

Maryland Board of Pharmacy
Public Meeting
Minutes

Date: February 15, 2012

Name	Title	Present	Absent	Present	Absent
Bradley-Baker, L.	Commissioner	✓		7	1
Chason, D.	Commissioner	✓		8	0
Finke, H.	Commissioner		✓	7	1
Gavani, M. Z.	Commissioner	✓		6	2
Hammonds, S.	Commissioner	✓		5	1
Handelman, M.	Commissioner		✓	5	3
Israbian-Jamgochian, L.	Commissioner/Treasurer	✓		8	0
Matens, R.	Commissioner	✓		6	2
Souranis, M.	Commissioner//President	✓		6	2
St. Cyr, II, Z. W.	Commissioner	✓		7	1
Taylor, D.	Commissioner	✓		8	0
Taylor, R.	Commissioner/Secretary	✓		6	2
Bethman, L.	Board Counsel		✓	7	1
Felter, B.	Staff Attorney	✓		8	0
Naesea, L.	Executive Director	✓		7	1 (Excused)
Wu, Y.	Compliance Manager	✓		6	2
Daniels, D	Licensing Manager	✓		8	0
Gaither, P.	Administration and Public Support Manager	✓		7	1
Jeffers, A.	Legislation/Regulations Manager	✓		8	0

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
I. Executive Committee Report(s)	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"> M. Souranis, President, called the Public Meeting to order at 9:41 a.m. M. Souranis requested all meeting attendees to introduce themselves and to remember to sign the guest log and indicate whether they would like continuing education credits before they leave the meeting. 		

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		<p>3. M. Souranis reported that all guests will be given packets of materials so that they can follow the meeting's agenda items and discussions. Guests are requested to return the draft packets when they leave the meeting.</p> <p>4. Members of the Board with any conflict of interest relating to any item on the agenda were advised to notify the Board.</p> <p>5. Review and approval of January 18, 2012 public board meeting minutes as presented, no changes or additions</p>	<p>Motion to accept minutes as presented made by D. Taylor. Motion was seconded by R. Matens</p>	<p>Motion Approved</p>
<p>II. Executive Director Report</p>	<p>A. L. Naesea</p>	<p>1. Operations Update: MIS Project Manager Pawan Kolapalli has been selected and hired and has given notice to his former employer, CMS. The earliest he can start is February 28, 2012 and the latest is March 5, 2012. The goal is to complete the entire project by July 10, 2012, Mr. Kolapalli will be with us until August 10, 2012 so he will</p>		

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		<p>have one month to track issues once the system is in place. Patricia Gaither will address other operation issues such as staffing.</p> <p>2. Meeting Updates: Board of Pharmacy (BOP) was invited to a meeting with the Drug Enforcement Agency (DEA), Division of Drug Control, the Board of Physicians and Prescription Monitoring representative regarding drug diversion. Yuzon Wu attended in LaVerne Naesea's place to gather information only as LaVerne Naesea had to be in Annapolis. DEA gave an overview of prescription drug diversion in Maryland and noted that drug diversion has now shifted to oxycodone. DEA is currently investigating a couple of major distributors. DEA will hold another meeting on February 22, 2012 and BOP can decide if they want a member of Disciplinary Committee to attend or would like LaVerne Naesea and YuZon Wu to attend. . LGN noted that Senator Hollinger walked in and that State Stats is being reviewed and additional draft language will be submitted. Senator Hollinger gave summary of what updates are being considered and should be in place by June, 2012 The DHMH transitioned all board websites to their own and as a result certain information was lost. It will take a couple of months to reconstruct our website. Before leaving for Annapolis to attend subcommittee meeting on Sunset hearings Ms. Naesea noted that both Senate and House Sunset Hearings went very well. The subcommittee will discuss salary setting authority as well as the wholesale distributor statute. Commissioners Israbian-Jamgochian and D. Taylor discussed the mid-year meeting of the Maryland Pharmacists Association which was held February 12, 2012 in Linthicum Heights. Around 280 pharmacists and technicians turned out for the meeting. It was a full day of continuing education classes. The Drug Enforcement Administration (DEA) gave a presentation on their regulatory oversight. A few interesting stats to mention</p>		

