

Maryland Board of Pharmacy  
Public Meeting  
Minutes

Date: February 16, 2011

Name	Title	Present	Absent	Present	Absent
Bradley-Baker, L.	Commissioner		X	6	2
Chason, D.	Commissioner	X		7	1
Finke, H.	Commissioner	X		8	0
Gavvani, M. Z.	Commissioner	X		5	1
Handelman, M.	Commissioner	X	X	7	1
Israbian-Jamgochian, L.	Commissioner/Treasurer	X		8	0
Matens, R.	Commissioner	X		8	0
Souranis, M.	Commissioner//President	X		8	0
St. Cyr, II, Z. W.	Commissioner		X	6	2
Taylor, D.	Commissioner	X		7	1
Taylor, R.	Commissioner/Secretary	X		7	1
Zimmer, R.	Commissioner	X		7	1
Bethman, L.	Board Counsel	X		8	0
Gibbs, F.	Board Counsel	X		8	0
Banks, T.	MIS Manager	X		8	0
Wu, YuZon	Compliance Manager	X		1	0
Gaither, P.	Administration and Public Support Manager	X		8	2
Jeffers, A.	Legislation/Regulations Manager	X		8	0
Naesea, L.	Executive Director	X		8	0

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Board Action
I. Executive Committee Report(s)	A. M. Souranis, Board President	<p><i>Members of the Board with a conflict of interest relating to any item on the agenda are advised to notify the Board at this time or when the issue is addressed in the agenda.</i></p> <ol style="list-style-type: none"> <li>M. Souranis called the Public Meeting to order at 9:30 A.M.</li> <li>M. Souranis requested all meeting attendees to introduce themselves and to remember to sign the guest list before leaving the meeting. M. Souranis asked guest to (Please indicate on sign-in sheet if you are requesting CE Units for attendance).</li> <li>M. Souranis reported that guest will be given packets of materials so that they can follow meeting discussions. He requested that all guest return their draft packets before they leave the meeting.</li> <li>Review &amp; Approval of Minutes of December 15, 2010.</li> <li>Review &amp; Approval of Minutes of January 19, 2011.</li> <li>Drug Therapy Management Meeting - R. Taylor reported on the meeting held on February 9, 2011. The Board of Physician representatives indicated that they would not be recommending approval of 10 of the 11 projects discussed. They indicated that they will recommend approval of the Fink's Pharmacy renewal application. The other application will not be recommended they included language in the protocols that is</li> </ol>	<p>4. Motion: R. Matens Seconded: R. Zimmer</p> <p>5. Motion: R. Matens Seconded: L. Israbian-</p>	<p>4. Board Action: The Board voted to approve the December 2010 Minutes with no changes.</p> <p>5. Board Action:</p>

