Maryland Board of Pharmacy
Public Board Meeting
Minutes

Date: September 19, 2012

Name	Title	Present	Absent	Present	Absent
Board Committee					
Bradley-Baker, L.	Commissioner/Treasurer	✓		2	1
Chason, D.	Commissioner	✓		3	0
Finke, H.	Commissioner	✓		3	0
Gavgani, M. Z.	Commissioner	✓		2	1
Hammonds, S.	Commissioner		✓	2	1
Handelman, M.	Commissioner	✓		3	0
Israbian-Jamgochian, L.	Commissioner		✓on board business	2	1*
Matens, R.	Commissioner		✓ jury duty	2	1*
Souranis, M.	Commissioner/President	✓		3	0
St. Cyr, II, Z. W.	Commissioner	✓		3	0
Taylor, D.	Commissioner	✓		3	0
Taylor, R.	Commissioner/Secretary	✓		2	1
Board Counsel					
Bethman, L.	Board Counsel	✓		3	0
Felter, B.	Staff Attorney	✓		3	0
Board Staff					
Naesea, L.	Executive Director	✓		3	0
Wu, Y.	Compliance Manager	✓		2	1
James, D.	Acting Licensing Manager	✓	✓	1	0
Gaither, P.	Administration and Public Support Manager	✓	✓	2	1
Jeffers, A.	Legislation/Regulations Manager	✓		3	0
Kolapalli, P	MIS Project Manager	✓		3	0

***excused**

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
I. Executive Committee Report(s)	A. M. Souranis, Board President	*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.* 1. M. Souranis, President, called the Public Meeting to order at 9:42 a.m. 2. M. Souranis requested all meeting attendees to introduce themselves, to remember to sign the guest log and to indicate whether they would like continuing education credits before they leave the meeting. 3. Members of the Board with any conflict of interests relating to any item on the agenda were advised to notify the Board. 4. M. Souranis reported that all handouts are to be returned by attendees when they leave the meeting. 5. Review and approval of August 15, 2012 public board meeting minutes.	Motion to accept minutes as submitted made by D. Taylor. Motion was seconded by M. Gavgani.	Motion was approved by the Board.
II. Executive Director Report	A. L. Naesea	• **Operations Update** – L. Naesea introduced Jennifer Abernathy, a student from the University of Maryland School of Pharmacy working as an intern with the Board of Pharmacy (BOP). Ms Abernathy has been with the BOP for two and one-half weeks and will continue through the first week of October, 2012. L. Naesea noted that both P. Gaither, Administration and Public Support Manager, and P. Kolapalli, MIS Manager, were on-site but working on technical matters and will not attend today's meeting. L. Naesea will deliver their respective reports. L. Naesea stated that Demetrius Daniels is no		

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		longer with the BOP and that D. James is assigned Acting Manager of the Licensing Unit. Second interviews for the MIS Manager position have been completed and an individual has been selected. If the candidate's references are favorable the Board plans for that individual to start sometime in October, 2012. The BOP was able to extend the contract for the Help Desk contractual employee for three months to allow continued support of the new automated system implementation. Additionally the BOP is continuing to recruit for a permanent Help Desk . The Systems Automation project is close to going live. The BOP had project a go live date of September 24, 2012. The e-mobile system has some "glitches" and Systems Automation staff recommended delaying the go-live start date until everything is functional. Therefore the Board is pushing the go- live date to September 30, 2012. Notice will be posted on the BOP website as to when the system will be down due to the conversion to the new automated system. If a licensee tries to go on-line to renew and is unable to do so because the system is down the Licensing Committee will review requests for waivers of payment of the reinstatement fee on a case by case basis. Phase II of the MIS project will allow new applicants to apply on-line. The BOP plans to begin Phase II before the end of the year • **Meeting Updates** : • – MPHA is having its second annual medication therapy management summit October 6 and 7, 2012 presented by the Maryland Pharmacists Association. The program will end at noon on October 7, 2012.		

