requested that any members of the Board with a conflict of interest to any item on the agency notify the Board at this time or when the item is addressed in the agenda.		
		C. D. Taylor requested all meeting attendees to introduce themselves.		
		D. D. Taylor requested that all meeting guests remember to sign the guest list before they leave the meeting.		
		E. D. Taylor reported that guests will be given packets of materials so that they can follow meeting discussions. He requested that the guests please return the draft packets when they leave the meeting.		
II. Approval of the Minutes & President Updates	Donald Taylor, Board President	A. D. Taylor requested additions and corrections to the Minutes from September 16, 2009.  1. Page 6, Section IV, Motion Section, Item 5. "Re-number item 5 in the motion section." 2. Page 6, Section IV, Board Action, Item 5. :Re-number item 5 in the board action section."	Motion: R. Zimmer made a motion to accept the minutes as amended.	Board Action: The Board voted to approve the motion

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		<p>3. Page 7, Section IV, Motion Section, Item 10. "Re-number item 10 in the motion section."</p> <p>4. Page 7, Section IV, Board Action, Item 10. "Re-number item 10 in the board action section."</p> <p>5. Page 12, Section XV, Motion Section, Item 1. Add "ed".</p>	<p>L. Israbian-Jamgochian seconded the motion.</p>	
		<p>B. D. Taylor gave an update on the Prescription Drug Monitoring (PDM) Workgroup. The last PDM Workgroup meeting was held on October 2, 2009 in Columbia, MD. The group is making good progress working through the various issues to be addressed by last year's legislative mandate. One of the issues voted on by the members of the Workgroup was which medications would be included in reporting requirements. The group voted to only include medications in Classes 2 thru 5 (with 1 dissenting vote which wanted all medications included).</p> <p>The next meeting is scheduled for November 6, 2009 in Columbia.</p>		
		<p>C. 1. D. Taylor requested that the Board vote to reopen the public minutes from August 19, 2009. D. Taylor received concerns from a representative on the Workgroup regarding language used in the Prescription Monitoring Workgroup section of the Minutes.</p> <p>C. 2. "Members of the pharmacy community are concerned that Pharmacies are likely to incur costs for accessing database." Work is progressing on the framework of the report</p>	<p>C. 1. Motion: L. Israbian-Jamgochian made a motion to reopen the August public minutes.</p> <p>D. Chason seconded the motion.</p> <p>C. 2. Motion: D. Chason made a motion to accept changes to the August public minutes.</p> <p>L. Israbian-Jamgochian</p>	<p>C. 1. Board Action: The Board voted to accept the motion.</p> <p>C. 2. Board Action: The Board voted to approve the motion.</p>

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			seconded the motion.	
		<p>D. 1. D. Taylor reported on the NABP District II meeting that was held September 24-26, 2009 in Rhode Island. D. Taylor reported that L. Israbian-Jamgochian ran for the Boards of Pharmacy District II representative against 2 strong candidates. Both of the other candidates had served at least 9 or more years and had been on many NABP task forces (some of which they chaired). She surprised most of the other Boards and tied for the lead on the first round of voting. Ed McGinty, from New Jersey won the run off election.</p>		
		<p>2. D. Taylor reported that University of Maryland held an Influenza Pandemic Training for Pharmacists on October 3, 2009 at the Shady Grove Campus. The following issues were discussed:</p> <ul style="list-style-type: none"> <li>A. Pandemic Flu Review &amp; Medical Update</li> <li>B. Role of Pharmacists in an Influenza Pandemic Emergency</li> <li>C. Role of State and Local Government in an Influenza Pandemic</li> </ul> <p>D. Taylor reported that he was a panel participant representing the State's Role in Preparedness for an Emergency.</p>		
		<p>3. D. Taylor reported that the Board's Continuing Education Breakfast Brunch was held October 4, 2009 at the Radisson Cross Keys. Details were discussed later in the agenda under Public Relations.</p>		
		<p>4. D. Taylor reported that the Home Infusion Task Force meeting was held on October 7, 2009. The next scheduled meeting for that Task Force will be November 4, 2009 at 1:30.</p> <p>C. Anderson reported that the meeting went well. The first step was to create a flowchart from beginning to end. One of the purposes of the flowchart is to organize the roles of the pharmacy and the patient.</p>		
		<p>5. D. Taylor reported that the University of Maryland. Eastern Shore School of Pharmacy will have their ACPE review on November 10-12, 2009. D. Taylor will represent the Board at the review.</p>		
		<p>6. D. Taylor reported that the University of Maryland School of Law will be holding a national conference on "Emerging Issues in Food and Drug Law" on November 16, 2009.</p>		
		<p>7. D. Taylor reported that DHMH will hold its annual Board Member Training Session sponsored by the Health Occupation Boards and the Commission on November 16, 2009 at the University of Maryland Baltimore County Technology Center.</p>		
		<p>8. D. Taylor reported that the Board will schedule a meeting with PEAC</p>		

