

Oregon Board of Pharmacy
2nd REVISED BOARD MEETING AGENDA
August 10-12, 2022

Meeting Location: 800 NE Oregon St. Conference Room 1A Portland, OR 97232

Click [here](#) to join Open Session virtually: August 10-12, 2022 Board Meeting via Teams

*You do not need to have a Microsoft account to join the Teams meeting, however if you use a smartphone or tablet, you may need to download the Teams app.

Public Attendance: Audio only (503) 446-4951 Phone Conference ID: 445 764 323#

The Oregon Board of Pharmacy serves to promote and protect public health, safety, and welfare by ensuring high standards in the practice of pharmacy and through effective regulation of the manufacture and distribution of drugs.

Wednesday, August 10, 2022 @ 8:30AM

Thursday, August 11, 2022 @ 8:30AM

Friday, August 12, 2022 @ 8:30AM

- All Board meetings except Executive or Closed Sessions are open to the public. Pursuant to ORS 192.660, Executive Sessions are closed, with the exception of news media and public officials
- No final actions will be taken in Executive Session
- When action is necessary, the board will return to Open Session
- To sign up for Public Comment, email your request to pharmacy.board@bop.oregon.gov by 12:00PM on 8/12/2022.

The meeting is accessible to persons with disabilities. A request for hearing impaired assistance and accommodations for persons with disabilities may be made via email to pharmacy.board@bop.oregon.gov or by calling 971-673-0001 with at least 48 hours' notice.

WEDNESDAY, AUGUST 10, 2022

I. OPEN SESSION, Michelle Murray RPh, Presiding

- a. Roll Call
- b. Agenda Review and Approval

Action Necessary

II. EXECUTIVE SESSION – NOT OPEN TO THE PUBLIC, pursuant to ORS 192.660(1)(2)(f)(i)(L), ORS 192.690(1) ORS 676.165, ORS 676.175.

- a. Employee Performance Review
- b. Legal Advice
- c. Deliberation on Disciplinary Cases and Investigations
- d. Contested Case Deliberation *if applicable

III. OPEN SESSION – PUBLIC MAY ATTEND – At the conclusion of Executive Session, the board may convene Open Session to review scheduled agenda items as time permits.

Adjourn

Action Necessary

THURSDAY, AUGUST 11, 2022

I. OPEN SESSION, Michelle Murray RPh, Presiding

***Please note that the board will meet in Executive Session for most of the day and anticipates resuming Open Session at 2:00PM. The board will motion on disciplinary actions @ 3:30PM on 8/11/2022 instead of tomorrow morning as previously noticed.**

- a. Roll Call

II. EXECUTIVE SESSION – NOT OPEN TO THE PUBLIC, pursuant to ORS 192.660(1)(2)(f)(L), ORS 192.690(1) ORS 676.165, ORS 676.175.

- a. Deliberation on Disciplinary Cases and Investigations
- b. Contested Case Deliberation *if applicable

III. OPEN SESSION – PUBLIC MAY ATTEND – At the conclusion of Executive Session, the board may convene Open Session to review scheduled agenda items as time permits.

IV. GENERAL ADMINISTRATION

- a. Discussion Items
 - i. Public Health and Pharmacy Formulary Advisory Committee – *None*
 - ii. Workgroup Update – *Davis*
 - 1. Safe Pharmacy Practice Conditions Workgroup
 - iii. Contraception CE Program – *Davis* *Action Necessary*
 - iv. SBAR – Promethazine with codeine - PDMP – *Davis #C* *Action Necessary*
 - v. Strategic Plan Update – *Schnabel*
 - vi. Financial/Budget Report – *MacLean #D, D1*
 - vii. US Dept. of Health and Human Services Office for Civil Rights Guidance – *Schnabel #E*

VI. MOTIONS RELATED TO DISCIPLINARY ACTIONS – *Efremoff* *Action Necessary*

Adjourn *Action Necessary*

FRIDAY, AUGUST 12, 2022

I. OPEN SESSION, Michelle Murray RPh, Presiding

- a. Roll Call

II. GENERAL ADMINISTRATION

- a. Sex, Gender, Identity and Terminology - Guest Speaker – Natalea Braden-Suchy, PharmD, BCACP - OSU College of Pharmacy – *Davis (9:45AM)*
- b. Rules
 - i. Consider Adoption of Rules – *None*
 - ii. Rules in Development – *Davis*
 - iii. Consider Adoption of Temporary Rules – *None*
 - iv. Rulemaking Policy Discussion Items – *Davis*
 - 1. **Div 019/021/025/031/135** – CE Procedural Review **#A**
 - 2. **Div 006/019/025/041/125** – Safe Pharmacy Practice Conditions **#A1**
 - 3. **Div 006/019/041/115** – RPH Procedural Rule Review **#A2**
 - 4. **Div 031/120** – Intern Procedural Rule Review **#A3**
 - 5. **Div 025/125** – Pharmacy Technician Procedural Rule Review **#A4**
 - 6. **Div 019/141** – Pharmacy Prescription Kiosk **#A5**
 - 7. **Div 019/041/139** – Patient Demographics **#A6**

III. ISSUES AND ACTIVITIES* (Items in this section may occur at any time during the meeting as time permits)

- Board & staff Reports

2022 Board Meeting Dates

• October 12-14, 2022*	Portland
• November 10, 2022	Portland
• December 14-16, 2022	Portland

2023 Board Meeting Dates

• February 8-9, 2023	Portland
• April 12-14 2023*	Portland
• June 7-8, 2023	Portland
• August 9-10, 2023	Portland
• October 11-13, 2023*	Portland
• November 8-9, 2023	TBA
• December 13-14, 2023	(Strategic Planning) Portland

Rulemaking Hearing Dates

(The following dates are reserved for potential rulemaking hearings & identified only for planning purposes and approved by the board. Actual rulemaking activities will be noticed as required by law and may deviate from this schedule as needed.)

- November 22, 2022

Conferences/Meetings – Schnabel

- NABP District 6,7,8 Meeting – August 28-30, 2022, Oklahoma City, OK
- NABP Executive Officer Forum – September 29 – 30, 2022, Mount Prospect, IL
- NABP MPJE State-Specific Review – September 7 – 8, 2022, Virtual
- OSHP Fall Seminar – November 19, 2022, Portland
- NABP 119th Annual Meeting – May 11 – 13, 2023, Nashville, TN

IV. APPROVE CONSENT AGENDA**Action Necessary*

**Items listed under the consent agenda are considered to be routine agency matters and will be approved by a single motion of the Board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda.*

- a. License/Registration Ratification - **# CONSENT-1**
- b. Board Meeting Minutes – June 2022 **# CONSENT-2**

V. PUBLIC COMMENT

Adjourn

Action Necessary

Divisions 019/021/025/031/135- Continuing Pharmacy Education (Procedural Rule Review)

Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency's intended action max 15 words): Procedural rule review amending continuing education rules

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Amending definitions, requirements for applicants, instructors, renewal requirements for licensees and audits to reflect current requirements and standards.

Documents Relied Upon per ORS 183.335(2)(b)(D): Rules Advisory Committee- Continuing Pharmacy Education: May 2021 [minutes](#), October 2021 [minutes](#), and January 2022 [minutes](#).

Resources: Other State Regulations: CA: CCR [1732](#), OH: OAC [4729:1-5](#), TX: TAC [295.8](#) Continuing Education Requirements, WA: WAC [246-861](#) Pharmacists—Professional Pharmaceutical Education

Fiscal & Economic Impact per ORS 183.335(2)(b)(E): It is anticipated that state agencies, units of local government, licensees or the public will not be financially impacted by the proposed rules. Applicants and licensees are currently required by statute and rule to complete certain CE based on their license type.

Effect on Small Businesses? No effect anticipated for small businesses.

Describe how small businesses were involved in development of the rules: Small businesses were not involved with the development of the proposed rules.

Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G): Yes, a RAC was consulted at three separate RAC meetings.

Racial Equity statement per ORS 183.335(2)(b)(F): (identifying how adoption of rule might impact one group of people differently than others) Adopting the proposed rules may increase patient safety for all Oregonians in every community by ensuring that all licensees continue to develop, maintain and enhance their competence in the practice or assistance of the practice of pharmacy.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why): The proposed rules clarify definitions, incorporate universally acceptable CPE standards, amend outdated language and streamlines the process and requirements for providers and licensees applying for continuing pharmacy education credit.

1 NOTE: We will create a new Division 135 and expire Division 021. The following rule references will be
2 corrected as a Statutory Minor Correction to reflect the new Division 135 after the rules have been
3 permanently adopted.

5 855-019-0122(1)(a)	Renewal of Licensure as a Pharmacist
6 855-019-0170(1)(b) and (2)	Reinstatement of License
7 855-025-0011(1)(b)	Licensure: Renewal or Reinstatement- Pharmacy Technician
8 855-025-0015(2)(b)	Licensure: Renewal or Reinstatement- Certified Oregon Pharmacy
9	Technician
10 855-031-0016(1)(a)	Renewal of Licensure as an Intern
11	
12 Division <u>21</u> <u>135</u>	

13 CONTINUING PHARMACY EDUCATION

14 **855-021135-0001**

15 **Continuing Pharmacy Education: Definitions**

16 **(1) "Accredited program"** means a structured continuing pharmacy education (CPE) program which
17 has been reviewed and approved by a provider of continuing pharmacy education that is accredited
18 by the Accreditation Council on Pharmaceutical Education (ACPE) (v. 06/01/2022) or continuing
19 medical education accredited by the Accreditation Council for Continuing Medical Education (AACME)
20 or an ACCME-recognized State Medical Society (v. 6/2022).

21 **(2) "AMA Category 1 Program"** means a program reviewed and approved by the American Medical
22 Association (AMA) as Category 1 Continuing Medical Education (CME) by a provider of continuing
23 medical education accredited by the Accreditation Council for Continuing Medical Education (ACCME)
24 or an ACCME-recognized State Medical Society.

25 **(3) "Board-approved program"** means a structured continuing pharmacy education which has been
26 reviewed and approved by the board.

27 **(4) "Certificate of completion"** means a certificate or other official document issued to a participant
28 certifying the successful completion of a continuing pharmacy education program.

29 **(15) "Continuing Pharmacy Education" or "CPE"** means an accredited or board-approved program
30 designed to support the continuing development of Pharmacists, Interns, Certified Oregon Pharmacy
31 Technicians or Pharmacy Technicians to maintain and enhance their competence applicable to the
32 practice of pharmacy or the assistance of the practice of pharmacy. classes of post graduate studies,
33 informal study group participation, institutes, seminars, lectures, conferences, workshops, extension
34 study, correspondence courses, teaching, planned and professional meetings, self study courses,
35 cassette or audio visual tape/slides or materials, and other self instruction units applicable to the
36 practice of pharmacy.

37 **(26) "Contact hour"** means fifty sixty minutes of continuing pharmacy education.

38 **(7) "CPE Monitor"** means the electronic tracking service of the ACPE and the National Association of
39 Boards of Pharmacy (NABP) for monitoring continuing pharmacy education that Pharmacists, Interns,
40 Certified Oregon Pharmacy Technicians and Pharmacy Technicians receive from participating
41 providers;

42 **(68) "Cultural competence"** means the lifelong process of examining the values and beliefs and
43 developing and applying an inclusive approach to health care practice in a manner that recognizes the
44 content and complexities of provider-patient communication and interaction and preserves the dignity
45 of individuals, families, and communities.

46 (a) Cultural competence applies to all patients.

47 (b) Culturally competent providers do not make assumptions on the basis of an individual's actual or
48 perceived abilities, disabilities or traits whether inherent, genetic or developmental including: race,
49 color, spiritual beliefs, creed, age, tribal affiliation, national origin, immigration or refugee status, marital

61 status, socio-economic status, veteran's status, sexual orientation, gender identity, gender expression,
62 gender transition status, level of formal education, physical or mental disability, medical condition or
63 any consideration recognized under federal, state and local law.

64
65 (49) "Medication error prevention" means the prevention of events that may cause or lead to
66 inappropriate medication use or patient harm, while the medication is in the control of the healthcare
67 professional, patient, or consumer systems, procedures and processes to prevent and avoid adverse
68 events and to ensure that the correct patient receives the correct drug in the correct dose.

69
70 (310) "Patient safety" means the prevention of healthcare related errors or the elimination or
71 mitigation of patient injury caused by healthcare related errors systems, procedures and processes
72 that ensure that the correct patient receives the correct drug in the correct dose and is counseled
73 appropriately.

74
75 (511) "Pain management education program" means a specific one-hour web-based program developed
76 by the Pain Management Commission of the Oregon Health Authority.

77
78 (12) "Pharmacy law" means the body of laws relating to pharmacy practice.

79
80 (13) "Structured continuing pharmacy education" or "Structured CPE" means education that includes
81 defined learning objectives, qualified instructors, learning assessment, and a program evaluation.

82
83 Statutory/Other Authority: ORS 689.205 & ORS 676.850

84 Statutes/Other Implemented: ORS 689.255, ORS 689.285, ORS 689.486, ORS 413.450, ORS 689.490 &
85 ORS 413.590

86
87
88 **855-135-0010**

89 **Continuing Pharmacy Education Programs: General Requirements**

90
91 (1) CPE programs must consist of subject matter pertinent to pharmacy including:

92
93 (a) Socio-economic aspects of healthcare;

94
95 (b) Legal aspects of healthcare;

96
97 (c) Properties and actions of drugs and dosage forms;

98
99 (d) Etiology, characteristics, therapeutics, and prevention of disease states; or

100
101 (e) General topics related to pharmacy.

102
103 (2) Time spent in the following activities may be included in the calculation of CPE credit:

104
105 (a) Content delivered by an instructor or a panel of instructors;

106
107 (b) The program is:

109 **(A) A structured CPE discussion, workshop or demonstration;**

110 **(B) A structured CPE question and answer session; or**

112 **(C) An accredited or board-approved program; or**

114 **(D) Approved as an AMA Category 1 program. Licensees may earn a maximum of 10 hours of CPE for**
AMA Category 1 programs per renewal cycle; or

117 **POLICY DISCUSSION:** Technicians & Interns

120 **(E) An Oregon Board of Pharmacy meeting. Licensees may earn a maximum of 2 hours of CPE per**
renewal cycle.

123 **POLICY DISCUSSION:** Board-approved CPE & Maximum

125 **(3) Time spent in the following activities may not be included in the calculation of CPE credit:**

127 **(a) Welcoming remarks;**

129 **(b) Time spent for meals or social functions;**

131 **(c) Business sessions (e.g. voting, treasury report, strategic plan);**

133 **(d) Unstructured discussion, workshops, and demonstrations;**

135 **(e) Unstructured question and answer sessions;**

137 **(f) Degree programs;**

139 **(g) Non-ACPE approved certificate programs;**

141 **(h) Licensing or certification examinations;**

143 **(i) Skills training programs;**

145 **(j) Software training programs;**

147 **(k) Learning assessments;**

149 **(l) Program evaluations; and**

151 **(m) Attending CPE programs for which credit was not granted by the provider.**

153 **(4) For each accredited or board-approved program, the licensee must retain a certificate of**
completion for each completed program that includes:

155 **(a) Licensee name;**

157 **(b) Title, activity date, and activity number of the program;**

158
159 **(c) Topic designation (e.g. law, patient safety, pain);**

160
161 **(d) Name of the program provider;**

162
163 **(e) Number of contact hours earned by topic designation; and**

164
165 **(f) Statement of credit granted to the participant.**

166
167 **(5) For each accredited or board-approved program, the licensee must ensure that licensee program**
completion CPE credit was recorded in the CPE Monitor or a certificate of completion is uploaded to
the licensee's Oregon Board of Pharmacy e-Gov profile prior to submission of the license renewal.

168 Statutory/Other Authority: ORS 689.205

169 Statutes/Other Implemented: **ORS 689.255**, ORS 689.285, **ORS 689.490**

170
171 **855-135-0030**

172 **Continuing Pharmacy Education Programs: Applications for Approval**

173
174 **(1) An application for approval of a CPE program which is not an accredited program may apply for**
board approval using a form supplied for this purpose. A complete application includes:

175 **(a) Program provider or sponsor name;**

176 **(b) Program name;**

177 **(c) Program topic designation(s);**

178 **(d) Licensee type(s);**

179 **(e) Total number of contact hours offered by topic designation;**

180 **(f) Description of program goal(s) and learning objective(s);**

181 **(g) Program format (e.g. interactive discussion, panel, speaker);**

182 **(h) Name and qualification(s) of each instructor;**

183 **(i) Date(s) and location(s) of program;**

184 **(j) Learning assessment; and**

185 **(k) Program evaluation.**

203 **(2) The provider must submit an application form a minimum of forty-five days prior to the date the**
204 **program will be held. Applications submitted less than forty-five days prior to the date the program**
205 **will be held will not be approved.**

206
207 **(3) Incomplete applications will not be approved.**

208
209 **(4) An application for post-approval of a CPE program will not be approved.**

210
211 **Statutory/Other Authority: ORS 689.205**

212 **Statutes/Other Implemented: ORS 689.285**

213
214
215
216 **855-135-0040**

217 **Continuing Pharmacy Education Programs: Instructors' Credit Toward CPE Hours**

218
219 **(1) Any pharmacist whose primary responsibility is not the education of health professionals, who**
220 **instructs a group of health professionals on pharmacy-related topics according to OAR 855-135-**
221 **0010(1)(a)-(e) in structured CPE may be granted two hours of CPE credit for each hour spent in**
222 **presenting the initial course or program which has been approved for CPE credit.**

223
224 **(2) Any pharmacist whose primary responsibility is the education of health professionals may be**
225 **granted CPE credit as in (1) when instructing a group of health professionals on pharmacy-related**
226 **topics unrelated to their formal course responsibilities in a learning institution.**

227
228 **(3) An instructor may only be granted credit for one presentation of the same program of CPE.**

229
230 **(4) An instructor may earn a maximum of 10 hours of CPE for instruction per renewal cycle.**

231
232 **(5) An instructor must submit an application form a minimum of forty-five days prior to the date the**
233 **program will be held to apply for instructor credit toward CPE hours using a form provided for this**
234 **purpose by the board. Applications submitted less than forty-five days prior to the date of the**
235 **program will not be approved.**

236
237 **Statutory/Other Authority: ORS 689.205**

238 **Statutes/Other Implemented: ORS 689.285**

239
240
241 **855-021-0005135-0050**

242 **Continuing Pharmacy Education: Requirements for Pharmacist License Renewal**

243
244 (1) During the period from July 1 through June 30 of each biennial license renewal cycle, a pharmacist
245 must have satisfactorily completed at least 30 hours of ~~continuing pharmacy education~~ CPE. These hours
246 must include at least:

247
248 (a) Two hours of ~~continuing pharmacy education~~ CPE in pharmacy law;

249
250 (b) Two hours of ~~continuing pharmacy education~~ CPE in patient safety or medication error prevention;

251 (c) Two hours of ~~continuing pharmacy education~~ CPE in cultural competency either approved by the
252 Oregon Health Authority under ORS 413.450 or any cultural competency CPE; and

253
254 (d) One hour of ~~continuing pharmacy education~~ CPE in pain management, provided by the Pain
255 Management Commission of the Oregon Health Authority; and

256
257 (e) Twenty-three additional hours of ~~continuing pharmacy education~~ CPE in subjects pertinent to
258 pharmacy per OAR 855-135-0010(1)(a)-(e).

259
260 **(2) Pharmacists applying for the first renewal of their license if they have been licensed by the board**
261 **for at least one year prior to July 1 of the renewal period, must complete the requirement listed in (1).**

262
263 **(23a) Section (1) does not apply to p**Pharmacists applying for the first renewal of their license if they
264 have not been licensed by the board for at least one year prior to July 1 of the renewal period, **must**
265 **complete one-half of the requirement in (1).**

266
267 **(23b) Section (1) does not apply to p**Pharmacists applying for the first renewal of their license if they
268 have not been licensed by the board for at least one year prior to July 1 of the renewal period, **must**
269 **have satisfactorily completed an average of 1.25 hours of CPE in any topic area for each full month**
270 **licensed.**

271
272 **(23c) Section (1) does not apply to p**Pharmacists applying for the first renewal of their license if they
273 have not been licensed by the board for at least one year prior to July 1 of the renewal period, **must**
274 **have satisfactorily completed the following hours of CPE in any topic area. If the initial license is**
275 **issued between:**

276
277 **(a) July 1 to September 30 of an even year, the Pharmacist must complete 16 hours of CPE.**

278
279 **(b) October 1 to December 31 of an even year, the Pharmacist must complete 12 hours of CPE.**

280
281 **(c) January 1 to March 31 of an odd year, the Pharmacist must complete 8 hours of CPE.**

282
283 **(d) April 1 to June 30 of an odd year, the Pharmacist must complete 4 hours of CPE.**

284
285 **POLICY DISCUSSION:** Intervals, Categories

286
287 **(4) A Pharmacist must register with the CPE Monitor for tracking completed ACPE credit hours.**

288
289 **(5) For each ACPE-approved program, the licensee must ensure that licensee program completion CPE**
290 **credit was recorded in the CPE Monitor.**

291
292 **(6) For each board-approved or ACCME approved program, the licensee must ensure that licensee**
293 **program completion CPE credit was recorded in the CPE Monitor or uploaded to the licensee's Oregon**
294 **Board of Pharmacy e-Gov profile.**

295
296 **(37) A pharmacist must retain documentation of completed continuing pharmacy education** CPE for six
297 years and must provide this documentation if requested by the board.

299 (48) continuing pharmacy education CPE credit accumulated in excess of the required 30 contact hours
300 for biennial license renewal cannot be carried forward.

301
302 **(9) A Pharmacist who fails to renew their license by the expiration date and whose license has been**
303 **lapsed for one year or less may apply to renew their license, must complete the CPE requirement in**
304 **(1), and complete other renewal requirements listed in OAR 855-019.**

305
306 **(10) A Pharmacist who is applying for reinstatement must provide certification of completion of the**
307 **continuing pharmacy education requirement in (1) for all licensing cycles in which the license was**
308 **lapsed, and complete reinstatement requirements listed in OAR 855-019.**

309
310 Statutory/Other Authority: ORS 689.205 & ORS 676.850
311 Statutes/Other Implemented: ORS 689.285, ORS 689.486, ORS 413.450, ORS 413.590 & ~~2021 HB 2078~~

312
313 **855-021-0007135-0060**

314 **Continuing Pharmacy Education: Requirements for Intern License Renewal**

315
316 (1) During each license renewal cycle, an intern must have satisfactorily completed 2 contact hours of
317 approved ~~continuing pharmacy education~~ CPE in cultural competency either approved by the Oregon
318 Health Authority under ORS 413.450 or any cultural competency CPE; and

319
320 (2) An intern must retain documentation of completed ~~continuing pharmacy education~~ CPE for six years
321 and must provide this documentation if requested by the board.