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		• **NABP District meeting will be held in Pennsylvania on October 14 through 16, 2012**. LaVerne Naesea, Lenna Israbian-Jamgochian and Harry Finke will be attending on behalf of the Board. L. Naesea received proposed by-laws for non-profit incorporation of District I and II. She will present them to the Executive Committee for consideration of whether to support the language at the upcoming District meeting.		
B. Administration and Public Support	L. Naesea, Executive Director	1. See Executive Director's Report II A above.		
C. MIS	P. Kolapalli, MIS Program Director	1. See Executive Director's Report II A above.		

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D. Licensing	D. James, Acting Manager	Monthly Statistics for August,2012: <u>Total Pharmacists</u>: 9002, of which 6222 were in-state and 2780 were out-of-state. New Pharmacists: 130 of which were 72 in state and were 58 out-of-state. Renewing Pharmacists: 376, of which 262 were instates and 114 were out-of-state renewals . Non-renewing Pharmacists: 48, of which 22 were instate and 26 were out-of-state Vaccines Certified Pharmacists: 2937, of which 110 were new and 120 were renewals. There were also 9 non-renewals in August in Maryland. <u>Total Pharmacy Technician Registrations</u>: 8684, of which 3376 were nationally certified, 2753 were certified by Board-approved programs. 513 were Student exemptions and the balance were grandfathered. 160 new applications were received and there were 44 non-renewals. <u>Total Pharmacies</u>: 1832, of which 1190 were in-state and 563 out-of-state. There were 79 waiver pharmacies. In August, 2012 there was one new in-state pharmacy license issued and 3 new out-of-state pharmacy licenses issued for a total of 4 new pharmacy licenses issued in August, 2012.		
E. Compliance	Y. Wu, Manager	1. Monthly Statistics for August 2012 Complaints & Investigations: 22 complaints resolved in		

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	Gil Cohen, PEAC	August, 2012. Final Board actions in August, 2012 were 27 . IInspections: 147 inspections were completed of which 130 were annual, 6 were opening inspections and 1 was a relocation inspection. There were 10 Board investigations in August, 2012 and 4 closing inspections were performed by the Division of Drug Control. 2. PEAC Update – please get numbers from Steven and insert here . Mr. Cohen reported that there were no changes from the statistics presented last month		
F. Legislation & Regulations	A. Jeffers	**MEETINGS:** 1) Expansion of Pharmacist Administration of Vaccinations There was a conference call on this matter in the last week of August, 2012 that Lenna Israbian-Jamgochain was the only member of the Board to take part in. Lenna is absent from today's meeting. A. Jeffers will get an update from Lenna for next month's meeting. FYI - Below are formal positions by DHMH and the Board of Physicians Board of Physicians' letter to Chairman Hammen 082912 09062012 DHMH Letter to Delegate Hammen Re Pharmacist Administration of Vaccines Board of Nursing Letter to Chairman Hammen - expansion of vaccines 091312 The position of DHMH was very positive. 2) Meeting with Fran Phillips regarding the need for annual inspections for dispensing prescribers. Meeting was held September 18, 2012 and the Board provided some new		

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		information. There is nothing to report on this meeting today. **3)** Meeting scheduled for September 24th regarding the increase in the dispensing fee regulations for Dentists, Physicians and Podiatrists. **LEGISLATION:** **Biosimilars Draft Legislation** Board comments regarding the draft legislation. **LR0344-01 - LBC Text (3)_1 082912** Discussion ensued concerning the FDA's future guidelines on biosimilars and that this legislation is premature. The Board considered the legislation yet is not comfortable commenting, or taking any position, before the FDA releases its guidelines on substitution of biosimilar biological products. The Board would, however; like to point out two concerns with the August 29th draft. 1) 12-504.1(B)(2) - The Board notes that the "reasonable" time period is not defined for the pharmacist to notify the physician following substitution. Additionally, the Board would not want a requirement to notify the physician at all if the product is truly interchangeable; and 2) 12-504.1(B)(3) - The Board also notes that the labeling requirement (name of the interchangeable biosimilar biological product followed by the word substituted for and the name of the biological product for which the prescription was written) will be difficult for most pharmacies to adhere to. Keep in mind that there are at least 89 different labeling software products that are used by various pharmacies in Maryland and there would be an impact to		

