



In This Issue

Executive Director.....	1
New Board Members.....	2
Legislative Summary.....	2-5
Sterile Inspection	6
Little Known Facts	7
Inspection Trend Q&A	8
Disciplinary Actions	9-10
NABP National News.....	11

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.

Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, Maryland 21215
Tel: 410-764-4755
Fax: 410-358-6207
Toll Free: 800-542-4964
TTY: 410-383-7555

Quarterly Newsletter

Interstate Pharmacy Agreements – The Next Step in Pharmacy?

Deena Speights-Napata, Executive Director

There's some talk developing on the national pharmacy level concerning interstate pharmacy agreements between two or more states. The agreements would involve pharmacy licensing agreements between states that would allow pharmacists to practice in more than one state under a set of agreed rules each participating state agrees with. This is the more unstructured and flexible agreement design.

Many licensees in the medical and physical therapy fields have spoken favorably about a more structured agreement referred to as a compact. In order to be recognized as a compact the agreement must be recognized by each state government participating in the compact and must be approved by the state legislature of each participating state. These compacts are thus often referred to as a quasi-governmental agency. There are currently 54 medical licensing boards participating in a medical compact and 37 medical compacts operating fully, including Maryland.

The medical compact is a governmental entity comprised of 2 commissioners of each state participating in the compact. A committee structure is established and officers are appointed. Licensing exams are issued between 7-10 days and applicants are limited to taking the exam no more than three times. This type of structure has been proven to increase the number of licenses from each state participating in the compact. The licenses are issued by the compact host state but can be used in all states that are a part of the compact. As a part of the licensing process a criminal background check is required.

Challenges to the Compact Concept:

- Unacceptable criminal background reports will prevent the applicant from working in all compact member states
- Additional licensing paperwork and processing for host compact staff
- Data interfaces must be developed between compact participating states
- Compact law supersedes state law limiting participating state authority to restrict disciplinary actions authorized by the contract participating states

As boards of pharmacy begin to explore the possibility of interstate agreements, most boards seem to be in favor of an agreement and not a compact, opting for the flexibility and state autonomy kept in place by the less formal agreement concept. As an increased number of licensees are licensed in multiple states, this concept will begin to gain more support as the profession of pharmacy is practiced among fewer pharmacists operating in an increased number of states.

Meet Our New Board Member



Amir Masood, Chain Drug Store Representative

Amir Masood is our newest Chain Pharmacy Representative. He is currently the Director of Pharmacy Operations at Safeway Pharmacy and has been with the company for 20 years. He has held several roles with the company to include Pharmacy Resident, Pharmacy Manager, Pharmacy Operations Specialist and District Pharmacy Manager. Amir is involved with various leadership programs and pharmacy organizations to include APhA and MPhA. Outside of work, Amir loves traveling, especially to National Parks where he has visited 21 of them.

2025 Legislative Summary

By: Julie Gaskins

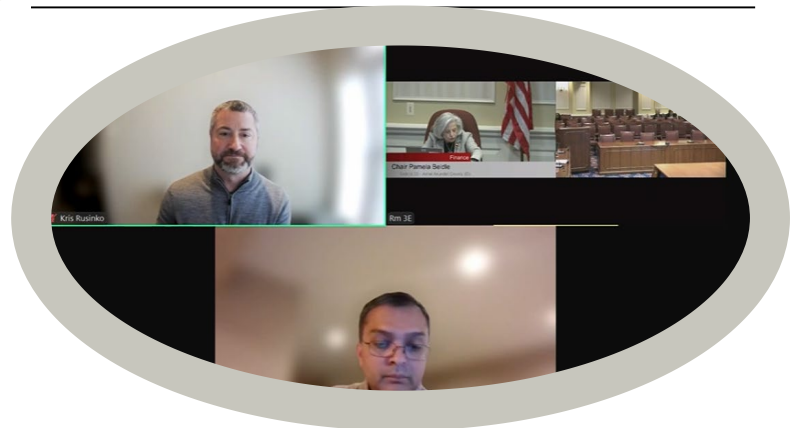
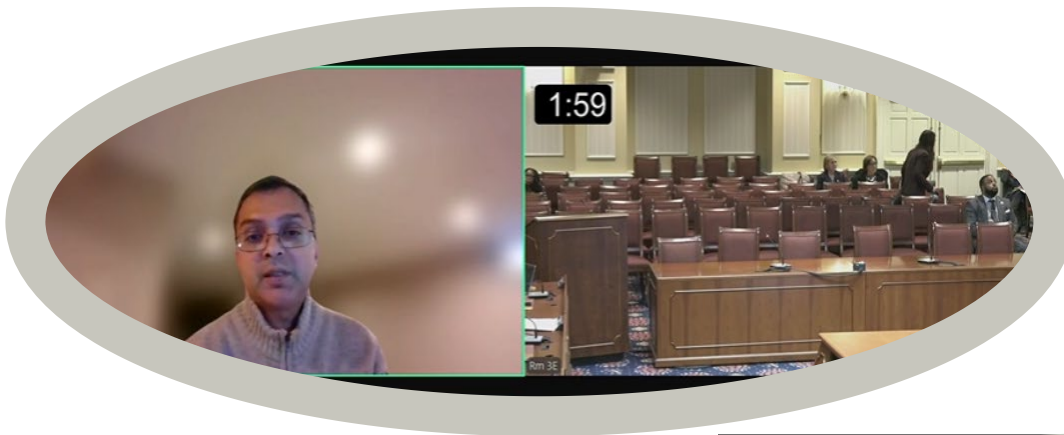
The 2025 Maryland General Assembly Legislative Session began on January 8, 2025. This session was very busy for the Maryland Department of Health and the Board of Pharmacy. This session the Maryland Department Health successfully submitted over 600 positions on bills impacting the Department. The Board of Pharmacy submitted 52 of those positions.

