COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

F I N A L M I N U T E S

MEETING OF:

STATE BOARD OF PHARMACY

TIME: 10:32 A.M.

Held at

PENNSYLVANIA DEPARTMENT OF STATE

2525 North 7th Street

CoPA HUB, Eaton Conference Room

Harrisburg, Pennsylvania 17110

as well as

VIA MICROSOFT TEAMS

January 21, 2025

State Board of Pharmacy
January 21, 2025

BOARD MEMBERS:

Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson
Arion R. Claggett, Acting Commissioner, Bureau of Professional and Occupational Affairs
Eric Esterbrook, R.Ph., Vice Chairperson
Janet Getzey Hart, R.Ph., Secretary
John R. Slagle, R.Ph.
Tyler W. Ritchie, Esquire, Deputy Attorney General, Office of Attorney General
James Reed Jr., R.Ph.

BUREAU PERSONNEL:

Sean C. Barrett, Esquire, Board Counsel
Ray J. Michalowski, Esquire, Senior Board Prosecutor
Nathan C. Giunta, Esquire, Board Prosecution Liaison
Caroline A. Bailey, Esquire, Board Prosecutor
Tyesha C. Miley, Esquire, Board Prosecutor
Ashley P. Murphy, Esquire, Board Prosecutor
Sara Trimmer, Pharm.D., R.Ph., Executive Secretary
Thomas Leech, Board Administrator
Marc Farrell, Esquire, Regulatory Counsel, Office of Chief Counsel, Department of State
Andrew LaFratte, MPA, Deputy Policy Director, Department of State
Carlton Smith, Esquire, Deputy Chief Counsel, Prosecution Division
Cathy A. Tully, Esquire, Board Counsel, State Board of Massage Therapy
Michael P. Merten, Esquire, Board Counsel, State Board of Barber Examiners
Elle Thompson, Law Clerk, PA Department of State

ALSO PRESENT:

Theresa M. Talbott, R.Ph., Director, Pharmacy and Retail Advocacy, CVS Pharmacy
Larry Jones, Pennsylvania Society of Health-System Pharmacists
Rhonda Thomas, PharmD, MBA, BSPS, BCSCP, Director of Pharmacy, Lehigh Valley Health Network

State Board of Pharmacy
January 21, 2025

ALSO PRESENT: (cont.)

Grace Sesi, Executive Director, Regulatory Affairs at CVS Health/Chairperson, Michigan Board of Pharmacy
Anthony Bixler, WellSpan York Hospital/Pennsylvania Society of Health-System Pharmacists
Daniel Longyhore, System Director, Knowledge Management for Pharmacy at Geisinger
Jill Rebuck, PharmD, MBA, FCCM, FCCP Executive Director Pennsylvania Society of Health-System Pharmacists
Natalie Klek, PharmD, TTS, Executive Fellow, Student - Pennsylvania Pharmacists Association
Katelyn Mulcan, Foundation Director, Student Pennsylvania Pharmacists Association
Kim Wilkin, Advocate, Pennsylvania Pharmacists Association
Jordan Childress, PGY1 Pharmacy Resident, WellSpan York Hospital
Kerry Maloney, Esquire, Associate Counsel, University of Pittsburgh Medical Center
Austin Agren, PharmD, WellSpan York Hospital
Nicole Fidler, Associate, Malady & Wooten
Katie Medei, Walgreens Pharmacy
Misha Patel, M.D., Curriculum Education Assistant, Geisinger Commonwealth School of Medicine
Christina Antoun Pharmacy Licensing, Research, and Regulatory Affairs, REAL Solutions Group LLC
Christopher Miller, Pharm.D., Giant Eagle
Tiffany Booher, MA, LPC, CAADC, CIP, CCSM, Director, Peer Assistance Monitoring Programs; Program Director, Physicians' Health Program, Pennsylvania Medical Society
Victoria Elliott, RPh, MBA, CAE, Chief Executive Officer, Pennsylvania Pharmacists Association
Nicole Sidle, Republican Executive Director, House Professional Licensure Committee
David Klinger, RPh, Director of Pharmacy, Geisinger Medical Center
Joseph Milward, Senior Manager, Pharmacy Quality and Accreditation, PANTHERx Rare Pharmacy
Deena Parmelee, Legal Office Administrator 1, Department of State
Arpit Mehta, Pharm.D., MPH, Director of Pharmacy, Allegheny General Hospital, Pennsylvania Society of Health-System Pharmacists

State Board of Pharmacy
January 21, 2025

ALSO PRESENT: (cont.)

William Lebak II, PharmD, Walgreens Boots Alliance
Susan DelMonico, R.Ph., JD
Steven L. Sheaffer, PharmD, FASHP, Pennsylvania Society of Health-System Pharmacists
Wesley J. Rish, Esquire, Rish Law Office, LLC
Judy Kutchman, R.Ph., AllianceRx Walgreens Prime
Edward Foote, Pharm.D., FCCP, BCPS, Dean, Philadelphia College of Pharmacy at the University of Sciences
Jonathan Ference, Pharm.D., Dean, Wilkes University Nesbitt School of Pharmacy
Dawn Cardamone, Express Scripts
Michelle Aytay, Manager, Pharmacy Affairs, Walgreens
Steven Zahn, Pharmacy Inspector, Bureau of Enforcement and Investigation, Department of State
Valerie Pentland, PharmD, ConnectiveRx
Rebecca Taylor, Pharm.D., Vice President, Pharmacy Services, University of Pittsburgh Medical Center
Regan Ceraso, RPh, BPharm, Quality Director, Medical - Health Professions Program, Carnegie Mellon University
Brittany Venturella, PharmD, Manager of Clinical, Specialty and Central Fill Pharmacy Services at Weis Markets
Jacquelyn Sassaman, Pentec Health
Joseph Salandra
Lisa Scannapieco, Vice President, Corporate and Regulatory Compliance, Pentec Health
James Maister
Matthew Schwarztrauber, Pharmacy Technician, Veterans Affairs Medical Center
Janis Levit, Divisional Pharmacy Manager, New Albertsons, Inc.
Matthew Schonder, RPh, MBA, Director of Pharmacy, University of Pittsburgh Medical Center McKeesport
Madeline Stauffer, PharmD, Lehigh Valley Health Network
JP Burkhart
Margaret Barcam Senior Manager, Pharmacy Technical, University of Pittsburgh Medical Center
Jennifer Hall
Nhi Lo, Pharmacy Intern, Wegmans Food Markets

State Board of Pharmacy
January 21, 2025

ALSO PRESENT: (cont.)

