

(1) A FACE-TO-FACE COMMUNICATION WITH THE PHARMACIST; OR

(2) AT LEAST 2 OF THE FOLLOWING:

(I) A SIGN POSTED SO IT CAN BE SEEN BY PATIENTS;

(II) A NOTATION AFFIXED TO OR WRITTEN ON THE BAG IN WHICH THE PRESCRIPTION IS TO BE DISPENSED;

(III) A NOTATION CONTAINED ON THE PRESCRIPTION CONTAINER; OR

(IV) COMMUNICATION BY TELEPHONE.

~~(B)~~ (C) NOTHING IN THIS SECTION SHALL BE CONSTRUED AS REQUIRING A PHARMACIST TO PROVIDE CONSULTATION IF THE MEDICAL ASSISTANCE RECIPIENT OR CAREGIVER REFUSES THE CONSULTATION.

~~(C)~~ (D) A PHARMACIST MUST MAKE A REASONABLE EFFORT TO OBTAIN, RECORD, AND MAINTAIN, AT THE INDIVIDUAL PHARMACY, AT LEAST THE FOLLOWING INFORMATION REGARDING A MEDICAL ASSISTANCE RECIPIENT:

(1) NAME, ADDRESS, TELEPHONE NUMBER, DATE OF BIRTH OR AGE, AND GENDER;

(2) INDIVIDUAL HISTORY WHEN SIGNIFICANT, INCLUDING DISEASE STATE OR STATES, KNOWN ALLERGIES AND DRUG REACTIONS, AND A COMPREHENSIVE LIST OF MEDICATIONS AND RELEVANT DEVICES; AND

(3) PHARMACIST COMMENTS RELEVANT TO THE INDIVIDUAL'S DRUG THERAPY WHICH MAY BE RECORDED EITHER MANUALLY OR ELECTRONICALLY IN THE PATIENT'S PROFILE.

(E) THIS SECTION SHALL APPLY ONLY TO MEDICAL ASSISTANCE RECIPIENTS PRESENTING PRESCRIPTIONS FOR COVERED OUTPATIENT DRUGS.

(F) THE REQUIREMENTS OF THIS SECTION DO NOT APPLY TO REFILL PRESCRIPTIONS.

(G) THE SECRETARY, AFTER CONSULTATION WITH THE MARYLAND PHARMACISTS ASSOCIATION AND THE MARYLAND ASSOCIATION OF CHAIN DRUG STORES, SHALL ADOPT REGULATIONS IN ACCORDANCE WITH PHARMACY PRACTICES IN MARYLAND TO IMPLEMENT THE PROVISIONS OF THIS SECTION.