We highlighted two bills for our legislative agenda this session – SB 371/ HB 565 – State Board of Pharmacy – Renewal Notices – Electronic Means and SB 217/HB 256 – Health Occupations Boards – Membership Alteration and Sunset Extensions.

[SB 371/HB 565](#) – State Board of Pharmacy – Renewal Notices – Electronic Means will allow board staff to electronically send renewal notices to our licensees. Licensees can opt out of this process and receive renewal notices via U.S. Postal Mail. Please make sure that the Board has your current email and mailing address. Our Executive Director, Deena Speights-Napata, MA testified on February 4th in support of SB 371 and on February 6th in support of HB 565 and did a marvelous job. The Senate Finance Committee and the Health and Government Operations Committee gave favorable reports. We want to thank Senator Beidle and Delegate Hutchinson for sponsoring these bills.

[SB 217/ HB 565](#) – Health Occupations Boards – Membership Alteration and Sunset Extensions. Sunset provisions allow the legislature to terminate the continued existence of a certain agency unless extended by the legislature. The current sunset for the Board is July 1, 2025. The Sunset Extension in this bill is for five years making the new sunset date July 1, 2030. This bill was sponsored by the Maryland Department of Health and received a favorable report with amendments. We look forward to seeing each of these bills signed into law.

Lastly, our Board Chair, Kris Rusinko and one of our newest board members, Amir Masood, successfully testified in opposition to [SB 539 – Health Occupations – Prescriptions for Children Subject to Shared Custody or Visitation Schedules](#). The bill, as drafted, required unnecessary and inappropriate intervention of pharmacists when dispensing pediatric prescriptions to a child subject to a child custody order. The Board did not feel that pharmacists are best positioned to address family law issues in a pharmacy. Kris and Amir did an amazing job providing testimony in opposition to this bill.



2025 Legislative Summary Cont.

[SB 67 – Health Occupations Boards – Notation of Veteran Status and Eligibility for Benefits](#)

Authorizing health occupations boards to include a notation indicating veteran status on a license, certificate, registration, or public profile.

[SB 217HB 256 – Health Occupations Boards – Membership Alteration and Sunset Extensions](#)

This bill extends the termination provisions relating to the statutory and regulatory authority of certain health occupations boards and the Behavior Analyst Advisory Committee within the State Board of Professional Counselors and Therapists to a later date, in accordance with the Maryland Program Evaluation Act (sunset law). Additionally, the bill proposes changes to the membership of the State Board of Massage Therapy Examiners.

[SB 277/HB 466 – Health Equality for Service Members Act](#)

This legislation establishes rules for interpreting laws related to the uniformed services. It also changes the legal definition of "veteran" and expands the application of certain public health, occupational licensing, and housing laws to include all uniformed services, rather than just the armed forces.

[SB 371/HB 565 – State Board of Pharmacy – Renewal Notices – Electronic Means](#)

The State Board of Pharmacy will be required to send renewal notices to licensees, permit holders, and registrants electronically instead of by first-class mail. Those who wish to receive renewal notices by first-class mail may request to do so.

