

State of Maryland Board of Pharmacy 2002 Annual Report

Dispensing Help
In Your Community



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VISION

Setting a standard for pharmaceutical services, which ensure safety and quality health care for the citizens of Maryland.

MISSION STATEMENT

The Mission of the Maryland Board of Pharmacy is to protect Maryland consumers and to promote quality health care in the field of pharmacy through licensing pharmacists and issuing permits to pharmacies and distributors; setting standards for the practice of pharmacy through regulations and legislation; receiving and resolving complaints and educating consumers. The Maryland Board of Pharmacy sets standards that ensure safety and quality health care for the citizens of Maryland.

VALUES AND GUIDING PRINCIPLES

INTEGRITY – The Board selected integrity as its overarching value. It is defined through the following guiding principles:

Trust

Treating all parties served in ways that will demonstrate that the Board of Pharmacy is honest, impartial, professionally competent, consistent and ethical; that all of the Board's actions and judgments are legal and appropriately serve customers and stakeholders.

The Board respects and appropriately maintains the confidentiality of the individuals and groups that it represents and regulates.

Quality Service

The Board offers accurate, timely and appropriate services to customers and stakeholders by being responsive, accessible, respectful, attentive, consistent and tactful in accordance with its unified vision.

Responsibility

The Board carries out disciplinary and licensing activities in an impartial, comprehensive and appropriate manner. The Board addresses issues in accordance

with established written guidelines, policies, and procedures. Decisions are made after gathering and analyzing all pertinent information available from all parties involved.

BOARD OF PHARMACY 5 YEAR GOALS (FY2001-2006)

Goal I: Communication

The Maryland Board of Pharmacy will utilize various means of communication to maximize the efficiency and effectiveness of Board activities.

Goal II: Compliance

An efficient, fair and consistent compliant process that enhances the quality of care provided through licensed health care professionals and the regulated industry.

Goal III: Public Awareness

The Public is informed about the availability of pharmaceutical services and how appropriate medication use can enhance the quality of care and safety.

Goal IV: Political Relationship

Strong partnerships with stakeholders (to include governmental officials, consumer groups and the regulated pharmacy industry) who are educated and informed about pharmacy related issues that affect health care quality, and the safety and welfare of the citizens of Maryland.

Goal V: Addressing Change

Statutes and regulations that govern the practice of pharmacy, as well as the policies of the Board, reflect current standards of practice.

Pharmacists and permit holders have access to timely and relevant information and guidance that helps improve their practice, safely utilize new technology and remain current with the Regulatory policies of the Board.

Goal VI: Staffing

The Maryland Board of Pharmacy currently has well-qualified human resources that can accomplish the Board's mission.

A MESSAGE FROM THE PRESIDENT Stanton G. Ades

Once again I am happy to present the Maryland Board of Pharmacy's Fiscal Year (FY) 2002 Annual Report summarizing Board activities from July 1, 2001 through June 30, 2002. The year was particularly significant because the Board entered its 100th anniversary year in April 2002. In reflecting on the many achievements made by the Board over one hundred years, I am reminded of just how important a role the past and present Board members played in protecting Maryland consumers and promoting quality health care in the field of pharmacy.

The profession has expanded from dispensing in communities to dispensing both medications and consultative drug information through hospitals, HMOs, long-term care and other special-populated facilities; and it is changing from one that was male dominated. It has responded to smallpox and other deadly epidemics and provided homeland health care support through six wars, including the current war on terrorism. The profession has been challenged to create and dispense new drugs for pain and treatment of chronic illnesses and has survived assaults and robberies related to narcotics abuse. The profession has been in continuous flux – confronted by such issues as foreign pharmacies and automation --- and the Maryland Board has kept pace throughout the past 100 years.

The Board has evolved from certifying traveling medicine shows to inspecting independent drug stores to regulating pharmacists, distributors, giant chain drug stores and consultant specialists. The Board's success from 1902 to the present has been through the committed work of past and present Board pioneers such as Lionel Meredith, David Millard, Lloyd Richardson, Norman Levin, Charles Tregoe, Morris Yaffe, Ralph Quarles, Paul Freiman, Milton Moskowitz, Steve Cohen, Dorothy Levi, George Voxakis, David Russo, and others too numerous to mention, for which I profusely apologize. Their efforts supported by the likes of Dr.

E. F. Kelly, former Dean of the Maryland School of Pharmacy, B. Olive Cole, the "First Lady of Maryland Pharmacy", Nathan Gruz, former Executive Director of the Maryland Pharmacists Association, David Knapp, current Dean of the University of Maryland School of Pharmacy and Howard Schiff, current Executive Director for the Maryland Pharmacists Association. I honor those mentioned above as well as all of those pioneers who have supported the Board in setting professional and practice standards for a 100 years.

Continuing to build upon the strong legacy that has been entrusted to the current Board membership, there has been much activity over the past fiscal year. Below is a capsule of a few of the Board's achievements:

- The Department of Legislative Services performed a 10-year Sunset Review of the Pharmacy Board and noted in the Executive Summary of its report that "...the board is well run and performing its statutory requirements in a satisfactory manner." Outgrowth legislation from the Sunset Review required annual inspections of pharmacies, limited discovery to facilitate pharmacies in tracking medication errors to address patient safety and repealed the Board's authority to regulate manufacturers
- The Board began producing its own 'in-house' quarterly newsletter reflecting a greater number of Board-specific activities and topics than the previous newsletter
- The Board adopted Patient Safety Regulations recommended by the Medication Errors Task Force. The Task Force report offered new strategies for patient education, practitioner education and actions to be taken when non-compliance is identified. The Board also participated on the statewide Maryland Patient Safety Steering Committee
- The Board appointed a Bio-Terrorism Task Force to address pharmacy's roles in state emergency preparedness, recruited over seven hundred (700) volunteer pharmacists and coordinated emergency response

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- training for over three hundred volunteers
- The Board unveiled a new website format in April 2002. The new website enables users to make address changes online, verify licenses and permits, and obtain reciprocity information
- The Board, working in partnership with MSHP, MPhA, ASCP, Maryland Poison Center, and University of Maryland School of Pharmacy, participated in the 85th Flower Mart. The Board's booth, which provided general health and disease state information, consultation on medications, and blood pressure monitoring, won the first place ribbon in the Health Village
- The Board sponsored a Drug Therapy Management and Cooperative Procedures work group, which addressed issues related to Senate Bill 772 from the 2001 Maryland legislative session. As a result of the efforts of this Work Group, a bill allowing physi-

cians, pharmacists, and patients to enter into therapy management contracts outside of institutional settings was passed during the 2002 Maryland legislative session

As with most Health Boards in Maryland, the Board of Pharmacy experienced challenges in FY 2002 related to hiring freezes and financing. Nonetheless, the Board persevered and met most of its goals and objectives as set forth in its five-year strategic plan. As it moves into FY 2003, the beginning of the Board's next century, the Board anticipates and is prepared to face the future changes in our state, nation and world. The Maryland Board of Pharmacy will continue to rely on partnerships forged with Maryland citizens, state officials, licensees, permit holders and other stakeholders to assist in meeting its mission.

