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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: 10:30 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

August 27, 2024

State Board of Pharmacy
August 27, 2024

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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
Theresa M. Talbott, R.Ph.

BUREAU PERSONNEL:

Shana M. Walter, Esquire, Senior Board Counsel
Sean C. Barrett, Esquire, Board Counsel
Ray J. Michalowski, Esquire, Senior Board Prosecutor
Nathan C. Giunta, Esquire, Board Prosecution Liaison
Caroline A. Bailey, Esquire, Board Prosecutor
Christina Townley, Director of Operations, Bureau of
Professional and Occupational Affairs
Sara Trimmer, Pharm.D., R.Ph., Executive Secretary
Nichole Wray, Division Chief, Health Licensing
Division
Marc Farrell, Esquire, Regulatory Counsel,
Office of Chief Counsel, Department of State
Steven Zahn, Pharmacy Inspector, Bureau of
Enforcement and Investigation, Department of State

ALSO PRESENT:

Kerry Maloney, Esquire, Associate Counsel, University
of Pittsburgh Medical Center
Larry Jones, Pennsylvania Society of Health-System
Pharmacists Member
Jill Rebuck, Executive Director, Pennsylvania Society
of Health-System Pharmacists
Anthony Bixler, WellSpan York Hospital/Pennsylvania
Society of Health-System Pharmacists
Jennifer Sullivan, Clinical Pharmacist, WellSpan York
Hospital
Samuel Ludlow PharmD/MBA, Walgreens
James Reed, Pharmacy Regional Manager, Weis Markets

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August 27, 2024

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ALSO PRESENT: (cont.)

- Chenell Donadee, MD, MBA, Associate Medical Director of the Pharmacy Service Line, University of Pittsburgh Medical Center
- Rebecca Taylor, Pharm.D., Vice President, Pharmacy Services, University of Pittsburgh Medical Center
- Brett Rodgers, Senior Manager for Pharmacy Automation, University of Pittsburgh Medical Center
- Erik Hernandez, PharmD, MHA, BCPS, Vice President of Pharmacy, University of Pittsburgh Medical Center Central Region
- Sarah Klingler, Legal Extern, University of Pittsburgh Medical Center
- Katherine Medei, Area Healthcare Supervisor NJ/PA, Walgreens
- Emily Kryger, PharmD, American Society of Consultant Pharmacists
- Natalie Klek, Executive Fellow, Pennsylvania Pharmacists Association
- Tracey Sawyer, Label Content Manager, Regulatory Affairs, Mission Pharmacal
- Geoffrey Christ, Senior Pharmacy Compliance Manager, Chewy Pharmacy
- Michelle Attai
- Tiffany Booher, MA, LPC, CAADC, CIP, CCSM, Director, Peer Assistance Monitoring Programs; Program Director, Physicians' Health Program, Pennsylvania Medical Society
- Bryan Dunwoody, Manager Pharmacy Compliance, Giant Pharmacy
- Christina Antone
- 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
- Jessica Adams, PharmD, BCPS, AAHIVE, Scientific Director, Infectious Diseases at Clinical Care Options
- Frank Konzelman Jr., PharmD, BCPS, Director of Pharmacy Services, Pennsylvania Pharmacists Association
- Daniel Longyhore, System Director, Knowledge Management for Pharmacy at Geisinger

State Board of Pharmacy
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ALSO PRESENT: (cont.)

