

**Maryland Board of Pharmacy  
Public Board Meeting**

**Meeting Minutes  
September 19, 2018**

<b>Name</b>	<b>Title</b>	<b>Present</b>	<b>Absent</b>
Ashby, D.	Commissioner		
Bouyoukas, S.	Commissioner		
Evans, K.	Commissioner		
Hardesty, J.	Commissioner/Treasurer		
Laws Jr, A.	Commissioner		
Leikach, N.	Commissioner		X
Morgan, K.	Commissioner/President		
Oliver, B.	Commissioner		
Peters, R.	Commissioner		
Toney, R.	Commissioner/Secretary		
Yankellow, E.	Commissioner		
Bethman, L.	Board Counsel		
Felter, B.	Staff Attorney		
Speights-Napata, D.	Executive Director		
Fields, E.	Deputy Director of Operations		
Brand, E.	Licensing, Legislative and Regulation Manager		X
Evans, T.	Compliance Director		
Chew, C.	Management Associate		X





Subject	Responsible Party	Discussion	Action Due Date (Assigned to)	Results
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<b>B. Operations Report</b>	<b>E. Fields, Deputy Director/ Operations</b>	<b>1. Procurement and Budget Updates</b> <b>a) August 2018 Financial Statements</b>  <b>2. Management Information Systems (MIS)</b> <b>Unit Updates None</b>	<b>1a.</b> A report on Board revenue was provided for the month of August. Board revenue is slightly higher due to distributor renewal season.																															
<b>C. Licensing</b>	<b>D. Ashby/ Commissioner</b>	<b>1. Unit Updates</b>  <b>2. Monthly Statistics</b>  <table border="1" data-bbox="655 885 1255 1408"> <thead> <tr> <th>License Type</th> <th>New</th> <th>Renewed</th> <th>Reinstated</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Distributor</td> <td>18</td> <td>1</td> <td>0</td> <td>1,296</td> </tr> <tr> <td>Pharmacy</td> <td>19</td> <td>0</td> <td>0</td> <td>2,089</td> </tr> <tr> <td>Pharmacist</td> <td>135</td> <td>481</td> <td>0</td> <td>11,877</td> </tr> <tr> <td>Vaccination</td> <td>82</td> <td>6</td> <td>0</td> <td>4,548</td> </tr> <tr> <td>Pharmacy Intern - Graduates</td> <td>4</td> <td>0</td> <td>0</td> <td>53</td> </tr> </tbody> </table>	License Type	New	Renewed	Reinstated	Total	Distributor	18	1	0	1,296	Pharmacy	19	0	0	2,089	Pharmacist	135	481	0	11,877	Vaccination	82	6	0	4,548	Pharmacy Intern - Graduates	4	0	0	53		
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<b>D. Compliance</b>	<b>T. Evans Compliance Director</b>	<p><b>1. Unit Updates</b></p> <p><b>2. Monthly Statistics</b></p> <p><b>Complaints &amp; Investigations:</b>            New Complaints – 20            Disciplinary Actions in Another State – 4            Dispensing Error – 4            Employee Pilferage – 1            Failure to Notify of Relocation – 1            Professional Misconduct – 4            Inspection Issues – 3            Sterile Compounding – 2</p> <p>Resolved (Including Carryover) –40            Actions within Goal – 24/40            Final disciplinary actions taken – 10            Summary Actions Taken – 2            Average days to complete -144</p> <p><b>Inspections:</b></p> <p>Total – 151</p>	<p>2. T. Evans, Compliance Director provided a synopsis of the monthly statistics the Board office receives to investigate.</p>																					