322
323 **(3) An Intern must register with the CPE Monitor for tracking completed ACPE credit hours.**

324
325 **(4) For each ACPE-approved program, the licensee must ensure that licensee program completion CPE**
326 **credit was recorded in the CPE Monitor.**

327
328 **(5) For each board-approved or ACCME approved program, the licensee must ensure that licensee**
329 **program completion CPE credit was recorded in the CPE Monitor or uploaded to the licensee's Oregon**
330 **Board of Pharmacy e-Gov profile.**

331
332 **POLICY DISCUSSION: Interns and ACCME**

333
334 Statutory/Other Authority: ORS 689.205
335 Statutes/Other Implemented: ORS 413.450, ORS 689.151, ORS 689.255, ORS 689.285, ORS 676.850, ~~ORS~~
336 ~~413.450 & ORS 689.151~~

337
338 **855-021-0009135-0070**

339
340 **Continuing Pharmacy Education: Requirements for Pharmacy Technician or Certified Oregon**
341 **Pharmacy Technician or Pharmacy Technician License Renewal**

342
343 (1) During the period from July 1 through June 30 of each biennial license renewal cycle, a ~~Pharmacy~~
344 ~~Technician or Certified Oregon Pharmacy Technician~~ or Pharmacy Technician must have satisfactorily
345 completed 20 contact hours of ~~continuing pharmacy education~~ CPE. These hours must include:

347 (a) Two hours of ~~continuing pharmacy education~~ CPE in pharmacy law;
348
349 (b) Two hours of ~~continuing pharmacy education~~ CPE in patient safety or medication error prevention;
350
351 (c) Two hours of ~~continuing pharmacy education~~ CPE in cultural competency either approved by the
352 Oregon Health Authority under ORS 413.450 or any cultural competency effective July 1, 2023; and
353
354 (d) Fourteen additional hours of ~~continuing pharmacy education or documented onsite training~~
355 ~~approved by the board~~ CPE in subjects pertinent to pharmacy per OAR 855-135-0010(1)(a)-(e).

356
357 (2) Section (1)(a)(b) and (d) do not apply to a ~~Pharmacy Technician or Certified Oregon Pharmacy~~
358 ~~Technician or Pharmacy Technician~~ applying for the first renewal of their license if they have not been
359 licensed by the board for at least one year prior to July 1 of the renewal period. Section (1)(c) is
360 required.

361
362 **(3) Certified Oregon Pharmacy Technicians and Pharmacy Technicians must register with the CPE**
363 **Monitor for tracking completed ACPE credit hours.**

364
365 **(4) For each ACPE-approved program, the licensee must ensure that licensee program completion CPE**
366 **credit was recorded in the CPE Monitor.**

367
368 **(5) For each board-approved or ACCME approved program, the licensee must ensure that licensee**
369 **program completion CPE credit was recorded in the CPE Monitor or uploaded to the licensee's Oregon**
370 **Board of Pharmacy e-Gov profile prior to submission of the license renewal.**

371
372 **POLICY DISCUSSION: COPT/PT and ACCME**

373
374 (36) A ~~Pharmacy Technician or Certified Oregon Pharmacy Technician or Pharmacy Technician~~ must
375 retain documentation of completed ~~continuing pharmacy education~~ CPE for six years and must provide
376 this documentation if requested by the board.

377
378 (47) ~~Continuing pharmacy education~~ CPE credit accumulated in excess of the required 20 contact hours
379 for biennial license renewal cannot be carried forward.

380
381 (58) If a license renewal is submitted after June 30th of the license renewal cycle, ~~continuing pharmacy~~
382 ~~education~~ CPE must be completed prior to submission of the license renewal.

383
384 (69) Section (1)(a)(b) and (d) do not apply to a Pharmacy Technician applying for the first renewal of
385 their license prior to July 1, 2023. Section (1)(c) is required.

386
387 Statutory/Other Authority: ORS 689.205

388 Statutes/Other Implemented: ORS 689.285, ORS 689.486, ORS 413.450 & ORS 676.850

389

390

391

392

393

394

395 **855-021-0010**

396 **Continuing Pharmacy Education Programs**

397
398 (1) A continuing pharmacy education program must consist of therapeutics, or pharmacy and drug law
399 or other aspects of health care applicable to the practice of pharmacy.

400
401 (2) Programs must provide for examinations or other methods of evaluation to assure satisfactory
402 completion by participants.

403
404 (3) The person or persons who are to instruct or who are responsible for the delivery or content of the
405 program must be qualified in the subject matter by education and experience.

406
407 (4) Continuing pharmacy education programs must be approved by the Board of Pharmacy. Application
408 for approval must be made on and in accordance with forms established by the board. The forms must
409 require information relating to:

410
411 (a) Name of provider or sponsor;

412
413 (b) Type of program offered;

414
415 (c) Description of subject matter;

416
417 (d) Number of contact hours offered;

418
419 (e) Total number of contact hours in therapeutics or pharmacy and drug law or other aspects of health
420 care applicable to the practice of pharmacy;

421
422 (f) Method of determining satisfactory completion of program;

423
424 (g) Dates and location of program;

425
426 (h) Name and qualification of instructors or other persons responsible for the delivery or content of the
427 program.

428
429 (5) CE programs are not required to carry approval of American Council on Pharmaceutical Education
430 (ACPE). Programs presented by providers approved by the American Council on Pharmacy Education
431 (ACPE) are accepted.

432
433 (6) Providers must provide attendees with proof of attendance that shows the date and number of
434 contact hours provided. Providers must maintain attendance lists for six years.

435
436 (7) A maximum of 10 contact hours may be earned in any licensing cycle by preparing and presenting CE
437 programs. Pharmacists and Certified Oregon Pharmacy Technicians presenting CE programs may earn
438 one contact hour for preparation time of one hour or more, plus credit for the actual contact hour time
439 of the presentation. A pharmacist or Certified Oregon Pharmacy Technician must show content of the
440 course, and a description of the intended audience (e.g., pharmacists, technicians, physicians, nurses).
441 Public service programs, such as presentations to school children or service clubs, are not eligible for
442 continuing education credit.

443 (8) Pharmacists or Certified Oregon Pharmacy Technicians taking post graduate studies applicable to
444 graduate or professional degrees may submit the course syllabus and evidence of satisfactory
445 completion of the course for continuing education credit approval by the board.
446
447 (9) The board may approve up to 26 contact hours of CE credit for pharmacists who have successfully
448 completed nationally certified Disease State Management courses.
449
450 (10) Board members or staff may attend CE programs for the purpose of evaluating content, format and
451 appropriateness of material for Continuing Pharmacy Education credit. Subsequent programs by CE
452 providers whose current programs are deemed deficient by on-site evaluation may be required to
453 obtain prior approval by the board. The board will provide feedback to CE providers regarding evaluated
454 CE presentations.

455
456 **Statutory/Other Authority:** ORS 689.205
457 **Statutes/Other Implemented:** ORS 689.285

458
459
460 **855-135-0080**
461 **Continuing Pharmacy Education: Requirements for Licensees Licensed in Other Health Professions**
462
463 **A Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician who is licensed**
464 **to practice another health profession must meet the same CPE requirements in the same manner as**
465 **all other board licensees and must otherwise comply with this chapter.**

466
467 **Statutory/Other Authority:** ORS 689.205
468 **Statutes/Other Implemented:** ORS 689.255, ORS 689.285, ORS 689.490

469
470
471 **855-021-0045135-0085**
472 **Continuing Pharmacy Education: Notification of Biennial License Renewal**
473

474 The board will send a biennial renewal notice to be issued to all licensed ~~p~~Pharmacists, ~~i~~Interns, and
475 Certified Oregon Pharmacy Technicians, **and Pharmacy Technicians** at least 60 days prior to the license
476 expiration date that states the biennial license fee, **continuing pharmacy education CPE** requirements
477 and other information necessary for renewal.

478
479 **Statutory/Other Authority:** ORS 689.205
480 **Statutes/Other Implemented:** **ORS 689.255, ORS 689.275 & ORS 689.486, ORS 689.490**

481
482
483 **855-021-0050135-0090**
484 **Continuing Pharmacy Education: Audits**
485

486 (1) The biennial renewal application must be submitted to the board with the appropriate fee and the
487 licensee must attest that they have satisfactorily completed the **continuing pharmacy education CPE**
488 requirements **prior to submission of the license renewal.**

490 (2) The Board may randomly select and audit applications for renewal to verify completion of
491 continuing pharmacy education CPE by Pharmacists, Interns, and Certified Oregon Pharmacy
492 Technicians, and Pharmacy Technicians or documented on-site training by Certified Oregon Pharmacy
493 Technicians reported on the application for renewal.

494
495 (a) Pharmacists whose applications for renewal are selected for audit must provide documentation of
496 completion of the continuing pharmacy education programs reported. A pharmacist who fails to provide
497 the requested documentation to the board or who fails to complete the biennial continuing pharmacy
498 education requirement may be disciplined for unprofessional conduct.

499
500 (b) Interns whose applications for renewal are selected for audit must provide documentation of
501 completion of the cultural competency continuing pharmacy education. An intern who fails to provide
502 the requested documentation to the board or who fails to complete the biennial continuing education
503 requirement may be disciplined for unprofessional conduct.

504
505 (c) Certified Oregon Pharmacy Technicians whose applications for renewal are selected for audit must
506 provide documentation of completion of the continuing pharmacy education or documented onsite
507 training reported. A Certified Oregon Pharmacy who fails to provide the requested documentation to
508 the board or who fails to complete the biennial continuing education requirement may be disciplined for
509 unprofessional conduct.

510
511 (3) The board may utilize the National Association of Boards of Pharmacy CPE Monitor service or the
512 licensee's Oregon Board of Pharmacy e-Gov profile when auditing licensees for CPE compliance.

513
514 (4) If the board is unable to confirm compliance, the licensee must comply with board requests to
515 provide documentation.

516
517 (5) A licensee who fails to provide the requested documentation to the board within the time allowed
518 or who fails to complete the biennial CPE requirement may be disciplined for unprofessional conduct.

520
521 Statutory/Other Authority: ORS 689.205
522 Statutes/Other Implemented: ORS 689.275

523
524 POLICY DISCUSSION: Implementation with licensure cycles

Division 006/019/025/041/115/125: Safe Pharmacy Practice Conditions

Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency's intended action max 15 words): Incorporates rules to address safe pharmacy practice conditions

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Amends definitions, adds outlet prohibited practices, amends outlet grounds for discipline, general requirements, personnel, staffing, policies and procedures. Amends general responsibilities for Pharmacist, amends PIC qualifications, limitations, and duties. Amends responsibilities and permitted practices for Pharmacy Technicians and unlicensed personnel. Repeals outdated language, adds tasks, prohibited practices and general responsibilities for Pharmacy Technicians.

Documents Relied Upon per ORS 183.335(2)(b)(D): Safe Pharmacy Practice Conditions Workgroup meeting minutes: [January 2022](#), [March 2022](#), [May 2022](#) and [July 2022](#).

Racial Equity statement per ORS 183.335(2)(b)(F) (identifying how adoption of rule might impact one group of people differently than others): Adopting the proposed rules may increase patient safety for all Oregonians in every community by ensuring that licensees have a properly staffed working environment to improve pharmacy practice conditions. A properly staffed working environment may create less opportunities for medication errors and increase the availability of the Pharmacist to provide necessary patient services such as counseling and immunizations.

Fiscal & Economic Impact per ORS 183.335(2)(b)(E): To be determined.

Cost of Compliance (OBOP/Other State Agencies/Units of Local Government/Public): To be determined.

Effect on Small Businesses: Number/Type, Reporting, Recordkeeping, Administrative Activities Cost, Professional Services, Equipment/Supplies, Labor Cost: To be determined.

Describe how small businesses were involved in development of the rules: Small businesses were not involved with the development of the proposed rules.

Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G): No. A Workgroup was established per the board's direction.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why): Proposed rules add "quota" to definitions in Division 006. Adds new rules in Division 041 for drug outlet prohibited practices related to quotas, pharmacy staffing related to breaks. Amends drug outlet general requirements related to workspace design, grounds for discipline, general requirements, personnel and policies and procedures. Amends Division 019/115 by incorporating requirements for the PIC to develop a staffing plan. Amends Division 025/125 related to personnel and pharmacy technician tasks, repeals outdated language from OAR 855-025-0040, adds new rule in Division 125 incorporating pharmacy technician tasks and amends OAR 855-025-0023 related to pharmacy technician general responsibilities.

855-006-0005

Definitions

- **NOTE:** The rule package shown below is currently under board review and changes made to that package will also have an impact on Division 006.
 - Div 006/019/115 – RPH Procedural Rule Review

QUOTAS

(x) "Quota" means a fixed number or formula related to the duties for which a Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician license is required, against which the Drug Outlet Pharmacy including its agents or contractors measures or evaluates the number of times either an individual Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician performs tasks or provides services while on duty. "Quota" includes a fixed number or formula related to any of the following:

- (a) Prescriptions filled;**
- (b) Services rendered to patients;**
- (c) Programs offered to patients; and**
- (d) Revenue obtained.**

Statutory/Other Authority: 689.205

Statutes/Other Implemented:

Division 41 OPERATION OF PHARMACIES

855-041-00XX

Outlet (RP & IP): Prohibited Practices

A Drug Outlet Pharmacy may not:

QUOTAS

(1) Establish a quota related to the duties for which a Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician license is required.

(2) Through employees, contractors, or third parties, communicate the existence of quotas, that are not permitted pursuant to this rule, to Pharmacists, Interns, Certified Oregon Pharmacy Technicians or Pharmacy Technicians who are contractors or employees of the Drug Outlet Pharmacy.

51 **(3) This section does not prohibit a Drug Outlet Pharmacy from establishing policies and procedures**
52 **that assist in assessing the competency and performance of a Pharmacist, Intern, Certified Oregon**
53 **Pharmacy Technician or Pharmacy Technician in providing care to patients if the measurements used**
54 **are not, or do not include, quotas.**

55
56 **POLICY DISCUSSION:** Quotas

57
58 **Statutory/Other Authority:**

59 **Statutes/Other Implemented:**

60
61 **855-041-1010**

62 **Outlet (RP & IP):** Personnel (Both Retail and Institutional Drug Outlets)

63
64 **Each pharmacy must:**

65
66 (1) Each pharmacy must ~~h~~Have one pharmacist-in-charge employed on a regular basis at that location
67 who shall be responsible for the daily operation of the pharmacy. The pharmacist-in-charge shall be
68 indicated on the application for a new or relocated pharmacy and for pharmacy renewal registration.

69
70 (2) A ~~resident~~ pharmacy that **Report** ~~terminating~~es or ~~allowing~~s a Board licensee to resign in lieu of
71 termination ~~must~~ report the termination or resignation to the Board within 10 working days.

72
73 **STAFFING: PLAN**

74 **(3) Ensure adequate staffing to provide safe and timely patient care based on workload volume and**
75 **services provided. If conditions exist that could cause a clinical delay in patient care or patient care to**
76 **be conducted in an unsafe manner, the outlet must take timely corrective action, document, and**
77 **retain records of the corrective action.**

78
79 **POLICY DISCUSSION:** Clinical delay, Corrective action

80
81 (34) A ~~pharmacy must e~~Ensure that it is in compliance with all state and federal laws and rules governing
82 the practice of pharmacy.

83
84 **STAFFING: PLAN**

85 **LUNCH/BREAKS**

86 **(5) Require pharmacies to provide appropriate opportunities for uninterrupted rest periods and meal**
87 **breaks to all staff.**

88
89 Statutory/Other Authority: ORS 689.205

90 Statutes/Other Implemented: ORS 689.151, 689.155 & 689.305

91
92

93

94

95

96

97

98 **855-041-1018**

99 **Outlet (RP & IP): General Requirements**

100

101 A drug outlet pharmacy must:

102

103 (1) Ensure each prescription is dispensed in compliance with OAR 855-019, OAR 855-025, OAR 855-031
104 and OAR 855-041;

105

106 (2) Comply with all applicable federal and state laws and rules;

107

108 **WORKSPACE**

109 **(3) Ensure that the work area provides the space and a layout that will accommodate the workload in**
an organized fashion;

110

111 **POLICY DISCUSSION: Workspace**

112

113 (34) Ensure all licensees are trained to appropriately perform their duties prior to engaging or assisting in
114 the practice of pharmacy.

115

116 (45) Ensure and enforce the drug outlet written procedures for use of Certified Oregon Pharmacy
117 Technicians or Pharmacy Technicians as required by OAR 855-025-0035;

118

119 **RPH: AUTONOMY**

120

121 (56) Comply with the Pharmacist's determination in OAR 855-019-0200(4)(e).

122

123 (67) Develop, implement and enforce a continuous quality improvement program for dispensing
124 services from a drug outlet pharmacy designed to objectively and systematically:

125

126 (a) Monitor, evaluate, document the quality and appropriateness of patient care;

127

128 (b) Improve patient care; and

129

130 (c) Identify, resolve and establish the root cause of dispensing and DUR errors and prevent their
131 reoccurrence.

132

133 Statutory/Other Authority: ORS 689.205 & 2022 HB 4034

134 Statutes/Other Implemented: ORS 689.151, 2022 HB 4034, ORS 689.508 & ORS 689.155

135

136

137

138 **855-041-00XX**

139 **Outlet: Breaks**

140

141 **LUNCH/BREAKS**

142

143 **(1) A registrant may not require a Pharmacist, Intern, Certified Oregon Pharmacy Technician or**
Pharmacy Technician to work longer than 12 continuous hours per workday, inclusive of breaks

144 **required under (2). A Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy**

145 **Technician working longer than six continuous hours per workday must be allowed during that time**
146 **period to take a 30-minute meal break and one additional 15-minute break.**

147
148 **(2) A Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician who works:**

149
150 **(a) 6 continuous hours or longer per day must be allowed to take, at a minimum, one 30-minute**
151 **uninterrupted meal break and one 15-minute break during that 6-hour period.**

152
153 **(b) 12 continuous hours per day, qualifies the breaks in (a) and an additional 15-minute break.**

154
155 **(3) A Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician who is**
156 **entitled to take breaks in (2)(a)-(b) must not be required to work more than 5 continuous hours,**
157 **excluding a 15-minute break, before being given the opportunity to take a 30-minute uninterrupted**
158 **meal break.**

159
160 **(4) The Pharmacist who is on break must not be required to remain in the pharmacy area during the**
161 **break period.**

162
163 **(5) In any Drug Outlet Pharmacy that is staffed by a single Pharmacist, the Pharmacist may leave the**
164 **pharmacy temporarily for breaks and meal periods. If in the reasonable professional judgment of the**
165 **Pharmacist, the Pharmacist may:**

166
167 **(a) Close the pharmacy and remove all staff from the pharmacy if the Pharmacist determines that the**
168 **pharmacy should close during their absence.**

169
170 **(b) Leave the pharmacy open and without removing staff from the pharmacy if the Pharmacist**
171 **determines that the security of drugs and devices will be maintained in their absence.**

172
173 **(6) During the pharmacist's temporary absence:**

174
175 **(a) No prescription drug or device may be provided to a patient or to a patient's agent unless the drug**
176 **or device is a refill that the pharmacist has checked, released for dispensing to the patient, and**
177 **determined not to require the consultation of a Pharmacist.**

178
179 **(7) Staff may continue to perform non-discretionary duties. Any duty performed by any member of**
180 **the staff must be reviewed by a pharmacist upon his or her return to the pharmacy.**

181
182 **(8) An Intern may not perform any discretionary duties nor otherwise act as a Pharmacist.**

183
184 **(9) The temporary absence authorized by this section is limited to 30 minutes.**

185
186 **(10) The pharmacy must have written policies and procedures regarding the operations of the**
187 **pharmacy during the temporary absence of the Pharmacist for breaks and meal periods. The policies**
188 **and procedures must include the authorized duties of staff, the Pharmacist's responsibilities for**
189 **checking all work performed by staff and the pharmacist's responsibility for maintaining the security**
190 **of the pharmacy.**

192 **(11) For the purposes of this section, staff includes: Interns, Certified Oregon Pharmacy Technicians,
193 Pharmacy Technicians, and non-licensed personnel.**

194
195 **POLICY DISCUSSION:** Breaks, # of hours, full closure

196
197 **Statutory/Other Authority:**

198 **Statutes/Other Implemented:**

200
201 **855-041-1040**

202 **Outlet (RP & IP): Policies and Procedures**

203
204 (1) The drug outlet pharmacy and its Pharmacist in Charge is accountable for establishing, maintaining,
205 and enforcing written policies and procedures for the drug outlet pharmacy. The written policies and
206 procedures must be maintained at the drug outlet pharmacy and must be available to the board upon
207 request.

208
209 (2) The written policies and procedures must include at a minimum the responsibilities of the drug
210 outlet pharmacy including;

211
212 (a) Security;

213
214 (b) Operation, testing and maintenance of pharmacy systems and equipment;

215
216 (c) Sanitation;

217
218 (d) Storage of drugs;

219
220 (e) Dispensing;

221
222 (f) Pharmacist supervision, direction and control of non-Pharmacists;

223
224 (g) Documenting the date, time and identification of the licensee and the specific activity or function of
225 the person performing each step in the dispensing process;

226
227 (h) Utilization of Certified Oregon Pharmacy Technicians or Pharmacy Technicians;

228
229 (i) Certified Oregon Pharmacy Technician or Pharmacy Technician final verification, if utilized;

230
231 (j) Drug and/or device procurement;

232
233 (k) Receiving of drugs and/or devices;

234
235 (l) Delivery of drugs and/or devices;

236
237 (m) Utilization of Oregon licensed Pharmacist (i.e. DUR, Counseling);

238
239 (n) Recordkeeping;

240 (o) Patient confidentiality;
241
242 (p) Continuous quality improvement;
243
244 (q) Plan for discontinuing and recovering services in the event of a pharmacy closure;
245
246 (r) Training: initial and ongoing; and
247
248 (s) Interpretation, translation and prescription reader services.
249

250 **STAFFING: PLAN**

251 **LUNCH/BREAKS**

252 **(t) Staffing plan to include the temporary absence of the Pharmacist;**

253
254 Statutory/Other Authority: ORS 689.205 & 2022 HB 4034
255 Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.508 & 2022 HB 4034
256
257

258 **855-041-1170**

259 **Outlet (RP & IP):** Grounds for Discipline
260

261 The State Board of Pharmacy may impose one or more of the following penalties which includes:
262 suspend, revoke, or restrict the license of an outlet or may impose a civil penalty upon the outlet upon
263 the following grounds:

264
265 (1) Unprofessional conduct as defined in OAR 855-006-0020;
266
267 (2) Advertising or soliciting that may jeopardize the health, safety, or welfare of the patient including,
268 but not be limited to, advertising or soliciting that:
269
270 (a) Is false, fraudulent, deceptive, or misleading; or
271
272 (b) Makes any claim regarding a professional service or product or the cost or price thereof which
273 cannot be substantiated by the licensee.
274
275 (3) Failingure to provide a working environment that protects the health, safety and welfare of a patient
276 which includes but is not limited to:

277
278 (a) Sufficient personnel to prevent fatigue, distraction or other conditions that interfere with a
279 pharmacist's ability to practice with reasonable competency and safety.
280

281 **LUNCH/BREAKS**

282 (b) Appropriate opportunities for uninterrupted rest periods and meal breaks.
283
284 (c) Adequate time for a pharmacist to complete professional duties and responsibilities including, but
285 not limited to:
286
287 (A) Drug Utilization Review;

288 (B) Immunization;
289
290 (C) Counseling;
291
292 (D) Verification of the accuracy of a prescription; and
293
294 (E) All other duties and responsibilities of a pharmacist as specified in Division OAR 855-019 of this
295 chapter of rules.

296
297 **QUOTAS**

298 (4) Introducing external factors such as productivity or production programs or utilizing quotas. The
299 following are not considered quotas: or other programs to the extent that they interfere with the ability
300 to provide appropriate professional services to the public.

