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: 10:30 A.M.

Held at

PENNSYLVANIA DEPARTMENT OF STATE

Wilkes University

Nesbitt School of Pharmacy

Stark Learning Center

84 West South Street

Wilkes-Barre, PA 18766

as well as

VIA MICROSOFT TEAMS

October 22, 2024

State Board of Pharmacy
October 22, 2024

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
Marc Farrell, Esquire, Regulatory Counsel, Office of Chief Counsel, Department of State
Nathan C. Giunta, Esquire, Board Prosecution Liaison
Caroline A. Bailey, Esquire, Board Prosecutor
Tyesha C. Miley, Esquire, Board Prosecutor
Sara Trimmer, Pharm.D., R.Ph., Executive Secretary
Nichole Wray, Division Chief, Health Licensing Division
Andrew LaFratte, MPA, Deputy Policy Director, Department of State
Michael P. Merten, Esquire, Board Counsel, State Board of Barber Examiners
Steven Zahn, Pharmacy Inspector, Bureau of Enforcement and Investigation, Department of State
Elle Thompson, Law Clerk, PA Department of State

ALSO PRESENT:

Theresa M. Talbott, R.Ph., Director, Pharmacy and Retail Advocacy, CVS Pharmacy
Katie, Walgreens Pharmacy
Letitia Warunek, PharmD, Assistant Professor of Pharmacy Practice at Wilkes University
Morgan McIntyre, Pharmacy Student, Wilkes University
Toni McDonald, PharmD, MBA, Chewy Pharmacy
Larry Jones, Pennsylvania Society of Health-System Pharmacists Member

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ALSO PRESENT: (cont.)

Jill Rebuck, Executive Director, Pennsylvania Society of Health-System Pharmacists
Nicole, CVS Health
Paul, Student, Wilkes University
Julie Olenak, Admissions and Student Affairs, Wilkes University
Danielle Keith, Faculty, Wilkes University
Nicole Pezzino, Wilkes University
Grace O'Toole, Student, Wilkes University
Archie, Student, Wilkes University
Brett Rodgers, Senior Manager for Pharmacy Automation, University of Pittsburgh Medical Center
Steven L. Sheaffer, PharmD, FASHP, Pennsylvania Society of Health-System Pharmacists
Jonathan Ference, Dean, Nesbitt School of Pharmacy, Wilkes University
Brittany
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
Natalie Klek, Executive Fellow, Pennsylvania Pharmacists Association
Geoffrey Christ, Senior Pharmacy Compliance Manager, Chewy Pharmacy
Michelle Aytay, Manager, Pharmacy Affairs, Walgreens
Tiffany Booher, MA, LPC, CAADC, CIP, CCSM, Director, Peer Assistance Monitoring Programs; Program Director, Physicians' Health Program, Pennsylvania Medical Society
James Maister
Christina Antoun Pharmacy Licensing, Research, and Regulatory Affairs, REAL Solutions Group LLC
Susan DelMonico, R.Ph., JD
Sarah Everingham, MJ, CCEP, CPhT, Cardinal Health
Joshua Finger, PharmD, Enclara Pharmacia
Grace Fisher, Regional Pharmacy Manager, Giant Food Stores, LLC
Jacquelyn Sassaman, Pentec Health
Ultan McGlone, Pharmacist Clinician/Clinical Pharmacy Specialist
Megan Ammon, PharmD, BCMTMS, Clinical Program Coordinator at Weis Markets

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ALSO PRESENT: (cont.)

Christopher Miller, Pharm.D., Giant Eagle
Nicole Fidler, Associate, Malady & Wooten
Misha Patel, M.D., Curriculum Education Assistant, Geisinger Commonwealth School of Medicine
Laura Romeo, Pharmacist-in-Charge at ConnectiveRx, Careform Pharmacy
Cory Ulisse, PharmD, Pharmacy Clinician Services
David Klinger, RPh, Director of Pharmacy, Geisinger Medical Center
Jennifer Smeltz, Republican Executive Director, Senate Consumer Protection & Professional Licensure Committee
Charlotte Harris, Student at Duquesne University
Sarada Vanguri
Emily George, PharmD, Penn Medicine
Judy Kutchman, R.Ph., AllianceRx Walgreens Prime
Charlotte Olivia Nazar, Pharmacy Intern at Harrisburg Pharmacy
Joseph Millward, Pharmacy Quality and Accreditation, PANTHERx Rare Pharmacy
Dawn Cardamone, Express Scripts
Kimmy Nguyen, PharmD, Associate Professor, Pharmacy Practice, Wilkes University
Victoria Elliott, RPh, MBA, CAE, Chief Executive Officer, Pennsylvania Pharmacists Association
Adam VanWert, PharmD, PhD, WebMD
David Rubin, Esquire, Rubin & Rubin
Sean
Ryan
JML
Samantha Bruer, Sargent’s Court Reporting Service, Inc.

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State Board of Pharmacy

October 22, 2024

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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, October 22, 2024. Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, called the meeting to order at 10:30 a.m.

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Introduction of Board Members/Attendees

[Chair Roussel requested an introduction of Board members and attendees. A quorum of Board members was present.]

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[Sean C. Barrett, Esquire, Board Counsel, informed everyone that 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 Agenda

CHAIR ROUSSEL:

The first item on our agenda is approval of the agenda.

Was there any amendments or any changes to the agenda?

MR. BARRETT:

The agenda does say Theresa Talbott is still a member and does not have the addition of Jim Reed.

MR. ESTERBROOK:

I will make a motion to approve the revised agenda.

MS. GETZEY HART:

Second.

CHAIR ROUSSEL:

Any further discussion? We'll call the

vote.

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

[The motion carried unanimously.]

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Approval of Minutes

CHAIR ROUSSEL:

Next is the approval of minutes for August 27, 2024.

Any edits or amendments?

MR. ESTERBROOK:

Motion to approve the minutes.

MS. GETZEY HART:

Second.

CHAIR ROUSSEL:

Any further discussion? Let's call the votes for approval of the August 27, 2024 minutes.

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

[The motion carried. James Reed abstained from

voting on the motion.]

