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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: 10:31 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**

February 6, 2024



State Board of Pharmacy  
February 6, 2024

ALSO PRESENT: (cont.)

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6 Victoria Elliott, RPh, MBA, CAE, CEO, Pennsylvania  
7 Pharmacists Association  
8 Taylor Legette, PharmD, Executive Fellow,  
9 Pennsylvania Pharmacists Association  
10 Tan Ly, Intern, Pennsylvania Pharmacists Association  
11 Jim Reed, Health Outcomes Supervisor/Strategic  
12 Partnerships Leader, Walgreens  
13 Matthew Eberts, Pennsylvania Society of Health-System  
14 Pharmacists  
15 Arpit Mehta, Pharm.D., MPH, Director of Pharmacy,  
16 Allegheny General Hospital, Pennsylvania Society of  
17 Health-System Pharmacists  
18 Brett Rodgers, Senior Manager for Pharmacy  
19 Automation, University of Pittsburgh Medical Center  
20 Erik Hernandez, PharmD, MHA, BCPS, Vice President of  
21 Pharmacy, University of Pittsburgh Medical Center  
22 Steven L. Sheaffer, Retired, Pennsylvania Society of  
23 Health-System Pharmacists  
24 Emily Zukoski, Pharmacy Resident, University of  
25 Pittsburgh Medical Center  
26 Alison Apple, R.Ph., MS, Chief Pharmacy Officer,  
27 Hospital of the University of Pennsylvania  
28 Timothy Black, R.Ph., Pharmacy Inspector, Bureau of  
29 Enforcement and Investigation, Department of State  
30 Charlotte Harris, Pharmacy Intern, Duquesne University  
31 David Grohowski  
32 Gary Davis  
33 Susan DelMonico, R.Ph., JD  
34 Edward Foote, Pharm.D., FCCP, BCPS, Dean,  
35 Philadelphia College of Pharmacy at the University  
36 of Sciences  
37 Sarah Everingham, MJ, CCEP, CPhT, Cardinal Health  
38 Frank Koslin  
39 Jacquelyn Sassaman, Pentec Health  
40 Jessica Adams, PharmD, BCPS, AAHIVE, Scientific  
41 Director, Infectious Diseases at Clinical Care  
42 Options  
43 Joe DuPree  
44 Madison Keller, PGY1 Community-Based Resident at ACME-  
45 Savon Pharmacy  
46 Mark Newkirk, President at Pharmacy Compliance  
47 Consutling, LLC  
48 Megan Amon  
49 Nicole Fidler, Associate, Malady & Wooten  
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State Board of Pharmacy  
February 6, 2024

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ALSO PRESENT: (cont.)

- Nicole Walsh
- Misha Patel, M.D., Curriculum Education Assistant,  
Geisinger Commonwealth School of Medicine
- Laura Romeo, Pharmacist-in-Charge at ConnectiveRx,  
Careform Pharmacy
- Ryan Coyle, PharmD, Manager of Pharmacy Quality  
Assurance, Rite Aid
- Grace Sesi, Executive Director, Regulatory Affairs at  
CVS Health/Chairperson, Michigan Board of Pharmacy
- Corey Ullissey
- Evan Williams, Penn Medicine, University of  
Pennsylvania Health System
- Steven Zahn, Pharmacy Inspector, Bureau of  
Enforcement and Investigation, Department of State
- Joan Reece
- William Barr, Philadelphia Police Department
- Ozair Panah
- David Rubin, Esquire, Rubin & Rubin
- Madeline Helmstetter

1 \*\*\*

2 State Board of Pharmacy

3 February 6, 2024

4 \*\*\*

5 [Pursuant to Section 708(a)(5) of the Sunshine Act,  
6 at 9:00 a.m., the Board entered into Executive  
7 Session with Ariel E. O'Malley, Esquire, Board  
8 Counsel, for the purpose of conducting quasi-judicial  
9 deliberations and to receive the advice of Board  
10 Counsel. The Board returned to open session at  
11 10:30 a.m.]

12 \*\*\*

13 The regularly scheduled meeting of the State  
14 Board of Pharmacy was held on Tuesday, February 6,  
15 2024. Christine Roussel, Pharm.D., BCOP, BCSCP,  
16 Chairperson, called the meeting to order at  
17 10:31 a.m.

18 Chair Roussel noted the meeting was being  
19 recorded, and those who continued to participate were  
20 giving their consent to be recorded.

21 \*\*\*

22 Evacuation Announcement

23 [Chair Roussel provided an evacuation announcement  
24 for 2525 North 7th Street.]

25 \*\*\*

1 Introduction of the Board Members/Audience

2 [Chair Roussel requested an introduction of Board and  
3 audience members.]