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<p><b>III. Committee Reports</b></p> <p><b>A. Practice Committee</b></p>	<p><b>R. Peters, Chair</b></p>	<p><b><u>Joseph F. Nusbaum</u></b></p> <p>We are looking for guidance in situations where the physician is prescribing opioids for quantities that exceed the patient's insurance limits. The physicians are providing the patient with two prescriptions; one that the patient pays for out of pocket.</p> <p>Is this an acceptable way to address the patient's needs without running afoul of the DEA? We are concerned that since the CRISP reports that the patient is getting medication both through insurance and cash that this doesn't look good.</p> <p>We find ourselves in a conundrum about everyday opioid filling policies because the government seems to add new guideline and policies on a daily basis and we would like to have policies and procedures that meet or exceed what is expected of neighborhood pharmacy.</p> <p><b><u>Response:</u></b> In response to your inquiry, there are several options:</p> <ol style="list-style-type: none"> <li>1. If the pharmacy's software allows, a single prescription should be treated as a "split" fill, i.e., the first fill will cover the amount covered by insurance; the second fill will cover the portion to be paid in cash. There will be only one prescription number. Both fills must be done at the same time. This is the preferred option.</li> <li>2. If the pharmacy's software does not allow option 1, there should be two different prescriptions, one for the amount covered by insurance; the second would cover the amount paid in cash. The second prescription should have a "do not fill before" date</li> </ol>	<p>Motion by J. Hardesty to approve amended draft response to include the wording "and use professional judgement"; 2<sup>nd</sup> by K. Evans.</p>	<p>The Board voted to approve this motion.</p>

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		<p>and should be dispensed when the first prescription is finished.</p> <p>3. Same scenario as option 2; however, in this instance, the patient is unable to make two trips to the pharmacy. Write two prescriptions, one for the amount covered by insurance, and one for the remainder, and dispense both at the same time.</p> <p>Regardless of the option chosen, the pharmacist should be very careful to fully document the circumstances on the prescription. Additionally, the pharmacist should also see guidance from the DEA with regard to federal law regarding this matter and use professional judgement.</p> <p><b><u>Dan Morrow</u></b></p> <p>I have a question regarding Remote Automated Medication Systems that I can't seem to come to a conclusion from regulations.</p> <p>We are trying to service a hospice in-patient unit that does not have a pharmacy on site. They have an Omnicell that we would be supplying medications to, reviewing prescriptions sent by the physicians, and maintaining the operation machine. My question is, are we able to give power of attorney to the nurses that work at the in-patient unit to stock the machine if a pharmacist prepares the medications and has visual communication while the machine is being stocked?</p> <p>Any guidance on this topic would be appreciated.</p> <p><b><u>Response:</u></b> In response to your inquiry, if the pharmacy owns or leases the machine, a nurse may not stock it. A licensed pharmacist or registered pharmacy technician may stock the automated</p>	<p>Recommendation by Committee to approve draft response; 2<sup>nd</sup> J. Hardesty</p>	<p>The Board voted to approve this motion.</p>

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		<p>medication system as provided in COMAR 10.34.28.07.</p> <p><b><u>Perry Shafner</u></b></p> <p>Question on behalf of Greater Baltimore Medical Center (GBMC) Inpatient Pharmacy, with a question regarding the storage of patients' own medications.</p> <p>When patients bring their own medications into our hospital, and are unable to send them home with a family member, our current process is to seal them in a bag, which is brought to the inpatient pharmacy for storage. However, we found that this process does not consistently result in the successful return of these medications to the patients upon discharge. The degree of accumulation of unclaimed personal medications is unacceptable to us, as it does not reflect the quality of care that our organization strives to provide our patients.</p> <p>In order to more reliably return personal medications to our patients, we would like to streamline the process of storing patient belongings, by having all personal belongings, including medications, stored in our Security department. This way, nurses would have only one place.</p> <p><b><u>Response:</u></b> Please be advised that the Board of Pharmacy does not review internal security policies for institutional pharmacies. COMAR 10.34.03.08P provides that it is the responsibility of the director of pharmacy to "[e]stablish policies and procedures for identification, handling, storage, and disposition of medications brought into the institution by the patients."</p>	<p>Recommendation by the Committee to approve draft response; 2<sup>nd</sup> by D. Ashby</p>	<p>The Board voted to approve this motion.</p>

