Maryland Board of Pharmacy
Public Board Meeting

Meeting Minutes
Date: July 16, 2014

Name	Title	Present	Absent	Present	Absent
Board Committee					
Ashby, D.	Commissioner	X		5	0
Bradley-Baker, L.	Commissioner/Secretary	X		11	1
Gavgani, M. Z.	Commissioner/Treasurer	X		11	1
Israbian-Jamgochian, L.	Commissioner/President	X		10	1
Jones, David H.	Commissioner	X		11	1
Peters, R.	Commissioner	X		2	0
Robinson, T.	Commissioner	X		7	1
Rochester, C.	Commissioner		X	8	2
Roy, S.	Commissioner	X		10	1
Smith, J.	Commissioner	X		9	3
St. Cyr, II, Z. W.	Commissioner	X		10	0
Zagnit, B.	Commissioner		X	6	1
Board Counsel					
Bethman, L.	Board Counsel	X		12	
Felter, B.	Staff Attorney	X		12	
Board Staff					
Naesea, L.	Executive Director	X		10	2(excused)
Wu, Y.	Compliance Manager	X		10	2(excused)
Waddell, L.	Licensing Manager	X		10	2(excused)
Gaither, P.	Administration and Public Support Manager	X		10	2(excused)
Jeffers, A.	Legislation/Regulations Manager	X		12	0
Johnson, J.	MIS Manager		X	11	1(excused)

Commented [L1]: Be sure to fill this in

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
I. Executive Committee Report(s)	**A.) L. Israbian-Jamgochian, 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. L. Israbian-Jamgochian called the meeting to order at 9:42 a.m.** **2. L. Israbian-Jamgochian reminded all guests to sign the guest log, indicating whether they would like continuing education credits.** **3. L. Israbian-Jamgochian requested that all guests introduce themselves and also informed them that the meeting agenda and packet materials were available for review. She advised them that all packets must be returned at the end of the meeting.**		
	B.) L. Bradley-Baker, Secretary	**4. Review and approval of June 18, 2014 Minutes**	4. Motion to approve June meeting minutes by D, Jones with a suggested amendment to the Legislations & Regulations section regarding *"Institutional pharmacies and satellite locations"* from D. Ashby, 2nd for approval by J. Smith.	4. The Board voted to approve the motion.
II. A. Executive Director Report	**L. Naesea, Executive Director**	**1. Operations Updates:** Ms. Naesea introduced the current student intern Cheree Caesar. The Board has secured 6 new positions which will become a part of the proposed staff reorganization.		

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		Commissioner S. Roy worked with staff members to help resolve constituent communication problems. A new Customer Contact Center is now in pilot stage for 90 days. It is hoped that 80% of incoming communications will be resolved by the center staff. Ms. Naesea thanked S. Roy for volunteering his time and efforts to help address concerns. She mentioned that he also began to review the office workflow with Board staff members. Most staff members will be taking summer vacations, personnel schedules will be provided during committee meetings. P. Gaither is working on the final FY 2014 budget. The year-end report will be presented at the August meeting. Ms. Naesea and Mrs. Gaither are developing the FY 2016 budget appropriation proposal. Ms. Naesea asked commissioners to notify their committee staffs of any anticipated large ticket items that have not been presented to the Board for expenditures between July 1, 2015 and June 30, 2016. The final proposal will be submitted to the Board Treasurer or Executive committee. The Board is currently processing two agreements involving NABP. The first will allow NABP to perform inspections of out of state pharmacies on behalf of the Board, if needed. The second agreement will allow the exchange of inspection reports and public orders between Maryland other state boards using NABP as the central agent. NABP serves as is a repository for inspection		

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		reports from most other states. L. Bethman recently reviewed the latter proposed MOU for legal sufficiency and her suggested language changes have been sent to NABP for acceptance. **2. Meetings Updates:** Systems Automation – L. Naesea and J. Johnson met with the vendor to discuss how the system could be configure to collect data related to recent state audit concerns. They learned that MIS system already collects some information need for most reports, and the Board can either pay for configuration to correct one issue or develop a simple manual solutions that was significantly less expensive. This manual; process was shared with the department auditor who requested the information be sent in writing for review. Ms. Naesea had a conference call with Deputy Secretary Kim offered guidance and was supportive of changes with the MIS system. He suggested that the Board speak with the Director of the department's office of Information Technology. The Deputy also conceptually supported the proposed staff reorganization and suggested meeting with Jennifer McMahan, Director for the Department's Office of Human Resources. Meetings will be scheduled.		
B. Administration and Public Support (APS)	**B. P. Gaither, APS Manager**	**1. Personnel Updates** The current personnel updates include: A new contractual office clerk began 7/16. The		