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Report of Board Prosecution

[Nathan C. Giunta, Esquire, Board Prosecution Liaison, on behalf of Ashley Murphy, Esquire, Board Prosecutor, presented the Consent Agreement for Case No. 24-54-001689.]

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[Nathan C. Giunta, Esquire, Board Prosecution Liaison, presented the Consent Agreements for Case No. 22-54-007530, Case No. 22-54-014770, Case No. 23-54-015380, and Case Nos. 24-54-012958 & 24-54-012959.]

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[Nathan C. Giunta, Esquire, Board Prosecution Liaison, on behalf of Ray Michalowski, Esquire, Senior Board Prosecutor, presented the Consent Agreement for Case No. 24-54-014571.]

MR. BARRETT:

Based on Executive Session deliberations, I believe the Board Chair would entertain a motion to approve the Consent Agreement at Case No. 24-54-001689. Jim Reed did recuse himself from any deliberations in this matter.

MR. ESTERBROOK:

So moved.

ACTING COMMISSIONER CLAGGETT:

Second.

CHAIR ROUSSEL:

Any further discussion? Let's call the vote.

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

[The motion carried. James Reed recused himself from deliberations and voting on the motion. The Respondent's name is Vinh D. Pham, R.Ph.]

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MR. BARRETT:

Based on Executive Session deliberations, I believe the Board Chair would entertain a motion to approve the Consent Agreement at item 3, Case No. 22-54-007530.

MR. ESTERBROOK:

So moved.

ACTING COMMISSIONER CLAGGETT:

Second.

CHAIR ROUSSEL:

Any further discussion? Let's call the vote.

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

[The motion carried. James Reed abstained from voting on the motion. The Respondent's name is Nicholas Kernick.]

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MR. BARRETT:

Item 4, Case No. 22-54-014770. Based on Executive Session deliberations, I believe the Board Chair would entertain a motion to reject the Consent Agreement as too lenient.

MR. ESTERBROOK:

So moved.

ACTING COMMISSIONER CLAGGETT:

Second.

CHAIR ROUSSEL:

Any further discussion? Let's call the vote.

Hart, aye; Reed, abstain; Esterbrook,

aye; Claggett, aye; Ritchie, aye; Slagle, aye; Roussel, aye.

[The motion carried. James Reed abstained from voting on the motion.]

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MR. BARRETT:

Item 5, Case No. 23-54-015380. Based on Executive Session deliberations, I believe the Board Chair would entertain a motion to approve the Consent Agreement.

MR. ESTERBROOK:

So moved.

ACTING COMMISSIONER CLAGGETT:

Second.

CHAIR ROUSSEL:

Any further discussion? Let's call the vote.

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

[The motion carried. James Reed abstained from voting on the motion. The Respondent's name is Mercy Fitzgerald Hospital Pharmacy.]

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MR. BARRETT:

Item 6, Case Nos. 24-54-012958 & 24-54-012959. Based on Executive Session deliberations, I believe the Board Chair would entertain a motion to approve the Consent Agreement at those numbers.

MR. ESTERBROOK:

So moved.

ACTING COMMISSIONER CLAGGETT:

Second.

CHAIR ROUSSEL:

Any discussion? Let's call the vote.

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

[The motion carried. James Reed abstained from voting on the motion. The Respondents are James Rulyak and McKeesport Prescription Center.]

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MR. BARRETT:

Item 7, Case No. 24-54-014571. Based on Executive Session deliberations, I believe the Board Chair would entertain a motion to approve the Consent Agreement.

MR. ESTERBROOK:

So moved.

ACTING COMMISSIONER CLAGGETT:

Second.

CHAIR ROUSSEL:

Any discussion? Let's call the vote.

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

[The motion carried. James Reed abstained from voting on the motion.]

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[Nathan C. Giunta, Esquire, Board Prosecution Liaison, provided an overview of the prosecutorial division. He explained that there are a group of prosecutors under the Department of State who cover and enforce the acts and regulations of the 32 different professional licenses across the Commonwealth of Pennsylvania.

Mr. Giunta noted several prosecutors are charged with dealing with all of the pharmacy complaint investigations and deciding whether or not they amount or arise to a violation of the act or regulations. He provided a summary of the

prosecutorial process from the time the complaint is received, investigations through the Bureau of Enforcement and Investigation, review of reports from prosecution, and whether the conduct violated the act or regulations. He also provided a scenario of an individual who is a pharmacist in Ohio and Pennsylvania but received discipline for a violation in Ohio.

Mr. Giunta addressed Act 53 regarding crimes directly related to the profession, including overprescribing, dispensing, and Medicaid fraud.

Mr. Giunta discussed the Voluntary Recovery Program (VRP) for licensed professionals. He reported 90% of it relates to the healthcare profession boards. He explained that the program is for addiction issues and similar to a criminal version of the Accelerated Rehabilitative Disposition (ARD) Program.

Mr. Giunta noted the program is confidential and usually about a three-year term of monitoring that can be removed from the licensee’s record following successful completion of the program. He mentioned that the program is utilized by the medical boards, including pharmacy, medical, dental, and veterinarian.

Mr. Giunta explained that even though prosecution is separate from the Board that it is prosecution's job to enforce its rules and regulations.

Chair Roussel commented that it is the role of the Board to decide after hearing the cases to accept the cases and the discipline that has been negotiated or reject them as either too lenient or too harsh. She noted the importance of being consistent in the fines or punishment with previous situations regarding licenses.

Mr. Giunta explained that it is not like a criminal sentencing guideline that says if they have been charged with this offense and have never been in trouble that a judge can give this sentence. He further explained that the acts and regulations do not provide that unless it is a citation, where in some of the cases they are enforcing and offering punishment based on the Board's prior decisions to accept or reject.

Mr. Giunta mentioned that if he cannot figure out what the Board wants after presenting the case twice that the matter will go to a hearing. He noted that prosecution tries to be very consistent to what the Board has done in the past to be fair to everyone.]