4 \*\*\*

5 Approval of the Agenda

6 CHAIRPERSON ROUSSEL:

7 Anybody have any additions to the agenda;  
8 otherwise, we'll take a motion to accept  
9 the agenda as written.

10 MR. ESTERBROOK:

11 So moved.

12 CHAIRPERSON ROUSSEL:

13 Second?

14 MR. SLAGLE:

15 Second.

16 CHAIRPERSON ROUSSEL:

17 Any opposed?

18

19 Slagle, aye; Esterbrook, aye; Ritchie,  
20 aye; Talbott, aye; Claggett, aye; Hart,  
21 aye; Roussel, aye.

22 [The motion carried unanimously.]

23 \*\*\*

24 Approval of Minutes

25 CHAIRPERSON ROUSSEL:

1                   Approval of the minutes from the last  
2                   meeting. Any edits to them? Could I  
3                   have a motion to approve the minutes?

4 MR. ESTERBROOK:

5                   I'll make a motion to approve the  
6                   minutes.

7 MR. SLAGLE:

8                   I'll second that.

9 CHAIRPERSON ROUSSEL:

10                   Any discussion? We'll call the vote.

11

12                   Slagle, aye; Esterbrook, aye; Ritchie,  
13                   aye; Talbott, aye; Claggett, aye;  
14                   Roussel, aye; Hart, aye.

15 [The motion carried unanimously.]

16

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17 [Christine Roussel, Pharm.D., BCOP, BCSCP,  
18 Chairperson, exited the meeting at 10:37 a.m. for  
19 recusal purposes.]

20

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21 Report of Board Prosecution

22 [Ashley P. Murphy, Esquire, Board Prosecutor,  
23 presented the Consent Agreement for Case No. 23-54-  
24 013689.]

25

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1 \*\*\*

2 [Christine Roussel, Pharm.D., BCOP, BCSCP,  
3 Chairperson, reentered the meeting at 10:39 a.m.]

4 \*\*\*

5 [Nathan C. Giunta, Esquire, Board Prosecution  
6 Liaison, presented the Consent Agreements for Case  
7 No. 23-54-001964 and Case No. 23-54-017608.]

8 \*\*\*

9 [Ray J. Michalowski, Esquire, Senior Board  
10 Prosecutor, presented the VRP Agreement for Case No.  
11 23-54-017345.]

12 \*\*\*

13 Appointment - Annual Prosecution Division  
14 Presentation

15 [Carlton Smith, Esquire, Deputy Chief Counsel,  
16 Prosecution Division, informed Board members that he  
17 assumed his role in March 2023 when Carolyn  
18 DeLaurentis was promoted to the executive deputy  
19 chief counsel position and provided a brief history  
20 of his professional background.

21 Mr. Smith reported a decrease in the number of  
22 Bureau of Professional and Occupational Affairs  
23 (BPOA) complaints for all boards from around 22,000  
24 in 2022 to roughly 19,000 in 2023.

25 Mr. Smith presented the Prosecution Division's



1 Annual Report for the State Board of Pharmacy. He  
2 reported around 47,000 active licensees in 2023. He  
3 noted 589 cases were opened in 2023. He also  
4 reported 301 current open cases and almost 900 cases  
5 closed in 2023. He informed Board members that  
6 prosecution's gold standard is to be able to dispose  
7 of a case within a year across all boards and was 271  
8 days for the State Board of Pharmacy in 2023, which  
9 is down from 2022 at 340 days.

10 Mr. Smith noted the Board is imposing fines in  
11 64, noting fines that fall under Act 48 are typically  
12 citations. He reported costs in 29 cases. He noted  
13 mandatory continuing education is a popular remedy.  
14 He reported 6 probation cases, 23 reprimands, 3  
15 revocations, and 6 suspensions.

16 Mr. Smith addressed cases where no discipline is  
17 imposed, noting the Board had 7 no violation cases.  
18 He stated prosecution not warranted and warning  
19 letters are the most popular amongst all boards when  
20 closing a case where there is no discipline. He  
21 reported 280 prosecution not warranted cases and  
22 explained that prosecution not warranted may involve  
23 considering the seriousness or the allegations and  
24 how confident an expert is that there was a  
25 violation.

1 Mr. Smith reported 279 warning letters, which is  
2 the most appropriate course of action when cases are  
3 fairly de minimis, where the person does not have a  
4 significant discipline history or there may be  
5 problems from an evidentiary standpoint. He also  
6 reported 8 people entered the Voluntary Recovery  
7 Program (VRP) in 2023.

8 Ms. Talbott thanked Mr. Smith and prosecution for  
9 doing a fantastic job. She also thanked him for  
10 helping protect patient safety by resolving claims in  
11 a timely manner.

12 Chair Roussel thanked Mr. Smith for the  
13 presentation and for closing more cases than were  
14 opened in 2023.]

15 \*\*\*

16 [A Formal Hearing was held from 10:55 a.m. until  
17 12:38 p.m. in the Matter of the Petition for the  
18 Reinstatement of Ihsanullah Maaf, R.Ph., Case No. 23-  
19 54-016668.]

