

**Maryland Board of Pharmacy
Public Board Meeting**

**Meeting Minutes
Date: June 18, 2014**

| Name | Title | Present | Absent | Present | Absent |
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| Board Committee | | | | | |
| Ashby, D. | Commissioner | X | | 4 | 0 |
| Bradley-Baker, L. | Commissioner | X | | 10 | 1 |
| Gavgani, M. Z. | Commissioner/Treasurer | X | | 10 | 1 |
| Israbian-Jamgochian, L. | Commissioner/President | X | | 9 | 1 |
| Jones, David H. | Commissioner | X | | 10 | 1 |
| Peters, R. | Commissioner | X | | 1 | 0 |
| Robinson, T. | Commissioner | X | | 6 | 1 |
| Rochester, C. | Commissioner | X | | 8 | 1 |
| Roy, S. | Commissioner | X | | 9 | 1 |
| Smith, J. | Commissioner | X | | 8 | 3 |
| St. Cyr, II, Z. W. | Commissioner | X | | 9 | 0 |
| Zagnit, B. | Commissioner | X | | 6 | 0 |
| Board Counsel | | | | | |
| Bethman, L. | Board Counsel | X | | 11 | |
| Felter, B. | Staff Attorney | X | | 11 | |
| Board Staff | | | | | |
| Naesea, L. | Executive Director | X | | 9 | 2 (excused) |
| Wu, Y. | Compliance Manager | X | | 9 | 2 (excused) |
| Waddell, L. | Licensing Manager | | X(excused) | 9 | 2 (excused) |
| Gaither, P. | Administration and Public Support Manager | | X(excused) | 9 | 2 (excused) |
| Jeffers, A. | Legislation/Regulations Manager | X | | 11 | 0 |
| Johnson, John | MIS Manager | X | | 10 | 1 (excused) |

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| | | <p>Staff members are working diligently to complete processing of pharmacy renewal and new pharmacists applications. A backlog was created as a result of recent graduations and the pharmacy renewals occurring during the same block of time. The backlog has been reduced to about a week more than the usual application processing timeframes.</p> <p>The Board has been informed that it will likely relocate from the first to the fifth floor of the building in September. Administration and MIS Units are reviewing the telephone system and considering an Interactive Voice Recognition (IVR) system as an option. The building renovations are to include basic upgrading of board/conference rooms funded by the Department, with the costs for any other enhancements to be borne by requesting boards.</p> <p style="text-align: center;">2. Meetings Update</p> <p>Annual NABP Meeting - L. Naesea attended the national meeting with Commissioners H. Finke and L. Bradley-Baker. She and the directors for each state board taped an introduction to an informational video entitled "Red Flags." The 15 minute video discussed cues to help alert pharmacists of possible diversion through fraudulent prescriptions.</p> <p>A meeting with State auditors is planned the Friday following the Board meeting to discuss the only item for which the Board had been cited between 2010 and 2013. The problem related to not reconciling licenses issued with funds collected since the new MIS system was implemented in October 2012. A temporary</p> | | |
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| | | <p>solution has been developed until the Board can meet with its MIS vendor to determine how the system can be reconfigured to address this function.</p> <p>A CDIU (Controlled Drug Integration Unit) meeting is planned on June 26th. L. Naesea and Y. Wu alternate attendance to these monthly meetings.</p> | | |
| <p>B. Administration and Public Support (APS)</p> | <p>B. P. Gaither, APS Manager</p> | <p><i>The administration and Public Support report was given by L. Naesea in the absence of P. Gaither.</i></p> <p>1. Personnel Updates</p> <p>An Inspector vacancy is currently under recruitment. One of the recently recruited contractual Investigators resigned after being in the position for less than a month. That position will be filled as soon as possible.</p> <p>The contract development for two sterile compounding peer reviewers is near completion. One reviewer will be recruited in July and the second in October.</p> <p>Recruiting for the lab scientist to review sterile compounding reports will begin in July after the position becomes effective.</p> <p>An Office Service Clerk was also recruited in June.</p> <p>2. Contracts and Procurement</p> <p><i>Pharmacist Rehabilitation Committee Contract</i> - The sole source vendor, PEAC requested the Board to consider increasing the contract amount when it is</p> | | |