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Report of Board Counsel - Proposed Adjudication and Order

MR. BARRETT:

At item 9, based on Executive Session deliberations, I believe the Board Chair would entertain a motion to adopt the Proposed Adjudication and Order at Case No. 24-54-007440. Tyler Ritchie was recused from any discussion and deliberation on this matter.

MR. ESTERBROOK:

So moved.

ACTING COMMISSIONER CLAGGETT:

Second.

CHAIR ROUSSEL:

Any discussion? Let's call the vote.

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

[The motion carried. Tyler Ritchie recused himself from deliberations and voting on the motion. James Reed abstained from voting on the motion. The Respondent's name is Laurel F. Scicchitano, R.Ph.]

***

Report of Board Counsel - Final Adjudication and Order

MR. BARRETT:

At item 10, based on Executive Session discussions, I believe the Board Chair would entertain a motion to approve the Adjudication and Order at Case No. 23-54-016668.

MR. ESTERBROOK:

So moved.

ACTING COMMISSIONER CLAGGETT:

Second.

CHAIR ROUSSEL:

Any discussion? Let's call the vote.

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

[The motion carried. James Reed abstained from voting on the motion. The Respondent's name is Ihsanullah Maaf.]

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Report of Board Chairperson

[Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, addressed her attendance, along with Mr.

Esterbrook, at the National Association of Boards of Pharmacy in October 2024 as representatives for Pennsylvania. She noted the National Association of Boards of Pharmacy and the American Association of Colleges of Pharmacy (AACP) have a joint meeting for Districts 1 and 2 that stretches from Virginia to Ontario for the representatives to share ideas and discuss how to improve the profession.

Chair Roussel highlighted a 1-hour session, where Al Carter, who is the current executive for NABP, talked about the Uniform Pharmacy Jurisprudence Examination (UPJE), which would be a single exam that students would take regardless of what states they were in.

Chair Roussel noted there was also discussion about whether they should continue with the law exam or whether there should be other opportunities for doing the law exam before students graduate. She mentioned additional information and insight for more informed discussions when discussing the license section of their regulations in early 2025.

Chair Roussel also reported many sessions highlighted practice advancement in other states, including pharmacists writing for hormone contraceptives.

Ms. Getzey Hart commented, in addition to serving on the Pennsylvania Board of Pharmacy, there is the ability to serve on the executive committee for the National Association of Boards of Pharmacy. She reported eight districts throughout the country that representatives can get elected to represent their district.

Chair Roussel announced NABP Districts 1 and 2 will be hosted in Philadelphia October 15-17, 2025, by the Pennsylvania Board of Pharmacy. She reported being excited and looked forward to a robust agenda to include discussing how pharmacists can help mitigate healthcare disparities through their activities. She mentioned it to be a combination of deans, board of pharmacy members, and the schools all together.

Chair Roussel acknowledged Board member Terry Talbot, who had her last meeting on the Board in August 2024 and honored her by giving her a gavel. She noted Ms. Talbott was a member on the Board from 2011 to 2024 and has been with CVS for approximately 35 years.

Chair Roussel also mentioned Ms. Talbott was an honorary president for the National Association of Boards of Pharmacy and won the Carmen A. Catizone

Honorary President Award. She thanked Ms. Talbott for her service to the State Board of Pharmacy and all that she has done for patients, pharmacists, and other entities to advance patient safety and the practice of pharmacy.

Chair Roussel noted Ms. Talbott's knowledge of regulations across multiple states is unparalleled, and she has done so much for the NABP Model Practice Act, which is used as examples to form their state regulations. She mentioned Ms. Talbott has been a strong representative of the values and mission of the Pennsylvania State Board of Pharmacy and the national boards. She thanked her for her service to the Board and looked forward to Ms. Talbott at future meetings.

Chair Roussel stated appointments to the Board are six years and is a slightly complex process, because they have to work with their state senator and get a recommendation to the Governor. She noted the Governor's Office is the one who makes the formal nomination to the Senate.

Chair Roussel welcomed new Board member Jim Reed to the Pennsylvania State Board of Pharmacy.

Mr. Reed provided a brief summary of his professional background.]

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Report of Acting Commissioner

[Arion R. Claggett, Acting Commissioner, Bureau of Professional and Occupational, informed Board members that a vendor was selected for replacement of the Pennsylvania Licensing System (PALS), and System Automation would be implemented at the end of 2025.

Chair Roussel requested an update concerning licensure approvals. She noted the licensure period closed but believed it was successful with positive feedback.

Dr. Trimmer reported 95% of renewals were completed with 1% on inactive status.

Chair Roussel noted hearing one complaint that the new visual look of the licensing was not as pretty, and they missed the colors.

Acting Commissioner Claggett mentioned that people complained when it was blue and are now complaining it is white paper. He explained that the best thing about the new version is licenses could be printed out by licensees.

Chair Roussel commented that feedback from licensees being able to print licenses themselves has been overwhelmingly positive and amazing.]

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Report of Executive Secretary

[Sara Trimmer, Pharm.D., R.Ph., Executive Secretary, again reported that renewals went smoothly with 95% of renewals completed and 1% on inactive status.]

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Review of Applications

MR. BARRETT:

Item 11 on the agenda. Based on Executive Session deliberations, I believe the Board Chair would entertain a motion to approve the processing of the Application of James Maister.

MR. ESTERBROOK:

So moved.

ACTING COMMISSIONER CLAGGETT:

Second.

CHAIR ROUSSEL:

Any discussion? Let's call the vote.

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

[The motion carried. James Reed abstained from voting on the motion.]

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Correspondence - ACPE Invitation for On-site Evaluation - Doctor of Pharmacy Program - Temple University School of Pharmacy November 12-14, 2024

[Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, announced that the Board has received an invitation from the Accreditation Council for Pharmacy Education (ACPE) for an on-site evaluation for the Temple University School of Pharmacy's Doctor of Pharmacy Program November 12-14, 2024. She stated the Board of Pharmacy, in their legislation, must accredit the pharmacy schools, and they delegate that accreditation to ACPE.

Chair Roussel explained that ACPE has a very thick set of standards for evaluating colleges of pharmacy, and a member of the Board is requested to be present to oversee the process for on-site accreditation.]

