Maryland Board of Pharmacy
Public Board Meeting
Minutes

Date: December 19, 2012

Name	Title	Present	Absent	Present	Absent
Board Committee					
Bradley-Baker, L.	**Commissioner/Treasurer**	✓		**4**	**2**
Chason, D.	**Commissioner**	✓		**6**	**0**
Finke, H.	**Commissioner**	✓		**6**	**0**
Gavgani, M. Z.	**Commissioner**	✓		**5**	**1**
Hammonds, S.	**Commissioner**	✓		**4**	**2**
Handelman, M.	**Commissioner**	✓		**6**	**0**
Israbian-Jamgochian, L.	**Commissioner**	✓		**5**	**1**
Matens, R.	**Commissioner**		✓	**3**	**3**
Souranis, M.	**Commissioner/President**	✓		**6**	**0**
St. Cyr, II, Z. W.	**Commissioner**	✓		**6**	**0**
Taylor, D.	**Commissioner**	✓		**6**	**0**
Taylor, R.	**Commissioner/Secretary**	✓		**5**	**1**
Board Counsel					
Bethman, L.	**Board Counsel**	✓		**5**	**0**
Felter, B.	**Staff Attorney**		✓*	**5**	**1**
Board Staff					
Naesea, L.	**Executive Director**	✓		**5**	**0**
Wu, Y.	**Compliance Manager**		✓*	**4**	**1**
Waddell, L.	**Licensing Manager**	✓	✓	**3**	**0**
Gaither, P.	**Administration and Public Support Manager**	✓		**4**	**1**
Jeffers, A.	**Legislation/Regulations Manager**	✓		**6**	**0**
Johnson, J	**MIS Manager**	✓		**2**	**0**

***excused, FDA Meeting in DC**

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 9:45 a.m. 2. M. Souranis requested all meeting attendees to introduce themselves, to please 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 November 28, 2012 public board meeting minutes.	Motion to accept minutes as submitted made by D. Taylor. Motion was seconded by M. Gavgani.	Motion was approved.

II. Executive Director's Report	A. Executive Director, L. Naesea	**Operations Update** – L. Naesea acknowledged former Board of Pharmacy (BOP) President Mel Rubin as a member in the audience. Ms. Naesea reported that the BOP will be closed next Monday and Tuesday, December 24 and 25, 2012 and on the following Monday and Tuesday, December 31, 2012 and January 1, 2013. **Meeting Updates –** L. Naesea noted that after her Director's report she will be attending an intergovernmental meeting at the Federal Drug Administration (FDA) in Silver Spring, Maryland to discuss monitoring and over-site of c sterile compounding		

		pharmacies. All 50 state Boards of Pharmacy were invited to the meeting. • Two Congressional Committees', Senate Committee on Health, Education, Labor and Pensions and House of Representatives Committee on Energy and Commerce requested the Board by letters to respond to a series of questions concerning compounding pharmacies as a result of the recent disease outbreak in New England. Responses to both Committees were mailed out and copies sent via e-mail to all Board Commissioners. Stephen Holmes can re-send a copy of those e-mails if requested by a Board Commissioner. • On December 10, 2012 L. Naesea attended a Director's meeting with John Newman who is in the DHMH budget liaison to the State Department of Budget and Management . The meeting was to discuss the process for funding requests for new staff. L. Naesea, and other Directors, recommended that personnel review all positions allotted for the State Health Occupation Boards and match better match with positions around the state. • L. Naesea will be meeting next month with Jennifer Newman to discuss shared resources for inspections. Ms. Newman wants to know who the BOP inspects, how the Division of Drug Control(DDC) and to ensure that the BOP and the DDC are not wasting limited resources by duplicating inspections at pharmacies. L. Naesea wished all a happy holiday and a happy and successful 2013 before leaving for the FDA meeting. **Personnel Updates** - Vacancies and Recruits • Interviews have been held and selections made for the Licensing Manager position and the MIS Computer Network Specialist position. Patricia Gaither will announce interview panel decisions during the afternoon Closed Board session..		