Blake Mancuso, PharmD, Penn Medicine
Ultan McGlone, Pharmacist Clinician/Clinical
Pharmacy Specialist
Haide Sorial, Advanced Pharmacy Practice Experience
Student, Pennsylvania Pharmacists Association
Megan Ammon, PharmD, BCMTMS, Clinical Program
Coordinator at Weis Markets
Veronica Ng, RPh, CVS Health
Christopher Miller, Pharm.D., Giant Eagle
Nicole Fidler, Associate, Malady & Wooten
Olivia Sugarman, Ph.D., Johns Hopkins Bloomberg
School of Public Health
Piri Pantoja Jr., Deputy Director of Legislative
Affairs, Department of State
Misha Patel, M.D., Curriculum Education Assistant,
Geisinger Commonwealth School of Medicine
Laura Romeo, Pharmacist-in-Charge at ConnectiveRx,
Careform Pharmacy
Scott Young
Grace Sesi, Executive Director, Regulatory Affairs at
CVS Health/Chairperson, Michigan Board of Pharmacy
Cory Ulisse, PharmD, Pharmacy Clinician Services
Victoria Elliott, RPh, MBA, CAE, Chief Executive
Officer, Pennsylvania Pharmacists Association
Zoe Soslow, Technical Advisor, Pennsylvania Overdose
Prevention Program, Vital Strategies
Dana Kurzer-Yashin, Program Manager, Pennsylvania
Overdose Prevention Program, Vital Strategies
Lauren Gusherowski, Sargent's Court Reporting
Service, Inc.

1 ***

2 State Board of Pharmacy

3 August 27, 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 Sean C. Barrett, Esquire, Board Counsel,
8 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, August 27,
15 2024. Eric Esterbrook, R.Ph., Vice Chairperson,
16 called the meeting to order at 10:30 a.m.

17 Vice Chair Esterbrook informed all that he would
18 be chairing the meeting as Chair Roussel is
19 participating virtually.

20 ***

21 [Sean C. Barrett, Esquire, Board Counsel, informed
22 everyone that the meeting was being recorded, and
23 those who continued to participate were giving their
24 consent to be recorded.

25 Mr. Barrett also noted the Board entered into

1 Executive Session for the purpose of conducting
2 quasi-judicial deliberations on a number of matters
3 that are currently pending before the Board and to
4 receive the advice of counsel.]

5 ***

6 Introduction of Board Members/Attendees

7 [Vice Chair Esterbrook requested an introduction of
8 Board members and attendees. A quorum of Board
9 members was present.]

10 ***

11 Approval of Minutes

12 VICE CHAIR ESTERBROOK:

13 The first item on our agenda is to
14 approve the minutes from July 30. Any
15 additions, corrections, or anything?

16 MS. TALBOTT:

17 I'll make a motion that we approve the
18 minutes from July 30.

19 MS. GETZEY HART:

20 Second.

21 VICE CHAIR ESTERBROOK:

22 Roll call.

23

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

1 aye; Roussel, aye.

2 [The motion carried unanimously.]

3 ***

4 Report of Board Prosecution

5 [Nathan C. Giunta, Esquire, Board Prosecution

6 Liaison, presented the Consent Agreements for Case

7 No. 21-54-019000; Case Nos. 22-54-002470, 21-54-

8 013947, & 22-54-002468; Case No. 22-54-007985; and

9 Case No. 22-54-012665.

10 Mr. Giunta presented the Consent Agreement for

11 Case No. 24-54-010815.

12 Mr. Barrett noted Vice Chair Esterbrook recused

13 himself, did not participate in any deliberations,

14 and would not vote on this matter.]

15 MR. BARRETT:

16 Based on the presentation of prosecution,

17 do any Board members wish to return to

18 Executive Session for further

19 deliberation? Hearing none.

20 Based on Executive Session

21 deliberations, I believe the Board Vice

22 Chair would entertain a motion to approve

23 the Consent Agreements at agenda item 4,

24 Case No. 21-54-019000; agenda item 5,

25 Case Nos. 22-54-002470, 21-54-013947, &

1 22-54-002468; agenda item 6, Case No. 22-
2 54-007985; and agenda item 7, Case No.
3 22-54-012665.