BOARD COMMISSIONERS

Stanton G. Ades	President; Long Term Care Representative
W. Irving Lottier, Jr.	Secretary; At-Large Representative
Melvin Rubin	Chair, Unlicensed Personnel Task Force; Independent Representative
Wayne Dyke	Chair, Licensing Committee; Chain Drug Store Representative
Jeanne Furman	Chair, Disciplinary Committee; Acute Care Hospital Representative
Barbara Faltz-Jackson	Chair, Public Relations Committee; Consumer Representative
Raymond Love	Chair, Practice Committee; Acute Care Representative
Donald Yee	Chair, Medication Error Task Force; Home Infusion/Care Rep.
John Balch	Independent Pharmacy Representative
Ramona McCarthy Hawkins	At-Large Representative
Rev. William E. Johnson, Sr.	Consumer Representative
Laura Schneider	Chain Drug Store Representative

BOARD COUNSEL

Paul Ballard	Assistant Attorney General
Linda Bethman	Staff Attorney

SECRETARY/TREASURER'S REPORT

W. Irving Lottier, Jr.

I am pleased to announce that the Maryland Board of Pharmacy successfully met its responsibilities of licensing, issuing permits, setting standards of care, monitoring continuing education requirements, and investigating and adjudicating consumer complaints.

Continually expanding its services to consumers and stakeholders, the Board was required to increase staff in FY 2002. During 2002 the Board added two permanent positions (Office Secretary III & Licensing Clerk), and one contractual position (Licensing Secretary). The staff additions will enhance the Board's ability to respond timely and become more accountable to those it serves.

The Board competitively solicited bids, which helped assure that customers and stakeholders received cost-effective quality services. Many of the contract fees increased during FY 2002 leading to significant increases in Board expenditures. Vendors under contract with the Board in FY 2002 included the National Association of Boards of Pharmacy (for testing and other services), the Pharmacist Education and Assistance Committee (PEAC), Sylvan Learning Center® (for test administration), the Maryland Attorney General's Office and numerous other companies for such items as rental of office space, major equipment and supplies.

As a special-funded unit within the Department of Health and Mental Hygiene, all collected revenues support Board operations and personnel. Most licensees and permit holders benefited in 1997 when the Board reduced fees because it had accumulated a fund surplus. That surplus allowed the Board to retain fees lower through part of FY 2002. Projecting out, the Board would have depleted its surplus and faced a deficit by FY 2003. All of the Board achievements made during the past year, as well as general cost of living expenses came with some associated costs. Thus, fees were raised through emergency regulation, effective

March 2002, to assure sufficient support of the Board's daily operations and that a surplus fund balance of 20% of the Board's operating budget is maintained.

In FY 2002, the Board responded responsibly, both programmatically and fiscally to an expanding need to ensure quality health care services to consumers and administrative support to pharmacy providers. It evaluated needs-developed sound agendas, and carried out well-executed plans to insure a stable balance between Board revenues and expenditures.

FISCAL / PERSONNEL UNIT

Budget

The Board of Pharmacy is a Special-funded agency; whereas all revenue collected supports the Board's functions and activities. With the increase of mandated programs and projects, the Board was forced to raise fees in 2002, to assure that the required surplus fund balance of 25% of its operating budget is maintained. Pharmacists' license fees increased in March 2002, under emergency regulations and the fees will remain at this level under the final adoption.

FY 2002 Financial Summary:

Revenue:

Pharmacist Examination	\$ 22,750
Pharmacist Renewals	\$ 373,745
Reciprocity	\$ 35,750
Pharmacist Reinstatement	\$ 3,941
Establishments	\$ 436,525
Other	\$ 13,976

Total Revenue	\$ 886,687*
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Expenditures:

Operating Expenses	\$ 875,812
Salaries & Wages, Technical & Special Communication, Program Expenses, Conferences, Travel, Training And Contractual Services.	
Purchases	\$ 28,760
Indirect Cost	\$ 170,802

Total Expenditures	\$1,075,374
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*Board surplus funds were used to accommodate the deficit in revenues to meet required expenditures.

EXECUTIVE DIRECTOR'S REPORT LaVerne Naesea, MSW

As usual, the Board exceeded expectations for meeting most of its objectives and pursuing new initiatives. This was accomplished despite some trials and tribulations related to cost containment efforts by the state in response to a nearly billion dollar deficit. Objectives that were not met were few but significant. As part of state position cuts, the Board lost a permanent secretarial position in its Licensing Unit. The Board also experienced delays in immediately hiring contractual replacement staff to support the Unit because of a mandated hiring freeze. These factors led to the Board's inability to reduce the processing time for renewal applications as had been projected. In fact, the processing time increased. Nonetheless, these setbacks motivated the Board to develop new approaches and more efficient uses of resources to protect consumers and support licensees and permit holders.

One new method employed for consumers was to expand the Board website and offer valuable information related to medication safety and education, prescription assistance programs, senior services and links to numerous related sites. To compensate for the slower renewal processing time, the Board followed through on its plans for the electronic licensing project. In addition, the Board changed some of its systems to expedite the processing of new applications. For example, candidates now submit some examination information and fees directly to the national testing organization.

