

**Maryland Board of Pharmacy
Public Board Meeting**

**Meeting Minutes
Date: 10/21/15**

Name	Title	Present	Absent	Present	Absent
Board Committee					
Ashby, D.	Commissioner	X		7	2
Bouyoukas, E.	Commissioner	X		3	
Gavgani, M. Z.	Commissioner/President	X		8	1
Jones, David H.	Commissioner/Secretary	X		9	
Peters, R.	Commissioner	X		9	
Robinson, T.	Commissioner	X		9	
Rochester, C.	Commissioner	X		9	
Roy, S.	Commissioner	X		9	
Smith, J.	Commissioner/Treasurer	X		8	1
St. Cyr, II, Z. W.	Commissioner	X		9	
Yankellow, E.	Commissioner	X		2	1
Zagnit, B.	Commissioner	X		9	
Board Counsel					
Bethman, L.	Board Counsel	X			
Felter, B.	Staff Attorney	X			
Board Staff					
Naesea, L.	Executive Director	X		8	1 (excused)
Wu, Y.	Compliance Manager	X		7	2 (excused)
Ennels, S.	Deputy Director of Operations	X		1	
Waddell, L	Administration and Public Support Manager	X		8	1 (excused)
Jeffers, A.	Legislation/Regulations Manager	X		8	1 (excused)
Johnson, J.	MIS Manager	X		9	

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>changes – next to Legislative Analysts – then to Legislature to defend.</p> <p>D. Annual CE Program last Sunday was well attended – Report by the Public Relations Committee will be provided later on in the agenda.</p> <p>3. Other:</p> <ul style="list-style-type: none"> -Completed bid requests for consultants (under \$25,000 each) -<u>Rite Aid</u> at 300 N. Martin Luther King Jr. Blvd. reopened yesterday. Board sent congratulations and thanks to the Harrisburg office with whom the Board worked closely when the riots occurred this past April. -Introduction of Deputy Director of Operations, Stephanie Ennels. -A brief summary of the North Carolina Dental Board Decision was presented by L. Bethman. 		
<p>B. Administration and Public Support (APS)</p>	<p>B. L. Waddell, APS Manager</p>	<p>1. Personnel Updates</p> <p>A candidate has been selected for the Health Occupations Investigator position.</p> <p>Recruitment for another Health Occupations Investigator position is in the beginning stages.</p>		

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>Recruitment for the Executive Director Position, which will be vacated by L. Naesea's retirement is in progress.</p> <p>A request to reclassify the Licensing Specialist II position to the Licensing Manager has been submitted.</p> <p>The recruitment process for the Legislation and Regulations Manager will begin in the near future.</p> <p>2. Contracts and Procurement</p>		
C. MIS	J. Johnson, MIS Manager	<p>1. MIS Update</p> <p>Interviews for the software engineer have been completed and a selection has been made.</p> <p>The Legislative audit and Information Technology audit is underway. Disaster recovery and data security information has been requested.</p> <p>System Automation, the current software vendor, has agreed to accept initial pharmacist and pharmacy technicians online.</p> <p>With the new Lockbox project, the MIS unit will begin changing the correspondence address in all places that it is listed.</p> <p>The MLO system will be tested for one more month to receive Pharmacy Renewal</p>		

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>applications online for next year's renewal period. This is not encouraged by J. Johnson.</p> <p>*L. <i>Naesea</i>- The decision to test for Pharmacy Renewals was recommended by the Steering Committee. We would like to make sure that since this is the system that we have in place, any opportunity to reduce the same kinds of stressors that were present during the Distributor renewal period should be taken advantage of. A recommendation for paper or online renewal be made when testing is complete for a final decision to be made in December.</p> <p>*Z. <i>St. Cyr, II</i>-The Steering Committee is considering those we service in the decision to test the system. The recommendation will reflect which is more efficient for licensees.</p> <p>The Pharmacy Technician Training Program survey is being configured.</p> <p>*D. <i>Ashby</i>- There have been changes on the National level that could impact the State's Pharmacy Technician Training Programs. A survey has been drafted and will be available in the near future.</p>		
D. Licensing	Y. Wu, Acting Licensing Unit Manager	<p>1. Unit Updates</p> <p>By the end of October 21, the Licensing unit will be caught up on processing all applications that have been received.</p> <p>2. Monthly Statistics</p>		