Kate McCale. Vice President, Compliance & Regulatory Affairs, Hospital and Healthsystem Association of Pennsylvania
Andrea Sargent, Director of Pharmacy, University of Pittsburgh Medical Center Mercy
Vinay Arora, RPh, JD, Cardinal Health
Jermin Adrawy, Touro College of Pharmacy Student
Lauren Finoli, Manager of Pharmacy Clinical Services, Allegheny General Hospital
Trisha Miller, PharmD, MPH, BCACP, Ambulatory Care & Public Health Pharmacist, University of Pittsburgh Medical Center
Richard Long
Christian Nobles, Alliance for Pharmacy Compounding
Amanda Abernathy, Director of Population Health and Quality at UNC Health Blue Ridge
Sheetal Kamath, MPharm, RPh, University of Pittsburgh Medical Center Presbyterian Shadyside
Katie Johnston, Community Pharmacy
Ben
Kimberly S. Wiesenbach
Hope Glembo, Legal Counsel, Empower Pharmacy
Jordan Brown, PharmD, Gayco Healthcare
Afnan Mohsin Pharmacy Intern, Vanderbilt University Medical Center
Adam Womack Pharmacist In Charge, LifeMD
Colleen Kuzy
Andrew Frank Kuzy, R.Ph.
John
Allison Walker, Sargent's Court Reporting Service, Inc.

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State Board of Pharmacy

January 21, 2025

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[Pursuant to Section 708(a)(5) of the Sunshine Act, at 9:00 a.m., the Board entered into Executive Session with Sean C. Barrett, Esquire, Board Counsel, for the purpose of conducting quasi-judicial deliberations and to receive the advice of Board Counsel. The Board returned to open session at 10:30 a.m.]

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The regularly scheduled meeting of the State Board of Pharmacy was held on Tuesday, January 21, 2025. Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, called the meeting to order at 10:32 a.m.

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Introduction of Board Members/Attendees

[Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, requested an introduction of Board members and attendees.]

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[Sean C. Barrett, Esquire, Board Counsel, noted the meeting was being recorded, and those who continued

to participate were giving their consent to be recorded.

Mr. Barrett also noted the Board entered into Executive Session for the purpose of conducting quasi-judicial deliberations on a number of matters that are currently pending before the Board and to receive the advice of counsel.]

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Approval of the Minutes

CHAIR ROUSSEL:

Are there any edits or amendments to the minutes for the December 7 meeting?

Hearing no edits.

Motion to approve the minutes?

MR. ESTERBROOK:

Motion to approve the minutes.

MS. GETZEY HART:

Second.

CHAIR ROUSSEL:

Any discussion? Let's call the roll.

Hart, aye; Reed, aye; Esterbrook, aye; Claggett, aye; Ritchie, aye; Slagle, aye; Roussel, aye.

[The motion carried unanimously.]

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Report of Board Prosecution - No Report

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Report of Board Counsel - Proposed Adjudication and Order

CHAIR ROUSSEL:

Based on Executive Session deliberations at item 4 on the agenda, I believe the Board Chair would entertain a motion to have counsel draft an Adjudication and Order consistent with Executive Session discussions at Case No. 20-54-011597, Keesha Dinkins Jones, R.Ph.

MR. ESTERBROOK:

So moved.

MS. GETZEY HART:

Second.

CHAIR ROUSSEL:

Any discussion? Let's call the vote.

Hart, aye; Reed, aye; Esterbrook, aye; Claggett, aye; Ritchie, aye; Slagle, aye; Roussel, aye.

[The motion carried unanimously.]

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Report of Board Counsel - Final Adjudication and Order

CHAIR ROUSSEL:

Item 5 on the agenda. Based on Executive Session deliberations, I believe the Board Chair would entertain a motion to approve the Final Adjudication and Order at Case No. 23-54-009558, Andrew Frank Kuzy, R.Ph.

MR. ESTERBROOK:

So moved.

MS. GETZEY HART:

Second.

CHAIR ROUSSEL:

Any discussion? Hearing none. We'll call the vote.

Hart, aye; Reed, aye; Esterbrook, aye; Claggett, aye; Ritchie, aye; Slagle, aye; Roussel, aye.

[The motion carried unanimously.]

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Report of Board Counsel - Matter for Deliberation

CHAIR ROUSSEL:

Item 6 on the agenda. Based on Executive

Session deliberations, I believe the Board Chair would direct counsel to draft an Adjudication and Order consistent with Executive Session deliberations at Case No. 24-54-011733, James Josiah, R.Ph.

MR. ESTERBROOK:

So moved.

MS. GETZEY HART:

Second.

CHAIR ROUSSEL:

Any discussion? Call the vote.

Hart, aye; Reed, aye; Esterbrook, aye; Claggett, aye; Ritchie, aye; Slagle, aye; Roussel, aye.

[The motion carried unanimously.]

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Review of Applications

CHAIR ROUSSEL:

Item 8 is James Maister. Based on Executive Session deliberations, I believe the Board Chair would entertain a motion to deny the Request to Waive the NAPLEX of this Applicant.

MR. ESTERBROOK:

So moved.

MS. GETZEY HART:

Second.

CHAIR ROUSSEL:

Any further discussion? We'll call the vote.

Hart, aye; Reed, aye; Esterbrook, aye; Claggett, aye; Ritchie, aye; Slagle, aye; Roussel, aye.

[The motion carried unanimously.]

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CHAIR ROUSSEL:

Item 9 is Jigneshkumar Bhagat. Based on Executive Session deliberations, I believe the Board Chair would entertain a motion to approve the Applicant to take the MPJE.

MR. ESTERBROOK:

So moved.

MS. GETZEY HART:

Second.

CHAIR ROUSSEL:

Any further discussion?

Hart, aye; Reed, aye; Esterbrook, aye; Claggett, aye; Ritchie, aye; Slagle, aye; Roussel, aye.

[The motion carried unanimously.]

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Appointment – Annual Prosecution Report

[Carlton Smith, Esquire, Deputy Chief Counsel, Prosecution Division, presented the Annual Prosecution Report for 2024. He reported over 46,000 active licensees for the State Board of Pharmacy. He noted 738 cases were opened in 2024. 334 were currently open, and 714 cases were closed. He mentioned the average age to close a case was 195 days in 2024 and 271 days is 2023, noting their goal to close a case is under 365 days.