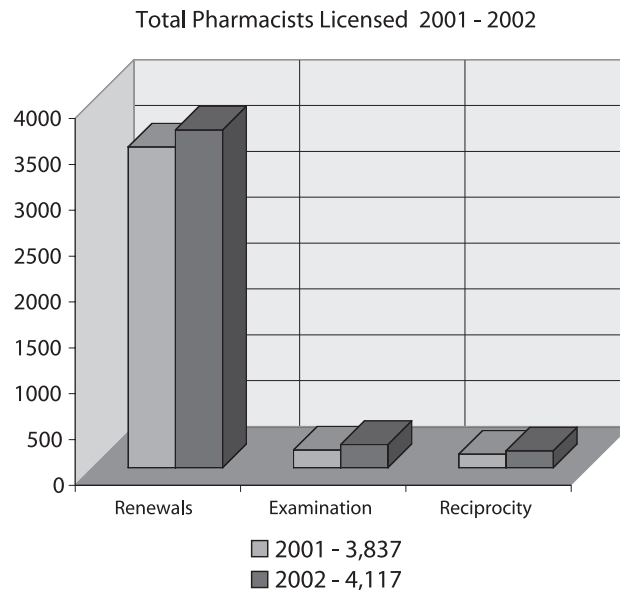
A significant action taken by the Board during FY 2002 was to increase user fees. Most Board licensees and permit holders benefited in 1997 when the Board of Pharmacy reduced fees. Since that time, the Board had depended on surplus funds to supplement total budgeted expenditures (which exceeded Board income up to \$300,000 annually). By the end of FY 2002, the Board would have depleted its surplus to a point of a deficit if the fees had not been increased. Also, in FY 2002, the Board amended several regulations; co-sponsored the Pharmacist's Education and Assistance

Committee's (PEAC), Continuing Education Program; partnered with the Greater Baltimore HIV Health Services Planning Council and Maryland Pharmacists Association in presenting a continuing education program in response to information provided from a Board-conducted survey of Maryland pharmacists.

Greater Internet communication, development of on-line interactive licensing services and processes to cut time, addressing issues through regulatory efforts and partnering with stakeholders to support consumers and pharmacists were but a few of the approaches utilized by the Board in FY 2002 to more efficiently meet its mission to protect Maryland citizens and promote quality health care while efficiently using available resources. Efforts were supported by the outstanding support of two members who left during FY 2002 -- Ms. Laura Schneider, Chain Pharmacy Board representative and Consumer Board representative, Ms. Barbara Faltz-Jackson. Ms. Schneider's participation on the Licensing and Disciplinary Committees, as well as her contributions during the early development of the Bio-terrorism and Emergency Preparedness Task Force were significant to the Board's successes. Ms. Jackson, who completed two full terms on the Board, served on several Board committees and chaired the Public Relations Committee. Under her leadership, the Board's Public Information and Education Unit was formed, enabling the Board to upgrade its annual report, newsletter, and public campaigns. Both of these former members should be proud to have been important contributors to the Board's 100-year legacy.

Through this, my third report and the Board's 100th report on the status of the Maryland Board of Pharmacy, I am pleased to report that the Board and staff are successfully fulfilling their vision of setting a standard for pharmaceutical services that ensures safety and quality health care for the citizens of Maryland.

LICENSING UNIT



The Board saw a slight increase, from 3,837 to 4,117, in the number of licensed pharmacists from FY 2001 to FY 2002. The increases are attributable to fifty-nine (59) more persons licensed through examination and thirty-six (36) more persons licensed through reciprocity than in FY 2001. See above chart comparisons.

The overarching goal for the Licensing Unit is to protect the public by ensuring that pharmacists licensed by the Board are credentialed appropriately, through an accurate and timely licensure process and to provide high quality patient services to the citizens of Maryland. The Unit established two primary objectives for FY 2002 to meet this goal: 1) to maintain an average time to three

working days between receipt of original and renewal applications and notification to applicants of missing documentation; and 2) to reduce the average time to 6 working days between receipt of complete renewal applications and issuance of licenses. Strategies developed to achieve the objectives included collecting performance data to track the existing processing times for operations.

The Licensing Unit met its first objective of maintaining an average of three working days to notify pharmacist applicants of missing documentation. Of 3350 renewal applications, 95 had to be returned to the pharmacist before processing could be completed.

The average turn-a-round time for notifying the applicants of missing information was three days.

The Board had difficulty meeting its second objective in FY 2002 because of several unanticipated events. In FY 2001, the Unit had projected maintaining an average time of 6 working days between receipt of complete renewal application and issuance of license and managed to maintain an average of 4 days. In FY 2002, the Unit's average time increased to nine days to process completed applications. The increase in processing time specifically related to a statewide budget deficit, requiring all agencies to cut some vacant positions and subsequently the Governor imposed a hiring freeze. The Board lost a vacant permanent licensing position and the hiring freeze prevented the Unit from hiring a contractual employee to fill in. These setbacks were compounded by increased staff absences due to illness during the same period of time that all of the establishment applications were due (December through January).

Thus, processing establishment renewals became a higher priority than processing pharmacist renewals.

In order to compensate for the inability to manage data entry and renewal processing activities, collection of information related to tracking the time involved in processing renewals was suspended in FY 2002. The Board of Pharmacy was forced to extrapolate some reporting figures (length of time to request additional information) from incomplete data. Thus, of 3682 approved renewal applications the average time for their processing and issuance of a license was nine (9) days.

Staffing issues did not deter the Board and Licensing Unit in meeting its goal to develop its on-line licensing plans for pharmacies in FY 2002. In addition, it expanded the information that pharmacists and pharmacies can access through the Board website. Both of these initiatives should assist the Licensing Unit in meeting its projected processing goals in FY 2003.

PHARMACIST COMPLIANCE UNIT

The Pharmacist Compliance Unit serves a key role in the Board's mission to protect Maryland Consumers and to promote quality health care in the field of pharmacy. The Pharmacist Compliance Officer interacts with the other units of the Board to assure that Maryland and federal pharmacy laws are promulgated, understood, and enforced. The Pharmacist Compliance Unit also supports various Board committees.

Protecting Maryland consumers involves ensuring that pharmacists, pharmacies, and distributors are properly credentialed. Working closely with the Licensing Unit, the Pharmacist Compliance Unit investigated five cases concerning the unlicensed practice of pharmacy. This activity resulted in the issuance of Consent Orders with Probation to two pharmacists and three pharmacies. Overdue renewal applications received from licensees and permit holders require the applicants to be reinstated. After review and possible investigation by the Pharmacist Compliance Unit, the applicants may be referred to the disciplinary committee and then to the full Board for final disposition.

