

**Maryland Board of Pharmacy
Public Meeting
Minutes**

Date: September 21, 2011

Name	Title	Present	Absent	Present	Absent
Bradley-Baker, L.	Commissioner	X		2	1
Chason, D.	Commissioner	X		3	0
Finke, H.	Commissioner	X		3	0
Gavvani, M. Z.	Commissioner		X	1	2
Handelman, M.	Commissioner	X		3	0
Israbian-Jamgochian, L.	Commissioner/Treasurer	X		3	0
Matens, R.	Commissioner	X		2	1
Souranis, M.	Commissioner//President	X		3	0
St. Cyr, II, Z. W.	Commissioner	X		3	0
Taylor, D.	Commissioner	X		3	0
Taylor, R.	Commissioner/Secretary		X	1	2
Hammonds, Stephanie	Commissioner	X		1	0
Bethman, L.	Board Counsel	X		3	0
Felter, B.	Staff Attorney	X		3	0
Naesea, L.	Executive Director		X(on Board Business)	2	1
Wu, Y.	Compliance Manager	X		2	1
Daniels, D	Licensing Manager	X		3	0
Gaither, P.	Administration and Public Support Manager	X	X	2	1
Jeffers, A.	Legislation/Regulations Manager	X		3	0

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
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"> 1. M. Souranis called the Public Meeting to order at 9:40 a.m. 2. M. Souranis requested all meeting attendees to introduce themselves and to remember to sign the guest log before they leave the meeting. 3. M. Souranis reported that all guests will be given packets of materials so that they can follow the meeting discussions. He 		

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	B. R. Taylor Secretary	<p>requested that the guests please return the draft packets when they leave the meeting.</p> <p>4. Members of the Board with a conflict of interest relating to any item on the agenda were advised to notify the Board at this time or when the issue(s) is addressed in the agenda.</p> <p>5. Revisions to Minutes:</p> <p>June Motion: D. Taylor made a motion to approve minutes as amended. Seconded by Z. St. Cyr. II</p> <p>July a. Change time of the Public Board meeting starting at 9:46 to 9:45 b. Number all pages of Board meeting minutes c. Misspelling on Page 8. Change disbursing to dispensing.</p> <p>August a. Number all pages of Board meeting minutes. b. Change Licensing Committee report to read: Board approved KCI as a distributor. c. Change Emergency Committee report to read: Stare Score 97 Pharmacy Team 100</p> <p>6. Review & Approval of Minutes of June 15, 2011, July 20, 2011, and August 17, 2011.</p>	<p>6. Motion: D. Taylor made a motion to accept June, July, and August Board Meeting minutes as amended.</p> <p>H. Finke seconded the motion.</p>	<p>6. The Board voted to approve the minutes as amended.</p>

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<p>II. Staff Reports</p> <p>A. Executive Director Report</p>	<p>A. M. Souranis for L. Naesea</p>	<p>M. Souranis reported on the following meeting updates:</p> <ol style="list-style-type: none"> 1. M. Souranis introduced Stephanie Hammonds as the Board of Pharmacy's newest member. 2. M. Souranis announced that Lynette Bradley-Baker and Lenna Israbian-Jamgochian's terms have been extended until 2015. 3. A meeting will be held on September 28, 2011 with the Attorney General's Office concerning prescription drug disposal. 4. A meeting with the Board of Physicians and the Board of Nursing regarding travel vaccinations was attended by M. Souranis, D. Chason, R. Taylor and Board staff. There was no member representation from the Board of Physicians commissioners, only the Executive Director and the Director were present. The interaction with the Board of Nursing was very positive. They had no objection to pharmacists giving travel vaccines, only Tetanus was identified as a possible issue. M. Souranis was questioned regarding a patient having an adverse reaction to vaccine. He responded that the same standard of care in an emergency situation that may have involved a physician would be adhered to by pharmacist. The Board of Physicians were in opposition to allowing pharmacists to administer any additional vaccines. 5. M. Souranis read a letter from Mr. Alexandrew, director of Maryland Medicaid Program in reference to COMAR 10.09.03.07 in response to a letter from the Board of Pharmacy which stated that the changes in fees were not new, but were just being codified.. 		
<p>B. Administration and Public Support</p>	<p>P. Gaither, Manager</p>	<p>1. Personnel Updates -: Vacancies and Recruits</p> <p>The Board recently recruited two temporary employees to meet</p>		