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		position may be converted to permanent position during this fiscal year. Interviews are completed for a pharmacy inspector and selection has been made. Interviews for the licensing secretary have been scheduled. Recruitment for the laboratory scientist contractual position is underway. The two (2) investigator positions will be converted to PIN. Contracts have been signed for the peer reviewers for Sterile Compounding, one began in June 2014 and the other will begin in October 2014. **2. Contracts and Procurement -** The PEAC contract is ready for signing.		
C. MIS	**J. Johnson, MIS Manager**	**a. MIS Update** *The MIS update was given by L. Naesea in the absence of J. Johnson.* The MIS Unit is currently developing a shared calendar to be placed on the secured site for use by commissioners and staff members. J. Johnson has been working with the state Medicaid Unit to interfacing their respective systems so Board licensing data may be transferred.		

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		The scanning project is ongoing and progressing very well. The MIS Unit is collaborating with the Sterile Compounding and PR committees to develop surveys using the *Survey Monkey* application. The scope of work for web designer contract developed has had some delay because the department is currently changing the web design process. E-fax (electronic faxing through the computer) has been approved and is being implemented.		
D. Licensing	**L. Waddell, Licensing Manager**	**1. Licensing Unit Updates** **a. Pharmacy Renewal Update** All complete applications have been processed and permits issued. The number of pharmacy permits was lower due to the new DME law becoming effective and some sites are no longer required to have Maryland permits. **b. New Pharmacist Graduates** Application processing is up to date. **c. Customer Service Center** Calls in licensing department have substantially decreased due to the recent		

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		implementation of the Customer Contact Center pilot. **2. Monthly Statistics** (June 2014 data) License Type: New/Renew Total Pharmacists: 51/430 10047 Pharmacy Technician: 117/340 8826 Student Technician: 56/0 861 Pharmacy: 15/1842 1869 Distributor: 14/1 1034 Pharmacist Vaccination: 25/13 3620		
E. Compliance	**Y. Wu, Compliance Manager**	**1. Unit Update** None at this time. **2. Monthly Statistics** **Complaints & Investigations:** New Complaints 38 Resolved (Including Carryover) 30 Final disciplinary actions taken 5 Reversals 0 Summary Actions Taken 0 **Inspections:** Total (includes re-inspections) 170* Annual Inspections 95 Opening Inspections 6 Closing Inspections 0		

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		Relocation Inspections 0 Board Special Investigation Inspections 6 Division of Drug Control Closing Inspections 1 **Total Rehabilitation Clients (PEAC) – 18** Pharmacist – 15 Technician – 2 Pharmacy Student – 1 Clients Monitored by Board Req. PEAC Assistance – 0 **Drug Test Results - 16** Number of Positive Results-0 **Discharged Clients/Closed Cases-1**		
F. Legislation & Regulations	**A. Jeffers, Legislation & Regulations Manager**	**REGULATIONS:** **10.34.03 Inpatient Institutional Pharmacy** The Board's next newsletter will include an article clarifying the definition of "decentralized pharmacy." **10.34.19 Sterile Pharmaceutical Compounding** and **10.34.09 Fees** Notice of Final Action published on June 27, 2014 with an Effective Date of January 1, 2015. Sterile Compounding Committee continuing to meet regarding implementation. Sterile Compounding Survey was approved by the	10.34.19 Motion to approve Survey Monkey survey questions to obtain more information about who may be applying for Maryland sterile compounding permits in January 2015 by M. Gavgani, 2nd by J. Smith.	10.34.19 The Board voted to approve the motion.

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		Board. Meeting with Dental Board representatives tentatively scheduled for August 27th. **10.34.38 Pharmacy Interns** **FINAL DRAFT 10 34 38 Pharmacy Interns 071014** The Board approved releasing the proposed regulations to stakeholders. **10.13.01 Dispensing of Prescription Drugs by a Licensee** Proposal published May 30, 2014. **DHMH Hold Letter - Control No. 14-083** **Continuing Education Course Availability L.Naesea.MedicationCE.7.14.14CF_with_sigBoPhy** Anna Jeffers provided a brief summary of the conference call with Delegate Morhaim and the letters written to the Secretary and the three prescriber dispensing Boards. Three comments were received regarding the published COMAR 10.13.01 proposal. The Board responded with two responses since two of the comments were identical. Below are the responses approved by the Board: Marc K. Cohen Christopher C. Dahl Ober, Kaler, Grimes and Shriver	10.34.38 Motion to approve proposed regulations by L. Israbian-Jamgochian, 2nd by J. Smith. Motion to approve response to Marc Cohen by D. Jones, 2nd by J. Smith.	10.34.38 The Board voted to approve the motion. The Board voted to approve the motion.