Pharmacist license renewal applications are also referred to the compliance unit for investigation when the renewal application indicates that the pharmacist has had: serious problems regarding drugs or alcohol that another state board or governmental agency had taken actions against a pharmacist's license or other serious changes have occurred since the pharmacist was last licensed. The pharmacist's honesty and details are taken into consideration when the application is reviewed by the Board for license renewal.

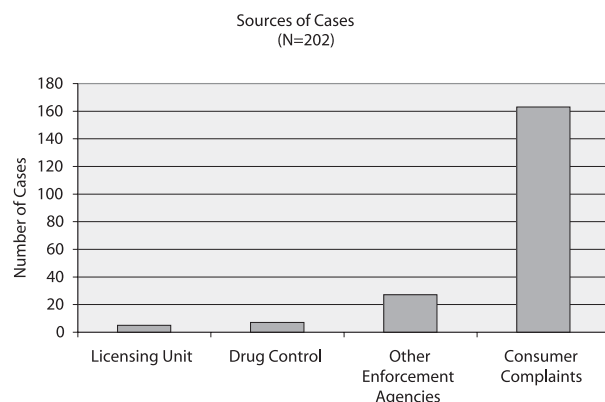
Pharmacy inspections performed by the Division of Drug Control are reviewed by the Compliance Unit to determine compliance with applicable pharmacy laws. Board-directed investigations of five pharmacists, referred following routine pharmacy inspections by the Division of Drug Control, resulted in the suspension of three pharmacists' licenses and the imposition of monetary fines in four cases. Four pharmacies and three pharmacists were placed on probation under monitoring by the Compliance Unit.

Investigations by the Compliance Unit are also initiated through referrals from other information sources, including local and state law enforcement officers, contacts from the Drug Enforcement Agency (DEA), and the Food and Drug Administration (FDA). The Board investigated 27 cases referred from these sources.

Complaints regarding pharmacists and pharmacies are received daily. Complaint forms may be downloaded from the Board's web site. The Board received 147 new complaints and had 16 complaints pending from the previous fiscal year for 163 complaints. Complaints included: dispensing errors, denial of service, failure to counsel when requested, poor record keeping, breach of confidentiality, substance abuse, and the unlicensed practice of pharmacy. The Board Disciplinary committee made recommendations to the full Board and 71 complaints were closed without any Board action including those cases referred to other agencies. Seven cases were referred to the Attorney General. The Compliance Unit investigated 72 complaints. Formal action was taken in five of these complaint-generated cases. Unresolved complaints carried to the next fiscal year included 87 cases.

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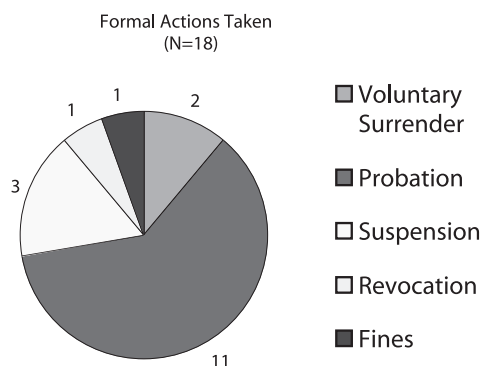
The Pharmacist Compliance Unit investigated 202 cases that were referred by the Licensing Unit, the Division of Drug Control inspectors, other enforcement agencies and consumer complaints. Most of the complaints were received from consumers, although 39 were referred through the other sources.



The Board, with the staff support of the Pharmacist Compliance Unit, held seven Case Resolution Conferences, three Full Evidentiary Hearings, three Show Cause Hearings, and five Informal Meetings to provide pharmacists the opportunity to present their cases before the Board.

Informal action against a licensee resulted in five Letters of Education, one Letter of Admonishment, and one Letter of Agreement being issued to pharmacists and/or permit holders. The informal actions are considered non-public, and may not be disclosed to the public, but are kept on file at the Board office.

The Board took a number of formal actions including: two Reprimands, four Suspensions of a license or permit, one Revocation, 12 Consent Orders, four Final Orders, one Consent Order of Reinstatement, and two Letters of Voluntary Surrender. Fines were imposed in six cases. Formal actions are recorded in a public order and may be disclosed.



Note: Fines, Reinstatements and other orders may have been issued in addition to the action taken.

The Pharmacist Compliance Unit also serves as an information source regarding legal and professional questions concerning the practice of pharmacy. Communication with pharmacists and permit holders along with other various interested parties including drug manufacturer representatives, consumers, State, Federal, private health agencies, and health care providers accounted for over 120 phone calls, e-mails, facsimiles, and letters generated by the Unit.

REGULATORY/LEGISLATION UNIT

LEGISLATIVE

Senate Bill 22/House Bill 532-Department of Health and Mental Hygiene- Osteoporosis Prevention and Education Task Force.

Acknowledging the importance of pharmacy's role in the prevention of osteoporosis and the education of patients about the disease, the Board worked to place a representative of pharmacy on the Task Force. The Board was successful and the bill passed.

Senate Bill 234-Catastrophic Health Emergencies –Powers of the Governor and the Secretary of Health and Mental Hygiene

Due to the increased concerns regarding terrorism, the General Assembly took steps to ensure the protection of Maryland citizens. It passed Senate Bill 234-Catastrophic Health Emergencies- Powers of the Governor and the Secretary of Health and Mental Hygiene as a measure to protect Marylanders from terrorism. Because the Board is playing a key role in establishing an emergency response plan in the event of a health emergency in Maryland, it tracked this and other related bills.

House Bill 423-Health Care- Programs and Facilities-Pain Management

This bill establishes certain patients' rights with respect to pain management. For example, an "administrator of a hospital is responsible for making available to each patient in the hospital a copy of the patient bill of rights...." The new law requires that the patient's bill of rights, which is made available to the patient, must include a statement that the "patient has a right to expect and receive appropriate assessment, management, and treatment of pain as an integral component of the patient's care." There is also language in the new law relating to comprehensive care facilities, extended care facilities, and health care facilities not otherwise covered in the subtitle.

The bill also established the "Advisory Council on Pain Management." When the advisory council portion of this bill was introduced during the 2001

Maryland legislative session, it did not include a pharmacist as a member. The Board testified in Annapolis during the 2001 legislative session in an attempt to place a pharmacist on the Council.

The bill did not pass in 2001, but was re-introduced and passed the General Assembly during the 2002 legislative session with a pharmacist as a member.

