

# maryland Board of Pharmacy

## Board of Pharmacy Terms Open in 2002

Maryland pharmacy law requires the Board to notify all Maryland pharmacists when the terms of Board of Pharmacy members will expire so that eligible pharmacists have an opportunity to seek a Board appointment. The Board of Pharmacy is comprised of 10 pharmacists and two consumer members that are appointed by the Governor. A Board member may serve a total of two, consecutive, four-year terms. The terms are staggered so that three four-year terms expire each year. Maryland law designates specific categories of representation for the 12 Board seats:

- **Two Acute Care Hospital Pharmacists** - usually selected from a list submitted by Maryland Society of Health-System Pharmacists;
- **Two Independent Pharmacists** - usually selected from a lists submitted by the Maryland Pharmacist Association and the Maryland Pharmaceutical Society;
- **Two Chain Store Pharmacists** - usually selected from a lists submitted by the Maryland Pharmacist Association and the Maryland Pharmaceutical Society;
- **One Home Care Infusion Pharmacist** - usually selected from a lists submitted by the Maryland Pharmacist Association and the Maryland Pharmaceutical Society;
- **One Long Term Care Pharmacist** - usually selected from a lists submitted by the Maryland Chapter of the American Society of Consultant Pharmacists;
- **Two At Large Pharmacists** - usually selected from a list of all interested pharmacists who have submitted their names to the Maryland Pharmacist Association; and
- **Two Non-pharmacist Consumers** - appointed to the Board with advice of the secretary and the consent of the senate.

Designated Board seats that will be open for nominations in 2002 are one (1) Home Care Infusion Seat, one (1) Independent Seat, and one (1) Consumer seat. Currently, the appointees holding the pharmacist seats are eligible for reappointment in 2002. The appointee in the Consumer seat will

complete her second four-year term and is ineligible for reappointment. The following eligibility requirements must be met in order to qualify for appointment as a Pharmacy Board member:

Pharmacist Appointees must be Maryland Residents, Licensed Maryland pharmacists, in good standing with the Board, skilled and competent pharmacists, and possess at least five years of professional experience.

Consumer Appointees must be Maryland Residents, may not have been a pharmacist, may not have a pharmacist in the household, may not have participated in the pharmacy field, and may not have had a substantial financial interest in a person regulated by the Board.

All eligible licensed pharmacists who wish to be considered for 2002 appointments should contact the appropriate association to obtain an application form and a description of Board-member-duties.

Pharmacists should indicate the type of seat to which they wish to be appointed and whether they want to be considered for more than one type of seat (e.g., a clinical specialty seat as well as an at-large seat).

For information on the duties of a Board commissioner and for applications for the 2002 opening, write or call the following associations:

**Independent Pharmacy Seat**  
 Maryland Pharmacists Association  
 650 W. Lombard St.  
 Baltimore, MD 21201  
 Tel: 410-727-0746 or 410 653 6468

**Maryland Pharmaceutical Society**  
 c/o Irving Lottier  
 4501 W. Forest Park Ave  
 Baltimore, MD 21207  
 Tel: 410-448-4756

**Home Care Infusion Seat**  
 Maryland Society Health-System Pharmacists  
 8480-M #252 Baltimore National Pike  
 Ellicott City, MD 21043  
 Tel: 410 465-9975

Application must be received by February 15th.

*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, distributors and manufacturers; setting standards for the practice of pharmacy through regulations and legislation; and receiving and resolving complaints. The Maryland Board of Pharmacy sets standards that ensure safety and quality health care for the citizens of Maryland.*



**Maryland Board of Pharmacy**  
 4201 Patterson Ave.  
 Baltimore MD 21215-2299  
 410-764-4755  
[www.mdbop.org](http://www.mdbop.org)

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## From the Executive Director's Desk

**H**appy New Year! The past year and quarter has been filled with Board activities of which many are discussed in this issue. One very important event was the completion and receipt of the Board's Sunset Review. A Sunset Review is performed on most of the state health boards and commissions every ten years to determine if they should be re-authorized. That's right, the Board would have actually terminated on July 1, 2003, had the evaluation determined there was not a continued need for regulation of pharmacy in Maryland! Fortunately, the State Department of Legislative Services found the Board to be on the right track in terms of its operations and the manner in which it has addressed issues over the past ten years and recommended that it continue to function -- at least through July 1, 2013.