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		representatives to begin discussion on terms for a new contract.		
		<p>E. D. Taylor reported on the DHMH EOC/ H1N1 Vaccine Updates</p> <p><b>1. CDC Weekly Updates:</b>  The current peak of influenza activity in the US has surpassed the highest peak of last year's influenza season (February). As of Oct 16, 2009 report, there has been 2029 deaths in the US, 86 confirmed pediatric deaths; escalating with 11 deaths in just the last week. It has been shown that the H1N1 flu has to have the ability to kill very quickly (especially young children). This may be changing slightly – now hitting young, previously healthy, adults aged 18-30 years.</p>		
		<p><b>2. Vaccine Supplies</b>  Seasonal vaccines outages are widespread with flu Clinics being postponed or canceled.  H1N1-6 million doses shipped and target areas are based on population estimate. Maryland's RSS is receiving sporadic shipments and is distributing to the LHDs and other registrants as soon as the shipments arrive. Patients are showing up at administration sites, only to be turned away.</p>		
		<p><b>3. Maryland Antiviral Program (Tamiflu &amp; Relenza)</b>  DHMH has identified 4 groups to receive distributions as warranted by the situation:</p> <ul style="list-style-type: none"> <li>a. LHDs</li> <li>b. Hospitals</li> <li>c. FQHCs</li> <li>d. Chains/Independents</li> </ul> <p>All participants are required to sign a MOU with DHMH as one of the conditions of participation. DHMH is the department solely in charge of all allocations and is coordinating delivery schedules and inventories.</p> <p>Maryland's RSS was activated and its initial distribution (Tamiflu Suspension) was sent to approximately 40 pharmacies dispersed across the State (consisted of a grand total of 432 doses distributed statewide). There were a few issues with the implementation of the first distribution from the RSS. Most, if not all, of those issues have been corrected – hopefully, future distributions will occur smoothly.</p> <p>One of the issues encountered was that the State supply of pediatric Tami flu suspension was labeled with an expired date. The FDA has extended the expiration date on the RSS medication to May 31, 2010. However, this was not communicated to the pharmacies receiving the</p>		

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		<p>suspension in a timely manner so the pharmacists were unsure whether they could dispense the med or, in some instances, whether they could even accept the delivery.</p> <p>DHMH will require any participating pharmacy to complete an Antiviral Weekly Reporting Form recording the number of dispensed antivirals as well as the category of patient that received the medication (age, pregnant, chronic conditions, etc.)</p>		
		<p>F. L. Naesea reported that she attended the White Coat ceremony at the College of Notre Dame School of Pharmacy on October 3, 2009. There are 60 students in that will be the first class eligible to graduate from the College of Notre Dame School of Pharmacy.</p>		
		<p>G. R. Matens reported that Baltimore City Health Department is holding a vaccination clinic today at the Baltimore Hebrew Community Center. There are 750 doses available.</p>		
		<p>H. 1. D. Taylor requested that the Board send a survey to all Pharmacist in Maryland to be able to show that pharmacists are:</p> <ol style="list-style-type: none"> <li>1. Providing valuable services</li> <li>2. Administering vaccinations</li> <li>3. Pharmacist are really working in the area of vaccinations</li> </ol> <p>H. 2. D. Taylor reported that the Board's Executive Committee requested that the Board send out the following survey questions to pharmacists every month starting now until March.</p> <ol style="list-style-type: none"> <li>1. How many influenza vaccinations?</li> <li>2. How many pneumococcal vaccinations?</li> <li>3. How many herpes vaccinations?</li> <li>4. Pharmacists name and email address?</li> </ol> <p>H. 3. In order to collect information that will demonstrate the value of pharmacists who are certified to administer vaccines in Maryland, the Board has developed a survey that will be sent to all certified pharmacists requesting that they provide the Board with the number of vaccinations given monthly starting with September 2009 and running through March 2010. We will not be collecting any information about the individual pharmacist, but will use the</p>	<p>H. 2. Motion: C. Anderson made a motion to send a survey out to individual vaccination certified pharmacist and permit holder headquarters.</p> <p>H. Finke seconded the motion.</p>	<p>H. 2. Board Action: The Board voted to approve the motion.</p>

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		totals to document the value of pharmacists in the community.		
III. Executive Director	LaVerne Naesea, Executive Director	<p>A. L. Naesea reported on the following Staffing Updates:</p> <ol style="list-style-type: none"> <li>1. Callie Same, Intern from University of Maryland, School of Pharmacy designed the survey Draft and will make the amendments. She has been answering questions about the antiviral vaccinations and legislation and regulations questions.</li> </ol>		
		<p>B. L. Naesea reported on the following Board Budget Reduction Updates:</p> <ol style="list-style-type: none"> <li>1. L. Naesea reported that she attended a meeting with the Directors of all Boards and Senator Hollinger. In the meeting Senator Hollinger reported that all Boards will have to reduce their budget by 3%. The Board reduced their budget by 3% which was \$63,000.00.</li> <li>2. State employees have to take an additional 5 furlough days. Based on the staff at the Board, an estimate of the days and hours off from work are 100 days and 800 hours.</li> </ol>		
		<p>C. L. Naesea reported that the Baltimore City Senior Aides contract has been signed and the Board is awaiting 2 senior aides. The Senior Aides will work 20 hours a week which the Board has split into 2 shifts: the first shift is all day Monday and Tuesday, half day Wednesday morning and the second shift is half day Wednesday afternoon, all day Thursday and Friday. The purpose of the Senior Aide program is to provide professional experience to Senior Aides preparing them for the workforce.</p>		
		<p>D. L. Naesea reported on the following Department of Child Support Enforcement Licensee Monitoring updates:</p> <ol style="list-style-type: none"> <li>1. The Department of Child Support Enforcement will work with the Board to identify Pharmacists, Pharmacy Technicians, and all other Licensees that owe back child support.</li> <li>2. The Board will have to take action if the licensee does not comply with child support requirements.</li> <li>3. L. Bethman reported that notification from Child Support will be given to the Board. The Board will review the questions, answer the questions and then move forward with the process if necessary.</li> </ol>		
		E. L. Naesea reported on the following audit reports.		