MS. GETZEY HART:

I think we make a motion to send somebody and then they send schedules. We can determine who, after the fact, but just that we approve a member attending would be my recommendation.

MR. ESTERBROOK:

Second.

CHAIR ROUSSEL:

Any further discussion other than schedule this after the fact? All right. With that, 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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Correspondence - FDA 13th Intergovernmental Working Meeting on Drug Compounding - March 18-19, 2025

[Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, noted the Food and Drug Administration's 13th Intergovernmental Workgroup on Drug Compounding will be held March 18-19, 2025, and asked whether the Board wanted to send somebody from the Board of Pharmacy to attend the meeting focused on patient safety.]

MS. GETZEY HART:

I make a motion again, based on schedules, we send a representative and at that time also look at the proposed dates to determine if we may be able to work through that scheduling conflict if

we can.

MR. ESTERBROOK:

Second.

CHAIR ROUSSEL:

Any discussion other than acknowledging what a great suggestion is was to move the date? All right. 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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For the Board's Information - Public Inquiry

[Sean C. Barrett, Esquire, Board Counsel, informed Board members that a licensee wanted to know how to propose a regulation change to allow pharmacy insurance to do transfers. He explained that a request like this is interesting because there is nothing one person can do to propose a regulation. He noted the Board writes the regulations and takes public comments, noting the public could bring something to the Board's attention even if it is not on the agenda.

Mr. Barrett stated the the regulatory process is long and has to be approved by the Independent Regulatory Review Commission (IRRC), along with collaboration with different stakeholders and governmental organizations.

Chair Roussel mentioned that Ms. Talbott shared a beautiful example of a complimentary regulatory review process for anybody who wants to look at it in more detail.]

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Old Business - Intern Hours Waiver

CHAIR ROUSSEL:

I would love to entertain a motion about a waiver for the pharmacy intern hours that would be retroactive from January 1, 2024 through December 31, 2025.

MR. ESTERBROOK:

So moved.

ACTING COMMISSIONER CLAGGETT:

Second.

CHAIR ROUSSEL:

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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[Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, referred to § 27.26 regarding pharmacy interns, where an intern shall serve at least 500 of the 1500 hours in a pharmacy. She mentioned, through many discussions with the Board and the Pennsylvania Society of Health-System Pharmacists (PSHP), it was realized to be a barrier to pharmacy residents trying to come in from other states.

Chair Roussel explained that having someone come into the state, get a pharmacy preceptor, register as an intern, do the 500 hours, and then submit that to the Board delays licensure. She noted the Board did not want to affect out-of-state students' abilities to complete residencies in Pennsylvania. She mentioned it was waived in 2018, and the Board has renewed that waiver again that was retroactive at the beginning of the year.

Mr. Barrett informed the public that the Board would amend regulations to basically have this waiver incorporated, noting the regulatory process takes some time and is why there is a waiver.

Chair Roussel stated the Board was hoping to discuss § 27.21 to § 27.27 in January to provide an opportunity to deal with federal issues, the UPJE, and intern hours.

Mr. Farrell addressed the tech regulations and informed Board members that he is still working through the last set of approvals with the Governor's Office and hoped to get it to IRRC as final before the Legislature adjourns at the end of November. He noted still looking at an IRRC first quarter decision and then for it to be published after that in 30 days.

Chair Roussel suggested holding a regulatory work session on January 21, 2025, and possibly adding more topics.]

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Report of Board Counsel – Regulatory Report - 16A-5427 - General Revisions Part II - Technology & Innovation - Draft Annex

[Marc Farrell, Esquire, Regulatory Counsel, Office of Chief Counsel, Department of State, explained that the Board is basically a creation of statutes, where the General Assembly passed a law creating the Board of Pharmacy and giving them the authority to do certain things, including promulgate regulations to

effectuate the Pharmacy Act.

Mr. Farrell stated the Board's regulations are found at Title 49 of the Pennsylvania Code, which is where all regulations are found. He noted Title 49, in particular, is for the 29 boards and commissions that make up the BPOA within the Department of State. He also noted the State Board of Pharmacy regulations are at Chapter 27 of Title 49 and can be found online.

Mr. Farrell stated the Board reviews the regulations one piece at a time and solicits input from stakeholders concerning any revisions.

Mr. Farrell mentioned that the regulations being reviewed were first brought about in 2004 and issued as final in 2006. He referred to 16A-5427 regarding part II of the general revisions package. He mentioned existing topics already in the regulations and a few new sections that the Board may consider adding, including electronically transmitted prescriptions under § 27.201 and computerized recordkeeping systems under § 27.202.

Mr. Farrell noted splitting apart into one modified section and then a complementary new section dealing with centralized prescription processing on the first instance and centralized drug order

processing for the second part. He referred to automated medication systems under § 27.204 and as a new descriptor within a pharmacy or on the same premises as the pharmacy. He also referred to two brand new sections under § 27.205, remote automated medication systems, and § 27.206, emergency prescription drug availability and accessibility.

Mr. Farrell noted circulating a draft of the Board's last discussion regarding the regulations, which where were sent to all of the stakeholders. He also noted receiving one comment from the Pennsylvania Association of Chain Drugstores and the National Association of Chain Drugstores basically expressing support for the regulations, particularly the revisions to § 27.203-1 pertaining to centralized prescription processing.

Mr. Farrell stated comments were also received from the Pennsylvania Pharmacists Association that will be provided throughout the discussion.

Mr. Farrell referred to § 27.201 regarding electronically transmitted prescriptions and asked whether any changes were being done to that section.

Ms. Talbott noted the addition of the reference Controlled Substances Act (CSA) and Department of Health under Section 5. She also noted adding

"other requirements under federal or other state laws," so they would not have to go back and update it.

Jill Rebuck, Executive Director, Pennsylvania Society of Health-System Pharmacists, asked whether the proposed annex from July 26, 2024, is the version being discussed. Ms. Talbott noted the version to be July 26, 2024.

Mr. Farrell referred to § 27.202 but did not see any changes for computerized recordkeeping systems.