Mr. Smith reported 23 fines, 28 citation fines under Act 48, 19 probationary cases, and 12 suspensions in 2024.

Mr. Smith addressed cases where there was no discipline under prosecution not-warranted cases and reported 311 cases. He mentioned that prosecution not-warranted is usually the largest number of closed cases across all boards. He reported 25 instances where there were no violations from the outset and 4 instances where there was no jurisdiction.

Mr. Smith reported 163 warning letters under Z18, which are usually the second largest category of cases closed without discipline. He explained that prosecution looks at the strength of the case, witnesses, documentation, expert opinions, and disciplinary history to determine whether a warning letter is appropriate.

Mr. Smith reported 48 complaints were withdrawn under Z05 in 2024, which was slightly up by about 10 cases from 2023. He also reported 4 individuals entered into the Voluntary Recovery Program and 9 completed in 2024.

Chair Roussel thanked Mr. Smith for working so hard on their behalf and expediting the average time to close the cases.

Ray J. Michalowski, Esquire, Senior Board Prosecutor, informed Board members that many cases are withdrawn because of counter cases, where a conflict arises often caused by insurance, because an individual was denied payment but withdraws it afterwards.

Mr. Michalowski mentioned that more warning letters were given in 2024 partly due to the Pennsylvania Licensing System (PALS) issue with the notification of the pharmacist-in-charge changes,

where the warning letters were stopped and letters of concern were sent. He mentioned the Board is also changing the number of days on that with their regulation packages. He noted also seeing more compliance with the updated USP Chapters 795, 797, and 800.

Chair Roussel referred to USP 800 and the new compounding regulations, noting they were effective November 2023. She mentioned 2024 just passed, noting there is probably a little bit heavier inspection and asked whether prosecution had any insight to share from the inspectors.

Mr. Michalowski explained that USP Chapter 800 has caused the most confusion in the industry. He stated people were already anticipating Chapter 795 and Chapter 797 even with the changes and updates.

Mr. Giunta mentioned inspectors cannot give advice but believed it is just a learning curve, and inspectors are working with the pharmacies. He noted inspectors sometimes bring situations to him and Mr. Michalowski to decide how to handle the issues.

Chair Roussel referred to a discussion a couple years ago concerning creating some type of ability to do education, much like a VRP agreement, but with the compounder specifically to keep their issues

confidential but mandate education instead of discipline and more specific ones. She asked what kind of training inspectors receive.

Mr. Michalowski explained that inspectors have gone to conferences in the past but do not essentially keep up to date because it is a separate entity with the Bureau of Enforcement and Investigation (BEI). He reported staff seem to be very up to date and attend training nationally.

Mr. Michalowski mentioned that Chapter 800 is the one with the most need as far as working with inspectors because everything seems, especially with automated dispensing machines or automated pill counters, along with the standards for drugs that would qualify under Chapter 800. He mentioned there is a remedial program working in the background because not every single failure is would result in a legal case.

Chair Roussel asked how the Board of Pharmacy rates with other boards as far as cases versus the number of licensees.

Mr. Michalowski explained that it depends on the profession, where some boards tend to be rule followers, including the Board of Pharmacy. He mentioned more complaints will be seen with boards

doing competitive sales and with consumer-related boards.

Mr. Michalowski noted cases have been going up over the last two years, and many of the cases that are closers are cases where there is frustration due to insurance denials and delays. He mentioned the staff does great as a whole, and it will be interesting when the techs are registered and eligible for discipline.

Mr. Michalowski noted Ms. O'Malley discussed updating their Act 48 Schedule, which is their Schedule of Citations. He noted areas that could use citations are nonresident pharmacy and compounding regulations.

Chair Roussel referred to the regulatory work session, noting the compounding section is the last section in their regulatory package.

Mr. Michalowski mentioned that the best time to talk about that is after the other two packages are in the pipeline.]

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Report of Board Counsel - Miscellaneous Items - Sunshine Act and Recusal

[Sean C. Barrett, Esquire, Board Counsel, presented an overview of the Pennsylvania Sunshine Act and

Recusal Guidelines.

Mr. Barrett explained the purpose of the Sunshine Act is the right of the public to be present at all meetings of agencies.

Mr. Barrett stated anytime an agency holds a meeting, where deliberations or official actions take place, the meeting must be open to the public after public notice of the meeting. He noted an agency includes the Board.

Mr. Barrett explained that deliberations are discussions of agency business held for the purpose of making a decision. He further explained that official action includes decisions and votes taken on motions, proposals, resolutions, rules, regulations, ordinances, reports, or orders.

Mr. Barrett addressed public notice. He also noted special meetings must be posted at least 24 hours in advance. He mentioned that public notice is not required for emergency meetings or conferences.

Mr. Barrett explained that public notice includes the place, date, and time of the meeting in a public newspaper, principal office of the agency holding the meeting, and on their website.

Mr. Barrett addressed the recording of votes, where all votes must be publicly cast and recorded in

public session. He noted the requirements for virtual presence at a meeting include being seen as well as heard. He stated written minutes must be kept of all meetings and made available to the public.

Mr. Barrett noted the only exceptions for the open meeting requirements are for conferences and executive session. He mentioned that conferences are basically training programs, where it is mostly information for the Board. He noted deliberation of agency business may not be discussed at a conference.

Mr. Barrett explained that executive session is for discussing personnel issues and consulting with attorneys regarding information concerning litigation and to review agency business that would violate a lawful privilege if conducted in public.

Mr. Barrett mentioned that items discussed in executive session are quasi-judicial matters in terms of disciplinary proceedings. He noted that official action on matters discussed in executive session must be taken at an open meeting.

Mr. Barrett addressed legal challenges for violations of the Sunshine Act, noting challenges must be filed within 30 days from the date of the meeting or within 30 days from the discovery of any

action that occurred at a meeting. He stated no action may be filed more than a year from the date of the meeting in which a violation occurred.

Mr. Barrett addressed penalties for violations of the Sunshine Act. He mentioned that a court may declare all official actions taken at a meeting invalid if there is a Sunshine Act violation. He stated Board business should be conducted in open meetings, and Board members should not discuss agency business, especially matters discussed in executive session, outside of the official Board meeting.

Mr. Barrett stated deliberations for committee meetings also have to take place in an open meeting with public notice, but committees that perform administrative functions or probable cause screening functions are not subject to open meeting requirements.

Mr. Barrett addressed Recusal Guidelines, noting recusal is mandatory when a Board member has a prosecutorial role in the matter, including being a member of the Probable Cause Screening Committee or having a direct personal financial interest in the outcome of the matter.