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| | | <p>renewed in FY 2015. Board representatives will be meeting to determine if changes should be made to the contract when it is renewed.</p> <p><i>State Archives</i> - The processing for renewal of the contract to house the Board's remote back-up servers is in process.</p> <p><i>Mobile Inspection</i> – The contract bid request for the MIS remote inspection system has been completed and is ready for submission to the Department for review and final processing.</p> | | |
| C. MIS | J. Johnson, MIS Manager | <p>1. MIS Update</p> <p>J. Johnson reported that MIS staff attended a user conference for Systems Automation during May's Board meeting. The MIS team shared their learnings and observations with the MIS Steering Committee and is waiting for feedback from the Executive committee.</p> <p>The Licensing Unit has processed almost all, and have less than 200 of the pharmacy renewal applications despite challenges with the MIS system.</p> <p>J. Johnson will begin developing the proposed scope of work to solicit bids from potential web designers. This cannot be completed until DHMH completes announced web design changes to the DHMH network.</p> <p>The MIS unit has begun to send surveys to community members through email blasts. The</p> | | |

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| | | <p>next planned survey from the Practice Committee will discuss pharmacists working conditions and targeted to licensed pharmacists.</p> <p>A new web page about sterile compounding is in development to provide information and updates on the Board's web site.</p> <p>The scanning project is progressing well and ahead of schedule, which may reduce the anticipated cost.</p> <p>The licensing unit has requested the MIS unit to review e-fax services for office use. It appears to be something to help the office be more efficient and is not costly based on research by the MIS unit.</p> <p>Based on the information received and observations of the MIS staff during from the Systems Automation user conference, the MIS team has serious concerns about the continued partnership with Systems Automation. Many of their other clients have experienced similar challenges and poor technical support as the Board's MIS team.</p> | <p>Motion by M. Gavvani to replace the current MIS system completely, 2nd by D. Jones</p> | <p>The Board voted to approve the motion.</p> |
| <p>D. Licensing</p> | <p>L. Waddell, Licensing Manager</p> | <p>1. Licensing Unit Updates None at this time</p> <p>2. Monthly Statistics</p> <p>Pharmacists: New-44</p> | | |

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| | | Renewal-286 Total-10016 Pharmacist Vaccinations: New-19 Renewal-8 Total-3606 Pharmacy Technicians: New-83 Renewal-352 Total-8808 Student Technicians: New-23 Renewal-0 Total-797 Pharmacies: New-45 Renewal-909 Total-2070 Distributors: New-4 Renewal-0 Total-1027 | | |
| E. Compliance | Y. Wu, Compliance | 1. Unit Updates | | |

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| | <p>Manager</p> | <p>None at this time</p> <p>2. Monthly Statistics</p> <p>Complaints & Investigations:</p> <p>New Complaints- 26 Resolved (Including Carryover) – 26 Final disciplinary actions taken – 20 Reversal – 0 Summary Actions Taken – 4</p> <p>Inspections:</p> <p>Total-133 Annual Inspections-110 Opening Inspections- 9 Closing Inspections - 5 Relocation Inspections-2 Board Special Investigation Inspections – Division of Drug Control Closing Inspections- 7</p> <p>PEAC:</p> <p>Total Pharmacist Rehabilitation Committee Clients – 19 Pharmacist Clients –16 Technician Clients – 1 Pharmacy Student Clients – Clients Monitored by Board Req. PEAC Assistance –2 Drug Testing Results-18 Number of Positive Results-0 Discharged Clients/Closed Cases-0</p> | | |
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| <p>F. Legislation & Regulations</p> | <p>A. Jeffers, Legislation & Regulations Manager</p> | <p><u>REGULATIONS:</u></p> <p><u>10.34.03 Inpatient Institutional Pharmacy</u></p> <p>Effective 5/31/2014. Clarify that the two definitions of “decentralized pharmacy” and “pavilion” are read together. See highlights on handout.</p> <p>A Newsletter article and FAQs will be prepared by the Public Relations Committee.</p> <p><u>COMAR 10.34.03.02 definitions highlighted</u></p> <p><u>10.34.19 Sterile Pharmaceutical Compounding and 10.34.09 Fees</u></p> <p>Notice of Final Action anticipated to be published on June 27, 2014 with an Effective Date of January 1, 2015.</p> <p>A News page regarding sterile compounding will be developed on the Board’s website home page.</p> <p><u>10.34.22 Licensing of Wholesale Prescription Drug or Device Distributors</u></p> <p>Notice of Final Action Published May 16, 2014 with an effective date of July 1, 2014.</p> <p><u>10.34.38 Pharmacy Interns</u></p> <p>Subcommittee continuing to meet. The draft will be presented to the Practice, Licensing, and Disciplinary</p> | | |