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		<p>are: -There is a total of 31,994 registrants with the DEA. -DEA has around 10-12 investigators in MD. -6-7 million Americans abuse controlled Rx drugs exceeding abusers of cocaine, hallucinogens and heroin combined.</p> <p>Dr Sharfstein also had a presentation on Pharmacists and health care reform. He mentioned that in 2010 Maryland has 733,000 uninsured. He also stated that he is supportive of Drug Therapy Management and he discussed a bill that he would have in the Assembly to address standard of practice issues. Commissioner D. Taylor also noted that while at the meeting he was approached by a pharmacist who complained of a patient who came back to his pharmacist after receiving call from his doctor because the doctor was called by the pharmacist to verify a prescription. Commissioner D. Taylor mentioned that this is an on-going problem and the issue needs to be addressed with the Board of Physicians. Commission D. Taylor also noted that he presented to the University of Maryland School of Pharmacy a presentation on the pharmacist's role in emergency preparedness. The presentation was well received by the school and D. Taylor expressed his appreciation to the University of Maryland School of Pharmacy for the invitation and the positive reception he received.</p>		
B. Administration and Public Support	B. P. Gaither, Manager	<p>1. Personnel Updates -: Vacancies and Recruits</p> <p>a) The half- time Supervising Pharmacist Inspector position has been filled by Cheryl Johnson who began on 1/11/12. She will work 20 hours per week and is currently in training.</p> <p>b) The two permanent Office Secretary positions (Board Receptionist and Licensing Unit) are in recruitment. The Office of Human Resources has sent letters to qualified</p>		

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		<p>applicants to schedule interviews. The Board hopes to have these two positions filled by the end of the month.</p> <p>2. Contracts and Procurement</p> <p>a) Senior Systems Engineering Contract: The references are being checked for the project manager/senior systems engineer selected for coordinating implementation of the new SQL-based MIS system.</p> <p>b) PEAC Contract – A meeting is scheduled between PEAC and Board of Pharmacy representatives (H. Finke, D. Chason, L. Naesea, P. Gaither and Y. Wu) to discuss possible PEAC contract renewal changes.</p> <p>c) Newsletter Contract Status – The revised contract went to DHMH Office of Procurement and Support Services (OPASS) for approval. The cost for hardcopy printing was reduced because of the Board’s plans to transitioning the newsletter to electronic to be placed on the board’s website. Hardcopy newsletters will continue to be mailed to pharmacy distributors and establishments. Hardcopy newsletters will also be mailed to those pharmacists and technicians who have made requests to the board. Approval is expected by the end of the week of the January Board meeting.</p>		
C. MIS	L. Naesea	See B2a under Administration and Public Support.		
D. Licensing	D. Daniels, Manager	<p>Monthly Statistics for December, 2011:</p> <p>Total Pharmacist Licensees: 8819; Pharmacists In State: 6080; Pharmacists Out-of-State: 2739;</p>		

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		<p>Total Pharmacy Establishment Licenses: 1758 In State: 1174 Out-of-State: 507; Waivered Pharmacies: 77</p> <p>Total Distributor Licenses: 860 In State: 139; Out-Of-State: 721</p> <p>Total Pharmacy Technician Licensees: 10400 New Applications Received: 75 New Applicants Approved: 105 Pharmacy Technicians Nationally Certified 4377; 3106 Non-Nationally Certified ; 816 Students</p>		
E. Compliance	Y. Wu, Manager	<p>1. Inspection Program Report for January, 2012: 17 complaints received. 117 Monthly Inspection of Pharmacies; 107 annual inspections, 6 opening inspections; 2 relocation inspections; and 2 Special Investigations 2 closing inspections performed by Division of Drug Control.</p>		

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		<p>2. PEAC Update- Dr. Tony Tomasello</p> <p>15 clients being monitored by PEAC; 14 pharmacists, 1 technician; 1 who is also Board Monitored. 36 Drug Test Results-One was positive for prescription medication. 2 clients were discharged. Dr. Tomasello also reported that at the Maryland Pharmacists Association meeting held on February 12, 2012 in Linthicum Heights there was a presentation by a recovering pharmacist which was very well received. Discussed PEAC's pharmacy education and advocacy counsel and its mission of getting pharmacists to come under the PEAC umbrella before any disciplinary actions become necessary. Commissioner D. Chason reported that he and Commissioner H. Finke have had discussions with PEAC regarding renewing the contract. LaVerne Naesea and Patricia Gaither have been reviewing State approval process.</p>		