[SB 372/HB 869 – Preserve Telehealth Access Act of 2025](#)

This bill modifies requirements for telehealth services in Maryland. It removes time limits for reimbursement through Maryland Medical Assistance Program and other insurers for certain telehealth services. The bill also changes rules around prescribing controlled dangerous substances for pain management via telehealth. The Maryland Health Care Commission will be required to submit a report regarding telehealth every few years.

[SB 458/HB 783 – Health Occupations – Implicit Bias and Structural Racism Training](#)

Health occupation boards must require applicants renewing their licenses or certificates to complete an implicit bias and structural racism training program approved by the Cultural and Linguistic Health Care Professional Competency Program. Additionally, the boards are authorized to adopt regulations that grant continuing education credits for completion of certain training.

[SB691/HB 333 – Healthcare Ecosystem Stakeholder Cybersecurity Workgroup](#)

The bill establishes the Healthcare Ecosystem Stakeholder Cybersecurity Workgroup. This workgroup is tasked with developing strategies to prevent cybersecurity disruptions to the healthcare ecosystem, ensure continuous delivery of essential services, and enhance recovery efforts following a cybersecurity incident. The Workgroup is required to submit an interim report by January 1, 2026, and a final report of findings and recommendations by December 1, 2026.

[SB 921/HB 1087 – Health Insurance – Step Therapy or Fail-First Protocols – Drugs to Treat Associated Conditions of Advanced Metastatic Cancer](#)

This bill prevents certain insurers, nonprofit health service plans, and health maintenance organizations from requiring step therapy or fail-first protocols for prescription drugs prescribed by a treating physician to treat a symptom or side effect of stage four metastatic cancer treatment, provided the prescription drug's use aligns with best practices.

[SB 940/HB 1045 – Health Insurance, Family Planning Services, and Confidentiality of Medical Records – Consumer Protections – Updates](#)

Updating references to federal law related to family planning services, grandfathered plans, explanation of benefits, summaries of benefits and coverage, medical loss ratios, catastrophic plans, annual limits for cost sharing, prescription drugs, and rescissions; altering the definitions of "legally protected health care" and "sensitive health services" to include gender-affirming care for purposes of law governing the disclosure of information regarding sensitive health services; etc.

[SB 975 – Health Insurance – Coverage for Specialty Drugs](#)

This legislation prohibits certain insurers, nonprofit health service plans, and health maintenance organizations from excluding coverage for specialty drugs that are administered or dispensed by an in-network provider of covered oncology services, comply with State regulations, and meet certain qualifications. The bill also requires that the reimbursement rate for these specialty drugs meet certain criteria.

[HB 722 – Maryland Department of Health – Report on Oversight of Substance Use Disorder Treatment Programs and Recovery Residences](#)

The Maryland Department of Health is required to submit reports concerning substance use disorder treatment programs and the oversight of recovery residences to designated Senate and House committees on December 1, 2025, and December 1, 2026.

[HB 723 – Health Occupations Boards – Authorization to Practice for Former Federal Employees and Dental Applicants Licensed or Certified in Another State](#)

This bill mandates that all health occupation boards issue a license or certification to eligible applicants licensed or certified by another state within 15 business days of receiving a completed application. Additionally, the law requires MDH to develop a plan for a temporary or permanent authorization to practice a health occupation for individuals who left employment with a federal agency after January 20, 2025. The plan must be submitted by October 1, 2025. The bill was signed into law on April 8, 2025, and was amended to include all health occupations.

[HB 996 – Public Health – Phenibut Consumer Protection Act \(JT Alvey Phenibut Consumer Protection Act\)](#)

The Act requires retailers who prepare, distribute, sell, or offer phenibut products to disclose the factual basis for any representations made about the product. It also prohibits the sale of phenibut to individuals under 21 years old, the marketing of phenibut to minors, and establishes penalties for violations.

[HB 1131 – Public Health – Buprenorphine – Training Grant Program and Workgroup](#)

This bill establishes the Buprenorphine Training Grant Program to help counties offset the costs of training paramedics to administer buprenorphine. It designates the Program as an authorized use of funding from the Opioid Restitution Fund and requires the Governor to include at least \$50,000 from the Fund for the Program in the annual budget bill. The bill also requires the Maryland Office of Overdose Response to convene a workgroup to study access to buprenorphine in the State.