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		<p>1. CJIS Audit findings were that the Board was not keeping the files confidential. The CJIS reports should only be shared with persons who are involved. CJIS has an issue with Board members seeing the reports.</p> <p>2. The Legislative audit report findings were concerned with the cash mail system. The auditors reported that the staff who receives the money cannot print licenses, etc. The Board had to rearrange duties and responsibilities of staff. The auditors have some concerns about who the Board sends the money to and does the Board know where the money is going. The auditors are expected to arrive any day to see if the Board is in compliance with the findings.</p>		
		<p>F L. Naesea reported that F. Gibbs assisted the Board in developing a contract with NABP to inspect out-of-state Wholesale Distributors who are not in close proximity to Maryland. NABP has agreed to the contract requiring a fee of \$850.00 per inspection. N. Richards will travel to North Carolina to meet with a representative from NABP to conduct a pilot inspection.</p>		
IV. PEAC Report	Anthony Tommasello, PEAC	<p>A. PEAC monthly statistics for the Board. See Attachment 1, Section D.</p>		
		<p>B. A. Tommasello reported that he responded to the letter sent by the Board. PEAC still has not received a signed contract.</p>		
		<p>C. PEAC Seminar was held on September 26, 2009 at the Maritime Institute. All 6 of the guest speakers showed up and spoke on their topic areas. PEAC reported that there were 98 attendees at the program which offered 6 CE credits.</p>		
V. Legislation and Regulations	Anna Jeffers, Legislation and Regulation Manager	<p>A. A. Jeffers reported on the following Maryland Regulations - Status:</p> <p>1. <b>COMAR 10.34.03 Inpatient Institutional Pharmacy.</b> Workgroup established pursuant to the RR&amp;E – Dave Chason, Harry Finke, Reid Zimmer and Anna Jeffers met on Sept 22, 2009 and Oct. 14, 2009.</p>		
		<p>2A. . <b>COMAR 10.34.05 Pharmacy Security; COMAR 10.34.07 Pharmacy Equipment; COMAR 10.34.12 Removal of Expired Prescription Drugs; COMAR 10.34.13 Reinstatement of Expired Licenses For Pharmacists; and COMAR 10.34.15 Licensure By Reciprocity</b> - combined in one proposal. Submitted Sept. 22, 2009. The Division of Drug Control has requested that they be included in §10.34.05.02C(2)(f) as one of the entities that may receive data and documentation required under the</p>	<p>2A. Motion:</p> <p>C. Anderson made a motion to approve the revision.</p> <p>R. Zimmer seconded</p>	<p>2A. Board Action: The Board voted to approve the motion.</p> <p>H. Finke , M. Souranis, R. Taylor, L. Israbian-</p>

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		<p><u>section concerning pharmacy security.</u></p> <p>2B. BOARD APPROVAL sought for revisions:</p> <p><u>10.34.05 8543 1 amended 10-7-09 2</u></p>	the motion.	Jamgochian opposed.
		<p>3. <u>COMAR 10.34.09 Fees.</u> Traditional proposal published August 14, 2009. Comment period ended September 14, 2009. Two comments were received and Responses were approved at the Sept. 16, 2009 Board Meeting. Sent Sept. 18<sup>th</sup> and 22<sup>nd</sup>.</p> <p>EPIC has notified Delegate Morhaim that they no longer have objections to the fees. Delegate Smigiel asked for a hearing and the regulations are on hold until the hearing request is withdrawn or the hearing is held. LaVerne and Anna have made several attempts to contact Delegate Smigiel by email and phone at his Annapolis and District Office.</p> <p>Tentative date for the hearing is Nov. 10, 2009.</p>		
		<p>4. <u>COMAR 10.34.17 Waiver of Full Service Requirements for Recognized Pharmaceutical Specialties.</u> Proposal published March 27, 2009. Responses to comments sent 6/24/2009. Re-proposal published August 14, 2009. Comment period ended September 14, 2009. Notice of Final Action Published Oct. 9, 2009 and Effective Oct. 19, 2009.</p>		
		<p>5. <u>COMAR 10.34.18 Continuing Education for Pharmacists.</u> Revisions pursuant to the RR&amp;E Act Report.</p> <p>BOARD APPROVAL sought for further revisions recommended by Practice which was to include the following exception in .02</p> <p>“C. The Board may grant an exception from the continuing education requirements, if continuing education hours earned in another state where the pharmacist is licensed do not coincide with Maryland’s continuing education requirements, upon consideration of a written explanation by the renewing pharmacist.”</p>	<p>5. Motion: H. Finke made a motion to reject the additional exception.</p> <p>R. Zimmer seconded the motion.</p> <p>5. Motion: M.Souranis made a second motion to strike section 02. C.</p>	<p>5.. Board Action: The Board voted and rejected the amendment.</p> <p>5. Board Action: The Board voted to accept the second motion.</p>



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		<u>Proposal for Continuing Education 10.34.18</u>	L. Israbian-Jamgocian seconded the motion.	
		6. <u>COMAR 10.34.20 Format of Prescription Transmission</u> . Approved on July 15, 2009 with revisions. Released for Informal Comment until September 11, 2009. BOARD APPROVAL requested for responses to the Informal Comments below:		
		<p>1) <u>Informal Comment - Caremark - COMAR 10.34.20 - Baroni-Allman</u></p> <p><i>Under Section .02, which defines a valid prescription, there seems to be an "or" at the end of (1), which reads in a manner that contains the handwritten signature of the prescriber. It seems unlikely that the same prescription could comply with all three of the provisions in .02, and there is an "or" at the end of (2). Is this drafting style, or is there a forgotten word - "or" - that would clarify that handwritten signatures are not required if it meets the requirements in (2) for electronic prescriptions. Currently, electronic transmissions do not include handwritten signatures, or even electronic signatures in most cases. It would be more clear that an electronic prescription does not require a signature if there was an "or" in (1).</i></p> <p><u>Draft Bd. Response – Caremark – 10.34.20 – Informal Comment</u></p> <p><i>In Section .02, CVS Caremark noted that there seems to be an "or" at the end of (1), which reads in a manner that contains the handwritten signature of the prescriber. It seems unlikely that the same prescription could comply with all three of the provisions in .02, and there is an "or" at the end of (2). CVS Caremark asked if this is a drafting style, or is there a forgotten word - "or" - that would clarify that handwritten signatures are not required if it meets the requirements in (2) for electronic prescriptions.</i></p> <p><i>Please be advised that this is a reflection of drafting style for Maryland regulations. The “or” would only be placed at the end of the second to the last item in a list. The prescriber would only have to comply with one of the items in that section.</i></p>	<p>1. Motion: C. Anderson made a motion to accept the letter as written.</p> <p>M. Souranis seconded the motion.</p>	<p>1. Board Action: The Board voted to approve the motion.</p>