Subject	Responsible Party	Discussion					Action Due Date (Assigned To)	Results
		License Type	New	Renewed	Reinstated	Total		
		Distributor	20	97	0	1015		
		Pharmacy	14	0	0	2058		
		Pharmacist	109	432	0	10905		
		Vaccination	92	36	0	4064		
		Pharmacy Intern - Graduates	2	0	0	11		
		Pharmacy Intern - Students	37	0	0	185		
		Pharmacy Technician	89	332	9	9190		
		Student Technician	0	0	1	973		
E. Compliance	Y. Wu, Compliance Manager	<ol style="list-style-type: none"> 1. Unit Updates 2. Monthly Statistics 						

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>Complaints & Investigations:</p> <p>New Complaints - 27 Resolved (Including Carryover) – 35 Final disciplinary actions taken – 9 Reversals – 0 Summary Actions Taken – 0</p> <p>Inspections:</p> <p>Total - 140 Annual Inspections - 126 Opening Inspections - 7 Closing Inspections - 1 Relocation Inspections - 1 Board Special Investigation Inspections – 4 Division of Drug Control Closing Inspections – 2</p> <p><i>PEAC Update</i></p> <p>Total Pharmacist Rehabilitation Clients – 18 Pharmacist – 17 Technician – 0 Pharmacy Student – 0 Clients Monitored by Board Req. PEAC Assistance – 2</p> <p>Drug Test Results - 10 Number of Positive Results- 0</p> <p>Discharged Clients/Closed Cases- 1</p>		
F. Legislation & Regulations	A. Jeffers, Legislation & Regulations Manager	<p><u>REGULATIONS:</u></p> <p><u>10.34.09 Fees</u></p>		

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>This chapter was revised pursuant to the Governor's initiative and chapter clean up.</p> <p>Proposal submitted September 17th for DHMH sign-off and publication. The anticipated publication date is October 16th.</p> <p><u>10.34.10 Pharmacist, Pharmacy Intern and Pharmacy Technician Code of Conduct</u> The chapter was revised pursuant to Board recommendation.</p> <p>Proposal submitted September 23rd for DHMH sign-off and publication. The anticipated publication date is November 13th.</p> <p><u>10.34.19 Sterile Pharmaceutical Compounding</u> This chapter was revised pursuant to 2015 Legislation.</p> <p>Proposal submitted on September 2nd, for DHMH sign-off and publication. The anticipated publication date is November 13th.</p> <p><u>10.34.29 Drug Therapy Management</u> This chapter was revised pursuant to 2015 Legislation brought by the Maryland Pharmacy Coalition.</p> <p>Proposal submitted on September 25th for DHMH sign-off and publication. The anticipated publication date is November 13th.</p> <p><u>10.34.33 Prescription Drug Repository Program</u> This chapter was revised pursuant to Federal law and regulations.</p>	<p><u>10.34.33</u> Motion to approve comment response by Practice Committee, 2nd by D. Jones.</p>	<p><u>10.34.33</u> The Board voted to approve this motion.</p>

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>Released for informal comment August 21st – Sept. 16th.</p> <p><u>DRAFT Proposal COMAR 10.34.33 RxDrugRep 101515</u></p> <p>Informal Comments and Approval of Board Response:</p> <p><u>Dental Bd comment 10.34.33</u></p> <p><u>Don Taylor - Drug Repository Regs Informal comment</u></p> <p><u>MedStar - informal comment 090915</u></p> <p><u>NACDS comment 10.34.33</u></p> <p><u>OHCQ comment COMAR 10.34.33 Repository Regs 082415</u></p> <p><u>Vet AG Comment 10.34.33</u></p> <p><u>DRAFT Bd Resp-Informal Comments 10.34.33</u></p> <p>The Board approved the following response:</p> <p>Thank you for providing informal comments regarding the draft proposal for COMAR 10.34.33 Prescription Drug Repository Program, proposed to comply with statutory requirements as amended by SB 770 Prescription Drug Repository Program - Disposal of Prescription Drugs and Medical Supplies, 2011, Chapter 546, the Secure and Responsible Drug Disposal Act of 2010, 21 U.S.C. 822, and accompanying federal regulations.</p>		