Mr. Barrett noted it is strongly suggested to recuse if a Board member has a personal affection for

someone directly involved but simply knowing a person or knowing of a person is not necessarily enough to warrant recusal. He noted it is also strongly suggested to recuse if they have knowledge from outside of a case and cannot set it aside in order to make a fair and unbiased determination.

Mr. Barrett addressed discretionary recusal, where Board members should recuse themselves if the member cannot make a decision on a subject fairly without prejudice. He encouraged Board members to contact him in advance if they are uncertain whether to recuse.

Mr. Barrett explained the difference between abstention and recusal, where abstention is just withholding a vote and does not affect quorum requirements but recusal does affect the quorum.

Mr. Barrett discussed conflicts of interest for professional Board members, where no member of any professional examining or licensing Board shall at the same time be an officer or agent of a statewide association or organization representing the profession or occupation subject to the Board's action. He also referred to conflicts of interest for public members for their review.

Dr. Trimmer read a comment in chat from Larry

Jones, Pennsylvania Society of Health-System Pharmacists, noting he referred to the Sunshine presentation per parliamentary procedures and asked whether the agenda should include a section entitled public comment as well as a section moving to close the agenda meeting.

Mr. Barrett informed Mr. Jones that a public comment section would be added to the next agenda.]

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Report of Board Chairperson

[Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, noted the sections to be discussed at the regulatory workgroup were announced. She mentioned anything remaining will be discussed at the March session.

Chair Roussel announced the National Institute of Occupational Safety and Health (NIOSH) released its list of 2024 hazardous drugs at Christmas. She recommended all pharmacists evaluate the 2024 list and integrating it. She noted NIOSH went from three categories of hazardous drugs to two categories of hazardous drugs.]

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Report of Acting Commissioner - No Report

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Report of Executive Secretary - No Report

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Report of Board Members - No Report

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Discussion - Attendance at the NABP Annual Meeting - May 13-16, 2025, in Fort Lauderdale, FL.

CHAIR ROUSSEL:

Would anybody like to make a motion to send a number of members to be acceptable?

MR. ESTERBROOK:

I make a motion that we send three members to the NABP Meeting.

MS. GETZEY HART:

Second.

CHAIR ROUSSEL:

Would anybody like to discuss that? We can move to a vote.

Hart, aye; Reed, aye; Esterbrook, aye; Claggett, aye; Ritchie, aye; Slagle, aye; Roussel, aye.

[The motion carried unanimously.]

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Discussion - ACPE Invitation for On-site Evaluation -

Doctor of Pharmacy program - University of Pittsburgh School of Pharmacy/Discussion - ACPE Invitation for On-site Evaluation - Doctor of Pharmacy program - Lake Erie College of Osteopathic Medicine School of Pharmacy

[Christine Roussel, Pharm.D., BCOP, BCSCP, reminded everyone the Board of Pharmacy works with the Accreditation Council for Pharmacy Education (ACPE) to accredit schools of pharmacy. She noted when schools of pharmacy are being surveyed that a Board of Pharmacy member is welcome to attend to focus on supporting ACPE and making sure they are doing a thorough job in the accreditation process.

Chair Roussel reported two schools are upcoming for accreditation, one is Lake Erie College of Osteopathic Medicine School of Pharmacy, which is in March in Erie, PA, and Bradenton, FL. She noted the second one is for the University of Pittsburgh in April.]

CHAIR ROUSSEL:

Would anybody like to make a motion?

MS. GETZEY HART:

I'll make a motion to send Eric to the ACPE On-site Evaluation for the University of Pittsburgh School of

Pharmacy.

CHAIR ROUSSEL:

Would anybody like to second that?

MR. REED:

Second.

CHAIR ROUSSEL:

Any discussion? We'll call the vote on that one.

Hart, aye; Reed, aye; Esterbrook, aye; Claggett, aye; Ritchie, aye; Slagle, aye; Roussel, aye.

[The motion carried unanimously.]

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CHAIR ROUSSEL:

Now for Lake Erie College of Osteopathic Medicine. It sounds like Janet might be willing to do Bradenton, FL. I know we were going to discuss checking calendars.

MR. ESTERBROOK:

I make a motion that we send a representative to both Florida and Erie March 17-21.

ACTING COMMISSIONER CLAGGETT:

Second.

CHAIR ROUSSEL:

Any further discussion? Let's call the vote.

Hart, aye; Reed, aye; Esterbrook, aye; Claggett, aye; Ritchie, aye; Slagle, aye; Roussel, aye.

[The motion carried unanimously.]

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Public Comment

[Jill Rebuck, Executive Director, Pennsylvania Society of Health-System Pharmacists, stated the technician regulations are still in the process of being finalized through the Independent Regulatory Review Commission (IRRC), et cetera.

Ms. Rebuck requested the Pennsylvania Society of Health-System Pharmacists (PSHP) receive information regarding a Board-approved training program so that all of the health systems across the state will be ready if it includes employer-sponsored programs, etc.

Ms. Rebuck also requested clarification concerning technicians hired after the grandfathering class dates and is hoping the technicians who have been employed more than a year do not need to be

registered as a technician trainee.

Ms. Rebuck reported concern from multiple health systems throughout the state regarding the unknown about trainees and technician shortages. She requested, during the registration process, that technicians who have been employed for more than a year would be able to show because of X, Y, and Z that the technician would not need to be considered a trainee.

Ms. Rebuck informed Board members that PSHP is very supportive of techs being registered in the state but wanted to help across the state to ensure minimal confusion to the technicians themselves.

Marc Farrell, Esquire, Regulatory Counsel, Office of Chief Counsel, Department of State, explained that the the Board-approved pharmacy employer is still one of the training options. He noted looking at prior training and whether it is on the list, where the applicant would only need to apply for a tech registration.

Mr. Farrell mentioned the regulation will be similar to the last time everyone saw it but will have clarification concerning employer-based training.

Ms. Rebuck commented that employer-based training

would be a large percentage since there is no state available Board-approved training programs in Pennsylvania. She mentioned that the Pennsylvania Pharmacists Association (PPA) and PSHP are very united in having more guidance and asked Mr. Farrell to share the changes at the March meeting so the health systems have clarity and to allow the phrase technician registration to be felt in a positive way forward.

Chair Roussel suggested having a written Q&A session to add a little context, and Acting Commissioner Claggett agreed.