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| | | <p>Committees before the July Board Meeting.</p> <p><u>10.13.01 Dispensing of Prescription Drugs by a Licensee</u></p> <p>Proposal published May 30, 2014.</p> <p>Delegate Morhaim had contacted the Board regarding the lack of available CE courses that would comply with COMAR 10.13.01 and SB 603.</p> <p>Dear Delegate Morhaim:</p> <p>It was a pleasure speaking with you this week regarding the availability of continuing education (CE) courses that satisfy the requirements of SB 603, Health Care Practitioners – Licensed Dentists, Physicians, and Podiatrists – Personally Preparing and Dispensing Prescription Drugs and Devices, Chapter 267, 2012, and the recently published proposal for COMAR 10.13.01.</p> <p>As you requested, I have attached a letter to Secretary Sharfstein that requests him to encourage the Board of Dental Examiners, Board of Physicians and Board of Podiatric Medical Examiners to identify and/or develop CE courses that satisfy the requirements for their dispensing permits. The Board has offered its assistance to provide assistance and other resources to these boards as they may request.</p> <p>The Board respectfully requests that you encourage AELR not to “hold” COMAR 10.13.01.</p> | <p>Motion to approve letters by D. Ashby, 2nd by D. Jones.</p> | <p>The Board voted to approve the letters to both Delegate Morhaim and the Secretary with the addition of the course being developed by the University of Maryland School of Pharmacy and MEDCHI.</p> |
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| | | <p>The CE courses may not be sufficiently available when the chapter becomes effective; however the law allows a phase-in for practitioners to meet the CE requirements before their existing permits expire. Thus, the relevant regulatory Boards should have time to identify and/or develop appropriate CE courses after the regulations are adopted if they begin to act without delay.</p> <p>Since our phone conversation it has come to my attention that the University of Maryland School of Pharmacy and MEDCHI are currently working together to develop a course to satisfy the requirements in COMAR 10.13.01.</p> <p>As we discussed, sometimes a part of any adopted set of regulations may not be immediately implemented, but the patient protection or improved health afforded by the parts that can be implemented far outweigh the need to hold an entire chapter from becoming effective.</p> <p>Thank you for bringing this issue to the Board's attention. Should you have questions or additional concerns, please feel free to contact me, or Anna Jeffers, at (410) 764-4794.</p> <p>Dear Secretary Sharfstein:</p> <p>COMAR 10.13.01 Dispensing of Prescription Drugs by a Licensee, was published in the</p> | | |
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| | | <p>Maryland Register on May 30, 2014. This proposal has been a long time coming since the Board of Pharmacy (the “Board”) first attempted to revise this chapter in 2008 pursuant to the Regulatory Review and Evaluation Act. After the passage of SB 603, Health Care Practitioners – Licensed Dentists, Physicians, and Podiatrists – Personally Preparing and Dispensing Prescription Drugs and Devices, Chapter 267, 2012, the Board worked in earnest to revise the implementing regulations (COMAR 10.13.01) to reflect the requirements in the new law.</p> <p>In a recent conversation with AELR member Delegate Dan Morhaim, he expressed concern that dentists, physicians and podiatrists may have a difficult time fulfilling the continuing education (CE) requirements in the proposed regulations. He noted that required CE courses relating to the preparing and dispensing of prescription drugs are not sufficiently available or accessible to the practitioners. The Board is concerned that the proposed regulations may be stalled by AELR if the Department cannot demonstrate a creditable effort to increase the number of CE courses available for practitioners to take.</p> <p>The Board addressed the issue of the availability of these courses in a letter to Jennifer Newman Barnhart on December 10, 2013. In the letter it provided a sample of list of the types of approved ACPE courses that would be appropriate for</p> | | |