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		adjust labeling to comply with this requirement. **REGULATIONS:** **10.34.03 – Inpatient Institutional Pharmacies –** Satellite Pharmacy Regulation to be added to this chapter. Under consideration by the Practice Committee. **10.34.11 - Disciplinary Monetary Penalties, and Civil Fines** Published August 24, 2012. **10.34.14 – Opening and Closing of Pharmacies and 10.34.30 – Change to Permit – Pharmacy or Distribution Permit Holder.** Board approval requested to submit this chapter into the regulatory process. Would the Board like to release for informal comment? **10.34.14 and 10.34.30 082212 for Board approval 091912** The Board approved the proposal for release for informal comments. **10.34.22 – Licensing of Wholesale Prescription Drug or Device Distributors –** **Proposal released for informal comment from August 16 through September 7th. Comments to be considered at the September Practice Committee Meeting.** **10.34.29 – Drug Therapy Management -** **Informal Comments:** **Kaiser Permanente - Informal Comment – DTM**		

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		UMSchool of Pharmacy - informal comment – DTM **NACDS - Informal Comment DTM** **Board Response:** **Draft Board Response for Informal Comments DTM 091912** The Board approved the following response to the informal comments: Thank you for offering informal comments for the Maryland Board of Pharmacy's proposed revisions to COMAR 10.34.29 Drug Therapy Management. Please be advised that other entities have provided informal comments and suggestions for revisions. The Board considered all the informal comments and has revised the proposal to reflect some of the comments. Some of the revisions suggested by the informal comments and other revisions recommended by the Board's Practice Committee are as follows: 10.34.29.02A(2)(j) – Page 2 - A description of technical modifications that may be made to the protocol without submitting a request for amendment to the Boards has been deleted from the required contents of a protocol because protocols and any technical modifications are no longer approved by either the Board of Physicians or the Board of Pharmacy. 10.34.29.02D. – Page 3 - This section has been deleted since the protocol will no longer be approved by the either the Board of Physicians or the Board of Pharmacy and therefore any technical modifications will also not be approved by either board. 10.34.29.03A(5) – Page 3 - This section has been deleted since the physician-pharmacist agreement will no longer be approved by the		

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		either the Board of Physicians or the Board of Pharmacy and therefore any technical modifications will also not be approved by either board. 10.34.29.03B. – Page 3 - This section has been deleted since the physician-pharmacist agreement will no longer be approved by the either the Board of Physicians or the Board of Pharmacy and therefore notification of any technical modifications will not be necessary. 10.34.29.03C. – Page 4 - The timeframe for notification to both the Board of Physicians and the Board of Pharmacy of a change in contact information has been revised from 14 days to 30 days to provide additional time for participants to comply. 10.34.29.04A(4)(a) - Page 4 - This section has been edited to strike the word ”by” and substitute “related to the disease state specified by the protocol” so that the relevant advanced training by the pharmacist includes certifications as a specialist related to the disease state specified by the protocol. 10.34.29.04A(4)(b)(i) – Page 4 - This section was edited to add in a missing accreditation body for pharmacy residencies and also to correct the name of the Accreditation Council for Pharmacy Education. 10.34.29.04A(6) – Page 5 - The Board of Pharmacy adds to the requirements for participation in drug therapy management that the pharmacist “document training is related to the disease state specified by the protocol” to the Board of Pharmacy. This is consistent with the revisions to 10.34.29.04A(4)(a). 10.34.29.04B(8) – Page 5 - “Integrated national standards for the quality of health care” has been deleted from the list of components a pharmacist without a Doctor of Pharmacy Degree would be required to have to participate in drug therapy		

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		management since there are multiple organizations that publish standards for any given disease state. The standards that should be followed should be decided upon by the pharmacist and physician. 10.34.29.04D(2) – Pages 5 & 6 - This section, which was new text, has been deleted since amendments to the physician-pharmacist agreement and the protocol will not be approved by the boards. 10.34.29.04F(2) – Page 6 - This section, which was new text, has been deleted since amendments to the physician-pharmacist agreement and the protocol will not be approved by the boards. 10.34.29.07A. – Page 12 – "Physicians" was added to this section since physicians and pharmacists participate together in drug therapy management and are both listed on the physician-pharmacist agreement and amendments. 10.34.29.07B. – Page 12 – This section has been deleted since amendments to the physician-pharmacist agreement are no longer approved by the Boards. 10.34.29.07C(1) (now B)– Page 13 - The Board of Pharmacy proposes to lower the fee for the review of qualifications of the pharmacist participants to $50 per physician-pharmacist agreement. This would better reflect the staff time involved to review qualifications and would be a lesser financial burden on pharmacists. 10.34.29.07C(1) – (6) (now B) – Page 13 – All of these fees have been deleted as now unnecessary. The Board would also like to point out some specific informal comments that did not result in revisions to the proposal: It was suggested that a definition be added to 10.34.29.01 (Page 1)		

