

**Maryland Board of Pharmacy  
Public Meeting Minutes  
March 17, 2010**

Name	Title	Today's Attendance		Year-to-Date Attendance	
		Present	Absent	Present	Absent
Anderson, C.	Commissioner	X		8	1
Bradley-Baker, L.	Commissioner	X		9	0
Chason, D.	Commissioner	X		9	0
Finke, H.	Commissioner	X		8	1
Handelman, M.	Commissioner	X		8	1
Israbian-Jamgochian, L.	Commissioner	X		9	0
Leandre, A.	Commissioner	X		8	1
Matens, R.	Commissioner	X		7	2
Souranis, M.	Commissioner/Treasurer	X		7	2
Taylor, D.	Commissioner/President	X		9	0
Taylor, R.	Commissioner/Secretary	X		8	1
Zimmer, R.	Commissioner	X		8	1
Bethman, L.	Board Counsel	X		9	0
Gibbs, F.	Board Counsel	X		9	0
Banks, T.	MIS Manager	X		6	3
Gaither, P.	Administration and Public Support Manager	X		9	0
Goodman, S.	Licensing Manager		X	5	4
Jeffers, A.	Legislation/Regulations Manager	X		9	0
Naesea, L.	Executive Director	X		9	0
Waddell, L.	Executive Secretary	X		9	0
France, Kim	Compliance Officer	X		1	0
Seeds, Janet	PIO	x		1	0
Subject	Responsible Party	Discussion		Motion	Action/Results
I. Call to Order & Approval of Minutes	Donald Taylor, Board President	A. D. Taylor brought the Public Board Meeting to order at 9:00 a.m.			
		B. D. Taylor requested that any members of the Board with a conflict of interest to any item on the agenda 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 and to remember to sign the guest list before they leave the meeting.			
		D. 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.			
		E. Revisions to Minutes: Approval of February 17 , 2010 1. Page 1, Section Attendance. Remove "absent next to Harry Finke's		E. Motion: R. Matens made a motion to approve	E. Board Action: The Board

		<p>name.</p> <p>2. Page 2, Section III, Item A, Discussion Section. Add “d”.</p> <p>3. Page 3, Section IV, Item 8, Motion Section. Remove “D. Chason and L. Israbian-Jamgochian.”.</p> <p>4. Page 12, Section VII, Item 6. Remove “installed” and Add “distributed”.</p> <p>5. Page 14, Section XI, Item D. Remove “the”.</p> <p>6. Page 13, Section IX, Item 2, Remove “Delmarva” and Add “Baltimore City Convention Center”.</p>	<p>the minutes as amended.</p> <p>H. Finke seconded the motion.</p>	<p>voted to approve the motion.</p>
II. Meetings Updates	Donald Taylor Board President	<p>D. Taylor reported on the following meeting updates:</p> <p>A. Mayer Handelman and Lynette Bradley-Baker attended the MPhA Mid-Year Meeting on January 31, 2010. M. Handelman reported that the meeting was very good.</p>		
		<p>B. University of Maryland Eastern Shore School of Pharmacy sponsored its ESPS Annual meeting that was held on February 21, 2010 at the Federalsburg Fire Station. D. Taylor reported that the meeting was well attended.</p>		
		<p>C. The Acetaminophen Coalition Meeting was held on March 3, 2010.</p>		
		<p>D. Mayer Handelman attended the ASCP quarterly meeting held March 3 2010</p>		
		<p>E. Mayer Handelman attended the Assisted Living Medication Administration with OHCQ. The following were also in attendance: Board of Nursing, Lifespan, and HFAM.</p>		
		<p>F. The 2<sup>nd</sup> ACDS RxImpact Day was held March 10-11, 2010 in Washington. Approximately 250 pharmacy leaders attended (67% increase from last year). Items on the agenda were:</p> <ol style="list-style-type: none"> <li>1. Pharmacy’s critical role in any revamped healthcare system</li> <li>2. Support of policies that advance DTM services as a means of increasing patient compliance</li> <li>3. Legislative remedy to AMP pricing for Rx payments</li> </ol>		
		<p>G. C. Anderson, L. Bradley-Baker and D. Chason will be attending the Maryland Patient Safety Conference on March 19, 2010 at the Baltimore Convention Center.</p>		
		<p>H. There will be a meeting on April 7, 2010 at the Beacon Institute on “Medication &amp; Drugs &amp; Controlled Dangerous Substances Safety in Assisted Living”.</p>		
		<p>I. The NABP Item Writing Workshop will be held April 8-9, 2010 at NABP headquarters in Mount Pleasant, Illinois. C. Anderson will be attending the meeting to represent the Board.</p>		