House Bill 462/Senate Bill 418-Health Occupations-State Board of Pharmacy-Sunset Extension

Based on the work of the Board's Medication Error Task Force, the medical review committee statute was amended to provide protection from discoverability of quality assurance records that are part of an ongoing quality assurance program in a pharmacy. This will allow all pharmacies in Maryland to maintain comprehensive and continuing quality assurance records with reduced fear of having the records become discoverable in a civil lawsuit, provided the quality assurance program is ongoing. The Board is presently promulgating regulations to implement this provision.

As of July 1, 2002, the Board of Pharmacy no longer regulates manufacturers and therefore will no longer issue certificates of free sale. Manufacturers will have to contact the Food and Drug Administration to obtain these certificates. The legislation also mandates annual inspections of pharmacies.

House Bill 781/Senate Bill 676 -Physicians and Pharmacists- Therapy Management Contracts.

The 2002 Maryland legislative session brought substantial changes to the practice of pharmacy that will benefit patients. Drug therapy management was expanded beyond the institutional setting. Pharmacists that meet the requirements of the law, who may have been prohibited from doing so before the passage of the law, will be able to offer cognitive patient care services to patients in new settings. The Board of Pharmacy believes that the expansion of drug therapy management will increase access to qualified health care for patients who may otherwise not have convenient or affordable access.

House 1141-State Advisory Council on Quality Care at the End of Life.

This bill establishes an advisory council to review issues relating to end of life care. Initially, no pharmacist was on the Advisory Council but the Board succeeded in having a pharmacist placed on the Council.

REGULATORY INITIATIVES

Fees

Effective June 10, 2002, the Board increased its fees to support its operations. Please see COMAR 10.34.09. Effective October 14, 2002, the fees relating to manufacturers were repealed due to the repeal by the General Assembly of the Board's authority to regulate them, and a \$100 late fee for certain pharmacists renewing late was established.

Reinstatement of Expired Licenses for Pharmacists

Revisions to the reinstatement regulations became effective October 14, 2002. The revisions allow pharmacists who fail to renew on time and have practiced on an expired license, to reinstate the license provided certain requirements are met. The Board may institute charges against the pharmacist who actively engages in pharmacy on an expired license but must consider certain aspects when determining a sanction.

A pharmacist who did not actively engage in the practice of pharmacy while his or her license was expired and the license has been expired for less than 2 years before applying for reinstatement will only have to:

- (1) Complete the amount of approved continuing education required by the Board,
- (2) Provide evidence of good standing in any other state in which the pharmacist has been licensed, and
- (3) Pay to the Board a reinstatement fee.

A pharmacist not actively engaged in the practice of pharmacy in another state, but whose license

has been expired for more than 2 years and less than 5 years in Maryland, will no longer be required to obtain continuing education during the time that their license was expired. Additionally, a pharmacist who is not practicing pharmacy in another state but whose Maryland license is expired for more than 5 years is no longer required to obtain continuing education for the time during which the license is lapsed. Please see COMAR 10.34.13.

Compelling Purpose Disclosure

COMAR 10.34.27, Compelling Purpose Disclosure, became effective January 7, 2002. The regulations will allow the Board to share certification, licensing or investigative information with certain entities, if the Board finds that there is a compelling public purpose to do so.

Automated Medication Systems

Regulations relating to automated medication systems became effective August 2, 2002. The regulations address the use of centralized, decentralized and remote automated medication systems. Please see COMAR 10.34.28.

Impoundment and Disposal of Drugs and Prescription Records

Pursuant to a bill that passed during the 2001 Maryland legislative session, the Division of Drug Control in conjunction with the Board of Pharmacy implemented as of June 24, 2002, regulations relating to the impoundment and disposal of drugs and prescription records.

Certain procedural protections are established to ensure that the affected permit holder or authorized prescriber is given appropriate notice of the impoundment and certain opportunities to avoid impoundment. Please see COMAR 10.13.12.

Accessing Regulations on the Internet

To view these regulations on the Internet, please log on to www.dsd.state.md.us. Go to the "COMAR Online" link.

PUBLIC EDUCATION AND INFORMATION UNIT

Public Education

The purpose of the Public Education and Relations Unit is to play an active role in educating and increasing consumers' knowledge about pharmaceutical services and medications, by promoting awareness for the prevention of medication errors and maintaining on-going activities to protect the public. Unit staff also informs the public about how appropriate medication use can enhance the quality of care and safety.

The Unit developed and disseminated two new consumer brochures printed in FY 2002. They provided information about the Board and on services available through pharmacies with the intent of increasing consumer's awareness and encouraging safe use of prescription and non-prescription drugs.

The Board participated in the 85th Flower Mart, in Baltimore, Maryland, working in partnership with the Maryland Society of Health-System Pharmacists (MSHP), Maryland Pharmacists Association (MPhA), Maryland Poison Center, University of Maryland, School of Pharmacy and the American Society of Consultant Pharmacists (ASCP). Over 700 consumers visited the Board of Pharmacy booths for general safety tips and health care services. In addition, the partnership provided information on blood pressure monitoring and consulted on medications and disseminated information on nutrition, diabetes, cholesterol, blood pressure, smoking cessation, osteoporosis and over-the-counter prescriptions.

Bio-terrorism Response Activity

Rather than sponsoring a major consumer campaign in FY 2002, the Board targeted its efforts on developing a response to bio-terrorist and other threats to the state. At the request of the Secretary, the Board's Public Information Unit staffed a Board-appointed Bio-terrorism and Emergency Preparedness Task Force created to recruit volunteer pharmacists and technicians, conduct training sessions, develop a database, an emergency telephone system and issue volunteers badges to those who are trained throughout the state. Limited time and fiscal resources made development of a major consumer campaign prohibitive in FY 2002.

Public Information Requests

A third primary activity in which the Public Information Unit was involved in FY 2002 was responding to requests from consumers, governmental agencies and other entities for public information retained by the Board. The Public Information Act, State Government Article §10-611 thru 10-628 requires the Board to provide public information as requested. A total of 120 requests were responded to in FY 2002.

The Public Information and Education Unit will continue to develop initiatives in FY 2003 to educate consumers and insure that continued educational opportunities remain available for pharmacists that assure quality services and protection of Maryland citizens.