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		for "Modify the Treatment" so that it would be less ambiguous throughout the chapter. The Board of Pharmacy declines to add this definition as it believes this would limit pharmacists' scope of practice within drug therapy management. 10.34.29.02A(2)(e) – Page 2 - It was also suggested to reword the statement "A protocol shall prohibit the substitution of a chemically dissimilar drug product by the pharmacist for the product prescribe by the physician, unless permitted in the therapy management contract" for clarification purposes since it was written in the double negative. The Board will not be rewording that statement as it matches the language in the statute and may not be changed without legislative action. Additionally, the Board would not want to cause any further confusion with a different wording in the regulations. 10.34.29.02B. – Page 3 - It was suggested to amend the subsection regarding the authorization to order laboratory tests by adding "if allowed under Maryland regulations." The Board does not believe this is necessary. 10.34.29.03 – Page 3 - A question was raised regarding the meaning of "A list of devices available to the pharmacist performing under the physician-pharmacist agreement, which are relevant to the disease-states or conditions to be managed." This would be a list of what the pharmacist may use. 10.34.29.04 – Pages 5 & 6 - It was suggested that an individual be designated to provide documentation and be the point of contact for the requirements of Regulation .04. This is not necessary since a contact person has been designated in the Physician-Pharmacist Agreement. 10.34.29.04B. – Page 5 - The qualifications for pharmacists who do not possess a Doctor of Pharmacy were questioned as to whether those qualifications might act as an unnecessary barrier to		

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		pharmacists without a Doctor of Pharmacy. The Board believes these components are necessary to assure that all pharmacists participating in drug therapy management be adequately trained and these components are usually included in Doctor of Pharmacy programs. The Board did delete component (8) and that is explained above. 10.34.29.06 – Pages 9 & 10 - It was also suggested to provide an exception in Regulation .06 for the management of patients in an institutional facility or in a group model health maintenance organization. The Board believes this is not necessary since it is covered elsewhere in statute. Finally, it was suggested to delete Regulation .06 in its entirety since the process has proven to be unnecessarily cumbersome and a huge paperwork burden with an unclear purpose. The Board may not delete Regulation .06 as it also is in statute and may not be changed without legislative action. Thank you again for your thorough reading of and informal comments to the proposed revisions to COMAR 10.34.29 Drug Therapy Management. The draft regulations have been revised as described above and were approved at the September 19, 2012 Board Public Meeting for submission to the Department of Health and Mental Hygiene for approval and publication in the Maryland Register. Board approval requested and then submission to the Board of Physicians for approval. Board approved the proposal, with revisions, to be submitted to the Board of Physicians for approval. **COMAR 10.34.29 DTM for Board Approval 091912**		

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		10.34.33 – Holding for Fed Regs . **10.34.36** – **Pharmaceutical Services to Residents in Assisted Living Programs and Group Homes -** Anticipated to be published September 21, 2012. **10.13. 01 – Dispensing of Prescription Drugs by a Licensee** Board approval requested and then submission to the Board of Physicians, Board of Dental Examiners, and Board of Podiatric Medical Examiners for approval. **COMAR 10.13.01 - Proposed Draft for Bd approval 091912** The Board sent the proposal back to the Practice Committee for further consideration.		
III. Committee Reports A. Practice Committee	H. Finke, Chair,	**1) Kay Hanson, Target** **Target - consulting in clinic room** **The Board approved the following response:** Thank you for contacting the Maryland Board of Pharmacy concerning Target's provision of its medication therapy management ("MTM") services in a clinic room instead of in the prescription area of the pharmacy. You stated that the only functions that would be performed within the clinic rooms are review of patient records and discussion of medications with the patient. The clinic rooms would provide additional privacy for patients when receiving MTM services.	Motion made by H. Finke for Board to approve amended letter. Seconded by D. Taylor.	Motion was approved by Board