Larry Jones, Pennsylvania Society of Health-System Pharmacists, referred to (3) at the bottom of page 4, reporting if a pharmacist enters the prescription information but not as an intern or a tech does, noting it is addressed in later processing. He asked whether the phases could be added for a catch all.

Mr. Farrell stated it was one of PPA's comments, where everywhere they say pharmacy technician they should be saying "and pharmacy technician trainee" and "intern" on this one.

Acting Commissioner Claggett noted a comment online from Jacquelyn Sassaman referring to (a) asking whether they are including an attachment of a signed Rx via email for § 27.201.

Mr. Farrell explained that this would not be the last time the public has a chance to comment because it will be sent out as an exposure draft, goes to proposed and gets published in the *Pennsylvania Bulletin* for a 30-day public comment period.

Mr. Farrell answered a public comment asking how to be added to the stakeholder list and explained that they would need to send an email to the resource account or Mr. Barrett.

Mr. Farrell noted § 27.203-1 centralized prescription processing was created to distinguish it from § 27.203-2.

Rebecca Taylor, Pharm.D., Vice President, Pharmacy Services, University of Pittsburgh Medical Center, asked whether they could add checking an IV product using an IV workflow system with photos and gravimetrics under the definition of centralized prescription processing, so it would also be part of the definition of centralized prescription processing that they could leverage across the health system.

Ms. Talbott stated it was broken out separately for centralized prescription processing for centralized drug order processing.

Mr. Jones questioned the intent of § 27.203-1 and § 27.203-2 having identical first paragraphs.

Ms. Talbott stated it is for prescription versus drug order and outpatient versus inpatient. She noted it became very convoluted when they tried to put it together. She mentioned that they cannot call drug or a drug prescription and referred to Section 1, where the definitions are prescription versus drug order.

Chair Roussel referred to prescription written, electronic, or oral order issued by a licensed medical practitioner in the course of professional practice or other drug device or medication. She noted being told that the intent was to separate institutional practice for the ability to have a different level of perspective on it than outpatient and is why they refer to it as order.

Chair Roussel noted similar language in the Model Practice Act to bifurcate the approach and mentioned that the ASHP Model Practice exists and is available for free.

Mr. Farrell noted PPA had a written comment for page 8 of the draft concerning (c)(2), where none of the databases duplicated, downloaded, or removed from the pharmacy's electronic database is the language, asking would a normal daily pharmacy backup in case a catastrophe be considered a duplicate and whether

they can strike the word "duplicated."

Ms. Talbott explained that it was lifted right from the tech statute and copied from the statute and did not believe they could change it. She suggested adding a sentence, "for the purpose of this section, duplication does not include backup of pharmacy records."

Acting Commissioner Claggett read a comment asking for the Board to repeat the directions for becoming a stakeholder.

Mr. Farrell asked Dr. Trimmer to put the Pharmacy Resource Account in the chat for anyone interested in becoming a stakeholder.

Mr. Jones referred to the definition of prescription versus medication order, that it is the reason the labeling requirements on page 6 are strict about following § 27.18, which is really outpatient. He noted Section 2 then follows the labeling requirements of § 27.18, so the clarification with outpatient versus inpatient helps to clarify the two sections.

Chair Roussel noted there is different labeling for institutional pharmacies. She mentioned looking into standardize language. She noted NABP has a chart order, so a lawful order on a chart or medical

record of an inpatient or a residential or a resident of an institutional facility, and it has a little bit different instructions around it versus the definition of a prescription drug which is broad and then a prescription drug order. She mentioned that she wanted to read a little bit more before suggesting to change it.

Mr. Farrell referred to § 27.203-2 regarding centralized drug order processing. He noted PPA had the same comment on this one regarding the duplicate issue and could address it the same way.

Chair Roussel referred to § 27.203-2, when filling a prescription, compounding is filling, and could be added in the first definition because it is just another way to fill a prescription. She noted the United States Pharmacopeia (USP) does not address that, where for sterile compounding and even USP 795, it is really more technical and facility-wise, and there is no statement about who should use automation.

Chair Roussel commented that the benefit of automation cannot be understated for remote verification and referred to the insight that was provided by the one hospital that said part of their mitigation plan was that they will be taking scanning

and barcode pictures of when they are compounding. She noted the technology is already in place but asked whether to add it to the language or whether it is understood.

Chair Roussel asked whether the Board members were agreeable with the definition to fill or refill a drug includes to compound it, so it does give the ability for that where there would be remote verification of compounding. She mentioned there were many questions as to whether they are in the building or in another building. This allows for centralized drug order processing.

Chair Roussel asked whether and where that should be added. She believed people are already doing this, and it has already legally been assumed under the way it is written about filling it and believed it to be already a part of their state law and legally acceptable.

Brett Rodgers, Senior Manager for Pharmacy Automation, University of Pittsburgh Medical Center, referred to process fill, or refill, noting one could argue that filling is the same, where compounding is different because they are still preparing one way or the other and believed that part is defined perfectly. He mentioned that the piece where it

starts to get a little bit questionable is when they reach the automated medication systems in § 27.204.

Dr. Taylor referred to DEA Labeling, where it clearly shows the name, address, phone number, if applicable, the DEA, number of the requesting pharmacy or the delivery pharmacy or both. She believed it should come from the place that is dispensing the drug, not necessarily the place that is verifying the order.

Dr. Taylor mentioned that UPMC Northwest is closed overnight, and if they had to label an order for a patient, it would be labeled by the pharmacy dispensing the drug with the DEA number. She stated it is confusing where it says requesting pharmacy, delivering pharmacy, or both because it should really come from where it is being dispensed.

Ms. Talbott stated they could strike the "or both" because because they have either requesting or the delivery. There are other states that require both or one or not the other, and that is why they put both in there.

Mr. Rodgers noted the punchline is traceability. If there is a question of where that came from, providing the DEA and the pharmacy verify that it is not a dispensing pharmacy, so they have to trace that

back to know where it came from.

Mr. Rodgers addressed somebody who does not have access to the other facility's automation, such as somebody at Magee would not have access to Presby's automation, so in terms of a hospital order, where they are filling for multiple facilities, does that matter.