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>This letter will address all the informal comments received from stakeholders in one letter. The letter is organized by regulation number.</p> <p><u>.01 Definitions.</u></p> <p>A stakeholder requested an explanation for why the definition of a "health care facility" included a dentist's office, but not a physician or podiatrist's office.</p> <p>The definition was taken from COMAR 10.24.01.01 in 2006 when the regulations were first promulgated. The Board incorporated the definition of "health care facility" and added to it those facilities that were specifically not included to expand the definition for greater participation in the program.</p> <p><u>.02 Donation Program - Eligible Drugs.</u></p> <p>It was noted that in Section .02B (2) the word "undisturbed" was used to describe packaging that is acceptable for donations for single unit doses when the outside packaging is opened. It was suggested to use "remains sealed and unopened" in lieu of "undisturbed."</p> <p>The word "undisturbed" is used in the statute to describe packaging that is acceptable for donations for single unit doses when the outside packaging is opened. Health-General Article, 15-603, Annotated Code of Maryland</p> <p><u>.04 Donation Program - Donor Form.</u></p>		

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>1) A comment was received noting that donators may not want to complete the donation form for a variety of reasons and as a consequence there may be improper disposal of medications.</p> <p>The donation form is only required when prescription medications are donated for redispensing. There are no required forms for disposal of medications.</p> <p>2) It was noted that since donations may be anonymous, patients may not need to sign donation form.</p> <p>Donation forms are required for donations for redispensing. Disposal is anonymous and no forms are required.</p> <p>Please note that the only revision to this regulation was a change in the title and the existing text remains unchanged.</p> <p>.05 Donation Program - Drop-Off Site Requirements.</p> <p><u>.06 Repositories – General Requirements.</u></p> <p>1) A comment was received asking if the Board's intention was to permanently disqualify a pharmacy from participation if it has ever had a disciplinary order.</p> <p>This requirement is in statute. Health-General Article, 15-601, Annotated Code of Maryland</p> <p>2) It was mentioned that drop-off sites should be able to dispose of medications.</p>		

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>Under the statute only repositories are allowed dispose of medications. The Board has found that most drop off sites are also usually repositories.</p> <p>3) It was mentioned that repositories would need to decide if they want to act as a true repository (accept donations for re-dispensing)</p> <p>Repositories may accept medications for disposal as well as accept donations for re-dispensing.</p> <p><u>.06 Repositories – General Requirements.</u></p> <p>It was noted that with respect to immunity, it may be advisable to state: "There shall be immunity from liability in accordance with Health-General Article, §15-607, Annotated Code of Maryland." As the regulations are written it would cover "Entities" which does not include natural persons, however; HG §15-607 does include natural persons. In the end the statute would control, but it was asked why the regulation is more restrictive on its face.</p> <p>The Board agrees that the statute would control. This section of the proposal, 06I (2), is existing text and only applies to language that must be on the recipient form. This language was taken from the Health-General Article, 15-608(b) (8), Annotated Code of Maryland.</p> <p><u>.06-1 Repositories Participating in the Donation Program.</u></p>		