4 MS. TALBOTT:

5 I'll make that motion.

6 MS. GETZEY HART:

7 Second.

8 VICE CHAIR ESTERBROOK:

9 Roll call vote.

10

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

14 [The motion carried unanimously. The Respondent's
15 name at agenda item 4 is Todd Andrew Goodman, R.Ph.;
16 item 5, Francis H. Ranier and Ranier's Rx Laboratory;
17 item 6, Walgreens Pharmacy Services Midwest, LLC DBA
18 Walgreens #4580-2; and item 7, Kimberly Anna Huynh,
19 R.Ph.]

20

21 MR. BARRETT:

22 Agenda item 8. Board member Easterbrook
23 did recuse himself from any deliberation
24 in this matter and any discussions with
25 the Board.

1 Board.

2 Based on Executive Session
3 deliberations, I believe the Board Chair
4 would entertain a motion to remand item
5 10 to the hearing examiner for
6 proceedings in this matter.

7 MS. TALBOTT:

8 I'll make that motion.

9 MS. GETZEY HART:

10 Second.

11 VICE CHAIR ESTERBROOK:

12 Call to a vote.

13

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

17 [The motion carried. Eric Esterbrook recused himself
18 from deliberations and voting on the motion.]

19

20 Report of Board Counsel - Proposed Adjudications and
21 Orders

22 MR. BARRETT:

23 Based on Executive Session deliberations
24 at item, I believe the Board Chair would
25 entertain a motion to adopt the Proposed

1 Adjudication and Order at item 11, Case
2 No. 23-54-006922, Allegheny Discount
3 Pharmacy.

4 MS. TALBOTT:

5 I'll make that motion.

6 MS. GETZEY HART:

7 Second.

8 VICE CHAIR ESTERBROOK:

9 Call to a vote.

10

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

14 [The motion carried unanimously.]

15

16 MR. BARRETT:

17 At item 12, Sarah Elizabeth Stroud, Case
18 No. 23-54-017501, Chair Roussel recused
19 herself from any deliberations or
20 discussion in this matter.

21 Based on Executive Session
22 deliberations, I believe the Chair would
23 entertain a motion to adopt the Proposed
24 Adjudication and Order in this matter.

25 MS. TALBOTT:

1 I'll make that motion.

2 MS. GETZEY HART:

3 Second.

4 VICE CHAIR ESTERBROOK:

5 Call to a vote.

6

7 Esterbrook, aye; Hart, aye; Slagle, aye;

8 Talbott, aye; Claggett, aye; Ritchie,

9 aye; Roussel, recuse.

10 [The motion carried. Christine Roussel recused
11 herself from deliberations and voting on the motion.]

12 ***

13 Report of Board Chairperson

14 [Christine Roussel, Pharm.D., BCOP, BCSCP,

15 Chairperson, noted being actively engaged in hosting

16 the National Association of Boards of Pharmacy

17 (NABP)/American College of Clinical Pharmacy (ACCP)

18 Districts 1 and 2 Meeting, which will be held in the

19 fall of 2025. She stated their subcommittee

20 continues to work to identify a hotel, and they have

21 been partnering with the colleges of pharmacy on

22 behalf of NABP.

23 Chair Roussel reminded everyone that the

24 NABP/ACCP Districts 1 and 2 Meeting will be held in

25 Boston on October 6, 2024.

1 Chair Roussel looked forward to talking to Mr.
2 Farrell about scheduling time for the regulatory work
3 sessions in October and December 2024.]

4 ***
5 Report of Acting Commissioner
6 [Arion R. Claggett, Acting Commissioner, Bureau of
7 Professional and Occupational Affairs, informed
8 everyone that the next Board meeting will be held at
9 Wilkes University on October 22, 2024, in a hybrid
10 format at Wilkes and online on Microsoft Teams. He
11 mentioned that the Board agenda and Board website
12 will be updated after the meeting with the exact
13 location.]

14 ***
15 Report of Executive Secretary - No Report
16 [Sara Trimmer, Pharm.D., R.Ph., Executive Secretary,
17 had nothing to report.

18 Ms. Talbott asked how the renewals are coming
19 along since the process had been smooth and easy.
20 She also mentioned that there had not been any
21 glitches with new licenses.