TECHNOLOGY AND AUTOMATION UNIT

24-Hour Communication with the Board

We all know that health care is 24 / 7. Today, one of the most effective ways to provide 24 / 7 access to information is via the Internet. In 2002, the Board registered another Internet name, www.mdbop.org, adding a 3rd method of accessing the Board's web site from most search engines. In April 2002, the web site was re-designed, for ease of use and clarity. The pages were shortened, utilizing a layered approach to providing more information in each section, without the need to scroll down endlessly looking for the information you need. The Board's web site is updated with new information at least monthly. We encourage you to check it often for the latest news and information.

Most popular pages of the web site are:

- Examination scores for pharmacy school graduates and pharmacists seeking licensure in Maryland;
- Renewal application, new pharmacy and distributor applications, employment, name and address change forms;
- Online licensure verification for pharmacists, pharmacies and distributors;
- Pharmacy laws and regulations;
- Downloadable lists of pharmacies and distributors for contacting establishments by mailing or telephone;
- Consumer information on discount and free drug services offered by the government and pharmaceutical industry.

Number of visitors to the Board's web site:

FY2001 – 21,436

FY2002 – 34,874

Board web site names:

www.dhmm.state.md.us/pharmacyboard

www.mdbop.com

www.mdbop.org

The Maryland Board of Pharmacy web site ranks in the top 5 of all health-licensing boards accessed through the DHMM web site.

Have a question or Comment?

Not only can you call the Board on the telephone after hours, you can send email anytime of the day or night. Also changed in 2002 was the use of Yahoo's email system to the State's secure Novell networked email services which provide tracking of messages and responses, archiving and is assessable via a secured connection from anywhere for Staff to respond to inquiries. The Board opens all email within 3 days, however, depending upon the complexity of the question, it may take a little longer to research a correct response.

Using email to communicate with the Board has the advantage of simultaneously allowing others to see your question and response, unlike the telephone where one would use a conference call, or be placed on hold while an attempt is made to contact another party. It also provides a method of documenting your communication with the Board, which can be used as reference at a later date.

The Board receives an average of 95 emails each month from consumers, applicants, attorneys, and other State Boards, pharmacists and permit holders.

Total FY2001 email - 604

Total FY2002 email - 1,088

PHARMACISTS' EDUCATION AND ASSISTANCE (PEAC)

Background

The Pharmacists' Education and Assistance Committee (PEAC) was established in 1983 for the purpose of providing advocacy and assistance to members of the pharmacy community who had become impaired by the use of alcohol and other substances. PEAC is recognized in the Maryland Pharmacy Practice Act and is granted protections under the Act regarding the confidentiality of its records and the identities of those with whom it deals. Maryland law enables the Board of Pharmacy to provide funding to a pharmacists' rehabilitation committee. Pharmacists are required to report to PEAC "conduct by a pharmacist that involves drug or alcohol abuse or dependency." The PEAC continues to work with the Board of Pharmacy to provide services to the Pharmacists of the State of Maryland under a contract with the Board. PEAC is a 501 (C) 3 tax-exempt organization.

Committee Members

Milton Moskowitz (Chairman), Tony Tommasello (President), Gil Cohen (Vice-President), Bill Isenstein (Treasurer). There are 15 members, and a student representative. All are unpaid volunteers. The committee employs the services of a half-time salaried program coordinator.

PEAC is currently following 29 active cases; 1 is a student and 6 are under a Board of Pharmacy Consent Order. There were seven (7) new cases, and three (3) discharges in the fiscal year 2002.

SUMMARY OF ACTIVITIES AND PROGRESS TOWARD GOALS

Goals from last report

1. Improve PEAC communication and data sharing on Board referred cases.
2. Conduct annual C.E. program at Maritime Institute.

3. Enhance PEAC and the School of Pharmacy relationship.
4. Develop website for PEAC to establish contact with the community and make materials more accessible to pharmacists, employers, and families.

Achievements and progress toward goals

1. Disseminated brochures to all pharmacists in Maryland, students and faculty at the Maryland School of Pharmacy
2. Planned, organized and conducted C.E. Program "Integrating Pharmacotherapy in the Treatment of Chemically Dependent Patients: A generation of Progress" at Maritime Institute. Over 80 participants attended the program at the Maritime Institute that covered progress in pharmacotherapy of addictions, treating pain in patients at risk for addiction, management of substance abusers with co-occurring mental illness, and body fluid testing for drug abuse. This C.E. event was co-sponsored by PEAC and the University of Maryland School of Pharmacy Office of Substance Abuse Studies.
3. Presented and exhibited at MPhA annual and mid-year conferences
4. Held one-day retreat with participation of Board members to review PEAC's goals and objectives, to consider strategies for meeting expanding financial needs, and to strengthen the working relationship between the Board of Pharmacy and PEAC.
5. Fully utilized International Pharmacists Anonymous
6. Attended Board of Pharmacy monthly public meetings and disciplinary committee meetings to maintain an open line of communication.
7. Improved case files set up for reporting to the Board on data summaries.
8. Created a PEAC website at <http://www.peacmaryland.org>. The website contains information about contacting

PEAC and its members and provides forms for use by committee members and therapists who handle PEAC cases. The website also contains useful information for family members, pharmacists, and pharmacy employers on the signs and symptoms of substance abuse and addiction.

9. Created a PEAC Listserv to enable PEAC members to discuss ideas between meetings and to provide an effective means of acquiring the input of members who may be unable to attend PEAC meetings due to schedule conflicts or distance limitations.

Financial report

PEAC's contract with the Maryland Board of Pharmacy is in its 5th year of a 5-year agreement, (through March 2002). A financial statement is provided at the end of each year. Most funds are spent on a) annual CE conferences, b) staffing, and c) per diem expenses for members. PEAC sponsored one pharmacy student to attend the Utah Summer School on Alcohol and Other Drug Dependencies.

PEAC has enhanced its visibility through advertising and promotional campaigns aimed at pharmacists and their families. With this success has come additional demands on the time and energy of the committee volunteers. The committee finds itself in need of funds to sustain a full-time program executive. Toward this end PEAC has sent business proposals to three large chain pharmacies marketing in-house education, prevention, and intervention programming for their pharmacists. Such a program would support and work in concert with Employee Assistance Programs already in place.

The committee receives tax-deductible contributions into the "Moskowitz Fund" set up to assist pharmacists in recovery who have financial needs. For information on making a tax deductible contribution call PEAC at (410) 452-8683, contact PEAC through its website, or by e-mail to PEAC@verizon.net.