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| | | <p>dentists, physicians and podiatrists to take. A few suggestions were also provided. One suggestion was for the Division of Drug Control, Board of Dental Examiners, Board of Physicians, and/or Board of Podiatric Medical Examiners to contact specific faculty members at local schools of pharmacy to explore the feasibility of their developing and submitting courses for approval by ACPE that specifically fulfill the CE requirements. Another idea is for the Boards themselves to develop courses for ACPE approval. Indeed, the Board of Dental Examiners did just that. Information about the course they offer to comply with the new regulations is available on the home page of their website.</p> <p>It has come to the Board's attention that the University of Maryland School of Pharmacy and MEDCHI are currently working together to develop a CE course that satisfies the requirements of SB 603 and COMAR 10.13.01. Hopefully, the Board of Physicians and Board of Podiatric Medical Examiners are a part of the planning process.</p> <p>Since the proposed regulations have been published, and contain important patient safety requirements in addition to requiring 10 CE credits in five years, it's imperative that it should become effective as soon as possible. Licensees will have several years from the effective date of COMAR 10.13.01 to acquire 10 CE credits, that will be</p> | | |
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| | | <p>phased in as dispensing permits expire. There will be sufficient time to ensure that CE courses are available before the first round of dispensing permits expire.</p> <p>The Board respectfully requests that you encourage the physician, dental and podiatry regulatory boards to work together to identify and/or develop more appropriate CE courses. Resources may also be conserved if the three boards are able to jointly develop courses that satisfy the requirements. The Board would be happy to assist these Boards as requested. Should you have questions or additional concerns, please feel free to contact me at (410) 764-4794.</p> <p><u>LEGISLATION:</u></p> <p>Pursuit of legislation to revise the State Board of Pharmacy Pharmacist Rehabilitation Committee membership to be comprised of at least one pharmacist instead of a majority of pharmacists.</p> <p>Discussion ensued regarding the lack of direct service provided by the current Pharmacist Rehabilitation Committee. The revision to the statute would allow other entities to compete for the contract.</p> <p><u>OTHER MATTERS:</u></p> <p>Pharmacist Working Conditions Subcommittee</p> | <p>Motion by Pharmacist Rehabilitation Committee to pursue legislation, 2nd by ...</p> | <p>The Board voted to approve pursuing this legislation.</p> |
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| | | <p>Board approval requested to survey Maryland licensed pharmacists with regard to working conditions and how those conditions relate to public protection.</p> <p>Implementation would be through Survey Monkey, blast email, and would be anonymous.</p> <p>The Board approved the concept of the survey.</p> | <p>Motion by Subcommittee to approve the concept of the survey, 2nd by...</p> | <p>The Board voted to approve the concept of the survey.</p> |
| <p>III. Committee Reports A. Practice Committee</p> | <p>M. Gavgani, Chair,</p> | <p><u>1. USP 800</u></p> <p>Practice recommends no comment at this time.</p> <p>Mitra Gavgani explained that USP 800 covers what is already in place. There would be nothing new for the Board to add at this time. There is a conference call scheduled for next week with the FDA to discuss USP 800.</p> <p><u>2. CRISP Access</u></p> <p>Board approval requested for letter to the CRISP advisory board.</p> <p><u>MPC Pharmacist Access to CRISP Summary 04.29.14 (2)</u></p> <p><u>CRISP Advisory Board Ltr 06092014</u></p> <p>Dear CRISP Clinical Advisory Board:</p> | <p>Motion by Practice Committee to approve the letter, 2nd by D. Jones</p> | <p>The Board voted to approve the letter with a minor revision</p> |