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		100 Light Street Baltimore, MD 21202 Dear Mr. Cohen and Mr. Dahl: Thank you for providing comments regarding the proposed COMAR 10.13.01 Dispensing Prescription Drugs to a Licensee as published in 41:11 Md. R. 614-616 (May 30, 2014). The revisions were made to COMAR 10.13.01 as mandated by SB 603 Health Care Practitioner – Licensed Dentists, Physicians, and Podiatrists – Personally Preparing and Dispensing Prescription Drugs and Devices, Chapter 267, 2012. You are correct in your understanding that this chapter, as amended, will continue to affect only health care providers who dispense medications under a dispensing permit, and not those who dispense starter doses and samples. You expressed a concern with requiring an applicant for a dispensing permit to attest that the applicant will "comply" with the "statutes and regulations governing dispensing of prescription drugs" set forth in the Maryland Pharmacy Act, Board of Pharmacy Regulations, and the Division of Drug Control Controlled Dangerous Substance Regulations. You noted that this could invite ambiguity as the dispensing licensee would not know what requirements in these laws and regulations would apply to them. You requested that specific sections be cross-referenced in the proposed regulations. Please know that dispensing licensees will not be required to comply with anything more than is required of a pharmacist. Compliance with the Maryland Pharmacy Act, Board of Pharmacy Regulations, and the Division of Drug Control Controlled Dangerous Substance Regulations, assures the public that all safety requirements have been followed by all those who dispense prescription drugs in Maryland. Cross referencing laws and regulations that apply to dispensing		

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		would not be practical, and may be misleading, as the laws regarding dispensing comprise the majority of the referenced laws and regulations. Additionally, dispensing practitioners are required to follow federal controlled dangerous substance laws as well, so it would also mislead them into thinking the only laws and regulations that they have to follow are Maryland laws and regulations. You may want to share with your clients that there is a Maryland Law book available for purchase from the Board which includes Maryland and federal laws and regulations regarding dispensing. You also expressed concern about the proposed change to former COMAR 10.13.01.05, which will be recodified as Regulation .06, that changes that a licensee in violation of any requirements "**may** be subject to disciplinary action" to the mandatory "**shall** have the dispensing permit revoked and be subject to disciplinary action by the appropriate licensing board." You were concerned that this would limit the discretion of the various boards to deal with minor infractions. This change is in line with the existing law in Health Occupations Article, 12-102(j), Annotated Code of Maryland, predating SB 603. Additionally, the Administrative Procedures Act would still require a hearing before any disciplinary action is taken. Thank you again for your thorough consideration of the proposed COMAR 10.13.01 Dispensing of Prescription Drugs by a Licensee. The Board voted today to make no revisions to the proposed COMAR 10.13.01 and to adopt as proposed. Gene M. Ransom, III, Chief Executive Officer The Maryland State Medical Society 1211 Cathedral Street Baltimore, MD 21201	Motion to approve response to Mr. Ransom and Mr. Schwartz by D. Jones, 2dn by D. Ashby.	The Board voted to approve the motion.

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		Joseph A. Schwartz, III Schwartz Metz & Wise, P.A. 20 West Street Annapolis, MD 21401 Dear Mr. Ransom and Mr. Schwartz: Thank you for providing comments on behalf of the Maryland State Medical Society (MedChi) regarding the proposed COMAR 10.13.01 Dispensing Prescription Drugs to a Licensee as published in 41:11 Md. R. 614-616 (May 30, 2014). The revisions were made to COMAR 10.13.01 as mandated by SB 603 Health Care Practitioner – Licensed Dentists, Physicians, and Podiatrists – Personally Preparing and Dispensing Prescription Drugs and Devices, Chapter 267, 2012. **Personally Preparing and Dispensing** MedChi commented on the definition of "personally preparing and dispensing" and suggested that the "final check" of prescriptions dispensed by a licensee should be allowed to be performed by a duly delegated member of the physician's office. The definition of "personally preparing and dispensing" is taken directly from the statute, Health Occupations Article, 12-102(a)(3), Annotated Code of Maryland. This definition existed prior to the passage of SB 603 and has never allowed delegation to members of a physician's office. **Continuing Education Requirement** MedChi expressed concern that there are no courses available for dispensing prescribers to take to fulfill the continuing education requirement of COMAR 10.13.01. MedChi mentioned that it would like its members to be able to enroll in the course developed by the Board of Dental Examiners. Please be advised that a letter received from the Maryland	Motion to approve response to MedChi by L. Iarabian-Jamgochian, 2nd by D. Ashby.	The Board voted to approve the motion.