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		<p><b>2) Informal Comment - JHMI - COMAR 10.34.20 - Richardson</b>  <i>Thank you for the opportunity to comment on the proposed COMAR 10.34.20 regulations concerning transmission of prescriptions. At Johns Hopkins Community Physicians we have been transmitting prescriptions for over two years via our electronic medical record, and have seen a significant decrease in prescribing errors and prescription fraud as a result.</i>  <i>We have made comments and suggestions directly on the draft regulations (attached). In brief, we believe that a more comprehensive definition of "handwritten" would be helpful, that an "Or" between 10.34.20.02 (1) and (2)(a) would distinguish between the use of electronic intermediaries needing certification and other methods of transmission such as faxing prescriptions, and that the inclusion of a provider's designee to phone in prescriptions would be useful.</i>  <i>We applaud your efforts to bring these regulations into alignment with current methods of prescription transmission, and would be happy to assist in any way with these efforts. Please feel free to contact us.</i></p> <p><b>JHMI comments on RELEASED DRAFT COMAR 10 34 20</b></p> <p><b>Draft Bd. Response – JHMI – 10.34.20 – Informal Comment</b>  <i>You indicated that a more comprehensive definition of "handwritten" would eliminate confusion, for example; does this exclude rubber stamp or electronic bit-map signatures. The type of prescription that is referenced in this subsection is a traditional prescription and the Board does not allow rubber stamps to be used for signatures. The Board has decided for clarification purposes to add "handwritten – pen to paper" to replace "handwritten" when prescriptions are conveyed in a hard copy manner to the patient or faxed to the pharmacy.</i></p> <p><i>You also suggested that an "or" be added between 10.34.20.02 (1) and (2)(a) which would distinguish between the use of electronic intermediaries needing certification and other methods of transmission such as faxing prescriptions. Please be advised that this is a reflection of drafting style for Maryland regulations. The "or" would only be placed at the end of the second to the last item in a list. The prescriber would only have to comply with one of the items in that section.</i></p>	<p><b>2. Motion:</b>  H. Finke made a motion to accept the letter as written.</p> <p>L. Bradley-Baker seconded the motion.</p>	<p><b>2. Board Action:</b>  The Board voted to approve the motion.</p>
		<p><b>3) Informal Comment - NACDS - 10.34.20 – Darvey</b></p> <ul style="list-style-type: none"> <li>* 10.34.20.02(B) (1) <ul style="list-style-type: none"> <li>o Requires a handwritten signature for validity. However, electronic prescriptions would have an electronic signature, not a handwritten</li> </ul> </li> </ul>	<p><b>3. Motion:</b>  R. Zimmer made a motion to accept the letter as amended.</p> <p>D. Chason</p>	<p><b>3. Board Action:</b>  The Board voted to approve the motion.</p>

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		<p><i>signature. We request that this be clarified to indicate that electronic signature is valid for electronically transmitted prescriptions.</i></p> <p><i>* 10.34.20.02(B)(3)(i)</i></p> <p><i>o Requires the pharmacist to read back the prescription to the prescriber. This presents difficulties as prescribers may not agree to stay on the phone for the reading back. An alternative would be to indicate that the pharmacist would clarify any prescription information if needed in the professional judgment of the pharmacist.</i></p> <p><i>o In addition, we ask that this be clarified to allow prescriptions from the prescriber's designated as the prescriber may for example have their nurse call in the prescription.</i></p> <p><i>o Also we ask for clarification that this would not be applicable to prescription refill authorizations.</i></p> <p><i>* 10.34.02(B)(3)(ii)</i></p> <p><i>(1) Requires the pharmacist to listen to the voice message system prescription twice. As a second listen may not always be necessary, we ask that this be changed to indicate that the pharmacist would listen twice if needed in the professional judgment of the pharmacist.</i></p> <p><b><u>Draft Bd. Response – NACDS – 10.34.20 – Informal Comment</u></b>  <i>NACDS expressed concern regarding the subsection where a valid prescription shall be conveyed in a manner that contains the handwritten signature of the prescriber. This is the traditional way that a prescription may be conveyed and should not be confused with an electronic prescription. For clarification purposes the Board has decided to add “handwritten – pen to paper” to replace “handwritten” when prescriptions are conveyed in a hard copy manner to the patient or faxed to the pharmacy.</i></p> <p><i>NACDS’ next expressed concern regarding the requirement that the pharmacist read back the prescription to the prescriber. NACDS indicated that this may present difficulties as prescribers may not agree to stay on the phone for the reading back. NACDS suggested an alternative where the pharmacist would clarify any prescription information if needed in the professional judgment of the pharmacist. The Board suggests that the pharmacist document in the prescription file any oral prescriptions where the prescriber would not stay on the</i></p>	<p>seconded the motion</p>	