20 \*\*\*

21 Appointment - Pharmacy Automation Presentation  
22 [Brian Swift, PharmD, MBA, Chief Pharmacy Officer,  
23 Jefferson Health; Associate Dean of Professional  
24 Affairs at Jefferson College of Pharmacy, stated his  
25 background as a leader of pharmacy at Jefferson

1 Health in Philadelphia has given him the unique  
2 privilege of having worked in a lot of different  
3 areas.

4 Dr. Swift also noted being a Joint Commission  
5 surveyor with the Home Care Program, which gave him  
6 the opportunity to travel across the country to learn  
7 what others do, along with having an opportunity to  
8 work with the Bioethics Advisory Committee at St.  
9 Joseph's University in Philadelphia, which now  
10 encompasses Philadelphia College of Pharmacy Science  
11 as well.

12 Dr. Swift addressed different tools he found to  
13 be exceptionally helpful and referenced the American  
14 Journal of Health-System Pharmacy document on a  
15 strategic approach to improving pharmacy enterprise  
16 automation, noting it lays out the groundwork of  
17 automation in a lot of different settings with the  
18 focus on improving patient safety.

19 Dr. Swift explained that it is a framework that  
20 is a tool to strategically advance pharmacy practice  
21 through a carefully, well-developed analysis of many  
22 facets of pharmacy automation and data analytics. He  
23 addressed the enterprise structure and the importance  
24 of doing it correctly and in a careful way, along  
25 with using the infrastructure itself to facilitate

1 that kind of decision and what kind of infrastructure  
2 and communication pathways are required. He also  
3 mentioned being part of a leadership team that  
4 implemented the electronic health record, Epic.

5 Dr. Swift mentioned that there are all different  
6 kinds of automation, and it is their job to cipher  
7 through those to figure out which ones make sense for  
8 their system. He addressed data analytics and the  
9 importance of having an infrastructure to look at  
10 that data and use that data to make sure they are  
11 doing things in a safe way. He discussed human  
12 activity and the importance of all of the different  
13 components that make the system work.

14 Dr. Swift noted the outcome they are all trying  
15 to achieve is a fully autonomous pharmacy and strive  
16 towards zero medication errors and human touch,  
17 minimize waste, have 100% visibility into inventory,  
18 and spend 100% of their time on clinical activities  
19 to keep patients safe and improving.

20 Dr. Swift noted they also want to be compliant  
21 with all regulatory entities and look at data  
22 equality and financial benefits and make sure  
23 clinical outcomes are positive for their patients.

24 Dr. Swift stated the potential impact of a fully  
25 autonomous framework is to inform new professional

1 policy and standards of practice, have payer  
2 incentives for the adoption of technologies that  
3 demonstrate outcomes and costs, efficiency, safety,  
4 or other outcomes.

5 Dr. Swift mentioned that the electronic medical  
6 record (EHR) provided incentives that drove everyone  
7 to make the right decision to get the right  
8 technology in place to deliver on the promise of a  
9 safer environment. He noted the importance of the  
10 development of standards for electronic drug product  
11 information, medication safety reports, and  
12 therapeutic outcomes.

13 Arpit Mehta, Pharm.D., MPH, Director of Pharmacy,  
14 Allegheny General Hospital, Pennsylvania Society of  
15 Health-System Pharmacists, stated healthcare  
16 technology has evolved dramatically in the last  
17 decade and is growing at a much faster rate. He  
18 addressed inpatient pharmacies, where an order is  
19 prescribed in an EHR and administered in the EHR. He  
20 noted that everything in the middle that used to be  
21 manual is now automated. He mentioned having several  
22 safety checks and balances that are standardized  
23 through a network.

24 Dr. Mehta stated everything that leaves the  
25 pharmacy is barcode scanned to the specific order of

1 the patient, whether it be fully automated, robotics,  
2 semiautomated through carousels, or shelf full  
3 barcode scanned as it is pulled, checked against the  
4 patient's order, and then the final check by the  
5 pharmacist.

6 Dr. Mehta noted the sterile compounding area has  
7 IV workflow and IV robotics to allow for image  
8 recognition, barcode scanning, and gravimetric  
9 verification to ensure that whatever product is  
10 prepared is within the + or -5% variance or whatever  
11 is allowed within the health system.

12 Dr. Mehta addressed provider facing and point-of-  
13 care systems, including machines, cabinets, and pumps  
14 that allow for safety checks and balances, such as  
15 barcode scanning linked to an EHR so incorrect  
16 medication cannot be given to the incorrect patient.

17 He mentioned there is also a lot of automation in  
18 the ambulatory space as well, ensuring patients are  
19 again getting the right medication.