		J. The ACPE Evaluation of College of Notre Dame School of Pharmacy Pharm D Program is scheduled for April 27-29, 2010. R. Zimmer will be attending to represent the Board.		
		K. NABP will hold its 106 <sup>th</sup> Annual Meeting in Anaheim, CA May 22-25, 2010		
		L. There will be a conference in Baltimore in June 2010 entitled "Pharma Temperature Crossroads". K. France, Pharmacist Compliance Officer will be a speaker. The agenda is still in the planning stage, but the topic is timely from the Board's perspective.		
		M. A National Conference on Quality Health Care for Culturally Diverse Populations will be held on October 18-21, 2010 at Baltimore Renaissance Harborplace L. Bradley-Baker will be attending to represent the Board.		
III. Executive Director	LaVerne Naesea, Executive Director	<p>A. L. Naesea reported on the following Staffing Updates:</p> <p>1. Welcomed Ms. Kimberly France, the Board's new Pharmacist Compliance Officer. Ms. France most recently worked as Director of Product and Patient Safety for a Missouri pharmaceutical manufacturing company. In her previous role, she had a number of responsibilities that included everything from developing product risk management plans to monitoring pharmacy and medical practices and patient safety regulations.</p> <p>2. Welcomed Ms. Janet Seeds, the Board's new Public Information Officer. Ms. Seeds comes to the Board from Dorchester County Health Department where she worked as a Community Health Educator II coordinating and administering prevention programs providing training and development to various organizations and partnerships.</p>		
		<p>B. L. Naesea reported on the following revised DTM Procedures</p> <p>Staff will be implementing new processing procedures for DTM to streamline the application process. Applicants were not sure of what was happening with their application, so staff will inform them of the full process, and the expected time frames for application review. Staff will track the time line between each activity in the process to determine where delays occur. Staff will also send notices to applicants as each action is taken in the process. L. Waddell will process applications for the Joint Committee and also perform tracking of the time line for each activity.</p>		
IV. PEAC Report	Anthony Tommasello, PEAC	A. Tommasello reported on the PEAC monthly statistics for the Board. See Attachment 1, Section D.		

		A. Tommasello reported that PEAC is examining the new contract. He is preparing for a new Board of Directors to plan for new conditions for monitored licensees in the future. He said an increasing number of technicians are concerned about pharmacists making errors and then switching to new jobs. Technicians have a fear that the pharmacists are blaming them for their errors.		
V. Législation and Régulations	Anna Jeffers, Legislation and Regulation Manager Report	A. Maryland Regulations - Status:  1. <b>COMAR 10.34.03 Inpatient Institutional Pharmacy.</b> Workgroup established pursuant to the RR&E – Work group will continue this spring		
		2. <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 - combined in one proposal.</b> During the process of submitting the Notice of Final Action Kim France caught a typo in the name of NAPLEX. Corrections made before final submission.		
		3. <b>COMAR 10.34.18 Continuing Education for Pharmacists.</b> Published 01/15/10. <u>30 day comment period followed. One comment TO BE APPROVED.</u>  <b>Formal Comment - 10.34.18 - Matthew Howard</b>  <b>Board Response – Official Comment - 10.34.18 – Howard</b>  You indicated in your email that you considered the requirement for live CE hours to be both burdensome and unnecessary. Of the 30 CE hours that are required, the Board only requires that two (2) be obtained through live instruction. The interaction between participants and instructors during live instruction provides an interchange of ideas that would not be possible via an internet course. You may also fulfill this requirement by attending two public Board meetings in their entirety. The Board meets the third Wednesday of each month at 9 am at 4201 Patterson Avenue, Baltimore, MD 21215. Please confirm the dates and times on the Board’s website as sometimes scheduling changes do occur. <a href="http://www.mdbop.org">www.mdbop.org</a> .  You also indicated that the pharmacist renewal fee is too high. The Board recently increased the fees for pharmacists, pharmacy permit	3. Motion:  R. Zimmer made a motion to approve the letter as written.  H. Finke seconded the motion.	3. Board Action:  The Board voted to approve the motion.