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>There was concern expressed that pharmacists may not know (or be allowed to discover) what is deposited in drop-off kiosks in pharmacies</p> <p>If the drugs dropped off for disposal are non-CDS, then the disposal bin may be behind the counter and the pharmacist would know what was placed in the bin.</p> <p>If the drugs dropped off for disposal are CDS, then the disposal bin would be in front of the counter and the pharmacist would not know what was deposited in that secure container.</p> <p><u>.07 Disposal Program – Requirements.</u></p> <p>It was noted that Section 1317.75(d) (2) of the final rule for the Disposal of Controlled Substances states that a collection receptacle shall be “securely maintained at a registered location, be located in the immediate proximity of a designated area where controlled substances are stored and at which an employee is present (e.g. can be seen from the pharmacy counter)”. The proposed COMAR amendment (Section 10.34.33.07(2) (d)) states that a pharmacy must “maintain a separate secure container <u>behind</u> the prescription counter that is clearly marked for the Disposal Program.” The stakeholder has strong concerns whether or not pharmacies would have the ability to comply with the more restrictive proposed Maryland regulations in light of the federal law.</p> <p>The proposal is actually less restrictive and does not conflict with federal law. If the receptacle is behind the counter it is for non-CDS. The proposed</p>		

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>10.34.33.07B is for pharmacies that are only taking back non-CDS.</p> <p>If a repository collects control dangerous substances, then it would have to follow federal law and be “securely maintained at a registered location, be located in the immediate proximity of a designated area where controlled substances are stored and at which an employee is present (e.g. can be seen from the pharmacy counter)”.</p> <p><u>General Comments</u></p> <p>A stakeholder asked the Board to consider the following:</p> <ul style="list-style-type: none"> • What is the expected cost associated for a pharmacy voluntarily participating in the program? • How much space and professional time commitment are necessary for a pharmacy participating in the program? • What is the expectation of participants to accept medical waste? • What is the planned educational campaign to inform the public about the parameters of the program? <p>The expected cost associated for a pharmacy to voluntarily participate in the program is indeterminable. There are many factors to be</p>		

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>considered such as which types of drugs will be collected for disposal and whether or not the pharmacy would collect medications for redispensing.</p> <p>The amount of space and professional time commitment which are necessary for a pharmacy to participate in this program are operational questions for each pharmacy to address. Keep in mind that this is a voluntary program.</p> <p>There is no expectation of participants to accept medical waste as disposal of medical waste is outside the scope of this program.</p> <p>The Board has provided information on its website to educate the public about the parameters of this program. The Board's Customer Service Center also provides information to consumers upon request.</p> <p>Thank you again for your thorough reading of, and informal comments to, COMAR 10.34.33 Prescription Drug Repository Program. The Board voted at the October 21, 2015 Public Board Meeting to submit the proposed regulations to the Department of Health and Mental Hygiene for publication as proposed.</p> <p><u>10.34.39 Pharmacist Administration of Self-Administered Drugs</u> This chapter was revised pursuant to 2015 Legislation brought by the Maryland Pharmacy Coalition.</p> <p>Returned to September Practice Committee for further consideration.</p>	<p><u>10.34.39</u> Motion to approve by Practice Committee, 2nd by T. Robinson.</p>	<p><u>10.34.39</u> The Board voted to approve this motion.</p>

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p><u>DRAFT II Self-Administered Drugs - 10.34.39 for Bd App 101515</u></p> <p>Informal Comment and Approval of Revised Board Response and Revised Proposal:</p> <p><u>Don Taylor - 10.34.39</u></p> <p><u>Jill McCormack NACDS</u></p> <p><u>MPC Rx proposed draft regs comment AUG 2015</u></p> <p><u>REVISED DRAFT Bd Resp-Informal Comments 10.34.39 Self-Administered drugs</u></p> <p>The Board approved the following response:</p> <p>Thank you for providing informal comments regarding the draft proposal for COMAR 10.34.39 Pharmacist Administration of Self-Administered Drugs, proposed to comply with statutory requirements as amended by HB657/SB346 Pharmacists – Scope of Practice – Administration of Drugs, 2015, Chapter 447.</p> <p>This letter will address all the informal comments received from stakeholders in one letter. The letter is organized by regulation number.</p> <p><u>10.34.39.03 Requirements to Administer Self-Administered Drugs</u></p> <p>The Board was asked if the Board would provide a necessary training course and how would pharmacists know if a training course is approved. It was also asked what the Board’s expectations are for</p>		