The Board initiated two new task forces. The Bio-Terrorism Task Force was appointed to address pharmacy's roles in state emergency preparedness. The group was formed following the September 11th terrorist attack to ensure that Maryland pharmacists are not only prepared, but also equipped to meet a state emergency. Over four hundred pharmacists responded to the Board's request for volunteers in case of a state emergency. THANK YOU! It's not too late to send in the volunteer response form. We still need more volunteers. The second task force, the Shortage of Pharmacists Workgroup, held its initial meeting on December 3rd. Its assignment is to identify the magnitude of the pharmacist shortage in Maryland and develop methods to address related issues.

The Medication Errors Task Force presented its final report to a joint legislative committee in November. Special thanks to Bruce Gordon who voluntarily facilitated Task Force deliberations for close to two years. Board staff persons, James Slade and Michelle Andoll are to be commended for their work in preparing the report that was very well received in Annapolis. The Joint Committee expressed pleasure with the presentation because the Task Force presented solid recommendations that could be implemented. Board member, Jeanne Furman also presented an overview of the Medication Errors Task Force Report at the National Association of Boards of Pharmacy's (NABP) District II meeting in early November.

Over the last quarter, the Board and/or staff also participated in the NABP Executive Officers Training, the Citizens Advocacy Center's 2001 Annual Meeting, an Invitational Conference on Patient Safety sponsored by the University of Maryland Pharmacy School and Maryland Office of Health Care Quality, the Council of Boards and several other collaborative meetings that were germane to issues that the Board is presently addressing. Board Staff also reviewed several on-line licensing systems and I am pleased to report that the Board is close to testing an on-line system provided through NABP, with augmentation (necessary to ensure security, appropriate data collection, and a user-friendly system) through one or more additional contracts.

In addition to the regularly featured information in this issue, is the Board's proposal to increase user fees. Increases are proposed to continue to meet Board operational costs and enhance services.

*continued on page 6*

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## Recognized Participants of National Pharmacy Week

**October 21 thru 27th**

The Board recognized the following pharmacies and pharmacists who informed us of their participation in National Pharmacy Week with a certificate of appreciation, and acknowledgements in the Board's newsletter and on its web site. (www.mdbop.org).



### **Mercy Medical Center**

Mercy Medical Center celebrated Pharmacy Week by having pharmacists and pharmacy students host a booth in the Main Lobby. The display highlighted the important role of the hospital pharmacist in the delivery of quality care in the institutional setting as well as describing steps patients and caregivers can take to ensure the safe and appropriate use of their medications.

Over 200 patients, visitors and hospital employees visited the booth.

- Educational pamphlets distributed
- Free give-aways
- A "guess how many pills" contest conducted.

### **CVS Pharmacy #2066, Falls Road, Baltimore**

Jaye Waxler, Pharmacists-In-Charge stated, "Although the turn-out was lower than anticipated (based upon advertising in the Cross Keys area via flyers in mailboxes and cars), he felt that those who participated were sincerely grateful and touched that the pharmacy sponsored such an event. The store plans to have an event similar to this one during next year's National Pharmacy Week."

- Brown Bag Day October 25, 2001 9:00 a.m. to 1:00 pm
- Approximately 12 patients had their medications reviewed and had counseling.
- Coffee and refreshments were provided for the patients.

### **Giant Pharmacies**

- Lunch for pharmacy associates on Tuesday, October 23, 2001
- Signs in stores announcing National Pharmacy Week
- Running ad in the Baltimore Sun announcing National Pharmacy Week

### **Pharmacist Professional Advisory Committee of the United States Public Health Service**

- Patient counseling sessions for 5 days held in the Parklawn Building, Rockville
- Blood Pressure screening
- Cholesterol screening
- A series of lectures
- Active duty PHS Pharmacists volunteered their time to counsel patients.
- Speakers volunteered their time for free.