301
302 (a) A measurement of the revenue earned by a particular Drug Outlet Pharmacy not calculated in
303 relation to, or measured by, the tasks performed, or services provided by, individual Pharmacists,
304 Interns, Certified Oregon Pharmacy Technicians or Pharmacy Technicians.

305
306 (b) Any evaluation or measurement of the competence, performance, or quality of care provided to
307 patients by a Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician if the
308 evaluation does not use quotas.

309
310 (c) Any performance metric required by state or federal regulators that does not use quotas.

311
312 (5) Incentivizing or inducing the transfer of a prescription absent professional rationale.

313
314 **POLICY DISCUSSION:** New

315
316 **RPH: AUTONOMY**

317 Overriding or interfering with the Pharmacist's control of all aspects of the practice of pharmacy.

318
319 **POLICY DISCUSSION:** Pharmacist Agency

320
321 (7) Any other grounds found in ORS 689.405 or ORS 689.490.

322
323 Statutory/Other Authority: ORS 689.151, 689.155(2), 689.205 & 689.225(4)

324 Statutes/Other Implemented: ORS 689.155

325
326
327 Division 19 **115**
328
329
330
331
332
333
334
335
PHARMACISTS

855-019-0200 855-115-0200

Pharmacist: General Responsibilities

- NOTE: The rule package shown below is currently under board review and changes made to that package will also have an impact on Division 115.
 - Div 006/019/115 – RPH Procedural Rule Review

336 ORS 689.025 states that "the practice of pharmacy in the State of Oregon is declared a health care
337 professional practice affecting the public health, safety and welfare". Pharmacy practice is a dynamic
338 patient-oriented health service that applies a scientific body of knowledge to improve and promote
339 patient health by means of appropriate drug use, drug-related therapy, and communication for clinical
340 and consultative purposes. A Pharmacist licensed to practice pharmacy by the board has the duty to use
341 that degree of care, skill, diligence and reasonable professional judgment that is exercised by an
342 ordinarily careful Pharmacist in the same or similar circumstances.

343

344 **RPH: AUTONOMY**

345 (1) ~~A~~Each Pharmacist is responsible for their own actions; however, this does not absolve the ~~pharmacy~~
346 ~~drug outlet~~ from responsibility for the Pharmacist's actions.

347

348 (2) ~~A~~Each Pharmacist and ~~each~~ pharmacy drug outlet are responsible for the actions of ~~each~~ each Interns,
349 Certified Oregon Pharmacy Technicians, Pharmacy Technicians ~~and~~ and non-licensed pharmacy personnel.

350

351 (3) With the exception of healthcare providers working within the scope of their licensure, Only a
352 Pharmacist, may is permitted to:

353

354 (a) ~~p~~Practice pharmacy as defined in ORS 689.005; to include the provision of patient care services.
355 Activities that require reasonable professional judgment of a Pharmacist include but are not limited to:
356 to include the provision of patient care services. Activities that only a Pharmacist is permitted to do
357 require reasonable professional judgment of a Pharmacist include but are not limited to:

358

359 (b) Identify, evaluate and interpret a prescription;

360

361 (ac) Conduct a Drug Utilization Review or Drug Regimen Review;

362

363 (d) Consult with any prescriber, other healthcare professional or authorized agent;

364

365 (be) Counseling a patient or the patient's agent regarding a prescription, either prior to or after
366 dispensing, or regarding any medical information contained in the patient's record or chart.

367

368 (c) ~~Drug Regimen Review;~~

369

370 (f) Advise on therapeutic values, content, hazards and use of drugs and devices;

371

372 (g) Interpret the clinical data in a patient record system or patient chart.

373

374 (eh) Conduct Medication Therapy Management;

375

376 (ei) Provide Collaborative Drug Therapy Management or other post-diagnostic disease state
377 management, pursuant to a valid agreement;

378

379 (fj) Practice pursuant to Statewide Drug Therapy Management Protocols;

380

381 (gk) Prescribeing a drug or device, as authorized by statutes and rules;

382

383 (I) Administer a drug or device;

384 (hm) Ordering, interpreting and monitoring of a laboratory test within the scope of clinical pharmacy as
385 authorized under ORS 689;

386
387 (in) Receive Oral receipt or a new, refill or transferred of a prescription orally; and

388
389 (jo) Perform Verification of the work performed by those under their supervision ; and

390
391 (p) Delegate tasks to other healthcare providers who are appropriately trained and authorized to
392 perform the delegated tasks.

393
394 (4) A Pharmacist may permit an Intern under their supervision to perform any task listed in (3), except
395 that an Intern may not:

396
397 (a) Perform the duties of a Pharmacist until after the Intern has successfully completed their first
398 academic year, and only after successful completion of coursework corresponding to those duties;

399
400 (b) Prescribe a drug or device; or

401
402 (c) Perform final verification or verification as defined in OAR 855-006-0005.

403
404 (5) A Pharmacist may not permit a Certified Oregon Pharmacy Technician or Pharmacy Technician
405 under their supervision, direction and control to perform any task listed in OAR 855-019-0200(3).

406
407 **RPH: AUTONOMY**

408 (46) A Pharmacist must:

409
410 (a) Comply with all state and federal laws and rules governing the practice of pharmacy;

411
412 (b) Control each aspect of the practice of pharmacy;

413
414 (c) Ensure each prescription contains all the elements required in OAR 855-041.

415
416 (d) Ensure the patient record contains the elements required in OAR 855-041.

417
418 (e) Ensure prescriptions, prescription refills, and drug orders are dispensed:

419
420 (A) Accurately;

421
422 (B) To the correct party;

423
424 (C) Pursuant to a valid prescription;

425
426 (D) Pursuant to a valid patient-practitioner relationship; and

427
428 (E) For a legitimate medical purpose.

429
430 (f) Ensure each Intern only practices pharmacy under the supervision of a Pharmacist;

431 (b) Ensure each ~~Intern~~, Certified Oregon Pharmacy Technician and Pharmacy Technician only assists in
432 the practice of pharmacy under the supervision, direction, and control of a Pharmacist;
433
434 (e) Ensure non-Pharmacist personnel only perform duties they are licensed and trained to perform.
435
436 (e) Know the identity of each Intern under their supervision, and Certified Oregon Pharmacy Technician
437 and Pharmacy Technician under their supervision, direction and control at all times;
438
439 (e) Ensure that the supervision of non-Pharmacist personnel does not exceed their capacity When
440 supervising an Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician, determine how
441 many licensed individuals the Pharmacist is capable of supervising, directing and controlling based on
442 the workload and services being provided.

443
444 (k) Ensure there is not more staff on duty than they have determined in (4)(i).
445 (l) Ensure there is sufficient staff to provide services in a safe and timely manner. A pharmacist must
446 shut down touchpoints and non-dispensing services if the pharmacist determines, in their reasonable
447 professional judgment, that there is insufficient staff to provide services in a safe and timely manner.

448
449 **POLICY DISCUSSION: RPH Autonomy**
450
451 (fm) Ensure Review, adhere to, and enforce the drug outlet written policies and procedures, for use of
452 Certified Oregon Pharmacy Technicians and Pharmacy Technicians as required by OAR 855-025-0035;
453 The review must:

454
455 (A) Occur upon employment and with each update; and
456
457 (B) Be documented and records retained by the outlet; and

458
459 (gk) Ensure the security of the pharmacy area including:
460
461 (A) Providing adequate safeguards against theft or diversion of prescription drugs, and records for such
462 drugs;
463
464 (B) Ensuring that all records and inventories are maintained in accordance with state and federal laws
465 and rules;

466
467 **TECHNICIAN: ACCESS**
468 (C) Ensuring that only a Pharmacist has access to the pharmacy when the pharmacy is closed.

469
470 **STAFFING: PLAN**
471 (l) Adhere to the pharmacy staffing plan that establishes the appropriate number of Interns, Certified
472 Oregon Pharmacy Technicians and Pharmacy Technicians to pharmacist(s) on duty.

473
474 (57) A Pharmacist may delegate final verification of drug and dosage form, device, or product to a
475 Certified Oregon Pharmacy Technician or Pharmacy Technician per ORS 689.005 when the following
476 conditions are met:

478 (a) The Pharmacist utilizes reasonable professional judgment to determine that a Certified Oregon
479 Pharmacy Technician or Pharmacy Technician may perform final verification;
480
481 (b) The Certified Oregon Pharmacy Technician or Pharmacy Technician does not use discretion in
482 conducting final verification;
483
484 (c) The Pharmacist delegating final verification is supervising the Certified Oregon Pharmacy Technician
485 or Pharmacy Technician; and
486
487 (d) Ensure the Certified Oregon Pharmacy Technician or Pharmacy Technician is performing a physical
488 final verification.

489
490 (6) A Pharmacist may permit and Intern under their direction and supervision to perform any task listed
491 in OAR 855-019-0200(3), except that an Intern may not:

492
493 (a) Perform the duties of a Pharmacist until after the Intern has successfully completed their first
494 academic year, and only after successful completion of coursework corresponding to those duties;
495
496 (b) Prescribe a drug or device; or
497
498 (c) Perform final verification or verification as defined in OAR 855-006-0005.

500 Statutory/Other Authority: ORS 689.205 & 2022 HB 4034
501 Statutes/Other Implemented: ORS 689.025, ORS 689.151, ORS 689.155, ORS 689.645, ORS 689.682, ORS
502 689.689 & 2022 HB 4034

503
504
505 **855-019-0300 855-115-0086**
506 **Duties of a Pharmacist-in-Charge: Qualifications, Limitations, and Duties**
507
508 • **NOTE:** The rule package shown below is currently under board review and changes made to that
509 package will also have an impact on Division 115.
510 ○ Div 006/019/115 – RPH Procedural Rule Review
511
512 (1) ~~In accordance with OAR 855-041 and OAR 855-139, a pharmacy must, at all times have one
513 Pharmacist in Charge (PIC) who is normally present in the pharmacy on a regular basis.~~
514
515 (21) In order to be a **Pharmacist-in-Charge (PIC)**, a Pharmacist must ~~have~~:
516
517 (a) Completed at least ~~one year~~ **2000 hours** of pharmacy practice; or
518
519 (b) Completed a board ~~approved~~ **provided** PIC training course either before the appointment or within
520 30 days after the appointment. ~~With the approval of the board, this course may be employer provided~~
521 ~~and may qualify for continuing education credit.~~
522
523 **POLICY DISCUSSION:** Requirements, repeat training
524

525 **(c) Be employed by the outlet; and**

526
527 **(d) Be actively engaged in pharmacy activities at the pharmacy and be physically present at the**
528 **pharmacy for a sufficient amount of time as needed to effectively supervise pharmacy activities, be**
529 **responsible for the daily operation of the pharmacy, and ensure pharmacy compliance.**

530
531 **POLICY DISCUSSION:** Resident vs. non-resident, hour minimum

532
533 (32) A Pharmacist may not be designated PIC of more than three pharmacies without prior written
534 approval by the board. If such approval is given, the Pharmacist must comply with the requirements in
535 sub-section (4)(e) of this rule. **The following drug outlet types do not count towards this limit:**

536
537 **(a) Pharmacy Prescription Kiosk in OAR 855-141**

538
539 **(b) A Pharmacy Prescription Locker in OAR 855-143 does not count toward this limit.**

540
541 (43) The PIC must perform **all of** the following the duties and responsibilities:

542
543 (a) **Notify the board of becoming the PIC** When a change of PIC occurs, both the outgoing and incoming
544 PICs must report the change to the board within 15 days of the occurrence, on a form provided by the
545 board;

546
547 **RPH: AUTONOMY**

548 **(b) Be responsible for the daily conduct, operation, management and control of pharmacy;**

549
550 **(c) Establish, maintain, and enforce written policies and procedures governing the practice of**
551 **pharmacy in coordination with the outlet**

552
553 **(d) Establish and maintain records governing the practice of pharmacy in coordination with the outlet;**

554
555 **(e) Ensure compliance with all federal and state laws and rules governing the practice of pharmacy;**

556
557 **(f) Assess and approve personnel who may access the prescription area;**

558
559 **(g) Ensure personnel with access to the areas where drugs and records are stored are trained and**
560 **records retained;**

561
562 **(h) Ensure personnel that require licensure have been granted and maintain licensure with the board;**

563
564 **(i) Ensure licensed personnel work within the duties permitted by their licensure;**

565
566 **(j) Ensure non-licensed personnel only perform work that does not require licensure;**

567
568 **STAFFING: PLAN**

569
570 **(k) Develop a staffing plan to ensure personnel staffing levels are adequate for the workload volume**
and patient care services offered. The staffing plan must consider the:

571
572 **(A) Volume of prescriptions handled by staff to include:**

573 (i) Prescriptions filled, dispensed, and sold;
574
575 (ii) Prescriptions placed on hold;
576
577 (iii) Prescriptions returned to stock; and
578
579 (iv) Any other prescription related metrics developed by the Pharmacist-in-charge.
580
581 (B) Volume of discretionary services provided by staff to include;
582
583 (i) Vaccinations offered and provided
584
585 (ii) Prescribing services offered and provided (e.g., hormonal contraceptive, statewide drug therapy
586 management protocols or formulary drugs and devices)
587
588 (iii) CDTM services offered and provided
589
590 (iv) MTM offered and provided; and
591
592 (v) Laboratory testing offered and provided;
593
594 (C) Security needs of the pharmacy and pharmacy staff;
595
596 (D) Need to close or open of certain touchpoints (drive-thru, immunizations, etc.);
597
598 (E) On-duty pharmacist's autonomy to close or open touchpoints;
599
600 (F) Number of staff and level of staff competency; and
601
602 (G) Need to increase staffing to operate the pharmacy in a safe and effective manner.
603
604 **POLICY DISCUSSION:** Staffing plan
605
606 **QUOTAS**
607 (l) Ensure meeting quotas, targets or similar measures do not compromise patient safety or
608 compliance with all federal and state laws and rules;
609
610 (m) Ensure the pharmacy contains the reference material and equipment needed in compliance with
611 all federal and state laws and rules;
612
613 (n) Enforce a continuous quality improvement program for dispensing services;
614
615 (o) Submit a plan of correction for observations noted on an inspection within the time allowed by the
616 board;
617
618 (op) The new PIC must complete an inspection on the PIC Annual Self-Inspection Form by July 1 each
619 year and within 15 days of becoming PIC. The completed self-inspection forms must be signed and

620 dated by the PIC and maintained for three years from the date of completion; Such training should
621 include an annual review of the PIC Self Inspection Report;

622
623 **(q) Complete and document a controlled substance inventory with discrepancy reconciliation as**
624 **follows:**

625
626 **(A) Within 15 days of a change in PIC, an inventory of all controlled drugs as required by OAR 855-080;**

627
628 **(B) Annually (within 367 days) for all controlled drugs as required by OAR 855-080;**

629
630 **(C) Monthly (within 31 days) for Schedule II controlled drugs.**

631
632 **(r) Ensure the pharmacy reports data as required for PDMP, ALERT, Death with Dignity, and**
633 **communicable diseases as required by the Oregon Health Authority.**

634
635 **(s) Notify the board of ceasing to be the PIC within 15 days of the occurrence, on a form provided by**
636 **the board.**

637
638 ~~(c) The PIC may not authorize non-Pharmacist employees to have unsupervised access to the pharmacy,~~
639 ~~except in the case of hospitals that do not have a 24 hour pharmacy where access may be granted as~~
640 ~~specified in OAR 855-041-0120;~~

641
642 ~~(d) In a hospital only, the PIC is responsible for providing education and training to the nurse supervisor~~
643 ~~who has been designated to have access to the pharmacy department in the absence of a Pharmacist;~~

644
645 ~~(e) A Pharmacist designated as PIC for more than one pharmacy must personally conduct and document~~
646 ~~a quarterly compliance audit at each location. This audit must be on the Quarterly PIC Compliance Audit~~
647 ~~Form provided by the board;~~

648
649 ~~(f) If a discrepancy is noted on a board inspection, the PIC must submit a plan of correction within 30~~
650 ~~days of receiving notice.~~

651
652 ~~(A) 15 days of receiving a deficiency notice; or~~

653
654 ~~(B) 30 days of receiving a non-compliance notice.~~

655
656 ~~(g) The records and forms required by this section must be filed in the pharmacy, made available to the~~
657 ~~board for inspection upon request, and must be retained for three years.~~

658
659 ~~(5) The PIC is responsible for ensuring that the following activities are correctly completed:~~

660
661 ~~(a) An inventory of all controlled substances must be taken within 15 days before or after the effective~~
662 ~~date of change of PIC, and must be dated and signed by the new PIC. This inventory must be maintained~~
663 ~~in the pharmacy for three years and in accordance with all federal laws and regulations;~~

664
665 ~~(b) Verifying, on employment and as appropriate, but not less than annually, the licensure of all~~
666 ~~pharmacy personnel who are required to be licensed by the board;~~

668 (c) Conducting an annual inspection of the pharmacy using the PIC Annual Self-Inspection Form provided
669 by the board, by February 1 each year. The completed self inspection forms must be signed and dated
670 by the PIC and maintained for three years from the date of completion;

671

672 (d) Conducting an annual inventory of all controlled drugs as required by OAR 855-080;

673

674 (e) Performing a quarterly inventory reconciliation of all Schedule II controlled drugs.

675

676 (f) Ensuring that all pharmacy staff have been trained appropriately for the practice site. Such training
677 should include an annual review of the PIC Self-Inspection Report;

678

679 (g) Implementing a quality assurance plan for the pharmacy.

680

681 (h) The records and forms required by this section must be filed in the pharmacy, made available to the
682 board for inspection upon request, and must be retained for three years.

683

684 (i) The PIC, along with other licensed pharmacy personnel, must ensure that the pharmacy is in
685 compliance with all state and federal laws and rules governing the practice of pharmacy and that all
686 controlled substance records and inventories are maintained in accordance with all state and federal
687 laws and rules.

688

689 Statutory/Other Authority: ORS 689.205

690 Statutes/Other Implemented: ORS 689.151 & ORS 689.155

691

692

693

694

Division 125

CERTIFIED OREGON PHARMACY TECHNICIANS AND PHARMACY TECHNICIANS

695

696

697

698

699 **855-025-0023-855-125-0070**

700

701 Certified Oregon Pharmacy Technician and Pharmacy Technician: **Responsibilities: General- Certified**
Oregon Pharmacy Technician and Pharmacy Technician

702

- 703 • NOTE: The rule package shown below is currently under board review and changes made to that
704 package will also have an impact on Division 125.
 - 705 o Div 025/125 – COPT/PT Procedural Rule Review

706

707

708 (1) A Each Certified Oregon Pharmacy Technician or and Pharmacy Technician is responsible for their
709 own actions; however, this does not absolve the Pharmacist and the pharmacy from responsibility for
710 the Certified Oregon Pharmacy Technician or Pharmacy Technician's actions.

711

712

713 (23) A Certified Oregon Pharmacy Technician or Pharmacy Technician may not engage in the practice of
714 pharmacy as defined in ORS 689.005.

715

(23) A Certified Oregon Pharmacy Technician or and Pharmacy Technician must:

716 (a) Comply with all state and federal laws and rules governing the practice of pharmacy;
717
718 (b) Only assist in the practice of pharmacy under the supervision, direction, and control of a Pharmacist;
719
720 (c) Know the identity of the Pharmacist who is providing supervision, direction and control at all times;
721
722 (d) Only work within the scope of duties permitted by their license;
723
724 **(e) Only work within the scope of duties permitted by the Pharmacist providing supervision, direction**
725 **and control;**

726
727 **(ef) Only perform duties they are trained to perform; and**

728
729 **(g) Appropriately perform the tasks permitted;**

730
731 **TECHNICIAN: ACCESS**

732 **(fh) Only access the pharmacy area when a Pharmacist is on duty; and**

733
734 **(i) Be clearly identified as a Certified Oregon Pharmacy Technician or Pharmacy Technician in all**
735 **interactions and communications (e.g., nametag, phone interaction, chart notations);**

736
737 **(j) Review and adhere to drug outlet written policies and procedures. The review must:**

738
739 **(A) Occur upon employment and with each update; and**

740
741 **(B) Be documented and records retained by the outlet; and**

742
743 **(k) Dispense and deliver prescriptions accurately and to the correct party.**

744
745 (4) A Certified Oregon Pharmacy Technician or Pharmacy Technician may perform final verification of
746 the drug and dosage, device or product when:

747
748 (a) The Pharmacist utilizes reasonable professional judgment to determine that a Certified Oregon
749 Pharmacy Technician or Pharmacy Technician may perform final verification;

750
751 (b) No discretion is needed;

752
753 (c) The Pharmacist delegating final verification is supervising the Certified Oregon Pharmacy Technician
754 or Pharmacy Technician; and

755
756 (d) The Certified Oregon Pharmacy Technician or Pharmacy Technician is performing a physical final
757 verification.

758
759 Statutory/Other Authority: ORS 689.205, 2022 HB 4034

760 Statutes/Other Implemented: ORS 689.155, 2022 HB 4034

761

762

763

764 **855-025-0040125-0080**

765 **Certified Oregon Pharmacy Technician and Pharmacy Technician: Tasks and Guidelines**

766 **Responsibilities: Permitted Practices**

767

- 768 • **NOTE:** The rule package shown below is currently under board review and changes made to that
769 package will also have an impact on Division 125.
 - 770 ○ Div 025/125 – COPT/PT Procedural Rule Review

771 **855-025-0040-855-125-0080**

772 **Certified Oregon Pharmacy Technician and Pharmacy Technician: Tasks and Guidelines**

773 **Responsibilities: Permitted Practices**

774 **PERSONNEL: TASKS**

775 **(1) Non-licensed pharmacy personnel may perform any function that does not constitute the practice
776 of pharmacy as defined in ORS 689 or assistance in the practice of pharmacy enter non-prescription
777 information into a computer record system and may perform clerical duties such as filing prescriptions,
778 delivery, housekeeping, and general record keeping, but the responsibility for the accuracy of the non-
779 licensed pharmacy personnel's work lies with the Pharmacist.**

780

781 **(2) Only persons licensed with the board as a Certified Oregon Pharmacy Technicians or Pharmacy
782 Technicians, acting in compliance with all applicable statutes and rules and under the supervision of a
783 Pharmacist, may assist in the practice of pharmacy by the following:**

784 **TECHNICIANS: TASKS**

785 **(a) May only assist in the practice of pharmacy as authorized by the rules of the board and as
786 permitted by the Pharmacist providing supervision, direction, and control.**

787

788 **(b) Must ensure that work is verified by a Pharmacist if independent judgment is utilized when
789 assisting in the practice of pharmacy.**

790

791 **(c) May perform final verification as allowed under OAR 855-125-0070(5).**

792

793 **(a) Packing, pouring or placing in a container for dispensing, sale, distribution, transfer possession of,
794 any drug, medicine, poison, or chemical which, under the laws of the United States or the State of
795 Oregon, may be sold or dispensed only on the prescription of a practitioner authorized by law to
796 prescribe drugs, medicines, poisons, or chemicals.**

797

798 **(b) Reconstituting prescription medications. The supervising Pharmacist must verify the accuracy in all
799 instances.**

800

801 **(c) Affixing required labels upon any container of drugs, medicines, poisons, or chemicals sold or
802 dispensed upon prescription of a practitioner authorized by law to prescribe those drugs, medicines,
803 poisons, or chemicals.**

804

805 **(d) Entering information into the pharmacy computer. The Certified Oregon Pharmacy Technician or
806 Pharmacy Technician shall not make any decisions that require the exercise of judgment and that could**

811 affect patient care. The supervising Pharmacist must verify prescription information entered into the
812 computer and is responsible for all aspects of the data and data entry.