Future Goals

1. Renew contract with the Maryland State Board of Pharmacy
2. Seek additional funding for PEAC executive director
3. Continue to pursue strong relationship between PEAC and UM School of Pharmacy
4. Work with pharmacy students to enhance student awareness of and use of PEAC services
5. Improve dissemination of PEAC activities through publication in Board of Pharmacy and MPhA newsletters.
6. Improve early advertising of addictions C.E. program, again to be co-sponsored by PEAC and UM School of Pharmacy.

TASK FORCE REPORTS

Bio-terrorism Task Force

At the request of the Secretary, Georges Benjamin the Board appointed a Bio-terrorism and Emergency Preparedness Task Force to recruit and train pharmacists and technicians throughout Maryland in the event of a catastrophic event.

The Department of Health and Mental Hygiene (DHMH), in collaboration with the Maryland Board of Pharmacy, the University of Maryland School of Pharmacy, and Maryland Poison Center, hosted Phase I training programs for volunteer pharmacists and pharmacy technicians to insure their preparation to provide support to the State and local jurisdictions during catastrophic events.

Phase I trainings were planned in Baltimore, Western Maryland and on the Eastern Shore. To become a member of the Maryland Pharmacist Volunteer Corp, pharmacists and technicians must register with the Board, have participated in mandatory trainings and possess a photo ID badge.

Bio-terrorism Task Force Members include: Board President and Chair, Stanton G. Ades; Co-Chair, Bart Regan; Board members: Laura Schneider, Dr. Raymond Love, John Balch, Melvin Rubin; Bruce Anderson, Maryland Poison Center; Joey Scaletta, DHMH; Phil Cogan, MPhA; Bob Feroli, MSHP; Cynthia Boyle, University of Maryland School of Pharmacy; Board Staff: LaVerne Naesea and Joan Lawrence.

Drug Therapy Management (DTM)

The Board of Pharmacy and Board of Physician Quality Assurance were charged by the Maryland General Assembly during the 2001 legislative session to review Senate Bill 772, Health Care-Therapy Management Agreements and Cooperative Procedures, which was introduced during the 2001 Maryland legislative session. The Boards were to obtain a consensus on the issues raised during the session from interested parties, for the

purpose of re-introducing a therapy management bill during the 2002 legislative session.

Senate Bill 772 was introduced to the Maryland General Assembly during the 2001 legislative session. It passed the Senate with amendments, and was assigned to the Environmental Matters Committee of the House of Delegates. The Environmental Matters Committee held a hearing on April 3, 2001. On April 8, 2001, former Chairman Guns of the Environmental Matters Committee held an informal meeting involving interested parties. At that meeting, the issue was referred for summer study and the Board of Pharmacy hosted the first meeting of the Drug Therapy Management Work Group on May 2, 2001.

The Work Group discussed many issues that were translated into two bills, SB676/HB 781, and passed during the 2002 legislative session. The bills will be interpreted through regulations prepared by the Board of Pharmacy and the Board of Physician Quality Assurance. The following were among the key concepts addressed in the bills:

- Expansion of the definition of the practice of pharmacy to include acting within the parameters of a therapy management contract;
- Exclusion of institutional facilities from having to operate pursuant to therapy management contracts;
- Definition of a physician-pharmacist agreement as a disease-state specific agreement between a physician and a pharmacist that is approved by the Boards of Physician Quality Assurance and Pharmacy;
- Definition of a therapy management contract as a signed, voluntary, written arrangement that is disease-state specific between a licensed pharmacist and his designated alternate licensed pharmacist, a licensed physician and his alternate designated licensed physicians involved directly in patient care; and one patient receiving

care from a pursuant to a physician – pharmacist agreement and protocol. The contract must be related to treatment using drug therapy, laboratory tests or medical devices, under defined conditions or limitations, for the purpose of improving patient outcomes;

- Requirement that the licensed physician and licensed pharmacist predetermine a protocol(s) or course(s) of treatment according to generally accepted medical practice for the proper completion of a particular therapeutic or diagnostic intervention prior to enter;
- Description of the requirements that a pharmacist must meet in order to consider entering into a therapy management contract with a physician;
- Requirement that the Boards of Physician Quality Assurance and Pharmacy approve the physician-pharmacist agreement and protocol(s); and
- Limitation of physician-pharmacist agreement to 2 years from the date of its final approval unless renewed in accordance with established regulations.

The passage of SB 676/HB 781 and pending regulations will better protect the public health, and enhance current systems of health care and protections.

The Board acknowledges and thanks the many representatives of agencies and organizations, as well as the legislators and their staff, for the hard work and cooperation displayed as participants in the Drug Therapy Management Work Group. They included:

Stanton G. Ades, P.D., President, Maryland Board of Pharmacy and Chair of the Work Group; Chairman John A. Hurson, Environmental Matters Committee (now the Health and Government Operations Committee), District 18, Maryland Legislature; Former Chairman of the Environmental Matter Committee, Ronald A. Guns; Delegate Donald B. Elliott, P.D., District 4B, Maryland