B. Administration & Public Support	Administration & Public Support Manager, P. Gaither	See Executive Director's Report, II A above.		
C. MIS	J. Johnson, MIS Manager	1. MLO system and application updates. • The BOP now has a Maintenance & Support agreement in place with System Automation (SA). With that agreement SA has and will provide additional refresher training to BOP staff including MIS staff for supporting use of the MyLicense Office (MLO) program. This training has allowed the MIS staff to clear up many of the issues BOP staff has had in using the newMLO application. Under the agreement the BOP gets five "refresher training days." The refresher training has begun and is in the fourth of five days. 2. Disaster-Recovery (DB and data backups). • The MD State Archives hosts all of the BOP servers including a few servers the Board is no longer using. MIS is in the process of amending the Board's agreement to remove those old unused servers.		
D. Licensing	L. Waddell, Licensing Manager	Monthly Statistics for October and November, 2012. Pharmacists: • New Applications – 81 • Renewals – 506 • Total - 9196 Technicians: • New Applications – 84 • Renewals – 370		

		• Total - 8590 Student Technicians • New Applications – 14 • Renewals – 224 • Total - 512 Pharmacies: • New Applications – 7 • Renewals – 0 • Total - 1855 Distributors: • New Applications – 24 • Renewals – 0 • Total – 973 Pharmacist Vaccinations: • New Applications – 67 • Renewals – 2 • Total - 3042		
E. Compliance	Y. Wu, Manager	1. Monthly Statistics for November, 2012 <u>Complaints & Investigations</u>: New - 14 Resolved – 35 Percent of actions within goal, 35/35 = 100% Final disciplinary actions taken – 20 Reversal – 0 Summary Actions Taken – 4 Average days to complete a complaint: 87 days <u>Inspections:</u> 77 Annual - 62 Opening - 5 Relocation - 0 Special Inv. - 10		

	Gil Cohen, PEAC	Closing - 0 (performed by the Division of Drug Control) PEAC Update – Commissioner D. Chason. Reported that he was in contact with PEAC representatives and because of personal reason PEAC was unable to present a report this month.		
F. Legislation & Regulations	A. Jeffers	**MEETINGS:** **1) Meeting with Senator Joan Carter Conway on December 4, 2012 for sponsors and support of Proposed Legislation** Mike Souranis, Rodney Taylor and LaVerne Naesea attended. Potential legislation below was discussed: a) The elimination of the workmen's compensation exemption for physicians from obtaining dispensing permits; b) Annual inspections for dispensing prescribers; and c) Oversight of out of state compounding pharmacies was discussed. Senator Joan Carter Conway was interested in sponsoring all of the legislation. **2) December 4, 2012 Drug Shortages Briefing before HGO.** Anna Jeffers and the intern, Isaac Kim, attended. Delegate Morhaim indicated that he would be getting stakeholders together to discuss possible revisions to the Wholesale Distribution Subtitle of the Maryland Pharmacy Act. **3) Vaccination protocol criteria conference call.** Marie Grant, David Blythe, Yuzon Wu and Anna Jeffers participated in a conference call to determine what criteria the Department would be using for a protocol for administration of vaccinations by pharmacists. The Department representatives indicated that the criteria for a written protocol would be set forth in DHMH regulations and would include the basic elements required by the National Vaccines Injury		

		Compensation Fund Act. Some criteria would include: a) Disclosure to the patient of adverse effects; b) Procedure for administration such as a waiting period, emergency procedures, dosage and location. **REQUESTS FOR RECOMMENDATIONS:** **1) November 7, 2012 Meningitis Briefing before HGO – Follow up for Chairman Hammen** The Practice Committee considered reporting requirements that would be required of compounding pharmacies. The Board approved those recommendations as revised below: 1) Upon initial application, Maryland and nonresident pharmacies shall disclose if compounding high risk sterile compounding prescriptions as defined by USP 797. 2) Maryland and nonresident pharmacies shall attest upon initial application and upon renewal that compounded products dispensed into MD are intended for specific patients. 3) Maryland and nonresident pharmacies shall provide to the Board inspection reports by any state board, the FDA, or other inspecting agency which indicate deficiencies within 30 days of the applicant or licensee receiving the inspection report. 4) Require applicants for pharmacy permits to disclose all federal and state licenses that they hold. (this could be accomplished in regs) **2) Request from Marie Grant for Congressman's Cummings' Office for Board's views on reporting requirements for pharmacies that distribute to pharmacies or to distributors and pharmacies.** 1) Board's views on reporting requirements for pharmacies that distribute to pharmacies or to distributors and pharmacies. The Practice Committee recommends and the Board approved that no reporting requirements are necessary since annual inspections would	Motion by M. Souranis to approve the Practice Committee recommendations, as stated in these minutes, which arose out of the November 7, 2012 Meningitis Briefing before HGO. Motion was seconded by L. Bradley-Baker. Motion by M. Souranis to: 1) approve the Practice Committee's recommendation that no reporting requirements are necessary, for	Motion was approved. Motion was approved.