## Medication Error

Medication errors in the United States have caught the attention of the public in recent years. The Institute of Medicine (IOM) published a report in December 1999 titled "To Err is Human," which indicated that 44,000 to 98,000 Americans die of medical errors each year in hospitals. Medication errors alone are estimated to account for more than 7,000 deaths annually. The number may even be greater when including other health care establishments such as retail pharmacies, nursing homes, clinics, physician offices, and other ambulatory settings.

The National Coordinating Council for Medication Error Reporting and Prevention (NCCMERP) defines a medication error as "any preventable

event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer." Medication errors can occur anywhere in the medication delivery system including prescribing, transcribing, dispensing, administering, and monitoring the medical products. Often, similar strengths, similar sounding/looking names, and similar labeling/packaging contribute to medication errors that occur in the medication delivery system. Changes to the design, the name, or labeling/packaging of the product can prevent medication errors.

The US Food and Drug Administration (FDA) encourages the reporting of medication errors

to the agency so they can evaluate errors related to the naming, labeling, and/or packaging of drug products. The FDA receives reports of potential and actual medication errors through its voluntary and confidential Medical Products Reporting Program (MedWatch), pharmaceutical manufacturers, and through the United States Pharmacopeia (USP) Practitioners' Reporting Network (operated in conjunction with the Institute for Safe Medication Practices). MedWatch is designed to receive reports from patients, consumers, and health care professionals concerning adverse events and problems associated with medical products such as prescription and nonprescription drugs, biologics, medical devices, and special

nutritional products that are regulated by the FDA. Product problems including product performance, quality, or safety on any medication or device (including medication errors) can be reported to MedWatch by mail using the postage-paid MedWatch form at <http://www.fda.gov/medwatch/safety/350.pdf>; by phone at 1-800-FDA-1088; by fax at 1-800-FDA-0178; or via the internet at <http://www.fda.gov/medwatch/>.

Consult the Maryland Board of Pharmacy if you have any questions about what is permissible.

*This is an excerpt from NABP's article "Medication Errors and the FDA," October 2001. Submitted by Jerry Phillips, David Diwa, Jennifer Fan, Hye-Joo Kim, and Alina Mahmud from the US Food and Drug Administration.*

## Earn a Degree with CE

The University of Maryland School of Pharmacy is accepting applications for the Nontraditional PharmD (NTPD) Pathway for Fall 2002 admission. The NTPD Pathway is a thirty-credit program for licensed pharmacists who already have a BS in pharmacy to earn the Doctor of Pharmacy degree. The goal of the program is to equip pharmacists to provide exemplary pharmaceutical care to improve the health and well-being of their patients.

Maryland pharmacists can take advantage of in-state tuition rates. Many companies and institutions cover some of the tuition for their pharmacists. The program, which includes twelve required courses and five credits of electives, can be accomplished in three years.

Through the Prior Learning Assessment elective, students may earn academic credit for documented non-sponsored learning. Students may adjust their course load, as long as they enroll in a course each fall and spring semester.

The NTPD program is designed for practicing pharmacists and does not require a leave of absence from work. Courses are offered at the University of Maryland campus in downtown Baltimore, and select course content may be offered via the internet and through distance education facilities elsewhere in Maryland.

For more information, please access the website at [www.pharmacy.umaryland.edu/nontrad-pharmd](http://www.pharmacy.umaryland.edu/nontrad-pharmd) or call the director, Cynthia Boyle, at 410-706-1495.

## New Website Format Unveiled



The Board's new website format will go into effect on January 15th. Come visit the site to see all of our new features.

<http://www.mdbop.org>

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## Regulations Updates

### Fees

Emergency regulations are anticipated to become effective on February 1, 2002, which will increase certain fees relating to pharmacists. Effective July 1, 2002, standard regulations are expected to become effective. The Board has decreased fees in the past, but proposes to increase them to maintain Board operations. (See article in this issue)

### Pharmacist Code of Conduct

Effective November 12, 2001, the Pharmacist Code of Conduct was amended to require pharmacists to “maintain proper sanitation, hygiene, biohazard precautions, and infection control when performing tasks in the prescription process.” COMAR 10.34.10.01. This regulation was also amended to make unprofessional conduct grounds for discipline.