		<p>holders, and distributors, in part to address additional workload created by the registration of technicians and distributors, a new pharmacy inspection program and expansion of other programs. The Board has not increased fees since 2002. The new pharmacist renewal fee is in line with renewal fees of other state boards.</p> <p>The Board would like to thank you again for your thorough reading of, and comments to, the proposed COMAR 10.34.18 Continuing Education for Pharmacists. The Board has considered your comments at the March 17, 2010 Board Meeting and has voted to adopt COMAR 10.34.18 as proposed.</p> <p><b>By approving the above response the Board recommended adopting as originally proposed.</b></p>		
		<p><b><u>4. COMAR 10.34.20 Format of Prescription Transmission.</u></b>  <u>To be submitted to the Department for approval and publication after the Session.</u></p>		
		<p><b><u>5. COMAR 10.34.23 Pharmaceutical Services to Residents in Long-Term Care Facilities.</u></b> <u>To be submitted to the Department for approval and publication after the Session.</u></p>		
		<p><b><u>6. COMAR 10.34.25 Delivery of Prescriptions.</u></b> Released for informal comment 12/1/09 through 12/22/09. APPROVAL of Board responses to informal comments requested for the following which were revised at February Practice.</p> <p><b><u>JH Hlth Care Group - Informal Comment 10.34.25 - Gavvani</u></b></p> <p><b><u>Bd response to Informal cmmts - 10.34.25 - Gavvani from LGN</u></b></p> <p><b><u>Bd response to Informal cmmts - 10.34.25 - Gavvani from LGN FINAL</u></b></p>	<p><b>6a. .Motion:</b></p> <p><b>R. Zimmer made motion to approve the letter as amended.</b></p> <p><b>M. Handelman seconded the motion.</b></p>	<p><b>B. Board Action:</b></p> <p><b>The Board voted to approve the motion.</b></p>
		<p><b><u>Fred Metschulat, UMMC - Informal Comment - 10.34.25</u></b></p> <p><b><u>Bd response to Informal cmmts - 10.34.25 - Metschulat from LGN</u></b></p> <p><b><u>Bd response to Informal cmmts - 10.34.25 - Metschulat from LGN FINAL</u></b></p>	<p><b>6b. Motion:</b></p> <p><b>R. Zimmer made a motion to approve the letter as amended</b></p>	<p><b>6b. Board Action:</b></p> <p><b>The Board voted to approve the motion.</b></p>

			L. Israbian-Jamgochian seconded the motion.	
		<p><u>Medco - Informal Comments -10.34.25</u></p> <p><u>Bd response to Informal cmmts - 10.34.25 - Medco from LGN</u></p> <p><u>Bd response to Informal cmmts - 10.34.25 - Medco from LGN FINAL</u></p>	<p>6c. Motion: A. Leandre made a motion to approve the letter as amended.</p> <p>R. Matens seconded the motion.</p>	<p>6c. Board Action:</p> <p>The Board voted to approve the motion.</p>
		<p><u>NACDS - Informal Comments - 10.34.25</u></p> <p><u>Bd response to Informal cmmts - 10.34.25 - NACDS from LGN</u></p> <p><u>Bd response to Informal cmmts - 10.34.25 - NACDS from LGN FINAL</u></p>	<p>6d1. Motion: R. Zimmer made a motion to approve as written.</p> <p>Al Leandre seconded the motion.</p> <p>6d2. Motion: L. Israbian-Jamgochian made a motion to approve as amended.</p> <p>H. Finke seconded the motion.</p>	<p>6d. Board Action:</p> <p>The Board voted to approve the letter as amended.</p>
		<p><u>A compilation of the Board’s responses follows:</u></p> <p><b>Statement of Purpose</b> Thank you for alerting the Board to the discrepancies and inconsistencies between the “Statement of Purpose” section of the publication documents and the actual regulatory language. The “Statement of Purpose” language is not part of the regulation, but will be revised before submission.</p> <p><b>Economic Impact</b> The Board agrees that the cost for a temperature sensing device may range approximately between .17 and \$1.50. The economic impact will be revised before submission considering any additional costs that may be imposed by</p>		