Ms. Talbott commented that it was written broadly because the Board did not want to approve all the employer work, so the onus is on the employer to defend their program.

Victoria Elliott, RPh, MBA, CAE, Chief Executive Officer, Pennsylvania Pharmacists Association, requested the last official publication of the technician regulation.

Mr. Farrell referred Ms. Elliott to IRRC's website at irrc.state.pa.us under 16A-5433.

Mr. Farrell informed everyone that there is currently a complete hold on the delivery of final regulations for all of the agencies due to the sine

die period. He noted the regulation will be headed to IRRC and referred to upcoming IRRC meetings on March 20, April 10, and May 15.

Mr. Farrell mentioned they would be looking at the April 10, possibly May 15 meeting for approval and then 45 days or so after the April 10 meeting is when it would be published as final and become effective. He mentioned that would start the clock for a year to apply for registration.

Ms. Rebuck noted the tech registrations would be in the opposite year as the pharmacist registrations and will not be finalized until summer. She asked Mr. Farrell to comment about it being an odd versus an even year and how they catch up to that cycle.

Mr. Farrell stated they would take whatever steps will result in the least amount of hardship to anybody for renewals. He noted it could be over two years until the next renewal.

Mr. Jones announced that the Pennsylvania Safety Authority sent CEOs and some risk managers and quality managers a notice that basically states that when they are reporting system failures that documentation and discrepancies of controlled substances should now be classified as infrastructure failure, not incidents. He also reported they are

looking to have documentation for all administration waste or return discrepancies.

Mr. Jones noted the original documentation claimed they wanted it within 24 hours but that the Pennsylvania Safety Authority just released their January newsletters and does not have a timetable of 24 hours on the official notice. He commented that every institution will be overwhelmed with paperwork if they document, research, and send them every documentation failure or investigation where documentation was lacking but on investigation is correctable.

Mr. Jones also referred to the timetable for research, which can be several days. He noted under the Drug Enforcement Administration (DEA) rules that they understand the investigation and closure of these issues can take several days and write that into their procedures for notification to the DEA. He asked whether the Board was involved in this notice or have any input on this discrepancy issue.

Chair Roussel expressed concern as a DEA license holder for a hospital. She provided an example of a click error discrepancy that could be resolved within minutes, noting not all discrepancies are diversion events. She mentioned their 250-bed hospital has

about 100 to 150 discrepancies per month. She asked whether anybody knows the mechanism of communication with the Patient Safety Authority.

Mr. Barrett stated the Board has no oversight over the Patient Safety Authority because it is an independent state agency but offered to look for some contact information.

Mr. Jones addressed the problems with solving discrepancies within 24 hours and believed the Patient Safety Authority's intention was the issue of unresolved documentation discrepancies but would like to have the 24-hour time frame clarified as well.

Mr. Barrett offered to reach out to the Patient Safety Authority and then provide information at a later time.]

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Report of Board Counsel - Regulatory Report

[Marc Farrell, Esquire, Regulatory Counsel, Office of Chief Counsel, Department of State, informed everyone that Part III of the general revisions are the regulations Board members wanted to review and include in the general revisions package. He noted the sections for review are pharmacists, § 27.21 through § 27.26; management of drug therapy, § 27.301 and § 27.302; and compounding regulations, § 27.601

through § 27.606. He also noted they were all promulgated in 2019 and have not had any updates. He mentioned the plan is to put together parts I, II, and III for another review and vote to get the package moving.

Chair Roussel referred to § 27.21 application for examinations and licensure. She stated the National Association of Boards of Pharmacy created a Uniform Pharmacy Jurisprudence Examination (UPJE) Steering Committee that published a report in 2024 looking at the architectural framework for development of a Uniform Pharmacy Jurisprudence Examination for state boards of pharmacy to assess competencies.

Chair Roussel noted the goal was for boards of pharmacy to understand the obligations and how to develop and maintain them, along with understanding state-specific requirements and what could be applicable to all states because the federal government during COVID was disappointed at the barriers to interstate license portability.

Chair Roussel explained that the federal government, in times of emergency, wanted pharmacists licensed in Pennsylvania to be able to go to another state to help, but all of the state-specific exams were considered a barrier. She noted NABP convened a

group to look at the UPJE for it to be a uniform exam for all states. She mentioned they have the Multistate Pharmacy Jurisprudence Examination (MPJE), which would make it a state-specific exam.

Chair Roussel noted NABP has been asking Board of Pharmacy members to look at whether the questions are applicable to their state and whether they could create a pool of universal questions. She expressed concern with Pennsylvania not being ready in times of emergency because their regulations take a long time to promulgate when NABP moves toward the UPJE.

Ms. Talbott suggested striking multistate pharmacy so it is a candidate for licensure to practice pharmacy by examination, applying to take the North American Pharmacist Licensure Examination and a jurisprudence examination identified by the Board.

Ms. Getzey Hart commented that there are also individual states that have their own examinations and mandate the NABP model, which is also part of the discussion of allowing students to take it earlier than upon graduation but in their last year of school.

Chair Roussel referred to a recurring theme at district meetings for NABP concerning the difficulty

of having two licensing exams for students. She noted the possibility of allowing students to take the law exam in their final year of pharmacy school. She also noted the opposite thought process is to do away with the pharmacy law exam, which some states have done.

Ms. Rebuck stated PSHP is very supportive of moving to an exam that allows for interstate portability. She mentioned that more and more pharmacists are involved in multiple states and health systems, and many residents every year are affected by the timing of being able to take the MPJE. She noted PSHP is supportive of moving to UPJE and personally of the idea of pharmacy students being able to take the exam prior to graduation.

Chair Roussel referred to § 27.21(d), where affidavits of internship experience shall be filed before authorization to take the exam is given. She suggested changing that and the applicant. She did not feel it would be prohibited by the act, and they could add it into § 27.21 by adjusting (b) and (d) with some language, along with adjusting (d) to only be for the NAPLEX. She believed NAPLEX needs to be completed upon graduation because their internship is really building on that, but the law is one they

would be able to allow before.

Ms. Talbott commented that they do not need the affidavits of the internship because they are accepting everything from the schools, noting they could strike (d).

Chair Roussel suggested having NAPLEX as one bullet and MPJE is another under (a). She mentioned students on internship would be qualified to take the test and asked whether schools feel students might be eligible to take the test even earlier.