### Standard of Practice for Unlicensed Personnel

Existing regulations, entitled Standard of Practice for Unlicensed Personnel, were amended to require that permit holders ensure, among other

things, that unlicensed personnel maintain proper sanitation, hygiene, biohazard precautions, and infection control while performing tasks in the prescription process. The effective date of adoption of the amendments was December 10, 2001.

### Record of Drug Inventory Acquisition

Effective September 17, 2001, pharmacy permit holders that acquire drug inventory from any source must maintain certain minimum records relating to the acquisition, including “the name and principal address of the source of the drugs...the identity and quantity of the drugs received; and ...the date the drugs were received.” The new regulations also require the pharmacy permit holder to produce the drug inventory acquisition records within 72 hours of a request from a governmental entity. An exception from the record-keeping requirement for drugs that are replaced within 7 days is established.

### Delivery of Prescriptions

The Board’s Delivery of Prescriptions regulations became effective December 10, 2001.

The purpose of the proposed regulations is to address pharmacies’ and pharmacists’ responsibilities when prescription medications are sent to patients via the United States Postal Service, common carrier, or other delivery system, in order to protect the public health.

### Patient Safety Improvement

Proposed regulations relating to patient safety improvement were published in the November 16, 2001 Maryland Register. This new chapter is intended to address medication errors. The proposed chapter will address error reduction in three ways. Pharmacy permit holders will be required to provide patients with certain information. Pharmacy permit holders will be required to ensure that pharmacy staff receives annual training relating to medication errors. Finally, pharmacy permit holders will be required to maintain quality assurance programs.

### Automated Medication Systems

Proposed regulations relating to automated medication systems

were published for comment in the Maryland Register. The proposed chapter will define the parameters under which a permit holder may allow the use of an automated medication system for the distribution of medication.

### Compelling Public Purpose

It is expected that the Board’s Disclosure for Compelling Public Purpose regulations will become effective shortly. Please track these regulations in the Maryland Register. This proposed chapter will allow the Board, upon finding that there is a compelling public purpose, to disclose certification, licensing or investigative information to certain entities, regardless of whether there is a request for the information.

### HB 418 (Impoundment Regulations)

The Board is developing regulations that are required by House Bill 418, Drugs and Prescription Records- Impounding and Disposing, which was passed during the 2001 Maryland legislative session.

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## Sanitation

Effective June 1, 2001, COMAR 10.34.10 - Pharmacist Code of Conduct, was amended to include the following language:

“A pharmacist shall maintain proper sanitation, hygiene, biohazard precautions, and infection control when performing tasks in the prescription process.”

In part, this amendment was prompted by several complaints filed with the Board alleging that a pharmacist may have failed to engage in proper hygiene and cleanliness while

preparing prescriptions. The regulation is intended to make clear the Board’s expectation that pharmacists will prepare and dispense medications only under appropriate sanitary conditions and not engage in any activity that would compromise or question the integrity of medications provided to the patient.

The regulation is also intended to prohibit any activity that may result in exposure to a patient or pharmacy personnel to bio-hazardous conditions.

For instance, it was brought to the Board’s attention that some nuclear pharmacies may be using contaminated lead containers to transport radiopharmaceuticals from the pharmacy to the patient. Without the use of a disposable plastic liner, the lead container may become contaminated with biological waste when the container is used to return the radioactive syringe and blood contaminated administration materials to the pharmacy. Reuse of a container contaminated with

infectious waste is one example of a lapse in infection control that may be a violation of this regulation.

As health care professionals, pharmacists must be aware of the prevailing standards of sanitation, hygiene, biohazard precautions, and infection control related to their practice. Failure to adhere to these standards may constitute grounds for disciplinary action under this regulation.