20 Dr. Mehta discussed diversion analytics and  
21 inventory management and the importance of having  
22 that visibility of inventory across the network and  
23 knowing what is on hand. He noted medication  
24 shortages are a true concern in a health system  
25 pharmacy, community pharmacy, long-term care

1 pharmacy, and home infusion pharmacy, and the  
2 automation allows for that visibility.

3 Dr. Mehta addressed safety and operations data by  
4 looking at errors and trying to figure out how to  
5 mitigate those errors and fix the root cause of the  
6 issue.

7 Dr. Mehta stated robotics are fully automated, so  
8 every product that comes out of the robot is barcode  
9 scanned and interfaced to the EHR. He noted that  
10 pharmacists and technicians are focusing on ensuring  
11 that the protocols are built correctly and the  
12 medication that the system knows is designed  
13 correctly.

14 Dr. Mehta stated carousel allows for that  
15 semiautomated, closed system, where they will barcode  
16 scan the medication, carousel will spin to the  
17 appropriate pocket, and then will barcode scan  
18 against the actual order to ensure the correct  
19 medication is going out to the patient.

20 Dr. Mehta addressed sterile compounding, noting  
21 the IV workflow solutions allow for gravimetric  
22 verification. He reported several changes to the  
23 United States Pharmacopeia (USP) and across the  
24 country investing in sterile compounding. He  
25 mentioned that safety is not quite there but believed

1 some of the regulation changes and support will help  
2 get them there. He noted the Institute for Safe  
3 Medication Practices (ISMP) has compounding guidance  
4 that highly recommends using gravimetric workflow or  
5 some sort of IV workflow solutions to allow for that  
6 standardized preparation.

7 Dr. Mehta mentioned that there are 10 hospitals  
8 within Allegheny Health Network (AHN) and guaranteed  
9 that before the automation hospitals compounded IVs  
10 differently but cannot do that now because it is a  
11 standardized protocol. He stated having the  
12 standardization is very important, and the robots are  
13 fully automated, where they fully compound the IV  
14 from start to finish.

15 Dr. Mehta mentioned that they cannot compound  
16 100% of products on the robot but believed they will  
17 get there. He explained that there is zero human  
18 touch, where they provide the robot the vial, the  
19 bag, and the compound and it puts a label on it and  
20 spits it out. He stated AHN has robotics, noting the  
21 technology provides the goal of safe care for  
22 everyone.

23 Dr. Swift addressed gravimetric verification and  
24 positive feedback from technicians.

25 Dr. Mehta mentioned following up with technicians



1 after training them on the process, noting that a lot  
2 of times they say it is hard to make a mistake now  
3 because the automation is guiding them. He reported  
4 the downtime of relying on technology is a challenge  
5 but they are working through that.

6 Dr. Mehta addressed provider facing, noting the  
7 automation is connected to the EHR, and 90% of  
8 medications are on the nursing units. He explained  
9 that the provider enters the order, the pharmacist  
10 verifies the order, and within 2 minutes the order is  
11 available for the nurse to administer the patient.

12 Dr. Mehta stated it allows nurses to barcode scan  
13 the medications they are pulling. He mentioned that  
14 medications are in locked lidded pockets, to mitigate  
15 risks of mixing up medications. He noted that pulled  
16 medication also talks to the EHR and will be on the  
17 chart for the nurse to act, along with no one being  
18 able to pocket the medication. He noted it is also a  
19 great resource for the anesthesia team in the OR to  
20 have access to medications.

21 Brett Rodgers, Senior Manager for Pharmacy  
22 Automation, University of Pittsburgh Medical Center,  
23 stated there are several different smart pumps on the  
24 market. He mentioned the CareFusion/Alaris recall a  
25 few years ago, noting the company has done all sorts

1 of software updates and is replacing 25,000 of those  
2 across UPMC health system. He stated having a pump  
3 that integrates directly with the EHR helps with  
4 reimbursement.

5 Mr. Rodgers addressed ambulatory pharmacies and  
6 vial-filling robots, noting everything is checked by  
7 a pharmacist, and everything is in there by the  
8 National Drug Code (NDC). He noted a will-call bin  
9 speeds up the process of actually getting the  
10 prescriptions to the patient with no longer having to  
11 go through file drawers.

12 Mr. Rodgers addressed pickup kiosks, where  
13 medications could be picked up after hours, noting a  
14 lot of places will do this for employee  
15 prescriptions, and it is very common in the military  
16 sector.

17 Mr. Rodgers addressed long-term care, noting it  
18 to be similar to the vial filler but in a completely  
19 different capacity and can spit out blister packages.  
20 He noted SynMed ULTRA can dispense eight trays of  
21 multidose for a long-term care facility, where it  
22 does a week's worth of prescriptions at a time, does  
23 it by time of day, and gives the nurse a little cup  
24 for that time for that patient with a barcode, and  
25 scans to the EHR. He mentioned it has infrared

1 technology and flashes for pharmacist to double  
2 check.