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>demonstration that a training course has been completed.</p> <p>Additionally, it was suggested to add clarifying language to the proposal that licensed pharmacists, having earned a Doctor of Pharmacy Degree, or a Bachelor of Science in Pharmacy Degree, who are certified under Health Occupations Article, 12-508, are deemed to have satisfied the training requirements of this chapter.</p> <p>After careful consideration the Board has revised the proposed 10.34.39.03 to require a pharmacist's attestation that the pharmacist has the appropriate training in administration of self-administered drugs. Approval of actual training courses by the Board has been deleted from the proposal. Revisions follow:</p> <p><i>.03 Requirements to Administer Self-Administered Drugs.</i></p> <p><i>A. A licensed pharmacist shall have attest that the pharmacist has the</i> appropriate training in administration of self-administered drugs that consists of <i>instruction on:</i></p> <p><i>[(1) Possession of an active certification in basic cardiopulmonary resuscitation obtained through in-person classroom instruction; and (2) Completion of a course approved by the Board that includes instruction on the administration of:]</i></p> <p><i>(a) Ear drops;</i></p> <p><i>(b) Eye drops;</i></p> <p><i>(c) Inhalation therapies;</i></p> <p><i>(d) Intramuscular injections;</i></p> <p><i>(e) Intranasal therapies;</i></p>		

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p><i>(f) Subcutaneous injections; and</i> <i>(g) Topical therapies.</i> <i>B. A licensed pharmacist shall possess an active certification in basic cardiopulmonary resuscitation obtained through in-person classroom instruction.</i> C. – E. (text unchanged)</p> <p>If a pharmacist is registered to administer vaccinations and/or received drug administration training as part of their pharmacy education, then that pharmacist would be trained to administer self-administered drugs and would attest to that training on the pharmacist's renewal application.</p> <p><u>10.34.39.05 Record Keeping</u> The Board also received a question regarding the definition of patient record and how long it must be maintained. It was asked if the patient record is equivalent to the patient drug profile referred to in COMAR 10.34.08.01.</p> <p>The patient record in the proposed 10.34.39.05 is the same as the patient drug profile in 10.34.08.01. The timeframe to maintain patient drug profiles is 5 years as set in statute, Health Occupations Article, 12-403, Annotated Code of Maryland, or longer as necessary for a minor.</p> <p>Thank you again for your thorough reading of, and informal comments to, COMAR 10.34.39 Pharmacist Administration of Self-Administered Drugs. The Board voted at the October 21, 2015 Public Board Meeting to approve the revisions outlined above and to submit the proposed regulations to the</p>		

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>Department of Health and Mental Hygiene for publication.</p> <p><u>REGULATORY REVIEW AND EVALUATION ACT</u></p> <p><u>10.13.08.01</u></p> <p>.01 Identification of Purchaser, and Record of Sale.</p> <p>The sale of needles and syringes or other paraphernalia shall be made by the pharmacist only in good faith to patients showing proper identification and indication of need.</p> <p>Board approval requested for the Practice Committee recommendation of no revisions to this regulation and that COMAR 10.13.08.01 continues to be effective.</p> <p>The Board approved the Practice Committee Recommendation.</p> <p><u>LEGISLATION:</u></p> <p>Pain Management Bill - FYI – The Practice Committee recommended no position and that position was sent to OGA on Sept. 23rd.</p> <p><u>OTHER MATTERS:</u></p> <p>1) Revisions to USP 797 Sterile Pharmaceutical Compounding</p> <p><u>usp-gc-797-proposed-revisions-sep-2015</u></p>	<p><u>10.13.08.01</u></p> <p>Motion to approve no revisions by Practice Committee, 2nd by D. Jones.</p> <p><u>USP 797</u></p> <p>Motion to delegate to Practice Committee by J. Smith, 2nd by J. Smith.</p>	<p><u>10.13.08.01</u></p> <p>The Board voted to approve this motion.</p> <p><u>USP 797</u></p> <p>The Board voted to approve this motion. The</p>