		<p>7) SB 274 State Board of Pharmacy - Sunset Extension and Revisions <u>sb0274f</u> SB 274 Sunset Extension SWA HB 283 Sunset Extension SWA</p> <p>8) SB 408/HB 561 Pharmacists - Administration of Vaccinations – Expanded Authority <u>sb0408f</u> SB 408 Vaccination Expansion SWA 020612</p> <p>9) HB 531 State Government – Commemorative Days – Prescription Drug Take Back Day SWA – to create a workgroup</p> <p>Board positions requested for the following legislation:</p> <p>1) SB 206 Maryland Health Security Act of 2012 – Hearing 2/22 <u>sb0206f</u></p> <p>2) HB 589 Criminal Law – CDS – Mephedrone <u>hb0589f</u></p> <p>3) SB 603 Health Care Practitioners – Licensed Dentists, Physicians, and Podiatrists – Personally Preparing and Dispensing Prescription Drugs and Devices <u>sb0603f</u></p>	<p>Motion by legislative committee to ratify letter of support. Motion seconded by R. Matens.</p> <p>Motion by legislative committee to ratify letter of support. Motion seconded by R. Matens.</p> <p>Motion by legislative committee to ratify letter of support of the bill at the request of Delegate Reznick." Motion seconded by M. Gavgani.</p> <p>Motion by L. Israbian-Jamgochian to add pharmacist to Maryland Health System Policy Board in SB 206. Motion seconded by D. Chason.</p> <p>Motion by D. Taylor to submit Letter of Support. Motion seconded by S. Hammonds.</p> <p>Motion by D. Taylor to support with these amendments: 1) 10 mile radius; 2) Annual Inspections; 3) Inspections performed by the Secretary or an agent of the Secretary. Motion seconded by R. Taylor</p>	<p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p> <p>Approved</p>
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		<p>Holding off on revisions until the Fed draft proposal is published later this fall.</p> <p>8) 10.34.36 Pharmaceutical Services to Patients in Assisted Living Programs or Group Homes Released for comment through February 17th.</p> <p>10) 10.13.01 Dispensing of Prescription Drugs by a Licensee SB 603 Introduced.</p> <p><u>11) Laboratory Administration - Proposed Regulations published in the Maryland Register on January 27, 2012</u></p> <p><u>FYI</u></p> <p><u>12) Proposed 10.44.30 Board of Dental Examiners – Record Keeping</u></p> <p><u>FYI – The Board commented July 27, 2011 and the Board of Dental Examiners responded on January 31, 2012. The Dental Board will incorporate the Board of Pharmacy’s suggested change of requiring a dispensing dentist to maintain dispensing records that include the medications, both prescription and non-prescription that the patient is taking.</u></p> <p><i>President M. Souranis commented about dispensing prescriber. He presented data from the most recent inspection reports. He emphasized that the problems are real and still exist. Paula Hollinger asked if DDC had reported these problems to the Board of Physicians. She suggested asking DDC to testify concerning their reports. Was any action ever taken?</i></p> <p><i>In addition. President M. Souranis made a statement about the PMP program. He mentioned that pharmacies would have only 3 days to report. He said it was a burdensome process to obtain a waiver. It was suggested that reporting should occur when the patient picks up the medications. It was also suggested that reporting be done at billing and then credit back if not picked up. Howard Schiff added that the reporting had to be done in real time. The Committee meets again next week. Mike Souranis will convey the Board’s concerns regarding real time, falsifying information, and why are not veterinarians included.</i></p>		
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<p>III. Committee Reports</p> <p>A. Practice Committee</p>	<p>H. Finke, Chair,</p>	<p>1) Wendy Daigle, LHC Group</p> <p><u>Re Legend Drugs in Home Care Maryland</u></p> <p>The Board approved the following response:</p> <p>Thank you for contacting the Maryland Board of Pharmacy concerning whether hepatitis vaccines, tuberculosis screening drugs, topical solutions and irrigations such as normal saline may be stored at a home health agency in a locked storage cabinet. You indicated that these medications would be ordered from a local pharmacy under orders from the medical director.</p> <p>Please be advised that the appropriate and safe storage of vaccines and other medications should be at a pharmacy. By storing non-patient specific medications, the home health agency is, in essence, acting as a pharmacy without proper labeling, storage conditions or accountability.</p> <p>The Board of Pharmacy has serious concerns regarding the storage conditions for vaccines and other prescription drugs that are being stored at the home health agency. Vaccines are required to be stored under certain temperature conditions and there is no indication that this is being done. Please contact the Office of Health Care Quality to obtain guidance concerning the storage of medications and the regulations that would apply to home health agencies in Maryland.</p> <p>2) Jessica Chao</p> <p><u>Hospital - discharge with meds law question</u></p> <p>The Board approved the following response with one correction:</p> <p>Thank you for contacting the Maryland Board of Pharmacy concerning whether an inpatient pharmacy locating at a hospital</p>		