3         Mr. Rodgers noted the key takeaways are  
4 automation is essential in supporting pharmacy  
5 workflows and the pharmacy of tomorrow is autonomous  
6 and is here. He mentioned that he personally worked  
7 for Becton, Dickinson (BD) for almost five years and  
8 deployed their carousels at Allegheny Health. He  
9 reported personally being in 135 hospitals in 35  
10 health systems deploying just the carousel  
11 technology.

12         Mr. Rodgers stated his entire role at UPMC is  
13 solely dedicated to pharmacy automation strategy and  
14 making sure they are supporting all of their  
15 hospitals.

16         Chair Roussel asked how many units of meds they  
17 dispense from a specific hospital, along with the  
18 number of beds in a given year. She noted working in  
19 a 240-bed hospital and dispensing 1.5 million doses  
20 of drugs per year. She reported their average time  
21 to pharmacist verification is 6 minutes for all meds,  
22 including complicated ones. She mentioned a STAT is  
23 defined as less than 20 minutes with the goal to have  
24 the medication at the bedside.

25         Dr. Mehta reported AGH to have 565 licensed beds,

1 where multimillions of doses are dispensed, millions  
2 a month out of central pharmacy. He noted 90% of  
3 their meds are already in the cabinets, and  
4 timeliness is key. He mentioned that AGH has adult  
5 high-acuity patients, so having the medication  
6 available at bedside is key and is within 2-3  
7 minutes. He reported their STAT turnaround time is  
8 30 minutes from the central pharmacy.

9 Dr. Swift commented that he did not like to speak  
10 about how fast they can do it but more about how  
11 safely they can do it. He mentioned having pushback  
12 when they were trying to sell the story of automation  
13 technology but then brought the statistics back and  
14 talked about it together as colleagues providing care  
15 to make sure they do things correctly. He discussed  
16 automated dispensing cabinetry and configuration.

17 Ms. Talbott commented that buying from the  
18 provider is correct and there would be less issues if  
19 people spent as much time adopting the safety and  
20 understanding the protocol as they do to work around  
21 it.

22 A comment was referred to that Mr. Rodgers made  
23 about having 25,000 pumps in 40 hospitals under  
24 recall and addressed the concept of those pumps and  
25 documentation notes then and now, where they put it

1 in the pump and it flows to everything else that is  
2 needed, so nurses are now doing single documentation.

3 He discussed automated drug machines, where someone  
4 could only get the drug, strength, and quantity  
5 requested, noting there are safety checks behind the  
6 scenes.

7 Reference material and websites were noted  
8 concerning redoing the automation section of the  
9 regulations and for Board inspectors.

10 Chair Roussel asked how many pharmacists and  
11 technicians they employ in their hospitals.

12 Dr. Mehta noted that one hospital probably has 75  
13 pharmacists and 30 technicians at AGH, over 500 in 18  
14 the hospitals.

15 Mr. Rodgers also noted that the University of  
16 Pittsburgh has about 1,500 pharmacy staff members  
17 across the whole system with the largest site having  
18 about 140 pharmacists and technicians.

19 Dr. Mehta noted working with Larry, Kim, and the  
20 PSHP Legislative Committee, on the addition of one  
21 hospital pharmacist and one pharmacy technician to  
22 the Board. He mentioned they are open to hearing  
23 other options as well. He reported that they do not  
24 have final approval of their briefing documents but  
25 would provide more information as soon as the

1 Legislative Committee approves the briefing document  
2 on Wednesday.

3 Acting Commissioner Claggett noted the Board is  
4 aware of the bill and are in support.

5 Chair Roussel thanked Pharmacy Automation for  
6 their presentation. She mentioned the Board is open  
7 to hearing about automation in other forms outside of  
8 institutions as well.]

9

\*\*\*

10 Report of Board Counsel - Regulatory Report

11 [Ariel E. O'Malley, Esquire, Board Counsel, provided  
12 a regulatory report for 2024. She reminded Board  
13 members that the pharmacy technician regulation had  
14 the Office of Attorney General (OAG)  
15 tolling memorandum. She noted creating a response  
16 with Mr. Farrell that was approved, and they will be  
17 sending it back to OAG.]

18

\*\*\*

19 Report of Board Counsel - Legislative Report

20 [Ariel E. O'Malley, Esquire, Board Counsel, provided  
21 the pharmacy benefit managers (PBMs) bill for the  
22 Board's review, SB 1000, introduced on January 8,  
23 2024.

24 Ms. O'Malley addressed House Bill 1985 that was  
25 introduced on January 31, which would require the

1 Board to develop medication error prevention training  
2 for pharmacists, pharm techs, and pharm tech  
3 trainees. She noted the bill lays out the topics  
4 that they would have to include in the educational  
5 program, where they would be required to get an 80%  
6 or higher on the exam to obtain certification.

