



In This Issue

Executive Director.....	1
In Memoriam.....	2
Legislative Summary.....	3-4
Disciplinary Actions.....	4
Bowl of Hygeia.....	4
Inspection Issues.....	5
Tech Training.....	5
NABP News.....	6-7

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 registering pharmacy technicians and student interns, issuing permits to pharmacies and distributors, setting pharmacy practice standards and through developing and enforcing regulations and legislation, resolving complaints, and educating the public.

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Board of Pharmacy News

Embracing the Future of Pharmacy in Maryland

*Deena Speights-Napata, Executive Director
 Chairperson, NABP District 1 and 2*

In the 2022 spring board newsletter edition I shared some disturbing trends being seen in the number of pharmacy closings in Maryland. In 2020 and 2021, nearly all Maryland jurisdictions experienced an increase in the number of pharmacy closings. In 2020, close to 1/3 of those closings occurred in the Baltimore metropolitan area. In 2021, Howard and Harford counties experienced significant increases in the number of pharmacy closings. This data didn't look good, and I was hoping that the number of 2021 openings would exceed the number of closings and we would be able to increase the number of openings in the Baltimore metropolitan area.

A review of pharmacy closings from January to June 2022, we have had 23 pharmacy closings. While we are on pace to match the number of closings that occurred in 2020, if the current trend continues, we will cut in half the number of closings that occurred last year. That's great news! The news that's not so great is that we continue to experience higher numbers of closures in the Baltimore metropolitan area (Baltimore county and city) followed closely by Prince Georges and Montgomery counties. And while Montgomery County has experienced a significant number of closings, the county has equally had a significant number of openings. Sadly, Baltimore City and Baltimore County continue to have four and five times the number of closings as openings. Howard and Harford counties continue to lag behind, with no pharmacy openings having occurred in those jurisdictions this year. The question becomes, where will the patrons of the closed pharmacies go for prescription refills, COVID testing and treatment, and other important pharmaceutical services? And, just like COVID, not if we will recover, but how long it will take.

On another note, I also shared concerns the board has had regarding the decreased number of technician registrations we received so far in FY22. I'm pleased to announce that the number of technician registrations has significantly increased over the past 6 months—just in time to accommodate the increased roles and responsibilities pharmacy technicians in Maryland will assume within the next 12 to 24 months.

So, all is not bleak. Exciting times are ahead—let's choose to confront and embrace the challenges as well as the victories!

The Board of Pharmacy is currently accepting submissions from readers for consideration for upcoming newsletter articles. Desired subjects covered may include public health or general educational topics. Submissions should be 500 words or less, in Microsoft Word document format.

Send any submissions to mdh.mdbop@maryland.gov



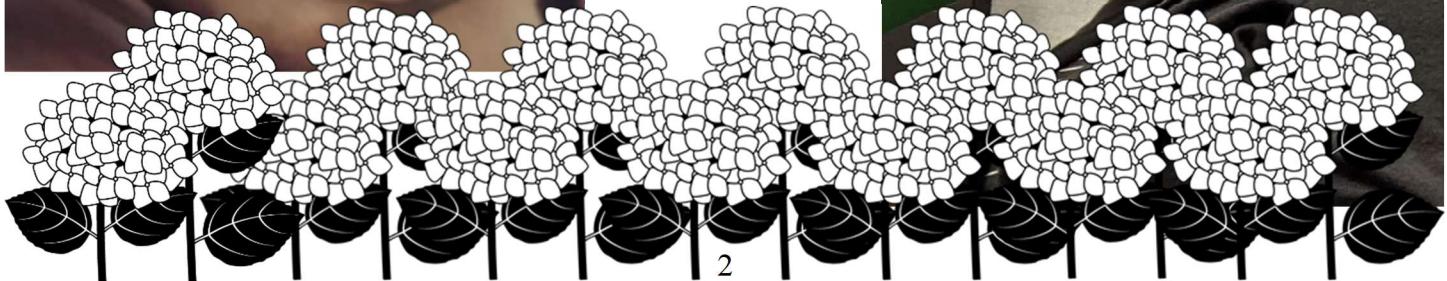
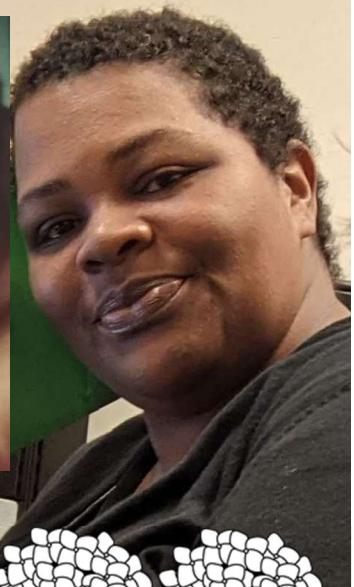
IN MEMORIAM KEISHA WISE