[HB 1310 – Prescription Drug Repository Program – Revisions](#)

Changes were made to the Prescription Drug Repository Program. These changes include:

- Allowing some out-of-state entities to join the program as drop-off sites and repositories.
- Including over-the-counter drugs in the program.
- Changing the eligibility requirements for those who can receive drugs or medical supplies.
- Altering who is granted immunity and the activities they are granted immunity for.

[HB 1315 – Vaccinations by Pharmacists and Health Insurance Coverage for Immunizations](#)

This bill changes the required vaccinations for children and expands the types of vaccinations that pharmacists can give.

- Pharmacists will be allowed to administer additional vaccines, subject to meeting certain requirements, to individuals over a specified age.
- Health insurance companies and non-profit health plans will be required to cover all vaccinations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention as of December 31, 2024, as part of the basic child wellness package.

[HB 1510 – Medical Records – Notice of Destruction – Method](#)

Health care providers must give notice of medical record destruction by first-class mail or by e-mail. If notice is given by e-mail and there is no response or delivery receipt, the health care provider must send notice by first-class mail at least 10 days before the record is destroyed.



Sterile Inspection Friendly Reminder: Dynamic conditions are a critical requirement for semi-annual certifications.

By: Board of Pharmacy Sterile Team

What does USP <797> say about dynamic operating conditions? Conditions in the compounding area in which operating personnel are present and simulating or performing compounding. The conditions should reflect the largest number of personnel and highest complexity of compounding expected during routine operations as determined by the designated person(s).

Why are dynamic conditions important?

Testing under dynamic conditions verifies that the cleanroom can maintain an environment which meets standards to help ensure product quality and safety.

What have we observed?

The certifications are lacking in dynamic operating conditions and fail to provide adequate documentation of these conditions.

What can pharmacy staff do about this? Actively Participate and Be Proactive

- a) *Be in the cleanroom with the third-party certifiers during testing* - The staff in the rooms with the certifiers do not need to necessarily be compounding. This is a good time to inspect the room for maintenance, inventory and restock, or even conduct semi- annual competency training. Certifiers are expected to work around pharmacy personnel, understanding that dynamic conditions are essential to the process.
- b) *Ensure certification reports thoroughly capture all relevant details* – Ensure that the certifier documents the specific dynamic conditions simulated during testing, especially for the smoke study tests within the hoods.
 - a. *What should be documented?* Reports should clearly document the number of people present during certification, both pharmacy staff and certifiers, and what was occurring. Videos help but they are not perfect.
 - b. *Will this indicate the activity making the test dynamic?* The certification report should be recorded in a way which clearly demonstrate the pharmacy's compounding process, including the airflow around the environment.



Little known (or known) facts about the history of Maryland Pharmacy:

By: Peggy Geigher

In 1841, the Maryland College of Pharmacy was established, becoming the first pharmacy school in Maryland and the fourth oldest in the United States. In 1904, the school became the University of Maryland Department of Pharmacy.

Source: American Pharmacists Association

World War II and female representation

Before 1947, the number of female graduates from the University of Maryland School of Pharmacy increased due to most men fighting overseas. However, admission priorities after the war favored World War II veterans and experience drug store employees, which indirectly favored men and led to a male-dominate field.

Source: University of Maryland, Baltimore

Pharmacy Museum

The Joseph U. Dorsch Sr., BSP '39, Pharmacy Museum in Pharmacy Hall, (named in memory of an alumnus and beloved Baltimore community pharmacist), features historical items related to the University of Maryland School of Pharmacy and the pharmacy profession.

Source: University of Maryland School of Pharmacy

Inspection Trend Q&A: Unauthorized Personnel

Recently, Board inspectors have noticed a spike in violations related to unauthorized personnel performing delegated pharmacy acts.

What are 'delegated pharmacy acts'?