## Professional Practice Corner

### How to Stop Drug Diversion and Protect Your Pharmacy

This guide summarizes tips from the U.S. Drug Enforcement Administration (DEA) and other sources designed to ensure that prescription drugs continue to be available where medically indicated, while preventing their diversion into the illicit market.

As the DEA states, it is not their role “to reduce or deny the use of controlled substances where medically indicated.” Nevertheless, according to the DEA, the pharmacist has a personal responsibility to protect his/her practice from becoming an easy target for drug diversion. “The dispensing pharmacists must maintain constant vigilance against forged or altered prescriptions.”

#### Types of Fraudulent Prescriptions

- Diverter steals prescription pads from doctor’s offices and writes prescriptions for fictitious patients.
- Diverter alters a prescription to obtain larger quantities of drugs; for example, diverter changes the number 10 to become 40, 70 or 100.
- Diverter changes telephone number on legitimate pads so an accomplice can “verify” the fraudulent prescription when you call.
- Diverter calls in prescription and vies his/her own telephone number for the call back confirmation.
- Diverter uses computer and/or copier to create prescription pads for nonexistent doctors or to copy legitimate doctors’ prescriptions.
- Diverter “rinses” the prescription blank with acetone (nail polish remover) to remove the original writing for a non-controlled substance (e.g., an antibiotic) and writes in a controlled substance.

*Presented as an educational service by Purdue Pharma L.P. More to come in April’s issue.*

## Legislative Updates

### Drug Therapy Management and Cooperative Procedures:

The Board of Pharmacy sponsored a work group to resolve issues raised by Senate Bill 772 (2001 Legislative Session), Drug Therapy Management and Cooperative Procedures. It is expected that a bill will be introduced during the 2002 Maryland legislative session relating to drug therapy management, which will reflect the discussions of the work group.

## Board Proposes Increasing Licensing and Permit Fees

Most Board licensees and permit holders benefited in 1997 when the Board of Pharmacy reduced fees. Since that time, the Board has used surplus funds to supplement total budgeted expenditures (which have exceeded actual Board income up to \$300,000 annually). At the end of the current fiscal year (June 20, 2002), the Board anticipates having depleted its surplus to a point that it would face a deficit if fees were not increased. Therefore, the Board approved increases in certain fees at its October 2001 public meeting in order to meet FY 2003 and subsequent projected budgets over the next five years.

LaVerne Naesea, Executive Director stated, “in addition to anticipated increases in the Board’s general operating expenses (e.g., strategic planning, the new web site, E-Gov on-line licensing, and additional staff), the Board experienced unanticipated increases related to indirect costs, such as increased rent, attorney fees, and other administrative assessments. The Board carefully weighed proposed increases to insure that they are limited to meeting projected expenditures over the next five years.”

Emergency regulations have been proposed to increase certain fees, effective February 1, 2002. Proposed increases are as follows:

Pharmacists	Current	New
New (Exam)	\$ 50.00	\$100.00 <i>(in addition to other examination fees)</i>
Renewal	\$ 95.00	\$150.00 <i>(in addition to MHCC fee of \$34.00)</i>
Reciprocity	\$200.00	\$250.00
Pharmacies		
New	\$150.00	\$300.00
Renewal	\$150.00	\$250.00
Late	\$ 75.00	\$150.00
Other Establishments		
Distributors New	\$250.00	\$500.00
Distributors Renew	\$250.00	\$500.00
Distributors Late	\$ 75.00	\$150.00
Manufacturers New	\$300.00	\$500.00
Manufacturers Renew	\$250.00	\$500.00
Manufacturers Late	\$ 75.00	\$150.00

When approved, graduating students, licensees and permit holders will receive notice of the increases with their next new/renewal application packets.

### New Information on Website Regarding Non-Renewed Pharmacists

At the end of each month, those pharmacists who have not renewed prior to the expiration of their licenses will be listed on the website. This new initiative is intended to help establishments insure that their employees are properly credentialed to practice pharmacy in Maryland. Pharmacists are required to renew their licenses every two years by the end of their birth month.