OUR COLLEAGUE AND FRIEND

Who passed away unexpectedly in May of 2022 at 38 years of age.



Keisha was a Licensing Distributor Specialist with the Board of Pharmacy and worked for the State of Maryland for 16 years. She is survived by her son, Kian. She will be deeply missed!



Maryland Board of Pharmacy – Legislative Summary – 2022 Legislative Session of the Maryland General Assembly

This document is a summary and is for informational purposes only. It is not an exhaustive explanation of the provisions of the bills. You may visit the Maryland General Assembly's website at mgaleg.maryland.gov or click on the links to read the bills. Enter the bill number in the search box, i.e., SB 440, click enter, then click on the bill number at the left of the timeline. (SB denotes a Senate bill, and HB denotes a House bill). Note that the Governor has veto powers. Bills that have a chapter number have been signed by the Governor. The Maryland Board of Pharmacy is not responsible for any errors or omissions.

1. HB 28 (SB 62) – Pharmacists - Aids for the Cessation of Tobacco Product Use ([Pharmacists – Nicotine Replacement Therapy Medication](#))

- Outcome: SUCCESSFUL; effective October 1, 2022.

2. HB 229 (SB 19) – Pharmacists – Administration of Maintenance Injectable Medications – Treatment of Sexually Transmitted Infections ([Pharmacists – Administration of Injectable Medications for Treatment of Sexually Transmitted Infections](#))

- Outcome: SUCCESSFUL; effective October 1, 2022.

3. SB 661 – Reimbursement of Pharmacist for Services Rendered ([Pharmacists – Status as Health Care Providers and Study on Reimbursement](#))

- Outcome: SUCCESSFUL; effective July 1, 2022.

4. HB 1219 – Pharmacists – Status as Health Care Providers and Reimbursement ([Pharmacists – Status as Health Care Providers and Study on Reimbursement](#))

- Outcome: SUCCESSFUL; effective July 1, 2022.

5. HB 55 (SB 1011) – Health Occupations – Nurse Anesthetists – Drug Authority and Collaboration ([Health Occupations – Nurse Anesthetists – Drug Authority](#))

- Outcome: SUCCESSFUL; effective October 1, 2022.

6. HB 1208 – [Health Occupations – Health Care Workforce Expansion](#)

- Outcome: SUCCESSFUL; effective June 1, 2022, July 1, 2022.

7. SB 440 (HB 625) – [Commission to Study the Health Care Workforce Crisis in Maryland - Establishment](#)

- Outcome: SUCCESSFUL; effective June 1, 2022.

8. SB 518 (HB 821) – [Care Pathways for Health Care Workers Program](#)

- Outcome: SUCCESSFUL; effective October 1, 2022.

9. HB 1389 (SB 700) – [MDH – Prevent Workplace Violence in Health Care Settings Public Awareness Campaign Workgroup](#)

- Outcome: SUCCESSFUL; effective June 1, 2022.