22 Dr. Trimmer reported 42% of pharmacists have
23 completed the renewal process.]

24 ***
25 Report of Board Members - No Report

1
2 Appointment - Vital Strategies/Johns Hopkins
3 University Presentation
4 [Olivia Sugarman, Ph.D., Johns Hopkins Bloomberg
5 School of Public Health, informed Board members that
6 she works for the Bloomberg Overdose Prevention
7 Initiative, which is a Bloomberg Philanthropies-
8 funded multistate initiative to prevent overdose
9 through implementation activities through technical
10 assistance and evaluation.

11 Dr. Sugarman stated the Initiative is in seven
12 states, including Pennsylvania, and work in close
13 partnership with Vital Strategies, which is the
14 implementation and technical assistance hub of the
15 enterprise to do various research and evaluation
16 activities to examine gaps in the information space
17 in each state.

18 Dr. Sugarman explained their proposal to conduct
19 a survey of pharmacists licensed in Pennsylvania to
20 ascertain experiences in stocking and dispensing
21 buprenorphine to treat an opioid use disorder. She
22 noted buprenorphine is one of the three Food and Drug
23 Administration (FDA)-approved medications to treat an
24 opioid use disorder and is incredibly effective at
25 improving the health of people living with an opioid

1 use disorder.

2 Dr. Sugarman reported that the odds of a future
3 nonfatal overdose decreases in some places by 5-10%,
4 even with one additional month of staying on
5 buprenorphine. She mentioned that one of the
6 benefits of buprenorphine is that it is prescribed by
7 a healthcare provider and can be filled in a
8 pharmacy, as opposed to methadone, which requires
9 high restrictions and going to a location each day.

10 Dr. Sugarman addressed barriers to accessing
11 buprenorphine in pharmacies. She noted there has
12 been a focus on lowering barriers for prescribers
13 giving people buprenorphine for an opioid use
14 disorder. She reported issues with pharmacies not
15 having buprenorphine in stock or not being dispensed.

16 Dr. Sugarman stated approximately 58% of
17 pharmacies reported stocking buprenorphine, noting
18 Pennsylvania was at approximately 60%. She noted 64%
19 of chain pharmacies reported having buprenorphine in
20 stock as opposed to 35% of independent pharmacies.
21 She mentioned that pharmacies that have buprenorphine
22 on hand may not be able to adequately meet patient
23 need.

24 Dr. Sugarman stated some of the research existing
25 concerning the barriers for buprenorphine stocking

1 and dispensing focuses on organizational anti-
2 diversion policies, like not accepting out-of-state
3 prescriptions and pharmacists' attitudes and
4 knowledge of people who use drugs and buprenorphine.
5 She noted the goal of the survey is to fill that gap
6 concerning wholesaler or distributor caps or ordering
7 thresholds on buprenorphine stocking, dispensing, and
8 ordering.

9 Dr. Sugarman explained that the purpose of the
10 study would be to understand Pennsylvania
11 pharmacists' experiences with stocking and dispensing
12 buprenorphine for an opioid use disorder with the
13 goal of examining the effects of real and perceived
14 caps on buprenorphine stocking, dispensing, and
15 ordering; identifying barriers; and to evaluate
16 pharmacists experience, knowledge, attitudes, and
17 beliefs about buprenorphine in Pennsylvania
18 pharmacies.

19 Dr. Sugarman stated they are searching for
20 pharmacists who are licensed to practice in
21 Pennsylvania and who practice in outpatient settings
22 exclusively and will randomly select pharmacists to
23 participate as kind of an arbitrary stratification.
24 She noted they are looking for about 500 pharmacists
25 from each of the five Pennsylvania Pharmacists

1 Association regions to complete the survey.

2 Dr. Sugarman noted it is a 15- to 20-minute
3 online survey and anyone who participates will
4 receive \$50. She hoped to launch in September 2024
5 and implement the survey in October 2024 for about a
6 month. She noted only studying Pennsylvania
7 pharmacies at the moment in the hopes of improving
8 communication between multiple players who impact
9 ordering, stocking, and dispensing of buprenorphine;
10 inform pharmacist licensure requirements, and to
11 inform policy and practice options to enhance
12 buprenorphine access.