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		<p>reflected in the DTM regulations. Specifically, “the pharmacist(s) may not substitute among chemically dissimilar drug products prescribed by the physician unless such substitution is permitted in the drug therapy management contract.” COMAR 10.34.29.02A(2)(e).</p> <p>The Board of Pharmacy representatives felt that the language should be allowed to remain in the protocols since it is contained in the DTM law and because there are federal laws in place that supersede DTM regulations that stipulate requirements related to prescription drug substitution by pharmacists. DTM Committee Members agreed that the Board of Physicians will notify the Board of Pharmacy in writing of the full Board vote and the Board of Pharmacy will then notify applicants of the decision. This will allow applicants an opportunity to retain the language or remove based on the vote taken by the Board of Physicians. It should be noted that the Board of Pharmacy approved all 11 applications at its December 2010 meeting, however, State law requires both Boards to agree on approval of DTM applications or the application must be denied.</p>	Jamgochian	The Board voted to approve the January 2011 Minutes with no changes.
II. Guest Presenter	Lynne Gilli, MD State Department of Education	Lynne Gilli – MSDE Representative – provided concerned to the Board about delays in reviewing pharmacy technician programs and exams; She suggested that MSDE become more involved in approval process in order to streamline the review and approval process. The Board provided an overview of its current process and indicated that it would involve MSDE as a resource in its process as necessary.		
III. Staff Operations Report (s)	A. L. Naesea, Executive Director	<p>1. L. Naesea reported on the following Operation Updates:</p> <p>a. She announces the recruitment of two new employees Yu Zon Wu Pharmacist Compliance Officer and Yin Chan Pharmacy Inspector and introduces Ms. Wu to the Board and public audience.</p> <p>a. D. Chason and L. Naesea have recommended a candidate for the Licensing Manager position.</p> <p>b. The Governor’s budget legislation proposes a transfer of approximately \$237,000 from the Board of Pharmacy 2012 fund balance. L. Naesea will be attend a budget hearing this afternoon to explain that the Board is requesting approval for a budget deficit in order to support implementation of a new database system. If the Board’s request and the Governor’s proposal are approved, the Board’s 2012 fund balance would fall below 11% of its total appropriation. DBM has encouraged all Boards to maintain a fund of at least 20% in each Fiscal year.</p> <p>2. <u>Meeting Updates since last Public Board meeting:</u></p> <p>a. . The Board staff have received the legislative auditors’ preliminary notes and is in the process of responding. The final auditor</p>		

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		<p>report will incorporate the staff response and should be sent to M. Souranis.</p> <p><b>3. Licensing Unit Updates:</b>  The Board had a total of 17,901 licensees for the month of January. The number of pharmacist licensees was 8,276. The number of establishments was 1,728. The number of distributor was 589. The number of pharmacy technicians was 7,308.</p>		
	<p><b>B. P. Gaither,  APS Manager</b></p>	<p><b>1. P. Gaither reported on the following Staffing Updates:</b></p> <p>a. The Board is awaiting freeze exemption approval to begin recruitment for the Board Secretary position.</p> <p>b. YuZon Wu was selected for the Pharmacist Compliance Officer and her appointment date was January 26, 2011.</p> <p>c. Yin Chan was selected for Board Inspector position and her appointment date was February 2, 2011. .</p> <p>d. The Board is awaiting freeze exemption approval for the Pharmacist II position. The Pharmacist II position is now a split position so a 50% employee needs to be recruited.</p> <p>e. The Licensing Manager selection recommended is anticipated to start on March 9, 2011.</p> <p>f. Due to inclement weather the investigator interviews were rescheduled for February 22, 2011.</p> <p><b>Contracts:</b></p> <p>a. Preparation of a contract with the Realistic Computing Company (Help Desk and Technical Services) is in progress.</p>		
	<p><b>C. T. Banks,  MIS Manager</b></p>	<p>No Report</p>		
<p><b>4. Inspection  Program Report</b></p>	<p><b>D. Y. WU,  Compliance Officer</b></p>	<p>Y. Wu reported the following:  A total of 65 inspections were completed in January, of which 61 were of retail community pharmacies, 2 were of long care term pharmacies, 1 of hospital pharmacies and 1 involved an investigation.</p>		