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		Board of Physicians on July 14, 2014 indicated that they have had conversations with MedChi to explore whether MedChi had any interest in developing a course or courses to satisfy SB 603. The University of Maryland School of Pharmacy has confirmed that MedChi has contacted them to develop such a course. Additionally, Board of Physicians' staff have also been researching appropriate courses to eventually share with physicians who need assistance in identification of approved courses. These courses are on the Board of Physician's Public Board Meeting Agenda for July 30th. If approved, those courses will then be submitted to the Secretary for his approval in accordance with SB 603. Perhaps MedChi should request of the Secretary that the course developed by the Board of Dental Examiners be approved for all dispensing prescribers. Thank you again for your thorough consideration of the proposed COMAR 10.13.01 Dispensing of Prescription Drugs by a Licensee. The Board voted today to make no revisions to the proposed COMAR 10.13.01 and to adopt as proposed. **LEGISLATION:** **1.** The legislative proposal for revision to 12-317 has been submitted. **2. EPT and Immunet** EPT DHMH is considering a proposal for the 2015 legislative session related to Expedited Partner Therapy (EPT). Changes under consideration would authorize physicians, physician assistants, and certified nurse practitioners who diagnose certain sexually transmitted infections (as designated by the Secretary) in a patient	Motion to submit proposal by M. Gavgani, 2nd by Z. St. Cyr, II.	The Board voted to support the concept and express concerns presented by the Board.

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		to prescribe or dispense antibiotic drugs to that patient's sexual partner(s) without examination of that patient's partner(s). <u>Immunet</u> DHMH is considering a proposal for the 2015 legislative session. Changes under consideration would require all Maryland health care providers to report all vaccinations administered to ImmuNet, the Maryland immunization registry. **Legislative Committee response:** The Board is in favor of the legislation requiring reporting to Immunet and has no issue with adding pharmacists to the statute as "authorized users." The Board recommends, <u>not having seen the actual legislation</u> that if in a health department setting a nurse or physician's assistant already has prescribing authority, then the Board would not be opposed to allowing them to dispense antibiotics under the EPT program. There was a concern expressed regarding allergy assessment. Although there may be a need for urgency, minimally an effort should be made to determine risk, including allergies and drug interaction risk. The risk may be small, but is not non-existent. Discussion ensued. Linda Bethman indicated that there are two issues with this legislation: 1) It protects providers when prescribing for partners they have never seen; and 2) It allows dispensing for physician assistants and nurse practitioners on a private setting.	Motion to submit proposal by M. Gavgani, 2nd by D. Jones.	The Board voted to approve the motion

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		The Board, having not reviewed the actual language of the proposed legislation, supports the concept, yet has two concerns. The Board understands that one of the purposes of the proposed legislation is to protect providers who prescribe for partners they have never evaluated. The Board has concerns regarding allergies and drug interactions and would like added to the proposed legislation that a "good faith" effort be made to obtain information on any partners. The Board understands that this proposed legislation would allow dispensing by a physician's assistant and/or a nurse practitioner which would expand the scope of practice for physician's assistants, and nurse practitioner's in private practice settings. In addition, it is unclear whether this legislation, as drafted, would exempt dispensing physicians in this program from obtaining a dispensing permit. The Board has concerns about dispensing standards by individuals who have not previously dispensed prescription medications or physicians who, under this proposed legislation, may be exempt from obtaining a dispensing permit. **3. Nurse Dispensing in Local Health Departments** This is to replace the Declaratory Ruling that actually has no statutory authority. The BOP DR directs nursing practice and sets up the formulary committee: both of which require statutory authority. DHMH wants to continue the practice but the BoN cannot let nurses continue to dispense without statutory authority.		