Delegated pharmacy acts are activities that constitute the practice of pharmacy delegated by a licensed pharmacist in accordance with HO §12-101

- Examples include prescription data entry, pulling, labeling, and counting prescription drugs

Who is authorized to perform 'delegated pharmacy acts'? *must fall under 1 category*

- Any person registered with the Board as a pharmacy technician
 - A pending application for registration does not fulfill the requirement to be registered-the registration must be issued
 - PTCB or other nationally-certified technicians and technicians registered in other states are not exempt and must register with the Board
- Any person enrolled in a Board-approved training program for no longer than 6 months
 - 6-month period begins the date first enrolled in training program
 - Persons enrolled beyond 6 months may not perform delegated pharmacy acts
- First-year pharmacy school students
 - Must submit Pharmacy Student Technician Exemption Form, which is only effective during the first year of pharmacy school
 - This section does not apply to pharmacy students who have completed their first year
- Any person enrolled in an experiential learning program sanctioned by a school of pharmacy
- Any person registered with the Board as a pharmacy intern.
 - Must be: (1) currently enrolled as a P2-P4 pharmacy school student; (2) a Pharm.D. graduate with a pending application for a pharmacist's license; or (3) graduate of a foreign school of pharmacy

NOTE: Pharmacy owners and managers are not exempt and must be authorized under one of the above categories in order to perform delegated pharmacy acts.

What duties are permitted by unauthorized /unlicensed personnel?

Unauthorized/unlicensed personnel are limited to administrative duties in accordance with COMAR 10.34.21

- Examples include tasks performed by a cashier, a billing clerk, or an inventory control clerk

1st & 2nd QUARTERS (1/1/2025 – 4/21/2025) DISCIPLINARY ACTIONS

<u>PHARMACISTS</u>	<u>LIC. #</u>	<u>SANCTION</u>	<u>DATE</u>
Abdulmojeed Lawal	09734	Fine	1/21/2025
Aminat Adekoya	21722	Summary Suspension	4/8/2025

<u>PHARMACY TECHNICIANS</u>	<u>LIC. #</u>	<u>SANCTION</u>	<u>DATE</u>
Jeda Williams	T26042	Revocation	1/7/2025
Nicholas M. Ford, Jr.	T27751	Revocation	2/19/2025
Lakesha A. Dennis	T04520	Revocation	2/19/2025
Ashley Feeney	T31195	Summarily Suspension	3/17/2025
Johnny Cunanan	T00934	Revocation	4/16/2025

<u>ESTABLISHMENTS</u>	<u>LIC#</u>	<u>SANCTION</u>	<u>DATE</u>
McKesson Medical-Surgical, Inc.	Applicant	Fine	3/19/2025
Ultra Care Pharmacy Baltimore	P08110	Probation-Fine	4/3/2025
Evoltrix dba Carlin Springs Pharmacy	Applicant	Fine	4/21/2025

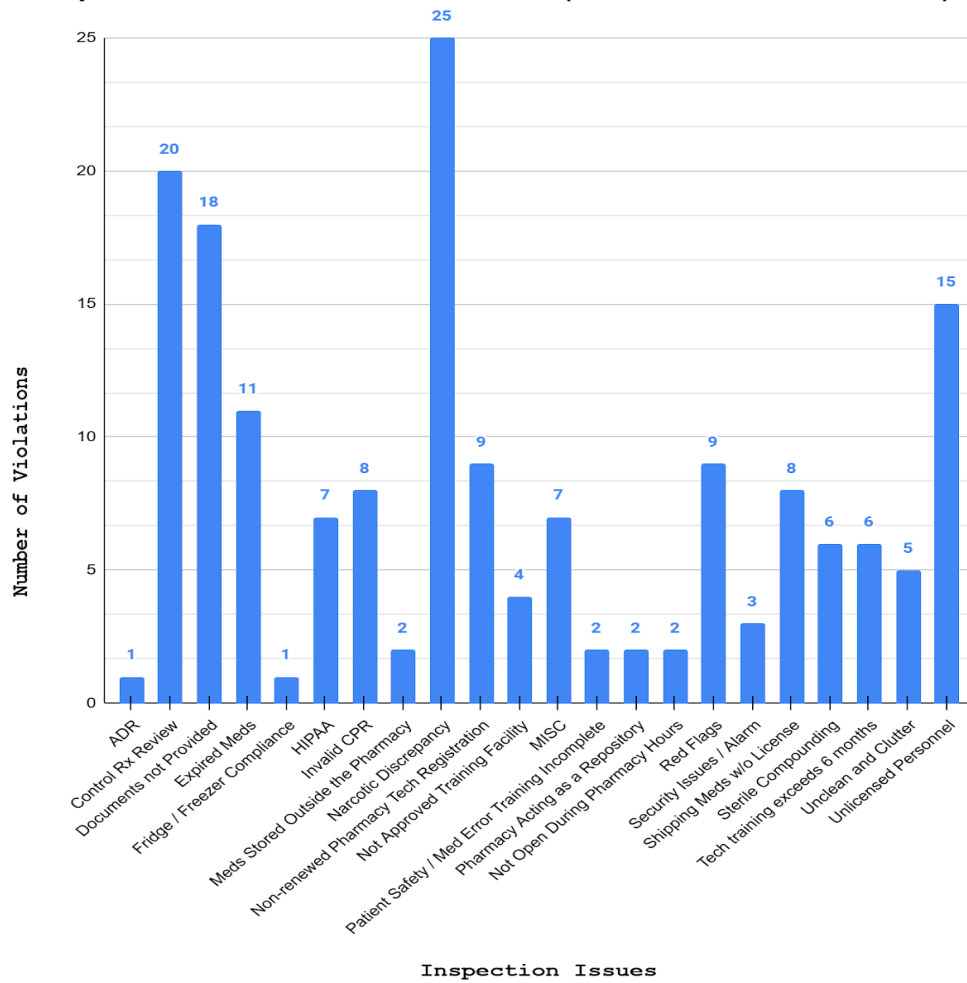
Inspection Trends 4th & 1st Quarters (October 2024 - March 2025)