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5. Compliance Unit Updates:	Y. Wu  Tony Tommasello, PEAC	Drug Repository Inspection Form- for approval  Year to date PEAC is tracking 16 self referred pharmacists and two board cases representing a total of 18. There were two new cases for the month of January and 38 drug tests were ordered. A former client monitored by PEAC presented his story related to his successful 20 years abstinence related to his the advocacy received from PEAC. The individual is now in a position where he is responsible for pharmacists throughout the country.	Motion: D. Taylor Seconded: R. Zimmer	Board Action: The Board voted to approve
	E. A. Jeffers, Rgs/Lgs. Manager	<p><b>1. Status of Proposed Regulations</b></p> <p><b><u>a. 10.34.03 Inpatient Institutional Pharmacy</u></b> Re-submitted for publication on January 31, 2011.</p> <p><b><u>b. 10.34.23 Pharmaceutical Services to Patients in Comprehensive Care Facilities</u></b> Published in the Maryland Register January 3, 2011. One comment received: <b><u>HFAM Comments COMAR 10.34.23</u></b></p> <p><b><u>DRAFT Bd response to cmmts - 10.34.23 – HFAM</u></b> <b><u>The Board approved the following response:</u></b> You requested clarification as to why the Board added a section to the re-proposal requiring that a Director of Pharmacy at a comprehensive care pharmacy be on site full time and responsible for only one comprehensive pharmacy at a time.</p> <p>The Board added this section to ensure that the Director of Pharmacy for a comprehensive care pharmacy be attentive to that pharmacy and dedicated to ensuring patient safety and quality of service. Each comprehensive care facility has its own unique needs and requirements, and the regulations specify that the Director of Pharmacy be knowledgeable in, and thoroughly familiar with, the specialized functions of the comprehensive care facility pharmaceutical services. The Director of Pharmacy is responsible for and in full and actual charge of the pharmacy and its personnel. The Director of Pharmacy is responsible for the operations of the pharmacy and for ensuring</p>		1.B. Board Action: The Board voted to approve

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		<p>compliance with the requirements of all federal and State laws and regulations. The Director of Pharmacy must be in a position to ensure that each patient of the comprehensive care facility receives the highest level of pharmaceutical service possible. Finally, the Director of Pharmacy is responsible for reviewing the policies and procedures manual annually and revising it if necessary. For a Director of Pharmacy to be competent and thorough in the above tasks, the Board feels that the Director of Pharmacy must be on site full time and responsible for only one pharmacy at a time.</p> <p>Thank you again for your thorough reading of and comment to the proposed COMAR 10.34.23 Pharmaceutical Services to Patients in Comprehensive Care Services. The Board voted at today's Public Board Meeting to adopt COMAR 10.34.23 as re-proposed.</p> <p>c. <b><u>10.34.25 Delivery of Prescriptions</u></b> Submitted for publication on August 4, 2010.</p> <p>d. <b><u>10.34.28 Automated Medication Systems</u></b> Re-proposal published in the Maryland Register January 14, 2011. Comments to be received through February 14, 2011</p> <p>e. <b><u>10.34.35 Home Infusion Pharmacy Services</u></b> <b><u>Board approval requested for final revisions:</u></b>  <b><u>proposed-COMAR 10.34.35 Infusion Therapy 020811</u></b> <b><u>The Board approved submission of COMAR 10.34.35 as presented today.</u></b></p> <p>f. <b><u>10.13.01 Dispensing of Prescription Drugs by a Licensee</u></b> A meeting was held with representatives from the stakeholder Boards per direction from Wendy Kronmiller on September 30, 2010. Wendy will schedule another meeting in the future.</p> <p>DDC PIA request for Inspection Reports – DDC requested an extension until December 17<sup>th</sup> – Received December 16, 2010. Database of information created.</p>		