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		<p>Receptionist and Pharmacy Technician administrative requirements.</p> <p>2. Contracts and Procurement</p> <p>a. The State Archives contract for web hosting has been renewed.</p> <p>b. The NABP contract for out-of-state distributor inspections was signed.</p>		
C. MIS	M. Hsu	Database Implementation Project – Is ongoing and the vendor bids have been submitted to manage the project.		
D. Licensing	D. Daniels, Manager	<p>Licensing Unit Updates:</p> <p>1. Monthly Statistics for August:</p> <ul style="list-style-type: none"> - Pharmacists - 8857, 102 new; 6053 in-state, 2804 out of state -Pharmacist Renewals - 433 -Vaccine certifications approved - 2272 -Pharmacy Technicians - 7923, 129 new applications -1 Pharmacy Technician training program being reviewed -Pharmacies -1769 of which 21 are new pharmacies -Distributors-799, of which 15 are new -2 new applications for Prescription Repository drop-off sites are under review 		
E. Compliance	E. Y. Wu, Manager	<p>1. Inspection Program Report : 125 Inspections were performed by Board inspectors in August</p> <p>2. Monthly Statistics: 32 new complaints were received</p> <p>3. PEAC Update- Tony Tommasello</p> <p>21 clients:</p> <ul style="list-style-type: none"> -19 pharmacists -1 pharmacy technician <p>53 urine tests were performed with no positives</p>	3. Reporting honestly on renewal applications will be considered self referral through PEAC.	

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		<p>-1 licensee is monitored by both the Board of Pharmacy and a PEAC program client</p> <p>T. Tommasello expressed concern that even though licensees have successfully gained in their recovery, but licenses are being refused when brought before the Board still severely disciplines the licensee(s) even if they have already been in the PEAC program for 6 months. Mr. Tommasello suggests that people in the PEAC program, doing well and their recovery is being recorded they should be afforded larger doses or mercy and given consideration for even taking action through PEAC.</p> <p>Harry Finke suggests that the policy should be reviewed to give pharmacists and pharmacy technicians credit for completing programs such as PEAC. A case review should be done before suspension or denial of license renewal. Harry Finke and Dave Chason will submit a proposal for case reviews.</p> <p>Linda Bethman believes that honesty concerning substance abuse will help the pharmacist or pharmacy technician during case review. She also indicated that each case is different and the Board does take all issues under consideration in their determinations.</p>		
F. Legis- lation & Regulations	A. Jeffers	<p>1. Status of Proposed Regulations</p> <p>10.34.03 Inpatient Institutional Pharmacy Notice of Final Action published with Effective Date of October 1, 2011.</p> <p>10.34.14 Opening and Closing of Pharmacies Board approval requested:</p> <p>DRAFT proposed- COMAR 10.34.14 083111 -BF ver ADJ- 091311</p>		<p>1.</p> <p>10.34.14 - The Board approved submission of the proposal to the Department for sign-off and publication.</p>

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		<p>10.34.23 Pharmaceutical Services to Patients in Comprehensive Care Facilities Submitted to DHMH for sign-off and publication on September 14, 2011.</p> <p>10.34.25 Delivery of Prescriptions Anticipated to be published on October 21, 2011.</p> <p>10.34.28 Automated Medication Systems Submitted to DHMH for sign-off and publication on September 16, 2011.</p> <p>10.34.32 Pharmacist Administration of Vaccinations Submitted Emergency proposal with requested effective date of October 1, 2011. Anna Jeffers reported that Secretary Sharfstein indicated continued concern for children in Maryland regarding syncope. He would like the pharmacists to be trend setters for the safety of children by setting specific timeframes for observation in the regulations. Additionally he would like the Board to explain in the Statement of Purpose or the proposal that pharmacists are trained in syncope.</p> <p>10.34.32 Pharmacist Administration of Vaccinations – inclusion of travel vaccines Meeting held on August 31, 2011. Board of Nursing approved, except for tetanus. The Board will provide additional information on boosters. Board of Physicians also requested additional information.</p>		<p>10.34.32 - The Board approved; 1) a 15 minute observation period following administration of influenza vaccinations to individuals under the age of 18; and 2) adding language to</p>