	<p>these regulations.</p> <p><b>Documentation of Delivery</b>  The pharmacist would not need to document every medication that is delivered with a temperature sensing device. The Board would inspect for written policies and procedures that indicate that the pharmacy complies with this regulation.</p> <p><b>Damage Determined by Temperature Sensor</b>  The statement is accurate that the only way for the patient to judge temperature damage is to look at the temperature sensor and the patient would have the option to request a replacement of the medication.</p> <p>The purpose of COMAR 10.34.25 is for patients to have their prescriptions delivered that have not been altered by heat, moisture, etc. There may be times when the pharmacy will have to cover the costs of the replacement prescription.</p> <p><b>Chain of Custody of Medications</b>  This regulation only covers the delivery of prescriptions from the pharmacy to the patient.</p> <p><b>Requirements for packaging and delivery</b>  The intent of the Board is to include all medications following manufacturers’ guidelines in conjunction with USP guidelines. The pharmacist should use professional judgment based on temperature, weather, and the location of the patient. The Board would like to meet the guidelines of temperature, humidity &amp; light, however; there is only a mechanism to meet guidelines for temperature.</p> <p>It was suggested that the regulations require the pharmacy to contemplate the storage requirements that a patient may subject the medication to once it arrives, or to be held responsible for the whim of the patient in terms of how each patient decides to store their medications does not meet the stated goals of safe and timely delivery of prescription medication. Be assured that the regulations do not cover what happens to the prescription once the patient has received it.</p> <p>The proposed regulations indicate that the medication should be “packaged to include a temperature sensing device.” The temperature sensing device should be inside the package adjacent to the medication. Temperature sensitive devices may also be programmed for specific timeframes so that only the delivery and mailbox time would be monitored.</p>		
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	<p>“Include a temperature sensing device which: 1) will notify patients that medications and devices have been maintained within appropriate temperature standards <u>as established by the manufacturer in compliance with USP standards</u> during storage and shipment; and 2) is distributed in accordance with the pharmacist’s professional judgment based on temperature, weather and the geographical location of the patient.”</p> <p><b><u>10.34.25.04B(2)</u></b>  There have been concerns regarding requiring pharmacies to provide notice to the patient before a temperature sensitive medication is delivered. It has been noted that this practice would not only increase costs, but may also result in significant delays which could interrupt the patient’s therapy. It has been noted that the requirement to package these medications in a way that indicates any special storage conditions or requirements [10.34.25.04 A(3)(b)] should be sufficient.</p> <p>To address these concerns the Board will amend this subsection as follows:</p> <p><b>B. Delivery</b></p> <p style="padding-left: 40px;"><b><u>(1) Location.</u></b> (text unchanged)</p> <p style="padding-left: 40px;"><b><u>(2)</u></b> <del>Before the prescription is delivered,</del> The pharmacy permit holder shall inform the patient if the patient’s prescription is a temperature sensitive medication that is at risk for damage due to extreme hot or cold temperatures or moisture:</p> <p><b><u>10.34.25.04B(3)(a)</u></b>  It was requested that this section be changed to read, “<i>notify the permit holder and request that the medication be re-dispensed.</i>” It was noted that it is important to prevent fraud and waste. In most circumstances, the patient would not be questioned and medication would quickly be re-issued. However, situations may arise whereby re-dispensing is questionable, such as for a controlled drug or when a pattern of reported temperature compromise or non-delivery is received from a particular patient. The pharmacist should not be mandated to automatically re-dispense medication</p>		
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		<p>without some authority or latitude to exercise reasonable judgment.</p> <p>The Board is in agreement and will add “and request” after “permit holder.”</p> <p><b>Patient’s options upon Receipt</b>  It was questioned whether §10.34.25.04(B)(3) requires that the original dispensing pharmacy authorize a patient’s request to receive a prescription from another pharmacy. The chapter does not require the original dispensing pharmacy to authorize a patient’s request to receive a prescription from another pharmacy.</p> <p><b><u>10.34.25.04B(3)(b)</u></b>  It was also proposed that this section be changed to read, “request authorization to receive the prescription from a <b>participating plan</b> pharmacy of the patient’s choice.” The Board does not regulate insurance payment issues and will not be making this change.</p> <p><b><u>10.34.25.04B(4) – Addition of “shipping”</u></b>  It was requested that the Board add “shipment” to the title and to revise the regulations so that notification would occur if the scheduled shipping is interrupted or late. Some mail order pharmacies do have control over its inventory and shipping process, but not delivery of the medication, since that is managed by the United States Postal Service or alternate delivery service. Regardless of the cause of the delay, it is the ultimate responsibility of the permit holder to ensure timely delivery.</p>		
		<p><b><u>e. All of the above changes will be made to the remaining letters to:</u></b>  <u>CVS Caremark</u>  <u>Delmarva</u>  <u>Express Scripts</u>  <u>Icore</u>  <u>Kaiser Permanente</u>  <u>NACDS</u>  <u>Sandler</u>  <u>Surescripts</u></p>	<p><b>6e. Motion:</b>  H. Finke made a motion to approve all responses to include latest changes.</p> <p>L. Israbian-Jamgochian seconded the motion.</p>	<p><b>6e. Board Action:</b>  The Board voted to approve the motion.</p>
		<p><b>7. <u>10.34.28 Automated Medication Systems.</u></b>  Published on 12/4/09. 4 comments received. Two comments were returned to February Practice and are below for APPROVAL:</p> <p><b><u>COMAR Comment - 10.34.28 Kaiser Permanente – Friedman</u></b></p> <p><b><u>Board Response - Official Comment - 10.34.28 - KP – LGN</u></b></p>	<p><b>7. Motion:</b>  R. Zimmer made a motion to approve the letter as written.</p> <p>R. Matens seconded</p>	<p><b>7. Board Action:</b>  The Board voted to approve the motion.</p>