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		FYI - Regulatory proposal on a related matter:  <b>14.09.03 012811 publication - WCC - fees</b>		
<b>III. Committee Reports</b>	<b>A. H. Finke, Chair, Practice Committee</b>	<p>1. Legislation for Board consideration and determination of Board position:</p> <p>a. HB291/SB 308 Public Health – Medical Marijuana (hrg 3/3)</p> <p><b><u>hb0291f</u></b></p> <p><b><u>The Board approved a Letter of Support the concept with the following points:</u></b></p> <p>1) The Board believes that the same standards, regulations and requirements that are set in place for pharmacies should also be set in place for dispensing center. The dispensing center should be required to obtain a CDS permit from the DEA and from the Maryland Division of Drug Control. If not, then only a pharmacy should be allowed to dispense a Schedule II in Maryland.</p> <p>2) Moving marijuana from a Schedule I to a Schedule II in Maryland would place the pharmacist in the position of violating federal law. Many pharmacists would not want to risk losing their controlled dangerous substance permits if the federal government decides to enforce marijuana as a Schedule I CDS.</p> <p>3) In HB 291, 13-3003(H), page 12, the Board suggests rewording this section for clarification purposes. The rewording would read:</p> <p><b>A PHARMACY OR DISPENSING CENTER MAY CHARGE A PATIENT OR A PRIMARY CAREGIVER OF THE PATIENT FOR REASONABLE COSTS ASSOCIATED WITH THE PRODUCTION OF MARIJUANA FOR THE CARDHOLDER.</b></p> <p>4) In HB 291, 13-3003(J), page 12, the Department in consultation with the Board of Pharmacy and stakeholders, shall develop regulations regarding the procedures to be followed by pharmacies and dispensing centers in dispensing marijuana. The Board would like the regulations to be promulgated in “AGREEMENT” with DHMH.</p> <p>5) In HB 291, 13-3004(F)(2)(III), page 17, the bill sets forth the procedures when there is a change in status of the patient’s debilitating medical condition that requires a physician to withdraw the patient’s certification. This section requires the patient or primary caregiver to</p>	<p>2.A. Motion: L. Israbian- Jamgocian Seconded: D. Taylor</p>	<p>2.A. Board Action: Te Board voted to approve</p>

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		<p>dispose of any marijuana in 15 days. The Board has concerns because this section does not indicate how this is to be done. Would the marijuana be returned to the pharmacy, thrown in the trash, flushed down the toilet, or given to someone else?</p> <p>b. HB 460/SB 770 Prescription Drug Repository Program – Disposal of Prescription Drugs and Medical Supplies <b>hb0460f</b> <b><u>The Board approved a position of SUPPORT with a Letter of Concern for HB 3. HB 3 as written does not provide any accountability.</u></b></p> <p>c. SB 698 Pharmacy Benefit Managers – Specialty Drugs (hrg 3/9) <b>sb0698f</b> <b><u>The Board approved a position of Support with Amendments. Dave Chason will provide Ms. Jeffers with an amendment that would exempt programs that are mandated by the FDA or required by the manufacturer because of documented risk to patients.</u></b></p> <p>e. SB 700 Pharmacies – Delivery of CDS (hrg 3/9) <b>sb0700f</b> <b><u>The Board approved a Letter of Support with similar language to last year.</u></b></p> <p>f. SB 701 Health Insurance – Prescription Eye Drops – Refills (hrg 3/9) <b>sb0701f_1</b> <b><u>The Board approved a Letter of Support because of the difficulty of the elderly in getting the eye drops they need.</u></b></p> <p>g. SB 713 Pharmacists – Administration of Vaccines – Regulations (hrg 3/9) <b>sb0713f</b> <b><u>The Board approved a position of Support.</u></b></p> <p>h. SB 769 State Board of Pharmacy – Pharmacists – Practice of Pharmacy</p>	<p>2.B. Motion: Practice Committee Seconded: D.Taylor</p> <p>2.C. Motion: Practice Committee Seconded: D. Taylor</p>	<p>2.B. Board Action: The Board voted to approve</p> <p>2.C. Board Action: The Board voted to approve</p>