Jonathan Ference, Pharm.D., Dean, Wilkes University Nesbitt School of Pharmacy, stated they are in favor of allowing student pharmacists to take a jurisprudence exam, whether it be the MPJE or UPJE in the future prior to graduation. He explained that they would build it into their curriculum and take ownership of building the timing in accordingly because it is such an important barrier to licensure.

Chair Roussel stated it sounds like they have general support for a universal law exam, noting the edit would be to remove "the multistate" in front of pharmacy jurisprudence exam and just put (a) and fix the acronym. She mentioned the second one was to allow students to take it early, noting there would be specific laws for Pennsylvania when UPJE is

available.

Ms. Talbott explained that NABP will also allow the state to have a state-specific module, where the Board could make that mandatory as an exam. She explained that Ohio has a big event for reciprocal licenses, where the Board reviews all the state-specific laws and continuing professional education (CPE).

Ms. Getzey Hart believed they should have something specific to Pennsylvania but agreed with the UPJE overall. She mentioned that the regulations will be more complicated when they answer the questions because they will not be able to answer they do not register or license technicians.

Ms. Rebuck referred to the NABP UPJE Steering Committee Report, noting one of the final summary recommendations is that NABP will encourage but not require UPJE participating states to develop and implement a supplementary plus module to teach state-specific laws and regs for new licensees.

Ms. Rebuck noted the UPJE Steering Committee mentioned the Ohio Board of Pharmacy provides a series of training videos, asynchronous training that pharmacists seeking reciprocity to practice in that state must complete. She commented that the idea of

a plus module, if it could be viewed 24/7 and not have to be scheduled to attend a future event, would greatly be appreciated if they move forward with UPJE.

Chair Roussel noted the options are to switch to the UPJE and leave it the same time, eliminate the need for a law exam altogether, allow students to take the exam early, or do the plus module. She mentioned considering what is reasonable for the Board. She mentioned creating training and education costs money and maintains a cost, because it needs to be reviewed often with a third party, which may add on to the license.

Mr. Reed asked whether there is feedback from any of the states that have done nontraditional licensure pathways for law that when they eliminated the exam or they went to the modified pathway that their acts against the license went up. He mentioned that having a state that completely eliminated it and nothing changed would be the path of least resistance.

Ms. Getzey Hart commented that Michigan recently eliminated it within the last year. She mentioned that Arkansas has had their own in-state examination for many years and really has not had any issues.

She noted it is all across the board as far as what various states do.

Chair Roussel suggested UPJE plus state-specific laws and regulations for new licensees to the state in an asynchronous continuous education format.

Ms. Talbott suggested just putting a jurisprudence exam as identified by the Board, because the state-specific information will be part of the application, which does not require a regulatory process to be changed.

Mr. Michalowski commented that attorneys in Pennsylvania and several other boards for the first renewal cycle for a new licensee have to complete a specific CE course, which incentivizes the CE community to create courses for it, because it is required of any new license, including those for reciprocity or those just coming out of school.

Mr. Michalowski explained that someone could pass the NAPLEX and the jurisprudence exam, which would be the state-specific requirement and be required in the first renewal period. He noted other boards put it in the CE section.

Mr. Esterbrook asked what the difference is between MPJE and UPJE with some CEs. He noted the importance of protecting the public and asked what

the benefit of the UPJE is versus what they do now.

Chair Roussel explained that the benefit would be for licensure portability to other states and expediting people getting those licenses. She provided an example, where a public emergency happened in Pennsylvania and they needed people, noting they could come in if they had already passed a UPJE in another state.

Chair Roussel mentioned that if the Board decided they wanted an extra module that someone could watch it online in emergency time in a couple days and maybe pass it or not have to do the extra CEs until that renewal period if they come in for an emergency.

Chair Roussel commented that the federal government was pushing a lot with NABP. She mentioned being on the Resolutions Committee representing District 2 when the resolution came forward to evaluate the feasibility, noting it was subsequent to federal pressures to enhance the ability to practice across state lines. She stated the American Society of Health-System Pharmacists passed a resolution to eliminate the law exam in June because no other profession has both a clinical exam and a law exam.

Mr. Reed expressed concern with someone who

reciprocates to Pennsylvania right after the renewal period and works for two years before completing the CE, not necessarily knowing Pennsylvania-specific rules.

Chair Roussel stated they are licensed practitioners and their license is subject to discipline. She also commented that she could pass the NAPLEX with no problem but really had to study for the law because she never worked in a retail pharmacy and was not things she learned as an intern. She mentioned that some of what is in the law is actually not applicable to certain practice.

Mr. Esterbrook mentioned taking the law test in Maryland 5 years ago that was 50% ostomy and durable medical equipment (DME), which was something he would never need. He noted many people that passed the NAPLEX had trouble with the law part and did not believe keeping them from being practitioners in the state is worth it.

The question was asked as to how the Board will ensure the CE contains all of the elements they previously worked to maintain if they decide to create a CE requirement.

Chair Roussel explained that they would have to contract with and expert to write it, noting they

contract with people to write the law exams that are submitted to NABP on behalf of Pennsylvania.

Chair Roussel noted Board members agreed to move from the Multistate Pharmacy Jurisprudence Exam to the Uniform Pharmacy Jurisprudence Examination.

Ms. Getzey Hart commented that someone going to a national emergency may not be getting a license and may be getting a general authorization based on credentials in their home state and believed the UPJE is a way to go for the portability.

Chair Roussel mentioned that the Board may need to look at what the law regulations say about requiring more of an intensive CE for the first renewal cycle as a separate consideration. She offered to work with Mr. Farrell concerning the language and present it to the Board in March for review with regards to the supplement.

Chair Roussel explained that instead of every state having their own law exam, just like they have one NAPLEX for the whole entire country, they would have one law exam for the whole entire country, so every person who wants to get a license in Pennsylvania would have to take the UPJE, where multiple states would probably ask for the same thing.

Ms. Getzey Hart suggested that anyone who already has the UPJE take the module for Pennsylvania to still have part of Pennsylvania.

It was suggested inserting Board-approved Pharmacy Jurisprudence when they remove multistate.

Chair Roussel also noted everybody thought it was acceptable to take the exam when a student is eligible to do a pharmacy internship, which would be the term Advanced Pharmacy Practice Experience (APPE).

Mr. Farrell will come back again so everybody has a chance to provide input and review the language.

Chair Roussel noted qualifications for pharmacy state licensure in Pennsylvania almost allows a student to fail NAPLEX once and then they are referred to the Board if they fail a third time. She stated there is nothing in their regulations that gives the Board guidance to prohibit them from taking it.