Chair Roussel stated, if they took that bullet out, it would give the opportunity for people to customize based on what they are doing, as there could be an infinite number of scenarios. She mentioned being in a multihospital health system and something happens in one location and there is a serious problem, somebody else would have to step in. So there are emergency considerations as well. She noted it may be better not including it and allow the organization to determine the flow.

Ms. Talbott noted the need for that automation trail. The pharmacies engaged in centralized drug order processing have to have a common electronic file or use other secure means that permit the central pharmacy to access and recover the required information.

Ms. Talbott noted they could remove (a)(2)(ii) at the top of page 10 but would still have to have some

way to access the whole system and have the auto trail.

Chair Roussel asked whether another hospital providing sterile compounding services or sending patient-specific prescriptions would need to pull up the automation that shows the lot number of the vial at the other facility. She noted it would be nice but what is the need to do that, where they could do it if they were hopping through a system.

Mr. Rodgers expressed concern with whether a staff pharmacist would go back if there is a problem and log into that other hospital's system, where they are basically saying everybody in their health system have to be able to access across multiple servers.

Mr. Rodgers reported having 40 different automation services at UPMC and breaking that up depending on who is dispensing what and saying Presby could cover for this subset of places. Everybody needs access to that to be able to provide that trail but would every single staff pharmacist at a large location be able to go across.

Mr. Jones noted CHS Corporate had 136 hospitals, and their first three prescription numbers identified the hospital, and the rest of the numbers were numeric to their pharmacist, where the first four

numbers could identify the source.

Mr. Jones mentioned that CVS and Weiss do the same thing by having store numbers for the first four digits. He mentioned that it may not be the prescription number itself but identify using it as a secondary label line that identifies the store number. He reported doing it as part of the prescription number in their labels and making the prescription number 13 digits for the automation trail.

Ms. Talbott referred to bullet 5, each pharmacy engaging in central orders, like processing, shall jointly be responsible for and then bullet 5 is providing for inspection, any required records or information within 72 hours of the request by the Board. She noted (3) would allow an automation trail and bullet 5 says 72 hours for an inspector.

Ms. Talbott mentioned that what may be clinically relevant at that moment for that nurse may not necessarily take 72 hours but is that already connected in a way that it is acceptable. She noted HER is the same through all the hospitals, but different hospitals may have different compounding systems and its own set of logs and papers for what is actually there.

Ms. Talbott commented that it may not make sense for people to have access to compounding systems in another institution. She mentioned that she did not read it as inappropriate but could open it back up for additional discussion in January.

Ms. Talbott recommended everyone look at the NABP Model Practice Act and highlighted that NABP has a committee looking at institutional compounding regulations.

Dr. Taylor referred to legal requirements on page 9 under § 27.203-2 after § 27.18 regarding labeling requirements, unless the medication is removed from an automated dispensing cabinet. It would be complicated to ensure that Always Better Control (ABC) has the name of the patient; ingredients; the name, strength, and quantity; dilutant; exploration date; and initials of a pharmacist that goes directly to a nurse.

Dr. Taylor asked whether they could consider the patient’s name and another patient identifier approved by the institution, whether it is the medical record number (MRN), date of birth, etc., because they would not be able to do that and cannot comply with § 27.18 unless they have a carve out for coming out of an ABC on page 9.

Dr. Taylor referred to § 27.18(2)(b) that lists the drug order institutional labeling requirements. She noted not being sure whether many hospital systems were currently compliant with that regulation, because a pharmacist is not checking it before it gets removed, and if the nurse is putting a min-bag or a vial together, they are not checking it.

Ms. Talbott referred to § 27.203-2 at the bottom of the page, the container and then after § 27.18, unless removed from automated dispensing cabinet.

Dr. Taylor felt strongly about having two patient identifiers, even if the nurse pulls it out, noting most hospitals would have a policy about a patient name and a patient identifier, but it does not have all the elements of § 27.18.

Mr. Jones referred to labeling for hospitals section, noting there are details in the actual chapter about a nurse handling a unit dose or a unit of issued medications, and anything outside of that has to be labeled.

Dr. Taylor noted that when a nurse pulls the components in an emergent situation and makes a norepinephrine badge that it is not labeled.

Chair Roussel read § 27.18(b), where as long as the drug is dispensed in a unit dose that it does not

require the labels. She noted someone making an on-demand IV that it is an example of a unit dose.

Chair Roussel noted that it is allowing central drug order processing and their question is, as it relates to automated dispensing cabinets, do they allow a pharmacist to remote into another site and verify an order, which we already do now. She believed they are extrapolating to another and was not sure if that was needed.

Ms. Talbott noted the section is just central fill and they are patient-specific, which is 204, 206.

Chair Roussel noted that she could see why they want to add the container is labeled appropriately unless removed from an automated dispensing cabinet. If they do that and get rid of (ii), then they refer to labeling for automated dispensing cabinets, which they do not have. She liked the idea of striking (ii), and then at the bottom of page 9 after § 27.18(b) adding "unless removed from an automated dispensing cabinet." She also believed it should be removed from an "automated medication system" because that is the term being used.

Chair Roussel asked whether any other changes needed to be made to § 27.203-2. She noted they had

questions about the audit, but then felt good that even though it says audit, they had (v) on page 11 that says they have 72 hours.

Ms. Talbott noted that is pretty standard across the regulations on providing information to the Board within 72 hours and cautioned making that a different timeline to keep it uniform. She mentioned if they would put the caveat in § 27.203-1 about none of the database is duplicated, put the caveat that backups are not a duplication in both sections, § 27.203-1 and § 27.203-2.

Mr. Farrell referred to § 27.204, automated medication systems within a pharmacy or on the same premises as the pharmacy.

Ms. Talbott noted they split this out into two, and they read similarly.

Dr. Taylor agreed that it needs to be clear, central pharmacy automation versus on-site.

Chair Roussel wanted to start with the definition, for the purposes of this section, automated medication systems means the process that performs operations or activities and it says other than compounding or administration. She wanted to strike compounding from that, because they use an amazing number of robots that do compounding. She

wanted to remove the line that says other than compounding or administration.