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		After your initial inquiry was submitted to the Board, you provided further information clarifying that the MTM services would be provided in the clinic rooms by a pharmacist, different then the pharmacist supervising the pharmacy dispensing operations. Specifically, you stated that, "We would never provide this service when there is only one pharmacist on duty, as then there would be no oversight in the pharmacy." With this important clarification, the Board finds that Target's provision of MTM services may occur in the clinic rooms, or other private counseling areas, given that the pharmacy is supervised by another pharmacist on-site, and no dispensing services are provided in the private counseling areas. **Board response to be provided at Board Meeting** **2) Bill Cover, Walgreens** **Walgreens - further explanation 081512** **The Board approved the following response:** Thank you for contacting the Maryland Board of Pharmacy (the "Board") concerning Walgreen's proposed Well Experience model, in which a pharmacist would offer clinical pharmaceutical services, such as medication therapy management ("MTM"), at a patient desk located outside the pharmacy prescription area or in a private clinic room. Walgreen proposes to have the pharmacist providing one-on-one clinical and counseling services to certain patients outside the pharmacy while simultaneously supervising pharmacy dispensing operations and performing final checks of prescriptions for other patients, via a video monitor. Subsequent to your initial inquiry, you submitted further information indicating that a certain hospital sterile compounding pharmacy utilizes a similar model. The Board was unaware of this	.	

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		practice at this particular institution and will be taking appropriate action to ensure that this pharmacy is complying with all laws regarding supervision and the standard of care. Thank you for the information. The Board supports the expanding role of pharmacists in community, institutional, and public health settings. Indeed, the Board supported legislation enabling pharmacists to administer vaccinations and spearheaded legislation allowing pharmacists to enter into collaborative drug therapy management agreements with physicians, all in an effort to increase access to quality healthcare services in Maryland. In the community setting, the Board believes that the provision of pharmaceutical services is no longer limited to dispensing medications, but includes other vital healthcare services such as MTM and the administration of vaccines. However, when providing additional healthcare services, it is incumbent upon the pharmacist to insure that he or she exercises good professional judgment. A pharmacist must comply with all legal, professional, and ethical requirements appurtenant to each service provided. With respect to your inquiry, a pharmacist practicing in a community pharmacy in Maryland has the legal responsibility to supervise the dispensing operations of the pharmacy. Md. Code Ann., Health Occ. § 12-403(b)(4). The Board understands that it is Walgreen's intention to minimize the pharmacist's role in "administrative and dispensing processes." Nonetheless, the dispensing process remains an integral healthcare service, which, if done without proper supervision, may result in dire outcomes for patients. The Maryland Pharmacy Act requires direct supervision of delegated pharmacy acts. Md. Code Ann., Health Occ. § 12-101(g). Thus, registered pharmacy technicians performing delegated pharmacy acts must be directly supervised by a	Motion made by H. Finke for Board to approve amended letter. Seconded by D. Taylor.	Motion was approved by the Board.

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		pharmacist. The Board defines direct supervision to mean "physically available onsite." In addition, the Board's regulations, COMAR 10.34.34.03A(3), state that a pharmacy technician may not be present in a pharmacy when a pharmacist is not physically available onsite. The Board's interpretation of its own statutes and regulations in this regard do not comport with Walgreen's interpretation that a pharmacist permanently stationed at a desk outside the prescription area or in a private counseling room, presumably with a closed door, is "onsite." Aside from the obvious inability of a pharmacist to adequately supervise pharmacy operations if he or she is not physically in the pharmacy, a pharmacist would be further unable to adequately supervise pharmacy operations if he or she is simultaneously engaged in providing one-on-one clinical pharmaceutical services at the time. In addition, a supervising pharmacist has the legal and professional responsibility to perform the final check of a prescription prior to dispensing to the patient. As you can appreciate, a pharmacist's final check of the prescription is typically the only opportunity the pharmacist has to review the prescription for accuracy and clinical appropriateness. The majority of complaints received by the Board concerning medication errors relate to a pharmacist's failure to perform a sufficient final check of the prescribed medication. Thus, a pharmacist's final check of the medication is arguably the most important function a supervising pharmacist performs in a community pharmacy. The Board does not believe that a pharmacist would be able to perform an effective final check of a medication via a video screen, particularly given that the pharmacist would also be simultaneously providing clinical services to other patients. Having stated that, the Board recognizes that a supervising pharmacist may step outside the pharmacy temporarily to use the restroom or have a break. In the same vein, the supervising		