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>Board approval requested to delegate the review and comments for the USP 797 revisions to the Practice Committee.</p> <p>2) FDA Invitation: Inter-Governmental Meetings on Pharmacy Compounding and Drug Supply Chain Security-November 2015</p> <p>Linda Bethman attending.</p> <p>3) Governor’s Regulatory Reform Commission – comment received from the public.</p> <p>The comment inquired why the Board of Pharmacy is regulated the wholesale distribution of medical oxygen.</p> <p>The Board ratified the following response submitted to the Commission on October 16th:</p> <p>Pursuant to the U.S. Drug Supply Chain Security Act, the Board's wholesale distributor licensing program will have to realign its standards with federal standards, once adopted and effective. It is anticipated that the federal standards will be forthcoming and wholesale distribution will be consistent in all 50 states. At that time, the Board will seek to amend Health Occupations Article, Title 12, Subtitle 6C, Annotated Code of Maryland and COMAR 10.34.22 Licensing of Wholesale Prescription Drug or Device Distributors.</p>	<p><u>Governor’s Regulatory Reform Commission</u> Motion to ratify response by D. Jones, 2nd by D. Jones.</p>	<p><u>Governor’s Regulatory Reform Commission</u> The Board voted to approve this motion.</p>
III. Committee Reports		<p><u>Inquiries:</u> Randy Trumbule, The Pharmacare Network</p>	<u>AMS Expiration Dates</u>	<u>AMS Expiration Dates</u>

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
A. Practice Committee	D. Jones, Chair	<p><u>AMS - expiration dates</u></p> <p><u>Draft Bd Response – AMS expiration dates</u></p> <p>The Board approved the following response:</p> <p>Dear Mr. Trumbule:</p> <p>Thank you for contacting the Maryland Board of Pharmacy concerning the requirements for expiration date labeling on the individual medications stored within a robotic system.</p> <p>You explained that when your robotic systems were acquired, you were lead to believe the expiration date and lot numbers on the manufacturer stock bottles should be entered into the automated system and used for storage and dispensing. You have been informed recently, a one year expiration date should be entered into the robotic system which would obviously lead to confusion on the dispensed product which you currently list as one year from the dispensed date, unless the stock bottle notes less than one year dating.</p> <p>The expiration date on labels within a robotic system is not specifically addressed in the Maryland Pharmacy Act or the Board of Pharmacy regulations, however; it is suggested that you refer to the automated medication system’s manufacturer regarding the system’s ability to comply with USP in its storage of stock medications, in addition to complying with prescription drug manufacturer guidelines regarding expiration dates.</p>	Motion to approve response as amended by Practice Committee, 2 nd by D. Jones.	The Board voted to approve this motion.

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		Thank you for bringing this issue to the Board's attention. The Board may review and revise COMAR 10.34.28 Automated Medication Systems, to address this issue in the near future.		
B. Licensing Committee	J. Smith, Chair	<p>1. Review of Pharmacist Applications: <i>None</i></p> <p>2. Review of Pharmacy Intern Applications:</p> <p>a. <i>P. Kerolus</i> – Applicant is requesting if Intern registration be obtained by a foreign grad using FPGEE and Oral comp (without taking TOEFL) <u><i>Licensing Committee's recommendation:</i></u> Inform applicant that Board's regulations states that an applicant must have a certificate to establish education equivalency (i.e.: FPGEC).</p> <p>3. Review of Pharmacy Technician Applications: <i>None</i></p> <p>4. Review of Distributor Applications:</p> <p>a. <i>Wasatch Rx, LLC</i> – Applicant is requesting waiver of SAWD accreditation. Facility will be shipping legend drugs only (ie: OTC and non-controlled) and products will be sold over the phone and shipped directly via FedEx.</p>	<p>2a. Motion by committee, 2nd by S. Roy.</p> <p>4a. Moved to closed meeting.</p>	<p>2a. The Board voted to approve this motion.</p>