		address distribution concerns. 2) Additionally, what would be the Board's views on restricting pharmacy distribution to only other pharmacies with the exception of reverse distributors? <u>The Board approved</u> that this restriction should be addressed in federal legislation. The legislation should exclude the movement of product between pharmacies and their warehouses. Warehouses are defined in Maryland as: (o) "Pharmacy warehouse" means a physical location for storage of prescription drugs that: (1) Serves as a central warehouse; and (2) Performs intracompany sales or transfers of the prescription drugs to a group of pharmacies that are under common ownership and control with the pharmacy warehouse.	pharmacies that distribute to pharmacies or to distributors and pharmacies, since annual inspections would address distribution concerns; and 2) approve restricting pharmacy distribution to only other pharmacies with the exception of reverse distributors should be addressed in federal legislation. The legislation should exclude the movement of product between pharmacies and their warehouses. Warehouses are defined in Maryland as: (o) "Pharmacy warehouse" means a physical location for storage of prescription drugs that: (1) Serves as a central warehouse; and (2) Performs intracompany sales or transfers of the prescription drugs to a group of pharmacies that are under common ownership and control with the pharmacy	

		3) Secretary's requests Board consideration of 6 additional steps to ensure safer compounding pharmacies. **Sharfstein request for more action for compounding 121012** The Practice Committee recommends and the Board approved rewording each step in the Secretary's letter to include "all persons who compound" so that physician practices, and any other health care providers, would be given equal oversight. The Board's recommendations follow each step. i) Requiring **all persons** to notify the Board as soon as they start preparing high risk compounded prescriptions as defined by USP 797. Upon initial application, Maryland and nonresident pharmacies and any other persons shall disclose if compounding high risk sterile compounding prescriptions as defined by USP 797. ii) Subjecting these large compounding pharmacies **and other persons that compound** to more frequent inspections, additional manufacturing standards, or other additional oversight measures The Board recommends annual inspections for all persons performing high risk sterile compounding as defined by USP 797. iii) Requiring a review of onsite inspections by the Board for compounding pharmacies not located in Maryland The Board has always reviewed its inspection reports. The Board would like to amend its statute so that it would receive, and review, onsite inspection reports from out of state compounding pharmacies. iv) Requiring adverse event reporting from compounded products to the Board; and v) Requiring reporting of evidence of environmental contamination,	warehouse. Motion was seconded by D. Taylor. Motion by M. Souranis to: 1) accept Practice Committee's recommendation to reword each step in Secretary Sharfstein's letter concerning safety of compounding pharmacies to include "all persons who compound" so that physician practices, and any other health care providers, would be given equal oversight; 2) recommend annual inspections for all persons performing high risk sterile compounding as defined by USP 797; 3) amend its statute so that it would receive, and review, onsite inspection reports from out of state compounding pharmacies; 4) require reporting adverse events due to compounding issues or procedures and require, after regular microbial testing of sterile compounded products as currently	Motion was approved.

		including microbial contamination, to the Board The Board approved reporting adverse events due to compounding issues or procedures. vi) Requiring regular microbial testing of sterile compounded products The Board approved, after regular microbial testing of sterile compounded products as currently required by USP 797 and COMAR 10.34.19, all persons who perform high risk sterile compounding to report any contamination to the Board. **LEGISLATION:** **1) DTM – Kaiser Permanente Draft HMO legislation.** **Drug Therapy Management_draft language_12.6.12** The Board approved taking no position on this legislation pending reviewing the bill as introduced. **2) State Government – Administrative Procedure Act – Effective Date of Adopted Regulations** **DRAFT-MAYER-1** The Board approved taking no position on this legislation pending reviewing the bill as introduced. **REPORTS** **Staff Report from the U.S. Senate Committee on Commerce, Science, and Transportation and the U.S. Senate Committee on**	required by USP 797 and COMAR 10.34.19, all persons who perform high risk sterile compounding to report any contamination to the Board. Motion was seconded by D. Taylor. Motion by D. Taylor that Board approve the Drug Therapy Management draft language and takes no position on this legislation pending reviewing the bill as introduced. Motion was seconded by H. Finke. Recommendation by Legislation/Regulations Manager to approve the Administrative Procedures Act –	Motion was approved. Recommen-dation was approved.