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		pharmacist may also step outside the pharmacy temporarily to administer a vaccine or briefly counsel a patient in a private area. Again, a pharmacist should always exercise sound professional judgment and ensure that pharmacy technicians are able to immediately consult with the pharmacist, if necessary, during his or her brief absence. It is the opinion of the Board that the requirement for immediate and direct pharmacist supervision of the pharmacy while it is in operation, and the need to provide safe and effective dispensing and clinical pharmaceutical services, does not allow for the permanent placement of a supervising pharmacist at a counseling area outside of the pharmacy. The Board is aware of other community pharmacy establishments that are incorporating MTM into their pharmacy services and are doing so in a manner that maintains effective supervision of its dispensing services – for example, by employing two pharmacists, one to perform MTM and one to supervise ongoing pharmacy operations. **Board response to be provided at Board Meeting** **3)** Deanna Rice, InfuScience, General Manager **Nonresident pharmacy - off hours orders** **Draft Bd Response - Nonresident pharm - InfuScience - after hours** **The Board approved the following response:** Thank you for contacting the Maryland Board of Pharmacy concerning pharmacists in a nonresident pharmacy who may not currently have Maryland licenses, but may be responsible for		

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		processing or managing a patient in Maryland. Is it reasonable to think that a pharmacist not licensed in Maryland can do this, or would a nonresident pharmacy permit holder have to have all its pharmacists licensed in Maryland? Please be advised that a nonresident pharmacy's responsibility as a permit holder is to have a Maryland licensed pharmacist present on-site during hours of operation when filling any prescriptions for Maryland residents. **4)** Dawn Harmon, Cardinal Health **Nonresident pharmacists - vacation time** **Draft Bd Response - Nonresident pharm - Nuclear Pharmacy Services - vacationsThe Board approved the following response:** Thank you for contacting the Maryland Board of Pharmacy concerning whether a nonresident pharmacy permit holder would be out of compliance with the law if prescription doses need to be sent to Maryland and the Maryland licensed pharmacist is on vacation or off sick. Please be advised that a nonresident pharmacy's responsibility as a permit holder is to have a Maryland licensed pharmacist present on-site during hours of operation when filling any prescriptions for Maryland residents.		

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B. Licensing Committee	D. Chason Chair,	**1. Review of Pharmacist Applications: NONE** **2. Review of Pharmacy Technician Applications:** **Abishakur Mukhtar - Applicant participated in CVS Technician Program 2007-2009, but this program was not approved until 2008. Can't verify completion of program. Recommendation is to deny application. Applicant failed to meet qualifications of a pharmacy technician** **3. Review of Distributor Applications: NONE** **4. Review of Pharmacy Applications: NONE** **5. Review of Pharmacy Technicians Training Programs:** • **Reach Partnership Pharmacy Technician Program – R. Taylor have reviewed. Recommendation is to approve program.** • **College of Southern MD – L. Bradley-Baker have reviewed. Recommendation is to approve program,** **6. New Business:** • **Salwa Salib – Applicant is requesting a refund of reinstatement fees. Applicant did not submit required ACPE number and CE's were rejected. States she was overseas and was not able to submit correct ACPE number. Recommendation is to approve the request.** • **Binta Dasai - Applicant, Binta Dasai, is requesting a refund of reinstatement fees. Applicant states she was not aware of expiration date and she never rec'd her**	Motion by Licensing Committee to deny the application. Motion was seconded by D. Taylor. Motion by Licensing Committee to approve Reach Partnesrhip Pharmacy Technician Program after final review is conducted. Motion was seconded by D. Taylor. Motion by Licensing Committee to approve College of Southern MD Pharmacy Technician Training Program. Motion was seconded by D. Taylor Motion by Licensing Committee to approve request of Salwa Salib. Motion was seconded by M. Gavgani. Motion by Licensing Committee to deny request	Motion was approved. Motion was approved. Motion was approved. Motion was approved.