Legislature; Delegate Dan K. Morhaim, M.D., District 11, Maryland Legislature; Del. Peter A. Hammen, District 46, Maryland Legislature; Del. K. Bennet Bozman, District 38B, Maryland Legislature; former Del. Kathy Klausmeier, District 8, Maryland Legislature; Del. Theodore T. Sophocleus, District 32, Maryland Legislature; former Del. Tod D. Sher, District 14, Maryland Legislature; Del. Michael H. Weir, District 6, Maryland Legislature; former Del. Robert C. Baldwin, District 33, Maryland Legislature; Del. Charles R. Boutin, District 34A, Maryland Legislature; Del. Rudolph C. Cane, District 37A, Maryland Legislature; Del. Barbara A. Frush, District 21, Maryland Legislature; former Del. Jake Mohorovic, District 7, Maryland Legislature; Del. Shirley Nathan-Pulliam, District 10, Maryland Legislature; Del. Nathaniel T. Oaks, District 41, Maryland Legislature; Del. George W. Owings, III, District 27B, Maryland Legislature; Del. Alfred W. Redmer, District 8, Maryland Legislature; Del. Joan F. Stern, District 39, Maryland Legislature; Del. Paul S. Stull, District 4A, Maryland Legislature; Senator Paula C. Hollinger, District 11, Maryland Legislature; former Senator Thomas L. Bromwell, District 8, Maryland Legislature; all of the members of the 2001-2002 Environmental Matters and Education, Health, and Environmental Affairs Committees; Sharon Bloom, representing Del. Morhaim, District 11, Maryland Legislature; Erin Hopwood, Esquire, Counsel, Environmental Matters Committee (now the Health and Government Operations Committee); Jennifer Chasse, Policy Analyst, Environmental Matters Committee (now the Health and Government Operations Committee); Mark Luckner, Assistant to Chairman Hurson; Dr. Robert Lyles, The Maryland State Medical and Chirurgical Society (MedChi); Dr. Reed Winston, MedChi; Dr. Donald W. Dembo, MedChi; Willarda Edwards, MedChi; Jay Schwartz, Esquire, MedChi; Deron Johnson, Esquire, Pharmaceutical Research and Manufacturers of America (PhRMA); Andrew Corsig, PhRMA; Dr. Samir Neimat, Chair, Board of Physician Quality Assurance (BPQA); C. Irving Pinder, Executive Director, BPQA; Dr. Israel Weiner, Consultant for the BPQA; Marie Savage, Legislative Officer, BPQA; Karen Wulff, Legislative Officer,

STATE OF MARYLAND BOARD OF PHARMACY 2002 ANNUAL REPORT

BPQA; Dr. Kevin Rossiter, Johns Hopkins Bayview Medical Center; Charles H. Twilley, P.D., MBA University of Maryland/Johns Hopkins Bayview Medical Center; George Voxakis, P.D.; Mark Levi, P.D., Epic Pharmacies; Catherine Crowley, Maryland Hospital Association; Carol Rudo, Pharm.D., B.C.P.S.; Veterans Administration Maryland Health Care System; Magaly Rodriquez de Bittner, Pharm.D., University of Maryland School of Pharmacy (UMSPha); Gary Smith, Pharm.D., UMSPha; Dr. Russell Moy, Department of Health and Mental Hygiene(DHMH); Kimberly Mayer, Office of the Secretary, DHMH; Pamela Owens, Esquire, Office of Governmental Affairs, DHMH; Paul Ballard, Esquire, Assistant Attorney General, Office of the Attorney General; Geraldine Valentino, Esquire, Maryland Association of Chain Drug Stores; Donna Stephens, Bayer; Walter Hepner; Murhl Flowers, P.D., Maryland Association of Chain Drug Stores and the Maryland Pharmacists Association; Marvin Freedenburg, P.D., NeighborCare; Mark Kern, Mercy Hospital; Jennifer Burch, Pharm. D., Consultant, North Carolina Association of Pharmacists; Alan Friedman, P.D., Kaiser Permanente; David Moore, Maryland Society of Health System Pharmacists; Amy Holmes, Pharm. D.; Eleni Anagnostiadis, R.Ph.; Richard Baylis, P.D., Maryland

Chapter-American Society of Consultant Pharmacists; Arnold Clayman, P.D., Maryland Chapter-American Society of Consultant Pharmacists; Mark Handelman, Maryland Chapter-American Society of Consultant Pharmacists; Howard Schiff, P.D., Maryland Pharmacist Association; Mark Sanford, P.D., Maryland Pharmacist Association; Austin Ladic, University of Maryland Student; Chris Asher, University of Maryland Student; Cherokee Layson-Wolf, University of Maryland Student; Jen Jefferson, University of Maryland Student; Charron Long, University of Maryland Student; Catherine Kiruthi, University of Maryland Student; Juliette Laramie, University of Maryland Student; Agnes B. Ekiko, University of Maryland Student; Raymond Love, Pharm.D., Board of Pharmacy & University of Maryland School of Pharmacy; Wayne Dyke, P.D., Maryland Board of Pharmacy; Jeanne Furman, P.D., Maryland Board of Pharmacy; Melvin Rubin, P.D., Maryland Board of Pharmacy; LaVerne G. Naesea, Executive Director, Maryland Board of Pharmacy; James Slade, Legislative and Regulations Officer, Maryland Board of Pharmacy; Angela Long, Executive Secretary, Maryland Board of Pharmacy; and Joan Lawrence, Public Information Officer, Maryland Board of Pharmacy.

BOARD STAFF

LaVerne Naesea	Executive Director
Vacant	Pharmacist Compliance Officer
Tamarra Banks	Network Specialist Administrator
Shirley Costley	Personnel, Contracts and Procurement Officer
Joan Lawrence	Public Information Officer
James Slade	Regulations/ Legislative Officer
Doris Thomas	Licensing Supervisor
Deitra M. Gale	Compliance Specialist
Vladimir Konstantinov	Database Specialist
Vacant	Executive Secretary
Sandra Hines	Secretary
Devin Cunningham	Licensing Secretary
Lakeya Davis	Licensing Clerk
Vacant	Data Entry Clerk

PUBLIC MEETINGS

Public meetings are held at The Board of Pharmacy, 4201 Patterson Avenue, Baltimore, Maryland 21215, on the 3rd Wednesday of each month, at 9:00 a.m. Anyone may attend the public session from 9:00 a.m. to 12:00 Noon.

A permanent record of all public proceedings of the Board is available at the Board and may be reviewed Monday through Friday from 8:30 a.m. to 5:00 p.m.

If you would like to receive the Board's public packets, view the public agenda and public meeting dates, you can log on to our website, www.mdbop.org or www.dhmf.state.md.us/pharmacyboard.

INFORMATION SERVICE

Log on the Board's web site at:
www.dhmf.state.md.us/pharmacyboard or
www.mdbop.org

The Board provides information on a wide variety of activities it conducts, including:

- Pharmacists, pharmacies, or distributors licensed by the State of Maryland
- Board meeting schedules, minutes and newsletter
- Pharmacy Board applications, some that can be submitted on-line
- Links to pharmacy assistance and other health organizations
- Pharmacy store openings and closings
- Summaries of committee activity
- Consumer educational information
- Proposed regulations and legislation
- Forms to file complaints, and
- Opportunities to e-mail the Board

Nothing will replace the customer services provided when the Board is visited in person, or is called on the telephone. However, as new opportunities in Internet services arise, so are the services being offered by the Board for the convenience of the consumer, the Board's licensees and permit holders.

**MARYLAND DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**



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