Chair Roussel referred to the National Association of Boards of Pharmacy Model Practice Act regarding qualifications for pharmacist's licensure by examination under Section 302, have successfully passed an examination or examinations approved by the board within five attempts.

Chair Roussel believed there should be a limit on the number of attempts to pass the exam.

Ms. Talbott noted that the Board currently requests that the individual prove their remediation before being permitted to take the test again if approaching the Board for the fourth time.

Dr. Ference stated Wilkes University has not addressed this issue with a graduate but would offer NAPLEX remediation.

Mr. Barrett referred to the language in their act, where in case of failure at a first examination, applicant shall have within 2 years the privilege of the second and third examination; and in the case of failure in a third examination, the applicant shall have the privilege of examination only after satisfactorily completing additional preparation as directed and approved by the Board. He expressed concern with imposing a concrete cap on the number of times someone can take the exam.

Acting Commissioner Claggett commented that he is not in favor of a hard cap and to keep it as is.

Chair Roussel noted § 27.21 through § 27.25 covered application for examination and licensure, required license exams, application for expulsion, time and place for holding exams, examination and

passing scores, and licensure by reciprocity.

Ms. Talbott stated whatever § 27.21 will be will dictate the remaining language in the section, because the verbiage about UPJE, Federal Drug Law Examination (FDLE), and reciprocity would have to change.

Mr. Farrell noted the Board's Act 41 regulations are still in the pipeline and will go between § 27.25 and § 27.26.

Mr. Farrell referred to § 27.26, noting it is part of general revision Part I, and changes made in Part I of the general revisions package would appear on the document at (a)(5). He noted the striking of (d)(3) and removing the words "up to 1,000 of the" in (d)(4).

Mr. Ference referred to § 27.26(b), completed at least 2 years of college and is enrolled or accepted as a student in an ACPE-accredited school. He noted being a 2-4-year program and seeing more and more students with dual enrolls in high school and Advanced Placement (AP) credits doing a 1-year pre-pharmacy and suggested the wording be changed to completing at least 2 years of college credits or 60 college credits as opposed to 2 years on the calendar.

Chair Roussel addressed a situation where somebody from a college of pharmacy had a young genius around 15 or 16 and wanted to change the age requirement. She discussed asking for a waiver if a child genius wanted to be a pharmacist.

Chair Roussel referred to § 27.301 and § 27.302 regarding management of drug therapy. She reported barriers with the Pennsylvania Licensing System (PALS) that affect the way some of the documentation is put forward.

Ms. Rebuck referred to § 27.301(6), statement that requires notification. She noted using electronic medical records compared to when these were written, which is communicated seamlessly and shared with all involved in the care of the patients. She suggested changing (6) to include the phrase, when a shared electronic medical record is not in use, then a statement that requires notification.

Ms. Rebuck referred to (9), the signatures of the physicians and pharmacists who are entering in the written protocol and the date signed. She noted removing the period and add must be obtained electronically or in writing.

Mr. Jones referred to § 27.301(6), where it says authorizing physician. He noted the definition of

provider is certainly much greater than a physician and is causing issues with extended providers. He believed the phrase should say authorizing provider/physician to meet the definition Pennsylvania uses in all of their other statutes as well.

Mr. Farrell recommending leaving it as authorizing physician or provider.

Ms. Rebuck suggested the addition of § 27.301(f), noting there is a paragraph within the act, which reads managing blood therapy within an institutional setting may occur without the requirements of subsection (e), provided it is pursuant to a medical order by a licensed physician for managing drug therapy protocol approved by the medical staff of the institution.

Ms. Rebuck stated they interpret what is listed in the act, and it is just for completeness. She noted it is based in the institutional setting and is basically saying management of drug therapy within an institutional setting provided pursuant to a medical order by a licensed physician for managing drug therapy protocols approved by the medical staff of the institution. She provided an example.

Ms. Rebuck referred to § 27.302(f)(1) and

suggested making (f)(1) and (f)(2) physicians and pharmacists or placing an (s) after physician and pharmacist because there are more than one physician and one pharmacist involved in performing the activity.

Ms. Rebuck referred to (f)(3), the collaborative practice agreement must contain, and suggested leaving the first four words, a statement requiring that and then cross out the rest of that sentence and change it to a statement requiring that a physician initiate the management of drug therapy with referral to a pharmacist.

Chair Roussel commented that it is not changing the intent but makes more sense.

Ms. Rebuck referred to (f)(7), a statement that requires notification of the authorizing physician. She suggested removing the period at the end, where it says change and add when a shared electronic medical record is not in use for it to read, a statement that requires notification to the authorizing physician of change in dose, duration, or frequency of medication prescribed as soon as applicable but no longer than 72 hours after change. She noted that addition, when a shared electronic medical record is not in use.

Chair Roussel mentioned that it might be a section where the statement could also include authorizing physician or provider in addition to that change.

Ms. Rebuck referred to (f)(10) and suggested adding to the end of the sentence for it to read, the signatures of the physicians and pharmacists who are entering into the collaborative agreement and the date signed must be obtained electronically or in writing.

Ms. Talbott suggested putting electronic or physical in front of signatures.

Chair Roussel recommended being consistent with prior changes.

Ms. Rebuck suggested adding a second sentence to (f)(10), signatures of physician and/or pharmacist leader on their behalf are permitted. She noted they are talking about a chief medical officer, the head of a clinic, a pharmacy clinical director, who is the individual who is involved in the responsibilities with the collaborative agreement as the employer of those individual physicians or pharmacists.

Mr. Jones explained that as different protocols come available and as they are initiated, depending on the streamlining of patient care, the search for

providers can be cumbersome and provided an example.

Chair Roussel added that there is formal committee structured for those approvals and agreed that administrative burden is intense.

Ms. Rebuck mentioned that they were being respectful of colleagues beyond the health system when they chose the verbiage of leaders because a health system will have a director, but there may not always be a director present in some other clinics. She stated it is clearly the pharmacist leader of that area who is responsible for employees who have been vetted through those groups. She noted PSHP strongly supports this, along with several colleagues around the state who would be very appreciative if that was added.

Chair Roussel suggested it read, pharmacists with administrative authority over the practice site.

Ms. Rebuck requested approval for it to read, signatures of physician and/or pharmacist leader with administrative authority over the practice site, noting the intent is the physician leader of that area has direct oversight over those individuals.

Chair Roussel suggested administrative authority over practice site or medical service line because the whole thing is a cardiology protocol across all

cards.