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| | | <p>This letter is submitted on behalf of Maryland licensed pharmacists; all of whom engage in clinical patient care. It has come to the attention of the Maryland Board of Pharmacy (Board) that although pharmacist health care providers that work in community settings have access to the Prescription Drug Monitoring section of CRISP, the CRISP Clinical Advisory Committee (Committee) has denied access by most community pharmacists to their patients' complete records retained in the CRISP system.</p> <p>The Advisory Board's position on this issue appears unreasonable and contrary to the intent of the CRISP authorizing statute for the health information exchange. A "health care provider," as defined in HG 19-142, is anyone who is licensed under the Health Occupations Article to provide health care in the ordinary course of business or practice of a profession. It is unclear to the Board of Pharmacy why most non-hospital pharmacists have been denied access to CRISP since all pharmacists in Maryland are licensed by the Board under the Health Occupation Article. Based on the statutory language all pharmacists appear to be eligible to access patient records through the CRISP system.</p> <p>The exclusion of any pharmacist health care provider – particularly those working in community pharmacies – creates obstacles to the provision of comprehensive care. The role of the community pharmacist has expanded significantly over recent decades. Community pharmacists require full access to discharge summaries and ambulatory care visit notes. Access to patients' clinical information, including labs and radiology reports, as well as transcribed reports, is extremely important to assure appropriate transitions of care activities. Full access to the CRISP system would enable community pharmacists to review patients' full pharmacotherapy regimens and non-pharmacological pain treatments in order to properly assess</p> | | |
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| | | <p>controlled substance use through the Prescription Drug Monitoring Program. It would enhance medication reconciliation in community pharmacy settings by allowing all pharmacists to reconcile medications prescribed by all practitioners and retain the most accurate medication lists for patients.</p> <p>All community pharmacists in Maryland are obligated to use every available tool to treat patients and provide education and optimized medication therapy regimens through use of emerging interdisciplinary care models, including Accountable Care Organizations. Additionally, all pharmacists are trained and knowledgeable about the Health Insurance Portability and Accountability Act (HIPAA) and comply with all privacy laws. Qualified pharmacists in Maryland (including community pharmacists) are also eligible to participate in Drug Therapy Management (DTM) agreements (see HO 12-6A-01 – 10). DTM agreements between a patient, physician and pharmacist, provide protocols that describe the circumstances by which the pharmacists may alter a patient’s medication dosage and/or modify a treatment regimen.</p> <p>Full access to medication lists embedded in health care documents will enable pharmacists to properly manage medications for patients under DTM agreements, as well as to identify, correct, and prevent medication errors for all of their patients. The Board of Pharmacy urges the CRISP Clinical Advisory Board to reconsider its policy of denying most community pharmacists (any pharmacist) licensed in Maryland under the Health Occupations Article, the ability to access the CRISP system in fulfilling their patient obligations.</p> <p>I would be happy to arrange a meeting between the Advisory Board and the Maryland Board of Pharmacy representatives if further discussion is required. Thank you for your consideration.</p> | | |
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| | | <p><u>Inquiries:</u></p> <p>1. Dean Eddington, Anne Lin, and Dennis Killian <u>L. Bethman and C. Rochester recused</u></p> <p><u>Deans of the Schools of Pharmacy – MPJE</u></p> <p><u>Draft Letter to Deans - MPJE 060314 ln</u></p> <p>Dear Dean Eddington, Dean Lin and Dean Killian:</p> <p>Thank you for contacting the Maryland Board of Pharmacy with your concerns regarding the pass rate of Maryland pharmacy school graduates of the Multistate Pharmacy Jurisprudence Examination (MPJE), administered by the National Association of Boards of Pharmacy (NABP). You indicated that you wanted to explore the hypothesis that the problem may lie with the questions on Maryland’s MPJE. The Board understands your concerns with the exam and how it is reflected in the scores of pharmacy graduates from Maryland schools of pharmacy.</p> <p>The Board has for many years had a contract with NABP to administer the MPJE. In the Board’s MOU with NABP it states that “NABP is responsible for creating the NAPLEX and MPJE in accordance with recognized testing standards</p> | <p>Motion by Practice Committee to approved this letter, 2nd by M. Gavvani</p> | <p>The Board voted to approve the letter with revisions added by M. Gavvani</p> |