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		<i>phone for the reading back of the prescription information.</i>		
		<p><b>4) Informal Comment - Surescripts - COMAR 10.34.20 – Whittemore</b>  <i>We have reviewed these draft revisions to COMAR 10.34.20, Format of Prescription Transmission, and are pleased to report that we are comfortable with said revisions. As you likely know, Surescripts has been accredited as an e-prescribing intermediary by MHCC for several years, so the Maryland Board of Pharmacy incorporating such a requirement into its regulations would not represent a burden to us. Many thanks for sharing these proposed changes and affording us the opportunity to comment.</i></p> <p><b><u>Draft Bd. Response – Surescripts – 10.34.20 – Informal Comment</u></b></p> <p><i>For your information, the Board reconsidered the proposed regulations at the October 21, 2009 Board Meeting and voted to make the following changes to the proposed regulations pursuant to other comments received:</i></p> <p><i>1) Add “handwritten – pen to paper” to replace “handwritten” when prescriptions are conveyed in a hard copy manner to the patient or faxed to the pharmacy;</i></p> <p><i>2) Add the words “or the prescriber’s agent” to the subsection that describes the conveyance of a prescription in an oral manner by phone with the requirement that the pharmacist read back the prescription to the prescriber; and</i></p> <p><i>3) Delete the words “with the pharmacist listening to the messaging system twice” when a pharmacist takes an original oral prescription by a voice messaging system.</i></p>	<p><b>4. Motion:</b>  M. Souranis made a motion to accept the letter as written.</p> <p>R. Zimmer seconded the motion</p>	<p><b>4. Board Action:</b>  The Board voted to approve the motion.</p>
		<p><b>5) Informal comments - Kaiser - 10.34.20 - Friedman 091109</b>  <i>Kaiser Permanente strongly supports the regulatory change proposed. The exemption from the requirement of Section B(2)(a)(i) supports our closed system and electronic medical record, including electronic prescription transmission. The Regional Pharmacy Department is in favor of the other provisions outlined in this proposed regulation.</i></p> <p><b><u>Draft Bd. Response – Kaiser – 10.34.20 – Informal Comment</u></b></p> <p><i>For your information, the Board reconsidered the proposed regulations at the October 21, 2009 Board Meeting and voted to make the following changes to the proposed regulations pursuant to other comments</i></p>	<p><b>5. Motion:</b>  M. Souranis made a motion to accept the letter as written.</p> <p>H. Finke seconded the motion.</p>	<p><b>5. Board Action:</b>  The Board voted to approve the motion.</p>

Subject	Responsible Party	Discussion	Motion	Action/Results
		<p><i>received:</i></p> <p>1) Add “handwritten – pen to paper” to replace “handwritten” when prescriptions are conveyed in a hard copy manner to the patient or faxed to the pharmacy;</p> <p>2) Add the words “or the prescriber’s agent” to the subsection that describes the conveyance of a prescription in an oral manner by phone with the requirement that the pharmacist read back the prescription to the prescriber; and</p> <p>3) Delete the words “with the pharmacist listening to the messaging system twice” when a pharmacist takes an original oral prescription by a voice messaging system.</p>		
		<p><b><u>6) Informal Comment - Mt. Vernon - COMAR 10.34.20 – Wiener</u></b></p> <p><i>What is the penalty for transmitting prescriptions that are not in compliance? We know the pharmacy gets penalized from 3rd party PBM audits that deem the Rx's invalid and capture back funds. We also know that the pharmacist can get reprimanded, sanctioned, and fined for filling invalid prescriptions. Is there any obligation by the prescriber to adhere to the law? Where can pharmacies report prescribers that habitually non-adhere after being informed of the statute? Specifically, the GE Centricity physician medical record program, faxes prescriptions that say "electronically signed" with no signature, only a printed name. This system is used widely by many physicians practices and hospitals, including the whole Hopkins system. I have repeatedly to no avail, informed various Hopkins practices of the statute only to have Hopkins tell their patients that my pharmacy will not accept electronic prescriptions. I am being punished for complying with the law while the perpetrators (the prescribers and GE Centricity) ignore the statute.</i></p> <p><b><u>Draft Bd. Response – Mt. Vernon – 10.34.20 – Informal Comment</u></b></p> <p><i>You mentioned concerns with receiving electronic prescriptions that say "electronically signed" with no signature, only a printed name, from electronic programs such as GE Centricity. Electronic prescribing programs that use an electronic intermediary certified by the Maryland Health Care Commission do not require a live signature of a prescriber. Prescriptions sent through an electronic intermediary may be faxed to a pharmacy by the electronic system, as well as transmitted to a pharmacy via computer. The system has safe guards in place so that only authorized prescribers may transmit prescriptions within the system. The Board drafted the proposed revisions to COMAR 10.34.20 so that electronic prescribing through an electronic intermediary may be accommodated.</i></p>	<p>6. Motion: D. Chason made a motion to accept the letter as written.</p> <p>R. Zimmer seconded the motion.</p>	<p>7. Board Action: The Board voted to approve the motion.</p>