Ms. Rebuck confirmed for it to read, signatures of physician and/or pharmacist leaders with administrative authority over the practice site or medical service line are permitted. She referred to (f)(10), the signatures of the physicians and pharmacists who are entering the collaborative agreement and the dates signed with the addition of must be obtained electronically or in writing. Signatures of physician and/or pharmacist leaders authorized with administrative authority over the practice site or service line on their behalf are permitted.

Ms. Talbott commented that she could clean it up in the front, where they talked about the electronic or physical signature that was like the first change. and then the physician and/or pharmacist leaders' administrative authority over the practice site or service line.

Ms. Rebuck referred to § 27.302(4)(h) and for it to read, the collaborative agreement shall be filed with the Bureau (Board), submitted electronically by the individual pharmacist for an authorized designee or as a batch file for pharmacists under the same employer.

Ms. Rebuck wanted to have them move to submitting electronically by the individual pharmacist because sometimes the pharmacist is only involved but could be part of a much larger group of collaborative agreements and much larger number of pharmacists. So to decrease the board's administrative burden and the site's administrative burden, have it submitted electronically by that individual pharmacist or an authorized designee or as a batch file for pharmacists under the same employer. She mentioned that having 12 pharmacists at a site who may have 5 practice agreements would be 12 times 5 files uploaded versus 1 batch file that can be sent by someone authorized on that behalf.

Ms. Talbott was not sure that it had to be uploaded is in the act because it says upon request to represent you have provided it to representatives of the State Board of Medicine, State of Osteopathic Medicine, State of Pharmacy, and the Department of State.

Ms. Rebuck noted the current state in practice is required to be uploaded.

Ms. Talbott stated it is in the regulations that it shall be filed with the Bureau but did not believe it is in the statute, so they could take out (h) and

add it to (4) upon request, to representatives of the Bureau and the Department of Health.

Ms. Rebuck confirmed striking (h), the collaborative agreement shall be filed with the Bureau, which would decrease everyone's administrative burden. She noted it would still be available in (g)(1) through (4).

Ms. Rebuck suggested § 27.302(k)(2) read, initiate the management of drug therapy only upon a written referral to the pharmacist from the physician, either for an individual patient or for a group of patients based on protocol.

Chair Roussel suggested removing the word "written" and adding provider.

Chair Roussel referred to § 27.601 regarding compounding.

Ms. Rebuck recommended § 27.605 read, the label affixed to or on the dispensing container of a compounded drug product dispensed by a pharmacy pursuant to a prescription or drug order must bear the information as required under current USP regulations.

Ms. Talbott noted IRRC had the Board put § 27.18 back in.

Mr. Jones noted § 27.18(d) was established 15 to

20 years ago. He explained in 2017, § 27.18 added (v) for inpatient institutional uses that made exceptions to what was required under section (d) for IVs totally consumed on site. He mentioned they do not need the DEA number, address, and some of the other things.

Ms. Talbott noted they could fix § 27.18(v) and § 27.18(d).

Ms. Rebuck referred to § 27.26(h)(4) regarding pharmacy interns, where a pharmacy shall compound and dispense a sufficient number of prescriptions, including renewals so as to provide the pharmacy intern with ample opportunity to scrutinize prescriptions and to compound dispense under the supervision of a licensed pharmacy.

Ms. Rebuck asked the Board for a sufficient minimum number or whether they should just remove it.

Ms. Talbott explained that the intent was so interns were not filling two prescriptions a day and not getting any knowledge. She recommended not changing anything.

Chair Roussel asked whether PSHP believed nonsterile compounders read the Federal Food, Drug, and Cosmetic Act regarding 503A compounding standards. She explained that the FDA has a list of

drugs not approved for bulk compounding and specific requirements about drugs that do not have a United States Pharmacopeia (USP) monograph for compounding, where she believed it did not need to be put in there.

Chair Roussel also asked Mr. Michalowski to ask inspectors whether people are compounding things without a USP monograph and have been withdrawn from the FDA market because of safety. She mentioned the most common FDA finding is that people are compounding with ingredients on the lists but do not know they are not allowed to use them.

Ms. Elliott commented that the Board is reluctant, unlike other boards, to provide guidance on their own regulations when they want people to conform.

Mr. Barrett stated there is case law that the Board cannot reprove conduct or issue advisory opinions because they are not authorized under their Practice Act to do so. He noted other states have more explicit guidelines where the boards can give opinions. He mentioned there was a bill introduced to make it so the Board is required to issue advisory opinions but was not sure whether that would ever happen.

Chair Roussel commented that it is everyone's responsibility to be proactive, including the law exam, where they should be taking extra steps to read things applicable to their practice areas.

Chair Roussel stated the draft edits of the same sections would be provided in advance of the March meeting for review.

Mr. Jones commented that the caveat of the three sections is that they are presuming the law is changing for everything applicable to the new format for printing out their own licenses and no longer receiving a wallet card. He noted they are not in the Pharmacy Act itself but are in other sections of Chapter 49 and offered to send Chair Roussel the lists.

Ms. Elliott thanked the Board for the timeline concerning the regulations. She reported receiving calls at their office from people being referred by the Board. She noted much confusion around when the technician regulations would be promulgated from new technicians and employers.

Dr. Trimmer explained that anyone requesting information would be told the regulations are in the pipeline and will be posted as soon as available.]

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Adjournment

CHAIR ROUSSEL:

Anyone want to make a motion to adjourn?

MS. GETZEY HART:

I make a motion to adjourn.

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[There being no further business, the State Board of Pharmacy Meeting adjourned at 1:21 p.m.]

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CERTIFICATE

I hereby certify that the foregoing summary minutes of the State Board of Pharmacy meeting, was reduced to writing by me or under my supervision and the minutes accurately summarize the substance of the State Board of Pharmacy meeting.

Allison Walker,
Minute Clerk
Sargent's Court Reporting
Service, Inc.

STATE BOARD OF PHARMACY
REFERENCE INDEX

January 21, 2025

TIME	AGENDA
9:00	Executive Session
10:30	Return to Open Session
10:32	Official Call to Order
10:32	Introduction of Board Members/Attendees
10:33	Approval of Minutes
10:35	Report of Board Counsel
10:37	Review of Applications
10:41	Appointment - Annual Prosecution Report
11:10	Report of Board Chairperson
11:12	Discussion
11:17	Public Comment
11:31	Report of Board Counsel (cont.)
1:21	Adjournment