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| | | <p>and practices so that the examinations assess competence for entry-level pharmacist practice.”</p> <p>Each year NABP holds an item development workshop where representatives of the 50 states boards of pharmacy meet in Chicago to draft questions for the MPJE. Usually two representatives from each state participate. The board representatives may be board members or staff. In Maryland one Board member and one staff member have participated either in person or remotely.</p> <p>NABP provides the board representatives with “Competency Statements” which outline the content areas that are included on the exam. NABP will indicate on the Competency Statements the areas where new or additional questions are needed. The two board representatives will draft questions that fall within the content areas. The new questions are then vetted through a multiple year process. First NABP’s “MPJE Review Committee,” with expertise in exam writing and practice, review and revise the questions submitted by the different boards. NABP staff then edits and reviews the questions for grammar and style. The Board does not see the final wording of any questions. Then the questions are included in the next exam cycle, but are not counted toward the test takers scores. After reviewing the results of new questions during pre-test and the number who answered it</p> | | |
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| | | <p>correctly, the questions may then be considered for use in future exams.</p> <p>Finally, at a different time of year, NABP gathers state representatives again for the “MPJE State Specific Review.” At this review state representatives review the entire pool of questions from all the states to determine if the questions are valid for Maryland and reflect the current laws in Maryland. The process described above has not changed over the years since the Board contracted with NABP to administer the MPJE.</p> <p>I hope that this letter provides a better understanding regarding how the MPJE questions are developed. There has been an emphasis in the past several years by NABP for all state board representatives to write questions that utilize higher level critical thinking with scenarios that might occur in actual pharmacy practice, as opposed to simple multiple choice questions.</p> <p>The Board would be more than happy to meet with you and NABP regarding the questions used by the MPJE, although as described above, once the Board’s draft questions have been submitted, the Board has no control over the actual wording, or if those questions are even scored as part of the actual MPJE. You may also want to contact those pharmacy schools whose students routinely score higher on the MPJE to see what methods they have employed to achieve their success level.</p> | | |
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| | | <p>2. Caroline Riogi, Walmart</p> <p><u>Record keeping and support personnel</u></p> <p><u>Draft Bd Response – record keeping and support personnel</u></p> <p>Dear Dr. Riogi:</p> <p>Thank you for contacting the Maryland Board of Pharmacy concerning electronic record keeping, counseling requirements, and allowing unlicensed support personnel to scan the bar code on the prescription vials in order to print out leaflets/final paperwork for insertion in the patient’s prescription bag.</p> <p>Record keeping For any record keeping method, the pharmacy permit holder is required to retain prescription records for 5 years and be able to make those prescription records readily retrievable. Immunization records for minors are required to be maintained for a longer period of time. See COMAR 10.34.32.05B.</p> <p>Counseling Please review the statute on patient counseling located at Health Occupations Article, 12-507, Annotated Code of Maryland.</p> | <p>Motion by practice committee to approve the letter, 2nd by J. Smith.</p> | <p>The Board voted to approve the letter.</p> |