13 Dr. Sugarman stated they plan to present a
14 preliminary and final report to the State Board of
15 Pharmacy and any stakeholders who are interested,
16 writing an executive summary report, and to summarize
17 their results in an academic publication.

18 Dr. Sugarman asked Board members to review the
19 packet of materials to be included in the survey for
20 any omissions and relevance of the questions to make
21 sure the language is copasetic with the standards of
22 practice in the state. She also asked Board members
23 to encourage participation in the survey with a brief
24 notice on the Pennsylvania State Board of Pharmacy
25 website or by word of mouth.

1 Dr. Sugarman provided a letter of support and
2 contact information.

3 Ms. Talbott asked Dr. Sugarman how they would
4 handle a particular area of the state not responding.

5 Dr. Sugarman explained that they hoped to avoid
6 that with stratified random sampling and would also
7 send reminder emails at least twice but then pivot if
8 people are not responding from other areas.

9 Acting Commission Claggett commented that the
10 next step would be to review the materials and follow
11 up with Dr. Sugarman.

12 Dr. Sugarman clarified that the timeline can be
13 flexible, and their goal is to have a final product
14 by the end of the year. She noted their request is
15 for Board members to say that they had heard about
16 this and hopefully would be in support after
17 discussing the materials.

18 Chair Roussel thanked Dr. Sugarman for doing
19 thoughtful research on something that affects patient
20 care in Pennsylvania.]

21 ***

22 Appointment - UPMC Technology-enabled Pharmacist

23 Verification Presentation

24 [Sean C. Barrett, Esquire, Board Counsel, informed
25 UPMC that there may be discussion of foreign

1 regulation after reviewing the information provided.
2 He stated the Board cannot not give advisory opinions
3 as to its regulation and do not preapprove conduct,
4 so any mention of the regulations by the presenter is
5 not expressly supported by the Board. He informed
6 UPMC to consult with their own attorneys if they have
7 a question on a regulation.

8 Kerry Maloney, Esquire, Associate Counsel,
9 University of Pittsburgh Medical Center, presented to
10 the Board to discuss provisions in the State Board of
11 Pharmacy Act and regulations concerning direct and
12 immediate personal supervision of pharmacy
13 technicians, including a review of the prescription
14 or drug order by the pharmacist and the final
15 verification of the final product by the pharmacist.

16 Mr. Maloney stated UPMC is not looking for an
17 advisory opinion, but asking for support to open up
18 the Pharmacy Act, or a new regulatory package. He
19 mentioned that they may request a statement of policy
20 as far as an explanation, description, or guidance
21 for licensees in the future.

22 Rebecca Taylor, Pharm.D., Vice President,
23 Pharmacy Services, University of Pittsburgh Medical
24 Center, provided a summary of her professional
25 background. She stated UPMC's paramount concern is

1 patient safety in terms of ensuring the patient
2 receives the right product at the right time. She
3 noted that 90% of medications in a hospital can come
4 from an automated dispensing cabinet.

5 Dr. Taylor stated the order verification or the
6 clinical review will always happen by a pharmacist in
7 their electronic medical record (EMR). She mentioned
8 that pharmacists in Pennsylvania look at an order and
9 validate the patient's profile and all of the things
10 allowed under an institutional protocol.

11 Dr. Taylor explained that they are talking about
12 the interpretation of when and where a pharmacist
13 validates a drug that may come in a unit dose that is
14 barcoded, where a pharmacist in a technology-enabled
15 pharmacist verification workflow owns every portion
16 and the National Drug Code (NDC) of that drug is
17 attached to the drug and validates it.