Mr. Farrell referred to the definition section in § 27.1, noting automated medication system was the exact same wording.

Ms. Talbott noted to also strike it in the definition in that section.

Ms. Talbott noted a comment regarding automated counting devices, where inspectors are calling out counting machines in a pharmacy, like automated dispensers, and questioning if it has all the bells and whistles in the current regulations. She stated they were clear to put it in that it does not include a machine that sits on the counter that you pour the medication in and it spits out 30. She mentioned that it may be something to follow up with the inspectors.

Mr. Farrell mentioned that the commenter felt the Board and inspectors view the Yuyama and Parata devices as automated medication systems and not as counting machines, which the commenter did not believe was the intent of the initial regulation. He noted the commenter proposes a definition be added to the regulations for automated counting machine or clarifying what "all transaction history" includes.

Ms. Talbott explained that they determined it does not include an automatic counting device, like a Parata or unit-based dispensing cabinet. She noted that what is in the regulations now was meant to take care of situations where a pharmacy has a machine at the nursing home, not so much automated, which is why they broke it out.

Dr. Taylor asked where a retail-based Parata automated centralized pharmacy medication system is in their rules and regulations.

Ms. Talbott noted it is just a tool.

Mr. Jones noted being stuck on administration because all administration as an inpatient is under the Department of Health regulations, and they have to adhere to that, so all of the pharmacy automated medication systems have to do with storing inventory and dispensing but not administration. He mentioned that leaving in administration or putting the caveat that says to follow the Department of Health regulation, even if it goes to robotics, the Department of Health (DOH) would have to approve that.

Chair Roussel did not believe they have to say not including administration. She noted the word "compounding" could be added down below to be more

prescriptive and then not lift administration.

Mr. Farrell confirmed inserting compounding in the third line between packaging and dispensing and striking other than compounding or administration. He noted the same would be done in the definition section in § 27.1.

Mr. Farrell noted a comment for § 27.204(a) asking for the definition of a unit-based dispensing cabinet.

Dr. Taylor stated it needed to be the same as § 27.205.

Mr. Farrell referred to a comment asking what the purpose is of adding statistically at the top of page 13 at (b)(2) and how it would be monitored or measured, what are the statistics, and whether there would be a policy on how to validate the accuracy of the system.

Ms. Talbott noted the information came from NABP.

Mr. Jones noted the same could be applied for number (3), whereby the Board may independently validate the accuracy.

Dr. Taylor suggested recommending language in (b)(2), the automated medication system has been tested and validated as per pharmacy policy or something to that effect if there is the need for

some type of validation. She noted that statistically, across at least 30 different health systems, everyone had a question of what that means. She suggested saying validated to vendor specs.

Ms. Talbott noted independently would be left in if statistically was taken out because of the need to be able to validate how their machine counts 100 of furosemide.

Dr. Taylor stated the machines can only be as accurate as the vendor specs, but assuming she applied all the vendors specs and someone comes in and independently validates it, she believed it should say it was according to the vendor published specifications of the technology.

Ms. Talbott commented that someone will not implement it if it is not accurate and getting the wrong amount four out of five times is a problem.

Chair Roussel believed the Board should retain the right and suggested cutting statistically in (2) and leave independently in (3).

Mr. Farrell referred to a comment, where the commenter pointed out that if they would say pharmacy technician that they should say trainee as well.

It was noted the last sentence has a typo and should read, the pharmacist will be held responsible

for transactions performed by the pharmacy intern or tech.

Dr. Taylor noted not understanding the purpose of who are designated in writing by the pharmacist overseeing the system because it could be so many different employees and should be anyone under the supervision of a pharmacist.

Ms. Talbott noted it would be in the technician protocol.

Mr. Farrell confirmed removing in writing and have it read, are designated by the pharmacist in charge.

Mr. Farrell referred to a comment concerning § 27.204 in the middle of page 15, where billing staff manager/admin may need access to records.

Ms. Talbott suggested it read, identified individuals who have access to records of medication and other medical information.

Ms. Taylor referred (3) on page 15, set forth methods that ensure retention of each amendment; addition, deletion, or other change to the policies and procedure. She noted policies and procedures are often electronic and asked how they would comply with signed or initials by the pharmacist in charge.

Ms. Talbott explained that they do not say it

cannot be electronic.

Mr. Farrell referred to a comment for § 27.204 at the top of page 16, where the machine is on the pharmacy premises, what medical practitioners would have access to machines on a medical practitioner site. He noted there was concern about medical practitioner access as well.

Dr. Taylor noted it to be anyone appropriate within their medical field.

Mr. Farrell confirmed no change would be needed.

Mr. Farrell referred to a comment for § 27.204 at the top of page 17, where the language requires monitoring of the automated medication system. He noted the commenter asked what constitutes monitoring and whether this could be monitored remotely and by exception.

Ms. Talbott noted that it does not say it cannot.

Mr. Farrell noted § 27.204 would read identified individuals who may access records of medications and other medical information of the patient maintained by the pharmacy.

Mr. Farrell referred to § 27.205 and commented that a provider pharmacy means that a pharmacy provides services to a long-term care facility under a written contract and believed it should be to other

locations because there are clinics and other scenarios.

Ms. Talbott noted she highlighted other locations and suggested changing all those to other locations but striking (b)(1).

Chair Roussel noted, when referring to the language before that, the automated medication system definition would need corrected to remove the compounding or administration and then relative to the storage, administration, dispensing, etc.

Mr. Farrell referred to comments on page 20 concerning § 27.205(d), asking whether other authorized personnel could be authorized personnel of the pharmacist or long-term care facility or both.

Ms. Talbott explained that it is covered in (g) in policies and procedures.

Mr. Farrell referred to a comment noting Section 3 specifies long-term care facility personnel, whereas 4(d) does not and would like to see it state other pharmacy or long-term care facility personnel.

Dr. Taylor believed for clarification and referred to § 27.205(a)(1), where they are changing long-term care facility to other locations, except that they are striking § 27.205(b)(1).

Mr. Farrell referred to the next comment

concerning (d)(2) asking for the definition of container, whether it is in the packaging that the medication is in or the drawer that contains multiple containers or drugs. If it is the container, then would everything be considered removable and asked why the word removable was needed.