813
814 (e) Initiating or accepting oral or electronic refill authorization from a practitioner or practitioner's
815 agent, provided that nothing about the prescription is changed, and record the medical practitioner's
816 name and medical practitioner's agent's name, if any;

817
818 (f) Repackaging and labeling of multi-dose and unit dose packages of medication. The Pharmacist must
819 establish the procedures, including selection of containers, labels and lot numbers, and must verify the
820 accuracy of the finished task.

821
822 (g) Picking doses for unit dose cart fill for a hospital or for a nursing home patient. The Pharmacist must
823 verify the accuracy of the finished task unless the requirements of OAR 855-025-0023(4) are met.

824
825 (h) Checking nursing units in a hospital or nursing home for nonjudgmental tasks such as sanitation and
826 out of date medication. Any problems or concerns shall be documented and initiated by a Pharmacist.

827
828 (i) Recording patient or medication information in computer systems for later verification by the
829 Pharmacist.

830
831 (j) Bulk Compounding; Solutions for small-volume injectables, sterile irrigating solutions, products
832 prepared in relatively large volume for internal or external use by patients, and reagents or other
833 products for the pharmacy or other departments of a hospital. The supervising Pharmacist must verify
834 the accuracy in all instances.

835
836 (k) Preparation of parenteral products as follows:

837
838 (A) Performing functions involving reconstitution of single or multiple dosage units that are to be
839 administered to a given patient as a unit. The supervising Pharmacist must verify the accuracy in all
840 instances.

841
842 (B) Performing functions involving the addition of one manufacturer's single dose or multiple unit doses
843 of the same product to another manufacturer's prepared unit to be administered to a patient. The
844 supervising Pharmacist must verify the accuracy in all instances.

845
846 (l) Performing related activities approved in writing by the board.

847
848 (3) In order to protect the public safety, health and welfare, Certified Oregon Pharmacy Technicians or
849 Pharmacy Technicians shall not:

850
851 (a) Communicate or accept by oral communication a new or transferred prescription of any nature;

852
853 (b) Receive or transfer a prescription to another pharmacy without the prior verification of a Pharmacist.

854
855 (c) Provide a prescription or medication to a patient without a Pharmacist's verification of the accuracy
856 of the dispensed prescription;

857
858 (d) Counsel a patient on medications or perform a drug utilization review;

859 (e) Perform any task that requires the reasonable professional judgment of a Pharmacist; or
860
861 (f) Engage in the practice of pharmacy as defined in ORS 689.

862
863 Statutory/Other Authority: ORS 689.205 & 2022 HB 4034
864 Statutes/Other Implemented: ORS 689.155 & 2022 HB 4034

865
866
867 **855-025-0040 855-125-0090**

868 **Prohibited Practices**

869
870 • NOTE: The rule package shown below is currently under board review and changes made to that
871 package will also have an impact on Division 125.
872 o Div 025/125 – COPT/PT Procedural Rule Review

873
874 **Certified Oregon Pharmacy Technicians and Pharmacy Technicians may not:**

875
876 **TECHNICIANS: TASKS**

877 **(1) Engage in the practice of pharmacy as defined in ORS 689, except as permitted in OAR 855-125-0070(5).**

878
879 **(2) Assist in the practice of pharmacy unless permitted by the Pharmacist who is supervising, directing, and controlling the Certified Oregon Pharmacy Technician or Pharmacy Technician.**

880
881 **(3) Perform any task that requires independent judgment without Pharmacist verification;**

882
883 **(4) Perform any task that is not verifiable by a Pharmacist including but not limited to any task listed in OAR 855-019-0200(2); or**

884
885 **(5) Ask questions of a patient or patient's agent which screen or limit interaction with the Pharmacist;**

886
887 **Statutory/Other Authority: ORS 689.205**

888
889 **Statutes/Other Implemented: ORS 689.155**

Division 006/019/041/115: Pharmacists (Procedural Rule Review)

Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency's intended action max 15 words): Proactive procedural rule review; Pharmacists

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Proposed amendments are a result of the board's 2022-2026 Strategic Plan to proactively review and update rules to ensure clarity, transparency and promote patient safety.

Documents Relied Upon per ORS 183.335(2)(b)(D): [2022-2026 Strategic Plan](#)

Racial Equity statement per ORS 183.335(2)(b)(F) (identifying how adoption of rule might impact one group of people differently than others): Reorganizing proposed rules may provide clarity, transparency and promote patient safety, no effects on racial equity are anticipated. Ensuring licensees and registrants can easily locate licensure and compliance requirements will positively impact all Oregonians in all communities.

Fiscal & Economic Impact per ORS 183.335(2)(b)(E): None anticipated.

Cost of Compliance (OBOP/Other State Agencies/Units of Local Government/Public, Effect on Small Businesses): There are no known economic impacts to the agency, other state or local government, small businesses or members of the public.

Describe how small businesses were involved in development of the rules: Small businesses were not involved in the development of proposed revisions to these rules.

Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G): No. Board staff suggests reorganizing proposed rules for transparency and clarity for licensees pursuant to the board's 2022-2026 Strategic Plan.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why): Proposed amendments include relocating and reorganizing existing rules for Pharmacists from Division 019 to Division 115 in alignment with the board's strategy to systematically organize all Divisions. Amendments include revising titles, clarifying requirements for applicability, definitions, general qualifications, licensure requirements, license renewal, license reinstatement and notification and registration requirements for licensed Pharmacists who volunteer.

1
2 ----- **LICENSING (2nd REVIEW)** -----
3 Division 19115
4 PHARMACISTS
5
6 **855-019-0100 855-115-0001**
7 **Applicability**
8
9 (1) This Division applies to any ~~pharmacist~~ who engages in the practice of pharmacy ~~who is licensed to~~
10 ~~practice pharmacy in Oregon including any pharmacist located in another state who is consulting, or~~
11 ~~providing any other pharmacist service, for a patient, pharmacy or healthcare facility in Oregon.~~
12

13 (2) Where so indicated, these rules also apply to an intern who is licensed in Oregon.

14
15 (32) Any pharmacist who engages in the **Only persons licensed with the board as a Pharmacist may**
16 **practice of pharmacy in Oregon and** must be licensed by the Board in accordance with the following **act**
17 **in compliance with statutes and** rules.

18
19 (4) A pharmacist who is located in another state and who engages in the practice of pharmacy for a
20 patient, drug outlet or healthcare facility in Oregon, must be licensed by the Board in accordance with
21 the following rules, except that a pharmacist working in an out-of-state pharmacy, who only performs
22 the professional tasks of interpretation, evaluation, DUR, counseling and verification associated with
23 their dispensing of a drug to a patient in Oregon, is not required to be licensed by the Board unless they
24 are the pharmacist in charge (PIC).

25
26 (5) The Board may waive any requirement of this rule if, in the Board's judgment, a waiver will further
27 public health or safety. A waiver granted under this section shall only be effective when issued in
28 writing.

29
30 Statutory/Other Authority: ORS 689.205

31 Statutes/Other Implemented: ORS 689.151, 689.155 & 689.255

32
33 **855-019-0110 855-115-0005**

34 **Definitions**

35 **Note:** Placeholder- No definitions specific to Division 115 at this time.

36 In this Division of Rules:

37
38 (1) "Clinical Pharmacy Agreement" means an agreement between a pharmacist or pharmacy and a
39 health care organization or a physician that permits the pharmacist to engage in the practice of clinical
40 pharmacy for the benefit of the patients of the health care organization or physician.

41
42 (2) "Collaborative Drug Therapy Management (CDTM)" has the same meaning as defined in OAR 855-
43 006-0005.

44
45 (3) "Counseling" means an oral or other appropriate communication process between a pharmacist and
46 a patient or a patient's agent in which the pharmacist obtains information from the patient or patient's
47 agent, and, where appropriate, the patient's pharmacy records, assesses that information and provides
48 the patient or patient's agent with professional advice regarding the safe and effective use of the drug
49 or device for the purpose of assuring therapeutic appropriateness.

50
51 (4) "Drug Regimen Review (DRR)" means the process conducted by a pharmacist who is consulting for a
52 long-term care facility or other institution, either prior to dispensing or at a later time, with the goal of
53 ensuring that optimal patient outcomes are achieved from the drug therapy.

54
55 (5) "Drug Utilization Review (DUR)" has the same meaning as defined in OAR 855-006-0005.

56
57

58 (6) "Medication Therapy Management (MTM)" means a distinct service or group of services that is
59 intended to optimize therapeutic outcomes for individual patients. Medication Therapy Management
60 services are independent of, but can occur in conjunction with, the provision of a medication product.
61

62 (7) "Practice of Clinical Pharmacy" means:

64 (a) The health science discipline in which, in conjunction with the patient's other practitioners, a
65 pharmacist provides patient care to optimize medication therapy and to promote disease prevention
66 and the patient's health and wellness;

68 (b) The provision of patient care services, including but not limited to post-diagnostic disease state
69 management services; and

71 (c) The practice of pharmacy by a pharmacist pursuant to a clinical pharmacy agreement.

73 (8) "Practice of Pharmacy" is as defined in ORS 689.005.

75 **Statutory/Other Authority:** ORS 689.205

76 **Statutes/Other Implemented:** ORS 689.005, 689.151 & 689.155

855-115-0010

Licensure: Qualifications: General

82 (1) **Before licensure as a Pharmacist, an applicant must meet the qualifications required that are
83 applicable to their method of licensure;**

85 (a) **Examination or Score Transfer in OAR 855-115-0020; or**

87 (b) **Reciprocity in OAR 855-115-0025.**

89 (2) **Foreign pharmacy graduates must also meet the requirements of OAR 855-115-0013 prior to
90 applying for a Pharmacist license.**

92 **Statutory/Other Authority:**

93 **Statutes/Other Implemented:**

855-019-0150 855-115-0013

Licensure: Qualifications: RPH- Foreign Pharmacy Graduates

99 (1) Foreign Pharmacy Graduates applying for licensure in Oregon must meet the following requirements:

101 (a) **If residing in the United States, proof of citizenship, legal permanent residency or qualifying visa, as
102 required by 8 USC 1621 (06/25/2022) Provide a copy of a valid visa permitting full time employment;**

103

104 (b) Provide a copy of the original certificate issued by the NABP Foreign Pharmacy Graduate Examination
105 Committee (FPGEC); and

106
107 ~~(c) Pass the North American Pharmacist Licensure Examination (NAPLEX) exam with a score of not less than 75. A candidate who does not attain this score may retake the exam after a minimum of 91 days. This score shall only be valid for one year unless the Board grants an extension;~~

108
109
110 ~~(d) After having completed the required number of intern hours, pass the MPJE with a score of not less than 75. A candidate who does not attain this score may retake the exam after a minimum of 30 days. The MPJE score shall only be valid for 6 months unless extended by the Board.~~

111
112
113
114 (2) An applicant must complete Submit evidence of 1440 hours in pharmacy practice as an intern, that
115 must be certified to the Board by the preceptors. An applicant may not count internship hours or
116 practice as a Pharmacist toward Oregon's internship requirement that was completed:

117
118 (3) An applicant may not count internship hours or practice as a pharmacist completed outside the
119 United States toward Oregon's internship requirement.

120
121 (a) Outside the United States; or

122
123 (4) An applicant may not count internship hours or practice as a pharmacist that is completed before
124 passing the Foreign Pharmacy Graduate Equivalency Examination (FPGEE), and either the TOEFL with
125 TSE, or TOEFL (IBT) exams toward Oregon's internship requirement.

126
127 (b) Before obtaining the FPGEC certification.

128
129 (5) The Board may waive any requirement of this rule if a waiver will further public health or safety. A
130 waiver granted under this section shall only be effective when it is issued in writing.

131
132 (3) Graduates from a Canadian Council for Accreditation of Pharmacy Programs (CCAPP) accredited
133 pharmacy program with a curriculum taught in English are exempt from (1) and (2). These graduates
134 must be:

135
136 (a) Licensed as a Pharmacist in a state or United States jurisdiction with a minimum of 1440 hours in
137 pharmacy practice in a state or United States jurisdiction; and

138
139 (b) The license is not suspended, revoked, canceled or otherwise completely restricted from the
140 practice of pharmacy for any reason.

141
142 Statutory/Other Authority: ORS 689.205

143
144 Statutes/Other Implemented: ORS 689.151 & ORS 689.255

145
146 **855-019-0120 855-115-0016**

147 Licensure: Qualifications: RPH- Examination or Score Transfer

148
149 (1) Before To receive-licensure as a Pharmacist by examination or score transfer, an applicant must
150 meet the following requirements:

151 (a) Provide evidence from a board-approved school or college of pharmacy ~~approved by the board that: they have successfully completed all the requirements for graduation and, starting with the graduating class of 2011, including not less than 1440 hours of School based Rotational Internships as that term is defined in OAR 855-031-0005~~, and that

156 (A) ~~a~~A degree will be has been conferred; and

158 (B) The applicant has completed a minimum of 1440 hours of School-based Rotational Internships as that term is defined in OAR 855-120-0005.

161 (b) Pass the North American Pharmacist Licensure Examination (NAPLEX) exam, ~~with a score of not less than 75. This score~~ A passing result is valid for only one year unless the board grants an extension. A candidate who does not attain this score pass may retake the exam after a minimum of 45 days with a limit of three attempts in a 12 month period, not to exceed a lifetime maximum of 5 failed attempts times;

167 (c) Pass the Oregon Multistate Pharmacy Jurisprudence Examination (MPJE) exam. A passing result is valid for 1 year ~~The applicant may not take the MPJE until they have graduated from a school or college of pharmacy.~~ A candidate who does not attain this score pass may retake the exam after a minimum of 30 days with a limit of three attempts in a 12 month period, not to exceed a lifetime maximum of 5 failed attempts. The MPJE score is valid for 6 months unless extended by the board;

173 (d) Complete an application for licensure, provide the board with a valid e-mail address, and a fingerprint card or other documentation required to conduct a criminal background check; and

176 (ed) Complete one hour of continuing pharmacy education in pain management, provided by the Pain Management Commission of the Oregon Health Authority.

179 (2) A license, once obtained, will expire on June 30 in odd numbered years and must be renewed biennially.

182 (2) An applicant who has obtained their professional degree outside the United States is not eligible for licensure via examination or score transfer until they have met the requirements of OAR 855-115-0013.

186 (3) An applicant applying via score transfer must request the National Association of Boards of Pharmacy to transfer their NAPLEX score to Oregon.

189 Statutory/Other Authority: ORS 689.205

190 Statutes/Other Implemented: ORS 689.151, ORS 413.590 & 2021 HB 2078

193 **855-019-0140**

194 **NAPLEX Score Transfer**

196 (1) An applicant for score transfer must be a graduate of a school or college of pharmacy approved by the Board and must have passed the NAPLEX or equivalent examination with a score of at least 75.

198 (2) Prior to taking the NAPLEX examination for their initial state of licensure, an applicant must have
199 requested the National Association of Boards of Pharmacy to score transfer their NAPLEX score to
200 Oregon.

201 (3) An applicant must provide the following documentation:

203 (a) Oregon Score Transfer Application;

205 (b) A passport regulation photograph;

207 (c) A copy of a birth certificate, US passport or naturalization documents, or a foreign passport endorsed
208 with a US visa permitting full time employment;

210 (d) Evidence of successful completion of all graduation requirements from a school or college of
211 pharmacy approved by the Board.

213 Statutory/Other Authority: ORS 689.205
214 Statutes/Other Implemented: ORS 689.151 & 689.265

217

218 **855-019-0130 855-115-0019**

219 **Licensure: Qualifications: RPH- by Reciprocity**

221 (1) An applicant for licensure as a pharmacist by reciprocity must meet the requirements of ORS 689.265
222 and the following requirements:

223 (a) Be a graduate of a **board-approved** school or college of pharmacy **approved by the Board**;

225 (b) Have passed the NAPLEX or equivalent examination with a score of not less than 75;

227 (c) Have passed the **Oregon MPJE**, with a score of not less than 75; **A passing result is valid for 1 year. A**
228 **candidate who does not pass may retake the exam after a minimum of 30 days with a limit of three**
229 **attempts in a 12 month period, not to exceed a lifetime maximum of 5 failed attempts;**

231 (d) Be licensed and in good standing in the state from which the applicant bases the reciprocity
233 application; **Provide proof that each Pharmacist license granted to the applicant is not suspended,**
234 **revoked, canceled or otherwise completely restricted from the practice of pharmacy for any reason**
235 **except nonrenewal or the failure to obtain required continuing education credits in any state where**
236 **the applicant is licensed but not engaged in the practice of pharmacy.**

237 (e) Have either:

239 (A) Been engaged in the practice of pharmacy for period of at least one year including a minimum of
240 1440 hours of work experience as a licensed **p**Pharmacist. Evidence supporting this work experience
241 shall **must** be provided at time of application; or

243

244 (B) Met the internship requirements of this state within the one-year period immediately before the
245 date of this application. Evidence from the school or college of pharmacy supporting this internship shall
246 must be provided at time of application.

247
248 ~~(2) Licensure as a pharmacist in another state precludes licensure to practice as an intern in the State of~~
249 ~~Oregon, except an applicant that has been accepted into an Oregon pharmacy residency program or for~~
250 ~~licensure by examination or by reciprocity who must acquire internship hours to become eligible for~~
251 ~~licensure, and then only until the required hours have been acquired.~~

252
253 (32) An applicant who has obtained their professional degree outside the United States and jurisdiction
254 is not eligible for licensure by reciprocity until they have met the requirements of OAR 855-019-
255 0150115-0013.

256 Statutory/Other Authority: ORS 689.205

257 Statutes/Other Implemented: ORS 689.151, & 689.265, 689.405

259
260
261 **855-115-0020**

262 **Licensure: Application- Pharmacist**

263
264 (1) **An application for licensure as a Pharmacist may be accessed on the board website.**

265
266 (2) **The board may issue a license to a qualified applicant after the receipt of:**

267
268 (a) **Official transcript from a board-approved school or college of pharmacy;**

269
270 (b) **Passing result from NABP for the NAPLEX and MPJE;**

271
272 (c) **A completed application including:**

273
274 (A) **Payment of the fee prescribed in OAR 855-110;**

275
276 (B) **A current, passport regulation size photograph (full front, head to shoulders);**

277
278 (C) **Personal identification or proof of identity;**

279
280 (D) **Certificate of completion for the one hour of continuing pharmacy education in pain management,**
281 **provided by the Pain Management Commission of the Oregon Health Authority;**

282
283 (d) **A completed national fingerprint-based background check; and**

284
285 (e) **A completed moral turpitude statement or a written description and documentation regarding all**
286 **conduct that is required to be disclosed.**

287
288 (3) **Penalties may be imposed for:**

289

290 **(a) Failure to completely and accurately answer each question on the application for licensure or**
291 **renewal of licensure;**

292
293 **(b) Failure to disclose any requested information on the application or requests resulting from the**
294 **application;**

295
296 **(c) Any other grounds found in ORS 689.405 and ORS 689.490.**

297
298 **(4) An application submitted to the board that is not complete within 90 days from applicant**
299 **submission will be expired. Once expired, an applicant who wishes to continue with the application**
300 **process must reapply by submitting a new application, along with all documentation, and all fees.**
301 **While a new application and documentation is required, the board may still consider information that**
302 **was provided in previous applications.**

303
304 **(5) The license of a Pharmacist expires June 30 in odd numbered years and may be renewed**
305 **biennially.**

306
307 **Statutory/Other Authority:**

308 **Statutes/Other Implemented:**

310
311 **855-019-0122 855-115-0030**

312 **Renewal of Licensure: Renewal or Reinstatement- as a Pharmacist**

313
314 **(1) An application for renewal of a pPharmacist license must include documentation of:**

315
316 **(a) Completion of continuing pharmacy education requirements as outlined in OAR 855-021; and**

317
318 **(b) Payment of the biennial license fee required in OAR 855-110;:-**

319
320 **(b) Complete the continuing pharmacy education requirements as outlined in OAR 855-021; and**

321
322 **(2c) A pharmacist will bBe subject to an annual criminal background check; and**

323
324 **(d) Provide a completed moral turpitude statement or a written description and documentation**
325 **regarding all conduct that is required to be disclosed.**

326
327 **(2) A Pharmacist who fails to renew their license by the expiration date and whose license has been**
328 **lapsed for one year or less may apply to renew their license and must pay a late fee required in OAR**
329 **855-110.**

330
331 **(3) A Pharmacist who fails to renew their license by the expiration date and whose license has been**
332 **lapsed for greater than one year may apply to reinstate their license as follows:**

333
334
335 **855-019-0170**

336 **Reinstatement of License**

337 (1) A pharmacist who fails to renew their license by the deadline may reinstate their license as follows:

339 (a) By payment of the license fees and delinquency fees for all years during which the license was lapsed
340 and for the current year; and

341 **(a) Must apply per OAR 855-115-0020;**

344 (b) By providing certification of completion of the continuing pharmacy education requirement in
345 OAR 855-021 for all years in which the license was lapsed;

347 (c) If their license has been lapsed for more than one three years, pass the Oregon MPJE, with a score
348 of not less than 75; and A passing result is valid for one year. A candidate who does not pass may
349 retake the exam after a minimum of 30 days with a limit of three attempts in a 12 month period, not
350 to exceed a lifetime maximum of 5 failed attempts; and

352 (d) If their license has been lapsed for more than five years, pass the NAPLEX. A passing result is valid
353 for one year. A candidate who does not pass may retake the exam after a minimum of 45 days with a
354 limit of three attempts in a 12 month period, not to exceed a lifetime maximum of 5 failed attempts
355 Complete an application for licensure provide the board with a valid e-mail address, and a fingerprint
356 card or other documentation required to conduct a criminal background check.

357 **POLICY DISCUSSION:** MPJE / NAPLEX Requirements

360 (24) A pharmacist in good standing who retired from the practice of pharmacy after having been
361 licensed for not less than a minimum of 20 years need only pay the annual license fees for the year in
362 which they seek a license, however they must also complete the requirements in (3) provide
363 certification of completion of continuing pharmacy education requirement in OAR 855-021 for all years
364 since their retirement and pass the Oregon MPJE with a score of not less than 75.

366 **POLICY DISCUSSION:** Good standing

855-019-0171

Reinstatement of a Revoked or Surrendered License

371 (34) A person whose pharmacist license has been suspended, revoked or restricted surrendered shall
372 have has the right, at reasonable intervals, to petition to the Board in writing for reinstatement of such
373 license pursuant to ORS 689.445. The written petition to the Board shall be made and in conjunction
374 with the application process identified in OAR 855-019-0120115-0020.

376 Statutory/Other Authority: ORS 689.205

377 Statutes/Other Implemented: ORS 689.151, & ORS 689.275, ORS 689.445

855-115-0040

Licensure: Lapse

382 (1) A Pharmacist may let their license lapse by failing to renew or request that the board accept
383 the lapse of their license prior to the expiration date.