Subject	Responsible Party	Discussion	Motion	Action/Results
		<p><b><u>BOARD APPROVAL</u> requested for the proposed Revised 10.34.20:</b></p> <p><b><u>COMAR 10.34.20 071509 &amp; 092309</u></b></p> <p><b><i>Motions need to be added in the right column, but I can't get my cursor to go over there. The Board made motions and approved the proposal for submission to the Department. The new revisions are:</i></b></p> <p><b><i>1) Add "handwritten – pen to paper" to replace "handwritten" when prescriptions are conveyed in a hard copy manner to the patient or faxed to the pharmacy;</i></b></p> <p><b><i>2) Add the words "or the prescriber's agent" to the subsection that describes the conveyance of a prescription in an oral manner by phone with the requirement that the pharmacist read back the prescription to the prescriber; and</i></b></p> <p><b><i>3) Delete the words "with the pharmacist listening to the messaging system twice" when a pharmacist takes an original oral prescription by a voice messaging system.</i></b></p>		
		<p><b><u>7. COMAR 10.34.23 Pharmaceutical Services to Residents in Long-Term Care Facilities.</u></b> BOARD APPROVAL requested for:</p> <p><b><u>Cindy Anderson presented her changes to the proposal. Those revisions include:</u></b></p> <p><b><u>.02B(6)(b) – adding that pharm techs may place meds. into a new container under the supervision of a pharmacist;</u></b></p> <p><b><u>.03 – grammatical correction</u></b></p> <p><b><u>.04B(2) – changed "persons" to "non-licensed personnel."</u></b></p> <p><b><u>.05B(1)(a) – remove the words "professional and technical"</u></b></p> <p><b><u>.05C(2) – change "individual" to "authorized personnel"</u></b></p> <p><b><u>.06B – remove the word "other"</u></b></p> <p><b><u>.06C(1) – removed reference to COMAR 10.34.19</u></b></p> <p><b><u>.06C(2) – remove "products" add "preparations."</u></b></p> <p><b><u>.06C(4) – remove the word "current"</u></b></p> <p><b><u>.07A(4) – grammatical correction</u></b></p> <p><b><u>.07D – rearranged the items in the master log</u></b></p> <p><b><u>.07E(4) – add "manufacturer" to the list</u></b></p>	<p><b>7. Motion:</b></p> <p><b>R. Matens made a motion to motion to release the proposed regulations for informal comment with Cindy Anderson's revisions.</b></p> <p><b>D. Chason seconded the motion.</b></p>	<p><b>7. Board Action:</b></p> <p><b>The Board voted to approve the motion</b></p>

Subject	Responsible Party	Discussion	Motion	Action/Results
		<p><u>.08E – refer to COMAR 10.34.19 instead of writing out compounding requirements</u>  <u>.09D - remove “products” add “preparations.”</u>  <u>.09H(2)(g) – referenced COMAR 10.34.20 instead of writing it out</u>  <u>.09H(4) – grammatical correction</u>  <u>.09I(1) – rewording</u>  <u>.09J – added recall language</u>  <u>.09K(1) – added in “comprehensive care facility’s” before “committee.”</u></p> <p><u>proposed9-06 COMAR 10.34.23</u></p>		
		<p><b>8. <u>COMAR 10.34.25 Delivery of Prescriptions.</u></b> Released for informal comment. Eight (8) informal comments received. . BOARD APPROVAL requested for responses to the Informal Comments below:</p> <p><b><u>A. Summary of informal comments 10.34.25</u></b></p> <p><b><u>Draft Bd. Response – Board response to Informal Comments – 10.34.25</u></b></p> <p>The letter begins with the public safety reasons that the Board is pursuing the revisions to these regulations. A brief summary follows of the laws in other states and a survey on mail order that have been performed. After discussion of the requirement of temperature sensing devices, customer confusion, interim supply, and notification of late arrival of medications, the Board decided to the following revisions:</p> <p>So as not to overburden all mail order deliveries with the requirement of a temperature sensing device, the <u>Board has revised the proposal to require that prescriptions delivered to patients be packaged to include a temperature sensing device which assures that medications and devices are maintained within appropriate temperature, light, and humidity standards, as established by the United States Pharmacopeia (USP), during storage and shipment,</u></p>	<p><b>8A. Motion:</b> R. Zimmer made a motion to accept the letter as amended.</p> <p><b>M. Souranis</b> seconded the motion.</p> <p><b>8B. Motion:</b> R. Matens made a motion release the proposed regulations for informal comment</p> <p><b>M. Souranis</b> seconded the motion.</p>	<p><b>8A. Board Action:</b> The Board voted to approve the motion.</p> <p><b>8B. Board Action:</b> The Board voted to approve the motion</p>

Subject	Responsible Party	Discussion	Motion	Action/Results
		<p><u>if necessary in accordance with the pharmacists professional judgment.</u></p> <p><u>After careful consideration, the Board has revised the proposal so that the pharmacy permit holder is now required to notify the patient within 24 hours if the scheduled delivery of the patient's prescription will be interrupted or late.</u></p> <p><b><u>B. BOARD APPROVAL requested for the proposed:</u></b></p> <p><b><u>Proposed draft – Revision to 10.34.25</u></b></p>		
		<p>9. <u>10.34.28 Automated Medication Systems</u>. Submitted to the Department on Sept. 22, 2009. The anticipated publication date is Dec. 4, 2009.</p>		
		<p>10. <u>COMAR 10.34.32 Pharmacist Administration of Vaccinations</u>. Emergency proposal rejected by the Board of Nursing.</p> <p><b><u>BoNursing Comment - COMAR 10.34.32 -deny age change</u></b></p> <p><b><u>The proposal will not be withdrawn by the Board.</u></b></p>		
		<p>11. <u>COMAR 10.13.01 Dispensing of Prescription Drugs by a Licensee</u>.</p> <ul style="list-style-type: none"> <li>• Submitted to DHMH 11/20/08</li> <li>• Comments received from Physicians, Dentists, Podiatrists. JOINT Response sent 02/05/09 and ratified at 02/18/09 Bd Mtg. Met with DDC 03/26/09. Hold until mid-May for DDC to complete inspections. Anna Jeffers sent follow-up e-mail to DDC on May 26, 2009. DDC responded that they were working with appropriate Boards.</li> <li>• Bd of Physicians response 03/09/09.</li> <li>• Bd of Pharm response 04/07/09.</li> <li>• Bd of Physicians response 4/28/09.</li> <li>• Bd of Pharm response 07/16/09.</li> <li>• Bd of Physicians response 07/27/09.</li> <li>• Bd of Pharm response 08/12/09</li> </ul>		<p>11. Action Item: Meetings and Correspondence to continue.</p>