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| | | <p>http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=gho&section=12-507&ext=html&session=2014RS&tab=subject5</p> <p>Unlicensed personnel Pharmacists are required to perform the final check on all prescriptions that are dispensed from a pharmacy. This final check includes the medication, the label on the medication, and any leaflets/final paperwork that may be required. A registered pharmacy technician may print out drug information or leaflets/final paperwork for insertion in the patient’s medication bag with a final check by the pharmacist.</p> <p>Although unlicensed support personnel may bag prescription items after the final check, they may not be the final check on what is included in the patient’s prescription bag.</p> <p>Please be advised that this response was prepared with the knowledge of only the facts presented. Any person who wishes to republish or reproduce, in whole or in part, any material issued by the Board should contact the Board for prior consent. This response is not intended to be legal advice. Although references to current laws and regulations may be included in this response, keep in mind that laws may change annually and regulations may be changed at any time. Further, the information provided is based on state</p> | | |
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| | | <p>pharmacy laws and regulations. Federal rules and state requirements that are not included under the Maryland Pharmacy Practice Act, however, may also apply. To insure that all current applicable laws have been considered, you may want to consult with your own legal counsel.</p> <p>Should you have questions or additional concerns, please feel free to contact Anna D. Jeffers, Legislation and Regulations Manager at (410) 764-4794.</p> <p>3. Erin Haas, Overdose Prevention Community Coordinator, ADAA</p> <p><u>Email exchange with Overdose Prevention & Response DTM</u></p> <p><u>Draft Letter to Erin Hass, ADAA</u></p> <p>The Board approved the following letter:</p> <p>Dear Ms. Haas:</p> <p>Thank you for contacting the Maryland Board of Pharmacy concerning whether the Board of Pharmacy’s drug therapy management model would be appropriate for dispensing Naloxone to individuals who are experiencing an overdose of illegal drugs, or their family members, who fall outside of the Overdose Response Program as established by SB 610 Health – Overdose</p> | <p>Motion to approve the letter by Practice Committee, 2nd by M. Gavvani.</p> | <p>The Board voted to approve the letter.</p> |
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| | | <p>Response Program – Establishment, Chapter 299, 2013.</p> <p>Drug therapy management is “a voluntary, written arrangement that is disease-state specific between a pharmacist, a physician and one patient receiving care from the physician pursuant to a physician-pharmacist agreement and protocol. A therapy management contract shall be related to treatment using drug therapy, laboratory tests, or medical devices, under defined conditions or limitation for the purpose of improving patient outcomes.” See Health Occupations Article, 12-6A-01, Annotated Code of Maryland.</p> <p>Since individuals seeking Naloxone would not have a previous relationship with a physician or have any of the documentation required under Title 12, Subtitle 6A Therapy Management Contracts, individuals seeking Naloxone for the first time, or for a refill, would not fall under this model.</p> <p>In our conference call with Jacqueline McNamara on June 6, 2014 we discussed other ways to allow for a pharmacist to dispense Naloxone on a more spontaneous or “as needed” basis that falls outside of the existing Overdose Response Program. One model discussed was similar to how “Plan B” is dispensed to patients. Under federal regulations, a pharmacist may dispense “Plan B” to individuals of a certain age with the requisite counseling. No</p> | | |
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| | | <p>prescription or other documentation is required. Another option we discussed, which has been legislated in New Mexico, is to allow pharmacists to prescribe and dispense Naloxone to individuals on an emergency basis related to an overdose. Legislation for this option would be necessary in Maryland and the Board would be happy work with you to support such legislation.</p> <p>Although drug therapy management is not the appropriate model for individuals who fall outside of the Overdose Response Program, the Board is willing to work with you as you explore a variety of options to make Naloxone more available to Maryland citizens who are not served by the Overdose Response Program.</p> <p>Should you have questions or additional concerns, please feel free to contact Anna D. Jeffers, Legislation and Regulations Manager at (410) 764-4794.</p> | | |