10. SB 200 – [Public Health – Prescription Drug Monitoring Program – Naloxone Medication Data](#)

- Outcome: SUCCESSFUL; effective October 1, 2022.

11. HB 1127 – [Public Health – State Designated Exchange – Health Data Utility](#)

- Outcome: SUCCESSFUL; effective October 1, 2022.

12. SB 144 – [Health - Authorization to Prescribe and Administer Amygdalin - Repeal](#)

- Outcome: SUCCESSFUL; effective October 1, 2022.

13. SB 812 (HB 1346) – [State Government – Cybersecurity – Coordination and Governance](#)

- Outcome: SUCCESSFUL; effective July 1, 2022.

14. SB 269 (HB 375) – [Open Meetings Act – Application and Enhanced Requirements \(Maryland State Agency Transparency Act of 2022\)](#)

- Outcome: SUCCESSFUL; effective October 1, 2022.

15. HB 246 – Open Meetings Act – Notices, Closed Sessions, and Minutes – Retention Periods, Online Posting, and Public Inspection ([Open Meetings Act – Notices and Closed Sessions – Retention Periods and Online Posting](#))

- Outcome: SUCCESSFUL; effective October 1, 2022.

16. SB 834 (HB 1148) – [Health Insurance – Two - Sided Incentive Arrangements and Capitalized Payments – Authorization](#)

- Outcome: SUCCESSFUL; effective October 1, 2022.

17. SB 823 (HB 973) – [Pharmacy Services Administrative Organizations and Pharmacy Benefits Managers – Contracts](#)

• Outcome: SUCCESSFUL; effective July 1, 2022.

18. HB 1274 – [Prescription Drugs – Pharmacy Benefits Managers and Purchasers – Federal 340B Program](#)

- Outcome: SUCCESSFUL; effective October 1, 2022.

19. HB 287 (SB 243) – [Secretary of Health – Professional Qualification Requirement](#)

- Outcome: SUCCESSFUL; effective July 1, 2022.

20. HB 33 (SB 614) – [Criminal Law – Controlled Dangerous Substances – Schedules – Adjustment](#)

- Outcome: SUCCESSFUL; effective June 1, 2022.

DISCIPLINARY ACTIONS

<u>PHARMACISTS</u>	<u>LIC. #</u>	<u>SANCTION</u>	<u>DATE</u>
Michelle Groff	13585	Probation	4/12/2022
Alexandra Ashworth	24649	Summary Suspension	4/27/2022
Anh Viet Nguyen	21667	Probation	6/21/2022
Minh Luong	21835	Probation	6/21/2022

<u>PHARMACY TECHNICIANS</u>	<u>LIC. #</u>	<u>SANCTION</u>	<u>DATE</u>
Waqas Abaid	T04325	Revocation	4/20/2022
Michae Denise Ross	T20794	Revocation	4/20/2022
Mykiara Chew	T25493	Summary Suspension	5/18/2022

Bowl of Hygeia Award Winner 2022

*Neil Leikach, RPh
President of YOUR Community Pharmacy*



Neil graduated in 1992 from the University of Maryland, School of Pharmacy with a BSc Pharmacy degree. He started his pharmacy career as a driver for Paradise Pharmacy in 1986 and moved up to pharmacy manager by 1998. Neil opened Catonsville Pharmacy in the same location in February 1999. Neil and Dixie opened Finksburg Pharmacy in 2003. Paradise Professional Pharmacy was split from Catonsville as a closed-door pharmacy for the assisted living home business in 2007. He married fellow UMD graduate, Dixie, in 1992. Dixie and Neil are blessed with their granddaughter, Ember, their adult children, Eric and Marc, and Eric's better half, Ke'Onna.

About the Award The “Bowl of Hygeia” Award is presented annually by participating pharmacy associations in each of the fifty states, the District of Columbia, and Puerto Rico. The recipients are selected by their respective associations for their outstanding record of community service.