Subject	Responsible Party	Discussion	Motion	Action/Results
		<p>Joint Meeting was held on September 10, 2009. Update provided by LaVerne Naesea at the Sept. 16, 2009 Board Meeting.</p> <p>At the recommendation of the Practice Committee, Anna Jeffers made a PIA request, on Sept. 29, 2009, for the minutes from the Maryland Board of Physicians Public Board Meetings for the months of August or September 2009 where physician dispensing was discussed</p> <p>DHMH, Chief of Staff Kronmiller requested additional information in follow-up to September 10, 2009 meeting.</p> <p><b>BoPmemo 100809</b></p> <p>Discussion ensued concerning the Memo from Ms. Kronmiller. LaVerne and Anna will work on a response to the Memo. Anna read the part of the Sept. Board of Physician Minutes that pertained to dispensing by physicians. It read that:</p> <p>Mr. Plnder met with Wendy Kronmiller, Chief of Staff for Secretary Colmers, and other stakeholders, to discuss proposed changes to the dispensing regulations by the Board of Pharmacy. He will keep the Board apprised of further developments.</p>		
		<p><b>B. Legislation:</b></p> <p>1. Prescription Confidentiality – Delegate Montgomery. The bill would prohibit patient-identifiable or prescriber-identifiable information derived from or relating to a prescription from being used for a commercial purpose by certain entities. There are 3 changes from the 2009 bill: (1) the definition of "electronic transmission intermediary" was changed to "electronic health network" per David Sharp; (2) "care management" was not excluded from the scope of the bill on page 3; and (3) "care management educational communications" was deleted from the list on page 4 of activities that are specifically not prohibited by the bill.</p> <p>Delegate Montgomery would like to know if the Board of Pharmacy would support this legislation.</p> <p><b>hb1155f</b></p> <p><b>LR0658-01 - LBC Text</b></p>	<p><b>B1. Motion:</b></p> <p>D. Chason made a motion to support the proposed legislation as written.</p> <p>M. Souranis seconded the motion.</p>	<p><b>B1. Board Action:</b></p> <p>The Board voted to approve the motion.</p>
		<p><b>2. Therapeutic Contact Lenses – Delegate Pendergrass.</b></p>		<p><b>B2. Action Result:</b></p>

Subject	Responsible Party	Discussion	Motion	Action/Results
		<p><u>Summary of Therapeutic Contacts Meeting to Pat Bennett</u></p> <p><u>DRAFT - Therapeutic Contact Lenses Bill - Simpson 100609</u></p>		This legislation has no effect on Pharmacy.
		<p><b>3. Participation on Prescription Drug Repository Program Letter</b></p> <p>A letter is being sent to health care facilities in Maryland to solicit interest in being a Drop-off site under the Prescription Drug Repository Program.</p>	<p><b>B3. Motion:</b> H. Finke made a motion to ratify the letter as written.</p> <p>M. Souranis seconded the motion.</p>	<p><b>B3. Board Action:</b></p> <p>The Board voted to approve the motion.</p>
VI. Inspection Program Report	Lenna Israbian-Jamgochian, Chair	A. Compliance monthly statistics for the Board. See Attachment 1, Section C.		
VII. Management Information Services	Tamarra Banks, MIS Manager	A. MIS monthly statistics for the Board. See Attachment 1, Section F.		
		<p>B. L. Naesea reported on the following MIS Projects:</p> <p>1. Database Development is awaiting contract completion. The RFP draft went out to A. Leandre for review. The RFP was put on hold due to the on-line renewal database which was turned on October 15, 2009 and will run until December 31, 2009.</p>		
		2. The Help Desk position is vacant and no one is dedicated to the day to day issues with the Board systems. DHMH uses a help desk contractor who charges \$85 per hour that the Board can use to assist with the daily issues.		2. Action Item: Tamarra to prioritize MIS help desk needs.
		3. Inspection System is having issues with the laptops and portable printers which are not working in the field. MIS will look into ways of making the laptop and printers compatible and also have inspection forms online.		
		<p>4. On-line renewal process for Pharmacies and Waiver applications based on the new regulations became effective October 19, 2009.</p> <p>D. Taylor reported that the log-on procedures is as follows: Log-on: Permit number Password- Tax Id number</p>		

Subject	Responsible Party	Discussion	Motion	Action/Results
		S. Goodman sent out a mail merge to all on-line users with their log-on information.		
VIII. Administration & Public Support	Patricia Gaither, Administration and Public Support Manager	A. Administration and Public Support monthly statistics for the Board. See Attachment 1, Section G.		
		B. P. Gaither reported on the following Staff Updates: 1. S. Goodman and A. Page recruitment papers have been signed and sent to DHMH. 2. The Public Information Officer and Office Secretary I applications are been reviewed for recruitment. 3. Pharmacist Compliance Officer position has been posted on DHMH website as open and will remain posted until the position has been filled. The position has also been posted on Career Builders and the Board's website.		B. Action Item:  P. Gaither will look into pharmacy associations and newspapers for advertisement.
		C. P. Gaither reported on the following contract Updates:  1. PEAC contract has not been finalized. 2. NABP contract has been finalized 3. Newsletter OPAS contract response is due back at the Board on October 28, 2009. The Board is asking vendors to distribute by mid November and will note that the contract will cover a 1 year period.		
IX. Public Relations Committee Report	APS and Public Relations Committee	A. L. Bradley-Baker reported on the Public Relations Committee Report Updates:  1. Newsletter/Magazine contract was given to the publisher that the Board granted a second request to and the publisher backed out because she could not get advertisers in the amount of time we needed for the magazine to be published. We will be distributing a newsletter until a PIO is hired who can investigate a magazine format.  2. Acetaminophen Task Force next meeting will be held on November 5, 2009. McNeill, maker of Tylenol will attend to make a presentation. Rebecca Drake, coalition member has taped a segment on The Dr. Oz Show regarding common medication errors where she discussed the		