The Maryland Board of Pharmacy investigates complaints that come to the Board from various sources. Complaints may come from consumers, healthcare professionals, pharmacy boards outside of Maryland, federal agencies, OCSA, and from Board inspections of pharmacies, sterile compounding facilities, and distributors in Maryland. The Board requires that all pharmacies be inspected annually at minimum and distributors be inspected on biannually.

The following represents a breakdown of the issues that have come to the Board from the inspections of pharmacies across the state in the fourth quarter of 2024 and first quarter of 2025.

- | | |
|--|--|
| 1. ADR | 12. Miscellaneous |
| 2. Control Rx Review | 13. Patient Safety / Med Error Training Incomplete |
| 3. Documents not Provided | 14. Pharmacy Acting as a Repository |
| 4. Expired Meds | 15. Not Open During Pharmacy Hours |
| 5. Fridge / Freezer Compliance | 16. Red Flags |
| 6. HIPAA | 17. Security Issues / Alarm |
| 7. Invalid CPR | 18. Shipping Meds w/o License |
| 8. Meds Stored Outside the Pharmacy | 19. Shipping Meds w/o License |
| 9. Narcotic Discrepancy | 20. Sterile Compounding |
| 10. Non-renewed Pharmacy Tech Registration | 21. Tech training exceeds 6 months |
| 11. Not Approved Training Facility | 22. Unclean and Clutter |

Inspection Trends 4th & 1st Quarters (October 2024 - March 2025)



National Pharmacy Compliance News

Reprinted from the National Association of Boards of Pharmacy FOUNDATION, 2Q 2025

DEA Issues Three New Rules About Prescribing

Medications via Telemedicine

Drug Enforcement Administration (DEA) has issued three rules addressing how to prescribe medication via telemedicine:

- [Continuity of Care via Telemedicine for Veterans](#)

[Affairs Patients](#): Department of Veterans Affairs (VA) practitioners, within the scope of their employment, are permitted to prescribe controlled substances (CS) via telemedicine to VA patients for whom they did not conduct an in-person medical evaluation. This rule's effective date was delayed until December 31, 2025.

- [Expansion of Buprenorphine Treatment via](#)

[Telemedicine Encounter](#): Following a practitioner's review of a patient's prescription drug monitoring program data for the state in which the patient is located during the telemedicine visit, a practitioner is allowed to prescribe an initial six-month supply of Schedule III-V medications ("split amongst several prescriptions totaling six calendar months") through audio-only communication. This rule's effective date was delayed until December 31, 2025.

- [Special Registrations for Telemedicine and](#)

[Limited State Telemedicine Registrations](#): This

rule establishes three types of Special Registrations for prescribing CS: Telemedicine Prescribing Registration, Advanced Telemedicine Prescribing Registration, and Telemedicine Platform Registration.

The new rules were developed in consultation with the United States Department of Health and Human Services and after significant input from the public. DEA received input during public listening sessions hosted in September 2023. Health care practitioners, experts, advocates, and patients shared their experiences and recommendations. DEA also carefully reviewed and considered more than 38,000 comments from the public in response to the original draft rule issued in 2023.

ISMP Safety Briefs: Use of Electronic Prescription

Prescribers Note Field Contributes to Error

This column was prepared by the Institute for Safe Medication Practices (ISMP), an ECRI affiliate.