		Health, Education, Labor, and Pensions **USSenate Letter from Rockefeller & Harkin120612** **Shining Light on the Gray Market Exec Summary** **REGULATIONS:** **10.34.03 – Inpatient Institutional Pharmacies** Released for informal comment 12/04/12 – 1/14/13. **10.34.06 Reporting Pharmacist's and Pharmacy Technician's Mailing Address and Location of Employment** Proposal anticipated to be published 12/28/12 with comment period through 1/28/13 **10.34.11 - Disciplinary Monetary Penalties, and Civil Fines** Notice of Final Action published 12/14/12 with an Effective Date of 12/24/12. **10.34.14 – Opening and Closing of Pharmacies and 10.34.30 – Change to Permit – Pharmacy or Distribution Permit Holder.** Proposal waiting for the Secretary's sign-off. Will go to AELR on February 8, 2013. **10.34.22 – Licensing of Wholesale Prescription Drug or Device Distributors** Board approval requested for a revisions pursuant to AGs review. **10.34.22 to v2_14845_1 for Bd Approval 121912** The Board approved proposal as revised below: .09 Reinstatement Renewal fees will not be in addition to reinstatement fees. .10 Required Information and Procedures for Ceasing to Operate When ceasing to operate the wholesale distributor will notify, within	Effective Date of Adopted Regulations draft and take no position on this legislation pending reviewing the bill as introduced. Motion was seconded by D. Taylor. Recommendation by Legislation and Regulations Manager to	Recommen-dation was approved.

		30 days of closing, drug and device suppliers instead of naming specific types of permits; Section B(5)(d) was deleted since it was identical to (e); and Section B(5)(f), formerly (g), was deleted since the requirement that the surety bond or letter of credit be in effect for two years after closing is in the statute. **10.34.23 Pharmacutical Services to Patients in Comprehensive Care Facilities** Released for informal comment 12/04/12 – 1/14/13 **10.34.29 – Drug Therapy Management** Proposal anticipated to be published 1/25/13 with comment period through 2/25/13. Emergency is waiting for the Secretary's sign-off. **10.34.36 – Pharmaceutical Services to Residents in Assisted Living Programs and Group Homes** Proposal anticipated to be published 1/25/13 with comment period through 2/25/13.	approve revised proposal to 10.34.22 – Licensing of Wholesale Prescription Drug or Device Distributors, as shown below: 09 Reinstatement Renewal fees will not be in addition to reinstatement fees. .10 Required Information and Procedures for Ceasing to Operate When ceasing to operate the wholesale distributor will notify, within 30 days of closing, drug and device suppliers instead of naming specific types of permits; Section B(5)(d) was deleted since it was identical to (e); and Section B(5)(f), formerly (g), was deleted since the requirement that the surety bond or letter of credit be in effect for two years after closing is in the statute. Recommendation was seconded by D. Taylor.	

III. Committee Reports A. Practice Committee	H. Finke, Chair,	1) Lawrence P. Siegel, Pharm.D., Director of Pharmacy Services, Carroll Hospital Center **Implementation of McKesson Robot - Larry Siegel** **Caroll Hospital Center-McKesson Robot** **Dave's response to Larry Siegel Question 120512** **Draft Board Response re McKesson Robot** The Board approved the following response: Thank you for contacting the Maryland Board of Pharmacy concerning a drug order filling robot located in a hospital pharmacy that obtains drug orders from the pharmacy computer system, picks unit dose packaged medications, and then drops them into a patient labeled envelope. It fills patient-specific drug orders. A technician takes the filled envelopes and sends them to the nursing units. If a hospital has demonstrated, thru 100 % pharmacist check, that the robot is accurate may the pharmacist check percentage decrease? Please be advised that the Board and its committees will not endorse activities, products, systems or services. Entities are welcomed to share information with the Board regarding its activities, products, systems and/or services. However, receipt of the information by the Board does not represent the Board's approval or endorsement of the product, system or service. The pharmacist, in consultation with the health care facility, shall develop, maintain, and review annually a quality assurance program regarding automated medication systems that address the items listed in COMAR 10.34.28.10A(1) – (13). http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.	Motion by Practice Committee to approve response to Larry Siegel regarding McKesson Robot as stated in these minutes. Motion was seconded by D. Taylor.	Motion was approved.