	<p><b><u>Board Response - Official Comment - 10.34.28 - KP - LGN FINAL</u></b></p> <p><b><u>Selecting and stocking medications for centralized automated systems</u></b></p> <p>Kaiser Permanente requests that registered technicians be allowed to <u>select</u>, as well as stock, medications in centralized automated systems that use positive identification, such as bar code technology, and are stocked from bulk containers. Robotic systems in the outpatient pharmacy environment that use bar code technology for positive drug identification, match the drug stock bottles with each individual cell to help ensure the correct medications are placed in the correct cells.</p> <p>If the pharmacist verifies the accuracy of medications selected, before they are placed in the system, there is no practical reason why technicians should be barred from performing the technical function of drug selection. Kaiser Permanente also believes it would be beneficial to have a double check in place whenever possible, whereby the pharmacist checks for accuracy of medications before they are stocked, and the registered technician fills the cells, rather than the pharmacist doing both.</p> <p>Pursuant to the proposed regulations, a pharmacist is required to verify the accuracy of the medications selected prior to being stored in the automated system.</p> <p><b><u>Return of unused medication to centralized automated medication systems</u></b></p> <p>Kaiser Permanente would also like to comment on what is proposed for COMAR 10.34.28.08. Unfortunately, many patients do not pick up their completed prescriptions filled at retail pharmacies, for one reason or another. Kaiser Permanente requests the ability to return unused medication to <u>centralized</u> automated systems that use bar coding for positive drug identification, for cells originally filled using <u>bulk</u> containers and not just single-drug unit dose packaging.</p> <p>The proposed regulations do not address centralized returns. It is a standard of practice that medications may not be returned to a stock bottle. To clarify returns in a centralized automated medication system, the Board recommends adding 10.34.28.08C:</p>	<p>the motion.</p>	
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		<p><u>C. Unused medications dispensed from a centralized automated medication systems stocked with bulk medications may not be returned to the system.</u></p> <p>Please be advised that other entities have provided informal comments and suggestions for revisions. The revisions to the regulations, which the Board approved at the February 17, 2010 and March 17, 2010 public Board Meetings are as follows:</p> <p><b><u>10.34.28.06C Usage Requirements for Remote Automated Medication Systems</u></b></p> <p>To avoid confusion, the Board has deleted the phrase “to perform final checks of medications distributed from the system” from Section C since the pharmacist is not performing final checks during video monitoring. 10.34.28.06C will now read:</p> <p><i>C. If a licensed pharmacist is not physically present where the remote automated medication system is located <del>[[[to perform final checks of medications distributed from the system]]], the pharmacist shall have access to the system by electronic and visual means in order to ensure the safe and efficient operation of the system.</del></i></p> <p>In addition, the Board voted on the following additions to the regulations. These non-substantive corrections will be made in the re-proposal.</p> <p>COMAR 10.34.28.08(B.)(2): “<i>propped</i>” should be changed to “<i>proper.</i>”</p> <p>COMAR 10.34.28.11(B)(9)(b)(ii): “<i>access</i>” should be changed to “<i>accessing.</i>”</p> <p>The Board would like to thank you again for your thorough reading of, and comments to, the proposed COMAR 10.34.28 Automated Medication Systems. The Board considered your comments at the March 17, 2010 Board Meeting and voted to repropose COMAR 10.34.28 to reflect the substantive changes outlined above.</p>		
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		<p><b>By approving the above response the Board recommended re-proposing the regulations.</b></p>		
		<p><b><u>8. COMAR 10.13.01 Dispensing of Prescription Drugs by a Licensee.</u></b></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.</li> </ul> <p>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.</p> <ul style="list-style-type: none"> <li>• Bd of Physicians response 03/09/09.</li> <li>• Bd of Pharm response 040709.</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>Joint Meeting was held on September 10, 2009. Update provided by LaVerne Naesea at the Sept. 16, 2009 Board Meeting.</p> <p>DHMH, Chief of Staff Kronmiller requested additional information in follow-up to September 10, 2009 meeting.</p> <p>Email sent to Wendy on November 4, 2009 indicating the Board's concerns.</p> <p>Update on Consumer Survey sent 12/14/10. Anna Jeffers spoke to Wendy Kronmiller 1/29/10 and her review of the survey will be forthcoming.</p>		
		<p><b><u>B. Legislation</u></b></p> <p><b>1. Ratification of the following position papers and letters:</b></p> <p><b>HB 431 Med Rev Comm - Subpoenas - Med Records 022210</b></p> <p><b>HB 600 DTM Repeal of Sunset</b></p> <p><b>HB 627 - Hlth Occ Bds - Consumer Member requirements 022210</b> <b>Opposed-restrictions that will eliminate our pool</b></p> <p><b>HB 649 - Environ-Pharm Dis Act SWA 030810</b> <b>Support w/ amendments-</b></p> <p><b>HB 712 - Public Hlth - Med Marijuana - L of Concern 022210 w sig</b> <b>Letter of concern-change to letter of support</b></p>	<p><b>B1 R. Zimmer made a motion to ratify all position papers</b></p> <p><b>L. Israbian-Jamgochian seconded the motion.</b></p>	<p><b>B1. Board Action:</b> <b>The Board voted to approve the motion.</b></p>