7 Ms. O'Malley also noted they would have to  
8 receive training annually, but if they had their  
9 license for less than five years, they would have to  
10 get the certification two times per year.

11 Ms. O'Malley addressed the Sunshine Act, where  
12 meetings and decision-making have to be in public  
13 session and votes have to be made in the public. She  
14 noted minutes are made of all decision-making. She  
15 noted the Board only deliberates in executive session  
16 on things that are actual legal matters before the  
17 Board and actions are made in open session.

18 Ms. O'Malley addressed recusals, noting mandatory  
19 recusals are where someone has a fiscal or personal  
20 reason and cannot participate and strongly suggested  
21 is where someone may have some kind of bias. She  
22 encouraged Board members to ask if they have  
23 questions concerning recusals.

24 Ms. O'Malley informed Board members that anyone  
25 on a state association and has a significant role in

1 the state association, such as being the president,  
2 cannot also be on the Board.]

3 \*\*\*

4 Report of Board Chairperson

5 [Christine Roussel, Pharm.D., BCOP, BCSCP,  
6 Chairperson, acknowledged Melanie Zimmerman's  
7 retirement after more than 25 years of service to the  
8 Board. She noted her to be hardworking, humble,  
9 kind, and a great advocate for their profession.

10 Chair Roussel stated the Board is very committed  
11 to getting a replacement, and the position requires  
12 someone to be a pharmacist with at least five years  
13 of experience.

14 Chair Roussel stated their goal for this year is  
15 to have Board of Pharmacy meetings at colleges of  
16 pharmacy, and they will be reaching out to the  
17 colleges of pharmacy to engage pharmacy students.]

18 \*\*\*

19 Report of Acting Commissioner - No Report

20 \*\*\*

21 Report of Board Administrator - No Report

22 \*\*\*

23 Discussion Items - Attendance at the NABP Annual  
24 Meeting

25 MS. TALBOTT:



1 I will make a motion that Madam Chair  
2 goes as our delegate, Eric goes as our  
3 alternate, Ariel goes if she is allowed,  
4 and that Christine takes advantage of the  
5 NABP travel grant.

6 MR. ESTERBROOK:

7 Second.

8 CHAIRPERSON ROUSSEL:

9 Call the vote.

10

11 Slagle, aye; Esterbrook, aye; Ritchie,  
12 aye; Talbott, aye; Claggett, aye;  
13 Roussel, aye; Hart, aye.

14 [The motion carried unanimously.]

15

\*\*\*

16 Discussion Items - NABP Annual Meeting - Educational  
17 Poster Session

18 [Christine Roussel, Pharm.D., BCOP, BCSCP,  
19 Chairperson, informed everyone that unless any  
20 members of the audience choose to do so individually  
21 that the Board will not be submitting an educational  
22 poster for this upcoming NABP Annual meeting.]

23

\*\*\*

24 FYI Items - December 2023 Well-Being Index for  
25 Pharmacy Personnel

1 [Christine Roussel, Pharm.D., BCOP, BCSCP,  
2 Chairperson, referred to the Well-being Index for  
3 Pharmacy Personnel. She stated they do take well-  
4 being in their profession seriously because well-  
5 being for clinicians equals better care for  
6 patients. She reported that there have not been any  
7 significant changes in the well-being index looking  
8 at the national level.

9 Chair Roussel addressed the United States  
10 Pharmacopeia (USP) 825, noting a notification was  
11 made in November that USP Chapters 797, 795, and 800,  
12 which are respectfully sterile, nonsterile, and  
13 hazardous drug compounding, are in effect.

14 Chair Roussel noted Chapter 825 is related to  
15 compounding of radiopharmaceuticals and takes the  
16 elements of USP 797 for sterility for patient safety  
17 and balances it with the safety of the worker when it  
18 comes to radiation safety and shielding. She noted  
19 it is applicable for nuclear pharmacy and in  
20 hospitals with a nuclear medication administration  
21 area.]

22 \*\*\*

23 Old Business - Newsletter Articles

24 [Christine Roussel, Pharm.D., BCOP, BCSCP,  
25 Chairperson, informed everyone that the Board is

1 always open to submissions for newsletter articles.]

2 \*\*\*

3 MOTIONS:

4 CHAIRPERSON ROUSSEL:

5 Would anyone like to make a motion for  
6 agenda item 5, Case No. 23-54-013689?

7 MR. ESTERBROOK:

8 I make a motion to approve the Consent  
9 Agreement.

10 MR. RITCHIE:

11 Second.

12 CHAIRPERSON ROUSSEL:

13 Any discussion? All right. Let's call  
14 the vote.

15  
16 Slagle, aye; Esterbrook, aye; Ritchie,  
17 aye; Talbott, aye; Claggett, aye;  
18 Roussel, recuse; Hart, aye.