Celebrating Pharmacy School Graduates of 2022

The Board of Pharmacy sends a hearty congratulations to the graduates of Maryland pharmacy schools and pharmacy schools all over the country. Below are photos of some of the Maryland graduating classes:



Class of 2022, University of Notre Dame, with Dean Anne Lin and Associate Dean Matthew Shimoda



Class of 2022, University of Maryland School of Pharmacy

THANK YOU to our Summer interns for their hard work



Besen Sanga, NDMU '23



Hope Nwairo, NDMU '23



Inspection Issues First Quarter 2022

The Maryland Board of Pharmacy investigates complaints that come to the Board from various sources. Complaints come from consumers, healthcare professionals, pharmacy boards outside of Maryland, federal agencies, and from Board inspections of pharmacies, sterile compounding facilities, and distributors in Maryland. The Board requires that all pharmacies be inspected on an annual basis and distributors be inspected on a biannual basis.

The following **represents** a breakdown of the issues that have come to the Board from the inspection of pharmacies across the state in the second quarter of 2022.

1. Board Inspector CDS Prescription Concerns **(29 cases)**
2. Documents Requested Not Provided **(19 cases)**
3. CII Audit Narcotic Discrepancy **(9 cases)**
4. Unlicensed Personnel **(5 cases)**
5. Unlicensed Personnel Working Past 6 months Without Registration **(4 cases)**
6. Food in Medication Refrigerator **(3 cases)**
7. Pharmacy Not Approved Training Program for Technicians **(2 cases)**
8. Invalid CPR Certification **(2 cases)**
9. Expired CPR Certification **(2 cases)**
10. Attempted Inspection but Pharmacy Closed **(2 cases)**
11. Pharmacy Non-Operational **(2 cases)**
12. Sterile Compounding **(1 case)**
13. Pharmacy Sign Not Removed after Relocation **(1 case)**
14. Medication Storage **(1 case)**
15. Expired Technician **(1 case)**
16. Pharmacy Cleanliness **(1 case)**
17. Expired Medications **(1 case)**
18. Shared Use of CSOS Ordering Login **(1 case)**



REMINDER: A Facility Pharmacy Technician Training Program must receive approval from the Board of Pharmacy prior to use

National Association of Boards of Pharmacy

National Pharmacy Compliance News

Reprinted from the National Association of Boards of Pharmacy FOUNDATION

New Guide Helps Pharmacists Navigate Social Determinants of Health

To help pharmacists navigate certain social determinants of health (SDOH) that patients may face, the Pharmacy Quality Alliance (PQA) created a resource guide that outlines real-world services that address these issues affecting patients' abilities to access or manage their medications. Examples of SDOH affecting patients during pharmacy encounters may include: cost of medications; cultural or literacy barriers; decent, safe, and affordable housing; food security; screening for unmet needs; social isolation; and transportation. The PQA guide includes information that pharmacists can employ in their practices to address SDOH, including SDOH screenings and social services referrals. The guide can be downloaded from the PQA website by visiting <https://www.pqaalliance.org/sdoh-resource-guide>.

Respond to consumers' error concerns with empathy and honesty



This column was prepared by the Institute for Safe Medication Practices (ISMP), an ECRI affiliate. Have you experienced a medication error or close call?

Report such incidents in confidence to ISMP's National Medication Errors Reporting Program online at www.ismp.org or by email to ismpinfo@ismp.org to activate an alert system that reaches manufacturers, the medical community, and Food and Drug Administration (FDA). To read more about the risk reduction strategies that you can put into practice today, subscribe to the ISMP Medication Safety Alert! newsletters at www.ismp.org.