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		<p>facility:</p> <p>(1) Would be eligible to dispense discharge prescriptions if a pharmacist is performing the final check of the discharge order and dispensing the prescription with the appropriate educational information/product labeling/payment documentations; and</p> <p>(2) Would be able to fill using inpatient medications for outpatient prescriptions (discharge prescriptions) as long as it meets state/CMS restrictions.</p> <p>Please be advised that a full service pharmacy may provide full pharmacy services. Please review the hospital’s pharmacy permit to determine if it is a waiver pharmacy permit or a full service permit. Waiver permit numbers begin with the letter “PW.”</p> <p>A hospital pharmacy may dispense discharge medications with the pharmacist performing the final check and dispensing the medications with the appropriate drug information, product labeling and record keeping.</p> <p>Additionally, a hospital pharmacy may use inpatient medications as discharge medications. The inpatient medications must be correctly labeled for outpatient use if they are dispensed as discharge medications. Please check with the Centers for Medicare and Medicaid Services (CMS) for any restrictions that may apply.</p> <p>3) Barbara Brannan, UMMC</p> <p><u>Question from UMMC regarding the dispensing of multidosed containers for home use</u></p> <p>The Board approved the following response:</p> <p>Thank you for contacting the Maryland Board of Pharmacy</p>		
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		<p>concerning indigent patients taking medications, both over the counter and prescription, with them upon discharge that were dispensed to them as inpatients. Your specific questions and the Board's responses follow.</p> <p>1. Is an inpatient medication order or an order post procedure valid for dispensing a multidose product for outpatient use? Or is an outpatient order or prescription needed to continue therapy?</p> <p>Please be advised that another outpatient order or prescription would not be needed to continue therapy upon discharge. Please follow all dispensing and labeling standards.</p> <p>2. If the UMMC inpatient pharmacy label includes all of the required elements for outpatient medication dispensing, can this product be dispensed to the patient at discharge?</p> <p>Yes, as long as the medication labeling contains all required elements for outpatient dispensing.</p> <p>4) Shirley Harrison, SuperValu</p> <p><u>ts1a</u></p> <p><u>ts2a</u></p> <p><u>ts3a</u></p> <p><u>transfersafelogo2</u></p> <p>The Board voted to approve the following response, but then after the meeting it was decided to return the query to the Practice Committee:</p> <p>Thank you for contacting the Maryland Board of Pharmacy concerning whether Walgreen's Transfer Safe System complies with Maryland law.</p> <p>The Board does not endorse activities, products, systems or</p>		
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		<p>services of any vendors related to the pharmaceutical industry. Entities are welcome to share information with the Board regarding their activities, products, systems or services. Receipt of the information by the Board, however, does not represent the Board's approval or endorsement of the product, system or service.</p> <p>COMAR 10.34.04 Transfer and Outsourcing of Prescriptions and Prescription Orders does not address or prohibit electronic transfers. It addresses transfers that occur between pharmacists to pharmacist for prescription medications, other than Schedule II controlled dangerous substances.</p> <p>It appears that information in this system satisfies the requirements of COMAR 10.34.04 so long as the system identifies the pharmacists, both giving and receiving the transfer. It is noted that system does not transfer controlled dangerous substances.</p> <p>5) Jennifer Hardesty, RemediRX</p> <p><u>Hardesty- Fw Fwd packaging questions</u></p> <p><u>Fwd FW UDL Labs Contact Form Pharmaceutical Product Inquiry</u></p> <p><u>Returned to Practice Committee</u></p>		
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B. Licensing Committee	D. Chason, Chair	<p>Pharmacy Application – Baxter Healthcare Corporation - Board previously notified Baxter that the facility in Illinois would be required to be licensed as a pharmacy as a consequence of being in process of electronic authorization of pharmaceuticals being provided by a facility in Maryland that is licensed as a pharmacy here in Maryland. Baxter has filed the application.</p> <p>Commissioner D. Chason did note that the Department of Justice (CJIS) is now requiring all fingerprinting to be electronic which will require a change in the process for everyone throughout the country in reporting/obtaining fingerprinting.</p>	Motion by licensing committee to approve pharmacy licensing application of Baxter Healthcare Corporation. Motion seconded by D. Taylor	Approved
C. Public Relations Committee	L. Bradley-Baker Chair	<ol style="list-style-type: none"> 1. Met this morning prior to Public Board Meeting, discussed importance of getting e-newsletter gets out to distribution within the next few weeks. 2. Narrowed down the community events that BOP hopes to participate in to about 8 events including the annual Flower Mart that BOP always participates in which include the annual meetings of the Maryland Pharmacists Association and Maryland ASCAP. One outreach program in Baltimore that is being considered is “Why Women Cry 7” to be held April 9, 2012 which originated with focus on HIV but now includes a multitude of health issues. Also considering the Senior Celebration in May on the eastern show, the Fall 		