19 [The motion carried. Christine Roussel recused  
20 herself from deliberations and voting on the motion.  
21 The Respondent's name is Robert Joseph Gilliland,  
22 R.Ph.]

23 \*\*\*

24 CHAIRPERSON ROUSSEL:

25 For agenda item 6, Case No. 23-54-001964,

1                   would anybody like to make a motion?

2 MR. ESTERBROOK:

3                   So moved to approve the Consent Agreement  
4                   as written.

5 MR. RITCHIE:

6                   Second.

7 CHAIRPERSON ROUSSEL:

8                   Any discussion? Call the vote.

9

10                   Slagle, aye; Esterbrook, aye; Ritchie,  
11                   aye; Talbott, aye; Claggett, aye;  
12                   Roussel, aye; Hart, aye.

13 [The motion carried unanimously. The Respondent's  
14 name is Miteshkumar Laljibhai Patel, R.Ph.]

15

\*\*\*

16 CHAIRPERSON ROUSSEL:

17                   For agenda item 7, Case No. 23-54-017608,  
18                   would anybody like to make a motion to  
19                   accept the Consent Agreement as written?

20 MR. ESTERBROOK:

21                   So moved.

22 MR. RITCHIE:

23                   Second.

24 CHAIRPERSON ROUSSEL:

25                   Any discussion? Call the vote.

1

2

Slagle, aye; Esterbrook, aye; Ritchie,

3

aye; Talbott, aye; Claggett, aye;

4

Roussel, aye; Hart, aye.

5

[The motion carried unanimously. The Respondent's

6

name is Myra Joy Hindes, R.Ph.]

7

\*\*\*

8

CHAIRPERSON ROUSSEL:

9

For agenda item 8, the VRP Agreement,

10

Case No. 23-54-017345, motion to accept

11

the VRP Agreement as written?

12

MR. ESTERBROOK:

13

So moved.

14

MR. RITCHIE:

15

Second.

16

CHAIRPERSON ROUSSEL:

17

Any discussion? Call the vote.

18

19

Slagle, aye; Esterbrook, aye; Ritchie,

20

aye; Talbott, aye; Claggett, aye;

21

Roussel, aye; Hart, aye.

22

[The motion carried unanimously.]

23

\*\*\*

24

CHAIRPERSON ROUSSEL:

25

Item 12, matter for deliberation. We can

1           entertain a motion related to Case No.  
2           23-54-011183, Anthony Albert Grejda, for  
3           counsel to draft an Adjudication and  
4           Order in accordance with discussions in  
5           Executive Session.

6 MR. ESTERBROOK:

7           So moved.

8 MR. RITCHIE:

9           Second.

10 CHAIRPERSON ROUSSEL:

11           Any discussion? Let's call the vote.

12

13           Slagle, aye; Esterbrook, aye; Ritchie,  
14           aye; Talbott, aye; Claggett, aye;  
15           Roussel, aye; Hart, aye.

16 [The motion carried unanimously.]

17

\*\*\*

18 CHAIRPERSON ROUSSEL:

19           Agenda item 13, motion for default, Case  
20           No. 22-54-008533, Victor Glen Spearman,  
21           to grant the Commonwealth's Motion for  
22           Default and for counsel to draft an  
23           Adjudication in accordance with the  
24           discussions in Executive Session.

25 MR. ESTERBROOK:

1                   So moved.

2 MR. RITCHIE:

3                   Second.

4 CHAIRPERSON ROUSSEL:

5                   Any discussion? Call the vote.

6

7                   Slagle, aye; Esterbrook, aye; Ritchie,  
8                   aye; Talbott, aye; Claggett, aye;  
9                   Roussel, aye; Hart, aye.

10 [The motion carried unanimously.]

11

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12 CHAIRPERSON ROUSSEL:

13                   Agenda item 14, to approve the Final  
14                   Adjudication and Order of the Board for  
15                   Case No. 21-54-018714, for the Medicine  
16                   Stop.

17 MR. ESTERBROOK:

18                   So moved.

19 MR. RITCHIE:

20                   Second.

21 CHAIRPERSON ROUSSEL:

22                   Any discussion? Call the vote.

23

24                   Slagle, aye; Esterbrook, aye; Ritchie,  
25                   aye; Talbott, aye; Claggett, aye;

1                   Roussel, aye; Hart, aye.

2 [The motion carried unanimously.]

3   \*\*\*

4 CHAIRPERSON ROUSSEL:

5                   Agenda item 16, Thrive Pharmacy - Review  
6                   of Nonresident Pharmacy Application. Any  
7                   motion to grant the Application for  
8                   Licensure?