The Institute for Safe Medication Practices (ISMP) receives frequent reports of medication errors directly from patients. While patients are understandably concerned about errors, the patients who report to us are usually more upset about the response (or lack of) from the pharmacist or pharmacy management team than with the error itself. Below is a recent case reported to the ISMP Consumer Medication Errors Reporting Program:

I got my son's prescription. I gave him his medicine the next day. I thought the pill looked different but trusted the pharmacist. The second day my son and I looked at the bottle and the description of the pill did not match [the] actual pill. I took the bottle to the pharmacy where the pharmacist saw my exasperated/concerned demeanor and said, "of course it's anxiety." EXCUSE ME?! He said the pills are correct and so I asked him why the label didn't describe their appearance. He sighed at me and put a new corrected sticker and a green sticker stating the pill changed. He said, "I put a new label on since it matters that much." Again, excuse me? I have every right to know what I put in my child's body and to be able to verify without having to rush to the pharmacy in a panic because of mislabeling. And then being mocked and belittled. Reprehensible behavior.

When medication errors happen, especially those that result in serious patient harm, practitioners can experience

extreme stress and anxiety. Fear of litigation may cause health care organizations and providers to view patients as adversaries or threats. When this happens, the first inclination may be to deny and defend. Unfortunately, this approach can alienate patients and close the organization's eyes to the risks that contributed to the event and patient response.

Instead, plan ahead and prepare staff to respond to victims of errors with transparency, honesty, and empathy. This approach puts patients' safety and interests in focus, encourages open communication about errors, and supports system improvements.

Every pharmacy should have written policies and procedures for responding to medication errors, including a defined process to follow up with patients to provide investigation results. Policies on disclosure and apology to patients and caregivers (and others as necessary) are also a must. Review and discuss these policies and procedures with the entire pharmacy team so that the process is clearly understood. Regularly review the procedures for appropriateness. The policies and procedures should contain specific guidance about what to say and do, what not to say or do, who should be contacted — particularly when all the facts of the case may not be immediately known — and who will follow up. Practice and role-play possible scenarios with all staff using your established procedures and guidelines.

It is also critical that pharmacies learn from errors and implement high-leverage risk reduction strategies. To maximize these efforts, establish a continuous quality improvement program to detect, document, and assess errors to determine the causes, develop an appropriate response, and implement strategies to prevent future errors. Share and discuss events, prevention strategies, and procedural changes with staff.

Whether the error is obvious or still a remote possibility, focus on the patient and respond immediately with compassion, empathy, and honesty. The attention and concern demonstrated to the patient and family through the admission of an error, as well as a follow-up discussion of what will be done to prevent future occurrences, can help achieve an amicable and fair resolution for all involved. Most importantly, it is the right thing to do.

New Medicaid Data Available to Help Target Substance Use Disorder Prevention and Treatment Efforts

The Centers for Medicare & Medicaid Services released their second publication of Medicaid data to help policymakers, researchers, and other stakeholders better target substance use disorder (SUD) prevention and treatment efforts. The publication, the Transformed Medicaid Statistical Information System (T-MSIS) based Medicaid Substance Use Disorder Data Book, includes 2018 data on Medicaid beneficiaries treated for SUD, and the services they received by type and setting, delivery system, and progression of care. A few key data findings from the 2018 data book are as follows:

- 4.6 million (8%) out of 55.9 million Medicaid beneficiaries

ages 12 and older were treated for a SUD in 2018

- 46%, nearly half of beneficiaries, that were treated for a SUD received emergency services
- 30% of beneficiaries treated for a SUD had an opioid use disorder

The complete interactive T-MSIS based Medicaid Substance Use Disorder Data Book can be found [here](#)

PCSC Warns of Additional Product Ordering and Recall Fraud Incidents

The information published in this column was provided by the Healthcare Distribution Alliance Pharmaceutical Cargo Security Coalition.