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		<p>and Licensure (hrg 3/9)</p> <p><b><u>sb0769f</u></b></p> <p><b><u>The Board approved a position of Support as in the HB 549.</u></b></p> <p><b><u>2. Legislation Letters and Position Papers for Ratification:</u></b></p> <p><b><u>a.</u></b> HB 3/SB 577 Pharmacies – Taking Back and Disposing of Unused Drugs  <b><u>OPPOSE – HB hearing canceled, SB</u></b> contacted Senator Muse with the Board's position.  <b><u>The Board approved a Letter of Concern since there is a lack of accountability.</u></b></p> <p><b><u>b.</u></b> SB 203/HB 82 Health Care Decisions Act – “Medical Orders for Life-Sustaining Treatment” Form  <b><u>Letter of Support:</u></b>  <b><u>SB 203 HlthCareDecAct-Med Orders for Life-Sustain Treatmt LOS w sig</u></b>  <b><u>The Board ratified the Letter of Support</u></b></p> <p><b><u>c.</u></b> SB 237/HB 359 Criminal Law – Selling a CDS Substance to a Minor – Causing Death  <b><u>Support with Amendment:</u></b>  (A-1) IN THIS SECTION, "SELL" DOES NOT INCLUDE THE LAWFUL ACTION OF A LICENSED PHARMACIST OR OTHER HEALTH CARE PROVIDER AUTHORIZED TO DISPENSE PRESCRIPTION MEDICATIONS IN THIS STATE.  <b><u>The Board ratified the Support position with an amendment.</u></b></p> <p><b><u>3. Regulations for Board approval:</u></b></p> <p><b><u>10.13.02 Purchase and Distribution of Prescription Drugs and Devices for Public Health Purposes</u></b></p>		<p><b>3. Board Action: The Board voted to approve</b></p>



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		<p><u>10.13.02 final version 1-25-11</u></p> <p><u>The Board approved COMAR 10.13.02 as presented at the Board Meeting.</u></p> <p>4. Letters for Board Approval</p> <p>a. Jennifer Riberkof, RN, OHCQ</p> <p><u>FAQs for MBOP related to pharmacy reviews in Assisted Living</u></p> <p><u>Draft Board E-mail - Assisted Living FAQs</u></p> <p><u>The Board approved the following response:</u></p> <p>Thank you for submitting OHCQ's Assisted Living FAQs to the Board for review and approval. Below are the Board's recommendations from the February 16, 2011 Public Board Meeting:</p> <p>Q: Can ALF's have interim (emergency) medication boxes?</p> <p>Please be advised that there must be a licensed health care professional on site 24/7 in order for an Assisted Living Facility to have an interim (emergency) medication box. Please revise the response to add "on site" to the second sentence: "The AL must have licensed staff <u>on site</u> available 24 hours/7 days a week."</p> <p>The Board reviewed and approved the second question and response as written.</p> <p>&gt;&gt;&gt; Jennifer Riberkof 12/27/2010 11:03 AM &gt;&gt;&gt;</p> <p>Ms. Jeffers:</p> <p>Below are the two questions we have received that relate to pharmacy issues. Our responses will be published in the FAQ grid at: <a href="http://dhmh.md.gov/ohcq/download/memo/faq_comar10.07.14.pdf">http://dhmh.md.gov/ohcq/download/memo/faq_comar10.07.14.pdf</a></p> <p>Q: Can ALF's have interim (emergency) medication boxes?</p> <p>A: ALF's may keep an interim medication box with a limited number of emergency medications in conjunction with pharmacy overview. The AL must have licensed staff available 24 hours/7 days a week. Only licensed staff can access the interim medication and pharmacy would then refill the box. Certified medication technicians MAY NOT have access to the interim (emergency) medication box or administer the</p>	<p>4. A. Motion: Practice Committee Seconded:</p>	