18 Dr. Taylor noted situations where the barcode is
19 ripped off or the barcode on a drug is not working,
20 where a pharmacist would be involved in validating
21 the drug. She expressed the importance of having
22 processes and systems built to make sure they get the
23 patient the correct medication.

24 Dr. Taylor believed they would be facing a
25 pharmacist shortage and reported a 14% decrease in

1 applications for pharmacy students entering PharmD
2 programs. She also believed in the ability of highly
3 trained pharmacy technicians to help pharmacists
4 deliver medications to patients.

5 Dr. Taylor stated Dr. Hernandez found through
6 internal studies that 7 hours a day of a pharmacist's
7 time is dedicated to practices that a barcode could
8 check very safely 99% of the time. She requested
9 Board members to consider things pharmacists can be
10 doing instead that involves transitions of care,
11 rounding, and helping the patient transition to home.

12 Dr. Taylor mentioned that a pharmacist may be on
13 the phone for over an hour with a pharmaceutical
14 company because of the complexity of specialty
15 medications and limited distribution channels. She
16 asked for the Board's collaboration and partnership
17 and maybe a future regulatory discussion to continue
18 the dialogue around how they could leverage
19 technology.

20 Chenell Donadee, M.D., MBA, Associate Medical
21 Director of the Pharmacy Service Line, University of
22 Pittsburgh Medical Center, addressed the critical and
23 vital role that the pharmacists play in patient care
24 in a hospital setting. She mentioned that she has
25 been working with an excellent clinical pharmacist

1 who has been able to round with them daily in the
2 Intensive Care Unit.

3 Dr. Donadee commented that patients have become
4 more complex, far sicker, and the medications and
5 medication regimens have become far more complex.
6 She mentioned struggling to provide the same level of
7 care when they do not have the clinical pharmacist
8 with them on the team.

9 Dr. Donadee stated there are clinical pharmacists
10 all over the hospital with a variety of deep
11 knowledge in different spaces, and they are a
12 critical part of that patient care team.

13 Dr. Donadee addressed the pharmacy service line
14 and highlighted some of the areas where pharmacists
15 have been absolutely critical. She mentioned that
16 drug shortages have been a major problem over the
17 past couple years and expressed a concern that
18 physicians may not be able to deliver patient care.

19 Dr. Donadee referred to chemotherapy shortages,
20 where there have been times over the last couple of
21 years, where they were concerned whether patients
22 would be able to get their chemotherapy. She noted
23 the importance of having pharmacists help them
24 mitigate the shortages, decide what they can swap
25 out, and help find additional product, which is

1 absolutely critical to patient care.

2 Dr. Donadee addressed formulary management,
3 noting the complexity of the medication, insurance
4 coverage, and modes of delivery. She also noted the
5 importance of maintaining their formulary and keeping
6 up with the science so that patients are receiving
7 the best medications and treatment at the lowest
8 cost.

9 Brett Rodgers, Senior Manager for Pharmacy
10 Automation, University of Pittsburgh Medical Center,
11 stated UPMC is focusing on a fully automated or fully
12 technology-assisted institutional pharmacy to provide
13 different steps in various sections of the workflow.

14 Mr. Rodgers referred to the Drug Supply Chain
15 Security Act (DSCSA) regulations and all of the
16 scanning that is going to be mandated in the
17 relatively near future. He noted it to be just one
18 scan of many that happens on arrival into an
19 institutional pharmacy that is also being scanned
20 into their electronic health record (HER) to make
21 sure it works for the nurse at the time of arrival
22 into the facility.

23 Mr. Rodgers explained that it would also be
24 scanned in the automation system, maintaining the
25 inventory in the central pharmacy itself to be double

1 checked. He noted the same for the automated
2 dispensing cabinets or the anesthesia workstations,
3 where there will be another scan so that the drug is
4 scanned four times on arrival into the pharmacy.