		34.28.* The Board understands that drug order filling robots as described above have a machine final check by barcode and a health care professional performs the final check before administering to the patient after verifying with the patient's barcode. The quality assurance of this system would be set forth in the facilities quality assurance program. 2) Robin Emrick **Email from Ms. Emrick - Pharmacology Exchange 072612** **Response to Ms. Emrick 111612** **Draft Board Response –Pharmacology Exchange** The Board approved the following response: Thank you for contacting the Governor concerning medication reconciliation and the creation of a Pharmacology Exchange for Maryland hospitals. The Maryland Board of Pharmacy will be addressing your suggestion on behalf of the Governor. The Maryland Health Care Commission (MHCC) currently has a Health Information Exchange (HIE) and many providers are participating. http://dhmh.maryland.gov/newsroom/Pages/Statewide-Health-Information-Exchange.aspx HIE appears to address many of your concerns. Please refer to the MHCC for further information. http://mhcc.dhmh.maryland.gov/SitePages/Home.aspx	Motion by Practice Committee to approve response to Robin Emrick as stated in these minutes. Motion was seconded by D. Chason.	Motion was approved.	

		3) Andrea Hyatt, Dulaney Eye Institute **Patient Specific Prescriptions - Opthalmic ASC** **Draft Board Response – patient specific compounding - Dulaney** The Board approved the following response: Thank you for contacting the Maryland Board of Pharmacy concerning the Maryland law that requires all compounded products be dispensed pursuant to a patient-specific prescription. You indicated that it would be impossible to supply your vendor with the patients name far enough in advance to manufacture and ship the drugs in a timely fashion. The majority of your patients is elderly and often changes their appointments due to illness and or problems with transportation. Additionally, your retina surgeries are often of an emergent nature and are often scheduled within 18-24 hours. You indicated that to require a patient specific prescription prior to surgery would cause undue hardship to many surgery centers. Please be advised that the law in Maryland is clear. Health Occupations Article, 12-101, Annotated Code of Maryland. "Compounding" means the preparation, mixing, assembling, packaging, or labeling of a drug or device: (i) As the result of a practitioner's prescription drug order or initiative based on the practitioner/patient/pharmacist relationship in the course of professional practice; or (ii) For the purpose of, or incident to, research, teaching, or chemical analysis and not for the sale or dispensing of the drug or device. (2) "Compounding" includes the preparation of drugs or devices in anticipation of a	Motion by Practice Committee to approve response to Andrea Hyatt as stated in these minutes. Motion was seconded by D. Taylor.	Motion was approved.

		prescription drug order based on routine, regularly observed prescribing patterns. Please also see COMAR 10.34.19.01 - .16 for the requirements for compounding in Maryland. 4) Claudia McGrath, Piney Orchard Surgery Center **Prescriptions for compound drugs - Ambulatory Surgery Center** **Draft Board Response – patient specific compounding - Piney** The Board approved the following response: Thank you for contacting the Maryland Board of Pharmacy concerning the Maryland law that requires all compounded products be dispensed pursuant to a patient-specific prescription. You indicated that if you are required to order per patient by name it would almost be impossible since the surgery schedule changes daily with cancellations and added cases. That requirement would cause the physician to have the surgery schedule in place with no changes at least one week prior and you do ENT surgery where the schedule is not set until the day before surgery. You indicated that this requirement would also make it impossible to do emergencies case since no medication would be available to use in that patient's name. The other problem is the staff necessary to correlate the schedule and the need for particular medications depending on the surgeon and anesthesiologist. Additionally you asked what to do with the medication if the patient cancels and it is written for that particular patient. Please be advised that the law in Maryland is clear. Health Occupations Article, 12-101, Annotated Code of Maryland.	Motion by Practice Committee to approve response to Claudia McGrath as stated in these minutes. Motion was seconded by L. Israbian-Jamgochian.	Motion was approved.	