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| <p>B. Licensing Committee</p> | <p>L. Bradley-Baker, Chair</p> | <p>1. Review of Pharmacist Applications:</p> <p>1. Douglas Synek - Would like the Board to process pharmacy license despite the fact that he is not licensed in MD due to medical issues prohibiting him from taking the MPJE in a timely fashion. Licensing recommendation is to deny request.</p> <p>2. Review of Pharmacy Technician Applications: None</p> <p>3. Review of Distributor Applications: None</p> <p>4. Review of Pharmacy Applications:</p> <p>PharMedium Services - Would like the Board to continue processing renewal application although they don't currently have a MD licensed pharmacist on staff and the current pharmacist has submitted a reciprocity application. Licensing Committee recommendation is to grant a 60 day extension allowing them to operate until August 31, 2014.</p> | <p>1. The Committee moved to deny the request for license processing, 2nd by J. Smith</p> <p>4. The Committee moved to grant 60 day extension until 08/31/14, 2nd by M. Gavgani</p> | <p>1. The Board voted to approve the motion.</p> <p>4. The Board voted to approve the motion</p> |

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| | | <p>5. Review of Pharmacy Technicians Training Programs: None</p> <p>6. New Business:</p> <p>Licensee would like the Board to reconsider his request for refund of his reinstatement fee. He submitted his application via Fed-Ex to the building 07/29/13 and was received in the office on 08/07/13. The applicants, licensed expired on July 31, 2013. State of Maryland Law states applications should be submitted 2 weeks before your license expires to guarantee timely renewal or be allowed to continue working without penalty until the license is renewed.</p> | <p>6. The Committee moved to deny request for waiver of the reinstatement fee, 2nd by D, Jones.</p> <p>5 in favor, 4 opposed, 1 abstained</p> | <p>6. The Board voted to approve the motion</p> |
| <p>C. Public Relations Committee</p> | <p>D. Jones, Chair</p> | <p>Public Relations Committee Update:</p> <p>D. Jones reported that the Public Relations Committee meetings have been changed from the 3rd to the 4th Wednesday at 9 am to allow better preparation for the monthly board meeting.</p> <p>The committee is currently soliciting articles for the upcoming newsletter.</p> <p>The September monthly board meeting will be held off site in Western Maryland. The meeting will not be held on the third Wednesday of the month but changed to Friday, September 19.</p> | | |

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| | | Presently, there are 2 videos for consumer information and protection being developed by the committee. | | |
| D. Disciplinary | M, Gavgani, Chair | Disciplinary Committee Update No items at this time. | | |
| E. Emergency Preparedness Task Force | S. Roy, Chair | Emergency Preparedness Task Force Update S. Roy reported that an article regarding emergency preparedness was submitted and will be included in the upcoming newsletter. | | |
| IV. Other Business & FYI | L. Israbian-Jamgochian, Board President | L. Naesea announced that Linda Bethman will be 100% staff attorney beginning in FY 2015 (July 2014). Ms. Naesea also reported that a major media outlet (the BBC) is producing material relating to the death penalty. They requested referral to pharmacists in the state with expert knowledge of the drugs used during the process. The requestor will be referred to Pharmacist Coalition or MPhA. | | |
| V. Adjournment | L. Israbian-Jamgochian, Board President | The Public Meeting was adjourned at 11:17 A.M. At 11:45 A.M. L. Israbian-Jamgochian convened a Closed Public Session to conduct a medical review of technician applications. C. The Closed Public Session was adjourned at __12:45__ P.M. Immediately thereafter, L. Israbian-Jamgochian convened an Administrative Session for purposes of discussing confidential | | |

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| | | <p>disciplinary cases. With the exception of cases requiring recusals, the Board members present at the Public Meeting continued to participate in the Administrative Session.</p> | | |
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