5 Mr. Rodgers provided an overview of the workflow
6 diagram that highlights a dispensing cabinet workflow
7 versus a central pharmacy dispensing workflow, noting
8 one is where the destination is the nurse pulling
9 from a cabinet and the other one is where the drug
10 has a patient label on it.

11 Mr. Rodgers noted the orange is where a
12 pharmacist is engaged in the task, where a licensed
13 pharmacist is performing that function, and purple is
14 a scan where it will invoke the upper part of that
15 workflow.

16 Mr. Rodgers explained, if a technician scans
17 something out of that software system and it fails,
18 it invokes that workflow, where a pharmacist would
19 have to validate the NDC and verify the order in the
20 electronic health record (EHR) that flows by profile
21 to the dispensing cabinet.

22 Mr. Rodgers noted the nurse has to select the
23 patient and select the order to be able to dispense
24 it from the cabinet, unless it is an emergency
25 medication. He highlighted that the pharmacist had

1 been directly or peripherally involved in the
2 validation of the medication before it made it to the
3 nursing unit.

4 Mr. Barrett commented that Kansas seems to be the
5 only state that has a specific regulation on this
6 topic and asked whether there are other jurisdictions
7 identified or whether there is currently an absence.

8 Mr. Rodgers explained that he would have to look
9 at that, because those are meant to be examples. He
10 mentioned that Mr. Barrett would be looking up
11 anything formal that would come through anyway,
12 especially the surrounding states.

13 Vice Chair Esterbrook commented that the Board is
14 reviewing part 2 and changing the regulations at some
15 point, because they were developed between 2009 and
16 2012, where the technology and functions did not yet
17 exist, which is why they started with the
18 presentations back in February. He mentioned that
19 neighboring states and other places have been updated
20 because of the technology, and Pennsylvania is behind
21 the eight ball.]

22

23 Report of Board Counsel - Regulatory Report
24 [Marc Farrell, Esquire, Regulatory Counsel, Office of
25 Chief Counsel, Department of State, addressed the

1 draft final annex and final preamble for the pharmacy
2 tech regulations. He noted changes were made to the
3 annex as presented at the last meeting. He also
4 noted the preamble now includes a summary of
5 comments that were received, along with the Board's
6 responses.

7 Mr. Farrell referred to prior Board discussion at
8 the last meeting about the possibility of adding in
9 the Act 77 changes for immunizations, noting it could
10 be added to the package. He mentioned that they are
11 not supposed to expand the scope of regulations
12 midstream; however, Act 77 would not take effect
13 until November 14, 2024, and the regulations cannot
14 be filed until after that.

15 Mr. Farrell informed Board members that Counsel
16 would soon send it to the Governor's Office for
17 review if the Board adopts the preamble and the
18 annex. He noted they should be able to deliver it to
19 the Independent Regulatory Review Commission (IRRC)
20 and the committees by mid-October 2024, even if they
21 do not receive approval from the Governor Shapiro's
22 Office until early October or late September 2024.

23 Mr. Farrell mentioned that they have to get it to
24 IRRC 30 days before their meeting on November 21,
25 2024, for approval and then the Office of Attorney

1 General for a 30-day review period. He noted the
2 Legislative Reference Bureau (LRB) has ten days to
3 publish the regulations as final, which would be
4 around January 2025.

5 Ms. Talbott asked Mr. Farrell whether the
6 House Professional Licensure Committee's (HPLC) and
7 the Senate Professional Licensure Committee (SPLC)
8 have to review the regulation.

9 Mr. Farrell stated they did not receive comments
10 from the committees during the proposed phase but
11 will have a chance to review it again for 20 days in
12 the final stage. He mentioned that the committees
13 are expected to adjourn around November 30 and
14 believed they would have already commented during the
15 proposed stage.

16 Mr. Farrell also provided a summary of the
17 Independent Regulatory Review Commission, noting
18 their function is to review regulations to ensure it
19 is in the best interest of the public.]