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		The Nursing Board was asked how the proposed legislation deviate from the Declaratory Ruling and to include the Board of Pharmacy in any conference calls or meetings on this proposed legislation. **<u>OTHER MATTERS:</u>** A. Jeffers reported that 5 DTM applications and/or amendments have been received by the Board: 1) Renal Dose Adjustment – Rachel Kruer - Hopkins 2) Renal Dose Adjustment – Amy Bryk – Hopkins 3) Anticoagulation – Neal Huang – Kaiser Permanente 4) Metabolic Syndrome Management & Tobacco Abuse and Dependency – Charmaine Rochester – University of Maryland 5) Management of HIV & complications – Dr. Pandit – University of Maryland		
III. Committee Reports **A. Practice Committee**	**M. Gavgani, Chair**	**<u>Inquiries:</u>** **1.** Lilya Gorbach, Frier Levitt **<u>Physician Dispensing Question</u>** **<u>Draft Bd Response - physician dispensing question</u>** The Board approved the following response: Dear Ms. Gorbach: Thank you for contacting the Maryland Board of	1. Motion to approve response by M. Gavgani, 2nd by D. Jones.	1. The Board voted to approve the motion.

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		Pharmacy concerning whether a physician licensed to dispense medication in Maryland, may enter into an agreement with a pharmacy, whereby the physician sends prescriptions to the pharmacy to fill the prescriptions and ships the filled prescription back to the physician's office for dispensing to the patient. This would be allowed in Maryland under the following conditions. The patient's free choice of a pharmacist or pharmacy may not be denied; all prescriptions must be patient specific; and no remuneration is provided by the pharmacy or the physician. See COMAR 10.34.11.04 and Health Occupations Article, 12-313(b)(12) and 12-403(b)(8) Annotated Code of Maryland. Please be advised that delivering prescriptions to a physician's office for dispensing to the patient is not considered a "depot" and is allowed in Maryland. See COMAR 10.34.25. **2.** Meghan Davlin Swarthout, Pharm.D., Division Director, Ambulatory and Care Transitions Pharmacy Department of Pharmacy, JHMI **BOP Letter Regarding BCG Preparation_Final 06.10.14** **Draft Bd Response - Guidance on BCG Preparation Practices** The Board approved the following response:	2. Motion to approve prepared response by M. Gavgani, 2nd by J. Smith.	2. The Board voted to approve the motion.

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		Dear Dr. Swarthout: Thank you for contacting the Maryland Board of Pharmacy seeking guidance regarding a proposal to move a portion of your Ambulatory and Care Transitions Pharmacy's sterile compound to a segregated area accessed through the Johns Hopkins Outpatient Center Outpatient Pharmacy. The proposed segregated area is preferred over the current workflow based on proximity to the patient population serviced in order to decrease patient wait times. You propose the following workflow for the preparation of the medication to decrease patient wait times: • Registered pharmacy technician working for the Ambulatory and Care Transitions Inpatient Pharmacy would prepare BCG in the CACI located in the segregated compounding area accessed through the Johns Hopkins Outpatient Center Outpatient Pharmacy. We are requesting to use a compounding aseptic containment isolator (CACI) in the segregated compounding area based on space constraints and ventilation requirements that cannot be met in the existing Ambulatory and Care Transitions Pharmacy space. • Licensed pharmacists working for the Johns Hopkins Outpatient Center Outpatient Pharmacy would directly supervise the technician while preparing the medication in the CACI. • Once prepared, the registered pharmacy technician would bring the preparation back to the Ambulatory and Care Transitions Inpatient Pharmacy for a final product check by the		

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		licensed pharmacist working for the Ambulatory and Care Transitions Inpatient Pharmacy. Logistically the workflow you propose appears awkward, yet would comply with Maryland law. The Board assumes your Policies & Procedures would incorporate proper transporting to protect the integrity and sterility of the product.		
		3. Lynette Bradley-Baker **<u>Immunization Inquiries for the Practice Committee</u>** **<u>Draft Bd Response - Vaccine inquiries for Practice</u>** The Board approved the following response with minor formatting revisions: Dear Dr. Bradley-Baker: Thank you for contacting the Maryland Board of Pharmacy concerning the implementation of the new immunization law and regulations. Below you will find responses to your questions: Question (1) There is no protocol necessary with the revised regulations. Therefore, there is a question as to what prescriber should be placed on the prescription that would be entered into a pharmacy's computer system for immunizations (It used to be the physician whose name was on the protocol). Response: The new regulations do require a protocol,	3. Motion to approve response by M. Gavgani, 2nd by J. Smith.	3. The Board voted to approve the motion with approve clarification by B. Felter and L. Bethman. L. Bradley-Baker was recused from this vote.