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		hard copy of her license. States she thought she was renewed for two years instead of having an expiration based on her birth date. Recommendation is to deny request as this is an administrative fee.	of Binta Dasai to refund fee. Motion was seconded by M. Gavgani.	Motion was approved.
		• **John Meyers - Applicant, John Meyers, did not have complete CE credits. He was short 5 CE's and 2 live. When notified, he requested a refund of his $253 payment and requested his license be placed on a non renewed status. D. Daniels told applicant that she would process "refund request." Recommendation is to deny request as this is an administrative fee.**	Motion by Licensing Committee to deny request of John Meyers to refund fee. Motion was seconded by H. Finke.	Motion was approved.
		• **Jacqueline Detmer - Applicant, Jacquelyn Detner, is requesting a refund of her reinstatement fees. Applicant did not meet live CE requirement. States that she did not know that webinars did not qualify as live. Recommendation is to deny request as this is an administrative fee.**	Motion by Licensing Committee to deny request of Jacqueline Detmer to refund fee. Motion was seconded by M. Gavgani.	Motion was approved.
C. Public Relations Committee	L. Bradley-Baker, Chair	Public Relations Committee Update – • The Board will have a booth at the Senior Expo held at the Timonium Fairgrounds on Wednesday, October 10, 2012 and Thursday, October 11, 2012. The Board has heard from the College of Notre Dame and the University's School of Pharmacy will have will have students volunteering. The Board is waiting to hear back from the other two pharmacy schools in the state. Volunteers are needed, especially from Board Commissioners who are pharmacists. Janet Seeds sent out an e-mail yesterday, please let her know if you are available to volunteer. The Board's booth will be providing information on medication adherence, appropriate drug use, influenza and answering general question from the public.		

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		• The Board of Pharmacy will be holding its annual Continuing Education breakfast entitled."Drug Shortages: Considerations for the Pharmacy Professional" at the Radisson Hotel at Cross Keys on Sunday, October 21, 2012 from 8:30 a.m. to 11:30 a.m. The Board will be honoring pharmacists with 60 years of licensure. Two very good speakers, Christine Bina from the FDA and Bona E. Benjamin of the American Society of Health Systems Pharmacists. All are encouraged to attend.		
D. Disciplinary	L. Israbian-Jamgochian Chair	Disciplinary Committee Update – No update this month.		
E. Emergency Preparedness Task Force	D. Taylor Chair	Emergency Preparedness Task Force Update – No update this month.		
F. Drug Therapy Management	Rodney Taylor, Lynette Bradley-Baker Co-Board Representatives	Joint Committee Update – •The revised DTM application is being prepared and upon completion will be submitted to the Board's joint committee members as well as D. Chason, Licensing Committee Chair.		
IV. Other Business & FYI	M. Souranis, President	M. Souranis reported on an article that appeared in the Daily Record titled, "Point of Care becomes Point of Contention." Five surgeons faced administrative hearings after an Injured Worker's Insurance Fund (IWIF) complaint. M. Souranis noted that physicians who practice under IWIF conditions and dispense pharmaceuticals are not required to adhere to the same standards and audits that pharmacies are required to adhere to. L. Naesea reported that theBoard's on-line renewal system will down from September 27, 2012 through October 1, 2012. Anyone needing to renew on-line must do so no later than on September 26, 2012. M. Souranis		

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V. Adjournment	M. Souranis, Board President	The Public Meeting was adjourned at 11:16 a.m. At 11:42p.m. M. Souranis convened a Closed Public Session to conduct a medical review of technician applications. C. The Closed Public Session was adjourned at 1:00 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.	M. Souranis, moved to adjourn the Public Board meeting pursuant to State Government Article 10-508)a)(13) and (7) for the purpose of engaging in medical review committee review deliberation regarding confidential matters in applications Meeting. The motion seconded by Z. St. Cyr, II.	Motion was approved by the Board.