		<p>Senior Expo in Cumberland and the Baby Boomer Expo.</p> <p>3. The public relations committee is now an official member of the Script Your Future Baltimore coalition whose goal is to provide public awareness to adhering to medication as prescribed and communication with health care providers. The committee thanks Peggy of the Maryland Pharmacy Association for linking BOP in with the coalition</p> <p>4. Next month committee will be discussion topics for the annual BOP breakfast.</p>		
D. Disciplinary	L. Israbian-Jamgochian Chair	<p>1. Satellite Pharmacies – Commissioner L. Israbian-Jamgochian reported that our inspectors have noted that hospitals will often have satellite pharmacies that are separate and apart from the main pharmacy, either in a different building or by way of a tunnel on the premises. These satellite pharmacies are often not staffed with a pharmacist on-site and operate under the same license as the main hospital pharmacy.</p> <p>2. Peer Review Experts-It was noted that BOP approved the creation of a database of pharmacy experts for peer review.</p>	<p>Motion by disciplinary committee to refer matter to practice committee for review and recommendation for regulation to license satellite pharmacies. Motion was seconded by Z. St. Cyr.</p> <p>Motion by disciplinary committee to have form created for use and entry of pharmacy experts for peer review. Motion was seconded by Z. St. Cyr.</p>	<p>Approved</p> <p>Approved</p>
E. Emergency Preparedness Task Force	D. Taylor Chair	<p>1. The task force is in the process of completing its rewrite of the pharmacy part of the state SNS plan. The plan should be completed next month and will then submit report to the central SNS coordinator.</p> <p>2. Received phone call from CDC for which noted Maryland has been recognized as the best in the United States in emergency preparedness planning for pharmacy. Task Force has been asked to help CA in its planning for</p>		

		emergency preparedness.		
F. Drug Therapy Management	Lynette Bradley-Baker, Co-Board Representative	No Report as DTM Joint Committee did not meet in February due to budget hearings in Annapolis for both the Board of Pharmacy and the Board of Physicians.		
IV. Other Business & FYI	M. Souranis	There was no “other business.”	Motion by M. Souranis 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 S. Hammonds	Approved
V. Adjournment	M. Souranis, President	The Public Meeting was adjourned at 12:14 pm. At 1:15 P.M. M. Souranis convened a Closed Public Session to engage in medical review committee deliberations regarding confidential matters in applications and consult with counsel in accordance with State Government Article Section 10-508(a)(7) and (13). C. The Closed Public Session was adjourned at 1:10 P.M. Immediately thereafter, R. Taylor 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.		
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