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		<p>emergency medications. <b>**</b>(This has already been reviewed by the MBON)</p> <p><b>Q:</b> Does the on-site pharmacist need to look at the medications kept in the resident rooms if they self administer medications? Does this mean the pharmacist should be including the medications stored in the resident's room as part of their overall medication review; or is it to be interpreted more literally as the pharmacist should be physically inspecting any medication(s) in a resident's room?</p> <p><b>A:</b> COMAR 10.07.14.29I ((2) (a)-(n) addresses the regulatory requirements of the on-site pharmacist review. The intent of the regulation is to have the pharmacist review medication(s) being self administered as part of the medication regimen review and the pharmacist should look at how all medications, including those maintained by the resident, are stored. If the resident refuses to allow the pharmacist to assess their medications then that should be noted by the pharmacist and no further action is necessary. <b>**</b>(Revised 12/14/10-Issue was already addressed however a pharmacy requested further guidance).</p> <p>b. Valerie U. Oji, Howard U College of Pharmacy</p> <p><b><u>New pharmacy license operations in mobile clinic</u></b></p> <p><b><u>Draft Bd Response - pharmacy in mobile clinic</u></b> The Board approved the following response:</p> <p>Thank you for contacting the Maryland Board of Pharmacy concerning whether a pharmacy may be operated in a mobile clinic. Additionally, you inquired whether the Board has any provisions for a special/research application where innovative practices such as the mobile clinic may be piloted with Board approval for a period of time.</p> <p>The Maryland Pharmacy Act and regulations do not have provisions that would allow a mobile pharmacy. A pharmacy permit holder is required to have an actual stable address which is not transferable to another address.</p> <p>The Board does not issue, or have laws/regulations that allow, special research applications where innovative practices may be piloted with Board approval within a certain timeframe.</p>	<p><b>4. B. Motion:</b> Practice Committee Seconded: R. Zimmer</p>	<p><b>4. A. Board Action:</b> The Board voted to approve the motion.</p>

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		<p><u>                  c. Morton Sclar, Pharmacist, Leisure World</u></p> <p><b><u>Request to increase font size on Rx</u></b></p> <p><b><u>Draft Bd Response - request to increase rx font size</u></b>  <b><u>The Board approved the following response:</u></b></p> <p>Thank you for contacting the Maryland Board of Pharmacy concerning the small font size that is appearing on electronic prescriptions received by facsimile.</p> <p>Please be advised that the Board has no control over the font size of electronic or faxed prescriptions. Perhaps you may want to contact the vendors that transmit the prescriptions and request an increase in font size so that the prescriptions are more easily read.</p> <p><u>                  d. Katie Baldwin, Legit Script</u></p> <p><b><u>Pharm Techs transcribing prescriptions</u></b></p> <p><b><u>Draft Bd Response - pharm tech transcribing over phone</u></b>  <b><u>The Board approved the following response:</u></b></p> <p>Thank you for contacting the Maryland Board of Pharmacy concerning whether the following practice would be legal in Maryland. A prescription is called in to the pharmacy. A certified pharmacy technician enters the prescription data into the computer system. Meanwhile, a recording is obtained with the certified pharmacy technician repeating the prescription information to the veterinary clinic representative (including calculated dose to be delivered). At the end of the recording, the caller confirms that all the information is correct. The next step is pharmacist approval of the recording, which consists of a pharmacist listening to the recording and verifying all entered data is correct. The prescription is then sent to the pharmacy for fulfillment. The recording is kept on file indefinitely.</p> <p>Please be advised that a pharmacy technician may not accept or transcribe a new prescription over the phone.</p> <p><u>                  e. Susan Pierce, Target</u></p>	<p>4. C. Motion: Practice Committee Seconded: M. Gavani</p> <p>4. D. Motion: Practice Committee Seconded: D. Chason</p>	<p>4. B. Board Action: The Board voted to approve the motion.</p>