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		<p>10.34.33 Prescription Drug Repository Programs</p> <p>A Board Subcommittee is continuing to work on wording and waiting for the promulgation of the federal regulations this summer. Meeting scheduled with the Attorney General's Office for September 28, 2011</p> <p>10.34.35 Infusion Pharmacy Services in an Alternate Site Care Environment Published August 12, 2011 with comment period through September 12, 2011. One comment received. Board approval requested for response.</p> <p><u>MD COMAR 10.34.35 Infusion Pharmacy Services_Kaiser Permanente</u> <u>Bd Response - Comment - 10.34.35 - Kaiser Permanente</u></p> <p>Thank you for submitting Kaiser Permanente's comment to the Maryland Board of Pharmacy (the "Board") concerning COMAR 10.34.35 Infusion Pharmacy Services in an Alternate Site Care Environment, published in the Maryland Register on August 12, 2011, 38:17.</p> <p>The Board recognizes that Chapter 35 is new and that a delayed effective date would be appropriate so that the community has adequate time to comply with the new requirements. Additionally, a delayed effective date would allow Board staff to create inspection forms that address infusion pharmacy services. Therefore, the Board will request an effective date of March 1, 2012 to accommodate the pharmacy community and Board implementation of the chapter.</p> <p>The Board would like to thank you again for your thorough reading of, and comment to, the recently published COMAR 10.34.35 Infusion Pharmacy</p>		<p>the statement of purpose that states:</p> <p>As part of the required training program for registration to administer vaccinations in Maryland, pharmacists are trained to observe patients for 15 minutes.</p> <p>10.34.35 - The Board approved the response to Kaiser Permanente and approved adoption of the regulations as proposed with an</p>

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		<p>Services in an Alternate Site Care Environment. The Board considered Kaiser Permanente's comment at the September 21, 2011 Board Meeting and voted to adopt COMAR 10.34.35 as proposed.</p> <p>Board approval requested to adopt as proposed with specific effective date.</p> <p>10.34.36 Pharmaceutical Services to Residents in Assisted Living Facilities Programs, Group Homes, or Correctional Institutions.</p> <p>Board approval requested to establish a Task Force of stakeholders to draft assisted living regulations</p> <p>10.13.01 Dispensing of Prescription Drugs by a Licensee</p> <p>-Sara Fidler, Counsel for EHE, indicated that Senator Joan Carter Conway wanted the Boards to meet and let her know what cannot be resolved. Meeting scheduled for October 12, 2011 at 10 am.</p> <p>10.09.03 Pharmacy Services</p> <p>The response received from last month's comment was handed out at the meeting.</p> <p>2. Ratification of Board comment to CMS regarding CMS's Change Request 7397 which prohibits pharmacies from billing Medicare for implantable, intrathecal, pain pump solutions for chronic pain care.</p> <p>Final - Md Bd of Pharmacy comment to CMS - Infusion pump solutions</p> <p>The Maryland Board of Pharmacy thanks the Center for Medicare and Medicaid Services (CMS) for the opportunity to comment on CMS's Change</p>		<p>Effective Date of March 1, 2012.</p> <p>10.34.36 - . The Board approved the establishment of a Board subcommittee to draft regulations for Assisted Living Facilities, Group Homes or Correctional Institutions, chaired by Mayer Handelman.</p>

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		<p>Request 7397 which prohibits pharmacies from billing Medicare for implantable, intrathecal, pain pump solutions for chronic pain care.</p> <p>The Board is concerned that this change would mean pain medications and admixtures used to refill these pumps would be prepared in physicians' offices. There are no procedures and guidelines for physicians to prepare these medications in their offices. Pharmacies that prepare these medications and admixtures follow detailed guidelines established by United States Pharmacopeia (Chapter 797). USP 797 outlines requirements for appropriate training, competency assessment, environmental monitoring, and well defined policies and procedures which ensure sterility of these preparations. The Board fears that by making this change, untrained personnel would be assigned this task with no final check by the physician. Medications administered via an intrathecal, implantable pain pumps are high risk preparations and could result in a health risk or injury to patients without verification of the integrity of the preparation by a licensed and trained professional.</p> <p>Additionally, the Board is concerned that pain pump medications would be compounded outside of a sterile environment if compounded in a physician's office. This presents serious health and safety risks to the patient.</p> <p style="text-align: center;">3. Legislation- Health Occupations – Pharmacy – Dispensing Prescribers</p> <p>Board ratification requested to add:</p> <p>The dentist, physician, or podiatrist:</p> <p>11. SHALL VERIFY THE LICENSURE OF THE PERSON FROM WHOM THE DENTIST, PHYSICIAN, OR PODIATRIST PURCHASES PRESCRIPTION DRUGS OR PRESCRIPTION DEVICES;</p> <p>FINAL Draft Bill - Bd of Pharm - Dispensing Prescribers 091211</p>		<p>2. The Board voted to ratify the comment submitted to CMS.</p> <p>3. The Board voted to ratify the addition to</p>