ISMP has received numerous error reports related to the field for "Comments" or "Prescribers Note" on electronic prescriptions, particularly when used to express a different

set of directions than what is included in the “Sig” field or to clarify the medication order. In a recent event, a specialty pharmacy reported that a provider ordered Depakote® (divalproex sodium) 500 mg extended-release tablets for a patient. In the Sig field, the directions read, “Take 5 Tablet By Mouth As Directed - See Instructions” (Figure 1). The prescriber also included more detailed instructions in the Prescribers Note field at the bottom of the prescription, which stated, “Take 1 tab by mouth every morning and 1 tab every evening and 3 tabs at bedtime.” Because the more specific instructions were included in the Prescribers Note field and not the Sig field, the pharmacy computer system did not automatically populate them and instead required manual entry. During the transcription process, the data entry technician missed part of the directions. The verification pharmacist did not catch the transcription error, and the prescription was dispensed with incorrect directions. The error was discovered at the first refill when the pharmacist double-checked the prescription directions against the original prescription. Thankfully, the patient was taking the medication correctly, as they had been on this regimen for quite some time.

Figure 1. A prescriber included instructions in the e-prescription’s Sig field (horizontal red arrow) and a more specific set of instructions in the Prescribers Note field (downward pointing red arrow).

We have received similar reports from community pharmacists. For example, a community pharmacy received an electronic prescription for the anticonvulsant gabapentin with “1 tablet PO TID” in the Sig field but “i po bid x7 days, then i po tid thereafter” in the notes field.

Using the comment or notes field to correct or modify electronic orders is problematic, as pharmacy staff may miss the information. Or, as in the case above, mistakes may be made when manually transcribing the information during data entry. ISMP recommends that organizations establish an escalation strategy for when staff and prescribers cannot enter the correct information (eg, dose, frequency) into the electronic prescribing system. If two sets of directions are seen on an electronic prescription (ie, in the sig and in the

notes), pharmacy staff should seek clarification from the prescriber prior to dispensing. Pharmacists should inform and educate prescribers when potential or actual errors are encountered as a result of using the comments or notes field .

SAMHSA Releases National Guidance for SUD Treatment Facilities and New Opioid Treatment Program Guidelines

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released two key documents aimed at improving care for people with substance use disorder (SUD).

The [*National Guidance on Essential Specialty Substance Use Disorder \(SUD\) Care*](#) outlines crucial services that should be available at SUD treatment facilities. This guidance is intended to help recognize treatment gaps, support evidence-based planning, and improve treatment for adults with SUD. The services listed include the following:

- Pharmacotherapy for managing withdrawal and long-term treatment;
- Testing and monitoring for substance use;
- Education and counseling for patients and families;
- Comprehensive assessment and pretreatment services;
- Ancillary and transitional support services, including housing and employment assistance; and
- Recovery support programs to help patients maintain long-term sobriety.

Additionally, SAMHSA has published the [*Federal Guidelines for Opioid Treatment Programs*](#) (2024), which provides recommendations for overseeing and managing opioid treatment programs (OTPs). These guidelines address the following:

- General and clinical provisions;
- Best practices for medication administration, dispensing, and use;
- Standards for services delivered by OTPs;
- Strategies for ensuring continuity of care; and
- Processes for requesting regulatory exemptions when necessary.

While SAMHSA emphasizes that this document is not legally binding, it is designed to guide providers in improving the effectiveness and accessibility of opioid use disorder treatment.

CDC Unveils Collaborative Plan to Address Health Risks Across People, Animals, and the Environment

On January 10, 2025, Centers for Disease Control and Prevention (CDC) published its first collaborative, multisectoral, and transdisciplinary plan to tackle zoonotic diseases. The [*National One Health Framework to Address Zoonotic Diseases and Advance Public Health Preparedness in the United States*](#) guidebook explains the One Health framework, which is intended to protect people, animals, and the environment from health threats that affect both people and animals, such as COVID-19, avian

influenza, etc. CDC has outlined seven goals to enhance collaboration and cooperation with agencies and partners as part of its One Health framework over the next five years (2025-2029).