384 **(a) Lapse of a license is not discipline.**
385
386 **(b) The board has jurisdiction to proceed with any investigation or any action or disciplinary**
387 **proceeding against the licensee.**

388
389 **(c) A person may not practice pharmacy if the license is lapsed.**

390
391 **(d) A person may apply for renewal or reinstatement according to OAR 855-115-0030.**

392
393 **(2) If a person requests lapse prior to the expiration date of the license, the following applies:**

394
395 **(a) The license remains in effect until the board accepts the lapse.**

396
397 **(b) If the board accepts the lapse, the board will notify the licensee of the date the license terminates.**

398
399 **(c) The board will not accept the lapse if an investigation of or disciplinary action against the licensee**
400 **is pending.**

401
402 **(d) The licensee must return the license to the board within 10 days of the board accepting the lapse.**

403
404 **Statutory/Other Authority: ORS 689.205**

405 **Statutes/Other Implemented: ORS 689.153**

406
407 **855-115-0043**

408 **Licensure: Retirement**

409
410
411 **(1) A Pharmacist may request that the board accept the retirement of their license if the Pharmacist is**
412 **in good standing, has been licensed as a Pharmacist for at least 20 years and is retired from the**
413 **practice of pharmacy.**

414
415 **(a) Retirement of a license is not discipline;**

416
417 **(b) The board has jurisdiction to proceed with any investigation or any action or disciplinary**
418 **proceeding against the licensee.**

419
420 **(c) A person may not practice pharmacy if the license is retired.**

421
422 **(d) A person may apply for renewal or reinstatement according to OAR 855-115-0030.**

423
424 **(2) If a person requests retirement prior to the expiration date of the license, the following applies:**

425
426 **(a) The license remains in effect until the board accepts the retirement.**

427
428 **(b) If the board accepts the retirement, the board will notify the licensee of the date the license**
429 **terminates.**

431 **(c) The board will not accept the retirement if an investigation of or disciplinary action against the**
432 **licensee is pending.**

433
434 **(d) The licensee must return the license to the board within 10 days of the board accepting the**
435 **retirement.**

436
437 **Statutory/Other Authority: ORS 689.205**

438 **Statutes/Other Implemented: ORS 689.153**

439
440 **855-115-0046**

441 **Licensure: Voluntary Surrender**

442
443 **A Pharmacist may request that the board accept the voluntary surrender of their license.**

444
445 **(1) A voluntary surrender of a license is discipline.**

446
447 **(2) The license remains in effect until the board accepts the surrender.**

448
449 **(3) If the board accepts a request for voluntary surrender, the board will issue a final order**
450 **terminating the license, signed by the licensee and a board representative. The termination date is the**
451 **date the licensee is sent the executed final order.**

452
453 **(4) The licensee must cease practicing pharmacy from the date the license terminates.**

454
455 **(5) A voluntarily surrendered license may not be renewed. A former licensee who wants to obtain a**
456 **license must apply for reinstatement per OAR 855-115-0030 unless the final order prohibits the**
457 **licensee from doing so.**

458
459 **(6) The board has jurisdiction to proceed with any investigation or any action or disciplinary**
460 **proceeding against the licensee.**

461
462 **Statutory/Other Authority: ORS 689.205**

463 **Statutes/Other Implemented: ORS 689.153**

464
465 **855-031-0045 855-115-0055**

466
467 **School and Preceptor Registration and Responsibilities Registration: Pharmacist Preceptor**

468
469 **NOTE: Will be updated for future board review. No changes proposed at this time.**

470
471 **(1) A preceptor license may be issued by the board upon receipt of a completed application.**

472
473 **(2) A pPharmacist preceptor must have been an actively practicing pharmacist for at least one year**
474 **immediately prior to supervising an intern.**

475
476 **(3) A preceptor license must be renewed biennially and will expire on June 30 in odd numbered years.**

478 (4) The preceptor may report to the board voluntarily, the progress and aptitude of an intern under the
479 preceptor's supervision, or must do so upon request of the board.
480
481 (5) The preceptor ~~must be~~ is responsible for supervision of the majority of the intern's SRI hours and
482 must provide the intern with internship experiences, which in the preceptor's judgment will increase the
483 intern's competency in the practice of pharmacy.
484
485 (6) Before supervising an intern in an SRI program, a preceptor must complete any training program
486 required by the school of pharmacy.
487
488 (7) A preceptor must advise each school of pharmacy when they are supervising students from more
489 than one school at the same time. This applies to both in-state and out-of-state schools or colleges of
490 pharmacy.
491
492 (8) A preceptor must verify that their intern is currently licensed with the board.
493
494 (9) A pharmacist acting as a preceptor in a federal facility is not required to be licensed as a pharmacist
495 in Oregon, but is required to be licensed as a preceptor with the board.
496
497 (10) The school of pharmacy must maintain a record of each intern's SRIs. This record must be made
498 available to the board upon request.
499
500 (11) A school of pharmacy located in Oregon must submit a report on their experiential education
501 program to the board at the end of each academic year. This report must include the names of students
502 who successfully completed the program and graduated from the school. The school must maintain a list
503 of preceptors and SRI sites, in and out-of-state, approved by the school and must make this list available
504 to the board upon request.
505
506 (12) All records related to a student must be available for three years after the student graduates.
507
508 Statutory/Other Authority: ORS 689.151 & ORS 689.205
509 Statutes/Other Implemented: ORS 689.255
510
511
512 **855-019-0123 855-115-0060**
513 **Liability Limitations for Volunteers Registration: Resident Volunteer Pharmacist**
514
515 (1) A pharmacist may register with the ~~B~~board for the limitation on liability provided by ORS 676.340,
516 which provides a licensee with specific exemptions from liability for the provision of pharmacy services
517 without compensation under the terms of the law.
518
519 (2) A no cost registration may be issued by the ~~B~~board upon receipt of a completed application.
520 Registration requires submission of a signed form provided by the ~~B~~board in accordance with ORS
521 676.345(2).
522
523 (3) Registration will expire at the licensee's next license renewal date and may be renewed biennially. It
524 is the licensee's responsibility to ensure his or her active registration in this program.

525 (4) Nothing in this section relieves licensee from the responsibility to comply with ~~B~~board regulations
526 and still may be subject to disciplinary actions.
527
528 (5) Pharmacists providing care under the provisions of ORS 676.340 and ORS 676.345 remain subject to
529 the ~~B~~board complaint investigation process articulated in ORS 676.175.
530
531 Statutory/Other Authority: ORS 676.340 & ORS 689.205
532 Statutes/Other Implemented: ORS 676.340 & ORS 676.345
533

855-115-1165

Notification: Non-Resident Volunteer Pharmacist

534
535 **NOTE:** Will add new language once adopted by the board.
536
537

855-019-0125

Coaching from Board and Staff

540
541 **NOTE:** Moving rule to Division 10: Board Administration and Policies
542
543

544 ~~No member or employee of the Board shall discuss the contents of an examination, its preparation or
545 use with any candidate or other person. No member or employee of the Board shall coach a candidate
546 or any other person on materials that may be used in the examination nor shall they accept any fees for
547 any act of assistance that would bear on the examination.~~
548
549

550 Statutory/Other Authority: ORS 689.205
551 Statutes/Other Implemented: ORS 689.151
552
553

855-019-0160 855-115-00XX

Nuclear Pharmacists

556
557 **NOTE:** Will be updated for future board review. No changes proposed at this time.
558

559 In order to qualify under these rules as a nuclear pharmacist, a pharmacist shall:
560
561 (1) Meet minimal standards of training and experience in the handling of radioactive materials in
562 accordance with the requirements of the Radiation Protection Services of the Department of Human
563 Services; and
564
565 (2) Be a pharmacist licensed to practice in Oregon; and
566
567 (3) Submit to the Board of Pharmacy either:
568
569 (a) Evidence of current certification in nuclear pharmacy by the Board of Pharmaceutical Specialties; or
570
571 (b) Evidence that they meet both the following:

572 (A) Certification of a minimum of six month on-the-job training under the supervision of a qualified
573 nuclear pharmacist in a nuclear pharmacy providing radiopharmaceutical services; and

574
575 (B) Certification of completion of a nuclear pharmacy training program in a college of pharmacy or a
576 nuclear pharmacy training program approved by the ~~B~~board.

577
578 (4) Receive a letter of notification from the ~~B~~board that the evidence submitted by the pharmacist
579 meets the above requirements and has been accepted by the ~~B~~board.

580
581 Statutory/Other Authority: ORS 689.205
582 Statutes/Other Implemented: ORS 689.151

583
584 **855-019-0310**
585 **Grounds for Discipline**

587 ~~The State Board of Pharmacy may suspend, revoke, or restrict the license of a pharmacist or intern or~~
588 ~~may impose a civil penalty upon the pharmacist or intern upon the following grounds:~~

589
590 (1) ~~Unprofessional conduct as defined in OAR 855-006-0020;~~

591
592 (2) ~~Repeated or gross negligence;~~

593
594 (3) ~~Impairment, which means an inability to practice with reasonable competence and safety due to the~~
~~habitual or excessive use of drugs or alcohol, other chemical dependency or a mental health condition;~~

595
596 (4) ~~Being found guilty by the Board of a violation of the pharmacy or drug laws of this state or rules~~
~~pertaining thereto or of statutes, rules or regulations of any other state or of the federal government;~~

597
598 (5) ~~Being found guilty by a court of competent jurisdiction of a felony as defined by the laws of this~~
~~state;~~

600
601 (6) ~~Being found guilty by a court of competent jurisdiction of a violation of the pharmacy or drug laws of~~
~~this state or rules pertaining thereto or of statutes, rules or regulations of any other state or of the~~
~~federal government;~~

602
603 (7) ~~Fraud or intentional misrepresentation in securing or attempting to secure the issuance or renewal~~
~~of a license to practice pharmacy or a drug outlet registration;~~

604
605 (8) ~~Permitting an individual to engage in the practice of pharmacy without a license or falsely using the~~
~~title of pharmacist;~~

606
607 (9) ~~Aiding and abetting an individual to engage in the practice of pharmacy without a license or falsely~~
~~using the title of pharmacist;~~

608
609 (10) ~~Being found by the Board to be in violation of any violation of any of the provisions of ORS 435.010~~
~~to 435.130, 453.025, 453.045, 475.035 to 475.190, 475.805 to 475.995 or 689.005 to 689.995 or the~~
~~rules adopted pursuant thereto; or~~

619 (11) Failure to perform appropriately the duties of a pharmacist while engaging in the practice of
620 pharmacy as defined in ORS 689.005.

621 Statutory/Other Authority: ORS 689.205

623 Statutes/Other Implemented: ORS 689.151, 689.155 & 689.405

624

625 ----- **RESPONSIBILITIES (1st REVIEW)** -----

626

627 Division 19
628 PHARMACISTS

629

630 **855-019-0110**

631 **Definitions**

632

633 (3) "Counseling" means an oral or other appropriate communication process between a pharmacist and
634 a patient or a patient's agent in which the pharmacist obtains information from the patient or patient's
635 agent, and, where appropriate, the patient's pharmacy records, assesses that information and provides
636 the patient or patient's agent with professional advice regarding the safe and effective use of the drug
637 or device for the purpose of assuring therapeutic appropriateness.

638

639 Division 41
640 OPERATION OF PHARMACIES

641

642 **855-041-1001**

643 **Definitions**

644

645 (32) "Oral Counseling" means an oral communication process between a Pharmacist and a patient or a
646 patient's agent in which the Pharmacist obtains information from the patient (or agent) and the
647 patient's pharmacy records, assesses that information, and provides the patient (or agent) with
648 professional advice regarding the safe and effective use of the prescription drug for the purpose of
649 assuring therapeutic appropriateness.

650

651 Division 6
652 DEFINITIONS

653

654 **855-006-0005**

655 **Definitions**

656

657 (33X) Participation in Drug Selection and Drug Utilization Review:

658

659 (a) "Participation in drug selection" means the consultation with the practitioner in the selection of the
660 best possible drug for a particular patient.

661

662 (b) "Drug utilization review" means evaluation of a prescription drug order to identify and resolve
663 potential problems in light of through the review of the information currently provided to the
664 Pharmacist by the patient, or the patient's agent, prescriber and in light of the information contained in
665 the patient's record for the purpose of promoting improving therapeutic appropriateness, outcomes by

666 identifying potential problems and consulting with the prescriber, when appropriate. Problems subject
667 to identification during drug utilization review include, but are not limited to:

668
669 (A) Over utilization or under utilization;
670
671 (B) Therapeutic duplication;
672
673 (C) Drug-disease contraindications;
674
675 (D) Drug-drug interactions;
676
677 (E) Incorrect drug dosage;
678
679 (F) Incorrect duration of treatment;
680
681 (G) Drug-allergy interactions; and
682
683 (H) Clinical drug abuse or misuse.

684
685 (46) "Responsibility for advising, when necessary or when regulated, of therapeutic values, content,
686 hazards and use of drugs and devices" means advice directly to the patient, either verbally or in writing
687 as required by these rules or federal regulation, of the possible therapeutic response to the medication,
688 the names of the chemicals in the medication, the possible side effects of major importance, and the
689 methods of use or administration of a medication.

690
691 **(x) "Board-approved school or college of pharmacy" means an ACPE accredited, accredited with**
692 **probation, pre-candidate or candidate status (v. 6/2022) or with Canadian Council for Accreditation of**
693 **Pharmacy Programs (CCAPP) accredited pharmacy program (v. 6/2022) with a curriculum taught in**
694 **English;**

695
696 **(X) "Counseling" or "counsel" means an interactive communication between a Pharmacist and a**
697 **patient or a patient's agent in which the Pharmacist provides the patient or patient's agent with**
698 **advice regarding the safe and effective use of a drug or device for the purpose of assuring therapeutic**
699 **appropriateness.**

700
701 **(X) "Intern" means a person who is enrolled in or has completed a course of study at a school or**
702 **college of pharmacy approved by the board and who is licensed with the board as an intern.**

703
704 **(X) "Pharmacist" means an individual licensed by this state to engage in the practice of pharmacy or to**
705 **engage in the practice of clinical pharmacy.**

706
707 **(X) "Preceptor" means a Pharmacist or a person licensed by the board to supervise the internship**
708 **training of a licensed Intern.**

709
710 **Statutory/Other Authority:**

711 **Statutes/Other Implemented:**

712

713 Division 19 **115**

714 PHARMACISTS

715

716 **855-115-0200**

717 **Pharmacist: General Responsibilities**

718

719 ~~ORS 689.025 states that "the practice of pharmacy in the State of Oregon is declared a health care~~
~~720 professional practice affecting the public health, safety and welfare". Pharmacy practice is a dynamic~~
~~721 patient-oriented health service that applies a scientific body of knowledge to improve and promote~~
~~722 patient health by means of appropriate drug use, drug-related therapy, and communication for clinical~~
~~723 and consultative purposes. A Pharmacist licensed to practice pharmacy by the board has the duty to use~~
~~724 that degree of care, skill, diligence and reasonable professional judgment that is exercised by an~~
~~725 ordinarily careful Pharmacist in the same or similar circumstances.~~

726

727 (1) ~~A~~**Each** Pharmacist is responsible for their own actions; however, this does not absolve the ~~pharmacy~~
~~728 drug outlet~~ from responsibility for the Pharmacist's actions.

729

730 (2) ~~A~~**Each** Pharmacist and ~~each~~ **pharmacy drug outlet** are responsible for the actions of ~~each~~ Interns,
731 Certified Oregon Pharmacy Technicians, Pharmacy Technicians **and non-licensed pharmacy personnel**.

732

733 (3) **With the exception of healthcare providers working within the scope of their licensure, Only a**
734 **Pharmacist, may is permitted to:**

735

736 (a) ~~p~~Practice pharmacy as defined in ORS 689.005; ~~to include the provision of patient care services.~~
737 ~~Activities that require reasonable professional judgment of a Pharmacist include but are not limited to:~~
738 ~~to include the provision of patient care services. Activities that only a Pharmacist is permitted to do~~
739 ~~require reasonable professional judgment of a Pharmacist include but are not limited to:~~

740

741 (b) **Identify, evaluate and interpret a prescription;**

742

743 (c) **Conduct a Drug Utilization Review or Drug Regimen Review;**

744

745 (d) **Consult with any prescriber, other healthcare professional or authorized agent;**

746

747 (e) **Counseling a patient or the patient's agent regarding a prescription, either prior to or after**
748 **dispensing, or regarding any medical information contained in the patient's record or chart.**

749

750 (f) **Drug Regimen Review;**

751

752 (g) **Advise on therapeutic values, content, hazards and use of drugs and devices;**

753

754 (h) **Interpret the clinical data in a patient record system or patient chart.**

755

756 (i) **Conduct Medication Therapy Management;**

757

758 (j) **Provide Collaborative Drug Therapy Management or other post-diagnostic disease state**
759 **management, pursuant to a valid agreement;**

760 (fj) Practice pursuant to Statewide Drug Therapy Management Protocols;

761 (gk) Prescribeing a drug or device, as authorized by statutes and rules;

764 **(l) Administer a drug or device;**

766 (hm) Ordering, interpreting and monitoring of a laboratory test within the scope of clinical pharmacy as
767 authorized under ORS 689;

769 (in) Receive Oral receipt or a new, refill or transferred of a prescription orally; and

771 (jo) Perform Verification of the work performed by those under their supervision ; and

773 **(p) Delegate tasks to other healthcare providers who are appropriately trained and authorized to**
774 **perform the delegated tasks.**

776 **(4) A Pharmacist may permit an Intern under their supervision to perform any task listed in (3), except**
777 **that an Intern may not:**

779 **(a) Perform the duties of a Pharmacist until after the Intern has successfully completed their first**
780 **academic year, and only after successful completion of coursework corresponding to those duties;**

782 **(b) Prescribe a drug or device; or**

784 **(c) Perform final verification or verification as defined in OAR 855-006-0005.**

786 **POLICY DISCUSSION:** 1st academic year, Exceptions

788 **(5) A Pharmacist may not permit a Certified Oregon Pharmacy Technician or Pharmacy Technician**
789 **under their supervision, direction and control to perform any task listed in OAR 855-019-0200(3).**

791 **(46) A Pharmacist must:**

793 (a) Comply with all state and federal laws and rules governing the practice of pharmacy;

795 **(b) Control each aspect of the practice of pharmacy;**

797 **(c) Ensure each prescription contains all the elements required in OAR 855-041, or OAR 855-141.**

799 **(d) Ensure the patient record contains the elements required in OAR 855-041 or OAR 855-141.**

801 **(e) Ensure prescriptions, prescription refills, and drug orders are dispensed:**

803 **(A) Accurately;**

805 **(B) To the correct party;**

807 **(C) Pursuant to a valid prescription;**

808
809 **(D) Pursuant to a valid patient-practitioner relationship; and**

810
811 **(E) For a legitimate medical purpose.**

812
813 **(f) Ensure each Intern only practices pharmacy under the supervision of a Pharmacist;**

814
815 **(g) Ensure each Intern, Certified Oregon Pharmacy Technician and Pharmacy Technician only assists in**
816 **the practice of pharmacy under the supervision, direction, and control of a Pharmacist;**

817
818 **(h) Ensure non-Pharmacist personnel only perform duties they are licensed and trained to perform.**

819
820 **(i) Know the identity of each Intern under their supervision, and Certified Oregon Pharmacy Technician**
821 **and Pharmacy Technician under their supervision, direction and control at all times;**

822
823 **(j) Ensure that the supervision of non-Pharmacist personnel does not exceed their capacity** ~~When~~
824 ~~supervising an Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician, determine how~~
825 ~~many licensed individuals the Pharmacist is capable of supervising, directing and controlling based on~~
826 ~~the workload and~~ services being provided.

827
828 **(k) Ensure Review, adhere to, and enforce the drug outlet written policies and procedures, ~~for use of~~**
829 ~~Certified Oregon Pharmacy Technicians and Pharmacy Technicians as required by OAR 855-025-0035;~~

830 **The review must:**

831
832 **(A) Occur upon employment and with each update; and**

833
834 **(B) Be documented and records retained by the outlet; and**

835
836 **(g) Ensure the security of the pharmacy area including:**

837
838 **(A) Providing adequate safeguards against theft or diversion of prescription drugs, and records for such**
839 **drugs;**

840
841 **(B) Ensuring that all records and inventories are maintained in accordance with state and federal laws**
842 **and rules;**

843
844 **(C) Ensuring that only a Pharmacist has access to the pharmacy when the pharmacy is closed.**

845
846 **POLICY DISCUSSION:** Pharmacy area, Security, RDSP, CS

847
848 **(57) A Pharmacist may delegate final verification of drug and dosage form, device, or product to a**
849 **Certified Oregon Pharmacy Technician or Pharmacy Technician per ORS 689.005 when the following**
850 **conditions are met:**

851
852 **(a) The Pharmacist utilizes reasonable professional judgment to determine that a Certified Oregon**
853 **Pharmacy Technician or Pharmacy Technician may perform final verification;**

854 (b) The Certified Oregon Pharmacy Technician or Pharmacy Technician does not use discretion in
855 conducting final verification;
856
857 (c) The Pharmacist delegating final verification is supervising the Certified Oregon Pharmacy Technician
858 or Pharmacy Technician; and
859
860 (d) Ensure the Certified Oregon Pharmacy Technician or Pharmacy Technician is performing a physical
861 final verification.

862
863 Statutory/Other Authority: ORS 689.205 & 2022 HB 4034
864 Statutes/Other Implemented: ORS 689.025, ORS 689.151, ORS 689.155, ORS 689.645, ORS 689.682, ORS
865 689.689 & 2022 HB 4034

866
867
868 **855-115-0072**
869 **Responsibilities: Confidentiality**

870
871 **(1) No licensee of the board who obtains any patient information may disclose that information to a**
872 **third-party without the consent of the patient except as provided in (a)-(e) of**
873 **this rule.**

874
875 **(2) A licensee may disclose patient information:**

876
877 **(a) To the board;**
878
879 **(b) To a practitioner, Oregon licensed Pharmacist, Intern, Certified Oregon Pharmacy Technician or**
880 **Pharmacy Technician, if disclosure is authorized by a Pharmacist and disclosure is necessary to protect**
881 **the patient's health or well-being; or**
882
883 **(c) To a third-party when disclosure is authorized or required by law; or**
884
885 **(d) As permitted pursuant to federal and state patient confidentiality laws or;**
886
887 **(e) To the patient or to persons as authorized by the patient.**

888
889 **(2) A licensee or registrant of the board may not access or obtain any patient information unless it is**
890 **accessed or obtained for the purpose of patient care or as allowed in (1)(a)-(e) of this rule.**

891
892 **Statutory/Other Authority: ORS 689.205, ORS 689.305, ORS 689.315**
893 **Statutes/Other Implemented: ORS 689.155**

894
895
896 **855-019-0205 855-115-0074**
897 **Responsibilities: Duty to Report**

898
899 **(1) Failure to answer completely, accurately and honestly, all questions on the application form for**
900 **licensure or renewal of licensure is grounds for discipline.**

901 (2) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result
902 in denial of the application.

903
904 (31) Unless state or federal laws relating to confidentiality or the protection of health information
905 prohibit disclosure, each A-pPharmacist must report to the board without undue delay, but within: 10
906 days if they:

907 (a) 1 business day:

909 (A) Confirmed significant drug loss; or

910 (B) Any loss related to suspected drug theft of a controlled substance.

912 (b) 10 days if they:

914 (aA) Are ~~e~~Convicted of a misdemeanor or a felony; or

916 (bB) ~~If they a~~Are arrested for a felony; or

918 (C) Have reasonable cause to believe that any suspected violation of ORS 475, ORS 689 or OAR 855 has
920 occurred.