### Revisions of Regulations Pertaining to Late Renewals and Reinstatement

The Board’s Licensing Committee is currently reviewing 12-308 –310 and Regulation 10.34.13 for possible changes in renewal and reinstatement requirements. Most or all of the changes being considered are not substantive, but will be made to clarify certain related requirements. Check the Board’s website and newsletter, as well as the Maryland Register for updates and future proposed changes.

## FAQs

*In day-to-day pharmacy practice, unusual situations sometimes occur, generating questions. So to help our licensees, "Frequently Asked Questions" will be featured in each issue of the Board's newsletter. If you have a question you would like to see answered in this column, please fax your question to 410-358-6207 or e-mail to Joan Lawrence at [jlawrence@dhmh.state.md.us](mailto:jlawrence@dhmh.state.md.us).*

### Compliance

*Q1. May unlicensed pharmacy personnel receive refill authorizations from the prescriber?*

The standards of practice for unlicensed personnel are found at COMAR 10.34.21. This regulation delineates tasks that may be performed by unlicensed pharmacy staff. It also establishes certain other requirements concerning the supervision and utilization of unlicensed pharmacy staff. Unlicensed pharmacy staff that have been properly trained may receive refill authorizations from the prescriber provided that the prescription is NOT for a controlled dangerous substance, and no change is made in the original prescription order other than the number of refills allowed.

*Q2. Who may legally enter the pharmacy prescription area when the pharmacy is closed?*

Except in an emergency as defined by law, such as fire or flood, an individual may not be in the prescription area unless a pharmacist is immediately available on the premises to provide pharmacy services. COMAR 10.34.05. This applies to all pharmacy practice settings, including institutional and inpatient.

### Licensing

*Q1. If my license lapses, what is the procedure to reactivate my license?*

You would need to reinstate your license. To reinstate, the following process must be followed:

1. Contact the Board for a reinstatement application.
2. Complete an oral English exam.
3. Take the Multi-state Jurisprudence Exam (MPJE).
4. Show proof of pharmacy experience for the past two (2) years.
5. Complete and submit a reinstatement application to the Board.

*Q2. I have not received my pharmacist license renewal application yet and I usually renew this month. Will you send a duplicate renewal form to me?*

Following the initial renewal period, pharmacists' licenses expire every two years, at the end of their birth month. The Board mails pharmacist renewal applications sixty days prior to when the current license will expire. If you think it is time for your license to be renewed, first check the expiration date on your current license. Contact the Board for a duplicate application only if your license is due to expire within seven weeks and you have not received a renewal application packet from the Board. Pharmacists should get in the habit of periodically checking their licenses to ensure that they have not forgotten to renew. Remember, when engaged in pharmacy practice, it is the responsibility of the pharmacist to ensure she/he is properly licensed at all times.

## Disciplinary Actions

Maria Johnson, (#08123)

Effective September 12, 2001, license to practice pharmacy is placed on probation, a reprimand issued and a monetary penalty assessed.

Jeffrey Stockton, (#10082)

Effective September 12, 2001, license to practice pharmacy is placed on probation, a reprimand issued and a monetary penalty assessed.

Rite Aid Pharmacy #397 (P00714)

Effective October 17, 2001, pharmacy permit is placed on probation and a monetary penalty assessed.

Rite Aid Pharmacy #347 and #2207 (P00666 and P01335)

Effective October 17, 2001, pharmacy permit is placed on probation and a monetary penalty assessed.

Andrew McLaughlin, (#11791)

Effective October 29, 2001, license to practice pharmacy was voluntarily surrendered.

Rema Anton, (#11719)

Effective October 29, 2001, license to practice pharmacy was voluntarily surrendered.

John Riley, (#09173)

Effective October 31, 2001, license to practice pharmacy is reinstated and placed on probation

## Executive Director's Report

*(continued from Page 2)*

The Board has come a long way in defining how it can best protect and educate consumers. It has shared the many initiatives undertaken to support and serve licensees and permit holders better while meeting this mission. The proposed increases are absolutely necessary and reasonable when compared to other states' fees. A list of the proposed increases, expected to become effective February 2002, is provided inside this issue.