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		<p><u>Monitoring vitals &amp; speciality pharmacy drug usage</u></p> <p><u>Draft Bd Response - monitoring vitals&amp;specialty pharm drug usage</u></p> <p>Thank you for contacting the Maryland Board of Pharmacy concerning the scope of practice limitations for retail pharmacists and their ability to provide services beyond the traditional role of a pharmacist. Below you will find responses to your inquires:</p> <p>(1) Can retail pharmacists take part in medication therapy management, and if so, what are the requirements around doing so?</p> <p>Pharmacists may take part in medication therapy management under an approved drug therapy management protocol pursuant to Health Occupations Article, 12-6A-01 – 10, Annotated Code of Maryland and the Code of Maryland Regulations (COMAR) 10.34.29 Drug Therapy Management.</p> <p>(2) Can retail pharmacists monitor vitals (i.e., BP, Weight, etc.), and if so, what are the requirements around doing so?</p> <p>A pharmacist may monitor vitals so long as the pharmacist is competent in this function, properly counsels the patient and reports any questionable results to the patient’s primary physician.</p> <p>(3) Can retail pharmacists do cholesterol tests, and if so, what are the requirements around doing so?</p> <p>Regulations were proposed in the Maryland Register in December to allow pharmacists to perform cholesterol tests and other tests for the purposes of screening and monitoring disease risk factors; or facilitating patient education for diabetes or heart disease. The regulations are anticipated to be final sometime this spring.</p> <p>(4) Can retail pharmacists do diabetic counseling, and if so, what are the requirements around doing so?</p> <p>A pharmacist may perform diabetic counseling. The training and educating of patients for self-testing on the patient’s own instrument would not be considered the operation of a laboratory under the proposed regulations. When a pharmacist is teaching or assisting an individual patient to use a testing device (e.g., glucometer, etc.) for patient self-testing, it is not considered to be a “medical laboratory” so a State laboratory license or CLIA certificate is not required.</p> <p>(5) Are there any restrictions around retail pharmacists participating</p>	<p>4. E. Motion: Practice Committee Seconded: D. Taylor</p>	<p>4. C. Board Action: The Board voted to approve the motion.</p> <p>4. D. Board Action: The Board voted to approve the motion.</p>

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		<p>in specialty pharmacy drug usage?</p> <p>The Maryland Pharmacy Act and regulations do not address this issue. The Board issues a generic pharmacy license, and so long as the pharmacist is competent, the pharmacist may participate in any specialty pharmacy practice. Please be advised that the pharmacist would have to complete any specialty training required by the manufacturer or government agency.</p>		<p>4. E. Board Action: The Board voted to approve the motion.</p>
	<p>B.D. Chason, Chair, Licensing Committee</p>	<ol style="list-style-type: none"> <li>1. Debra Neubauer</li> <li>2. Delores Obringer</li> <li>3. Wallace Pharma</li> <li>4. Centric health resource</li> <li>5. Santarus</li> <li>6. Bal City CC tech program, Medix Towson, Tesst</li> <li>7 Schools with multiple sites individually or submit attestation they are using the same program</li> </ol>		

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		8. emergency approvals of registration of techs due to technical/staffing issues at the Board		
	C. L. Bradley-Baker, Chair, Public Relations Committee	No report		
	D. D. Taylor, Chair, Emergency Preparedness Task Force	D. Taylor reported on the recent State TAR meeting he had attended. He stated that the Board of Pharmacy received an excellent verbal report from CDC at the meeting. The attendees were so impressed with the Board's involvement that they requested that the Board prepare an article (or articles) for some national emergency preparedness blogs to describe the Board's role in Maryland's Plan. The State will not receive the actual rating & results from the CDC for at least a month, but based on the verbal feedback, D. Taylor felt extremely positive about the outcome.		
	E. L. Israbian-Jamgochian, Chair Disciplinary Committee	No report		
IV. Other Business	A. M. Souranis			
	B. Board Member Updates			
V. Adjournment	M. Souranis, Board President	<p>The Public Meeting was adjourned at 12:12 pm.</p> <p>B. At 12:45 P.M. M. Souranis convened a Closed Public Session to conduct a medical review of technician applications.</p> <p>C. The Closed Public Session was adjourned at P.M. Immediately thereafter, M. Souranis 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>	<p>M. Souranis made a motion to close the Public Meeting and open a Closed Public Meeting.</p> <p>D. Chason seconded the motion.</p>	Board Action: The Board voted to approve the motion.