		<p><b>HB 712 - Public Hlth - Med Marijuana - Letter 030810</b> Letter of concern</p> <p><b>HB 713 - Drug Schedules - Marijuana - L of Concern 022210</b></p> <p><b>HB 862 - Stwide Advisory Comm on Imm - Membership&amp;Sunset 022310</b> <b>FINAL</b></p> <p><b>HB 868 Wholesale Dist - Accreditation 022610</b></p> <p><b>HB 1068 Crim Law-Distributing a CDS to a Minor causing Death 030810</b></p> <p><b>HB 1089 - Hlth Occs - Pharmacists - Lab tests Let of Sup 030810</b></p> <p><b>HB 1180 Rx Conf Act – Support 030810</b></p> <p><b>HB 1353 Vet Affairs - Military Hlth Care Provider Transition Plan - Let of Info 030810</b></p> <p><b>HB 1357 – Prof Bds – Transfer of Funds – Repayment 030810</b></p> <p><b>HB 1381-Rx Drugs - CDS - Cert of Info on Del 030810</b></p> <p><b>SB 662 Rx Drugs CDS Cert of Info Del 021710</b></p> <p><b><u>2. For Consideration: (March 29<sup>th</sup> is crossover)</u></b></p> <p><b><u>HB 1445/SB 698 – Vehicle Laws – CDS – Per Se Driving Offenses</u></b></p> <p><b>sb0698f[1]</b> Harry <a href="#">and Anna traveled to go</a> to Annapolis <a href="#">to an</a> testify</p>		
			<p><b>B2. L. Israbian-Jamgochian made a motion for the BOP <a href="#">support with amendments and</a> to testify</b></p> <p><b>Seconded by R. Zimmer</b></p>	<p><b>B2. The Board voted to approve the motion</b></p>
VI. Inspection Program Report	Lenna Israbian-Jamgochian, Chair	<p><b>A. L. Israbian-Jamgochian reported on Compliance monthly statistics for the Board.</b> <b>See Attachment 1, Section C.</b></p>		
		<p><b>B. L. Israbian- Jamgochian on the following Closing Inspection Form updates:</b></p> <p><b>1. Approve inspection form</b></p> <p><b>2. The Board may need to perform a closing inspection if DDC inspectors will not.</b></p>	<p><b>B1. R Zimmer made a motion to approve inspection <a href="#">form</a> as amended</b></p> <p><b>Seconded by L. Bradley-Baker</b></p>	<p><b>B1. The Board voted to approve the motion.</b></p>