Kudos to Board members Ramona McCarthy-Hawkins, Dr. Raymond Love and Melvin Rubin who received notice of their reappointments to four-year terms. And finally, Yours Truly received the Kathleen Kennedy Townsend Award of Excellence to Women in Government Service this past November. This is a highly prestigious honor, for which I would not have been selected without the good fortune of working with wonderful staff at the Board and throughout my state career and a highly proactive and supportive Board of Pharmacy.

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## Fast Bytes

### Bio-terrorism CE

In order to help pharmacists respond to questions from patients about the threat of bio-terrorist agents, the Professional Education Services Group has developed a two-hour CE program that will address issues such as recognizing signs and symptoms of various bio-terrorist agents, initiating appropriate therapy, and key points to discuss when counseling patients. The CE is available as an Internet PowerPoint presentation, through [www.biological-terrorismed.com](http://www.biological-terrorismed.com), and costs \$25.00. National Community Pharmacist Association (NCPA) members enter the code: BA2697 when prompted on the website to receive the discounted rate of \$18.00.

### Board Involved in Bio-terrorism Readiness

The Board would like to thank the pharmacists and unlicensed personnel who have answered the call for volunteers to date. With this information, the State will be able to rapidly contact pharmacists who are willing to help in specified areas of the State. Plans are being made which will allow pharmacists to provide required counseling, to rapidly dispense medication to persons who can take the drug of choice, and to have appropriate personnel assess those with special needs. The Board of Pharmacy members, and other pharmacists are involved in on-going meetings at several levels in the State

to coordinate plans for the total effort.

The Maryland Board of Pharmacy is represented by Stanton G. Ades, President, on the Bio-terrorism Task Force formed by the Secretary of Health and Mental Hygiene (DHMH). Also, represented on the Task Force are Bart Regan and Phil Cogan as technical advisors. The Board voted to create a short-term workgroup to develop a plan for mass distribution of medications and inoculations of Maryland citizens in the event of a bio-terrorist attack or other catastrophic events requiring large-scale pharmacist assistance. President, Ades and volunteer pharmacist Bart Ryan co-chair

this committee, which members include, Commissioners Love, Rubin, Schneider and Balch and volunteer pharmacist Phil Cogan. One key concern of this group is to ensure that the efforts of all of the groups working on emergency plans are coordinated.

The Board of Pharmacy website (<http://www.mdbop.org/alert/index.htm>) has links to programs which can help you to better understand the potential biologic threats and to help allay concerns of patients. The Board web site also has the volunteer forms that can be processed online or downloaded and fax to the Board. Go to [www.mdbop.org](http://www.mdbop.org).

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## HIV/AIDS Seminar - A Special Thanks from the Maryland Board of Pharmacy

Last Spring, the Maryland Board of Pharmacy performed a sample survey of pharmacists who called into the office, to determine if they would be interested in receiving training on HIV/AIDS related issues. A high majority of respondents indicated that they would. In a first effort of its kind, the Board solicited assistance from Associated Black Charities' Greater Baltimore HIV Health Services Planning Council and the Maryland Pharmacists Association (MPhA). These two organizations forged a partnership to present an exciting and successful continuing education (CE) seminar on "HIV/AIDS Therapy, Drug Interaction and Adherence: A Guide for Pharmacists," on November 7, 2001, at The Marriott Waterfront, Baltimore City, Maryland.

Seating was limited and the event was over-subscribed by more than 230 pharmacists from the Maryland and Washington DC areas. Attendees at the event, which was strongly endorsed by the Board, were served cocktails while they visited exhibit booths. During the serving of dinner, Board President Stanton G. Ades, welcomed guests and introduced guest speaker Peter Beilenson, M.D., MPH, Commissioner of Health, Baltimore City Health Department. Dr. Beilenson provided information about a new pilot that the Baltimore City Department of Health will introduce using teams of physicians, pharmacists and other health professionals to track patients in the community. Following Dr. Beilenson, the continuing education seminar was presented by three dynamic speakers: Beulah Perdue Sabundayo, Pharm.D, MPH, Johns Hopkins Bloomberg School of Public Health,

who spoke on the technical aspects and trends of drug therapy regimens; Michelle Forrest-Smith, Pharm.D, Curascript Pharmacy, Johns Hopkins Hospital who discussed various interactions and problems related to the numerous medications that HIV/AIDS patients may be prescribed; and Shivaun A. Celano, Pharm. D., MBA, Johns Hopkins School of Medicine, who provided valuable information about patients' adherence to treatment regimens, methods for tracking and the consequences of non-adherence.