Mr. Farrell confirmed removing (d)(2).

A question was referred to concerning (d)(3), automated medication system uses barcode verification and noted barcode verification is not defined anywhere and is the basis for all of the remote verification that would be used everywhere, and a definition was needed.

Mr. Barrett noted it is also saying barcode verification, electronic verification, or similar process and is not just limited to barcode verification. He noted a definition could be added but expanding the other items kind of expands the universe of different verifications.

Ms. Talbott suggested saying, automated system uses a process, such as, to assure the container.

Mr. Farrell confirmed the Board liked the way it is worded.

Mr. Farrell referred to page 21 Section (f), where the commenter suggested allowing a certified

pharmacy technician to conduct the monthly inspection.

Dr. Taylor agreed for it to read, a pharmacist or designee did not necessarily need to be on-site for inspections.

Chair Roussel mentioned having a long discussion and to have on-site remain but designee sounds good.

Mr. Jones noted monthly inspections are required for all off-site facilities because they are considered a department of the hospital and licensed by the DOH in that format no matter how they do the billing and is why the monthly inspection on-site is required. He stated the monthly inspection can consist of expired removals. Board members agreed to change it to pharmacist or designee.

Mr. Farrell referred to page 22 subsection (4), noting it may have already be taken care of from the long-term care to other locations. He noted the commenter stated this section does not make sense, deny/grant access to whom, a particular LTC staff pulling the drug, a particular LTC patient, or whether they granting/denying that a particular drug can go in the machine.

Dr. Rogers read that as access to the system, including the ability to log in and perform

functions. He noted it is not always the pharmacist generating access and doing it at the direction of the manager or supervisor.

Mr. Farrell noted the addition of "or a designee."

Mr. Farrell referred to § 27.206, remote automated medication systems. He noted a comment asking whether they could have multiple supervisors of the kit and suggested supervising pharmacists.

Ms. Talbott stated they did not put the pharmacist in charge because they wanted it to be somebody who had ownership of that emergency kit at the site.

Chair Roussel noted the contents of the trays are reviewed by a committee and who has access to that emergency kit and then the people who replenish it, but a pharmacist is checking it. She stated a pharmacist should be checking an emergency kit before it leaves the pharmacy.

Ms. Talbott noted provider pharmacy means a pharmacy that provides services. This was a box at the long-term care, not the emergency kit. She noted the items are sometimes in a toolbox, sometimes in a tackle box, but they have to be locked. Board members agreed § 27.206 was not needed.

Mr. Esterbrook stated the DEA has separate regulations on an emergency kit versus an automatic dispensing unit at a long-term care facility and that may be why this is separate. He noted an emergency kit does not have to be registered with the DEA but it does if it is a dispensing cabinet.

Mr. Esterbrook also noted being able in a nursing home to get a tramadol out specific to a patient order, but an emergency kit is delivering the tramadol at 5 p.m. If it is needed at noon, the one dose can be taken out. He explained that the DEA has two separate sets of regulations, and that may be why there is specific wording for an emergency kit.

Chair Roussel believed their plan is to conduct another regulatory work session on January 21, 2025, and suggested everyone perform independent research and vote later about whether or not to delete § 27.206

Mr. Farrell noted the Board discussed § 27.21 to § 27.27 in December but needed to look into whether the first part was completely finished as far as the Board.

Ms. Talbott noted they did not make any edits related to the pharmacist section regarding licensing but did make changes to § 27.11 regarding the waiver to use another designation and intern piece.

Chair Roussel noted the need to revisit that whole entire section because of UPJE. She referred to § 27.21, application for examination and licensure, where a candidate for pharmacy practice shall take the North American Pharmacist Licensure Exam (NAPLEX) and the Multistate Pharmacy Jurisprudence Exam and shall obtain an application for licensure.

Chair Roussel noted wanting to use broader language saying, a Pharmacy Jurisprudence Exam and not specify which state. She mentioned that the law gives them the ability to change it in the regulations, and they should. She noted she wanted to allow students to take the law exam prior to graduation. She commented that they are the only healthcare profession that makes people take two exams, and it is a little overwhelming for the students to have to take two licensing exams.

Mr. Jones questioned how many other sections would be reviewed as far as the second round.

Chair Roussel offered to work with Mr. Farrell to line up what was reviewed the last time and this time.

Mr. Farrell explained that a game plan for how it would all piece together had not yet been confirmed. He believed the Board could commit to putting it all

together rather than making a third part.

Mr. Barrett reminded everyone to discuss changes in open session.

Chair Roussel explained that the Board needed to review what had not yet been discussed and set dates for it to be prepared.

Dr. Taylor requested clarification that the session in January 2025 would include a regulatory work session that included the associated content and possibly licensure.

Chair Roussel stated the goal for December would be to cover that whole stretch. She noted that December is the American Society of Health-Systems Pharmacists Meeting and suggested January instead, because they would be missing a third of the stakeholders.

Mr. Farrell offered to provide updates in January of the section of the regulations discussed except for § 27.206.]

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Adjournment

CHAIR ROUSSEL:

I entertain a motion to end the meeting

MR. ESTERBROOK:

Motion to close.

MS. GETZEY HART:

Second.

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[There being no further business, the State Board of Pharmacy Meeting adjourned at 12:54 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.

Samantha Bruer,
Minute Clerk
Sargent's Court Reporting
Service, Inc.

STATE BOARD OF PHARMACY
REFERENCE INDEX

October 22, 2024

TIME	AGENDA
9:00	Executive Session
10:30	Return to Open Session
10:30	Official Call to Order
10:30	Introduction of Board Members/Attendees
10:35	Approval of the Agenda
10:36	Approval of Minutes
10:37	Report of Board Prosecution
11:01	Report of Board Counsel
11:02	Report of Board Chairperson
11:10	Report of Acting Commissioner
11:11	Report of Executive Secretary
11:12	Review of Applications
11:12	Correspondence
11:15	For the Board's Information
11:17	Old Business
11:24	Report of Board Counsel (cont.)
12:54	Adjournment