		"Compounding" means the preparation, mixing, assembling, packaging, or labeling of a drug or device: (i) As the result of a practitioner's prescription drug order or initiative based on the practitioner/patient/pharmacist relationship in the course of professional practice; or (ii) For the purpose of, or incident to, research, teaching, or chemical analysis and not for the sale or dispensing of the drug or device. (2) "Compounding" includes the preparation of drugs or devices in anticipation of a prescription drug order based on routine, regularly observed prescribing patterns. Please also see COMAR 10.34.19.01 - .16 for the requirements for compounding in Maryland. If a patient specific medication is not used, for whatever reason, it must be destroyed. 5) Mel Rubin **Compounding pharmacies - Mel Rubin** **Draft Board Response – patient specific compounding - Rubin** The Board approved the following response: Thank you for contacting the Maryland Board of Pharmacy concerning the Maryland law that requires all compounded products be dispensed pursuant to a patient-specific prescription. You indicated that you are aware that many ambulatory surgery centers, as well as many of the hospitals and clinics in town, rely on obtaining compounded medications. If the law is interpreted to	Motion by Practice Committee to approve response to Mel Rubin as stated in these minutes. Motion was seconded by L. Israbian-Jamgochian.	Motion was approved.

		deny the use of pharmacy-compounded, non-patient specific drugs, then you will find some locations may have to temporarily close due to significant shortages. Please be advised that the law in Maryland is clear. Health Occupations Article, 12-101, Annotated Code of Maryland. "Compounding" means the preparation, mixing, assembling, packaging, or labeling of a drug or device: (i) As the result of a practitioner's prescription drug order or initiative based on the practitioner/patient/pharmacist relationship in the course of professional practice; or (ii) For the purpose of, or incident to, research, teaching, or chemical analysis and not for the sale or dispensing of the drug or device. (2) "Compounding" includes the preparation of drugs or devices in anticipation of a prescription drug order based on routine, regularly observed prescribing patterns. Please also see COMAR 10.34.19.01 - .16 for the requirements for compounding in Maryland. 6) Elizabeth Anne Elmer **Repackaging question 120612** **Draft Board Response - repackaging** The Board approved the following response: Thank you for contacting the Maryland Board of Pharmacy concerning a pharmacy contracting with another pharmacy to repackage its existing supply of medications. The example you	Motion by Practice Committee to approve response to Elizabeth Anne Ermer as stated in these minutes. Motion was seconded by D. Taylor.	Motion was approved.

		provided asked if Pharmacy A contracts with Pharmacy B to repackage its medication orders, can Pharmacy A send to Pharmacy B the medication it has an existing supply of? Additionally, is this possible if the contracted pharmacy is an outstate pharmacy? Please be advised that this contract would be acceptable if Pharmacy B is a U.S. Food and Drug Administration approved repackager. 7) Delegate Elliott **Control Letter 704 - Delegate Elliott** **Draft Board Response – PBM alert of dropping the required dispensing of a brand name** The Board did not approve the letter recommended by Practice. The Board noted that when a Pharmacy Benefit Manager drops the required dispensing of a brand drug with no advance notice it does affect the patient. The Board suggests that the Secretary discuss this issue with Maryland Medicaid and the Maryland Insurance Administration. The Board recommended returning this inquiry to the Department and noting that the Board would like a 90 day requirement of notice when a PBM drops a requirement for a specific brand drug. The Board suggests contacting Maryland Medicaid for their procedures when switching to a generic or brand name.	The Board did not approve the Practice Committee's draft letter response to Delegate Elliott but instead recommended returning this inquiry to the Department and noting that the Board would like a 90 day requirement of notice when a PBM drops a requirement for a specific brand drug. The Board suggests contacting Maryland Medicaid for their procedures when switching to a generic or brand name.	