20 MS. TALBOTT:

21 I will make a motion to adopt the final
22 preamble and regulations and send it on
23 its merry way and that separately that we
24 keep this part of the vortex that we
25 have.

1 MS. GETZEY HART:

2 Second.

3 MR. BARRETT:

4 For clarity of the record, the motion is
5 in reference to Regulation 16A-5433, the
6 Pharmacy Tech Registration Regulation.

7 VICE CHAIR ESTERBROOK:

8 We have a motion and a second. No more
9 discussion. We'll call to a vote.

10

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

14 [The motion carried unanimously.]

15

16 [Marc Farrell, Esquire, Regulatory Counsel, Office of
17 Chief Counsel, Department of State, informed Board
18 members that they could do a standalone for the Act
19 77 items not being included. He noted the final
20 annex and preamble will be available in about a month
21 and a half once they are delivered to IRRC.

22 Ms. Talbott referred to the June minutes, noting
23 they did not have many substantive comments, but
24 there were some cleanups, including forms of
25 identification and when someone has to file.

1 Mr. Farrell noted that all of the comments are
2 also available on IRRC's website at irrc.state.pa.us.
3 He explained that they could do a final-omitted
4 package for the Act 77 items and have that start at
5 the beginning of the year when they come back in
6 session.

7 Mr. Barrett also mentioned they could tie that in
8 since they are going to talk about it in the general
9 revisions to just have a broader record of Board
10 discussion.

11 Ms. Talbott commented that the Board invites
12 everybody to regulatory work sessions in the
13 beginning, so there are not many changes later to the
14 package to slow down the process.

15 Mr. Farrell asked whether Board members wanted to
16 defer the first part of the general revisions, and
17 Ms. Talbott suggested October 2024.

18 Chair Roussel stated it is reasonable to do the
19 automation section in October 2024. She asked how
20 they would inform the public in advance and whether
21 they wanted to line up § 27.21 through § 27.27 for
22 December to get that out as well. She noted they
23 could share general version's part 2 concerning
24 technology and automation § 27.201 through § 27.206
25 and discuss that at the October 2024 meeting.

1 Mr. Farrell offered to work with Dr. Trimmer to
2 send out the information and descriptions for the
3 upcoming agenda.

4 Chair Roussel again stated she would like to have
5 a discussion regarding § 27.21 through § 27.27 in
6 December and possibly getting through § 27.42 because
7 the next sections are renewal of licensure and then
8 institution regulations, which is qualified
9 institutions, and institutional regulation at § 27.42.

10 Mr. Farrell asked UPMC whether the automation
11 regulations that are in there now are exactly what
12 they are looking at as far as needing updated or
13 needing revised or whether they are looking to add
14 something completely brand new that is not there now.

15 Dr. Taylor explained that the Board's regulations
16 do not address what they are requesting and referred
17 to the comment regarding different states, where they
18 did it through a waiver for 30 years in Ohio before
19 they wrote it in the regulations. She mentioned that
20 the regulations need an update because it has been 14
21 years.

22 Mr. Maloney stated he would review the automation
23 section. The language as discussed was already in
24 the regulations in the delegation section and
25 suggested a transfer of that into the automation.

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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.



Lauren Gusherowski,
Minute Clerk
Sargent's Court Reporting
Service, Inc.

STATE BOARD OF PHARMACY
REFERENCE INDEX

August 27, 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	10:30	Official Call to Order
13		
14	10:31	Introduction of Board Members/Attendees
15		
16	10:33	Approval of Minutes
17		
18	10:35	Report of Board Prosecution
19		
20	10:45	Report of Board Counsel
21		
22	10:47	Report of Board Chairperson
23		
24	10:48	Report of Acting Commissioner
25		
26	10:50	Appointment - Vital Strategies/Johns
27		Hopkins University Presentation
28		
29	11:05	Appointment - UPMC Technology-enabled
30		Pharmacist Verification Presentation
31		
32	11:21	Report of Board Counsel (cont.)
33		
34	11:36	Adjournment
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