		3. Georgette Zoltanii, Executive Director of the Division of Drug Control will meet with the Board to discuss if DDC will do all closing inspections.		
VII. Management Information Services	Tamarra Banks, MIS Manager	A. T. Banks reported on MIS monthly statistics for the Board. See Attachment 1, Section F.		
		B. T. Banks reported on the following MIS Project updates:  1. Interim in house database final demo on Wednesday, March 11, 2010. She is waiting on new pharmacist licenses to come in; licenses will be the same as technician licenses.		
		2. T. Banks put together a list of programs that the Board needs for Systems Automation to include in the presentation for the new database system. T. Banks contacted the Dental Board to learn if they use the same online payment platform as the Nursing Board. Systems Automation would like to meet with the Board and bring a demo of what they offer. L. Naesea suggested that the manager from each unit attend the meeting to have questions addressed about the new system and the need to upload all business rules?????? from the existing database system.  D. Taylor suggested that A. Leandre also attend the demonstration.		
		3. On March 12, 2010 T. Banks met with the DHMH to discuss the Governor's mandate that all Units change their website by March 31, 2010, with no exceptions and there is no room for creativity. DHMH has mandated that all agencies have a standard website so that the Governor's office can access all the websites to post public announcements and emergencies. The Board currently has 2 website addresses: <a href="http://www.mdbop.org">www.mdbop.org</a> and <a href="http://www.dhmh.maryland.gov/pharmacyboard">www.dhmh.maryland.gov/pharmacyboard</a> .	3. Action Item: T. Banks will look into registering mdbop.gov for a fee of \$75 dollars a year. T. Banks will contact DHMH to get approval.	
		4. T. Banks reported that she and D. Chason have been working on revising the Board statistics format and would like to send out the stats to every committee to review to streamline the public stats. Public stats will be condensed to a more user friendly format. Also T. Banks would like to send A. Tommasello a format for PEACs stats that conforms with the new Board format.		

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 Personnel Update: 1. New Pharmacist Compliance Officer Ms. Kimberly France 2. New Public Information Officer Ms. Janet Seeds 3. L. Naesea spoke with Janet Nugent about the three-plus months that the Board has been waiting for approval of a freeze exempt so that it may recruit for the vacant Inspector position 4. P. Gaither is waiting on a freeze exemptions for temp ?? positions. The Contract position is for licensing support. A consultant contract for help desk is also under bid at this time.		
		C. PEAC Contract The contract was sent to PEAC last week. Late yesterday evening, PEAC contacted the Board about questions regarding the contract. The contract needs to be signed as soon as possible before it expires in April. A. Tommasello will have comments by the end of the week.		
IX. Public Relations Committee Report	Lynette Bradley-Baker, Chair	L. Bradley-Baker reported on the following Public Relations Committee Updates: 1. Newsletter-articles for Spring 2010 are due by March 26, 2010.		
		2. The Flower Mart will be held on Friday, May 7, 2010. J. Seeds will send out an email to recruit volunteers, including Board Members and staff volunteers.		
		3. The Acetaminophen Coalition met on March 3, 2010. The Coalition would like to distribute an acetaminophen information brochure during the upcoming flower mart. D. Taylor, D. Chason and H. Finke questioned some of the wording on the brochure. L. Bradley-Baker will make changes and send the final copy electronically to the Board for the Board's approval and comments. L. Naesea requested that J. Seeds be added to the committee		
X. Practice Committee	Reid Zimmer, Chair	R. Zimmer reported that there were no public inquires in March.		