B. Licensing Committee	D. Chason Chair,	1. Review of Pharmacist Applications: NONE 2. Review of Pharmacy Technician Applications: NONE 3. Review of Distributor Applications: NONE 4. Review of Pharmacy Applications: NONE 5. Review of Pharmacy Technicians Training Programs: • American Health Career Institute Technician Training Program – Recommendation is to approve program and test. 6. New Business: • Margaret Page @Caremark - Question regarding if a technician goes on leave in the middle of 6 month training course, is the leave included in the training or would the leave have to made up to complete the training course. Recommendation is to inform company that the leave would not be included in the 6 month training time period and would have to be made up to complete the training course. • Facility Department of University of MD - Facilities manager has questions regarding inspections of two new spaces of clean rooms and licensing of new pharmacy that was formerly two separate pharmacies. Recommendation is to inform Manager that the inspection is completed on the facility before it opens for business and the Board is not involved with inspecting facilities before it's ready for occupancy. Closing inspections are done once the facility is no longer being used.	Motion by Licensing Committee to approve American Health Career Institute Technician Training Program and test. Motion was seconded by R. Taylor. Motion by Licensing Committee, in this case, to inform Caremark that the leave would not be included in the 6 month training time period and would have to be made up to complete the training course. This issue shall be decided on a case-by-case basis. Motion was seconded by D. Taylor. Motion by Licensing Committee to inform Facilities Manager of University of MD that the inspection is completed on the facility before it opens for	Motion was approved. Motion was approved. Motion was approved.

		• Tandem Diabetes Care Inc. - The pharmacy submitted the application with CHAP accreditation and not California State Board of Pharmacy inspected. October 2011 minutes indicate approval for medical gas distributors only. Letter from D. Daniels states that they are accredited for both medical gas and durable medical equipment. Upon Review of Bioness licensing requirements, recommendation is to inform company that they need to have a MD licensed pharmacist on staff or they don't qualify for licensure. • Meritus Health - Hospital plans to merge several subsidiaries and its parent company into the Hospital in a multi step transaction. Would like clarification as to change of ownership requirements. Recommendation is to inform company that they have to notify the Board when each transaction occurs and must submit new application with each change of majority ownership. • Denton Pharmacy - Pharmacy would like clarification as to whether a high school senior can be in a training/learning program as a technician, under the pharmacist supervision. Recommendation it to inform pharmacy that it has to be in an approved program or submit program for Board approval.	business and the Board is not involved with inspecting facilities before it's ready for occupancy. Closing inspections are done once the facility is no longer being used. Motion was seconded by D. Taylor. Motion by Licensing Committee to inform Tandem Diabetes Care, Inc., that they need to have a MD licensed pharmacist on staff or they don't qualify for licensure. Motion was seconded by D. Taylor. Motion by Licensing Committee. To inform Meritus Health that they have to notify the Board when each transaction occurs and must submit new application with each change of majority ownership. Motion was seconded by D. Taylor. Motion by Licensing Committee to inform	Motion was approved. Motion was approved. Motion was approved.

		• Quality DME - Company would like to know that as a medical equipment supplier and not a supplier of drugs, are they required to have a MD licensed pharmacist on staff. Recommendation is to inform company that they need to have a MD licensed pharmacist on staff or they don't qualify for licensure.	Denton Pharmacy that the student must be at least 17 years of age and the program must be an approved program or Denton Pharmacy must submit program for Board approval. Motion by Licensing Committee to inform Quality DME that they need to have a MD licensed pharmacist on staff or they don't qualify for licensure. Motion was seconded by D. Taylor.	Motion was approved.
C. Public Relations Committee	L. Bradley-Baker, Chair	Public Relations Committee Update: • The Fall Newsletter will be sent out later this week electronically. • The Public Relations Committee is still exploring off-site locations at which to host one public board meeting in 2013. The region will be on the eastern shore, in either April or October of 2013.		
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.		
IV. Other Business & FYI	M. Souranis, President	No Other business to report this month.		
V. Adjournment	M. Souranis, Board President	The Public Meeting was adjourned at 11:45 p.m. At 12:34p.m. M. Souranis convened a Closed Public Session to conduct a medical review of technician applications. C. The Closed Public Session was adjourned at 1:12 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.	Motion by D. Taylor, 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 was seconded by Z. St. Cyr, II.	Motion was approved.