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				the draft bill.
III. Committee Reports A. Practice Committee	H. Finke, Chair,	<p>1. Letters for Board Approval</p> <p style="padding-left: 40px;">a. Erica C. Davis Watkins, Pharm D., Board Member for Medbank</p> <p><u>MedBank of Maryland</u></p> <p><u>FDA and Charitable Clinics</u></p> <p><u>Board Response – Medbank – Samples</u></p> <p>Thank you for contacting the Maryland Board of Pharmacy on behalf of MedBank of Maryland, Inc. (Medbank) concerning whether it is an acceptable practice for Medbank to receive samples from drug companies and dispense to patients.</p> <p>The U.S. Food and Drug Administration (FDA) regulates samples. The Board of Pharmacy has no objection to Medbank receiving samples from pharmaceutical companies, and dispensing to needy patients, if the process has been approved by the FDA.</p> <p>b. Suzanne Brockman, RN, Executive Director, Medbank of Maryland, Inc.</p> <p><u>FW Medbank- question</u></p> <p><u>Board Response – Medbank - Two pharmacies at one location</u></p> <p>Thank you for contacting the Maryland Board of Pharmacy concerning whether more than one independently licensed pharmacy may operate at one physical location.</p> <p>More than one pharmacy may be located at the same location so long as each pharmacy obtains a separate pharmacy permit and each pharmacy fulfills all</p>		<p>a. The Board approved the response.</p> <p>b. The Board approved the response with revisions.</p>

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		<p>the requirements of a pharmacy separately. For example, each pharmacy would require a separate permit, a separate pharmacist, separate equipment, separate records that are maintained in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and the Maryland Medical Records Act, separate inventory, and, if the pharmacies have different hours of operation, separate security systems.</p>		
<p>B. Licensing Committee</p>	<p>D. Chason Chair,</p>	<p>1. Review of Pharmacist Applications:</p> <ul style="list-style-type: none"> • Medinot, Alafia – Recommendation is to waive reinstatement fee; however she must submit live CE's before being renewed. The renewal fee paid will be applied to the renewal fee due. She is not currently licensed and must renew again in 2013. The Board will recommend that the ACPE software be use to help track CEs in the future, if possible. • Lutz, Laura – Applicant attempted to complete renewal application online within 14 days or expiration period. She did not submit the live CEs required and the application was rejected. The reinstatement application was sent without fee, however she requested the Board to waive fee. The Committee recommends denial of the request • Gavaghan, James – The applicant was late in completing the application. He paid the reinstatement fee and requested the fee be waived because he was on vacation and has a long record of being on time for renewals in multiple states. Committee recommends denial of request for waiver of fee. • Shah, Umang – Applicant provided a large number of CE's but many were out of the appropriate time period. He resubmitted application with 25 new CE credits plus the live CE requirement on 8/2/11 after the license expired. The Committee recommends denial of request for waiver of reinstatement fee • Ruffin, Craig – The applicant requested a waiver of the reinstatement fee as he submitted 168 CEs for a specialty training program. This was his first renewal period. Committee recommends approval of request. • McCarthy, Renee – The applicant requests waiver of the reinstatement fee. Committee recommends approval of the waiver request because although the applicant provided a CE course number did not include a "live" designation, the course was determined to be a live course. 	<ul style="list-style-type: none"> • Motion to waive fee, second by R. Matens • Motion to deny waiver, second by M. Gavгани • Motion to deny waiver, second by R. Matens • Motion to deny waiver, second by L. Israbain-Jamgochain • Motion to approve waiver, second by D. Taylor • Motion to approve waiver, second by R. Matens 	<ul style="list-style-type: none"> • Fee waived • Waiver denied • Waiver denied • Waiver denied • Waiver approved • Waiver approved