XI. Licensing Committee	Michael Souranis, Chair	A. M. Souranis reported on the following Licensing Committee statistics for the Board. See Attachment 1, Section A and E.		
		B. L. Naesea reported that there are 271 expired Technician applications. Most of the applications have been here for at least a year or more; some the Board can not match the CJIS report and the applications, and the other applications were never completed and were put into a separate file. Those incomplete applications that are not pending CJIS reports and have not been addressed for 15 months or more by the applicants will be closed.		
		C. Pharmacy Technician Training Programs for Approval:  1. Harford Community College Chesapeake Community College Frederick Memorial Hospital	C. Motion:  D. Chason made a motion to approve the Pharmacy Technician Training Programs.  L. Israbian-Jamgochian seconded the motion.	The Board voted to approve the programs
		2. M. Souranis reported that some community colleges have been submitting previously approved technician training programs instead of developing their own. These previously approved programs are not automatically acceptable and must be submitted to the Board for approval. The submissions must include an affidavit that indicates that the program developer is aware their previously approved program has been submitted by the community college training program applicant and that the content of the training materials and/or exam has not changed since it was initially approved by the Board.		
XII. Disciplinary Committee	Lenna Israbian-Jamgochian, Chair	1. L. Israbian-Jamgochian reported the Compliance Committee monthly statistics for the Board. See Attachment 1, Section A and C		
		2. L. Israbian-Jamgochian reported that the New Section 1921 Reporting Requirements says that any board that takes any adverse action against a licensee must be reported to the federal HIPDB database.		

XIII. Long Term Care	Mayer Handelman, Chair	<p>M. Handelman reported the following Committee Report:</p> <p>A. A checklist for medication administration is currently only required in assisted living facilities. The State OHCQ has decided that the doctor's orders must be read along with the administering of medication. OHCQ has been evaluating the facilities and writing warning notices about inappropriate procedures. Barbara Newman, representing the Board of Nursing supported the State OHCQ's position.</p> <p>B. M. Handelman will be attending a meeting on March 19, 2010 at NCPDP, who are requiring long term care facilities to use the short cycle 7 day medication distribution and to stop the 30 day cycle distribution.</p> <p>C. The Beacon Institute will conduct a continuing education seminar for Pharmacists on "Understanding the Administration of Medication in Assisted Living" <a href="#">Beacon Institute in Columbia at the Maritime Institute in Linthicum, Maryland.</a></p>		
XIV. Informational	Donald Taylor, Board President	<p>D. Taylor reported on the following informational updates:</p> <p>A. The Democratic Health Care Overhaul Plan has developed a summary about what will likely move forward.</p> <p>B D. Taylor thanked the University of Maryland, Kaiser Permanente, and all other stakeholders who were in support of the removal of Drug Therapy Management sunset provision. He noted that everyone was on the same page and got their messages across. Opposition to continuing the provision appears to be dropped and the sunset of DTM will either be eliminated or will not be revisited until 7 years. L. Naesea added that the Board of Physicians testified in opposition to removal of the sunset.</p>		
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>11:03 A.M.</u></p> <p>B. At <u>11:18 A.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 <u>11:31 A.M.</u> Immediately thereafter, D. Taylor convened an Administrative Session</p>	<p>Motion:</p> <p>L. Israbian-Jamgochian made a motion to close the Public Meeting and open a Closed Public Session.</p> <p>R. Zimmer seconded the motion.</p>	<p>Board Action:</p> <p>The Board voted to approve the motion.</p>

		<b>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</b>		
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