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<p><b>B. Licensing Committee</b></p>	<p><b>D. Ashby, Chair</b></p>	<p>1. <b>Review of Pharmacist Applications:</b> NONE</p> <p>2. <b>Review of Pharmacy Intern Applications:</b> NONE</p> <p>3. <b>Review of Pharmacy Technician Applications:</b> NONE</p> <p>4. <b>Review of Distributor Applications:</b> NONE</p> <p>5. <b>Review of Pharmacy Applications:</b> NONE</p> <p>6. <b>Review of Pharmacy Technicians Training Programs:</b> NONE</p> <p>7. <b>New Business:</b></p> <p>a. <b>DivvyDose</b>-Company is requesting the Board allow for pharmacy to obtain a permit. Pharmacy previously (2016) submitted an application; however, the owner was an actively licensed Physician/Surgeon. The owner has since retired. <u>Licensing Committee Recommendation:</u> Deny. The owner's Physician license is still active.</p> <p>b. <b>Edward Bell</b>-Review for denial of CE request. <u>Licensing Committee Recommendation:</u> Approve for 2 CE hours.</p>	<p>a) Recommendation by Committee to deny; 2<sup>nd</sup> by R. Toney</p> <p>b) Recommendation by Committee to approve 2 hours; 2<sup>nd</sup> by S. Bouyoukas</p>	<p>The Board voted to approve this motion.</p> <p>The Board voted to approve this motion.</p>
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		<p><b>c. Hannah Jun</b>-Review for denial of CE request. <i>Licensing Committee Recommendation: Deny</i></p> <p><b>d. Howard Minster</b>-Review for denial of CE request. <i>Licensing Committee Recommendation: Deny</i></p> <p><b>S. Bouyoukas recused</b></p> <p><b>e. Heta Sheth</b>-Pharmacist Sheth is requesting refund of law book cost of \$35. She claims that she never received the law book. Our records do not reflect that the book was returned. She took and passed the MPJE. <i>Licensing Committee Recommendation: Approve</i></p>	<p>c) Recommendation by Committee to deny; 2<sup>nd</sup> by S. Bouyoukas</p> <p>d) Recommendation by Committee to deny; 2<sup>nd</sup> by R. Peters</p> <p>e) Recommendation by Committee to approve; 2<sup>nd</sup> by R. Peters</p>	<p>The Board voted to approve this motion.</p> <p>The Board voted to approve this motion.</p> <p>The Board voted to approve this motion.</p>
<b>C. Public Relations Committee</b>	<b>E. Yankellow, Chair</b>	<p><b>Public Relations Committee Update:</b></p> <ul style="list-style-type: none"> <li>The committee met on August 22<sup>nd</sup>. The CE Breakfast will be held on October 28<sup>th</sup> at the Sheraton North. This is a new location. Registration is on the Board's website. The registration fee for the breakfast is \$10.00. 145 in person guests and 44 webinar registrants are registered thus far.</li> <li>Topics are to include the opioid addiction, PDMP, and medication takeback. MDH Secretary Neall will be in attendance to provide greetings, and recognition of those</li> </ul>		

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		<p>pharmacist who have been practicing for 60 years or more.</p> <ul style="list-style-type: none"> <li>• Quarterly newsletter will include trends frequently observed during pharmacy inspections.</li> <li>• The committee continues to review the working conditions survey. Once completed, an article will be drafted for the newsletter.</li> </ul>		
<b>D. Disciplinary</b>	<b>J. Hardesty, Chair</b>	<p><b>Disciplinary Committee Update:</b></p> <ul style="list-style-type: none"> <li>• Committee met September 5<sup>th</sup>.</li> <li>• A confidential discussion will be held in the Board's Closed Public Session.</li> </ul>		
<b>E. Emergency Preparedness Task Force</b>	<b>N. Leikach, Chair</b>	<p><b>Emergency Preparedness Task Force Update:</b> <b>NONE</b></p>		
<b>IV. Other Business &amp; FYI</b>	<b>K. Morgan, President</b>	<ul style="list-style-type: none"> <li>• President, K. Morgan, provided an update of the Bi-annual Board Commissioner and Executive Director's meeting held on September 4<sup>th</sup>, with Mr. Schrader and Secretary Neall.</li> <li>• President, K. Morgan, wished all pharmacists a Happy World Pharmacist Day.</li> </ul>		

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V. Adjournment	K. Morgan, President	<p><b>A. The Public Meeting was adjourned at 11:53 A.M.</b></p> <p><b>B. K. Morgan convened a Closed Public Session to conduct a medical review committee evaluation of confidential applications.</b></p> <p><b>C. The Closed Public Session was adjourned. Immediately thereafter, K. Morgan, convened an Administrative Session for purposes of discussing confidential disciplinary cases.</b></p> <p><b>D. With the exception of cases requiring recusals, the Board members present at the Public Meeting continued to participate in the Closed Public Session and the Administrative Session.</b></p>	Motion to close the Public Board Meeting by D. Ashby; 2 <sup>nd</sup> by K. Evans.	The Board voted to approve this motion.