922 (c) 10 working days if they:

924 (4A) A pharmacist who has Have reasonable cause to believe that another licensee (of the board or any
926 other Health Professional Regulatory Board) has engaged in prohibited or unprofessional conduct ~~as~~
927 ~~these terms are defined in OAR 855-006-0005, must report that conduct to the board responsible for~~
928 ~~the licensee who is believed to have engaged in the conduct. The reporting pharmacist must report the~~
929 ~~conduct without undue delay, but in no event later than 10 working days after the pharmacist learns of~~
930 ~~the conduct unless federal laws relating to confidentiality or the protection of health information~~
931 ~~prohibit disclosure. to that licensee's board; or~~

933 (B) Suspect records are lost or stolen.

935 (d) 15 days of any change in:

937 (A) Legal name;

939 (B) Name used when practicing pharmacy;

941 (C) Preferred email address;

943 (D) Personal phone number;

945 (E) Personal physical address;

947 (F) Personal mailing address; or

948 **(G) Employer.**

949

950 (52) A ~~p~~Pharmacist who reports to a board in good faith as required by ORS 676.150 section (4) of this
951 rule is immune from civil liability for making the report.

952

953 (6) A pharmacist who has reasonable grounds to believe that any violation of these rules has occurred,
954 must notify the board within 10 days. However, in the event of a significant drug loss or violation related
955 to drug theft, the pharmacist must notify the board within one (1) business day.

956

957 (7) A pharmacist must notify the board in writing, within 15 days of any change in e-mail address,
958 employment location or residence address.

959

960 Statutory/Other Authority: ORS 689.205

961 Statutes/Other Implemented: ORS 676.150, ORS 689.151, ORS 689.155 & ORS 689.455

962

963 **855-115-0076**

964 **Responsibilities: Training**

965

966 **(1) Pharmacists must complete and document:**

967

968 (a) Initial training that includes on-the-job and related education that is commensurate with the tasks
969 that the Pharmacist will perform, prior to the performance of those tasks; and

970

971 (b) Ongoing training to ensure continued competency in tasks that are performed.

972

973 **(2) The outlet must retain records of training in (1).**

974

975 **Statutory/Other Authority: ORS 689.205**

976 **Statutes/Other Implemented: ORS 689.155**

977

978 **855-019-0210**

979

980 **Duties of the Pharmacist: Duties Receiving a Prescription**

981

982 **NOTE: Moving elements of (1)-(2) to OAR 855-115-0200, Repealing (3), moving elements of (4)-(7) to a**
983 **new rule in OAR 855-041 and (8) to OAR 855-041-2115.**

984

985 (1) A pharmacist must ensure that all prescriptions, prescription refills, and drug orders are correctly
986 dispensed or prepared for administration in accordance with the prescribing practitioner's
987 authorization.

988

989 (2) A pharmacist receiving a prescription is responsible for:

990

991 (a) Using professional judgment in dispensing only pursuant to a valid prescription. A pharmacist shall
992 not dispense a prescription if the pharmacist, in their professional judgment, believes that the
993 prescription was issued without a valid patient-practitioner relationship. In this rule, the term

995 practitioner shall include a clinical associate of the practitioner or any other practitioner acting in the
996 practitioner's absence. The prescription must be issued for a legitimate medical purpose by an individual
997 practitioner acting in the usual course of their professional practice and not result solely from a
998 questionnaire or an internet-based relationship; and
999

1000 (b) Ensuring that the prescription contains all the information specified in Division 41 of this chapter of
1001 rules including the legible name and contact phone number of the prescribing practitioner for
1002 verification purposes.

1003 (3) A pharmacist may refuse to dispense a prescription to any person who lacks proper identification.

1004 (4) Oral Prescription: Upon receipt of an oral prescription, the pharmacist shall promptly reduce the oral
1005 prescription to writing or create a permanent electronic record by recording:

1006 (a) The date when the oral prescription was received;

1007 (b) The name of the patient for whom, or the owner of the animal for which, the drug is to be dispensed;

1008 (c) The full name and, in the case of controlled substances, the address and the DEA registration
1009 number, of the practitioner, or other number as authorized under rules adopted by reference under
1010 Division 80 of this chapter of rules;

1011 (d) If the oral prescription is for an animal, the species of the animal for which the drug is prescribed;

1012 (e) The name, strength, dosage form of the substance, quantity prescribed;

1013 (f) The direction for use;

1014 (g) The total number of refills authorized by the prescribing practitioner;

1015 (h) The written signature or initials or electronic identifier of the receiving pharmacist or intern and the
1016 identity of the person transmitting the prescription;

1017 (i) The written or electronic record of the oral prescription must be retained on file as required by
1018 Division 41 of this chapter of rules, and in the case of controlled substances, under rules adopted by
1019 reference in Division 80 of this chapter of rules.

1020 (5) Facsimile Prescription: Upon receipt of a facsimile prescription, the pharmacist must be confident
1021 that the prescription was sent by an authorized practitioner or practitioner's agent, and they must verify
1022 that:

1023 (a) The facsimile contains all the information specified in division 41 and division 80 of this chapter of
1024 rules; and

1025 (b) The facsimile prescription is not for a Schedule II controlled substance unless so permitted under
1026 federal regulations or division 80 of this chapter of rules; and

1027

1028

1029

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1038

1039

1040 (c) If the facsimile prescription is for a controlled substance, the prescription contains an original,
1041 manually signed signature of the prescriber. In this rule, manually signed specifically excludes a
1042 signature stamp or any form of digital signature unless permitted under federal regulations.
1043
(6) Electronic Prescription: Before filling a prescription that has been received electronically, the
1044 pharmacist must be confident that:
1045
(a) The prescription was originated by an authorized practitioner or practitioner's agent;
1046
(b) The prescription contains all the information specified in Division 41 of this chapter of rules.
1047
(c) The prescription is not for a controlled substance unless permitted by federal regulations.
1048
(7) The pharmacist must ensure that a written prescription that is hand carried or mailed into the
1049 pharmacy contains an original manually signed signature of the prescribing practitioner or practitioner's
1050 agent.
1051
(8) Computer Transfer of Prescription Information between Pharmacies: A pharmacist that transmits or
1052 receives prescription information to or from another pharmacy electronically must ensure as
1053 appropriate:
1054
(a) The accurate transfer of prescription information between pharmacies;
1055
(b) The creation of an original prescription or image of an original prescription containing all the
1056 information constituting the prescription and its relevant refill history in a manner that ensures accuracy
1057 and accountability and that the pharmacist will use in verifying the prescription;
1058
(c) The prescription is invalidated at the sending pharmacy; and
1059
(d) Compliance with all relevant state and federal laws and rules regarding the transfer of controlled
1060 substance prescriptions.
1061
1062
1063
1064
1065
1066
1067
1068
1069
1070
1071
1072 Statutory/Other Authority: ORS 689.205
1073 Statutes/Other Implemented: ORS 689.151, 689.155 & 689.508
1074
1075
1076 **855-019-0220 855-115-0080**
1077 **Drug Utilization Review (DUR)**
1078
1079 **(1) A Pharmacist must complete a drug utilization review (DUR) by reviewing the patient record prior**
1080 **to dispensing each prescription drug or device for the purpose of identifying the following:**
1081
1082 **(a) Over-utilization or under-utilization;**
1083
1084 **(b) Therapeutic duplication;**
1085
1086 **(c) Drug-disease contraindications;**

1087 **(d) Drug-drug interactions;**

1088

1089 **(e) Incorrect drug dosage or formulation;**

1090

1091 **(f) Inappropriate duration of treatment;**

1092

1093 **(g) Drug-allergy interactions; and**

1094

1095 **(h) Drug abuse or misuse.**

1096

1097 **(2) Upon recognizing a concern with any of the items in (1)(a)-(h), the Pharmacist must take steps to**

1098 **mitigate or resolve the problem which includes but is not limited to consulting with the prescriber and**

1099 **documenting the resolution.**

1100

1101 ~~(1) A pharmacist shall maintain a record for each patient that contains easily retrievable information~~

1102 ~~necessary for the pharmacist to perform a DUR and to identify previously dispensed drugs at the time a~~

1103 ~~prescription or drug order is presented for dispensing or preparing for administration. The pharmacist~~

1104 ~~shall make a reasonable effort to obtain, record, and maintain the following information:~~

1105

1106 ~~(a) Full name of the patient for whom the drug is prescribed;~~

1107

1108 ~~(b) Address and telephone number of the patient;~~

1109

1110 ~~(c) Patient's gender, age or date of birth;~~

1111

1112 ~~(d) Chronic medical conditions and disease states of the patient;~~

1113

1114 ~~(e) A list of all drugs or devices the patient is currently obtaining at that pharmacy showing the name of~~

1115 ~~the drug or device, strength of the drug, the quantity and date received, and the name of the prescribing~~

1116 ~~practitioner;~~

1117

1118 ~~(f) Known allergies, adverse drug reactions, and drug idiosyncrasies;~~

1119

1120 ~~(g) Pharmacist comments relevant to the individual's drug therapy, including any other information~~

1121 ~~specific to that patient or drug; and~~

1122

1123 ~~(h) Additional information, which may relate to DUR, or for the monitoring of the patient as appropriate.~~

1124

1125 ~~(2) Patient records shall be maintained for at least three years.~~

1126

1127 ~~(3) The pharmacist or intern shall perform a DUR prior to dispensing or preparing for administration any~~

1128 ~~prescription or refill.~~

1129

1130 Statutory/Other Authority: ORS 689.205

1131 Statutes/Other Implemented: ORS 689.151 & 689.155

1132

1133

1134 **855-019-0230 855-115-0082**

1135 **Counseling**

1136
1137 (1) The ~~p~~Pharmacist or intern shall must orally counsel the patient or patient's agent on the use of a
1138 drug or device as appropriate:

1139
1140 (a) Upon request; ~~The pharmacist or intern shall counsel the patient on a new prescription and any~~
1141 ~~changes in therapy, including but not limited to a change in directions or strength, or a prescription~~
1142 ~~which is new to the pharmacy;~~

1143 (b) Whenever the drug or device has not been previously dispensed to the patient;

1144 (c) Whenever there has been a change in the dose, formulation, or directions;

1145 (d) Whenever the prescription has been transferred to the drug outlet by oral, written or electronic
1146 means; and

1147 (e) For any refill that the Pharmacist deems counseling is necessary.

1148 **POLICY DISCUSSION:** New/CT/Refill, Transfer

1149
1150 (2) When counseling is not required by state or federal law or rule or deemed necessary by a
1151 pharmacist, a non-Pharmacist licensee may offer the patient the ability to speak with the Pharmacist
1152 for advice or consultation.

1153
1154 (3) A Pharmacist is not required to counsel a patient or patient's agent when the patient or patient's
1155 agent refuses such consultation. If refused:

1156
1157 (a) Only the ~~p~~Pharmacist or intern may accept a patient's or patient's agent's request not to be
1158 counseled.

1159
1160 (b) If, in their professional judgment, the pharmacist or intern believes that the patient's safety may be
1161 affected, ~~t~~The ~~p~~Pharmacist or intern may choose not to release the prescription until counseling has
1162 been completed;

1163 **POLICY DISCUSSION:** Patient safety

1164
1165 (e4) ~~Effective July 1, 2008, t~~The ~~p~~Pharmacist or intern that provides counseling or accepts the request
1166 not to be counseled shall must document the provision or declination of counseling interaction;

1167
1168 (e5) A ~~p~~Pharmacist shall must not allow non-pharmacist personnel a prescription to be released from
1169 the drug outlet when a prescription that requires counseling is required, prior to the counseling or
1170 acceptance of the request not to be counseled;

1171
1172 (e6) For a prescription delivered outside of the ~~pharmacy~~ drug outlet, the ~~p~~Pharmacist shall must offer
1173 in writing, to provide ~~direct~~ counseling and information about the drug, including information on how to
1174 contact the pharmacist;

1181 **POLICY DISCUSSION:** Oral counseling exception

1182
1183 (f7) For each **prescription patient**, the ~~p~~Pharmacist or intern shall **must** determine the amount of
1184 counseling that is reasonable and necessary under the circumstance to promote safe and effective use
1185 or administration of the drug or device, and to facilitate an appropriate therapeutic outcome for that
1186 patient.

1187
1188 **(8) Counseling on a new prescription may include, but is not limited to, the following elements:**

1189
1190 **(a) Name and description of the drug;**

1191
1192 **(b) Dosage form, dose, route of administration, and duration of drug therapy;**

1193
1194 **(c) Intended use of the drug and expected action;**

1195
1196 **(d) Special directions and precautions for preparation, administration, and use by the patient;**

1197
1198 **(e) Common severe side or adverse effects or interactions and therapeutic contraindications that may**
1199 **be encountered, including their avoidance, and the action required if they occur;**

1200
1201 **(f) Techniques for adherence and self-monitoring drug therapy;**

1202
1203 **(g) Proper storage and appropriate disposal method(s) of unwanted or unused medication;**

1204
1205 **(h) Refill information;**

1206
1207 **(i) Action to be taken in the event of a missed dose; and**

1208
1209 **(j) Pharmacist comments relevant to the individual's drug therapy, including any other information**
1210 **peculiar to the specific patient or drug.**

1211
1212 **POLICY DISCUSSION:** Elements, Required vs. Optional

1213
1214 (29)-Counseling on a refill prescription **may include, but is not limited to, the following elements:**
1215 ~~Shall be such as a reasonable and prudent pharmacist would provide including but not limited to~~
1216 ~~changes in strength or directions.~~

1217
1218 **(a) Name and purpose of the medication;**

1219
1220 **(b) Directions for use, including technique;**

1221
1222 **(c) Perceived side effects; and**

1223
1224 **(d) Adherence.**

1225
1226 **POLICY DISCUSSION:** Elements, Required vs. Optional

1228 (3) A pharmacist may provide counseling in a form other than oral counseling when, in their professional
1229 judgment, a form of counseling other than oral counseling would be more effective.

1230
1231 **(10) Additional forms of drug information (e.g., Medication Guide, Patient Package Inserts,
1232 Instructions for Use) must be used to supplement counseling when required by federal law or rule.**

1233
1234 **POLICY DISCUSSION:** Requirement

1235
1236 (411) A ~~p~~Pharmacist or intern shall must initiate and provide counseling under conditions that maintain
1237 patient privacy and confidentiality.

1238
1239 (5) For a discharge prescription from a hospital, the ~~p~~Pharmacist must ensure that the patient receives
1240 appropriate counseling.

1241
1242 Statutory/Other Authority: ORS 689.205

1243 Statutes/Other Implemented: ORS 689.151 & 689.155

1244
1245 **855-019-0300 855-115-0086**

1246 **Duties of a Pharmacist-in-Charge: Qualifications, Limitations, and Duties**

1247
1248 (1) In accordance with OAR 855-041 and OAR 855-139, a pharmacy must, at all times have one
1249 Pharmacist in Charge (PIC) who is normally present in the pharmacy on a regular basis.

1250
1251 (21) In order to be a **Pharmacist-in-Charge (PIC)**, a Pharmacist must have:

1252
1253 (a) Completed at least one year 2000 hours of pharmacy practice; or

1254
1255 (b) Completed a board approvedprovided PIC training course either before the appointment or within
1256 30 days after the appointment. With the approval of the board, this course may be employer provided
1257 and may qualify for continuing education credit.

1258
1259 **POLICY DISCUSSION:** Requirements, Repeat training

1260
1261 **(c) Be employed by the outlet; and**

1262
1263 **(d) Be actively engaged in pharmacy activities at the drug outlet and be physically present at the drug
1264 outlet for a sufficient amount of time as needed to effectively supervise drug outlet activities, be
1265 responsible for the daily operation of the drug outlet, and ensure drug outlet compliance.**

1266
1267 **POLICY DISCUSSION:** Resident vs. non-resident, Hour minimum

1268
1269 (32) A Pharmacist may not be designated PIC of more than three pharmacies without prior written
1270 approval by the board. If such approval is given, the Pharmacist must comply with the requirements in
1271 sub-section (4)(e) of this rule. **The following drug outlet types do not count towards this limit:**

1272
1273 **(a) Pharmacy Prescription Kiosk in OAR 855-141**

1275 (b) A Pharmacy Prescription Locker in OAR 855-143 does not count toward this limit.

1276 (43) The PIC must perform all of the following ~~the duties and responsibilities:~~

1279 (a) Notify the board of becoming the PIC ~~When a change of PIC occurs, both the outgoing and incoming~~
1280 ~~PICs must report the change to the board within 15 days of the occurrence, on a form provided by the~~
1281 ~~board;~~

1283 **POLICY DISCUSSION:** PIC vs Outlet

1285 (b) Be responsible for the daily conduct, operation, management and control of the drug outlet;

1287 (c) Establish, maintain, and enforce written policies and procedures governing the practice of
1288 pharmacy in coordination with the outlet;

1290 (d) Establish and maintain records governing the practice of pharmacy in coordination with the outlet;

1292 (e) Ensure compliance with all federal and state laws and rules governing the practice of pharmacy;

1294 (f) Assess and approve personnel who may access the areas where drugs and records are stored;

1296 (g) Ensure personnel with access to the areas where drugs and records are stored are trained and
1297 records retained;

1299 **POLICY DISCUSSION:** Security of pharmacy, prescription areas, open vs closed

1301 (h) Ensure personnel that require licensure have been granted and maintain licensure with the board;

1303 (i) Ensure licensed personnel work within the duties permitted by their licensure;

1305 (j) Ensure non-licensed personnel only perform work that does not require licensure;

1307 (k) Develop a staffing plan to ensure personnel staffing levels are adequate for the workload volume
1308 and patient care services offered. The staffing plan must consider the:

1310 (A) Volume of prescriptions handled by staff to include:

1312 (i) Prescriptions filled, dispensed, and sold;

1314 (ii) Prescriptions placed on hold;

1316 (iii) Prescriptions returned to stock; and

1318 (iv) Any other prescription related metrics developed by the Pharmacist-in-charge.

1320 (B) Volume of discretionary services provided by staff to include;

1322 **(i) Vaccinations offered and provided;**
1323
1324 **(ii) Prescribing services offered and provided (e.g., hormonal contraceptive, statewide drug therapy**
1325 **management protocols or formulary drugs and devices)**
1326
1327 **(iii) CDTM services offered and provided;**
1328
1329 **(iv) MTM offered and provided; and**
1330
1331 **(v) Laboratory testing offered and provided;**
1332
1333 **(C) Security needs of the drug outlet and staff;**
1334
1335 **(D) Need to close or open certain touchpoints (e.g. drive-thru, registers, etc.);**
1336
1337 **(E) On-duty pharmacist's autonomy to close or open touchpoints;**
1338
1339 **(F) Number of staff and level of staff competency; and**
1340
1341 **(G) Need to increase staffing to operate the drug outlet in a safe and effective manner.**
1342
1343 **(I) Ensure meeting quotas, targets or similar measures do not compromise patient safety;**
1344
1345 **(m) Ensure the drug outlet contains the reference material and equipment needed;**
1346
1347 **(n) Enforce a continuous quality improvement program for dispensing services;**
1348
1349 **(o) Submit a plan of correction for observations noted on an inspection within the time allowed by the**
1350 **board;**
1351
1352 **(bp) The new PIC must complete an inspection on the PIC Annual Self-Inspection Form by July 1 each**
1353 **year and** within 15 days of becoming PIC. The completed self-inspection forms must be signed and
1354 dated by the PIC and maintained for three years from the date of completion; Such training should
1355 include an annual review of the PIC Self-Inspection Report;
1356
1357 **(q) Complete and document a controlled substance inventory with discrepancy reconciliation as**
1358 **follows:**
1359
1360 **(A) Within 15 days of a change in PIC, an inventory of all controlled drugs as required by OAR 855-080;**
1361
1362 **(B) Annually (within 367 days) for all controlled drugs as required by OAR 855-080;**
1363
1364 **(C) Monthly (within 31 days) for Schedule II controlled drugs.**
1365
1366 **POLICY DISCUSSION:** Frequency schedule II
1367

1368 **(r) Ensure the drug outlet reports data as required by the Oregon Health Authority for PDMP, ALERT,**
1369 **Death with Dignity and communicable diseases.**

1370
1371 **(s) Notify the board of ceasing to be the PIC within 15 days of the occurrence, on a form provided by**
1372 **the board.**

1373
1374 ~~(c) The PIC may not authorize non-Pharmacist employees to have unsupervised access to the pharmacy,~~
1375 ~~except in the case of hospitals that do not have a 24-hour pharmacy where access may be granted as~~
1376 ~~specified in OAR 855-041-0120;~~

1377
1378 ~~(d) In a hospital only, the PIC is responsible for providing education and training to the nurse supervisor~~
1379 ~~who has been designated to have access to the pharmacy department in the absence of a Pharmacist;~~
1380
1381 ~~(e) A Pharmacist designated as PIC for more than one pharmacy must personally conduct and document~~
1382 ~~a quarterly compliance audit at each location. This audit must be on the Quarterly PIC Compliance Audit~~
1383 ~~Form provided by the board;~~

1384
1385 ~~(f) If a discrepancy is noted on a board inspection, the PIC must submit a plan of correction within 30~~
1386 ~~days of receiving notice.~~

1387
1388 ~~(A) 15 days of receiving a deficiency notice; or~~
1389
1390 ~~(B) 30 days of receiving a non-compliance notice.~~

1391
1392 ~~(g) The records and forms required by this section must be filed in the pharmacy, made available to the~~
1393 ~~board for inspection upon request, and must be retained for three years.~~

1394
1395 **(5) The PIC is responsible for ensuring that the following activities are correctly completed:**

1396
1397 ~~(a) An inventory of all controlled substances must be taken within 15 days before or after the effective~~
1398 ~~date of change of PIC, and must be dated and signed by the new PIC. This inventory must be maintained~~
1399 ~~in the pharmacy for three years and in accordance with all federal laws and regulations;~~

1400
1401 ~~(b) Verifying, on employment and as appropriate, but not less than annually, the licensure of all~~
1402 ~~pharmacy personnel who are required to be licensed by the board;~~

1403
1404 ~~(c) Conducting an annual inspection of the pharmacy using the PIC Annual Self-Inspection Form provided~~
1405 ~~by the board, by February 1 each year. The completed self-inspection forms must be signed and dated~~
1406 ~~by the PIC and maintained for three years from the date of completion;~~

1407
1408 ~~(d) Conducting an annual inventory of all controlled drugs as required by OAR 855-080;~~

1409
1410 ~~(e) Performing a quarterly inventory reconciliation of all Schedule II controlled drugs.~~

1411
1412 ~~(f) Ensuring that all pharmacy staff have been trained appropriately for the practice site. Such training~~
1413 ~~should include an annual review of the PIC Self-Inspection Report;~~

1415 (g) Implementing a quality assurance plan for the pharmacy.
1416
1417 (h) The records and forms required by this section must be filed in the pharmacy, made available to the
1418 board for inspection upon request, and must be retained for three years.
1419
1420 (6) The PIC, along with other licensed pharmacy personnel, must ensure that the pharmacy is in
1421 compliance with all state and federal laws and rules governing the practice of pharmacy and that all
1422 controlled substance records and inventories are maintained in accordance with all state and federal
1423 laws and rules.
1424
1425 Statutory/Other Authority: ORS 689.205
1426 Statutes/Other Implemented: ORS 689.151 & ORS 689.155
1427

PROPOSED

Division 031/120: Interns (Procedural Rule Review)

Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency's intended action max 15 words): Proactive procedural rule review; Interns

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Proposed amendments are a result of the board's 2022-2026 Strategic Plan to proactively review and update rules to ensure clarity, transparency and promote patient safety.