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		<p>2. Review of Pharmacy Technician Applications: None</p> <p>3. Review of Distributor Applications:</p> <ul style="list-style-type: none"> • Eagle Pharmacy - Applicant requested Board approval as a waiver pharmacy providing services to assisted living facilities, comprehensive care facilities and performing sterile compounding. Committee recommends denial of request as general pharmacy, they can do waiver function. Letter to be sent notifying of abilities; otherwise, need 2nd entity license. • Invictus Healthcare Solutions, LLC - Applicant requested approval as a waiver pharmacy providing services to assisted living facilities, and veterinary hospitals as well as performing non-sterile compounding. <p>Waiver Pharmacy Permits</p> <p>Applicants for waiver permits must provide the following:</p> <ol style="list-style-type: none"> 1. Documentation that the pharmacy is properly equipped to perform the specialty function(s) applied for in the permit application. 2. Documentation that the pharmacist(s) has adequate training in the specialty(ies) applied for in the permit application. 3. A policy and procedure manual detailing the procedures for each specialty applied for in the permit application. 4. Documentation that the pharmacy does not perform the functions of a full service pharmacy. 5. A full and detailed description of the pharmaceutical specialty that clearly substantiates the basis for the request of a waiver permit. <p>Note: A waiver pharmacy may perform multiple waived functions under one permit as long as each specialty(ies) is identified and includes complete documentation in the permit application.</p> <ul style="list-style-type: none"> • CEL-SCI – Manufacturer of research medication Multikine has an existing licensed facility in Maryland at 4820 C Seton Drive. Requesting transfer of license to new facility on San Thomas Drive in Elkridge, if required. Do not believe that they need license because 	<ul style="list-style-type: none"> • Committee recommends Eagle Pharmacy to obtain a full service pharmacy license • Committee recommends Invictus to obtain a full service license, second by D. Taylor • Committee recommends these 5 points be included for all applicants, second by D. Taylor • Committee recommends letter notifying 	<ul style="list-style-type: none"> • Motion approved • Motion approved • Motion approved • Motion approved

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		<p>the product is for research only but distributors of raw materials will not ship to them without licensure</p> <ul style="list-style-type: none"> • Boehringer-Ingelheim Vetmedica – Attorney for manufacturer request for information as to whether a manufacturer of veterinary medications is required to be a licensed distributor in Maryland. <p>4. Review of Repository/Drop Off Site Applications:</p> <ul style="list-style-type: none"> • City Pharmacy of Elkton – There were no documented disciplinary actions for the permit holder, pharmacists or technicians. Tabled at the last meeting to request additional information on whether the pharmacy should become a repository. • Middletown Pharmacy – There were no documented disciplinary actions for the permit holder, pharmacists or technicians. Tabled at the last meeting to request additional information on whether the pharmacy should become a repository • Arnold Professional Pharmacy – There were no documented disciplinary actions for the permit holder, pharmacists, or technicians. <p>5. Review of Pharmacy Technicians Training Programs: None 6. Old Business</p> <ul style="list-style-type: none"> • Question from Carroll Hospital Center. The hospital took over an 	<p>requirement of both facilities to be licensed, second by D. Taylor</p> <ul style="list-style-type: none"> • Recommend the letter be sent notifying need for license, second by R. Matens • Recommendation to approve the application pending resubmission of request to be a repository • Recommendation to approve the application pending resubmission of request to be a repository • Recommendation to approve application 	<ul style="list-style-type: none"> • Motion approved • Motion approved • Motion approved • Motion approved

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		<p>oncology practice in a neighboring building. Does the license of the hospital pharmacy cover the new facility? K. Wise to obtain additional information to determine whether the oncology facility will prepare pharmaceuticals or obtain completed products for the hospital pharmacy. The letter of clarification was received indicating that the facility is staffed by a licensed pharmacist and technician and has a separate address. Response received that the pharmacy is located at a separate address and staffed by a hospital pharmacist and technician who prepare IV medication at the oncology center.</p> <ul style="list-style-type: none"> • K. Wise requested additional guidance on how to respond to virtual manufacturers applying as a distributor that are unwilling to provide information regarding the confidential information contained in CMO agreements. L. Bethman developed recommended language for use with Virtual distributors. • Applicants for wholesale distributor permits from California who only distribute devices are able to be licensed without VAWD accreditation. The only thing keeping California from being a fully deemed state, their pedigree requirements (or lack thereof), only applies to drugs in Maryland. So, with regard to device distributors, the two states' law is substantially similar. Update the website to reflect the change for device only distributors. For information only. 	<ul style="list-style-type: none"> • Motion to require separate licensure, second by D. Taylor 	
<p>C. Public Relations Committee</p>	<p>L. Bradley-Baker Chair</p>	<ol style="list-style-type: none"> 1. Newsletter: The fall 2011 newsletter is currently at the printer and should be delivered within the next week. 2. CE Training: The annual Board of Pharmacy Continuing Education breakfast will be held Sunday, October 2, 2011 at the Maritime Institute. The session, "Emergency Preparedness: the Role of the Pharmacist Before, During, and after a Disaster," will feature Dr. Debra Yeskey, Director of Regulatory and Quality Affairs Division in the Assistant Secretary for Preparedness and Response at the US Department of Health and Human Services, Michael Mannozi, Emergency Operations Manager at Maryland DHMH Office of Preparedness and Response, and Donald Taylor, Chair of the Maryland Board of Pharmacy Emergency Preparedness Committee. There are 225 persons registered for the CE. 3. L. Bradley-Baker described CPE Monitor, the continuing pharmacy education (CPE) tracking service being developed by The American Council on Pharmaceutical Education (ACPE) and the National Association of Boards of Pharmacy (NABP). This system will verify and store data for completed CPE credits/units received by pharmacists and pharmacy technicians from ACPE-accredited providers and will save pharmacists, pharmacy technicians, CPE providers, and the state boards of pharmacy time and costs by streamlining the process of verifying that licensees and registrants meet CPE 	<p>3. L. Bradley-Baker moved for approval to advertise the services to pharmacists and pharmacy technicians</p>	<p>3. The Board approved the motion.</p>