HHS Issues Final Rule Updating Retail Pharmacy

Standards for Electronic Transactions Under HIPAA

The United States Department of Health and Human Services (HHS) will publish the [final rule](#) regarding updated retail pharmacy standards for electronic transactions adopted under the Administrative Simplification subtitle of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Specifically, the retail pharmacy transaction standards for health care claims or equivalent encounter information, eligibility for a health plan, referral certification and authorization, and coordination of benefits will be modified to help improve data exchange and workflow automation. This rule is delayed to April 14, 2025; required compliance dates will be extended to April 14, 2028.

NABP Featured in *Advancing Technology in Pharmacy Regulation to Keep Patients Safe* Documentary

Technology has given consumers an easy way to buy medications; however, not every online pharmacy sells authentic medications. The recently released [Advancing Technologies in Pharmacy Regulation to Keep Patients Safe documentary](#) delves into NABP's role in educating consumers on the safe purchase, consumption, and disposal

of medications. Building on its efforts to educate consumers about medication safety, NABP also supports advancing the use of technology in the pharmacy field to protect public health, while still assessing the regulatory scope needed to ensure that it is implemented safely and effectively.

Policy Perspectives: 'Navigating Federal Health Policy in the 119th Congress'

As is common following presidential elections, in 2025, Washington, DC [has been undergoing] significant changes – a new White House, a reshuffled cabinet, shifts in party control of the Senate, and the arrival of several new members in the political sphere. Such change can bring fresh ideas and perspectives to a city often criticized for its lack of progress. Republicans [now] have control of both chambers of Congress and the White House following the reelection of Donald J. Trump as the 47th president of the United States. This [is enabling] them to leverage legislative procedures to fast-track bills without needing a supermajority of 60 votes, ensuring that they can promote the president's agenda, both at the agency level and through Congress. The expected top-down approach will shape the political landscape moving forward.

Read more in the January/February 2025 issue of

[Innovations[®]](#).

Alaska, Idaho, and North Dakota Boards of Pharmacy Recognized as WellBeing First Champions

The Alaska Board of Pharmacy, Idaho Board of Pharmacy, and North Dakota Board of Pharmacy were each awarded Wellbeing First Champion badges by the Dr. Lorna Breen Heroes' Foundation. As Wellbeing First Champions, these Boards verified that their licensing applications do not include any intrusive mental health questions and stigmatizing language.

NABP Executive Director/Secretary Lemrey "Al" Carter, PharmD, MS, RPh, praised the Boards' accomplishments and said, "To serve patients and protect public health, it is

imperative that health care workers feel empowered to seek help without fearing repercussions from their licensing boards. We commend the Dr. Lorna Breen Heroes' Foundation for [its] efforts to drive change through [its] Wellbeing First Champion Challenge and are excited to see more boards of pharmacy receive their badges over the coming months."

NABP supports the Wellbeing First Champion Challenge and other efforts to improve [pharmacists' mental health and well-being](#) and will continue to work with its member boards of pharmacy on this and other efforts that can help create a more resilient and healthier pharmacy workforce.

BOARD OF COMMISSIONERS

President: **Kristopher Rusinko**
Secretary: **Javier Vazquez**
Treasurer: **Peggy Glascoe Geigher**

Akash Patel
Daphanie Robinson
Karla Evans
Karen Slagle
Kristen Fink
Amir Masood
Vacant
Vacant
Javier Vázquez
Adetoro Oriairo
Neil Leikach

Independent Representative
Home Infusion Representative
Consumer Representative

Chain Drug Store Representative
Pharmacy Technician Representative
Acute Care Hospital Representative
Independent Representative
At-Large Representative
Chain Drug Store Representative
Consumer Representative
Long Term Care Representative
Acute Care Hospital Representative
At-Large Representative
Independent Representative

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. [2025 PUBLIC BOARD MEETINGS](#)

Third Wednesday of each month

May 21, 2025	Aug 20, 2025
June 18, 2025	Sept 17, 2025
July 16, 2025	Oct 15, 2025

Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, MD 21215-2299

CONTACT DIRECTORY				
Customer Service Center 410-764-4755 • mdh.mdbop@maryland.gov • health.maryland.gov/pharmacy • 1-800-542-4964				
Executive Director				
Deena Speights-Napata				
Director of IT, Budget & Procurement Janey Partin	Director of Compliance Trina Leak	Call Center Manager Jennifer Green	Licensing Manager Lauren Valerio	Director of Inspections Amanda Vollmerhausen

Maryland Board of Pharmacy

Presorted Standard
U.S. Postage
Baltimore, MD
PAID
Permit No. 7082

Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, MD 21215-2299