Documents Relied Upon per ORS 183.335(2)(b)(D): [2022-2026 Strategic Plan](#)

Racial Equity statement per ORS 183.335(2)(b)(F) (identifying how adoption of rule might impact one group of people differently than others): Reorganizing proposed rules may provide clarity, transparency and promote patient safety, no effects on racial equity are anticipated. Ensuring licensees and registrants can easily locate licensure and compliance requirements will positively impact all Oregonians in all communities.

Fiscal & Economic Impact per ORS 183.335(2)(b)(E): None anticipated.

Cost of Compliance (OBOP/Other State Agencies/Units of Local Government/Public, Effect on Small Businesses): There are no known economic impacts to the agency, other state or local government, small businesses or members of the public.

Describe how small businesses were involved in development of the rules: Small businesses were not involved in the development of proposed revisions to these rules.

Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G): No. Board staff suggests reorganizing proposed rules for transparency and clarity for licensees pursuant to the board's 2022-2026 Strategic Plan.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why): Proposed rule amendments include relocating and reorganizing existing rules from Division 031 to Division 120 in alignment with the board's strategy to systematically organize all Divisions. Amendments include revising titles, clarifying requirements for applicability, definitions, general qualifications, licensure requirements, license renewal, license reinstatement, license termination, and general responsibilities.

1
 2 Division 6
 3 DEFINITIONS
 4
 5 **(x) "Board-approved school or college of pharmacy" means an ACPE accredited, accredited with**
probation, pre-candidate or candidate status (v. 6/2022) or with Canadian Council for Accreditation of
Pharmacy Programs (CCAPP) accredited pharmacy program (v. 6/2022) with a curriculum taught in
English;
 6
 7
 8
 9
 10 **(X) "Intern" means a person who is enrolled in or has completed a course of study at a school or**
college of pharmacy approved by the board and who is licensed with the board as an Intern.
 11
 12

13 **(X) "Pharmacist" means an individual licensed by this state to engage in the practice of pharmacy or to**
14 **engage in the practice of clinical pharmacy.**

15
16 **(X) "Preceptor" means a Pharmacist or a person licensed by the board to supervise the internship**
17 **training of a licensed Intern.**

18
19 **POLICY DISCUSSION:** Non-RPH preceptor, training

20
21 Division 31120

22 INTERNS

23 **855-120-0001**

24 **Applicability**

25 **(1) This Division applies to any individual who is enrolled in or has completed a Bachelor or Doctor of**
26 **Pharmacy at a board-approved school or college of pharmacy or holds a certificate from the Foreign**
27 **Pharmacy Graduate Equivalency Committee (FPGEC), and who acts as Intern under the supervision of**
28 **an Oregon licensed Pharmacist.**

29 **(2) Persons licensed with the Board as an Intern may perform the functions of a Pharmacist at the**
30 **discretion and under the supervision of a Pharmacist and must act in compliance with all applicable**
31 **statutes and rules.**

32
33 **POLICY DISCUSSION:** Functions, Exclusions, Criteria, Education

34 **Statutory/Other Authority: 689.205**

35 **Statutes/Other Implemented: 689.225**

36
37 **855-031-0005 855-120-0005**

38 **Definitions**

39 **Note:** Placeholder- No definitions specific to Division 120 at this time.

40 **(1) An "intern" means any person who:**

41
42 **(a) Is enrolled in a course of study and is in good academic standing at a school or college of pharmacy**
43 **that is approved by the Oregon Board of Pharmacy; or**

44
45 **(b) Is a graduate of a school or college of pharmacy that is approved by the board; or**

46
47 **(c) Is a foreign pharmacy graduate and holds a certificate from the Foreign Pharmacy Graduate**
48 **Equivalency Committee (FPGEC); and**

49
50 **(d) Is licensed with the board as an intern.**

51
52
53
54
55
56
57
58
59

60 (2) "preceptor" means a pharmacist or a person licensed by the board to supervise the internship
61 training of an intern.

62 (3) "Internship" means a professional experiential program or work experience.

63 (a) "Traditional Pharmacy practice Internship (TPI)" means experience toward achieving competency in
64 the practice of pharmacy for which no academic credit is granted to the intern.

65 (b) "School based Rotational Internship (SRI)" means experience toward achieving competency in the
66 practice of pharmacy in programs developed and administered by a school of pharmacy.

67 (c) "Other Internship" means experience toward achieving competency in the practice of pharmacy,
68 other than in an internship as defined in (a) or (b), in a program approved by a school of pharmacy or
69 the board.

70 **POLICY DISCUSSION:** TPI, SRI, Other internship

71 (4) "School of pharmacy": In this division of rules, "school of pharmacy" means a school or college of
72 pharmacy that is approved by the board.

73 Statutory/Other Authority: ORS 689.151 & ORS 689.205

74 Statutes/Other Implemented: ORS 689.255

75 **855-120-0010**

76 **Licensure: Qualifications**

77 **To qualify for licensure as an Intern, an applicant must provide proof that they:**

78 (1) Are enrolled in a Doctor of Pharmacy program at a board-approved school or college of pharmacy;
79 or

80 **POLICY DISCUSSION:** Registered, Enrolled, Admitted

81 (2) Graduated from a Bachelor or Doctor of Pharmacy from a board-approved school or college of
82 pharmacy for the purpose of obtaining the qualifications to apply for a Pharmacist license; or

83 **POLICY DISCUSSION:** Purpose

84 (3) Graduated from a Bachelor or Doctor of Pharmacy program from a foreign school or college of
85 pharmacy and are pursuing an Intern license for the purpose of obtaining the qualifications to apply
86 for a Pharmacist license:

87 **POLICY DISCUSSION:** Purpose

88 (a) If residing in the United States, proof of citizenship, legal permanent residency or qualifying visa,
89 as required by 8 USC 1621 (06/25/2022); and

108 **(b) Provide a copy of the original certificate issued by the NABP Foreign Pharmacy Graduate**
109 **Examination Committee (FPGEC).**

110
111 **(4) Graduates from a Canadian Council for Accreditation of Pharmacy Programs (CCAPP) accredited**
112 **pharmacy program with a curriculum taught in English are exempt from (a)-(b).**

113 **Statutory/Other Authority: ORS 689.205**

114 **Statutes/Other Implemented: ORS 689.151 & ORS 689.255**

117 **855-031-0050**

118 **Eligibility for Exams — Foreign Pharmacy Graduates**

121 ~~In addition to the other requirements of this Division, a foreign pharmacy graduate must complete 1440~~
122 ~~internship hours before applying to take the Multistate Pharmacy Jurisprudence Examination (MPJE)~~
123 ~~and before applying for licensure as a pharmacist as specified in OAR 855-019-0150. Evidence of~~
124 ~~completing this requirement must be provided to the board by the applicant and must be authenticated~~
125 ~~by each preceptor.~~

126 **Statutory/Other Authority: ORS 689.151 & ORS 689.205**

127 **Statutes/Other Implemented: ORS 689.255**

131 **855-031-0010 855-120-0020**

132 **Licensure: Intern License Application- Intern**

134 (1) An applications for licensure as an intern may be obtained from accessed on the board website.

135 (a) ~~Failure to completely, accurately and honestly answer all questions on the application form for~~
136 ~~licensure or renewal of licensure is grounds for discipline;~~

139 (b) ~~Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result~~
140 ~~in denial of the application.~~

142 (2) The board may issue a license to a qualified intern applicant after the receipt of:

144 **(a) Documentation required in OAR 855-120-0010; and**

146 (a) A completed application including:

148 (b) Payment of the fee prescribed in OAR 855-110;

150 (c) A current, passport regulation size photograph (full front, head to shoulders);

152 **(C) Personal identification or proof of identity;**

154 (d) Furnish documentation required to conduct aA completed national fingerprint-based background
155 check; and

156 **(E) A completed moral turpitude statement or a written description and documentation regarding all**
157 **conduct that is required to be disclosed.**

158
159 **(3) Penalties may be imposed for:**

160
161 **(a) Failure to completely and accurately answer each question on the application for licensure or**
162 **renewal of licensure;**

163
164 **(b) Failure to disclose any requested information on the application or requests resulting from the**
165 **application;**

166
167 **(c) Any other grounds found in ORS 689.405.**

168
169 **(4) An application submitted to the board that is not complete within 90 days from applicant**
170 **submission will be expired. Once expired, an applicant who wishes to continue with the application**
171 **process must reapply by submitting a new application, along with all documentation, and all fees.**
172 **While a new application and documentation is required, the board may still consider information that**
173 **was provided in previous applications.**

174
175 **(5) The license of an Intern expires November 30 following the second anniversary of issue and may**
176 **be renewed twice.**

177
178 **POLICY DISCUSSION:** Length, Maximum

179
180 **(6) The license of a Graduate Intern expires one year following the anniversary of issue and may not**
181 **be renewed.**

182
183 **(e) Confirmation from a school of pharmacy that the applicant is enrolled in a course of study, except for**
184 **foreign pharmacy graduates who must:**

185
186 **(A) Provide a copy of a valid visa permitting full-time employment;**

187
188 **(B) Provide a copy of the original certificate issued by the Foreign Pharmacy Graduate Equivalency**
189 **Examination Committee; and**

190
191 **(C) Provide evidence that they have passed the Test of English as a Foreign Language (TOEFL) Internet-**
192 **based Test (IBT).**

193
194 **(3) The board may issue an intern license after processing the application, however unless the applicant**
195 **is a foreign graduate or an applicant for licensure by reciprocity, it is not valid until the intern has started**
196 **a course of study. The initial license is valid until the last day of November following the second**
197 **anniversary of issue unless terminated automatically by any one of the following events. Renewed**
198 **licenses are valid for two years unless terminated automatically by any one of the following events:**

199
200 **(a) Licensure to practice pharmacy is granted in any state; or**

202 (b) The licensee, other than a foreign pharmacy graduate or an applicant for licensure by reciprocity,
203 fails to maintain enrollment or active registration in a pharmacy degree program for a period greater
204 than one year; or
205
(c) The licensee, other than a foreign pharmacy graduate or an applicant for licensure by reciprocity, has
206 been graduated from a school of pharmacy for 12 months;
207
(d) The intern is dismissed, terminated or expelled by the school of pharmacy, or withdraws from the
208 program.

211 (4) An intern must surrender their license to the board within 30 days of one of the above events.

212 (5) Notwithstanding the requirements of section (3) above, upon written request the board may waive
213 any of the requirements of this rule if a waiver will further public health and safety. A waiver granted
214 under this section must only be effective when it is issued in writing.

215 Statutory/Other Authority: ORS 689.205

216 Statutes/Other Implemented: ORS 689.151

217 **855-031-0016 855-120-0030**

218 **Licensure: Renewal or Reinstatement Applications of Licensure as an Intern**

219 (1) **When** An applying applicant for renewal of an intern license, an applicant must include documentation
220 of:

221 (a) Completion of continuing pharmacy education requirements as directed in OAR 855-021; and
222
(b) Payment of the **biennial** license fee required in OAR 855-110.

223 (b) **Complete the continuing pharmacy education requirements as directed in OAR 855-021;**

224 (2c) An intern will be subject to an annual criminal background check; and

225 (d) **Provide a completed moral turpitude statement or a written description and documentation
226 regarding all conduct that is required to be disclosed.**

227 (2) **An Intern who fails to renew their license by the expiration date and whose license has been
228 lapsed for one year or less may apply to renew their license.**

229 (3) **An Intern or who fails to renew their license by the expiration date and whose license has been
230 lapsed for greater than one year may apply to reinstate their license as follows:**

231 (a) **Must apply per OAR 855-115-0020; and**

232 (b) **Provide certification of completion of the continuing pharmacy education requirement in OAR 855-
233 021 for all years in which the license was lapsed.**

250 **(4) A person whose Intern license has been suspended, revoked or restricted has the right, at**
251 **reasonable intervals, to petition to the Board in writing for reinstatement of such license pursuant to**
252 **ORS 689.445 and in conjunction with the application process identified in OAR 855-120-0020.**

254 **Statutory/Other Authority: ORS 689.205**

255 **Statutes/Other Implemented: ORS 689.151, ORS 689.275, ORS 689.445**

258 **855-120-0040**

259 **Licensure: Lapse**

261 **(1) An Intern may let their license lapse by failing to renew or request that the board accept**
262 **the lapse of their license prior to the expiration date.**

264 **(a) Lapse of a license is not discipline.**

266 **(b) The board has jurisdiction to proceed with any investigation or any action or disciplinary**
267 **proceeding against the licensee.**

269 **(c) A person may not practice as an Intern if the license is lapsed.**

271 **(d) A person may apply for renewal or reinstatement according to OAR 855-120-0030.**

273 **(2) If a person requests lapse prior to the expiration date of the license, the following applies:**

275 **(a) The license remains in effect until the board accepts the lapse.**

277 **(b) If the board accepts the lapse, the board will notify the licensee of the date the license terminates.**

278 **(c) The board will not accept the lapse if an investigation of or disciplinary action against the licensee**
279 **is pending.**

280 **(d) The licensee must return the license to the board within 10 days of the board accepting the lapse.**

282 **Statutory/Other Authority: ORS 689.205**

283 **Statutes/Other Implemented: ORS 689.153**

286 **855-115-0046**

287 **Licensure: Voluntary Surrender**

289 **An Intern may request that the board accept the voluntary surrender of their license.**

291 **(1) A voluntary surrender of a license is discipline.**

293 **(2) The license remains in effect until the board accepts the surrender.**

295 **(3) If the board accepts a request for voluntary surrender, the board will issue a final order**
296 **terminating the license, signed by the licensee and a board representative. The termination date is the**
297 **date the licensee is sent the executed final order.**

299 **(4) The licensee must cease practicing pharmacy from the date the license terminates.**

301 **(5) A voluntarily surrendered license may not be renewed. A former licensee who wants to obtain a**
302 **license must apply for reinstatement per OAR 855-115-0030 unless the final order prohibits the**
303 **licensee from doing so.**

305 **(6) The board has jurisdiction to proceed with any investigation or any action or disciplinary**
306 **proceeding against the licensee.**

308 **Statutory/Other Authority: ORS 689.205**

309 **Statutes/Other Implemented: ORS 689.153**

312 **855-120-00XX**

313 **Grounds for Discipline**

315 **The State Board of Pharmacy may suspend, revoke, or restrict the license of an Intern or may impose**
316 **a civil penalty upon the Intern upon the following grounds:**

318 **(1) Continuing to practice as an Intern when one of the following has occurred:**

320 **(a) Prior to graduation, failing to maintain enrollment in a Doctor of Pharmacy degree program for a**
321 **period greater than 12 months; or**

323 **POLICY DISCUSSION: Length**

325 **(b) Prior to graduation, failing to maintain good academic standing in a Doctor of Pharmacy degree**
326 **program for a period greater than 12 months; or**

328 **POLICY DISCUSSION: Good academic standing, length**

330 **(b) Failing to meet the qualifications for licensure in OAR 855-120-0010; or**

332 **(c) Failing to maintain an active Intern license; or**

334 **(d) Practicing or assisting in the practice of pharmacy without an Intern or other appropriate license**
335 **from the Board; or**

337 **(e) Any other grounds found in ORS 689.405.**

339 **(2) Failure to notify the board within 15 days of any change in their enrollment or pursuit of a**
340 **Pharmacist license that might affect their eligibility to work as an Intern.**

343 **855-031-0010**

344 **Intern License Application**

345
346 (1) Applications for licensure as an intern may be obtained from the board website.

347
348 (a) Failure to completely, accurately and honestly answer all questions on the application form for
349 licensure or renewal of licensure is grounds for discipline;

350
351 (b) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result
352 in denial of the application.

353
354 (2) The board may issue a license to a qualified intern after the receipt of:

355
356 (a) A completed application;

357
358 (b) Payment of the fee prescribed in OAR 855-110;

359
360 (c) A current, passport regulation size photograph (full front, head to shoulders);

361
362 (d) Furnish documentation required to conduct a national fingerprint based background check; and

363
364 (e) Confirmation from a school of pharmacy that the applicant is enrolled in a course of study, except for
365 foreign pharmacy graduates who must:

366
367 (A) Provide a copy of a valid visa permitting full time employment;

368
369 (B) Provide a copy of the original certificate issued by the Foreign Pharmacy Graduate Equivalency
370 Examination Committee; and

371
372 (C) Provide evidence that they have passed the Test of English as a Foreign Language (TOEFL) Internet-
373 based Test (IBT).

374
375 (3) The board may issue an intern license after processing the application, however unless the applicant
376 is a foreign graduate or an applicant for licensure by reciprocity, it is not valid until the intern has started
377 a course of study. The initial license is valid until the last day of November following the second
378 anniversary of issue unless terminated automatically by any one of the following events. Renewed
379 licenses are valid for two years unless terminated automatically by any one of the following events:

380
381 (a) Licensure to practice pharmacy is granted in any state; or

382
383 (b) The licensee, other than a foreign pharmacy graduate or an applicant for licensure by reciprocity,
384 fails to maintain enrollment or active registration in a pharmacy degree program for a period greater
385 than one year; or

386
387 (c) The licensee, other than a foreign pharmacy graduate or an applicant for licensure by reciprocity, has
388 been graduated from a school of pharmacy for 12 months;

389

390 (d) The intern is dismissed, terminated or expelled by the school of pharmacy, or withdraws from the
391 program.

392

393 (4) An intern must surrender their license to the board within 30 days of one of the above events.

394

395 (5) Notwithstanding the requirements of section (3) above, upon written request the board may waive
396 any of the requirements of this rule if a waiver will further public health and safety. A waiver granted
397 under this section must only be effective when it is issued in writing.

398

399 [Publications: Publications referenced are available from the agency.]

400

855-031-0055

402 **Eligibility for Exams and Pharmacist Licensure**

403

404 (1) An intern is eligible to take the North American Pharmacist Licensure Examination (NAPLEX) and the
405 MPJE, upon graduation and notification to the board by the school of pharmacy that their degree, with
406 not less than 1440 hours of SRI, has been conferred.

407

408 (2) Upon meeting all requirements for pharmacist licensure, and before practicing pharmacy in the State
409 of Oregon, a person must:

410

411 (a) Complete an application for licensure including providing any fingerprint card or other
412 documentation required by the board to conduct a criminal background check;

413

414 (b) Pay the license fee as prescribed in OAR 855-110; and

415

416 (c) Obtain a license, which will expire on June 30 in odd numbered years.

417

418 Statutory/Other Authority: ORS 689.205

419 Statutes/Other Implemented: ORS 689.135, ORS 689.207, ORS 689.225 & ORS 689.275

Division 025/125: Technicians (Procedural Rule Review)

Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency's intended action max 15 words): Proactive procedural rule review; Technicians

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Proposed amendments are a result of the board's 2022-2026 Strategic Plan to proactively review and update rules to ensure clarity, transparency and promote patient safety.

Documents Relied Upon per ORS 183.335(2)(b)(D): [2022-2026 Strategic Plan](#)

Racial Equity statement per ORS 183.335(2)(b)(F) (identifying how adoption of rule might impact one group of people differently than others): Reorganizing proposed rules may provide clarity, transparency and promote patient safety, no effects on racial equity are anticipated. Ensuring licensees and registrants can easily locate licensure and compliance requirements will positively impact all Oregonians in all communities.

Fiscal & Economic Impact per ORS 183.335(2)(b)(E): None anticipated.

Cost of Compliance (OBOP/Other State Agencies/Units of Local Government/Public, Effect on Small Businesses): There are no known economic impacts to the agency, other state or local government, small businesses or members of the public.

Describe how small businesses were involved in development of the rules: Small businesses were not involved in the development of proposed revisions to these rules.

Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G): No. Board staff suggests reorganizing proposed rules for transparency and clarity for licensees pursuant to the board's 2022-2026 Strategic Plan.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why): Proposed rule amendments include relocating and reorganizing existing rules from Division 025 to Division 125 in alignment with the board's strategy to systematically organize all Divisions. Amendments include revising titles, clarifying division applicability, definitions, general qualifications, licensure requirements, license renewal, license reinstatement, license surrender, license termination, general responsibilities, prohibited practices and grounds for discipline.

- 1
- 2 Division 125
- 3 CERTIFIED OREGON PHARMACY TECHNICIANS AND PHARMACY TECHNICIANS
- 4
- 5 **855-025-0001125-0001**
- 6 **Purpose and Scope-Applicability**
- 7
- 8 The purpose of the Pharmacy Technician (PT) license is to provide an opportunity for an individual to obtain competency in the role as a Pharmacy Technician. This license will allow an individual time to take and pass a national pharmacy technician certification examination, which is required to be eligible
- 9
- 10

11 for licensure as a Certified Oregon Pharmacy Technician (CPT). These rules facilitate the initial licensure
12 of a nationally certified Pharmacy Technician seeking licensure in Oregon.

13
14 **(1) This Division applies to any individual who assists a Pharmacist in the practice of pharmacy.**

15
16 **(2) Only persons licensed with the board as a Certified Oregon Pharmacy Technician or Pharmacy**
17 **Technician may assist a Pharmacist in the practice of pharmacy and must act in compliance with**
18 **statutes and rules under the supervision, direction, and control of a Pharmacist.**

20 **(3) Only persons licensed with the board as a Certified Oregon Pharmacy Technician or Pharmacy**
21 **Technician may perform final verification when delegated to do so by a pharmacist and done in**
22 **compliance with all applicable statutes and rules and under the supervision, direction, and control of**
23 **that Pharmacist.**

24
25 **(4) Only a person licensed as a Certified Oregon Pharmacy Technician may use the titles "Certified**
26 **Oregon Pharmacy Technician" and "COPT".**

28 Statutory/Other Authority: ORS 689.205
29 Statutes/Other Implemented: ORS 689.225 & ORS 689.486

32 **855-125-0005**

33 **Definitions**

34 **Note:** Placeholder- No definitions specific to Division 125 at this time.

37 **855-025-0005125-0010**

38 **Licensure: Qualifications - Pharmacy Technician or Certified Oregon Pharmacy Technician or Pharmacy**
39 **Technician**

41 (1) To qualify for licensure as a Pharmacy Technician or Certified Oregon Pharmacy Technician or
42 Pharmacy Technician, an applicant must demonstrate that the applicant is at least 18 years of age and
43 has completed high school (or equivalent).

45 (2) To qualify for licensure as a Certified Oregon Pharmacy Technician, the applicant must also
46 demonstrate that the applicant has taken and passed a national pharmacy technician certification
47 examination offered by:

49 (a) Pharmacy Technician Certification Board (PTCB); or
50
51 (b) National Healthcareer Association (NHA).

53 **(3) No person whose license has been denied, revoked, suspended or restricted by any healthcare**
54 **professional regulatory board may be licensed as a Pharmacy Technician or Certified Oregon Pharmacy**
55 **Technician unless the board determines that licensure will pose no danger to patients or to the public**
56 **interest.**

58 Statutory/Other Authority: ORS 689.205

59 Statutes/Other Implemented: ORS 689.225 & ORS 689.486

60

61

62 **855-025-0010125-0020**

63 **Licensure: Application- Certified Oregon Pharmacy Technician or Pharmacy Technician**

64

65 (1) An application for licensure as a **Certified Oregon Pharmacy Technician or Pharmacy Technician** may
66 be accessed on the board website.