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		however; it does not require a physician's signature. The pharmacist should document the administration of the vaccine. There is no requirement of a prescriber's name if a prescription is not required. Please be sure to comply with all documentation requirements in the regulations. See COMAR 10.34.32.05. Question (2) Immunizations require having epinephrine available. There is a question as to whether a physician's authorization would be necessary if epinephrine had to be administered. Again, this issue would be covered under the protocol. Response: A physician's authorization would not be necessary, however; the administration of epinephrine would have to be in the protocol under procedures for adverse events. See COMAR 10.34.32.07C(12) where the protocol must include a process for handling adverse reactions, including but not limited to: (a) acute anaphylactic reactions; and other acute emergencies. **Materials for Safety Standards Work Group:** The following materials were provided from the Safety Standards Work Group. Mitra Gavgani summarized the meeting. There was discussion about the costs of complying with USP 797 for oncologists. **SB1108 Workgroup meeting one July 2014** **Outbreak of Tsukamurella at an Oncology Clinic in WV** **NIOSH Preventing Occupational Exposures to**		

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		Hazardous Drugs in HC Settings **Fundamentals of Rheumatology Course_Nursing Management of the Infusion Pa** **CDC basic-infection-control-prevention-plan-2011** **ASHP Guidelines on Handling Hazardous Drugs** **ASCO 2013 Safety Standards for Chemotherapy Administration** **20140714140853886** **2014.07.09 - Safety Standards Meeting One Presentation_final**		
B. Licensing Committee	**L. Bradley-Baker, Chair**	**1. Review of Pharmacist Applications:** Saeed Anwar – The applicant would like a refund of all renewal and reinstatement fees. The Licensing Committee's recommendation is to deny the refund request. **2. Review of Pharmacy Technician Applications:** None **3. Review of Distributor Applications:** None **4. Review of Pharmacy Applications:** a. Colonial Medical Supplies - K. Wise would like clarification on her ability to process a refund for an application that was received November, 2013. The application was not processed because the	1. Motion to deny refund request by Licensing Committee, 2nd by D. Jones. B. Felter recommends a letter be sent to the applicant with the actual licensing requirements. 4a. Motion to grant the refund request, 2nd by D. Ashby.	1. The Board voted to approve the motion. 4a. The Board voted to approve the motion.

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		Board no longer requires Durable Medical Equipment companies to be licensed. The Licensing Committee's recommendation is to grant the refund request.		
		b. Bon Secours Hospital – The Hospital is requesting permission to maintain controlled substance records less than a period of 5 years at an offsite location due to space limitations. The Licensing Committee's recommendation is to inform them that it is permissible to store records at an offsite location.	4b. Motion to inform the applicant that requested action is permissible, 2nd by S. Roy.	4b. The board voted to approve the motion.
		c. Delta Pharma- The applicant is requesting a waiver for the Maryland licensed pharmacist requirement. Licensing Committee's recommendation is to deny the waiver request.	4c. Motion to deny waiver request, 2nd by D. Ashby.	4c. The Board voted to approve the motion.
		5. Review of Pharmacy Technicians Training Programs: None		
		6. New Business:		
		Vaccine Application – The Licensing Committee recommends a change of specifications of the vaccination course so that it reads "*Vaccinations Certification Course that includes the current guidelines and recommendations of the Centers for Disease*	6. Motion to change language in vaccine application, 2nd by D. Ashby.	6. The Board voted to approve the motion.

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		Control and Prevention."		
C. Public Relations Committee	**D. Jones, Chair**	**Public Relations Committee Update:** The ASCP Annual meeting will be the next outreach event with which the Board will participate. The outreach event in October 2014 will be the Baby Boomers Expo. The Annual CE Breakfast is being planned for October 19, 2014. The tentative focus is emerging practice models. Newsletter articles are being developed for submission to Janet Seeds processing.		
D. Disciplinary	**M, Gavgani, Chair**	**Disciplinary Committee Update** **None at this time.**		
E. Emergency Preparedness Task Force	**S. Roy, Chair**	**Emergency Preparedness Task Force Update** **None at this time.**		

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IV. Other Business & FYI	**L. Israbian-Jamgochian, Board President**			
V. Adjournment	**L. Israbian-Jamgochian, Board President**	**The Public Meeting was adjourned at 11:07 a.m.** **At _____ P.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 _____ P.M. Immediately thereafter, L. Israbian-Jamgochian 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 to close the Public Meeting by Z. St. Cyr, II, 2nd by D. Jones.	The Board voted to approve the motion.