9 MR. ESTERBROOK:

10                   So moved.

11 MR. RITCHIE:

12                   Second.

13 CHAIRPERSON ROUSSEL:

14                   Any discussion? Call the vote.

15

16                   Slagle, aye; Esterbrook, aye; Ritchie,  
17                   aye; Talbott, aye; Claggett, aye;  
18                   Roussel, aye; Hart, aye.

19 [The motion carried unanimously.]

20   \*\*\*

21 Report of Board Counsel - Regulatory Report

22 [Ariel E. O'Malley, Esquire, Board Counsel, informed  
23 Board members that she would start working on the  
24 preamble with Mr. Farrell for the general revisions  
25 if Board members had no other changes. She noted she



1 would bring the general revisions back to the Board  
2 with the preamble and Regulatory Analysis Form (RAF)  
3 attached for a vote to move it as proposed.

4 Chair Roussel mentioned that there is another  
5 opportunity to ask questions once it has been  
6 published but better to take care of all those  
7 questions upfront now.

8 Victoria Elliott, RPh, MBA, CAE, CEO,  
9 Pennsylvania Pharmacists Association, asked whether  
10 the Board had a timeline concerning the executive  
11 secretary position on behalf of pending graduates and  
12 deans to ensure application coverage to avoid a  
13 backlog situation.

14 Acting Commissioner Claggett explained that the  
15 position is going to be posted for two weeks and has  
16 been extended for 30 days, and they hoped to fill the  
17 position within another 15 days or so afterwards. He  
18 stated Christina Townley is the division chief of the  
19 health licensing division and is familiar with Ms.  
20 Zimmerman's work.

21 Ms. Elliott referred to the Well-Being Index of  
22 Pharmacy Personnel, noting PPA hosted a workplace  
23 summit with a number of employers from across the  
24 Commonwealth and will share the report once it is  
25 prepared. She reported concerns with recruitment of

1 technician workforce because other service industries  
2 are paying far more than a pharmacy setting.

3 Ms. Elliott also mentioned concerns with  
4 reimbursement, noting they are anxiously waiting to  
5 hear the outcome of the governor's address to see  
6 whether he supports PBM reform. She noted having a  
7 bill in the Senate side and is awaiting the companion  
8 bill on the House side. She discussed the  
9 disinterest in the public of what a pharmacist does  
10 and future potential pharmacy students into the  
11 profession.

12 Ms. Elliott also mentioned there was a lot of  
13 discussion with schools of pharmacy, health system  
14 employers, large and small regional chain employers,  
15 two health plans, and ambulatory care and long-term  
16 care about what can be done collectively as a  
17 community to change the image.

18 It was noted the Board would welcome being able  
19 to do joint recognition and outreach.

20 The Board was previously scheduled to hold a  
21 meeting at a college of pharmacy on March 17, 2020 at  
22 Temple and was forced to cancel due to the Covid-19  
23 pandemic. The Board expressed its desire to try and  
24 hold meetings at schools of pharmacy again in 2024.]

25

\*\*\*

1 Adjournment

2 MR. SLAGLE:

3 Motion to adjourn.

4 CHAIRPERSON ROUSSEL:

5 Anybody want to second that?

6 MS. TALBOTT:

7 Second.

8 \*\*\*

9 [There being no further business, the State Board of  
10 Pharmacy Meeting adjourned at 1:41 p.m.]

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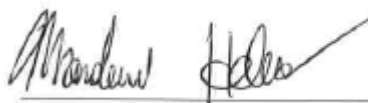
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## CERTIFICATE

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 that the minutes accurately summarize the substance of the State Board of Pharmacy meeting.



Madeline Helmstetter,

Minute Clerk

Sargent's Court Reporting  
Service, Inc.

STATE BOARD OF PHARMACY  
REFERENCE INDEX

February 6, 2024

	TIME	AGENDA
1		
2		
3		
4		
5		
6		
7		
8		
9	9:00	Executive Session
10	10:30	Return to Open Session
11		
12	10:31	Official Call to Order
13		
14	10:32	Introduction of Board Members/Audience
15		
16	10:35	Approval of Agenda
17		
18	10:35	Approval of Minutes
19		
20	10:36	Report of Board Prosecution
21		
22	10:42	Appointment - Carlton Smith, Deputy
23		Chief Counsel, Annual Prosecution
24		Division Report
25		
26	10:55	Appointment - Formal Hearing -
27	12:38	Ihsanullah Maaf, R.Ph
28		
29	12:39	Appointment - Pharmacy Automation,
30		Larry Jones, Executive Director,
31		Pennsylvania Society of Health-System
32		Pharmacists
33		
34	1:10	Report of Board Counsel
35		
36	1:14	Report of Board Chairperson
37		
38	1:18	Discussion Items
39		
40	1:20	FYI Items
41		
42	1:21	Old Business
43		
44	1:21	Motions
45		
46	1:26	Report of Board Counsel (cont.)
47		
48	1:41	Adjournment
49		
50		