Healthcare Distribution Alliance Pharmaceutical Cargo Security Coalition (PCSC) is warning the pharmacy industry of several product ordering/recall fraud incidents, several of which have resulted in losses. To help licensees be aware of current trends, PCSC notes the following:

- Several incidents have occurred in a major city (eg, New York City) rather than in rural areas, which have been more commonly targeted in the past.
- In at least one case, a national pharmacy retailer was involved; whereas, smaller community pharmacies have been more likely to be targeted in the past.
- Some customer service representative(s) have been tricked into disclosing login information, passwords, and texted codes, despite the use of multifactor authorization.
- The amount of illicitly “mis-shipped” products has increased, and losses have potential to be more significant.
- In one incident, a small health care provider was contacted by an individual falsely representing a reverse distributor, requesting product to be returned. The perpetrator included shipping labels in the written correspondence to the provider to assist in illicitly “returning” the product.

These incidents represent common forms of distributor/pharmacy fraud. The scammer poses as a legitimate pharmacy to the distributor to place an order. The distributor then sends the product to the pharmacy; and the scammer contacts them, now posing as the distributor, to say they have shipped the product to the pharmacy in error and request that the shipment be returned via a courier who picks it up. In several incidents, rather than use a major national courier service to make the initial pickup, the perpetrators use a local courier the victim has never used themselves. These couriers typically repackage the shipment for a national carrier for further shipping.

Scammers sometimes try to appear legitimate using one or more of the following methods:

- Spoofing telephone numbers and email addresses;
- Researching site addresses and names of individuals who work at specific locations to appear familiar with the target;
- Utilizing social engineering and knowledgeable of unique product names, National Drug Codes, and industry language; and
- Speaking calmly and confidently to “disarm” a pharmacy, distributor, or other representative and convince them to provide account information, login credentials, and/or passwords. With pharmacies in particular, the scammer

often tells a target that a current ordering system has “issues” or “trouble,” or that there are “multiple accounts” with the customer that they are attempting to clarify.

If you receive any type of a correspondence asking for account information, login credentials, or passwords, never provide it until you have confirmed, with a known and trusted entity from the stated requestor, that the request is legitimate. If it is a phone call, ask for a name and number and hang up. If it is an electronic request, do not click any connection (or apply any texted code) until you have confirmed the request with your ordering/shipping department. If it is written correspondence, check with your own ordering/shipping department before acting on it.

Remember that in normal business practices with your partners, you will not be asked to suddenly confirm things like account information, logins, or passwords.

Finally, when a successful attempt to divert product occurs, many victims say they have seen advisories like this, but have not read through them. With that knowledge, PCSC respectfully asks that providers educate all employees about these vulnerabilities.

If anyone does encounter such activity, even if you thwart the attempt, report the incident to PCSC so any intelligence gleaned can be shared with law enforcement.

Warning For Prescribers – Risks of Dental Problems Associated With Buprenorphine

FDA is warning prescribers about dental problems connected to buprenorphine medicines dissolved in the mouth to treat opioid use disorder and pain. Some dental problems reported in patients include:

- Tooth decay,
- Development of cavities,
- Infections, and
- Erosion in teeth.

FDA noted they are taking several measures to protect the public health, including requiring that a new warning about the risk of dental problems be added to the prescribing information and the patient Medication Guide for all buprenorphine-containing medicines that are dissolved in the mouth.

First Four Bulk Drug Substances Added to 503B Bulks List

Food and Drug Administration (FDA) has added the first four bulk drug substances to the 503B Bulks List to provide Americans access to compounded medicines when they cannot be met by an FDA-approved drug. The first four added drug substances for topical use that may be used for compounding by outsourcing facilities include:

- diphenylcyclopropenone,
- glycolic acid,
- squaric acid dibutyl ester, and
- trichloroacetic acid.

More details are available in the Drugs section of the FDA website, <https://www.fda.gov/drugs>.

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BOARD MEETINGS

Public Pharmacy Board meetings begin at 9:30am on the third Wednesday of each month and are open to the public. The Board encourages all interested parties to attend the monthly Board Meetings and awards 2 LIVE CEs to all licensees.

2022 PUBLIC BOARD MEETINGS

Third Wednesday of each month

August 17, 2022

September 21, 2022

October 19, 2022

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