Subject	Responsible Party	Discussion	Motion	Action/Results
		unintentional acetaminophen overdose, that caused her sister's acute liver failure and eventual death.		
		<p>3. Fall Training CE Breakfast was held on October 4, 2009 at the Radisson at Cross Keys. There were about 85 attendees and two guest speakers Dr. Lynn McPherson and Dr. Rodney Taylor.</p> <p>L. Bradley-Baker thanked all staff and Board members who attended the presentation.</p>		
		<p>B. Emergency Preparedness Task Force</p> <p>1. D. Taylor reported on the DHMH Emergency Preparedness Protocols. D. Taylor requested that the Board approval the protocols in the event that the Governor selects the protocols in case of an emergency.</p>	<p>B. Motion:</p> <p>M. Souranis made a motion to accept the protocols as amended.</p> <p>H. Finke seconded the motion.</p>	<p>B. Board Action:</p> <p>The Board voted to approve the motion.</p>
<p>X. Practice Committee</p>	<p>Reid Zimmer, Chair</p> <p>Anna Jeffers, Legislation and Regulation Manager</p>	<p>Public Inquiries: NONE</p>		
<p>XI. Licensing Committee</p>	<p>Mike Souranis, Chair</p>	<p>A1. Licensing Committee statistics for the Board. See Attachment 1, Section A and E.</p> <p>2. S. Goodman reported that 805 pharmacists are certified to administer vaccinations.</p> <p>3. S. Goodman reported that there has been a significant decrease of 1600 to 700 of outstanding pharmacy technician applications.</p>		
		<p>B. S. Goodman reported on the following Committee Updates</p> <p>1. Licensing Unit Reorganization</p> <ul style="list-style-type: none"> <li>• D. James – Pharmacist Specialist</li> <li>• K. Wise – Establishment Specialist</li> </ul>		

Subject	Responsible Party	Discussion	Motion	Action/Results
		<ul style="list-style-type: none"> <li>• F. Yorkman – Pharmacy Technician Specialist</li> <li>• L. Cohen - License/ Permit Printing</li> </ul>		
		<p>2. Johns Hopkins Pharmaquip Remote Pharmacy would like for the Board to approve a Pharmacy drop-off kiosk site staffed by pharmacy technicians where patients could drop off their prescriptions. This location would be separate from the pharmacy. Then patients could pick their prescriptions up at the pharmacy or have them delivered at there convenience.</p>	<p>B2. Licensing Committee made a recommendations to deny Johns Hopkins drop-off site approval.</p> <p>R. Zimmer seconded the motion.</p>	<p>B2. Board Action: The Board voted to approve the motion.</p>
		<p>3. Drug Repository Applications for Approval</p> <ul style="list-style-type: none"> <li>• Chesapeake Drug Inc</li> <li>• Hills Drug Store (1<sup>st</sup> Store)</li> <li>• Hills Drug Store (2<sup>nd</sup> Store)</li> <li>• Calvert Arundel Pharmacy</li> </ul>	<p>B3. Motion: D. Chason made a motion to approve the Drug Repository applications.</p> <p>R. Zimmer seconded the motion.</p>	<p>B3. Board Action: The Board voted to approve the motion.</p>
		<p>C. S. Goodman reported on the following Pharmacy Technician Training Programs Recommended for Approval</p> <ol style="list-style-type: none"> <li>1. Standford Brown Institute</li> <li>2. Medix</li> </ol>	<p>C. Motion: D. Chason made a motion to approve the Pharmacy Technicians Training Programs.</p> <p>L. Israbian-Jamgochian seconded the motion.</p>	<p>C. Board Action: The Board voted to approve the motion.</p>
		<p>D. D. Taylor requested that all Pharmacy Student Technicians be notified of the procedure about the annual renewal of the good standing affidavit that is required for Student Exemption.</p>		<p>D. Action Item: The Board will notify all students of the procedure of registering as a Pharmacy Student Exemption renewal.</p>

Subject	Responsible Party	Discussion	Motion	Action/Results
XII. Disciplinary Committee	Lenna Israbian-Jamgochian, Chair	Compliance Committee monthly statistics for the Board. See Attachment 1, Section A and C.		
		2. L. Israbian-Jamgochian reported on the Community Inspection form for Approval.	2. Motion: D. Chason made a motion to accept the Community Inspection forms as amended.  L. Israbian-Jamgochian seconded the motion.	2. Board Action:  The Board voted to approve the motion.
XIII. Long Term Care	Mayer Handelman, Chair	NONE		.
XIV. Informational	Donald Taylor Board President	A. President Obama has signed HR 3663 delaying the requirement for pharmacies to have DME accreditation until 12-31-2009.		
		B. The Obama Administration has told federal attorneys not to prosecute patients who use marijuana for medical purposes OR dispensaries in states where it has been legalized. Maryland law does reference the issue by stating that "reduced penalties may be issued for patients using marijuana for medical purposes". May mean an onslaught of bills in all states to legalize marijuana usage.		
		C. Articles have appeared (including an article written by ISMP) indicating that the Ohio pharmacist that received jail time for a mistake may have been unjustly punished.		

Subject	Responsible Party	Discussion	Motion	Action/Results
XV. Adjournment	Donald Taylor, Board President	<p>A. D. Taylor asked 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 technician applications in accordance with State Government, Sect. 10-508(a)(13).</p> <p>The Public Meeting was adjourned at <u>12:49 P.M.</u></p> <p>B. At <u>1:20 P.M.</u> D. Taylor convened a Closed Public Session to conduct a medical review of technician applications.</p> <p>C. The Closed Public Session was adjourned at 1:46 P.M. Immediately thereafter, D. Taylor convened an Administrative Session for purposes of discussing confidential disciplinary cases. With the exception of cases requiring recusals, the Board members present at the Public Meeting continued to participate in the Administrative Session.</p>		