**PRESIDING OFFICER'S WRITTEN STATEMENT FOR CLOSING A MEETING ("CLOSING STATEMENT")  
UNDER THE OPEN MEETINGS ACT (General Provisions Article § 3-305)**

**This form has two sides. Complete items 1 – 4:**

1. **Recorded vote to close the meeting:** Date: 9/19/18; Time: 12<sup>00</sup>; Location: 4201 PARKERSON AVE.  
Motion to close meeting made by: D. Ashby Seconded by K. Evans;  
Members in favor: all; Opposed: —;  
Abstaining: —; Absent: N. LeKach.

2. **Statutory authority to close session (check all provisions that apply):**

**This meeting will be closed under General Provisions Art. § 3-305(b) only:**

(1)\_\_\_ "To discuss the appointment, employment, assignment, promotion, discipline, demotion, compensation, removal, resignation, or performance evaluation of appointees, employees, or officials over whom this public body has jurisdiction; any other personnel matter that affects one or more specific individuals"; (2)\_\_\_ "To protect the privacy or reputation of individuals concerning a matter not related to public business"; (3)\_\_\_ "To consider the acquisition of real property for a public purpose and matters directly related thereto"; (4)\_\_\_ "To consider a matter that concerns the proposal for a business or industrial organization to locate, expand, or remain in the State"; (5)\_\_\_ "To consider the investment of public funds"; (6)\_\_\_ "To consider the marketing of public securities"; (7)\_\_\_ "To consult with counsel to obtain legal advice"; (8)\_\_\_ "To consult with staff, consultants, or other individuals about pending or potential litigation"; (9)\_\_\_ "To conduct collective bargaining negotiations or consider matters that relate to the negotiations"; (10)\_\_\_ "To discuss public security, if the public body determines that public discussion would constitute a risk to the public or to public security, including: (i) the deployment of fire and police services and staff; and (ii) the development and implementation of emergency plans"; (11)\_\_\_ "To prepare, administer, or grade a scholastic, licensing, or qualifying examination"; (12)\_\_\_ "To conduct or discuss an investigative proceeding on actual or possible criminal conduct"; (13)  "To comply with a specific constitutional, statutory, or judicially imposed requirement that prevents public disclosures about a particular proceeding or matter"; (14)\_\_\_ "Before a contract is awarded or bids are opened, to discuss a matter directly related to a negotiating strategy or the contents of a bid or proposal, if public discussion or disclosure would adversely impact the ability of the public body to participate in the competitive bidding or proposal process."

**Continued →**

3. For each provision checked above, disclosure of the topic to be discussed and the public body's reason for discussing that topic in closed session.

Citation (insert # from above)	Topic	Reason for closed-session discussion of topic
§3-305(b) (13)	Applications for registrations, licenses w permits	To engage in medical committee deliberations regarding confidential information in applications
§3-305(b) ( )		
§3-305(b) ( )		
§3-305(b) ( )		
§3-305(b) ( )		

4. This statement is made by K. M. Morgan, Presiding Officer.  
 Kevin Morgan

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**WORKSHEET FOR OPTIONAL USE IN CLOSED SESSION: INFORMATION THAT MUST BE DISCLOSED IN THE MINUTES OF THE NEXT OPEN MEETING**

Time of closed session: 12:00 pm Place: 4201 Patterson Ave  
 Purpose(s): engage in medical review deliberations re: confidential application information  
 Members who voted to meet in closed session: all  
 Persons attending closed session: members attending opening except A. Laws  
 Authority under § 3-305 for the closed session: § 3-305(b)(13)  
 Topics actually discussed: confidential matters contained in applications  
 Actions taken: process applications accordingly Each recorded vote: unanimous

For a meeting recessed to perform an administrative function (§ 3-104): Time: 12:29 pm  
 Place: 4201 Patterson Ave Persons present: all members attending public Subject matter discussed: except A. Laws and D. Ashley  
see #3 above