Chief supporters of the event included Associated Black Charities (ABC), the Maryland Pharmacists Association (MPhA), Johns Hopkins School of Medicine and the Pennsylvania Mid-Atlantic AIDS Education and Training Center. The Board thanks all of those who participated in making this event a success and especially acknowledges Associated Black Charities (ABC), Maryland Pharmacists Association (MPhA), Board Members, Barbara Faltz-Jackson (Public Relations Chairperson) Jeanne Furman, Wayne Dyke, Joan Lawrence (Public Education Officer), and Board Executive Secretary, Angela Hamlin for their support and promotion of this event.

The Board may endorse future seminars that interest pharmacists. Please share topics that you are interested in by filling out the Board's on-line survey: Question #5 - What type of "continuing education programs" would you be interested in attending? Visit the website [www.mdbop.org](http://www.mdbop.org) and respond online or download the form and mail/fax it to the Board.

# Maryland Board of Pharmacy



## Board Members

*Front row from left to right:*

Barbara Faltz-Jackson,  
Laura Schneider, Stanton G. Ades,  
Jeanne Furman, Ramona McCarthy  
Hawkins, Irving Lottier, Jr.,

*Back row from left to right:*

Dr. Raymond Love, Donald Yee,  
Wayne Dyke, John Balch,  
Rev. William Johnson, Melvin Rubin

**Board Counsel (not in photograph):**  
Paul Ballard, Linda Bethman



## Board Staff

*Front row left to right:*

Lakeya Davis-Licensing Clerk,  
Deitra M. Gale-Compliance Specialist,  
Doris James-Licensing Supervisor,  
Angela Hamlin-Executive Secretary,  
Joan Lawrence-Public Education Officer,  
Michelle Andoll-Pharmacist Compliance Officer

*Back row left to right:*

Sandra Hines-Secretary,  
Shirley Costley-Fiscal/Personnel Officer,  
Vladimir Konstantinov-Database Specialist,  
LaVerne G. Naesea-Executive Director,  
James Slade-Regulations/Legislative Officer,  
Brenda Seaman-Data Entry Clerk,  
Tamarra Banks-Network & Information Specialist

Feel free to be in touch with all of these professional Board staff, for assistance with information, questions or concerns.

The services and facilities of the Maryland State Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex or national origin, and applies to the provisions of employment and granting of advantage, privileges, and accommodations.

The department, in compliance with the Americans and Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.

W. Irving Lottier, Jr. State News Editor

Joan M. Lawrence, Staff Editor

## Meetings

Pharmacy Board meetings are open to the public at 4201 Patterson Avenue, Baltimore, MD 21215. The Board encourages all interested parties to attend.

### Board Meeting Dates 2002

Wednesday, January 16  
Wednesday, February 20  
Wednesday, March 20  
Wednesday, April 10  
Wednesday, May 8  
Wednesday, June 19  
Wednesday, July 17  
Wednesday, August 21  
Wednesday, September 18  
Wednesday, October 9  
Wednesday, November 20  
Wednesday, December 18

Agendas and other information can be obtained by contacting the Board at 410-764-4755.

### CONTRIBUTE YOUR IDEAS

Thank you all for the "positive" feedback on the Board's "first in-house" newsletter.

This newsletter is created to keep you informed, and to cover topics that are of interest to you. If there is a particular topic that would be helpful to you, let us know. Send information to: Joan Lawrence, Maryland Board of Pharmacy, 4201 Patterson Avenue, Baltimore, MD 21215 or fax/e-mail: 410-358-6207; jlawrence@dhmh.state.md.us.

Maryland Board of Pharmacy

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