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		<p>requirements by providing an online, centralized repository for pharmacists' and pharmacy technicians' continuing education details. ACPE-accredited providers will no longer need to provide electronic or printed statements of credit to their pharmacist and pharmacy technician participants. Instead, once information is received by NABP, the tracking system will make CPE data for each participant available to the state boards of pharmacy where the participant is licensed or registered. The system is scheduled to be fully operational by late 2011, but pharmacists and pharmacy technicians can now obtain a unique identifier to participate in the system.</p>		
D. Disciplinary	L. Israbian-Jamgochian Chair	Committee Updates	None	
E. Emergency Preparedness Task Force	D. Taylor Chair	Task Force Updates: Nothing to report		
F. Drug Therapy Management	Lynette Bradley-Baker Co-Board Representat.	<p>1. July Board Meeting, section V of the DTM Protocol which states " The pharmacist may not substitute chemically dissimilar drug products prescribed by the physician in the DTM contract without first obtaining a new prescription from the prescribing physician." was only acceptable to the Board of Physicians</p> <p>2. Changes made to DTM Protocol, section X-technical modifications shall be registered with the Board of Pharmacy within 30 days of the modification.</p>	<p>1. Moved by L. Bradley-Baker to change the language in DTM Protocol, section V.</p> <p>2. Moved by D. Taylor to change protocol to state "Per Board of Physicians".</p>	<p>1. Motion by L. Bradley-Baker not approved.</p> <p>2. The Board approved the motion.</p>

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		<p>3. Letter regarding conflicts between Board of Pharmacy and Board of Physicians from Secretary Sharfstein, in which the Secretary states: “As the Secretary of the Department of Mental Health and Hygiene, I do not appear to have authority to resolve disputes between the Board of Pharmacy and the Board of Physicians for the approval or disapproval of Physician/Pharmacist agreements or DTM protocol, nor do I have general authority to resolve other ‘stalemates’ between other occupation boards.”</p> <p>4. Physician/Pharmacist agreement to specify methods and timeframes by which documentation of routine communication will occur between the physician and pharmacist; broken down by routine communication, non routine communication, and special circumstances including emergency communication. There is a section to include that technical modifications should be reported to the Board of Pharmacy within 30 days. Any changes in the contact person for the physician-pharmacist agreement should be submitted to the committee within 14 days.</p>	<p>Second by L. Israbian-Jamogchain</p> <p>FYI</p> <p>4. Committee recommends approval of template, second by D. Taylor.</p>	<p>4. The Board approved the motion.</p>
<p>IV. Other Business & FYI</p>	<p>M. Souranis</p> <p>R. Matens</p>	<p>1. FYI -</p> <p>2. Board Retreat Update</p> <ul style="list-style-type: none"> • Mandatory day for board members is 11/02 • Mandatory day for board staff is 11/03 <p>Howard Schiff, Executive Director of the Maryland Pharmacists Association (MPhA) addressed the Board concerning pharmacists’ workload and the effects of increased workload on medication errors. He mentioned the story of the pharmacist who had been fired because he would not keep the drive thru window open during his shift. Mr. Schiff asked if the Board should be addressing this issue. Harry Finke and Stephanie Hammonds agreed that workload and long hours do affect medication errors.</p>		

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V. Adjournment	M. Souranis, Board President	<p>The Public Meeting was adjourned at 12:13 P.M.</p> <p>At 1:00 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>	Motion to close by D. Chason, second by R. Matens	