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>the verbiage of the application be changed? <u>Licensing Committee's recommendation:</u> To replace "Must provide a copy of your original Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate" with "These requirements could be met with a copy of your original Foreign Pharmacy Graduate Examination Committee (FPGEC) Certificate"</p> <p>b. Review of Resident Pharmacy Application: None</p> <p>c. Review of Waiver Pharmacy Application: None</p> <p>d. Review of Non-Resident Pharmacy Application: None</p> <p>e. Pharmacy Technician Program Survey Questions - <u>Licensing Committee's recommendation:</u> To reach out to the following programs to pilot the survey:</p> <ul style="list-style-type: none"> • Anne Arundel Community College (ASHP Accredited program) • MedStar Health (Hospital based program) • University of Maryland (hospital based program as a backup) • Rite-Aid Corporation (Retail/Chain based program) 	<p>7e. Motion by committee, 2nd by D. Jones.</p>	<p>7e. The Board voted to approve this motion.</p>

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<ul style="list-style-type: none"> Community College of Baltimore County (Board of Pharmacy approved program) 		
C. Public Relations Committee	B. Zagnit, Chair	<p>Public Relations Committee Update:</p> <p>The Annual CE breakfast was very successful. There were 175 attendees out of 192 registrants. Special thanks to all Board commissioners and staff members who were part of the preparation.</p> <p>The Committee is considering participating in the Maryland Society of Health Systems Pharmacies on November 13 & 14.</p> <p>*D. Jones- The Pharmacist Working Conditions Survey will be reposted for a one-month period. This is based in part on feedback received from attendees at the Annual CE breakfast held in October.</p>		
D. Disciplinary	T. Robinson, Chair	<p>Disciplinary Committee Update</p> <p>1. Review of Opening Inspection Form for Sterile Compounding Facilities.</p>	Motion by committee to approve with amendments by L. Bethman, 2 nd by C. Rochester.	The Board voted to approve this motion.

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
E. Emergency Preparedness Task Force	S. Roy, Chair	<p>Emergency Preparedness Task Force Update</p> <p>A Strategic National Stockpile Partners meeting will be held the 4th Wednesday in October and attended by S. Roy.</p> <p><i>*L. Naesea-</i> The grant request for removal of the expired stockpile medications was received and the MOU has been prepared and waiting for signature.</p>		
IV. Other Business & FYI	M. Gavvani, Board President	<p><i>*D. Jones-</i> Attended the Office of Health Care Quality assisted living regulation meeting. There is really no action that will impact what the Board is directly involved with. There will be more direct involvement of consultant pharmacists in assisted living facilities.</p> <p><i>*B. Felter-</i> There was a request by a pharmacist licensure applicant to waive the 30 day waiting period to retake the MPJE. The applicant will be deployed overseas when the waiting period is over and would like to retest before deployment.</p>	Motion by Executive Committee to waive waiting period, 2 nd by J, Smith.	The Board voted to approve this motion.
V. Adjournment	M. Gavvani, Board President	<p>M. Gavvani asked for a motion to close the Public Meeting and open a Closed Public Session.</p> <p>M. Gavvani convened a Closed Public Session for the purpose of engaging in medical review committee deliberations regarding confidential information in applications in accordance with the Open Meetings Act, General Provisions Article, Section 3-305 (b) (7) and (13).</p> <p>The Closed Public Session was adjourned and immediately thereafter, M. Gavvani convened an Administrative Session for purposes of discussing confidential disciplinary cases. With the exception of cases requiring recusals, the Board members</p>	Motion to close October Public Board Meeting by D. Jones, 2 nd by D. Ashby.	The Board voted to approve this motion.

Subject	Responsible Party	Discussion	Action Due Date (Assigned To)	Results
		<p>present at the Public Meeting continued to participate in the Administrative Session.</p>		