67

68 ~~(2) Failure to completely, accurately and honestly answer all questions on the application for licensure
69 or renewal of licensure is grounds for discipline;~~

70

71 ~~(3) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result
72 in denial of the application.~~

73

74 (42) The board may issue a license to a qualified applicant after the receipt of:

75

76 (a) A completed application **including:**

77

78 (b) Payment of the fee prescribed in OAR 855-110;

79

80 (c) A current, passport regulation size photograph (full front, head to shoulders);

81

82 (d) Personal identification or proof of identity; **and**

83

84 (e) A completed national fingerprint-based background check; **and**

85

86 **(E) A completed moral turpitude statement or a written description and documentation regarding all
87 conduct that is required to be disclosed.**

88

89 **(b) An applicant for a Certified Oregon Pharmacy Technician license, must provide a passing result
90 from PTCB or NHA on a national pharmacy technician certification examination.**

91

92 **(3) Penalties may be imposed for:**

93

94 **(a) Failure to completely and accurately answer each question on the application for licensure or
95 renewal of licensure;**

96

97 **(b) Failure to disclose any requested information on the application or requests resulting from the
98 application;**

99

100 **(c) Any other grounds found in ORS 689.405 or ORS 689.490.**

101

102 **(4) An application submitted to the board that is not complete within 90 days from applicant
103 submission will be expired. Once expired, an applicant who wishes to continue with the application
104 process must reapply by submitting a new application, along with all documentation, and all fees.
105 While a new application and documentation is required, the board may still consider information that
106 was provided in previous applications.**

107 (5) The license of a Certified Oregon Pharmacy Technician or Pharmacy Technician expires June 30 in
108 even numbered years and may be renewed biennially.

109 Statutory/Other Authority: ORS 689.205

110 Statutes/Other Implemented: ORS 689.225 & ORS 689.486

112

113

114 **855-025-0012**

115 Licensure: Application- Certified Oregon Pharmacy Technician

116

117 (1) An application for licensure as a Certified Oregon Pharmacy Technician may be accessed on the
118 board website.

119

120 (2) Failure to completely, accurately and honestly answer all questions on the application for licensure
121 or renewal of licensure is grounds for discipline.

122

123 (3) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result
124 in denial of the application.

125

126 (4) The board may issue a license to a qualified applicant after the receipt of:

127

128 (a) A completed application;

129

130 (b) Payment of the fee prescribed in OAR 855-110;

131

132 (c) A current, passport regulation size photograph (full front, head to shoulders);

133

134 (d) Personal identification or proof of identity;

135

136 (e) A completed national fingerprint-based background check; and

137

138 (f) Proof that the applicant has taken and passed a national pharmacy technician certification offered by
139 the PTCB or the NHA.

140

141 (5) The license of a Certified Oregon Pharmacy Technician expires June 30 in even numbered years and
142 may be renewed biennially.

143

144 Statutory/Other Authority: ORS 689.205

145 Statutes/Other Implemented: ORS 689.225 & ORS 689.486

146

147

148 **855-025-0011125-0030**

149 Licensure: Renewal or Reinstatement Applications- Certified Oregon Pharmacy Technician or
150 Pharmacy Technician

151

152 (1) An applicant for renewal of a Certified Oregon Pharmacy Technician or Pharmacy Technician license
153 must:

154

155 (a) Pay the biennial license fee required in OAR 855-110.
156
157 (b) Complete the continuing pharmacy education requirements as directed in OAR 855-021;
158
159 (c) Be subject to an annual criminal background check; and
160
(d) Provide a completed moral turpitude statement or a written description and documentation
regarding all conduct that is required to be disclosed.

164 (2) A Certified Oregon Pharmacy Technician or Pharmacy Technician who fails to renew their license by
165 the expiration date and whose license has been lapsed for one year or less may apply to renew their
166 license and must pay a late fee required in OAR 855-110.
167
168 (3) A Certified Oregon Pharmacy Technician or Pharmacy Technician or who fails to renew their license
169 by the expiration date and whose license has been lapsed for greater than one year may apply to
170 reinstate their license as follows:

171 (a) Must apply per OAR 855-125-0020; and
172
173 (b) Provide certification of completion of 10 continuing education hours earned in the prior 12 months.
174 These hours may not be counted toward a future renewal; and must include:
175
176 (A) One hour of continuing pharmacy education in pharmacy law;
177
178 (B) One hour of continuing pharmacy education in patient safety or error prevention; and
179
180 (C) One hour of continuing pharmacy education in cultural competency either approved by the Oregon
181 Health Authority under ORS 413.450 or any cultural competency CPE; and
182
183 (D) Seven other hours of pharmacy technician-specific continuing education.

184
(4) Penalties may be imposed for:

185
(a) Failure to completely and accurately answer each question on the application for licensure or
renewal of licensure;

186
(b) Failure to disclose any requested information on the application or requests resulting from the
application;

187
(c) Any other grounds found in ORS 689.405 or ORS 689.490.

188
(5) Continued national certification is not required to renew a license as a Certified Oregon Pharmacy
Technician.

189
(6) Any person whose Certified Oregon Pharmacy Technician or Pharmacy Technician license has been
suspended, revoked or restricted has the right, at reasonable intervals, to petition the board for
reinstatement of such license pursuant to ORS 689.445 and in conjunction with the application
process identified in OAR 855-125-0020.

203 Statutory/Other Authority: ORS 689.205
204 Statutes/Other Implemented: ORS 689.225, ORS 689.445, ORS 689.486 & ORS 413.450

205
206
207 **855-025-0015**

208 **Licensure: Renewal or Reinstatement- Certified Oregon Pharmacy Technician**

210 ~~(1) A person who has taken and passed a national pharmacy technician certification examination listed~~
211 ~~in OAR 855-025-0012(1)(a)-(b) may use the following title, and is referred to in these rules as, and is~~
212 ~~licensed as a "Certified Oregon Pharmacy Technician."~~

213
214 ~~(2) An applicant for renewal of a Certified Oregon Pharmacy Technician license must:~~

215
216 ~~(a) Pay the biennial license fee required in OAR 855-110;~~

217
218 ~~(b) Complete the continuing pharmacy education requirements as directed in OAR 855-021; and~~

219
220 ~~(c) Be subject to an annual criminal background check.~~

221
222 ~~(3) Continued national certification is not required to renew a license as a Certified Oregon Pharmacy~~
223 ~~Technician.~~

224
225 ~~(4) A Certified Oregon Pharmacy Technician who fails to renew their license by the expiration date and~~
226 ~~whose license has been lapsed for one year or less may renew their license and must pay a late fee~~
227 ~~required in OAR 855-110.~~

228
229 ~~(5) A Certified Oregon Pharmacy Technician who fails to renew their license by the expiration date and~~
230 ~~whose license has been lapsed for greater than one year may apply to reinstate their license as follows:~~

231
232 ~~(a) Must apply per OAR 855-025-0010; and~~

233
234 ~~(b) Provide certification of completion of 10 continuing education hours earned in the prior 12 months.~~
235 ~~These hours may not be counted toward a future renewal; and must include:~~

236
237 ~~(A) One hour of continuing pharmacy education in pharmacy law;~~

238
239 ~~(B) One hour of continuing pharmacy education in patient safety or error prevention; and~~

240
241 ~~(C) One hour of continuing pharmacy education in cultural competency either approved by the Oregon~~
242 ~~Health Authority under ORS 413.450 or any cultural competency CPE; and~~

243
244 ~~(D) Seven other hours of pharmacy technician-specific continuing education.~~

245
246 **855-125-0040**

247 **Licensure: Lapse**

248
249 **(1) A Certified Oregon Pharmacy Technician or Pharmacy Technician may let their license lapse by**
250 **failing to renew or request that the board accept the lapse of their license prior to the expiration date.**

251 **(a) Lapse of a license is not discipline.**

252

253 **(b) The board has jurisdiction to proceed with any investigation or any action or disciplinary**

254 **proceeding against the licensee.**

255

256 **(c) A person may not assist in the practice of pharmacy if the license is lapsed.**

257

258 **(d) A person may apply for renewal or reinstatement according to OAR 855-125-0030.**

259

260 **(2) If a person requests lapse prior to the expiration date of the license, the following applies:**

261

262 **(a) The license remains in effect until the board accepts the lapse.**

263

264 **(b) If the board accepts the lapse, the board will notify the licensee of the date the license terminates.**

265

266 **(c) The board will not accept the lapse if an investigation of, or disciplinary action against the licensee**

267 **is pending.**

268

269 **(d) The licensee must return the license to the board within 10 days of the board accepting the lapse.**

270

271 **Statutory/Other Authority: ORS 689.205**

272 **Statutes/Other Implemented: ORS 689.153**

273

274

275 **855-125-0046**

276 **Licensure: Voluntary Surrender**

277

278 **A Certified Oregon Pharmacy Technician or Pharmacy Technician may request that the board accept**

279 **the voluntary surrender of their license.**

280

281 **(1) A voluntary surrender of a license is discipline.**

282

283 **(2) The license remains in effect until the board accepts the surrender.**

284

285 **(3) If the board accepts a request for voluntary surrender, the board will issue a final order**

286 **terminating the license, signed by the licensee and a board representative. The termination date is the**

287 **date the licensee is sent the executed final order.**

288

289 **(4) The licensee must cease assisting in the practice of pharmacy from the date the license terminates.**

290

291 **(5) A voluntarily surrendered license may not be renewed. A former licensee who wants to obtain a**

292 **license must apply for reinstatement per OAR 855-125-0030 unless the final order prohibits the**

293 **licensee from doing so.**

294

295 **(6) The board has jurisdiction to proceed with any investigation, action or disciplinary proceeding**

296 **against the licensee.**

297

298 **Statutory/Other Authority: ORS 689.205**

299 **Statutes/Other Implemented: ORS 689.153**
300
301
302 **855-025-0023125-0070**

303 **Certified Oregon Pharmacy Technician and Pharmacy Technician: General Responsibilities: General-**
304 **Certified Oregon Pharmacy Technician and Pharmacy Technician**

305 (1) A Each Certified Oregon Pharmacy Technician ~~or~~ and Pharmacy Technician is responsible for their
306 own actions; however, this does not absolve the Pharmacist and the pharmacy from responsibility for
307 the Certified Oregon Pharmacy Technician or Pharmacy Technician's actions.

309 (32) A Certified Oregon Pharmacy Technician or Pharmacy Technician may not engage in the practice of
310 pharmacy as defined in ORS 689.005.

312 (23) A Certified Oregon Pharmacy Technician ~~or~~ and Pharmacy Technician must:

314 (a) Comply with all state and federal laws and rules governing the practice of pharmacy;
316 (b) Only assist in the practice of pharmacy under the supervision, direction, and control of a Pharmacist;
318 (c) Know the identity of the Pharmacist who is providing supervision, direction and control at all times;
320 (d) Only work within the scope of duties permitted by their license;

322 (e) Only work within the scope of duties permitted by the Pharmacist providing supervision, direction
324 and control;

326 (ef) Only perform duties they are trained to perform; and

328 (g) Appropriately perform the tasks permitted;

330 (fh) Only access the pharmacy area when a Pharmacist is on duty; and

332 **POLICY DISCUSSION: Pharmacy Area Access**

334 (i) Be clearly identified as a Certified Oregon Pharmacy Technician or Pharmacy Technician in all
335 interactions and communications (e.g., nametag, phone interaction, chart notations);

337 (j) Review and adhere to drug outlet written policies and procedures. The review must:

339 (A) Occur upon employment and with each update; and

341 (B) Be documented and records retained by the outlet; and

343 (B) Be documented and records retained by the outlet and licensee; and

345 (k) Dispense and deliver prescriptions accurately and to the correct party.

347 (4) A Certified Oregon Pharmacy Technician or Pharmacy Technician may perform final verification of
348 the drug and dosage, device or product when:
349
350 (a) The Pharmacist utilizes reasonable professional judgment to determine that a Certified Oregon
351 Pharmacy Technician or Pharmacy Technician may perform final verification;
352
353 (b) No discretion is needed;
354
355 (c) The Pharmacist delegating final verification is supervising the Certified Oregon Pharmacy Technician
356 or Pharmacy Technician; and
357
358 (d) The Certified Oregon Pharmacy Technician or Pharmacy Technician is performing a physical final
359 verification.

360
361 Statutory/Other Authority: ORS 689.205, 2022 HB 4034
362 Statutes/Other Implemented: ORS 689.155, 2022 HB 4034

363
364
365 **855-025-0030125-0072**

366 **Responsibilities: Confidentiality**

367
368 (1) No licensee of the ~~B~~board who obtains any patient information shall may disclose that information
369 to a third-party without the consent of the patient except as provided in section two except as provided
370 in (a)-(e) of this rule.

371
372 (12) A licensee may disclose patient information:

373
374 (a) To the ~~B~~board;
375
376 (b) To a practitioner, Pharmacist, Intern, Pharmacy Technician, or Certified Oregon Pharmacy Technician
377 or Pharmacy Technician, if disclosure is authorized by a Pharmacist ~~who reasonably believes that~~ and
378 disclosure is necessary to protect the patient's health or well-being; or
379

380 (c) To a third-party when disclosure is authorized or required by law; or

381 (d) As permitted pursuant to federal and state patient confidentiality laws.or,

382
383 (e) To the patient or to persons as authorized by the patient.

384
385 (2) A licensee or registrant of the board may not access or obtain any patient information unless it is
386 accessed or obtained for the purpose of patient care or as allowed in (1)(a)-(e) of this rule.

387
388
389 Statutory/Other Authority: ORS 689.205, ORS 689.305, ORS 689.315
390 Statutes/Other Implemented: ORS 689.155

391

392

393

394

395 **855-025-0020125-0074**

396 **Responsibilities: Duty to Report**

397
398 (1) Failure to answer completely, accurately and honestly, all questions on the application form for
399 licensure or renewal of licensure is grounds for discipline.

400 (2) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result
402 in denial of the application.

403
404 (3) Unless state or federal laws relating to confidentiality or the protection of health information
405 prohibit disclosure, each A Pharmacy Technician or Certified Oregon Pharmacy Technician and
406 Pharmacy Technician must report to the board without undue delay, but within

407
408 (a) **10 days if they:**

409 (aA) Are ~~e~~Convicted of a misdemeanor or a felony; or

410 (bB) ~~If they a~~Are arrested for a felony; or

411
412 (C) Have reasonable cause to believe that any suspected violation of ORS 475, ORS 689 or OAR 855 has
413 occurred.

414
415 (b) **10 working days if they:**

416
417 (4A) ~~A Pharmacy Technician or Certified Oregon Pharmacy Technician who has~~ Have reasonable cause
418 to believe that another licensee (of the board or any other Health Professional Regulatory Board) has
419 engaged in prohibited or unprofessional conduct ~~as these terms are defined in OAR 855-006-0005, must~~
420 ~~report that conduct to the board responsible for the licensee who is believed to have engaged in the~~
421 ~~conduct. The reporting Pharmacy Technician or Certified Oregon Pharmacy Technician must report the~~
422 ~~conduct without undue delay, but in no event later than 10 working days after the reporting Pharmacy~~
423 ~~Technician or Certified Oregon Pharmacy Technician learns of the conduct unless federal laws relating to~~
424 ~~confidentiality or the protection of health information prohibit disclosure.~~ to that licensee's board; or

425
426 (B) Suspect records are lost or stolen.

427
428 (c) **15 days, any change in:**

429
430 (A) Legal name;

431
432 (B) Name used when assisting in the practice of pharmacy;

433
434 (C) **Preferred email address;**

435
436 (D) **Personal phone number;**

437
438 (E) **Personal physical address;**

439
440 (F) **Personal mailing address; or**

443 **(G) Employer.**

444

445 (52) A ~~Pharmacy Technician or Certified Oregon Pharmacy Technician or Pharmacy Technician~~ who
446 reports to a board in good faith as required by ORS 676.150 section (4) of this rule is immune from civil
447 liability for making the report.

448

449 (6) A ~~Pharmacy Technician or Certified Oregon Pharmacy Technician who has reasonable grounds to~~
450 ~~believe that prescription drugs or records have been lost or stolen, or any violation of these rules has~~
451 ~~occurred, must notify the board within 1 day.~~

452

453 (7) A ~~Pharmacy Technician or Certified Oregon Pharmacy Technician must notify the board in writing,~~
454 ~~within 15 days, of any change in email address, employment location or residence address except that a~~
455 ~~Pharmacy Technician who is employed at more than one pharmacy need only report the name and~~
456 ~~address of the pharmacy at which the technician normally works the most hours.~~

457

458 Statutory/Other Authority: ORS 689.205

459 Statutes/Other Implemented: ORS 676.150, ORS 689.155, ORS 689.455, & ORS 689.486

460

461

462

463 **855-125-0076**

464 **Responsibilities: Training**

465

466 **Certified Oregon Pharmacy Technicians and Pharmacy Technicians must:**

467

468 (1) **Complete and document initial training that includes on-the-job and related education that is**
469 **commensurate with the tasks that the Certified Oregon Pharmacy Technician or Pharmacy Technician**
470 **will perform, prior to the performance of those tasks.**

471

472 (2) **Complete ongoing training to ensure continued competency in tasks that are performed.**

473

474 **Statutory/Other Authority: ORS 689.205**

475 **Statutes/Other Implemented: ORS 689.155**

476

477

478

479 **855-025-0025**

480 **Use of Pharmacy Technicians and Certified Oregon Pharmacy Technicians**

481 (1) A ~~Pharmacist or pharmacy may use Pharmacy Technicians or Certified Oregon Pharmacy Technicians~~
482 ~~only as authorized by the rules of the Board.~~

483

484 (2) ~~Pharmacy Technicians or Certified Oregon Pharmacy Technicians must be supervised by a~~
485 ~~Pharmacist.~~

486

487 (3) ~~Pharmacists, Pharmacist Interns, Pharmacy Technicians and Certified Oregon Pharmacy Technicians~~
488 ~~must be clearly identified as such to the public.~~

489

490 (4) Work performed by Pharmacy Technicians and Certified Oregon Pharmacy Technicians assisting the
491 Pharmacist to prepare medications must be verified by a Pharmacist prior to release for patient use.
492 Verification must be documented, available and consistent with the standard of practice.
493
494 (5) The pharmacist in charge must prepare and maintain in the pharmacy written procedures that
495 describe the tasks performed by Pharmacy Technicians or Certified Oregon Pharmacy Technicians, and
496 the methods of verification and documentation of work performed by Pharmacy Technicians or Certified
497 Oregon Pharmacy Technicians. Written procedures must be available for inspection by the Board or its
498 representatives. The pharmacist in charge must review written procedures annually and document that
499 review on the annual pharmacist in charge inspection sheet.

500
501 (6) Training:

502
503 (a) The pharmacist in charge must outline, and each Pharmacy Technician or Certified Oregon Pharmacy
504 Technician must complete initial training that includes on-the-job and related education that is
505 commensurate with the tasks that the Pharmacy Technician or Certified Oregon Pharmacy Technician
506 will perform, prior to the performance of those tasks.

507
508 (b) The pharmacist in charge must ensure the continuing competency of Pharmacy Technicians or
509 Certified Oregon Pharmacy Technicians.
510 (c) The pharmacist in charge must document initial training of each Pharmacy Technician or Certified
511 Oregon Pharmacy Technician and make that documentation available to the Board or its representatives
512 upon request.

513
514 (7) Upon written request, the Board may waive any of the requirements of this rule upon a showing that
515 a waiver will further public health or safety or the health or safety of a patient or other person. A waiver
516 granted under this section is effective only when issued by the Board in writing.

517
518 Statutory/Other Authority: ORS 689.205
519 Statutes/Other Implemented: ORS 689.155

520
521
522
523 **855-025-0035**

524 **Pharmacy and Pharmacist Responsibility for Supervising Pharmacy Technicians and Certified Oregon**
525 **Pharmacy Technicians**

526
527 (1) The supervising Pharmacist and the pharmacist in charge are responsible for the actions of Pharmacy
528 Technicians or Certified Oregon Pharmacy Technicians. The use of Pharmacy Technicians or Certified
529 Oregon Pharmacy Technicians to perform tasks not included in written procedures maintained by the
530 pharmacy constitutes unprofessional conduct on the part of the supervising Pharmacist and the
531 pharmacist in charge.

532
533 (2) The pharmacy must maintain on file and post the current license of each Pharmacy Technician or
534 Certified Oregon Pharmacy Technician.

535

536 (3) Before allowing any person to work as a Pharmacy Technician or Certified Oregon Pharmacy
537 Technician, the pharmacy and Pharmacist shall verify that the person is currently licensed as a Pharmacy
538 Technician or Certified Oregon Pharmacy Technician.

539
540 (4) Prior to performing the duties of a Pharmacy Technician or Certified Oregon Pharmacy Technician, a
541 person must provide to the Pharmacist or pharmacist in charge a copy of the person's current Pharmacy
542 Technician license or current Certified Oregon Pharmacy Technician license.

543
544 Statutory/Other Authority: ORS 689.205
545 Statutes/Other Implemented: ORS 689.155

546
547
548
549 **855-025-0040125-0080**

550 **Certified Oregon Pharmacy Technician and Pharmacy Technician: Tasks and Guidelines**

551 **Responsibilities: Permitted Practices**

552
553 (1) Non-licensed pharmacy personnel may perform any function that does not constitute the practice
554 of pharmacy as defined in ORS 689 or assistance in the practice of pharmacy enter non-prescription
555 information into a computer record system and may perform clerical duties such as filing prescriptions,
556 delivery, housekeeping, and general record keeping, but the responsibility for the accuracy of the non-
557 licensed pharmacy personnel's work lies with the Pharmacist.

558
559 **POLICY DISCUSSION:** Housekeeping, other activities unrelated to the practice of pharmacy

560
561 (2) Only persons licensed with the board as a Certified Oregon Pharmacy Technicians or Pharmacy
562 Technicians, acting in compliance with all applicable statutes and rules and under the supervision of a
563 Pharmacist, may assist in the practice of pharmacy by the following:

564
565 (a) May only assist in the practice of pharmacy as authorized by the rules of the board and as
566 permitted by the Pharmacist providing supervision, direction, and control.

567
568 (b) Must ensure that work is verified by a Pharmacist if independent judgment is utilized when
569 assisting in the practice of pharmacy.

570
571 (c) May perform final verification as allowed under OAR 855-125-0070(5).

572
573 (a) Packing, pouring or placing in a container for dispensing, sale, distribution, transfer possession of,
574 any drug, medicine, poison, or chemical which, under the laws of the United States or the State of
575 Oregon, may be sold or dispensed only on the prescription of a practitioner authorized by law to
576 prescribe drugs, medicines, poisons, or chemicals.

577
578 (b) Reconstituting prescription medications. The supervising Pharmacist must verify the accuracy in all
579 instances.

580
581 (c) Affixing required labels upon any container of drugs, medicines, poisons, or chemicals sold or
582 dispensed upon prescription of a practitioner authorized by law to prescribe those drugs, medicines,
583 poisons, or chemicals.

584 (d) Entering information into the pharmacy computer. The Certified Oregon Pharmacy Technician or
585 Pharmacy Technician shall not make any decisions that require the exercise of judgment and that could
586 affect patient care. The supervising Pharmacist must verify prescription information entered into the
587 computer and is responsible for all aspects of the data and data entry.

588 (e) Initiating or accepting oral or electronic refill authorization from a practitioner or practitioner's
589 agent, provided that nothing about the prescription is changed, and record the medical practitioner's
590 name and medical practitioner's agent's name, if any;

591 (f) Repackaging and labeling of multi-dose and unit-dose packages of medication. The Pharmacist must
592 establish the procedures, including selection of containers, labels and lot numbers, and must verify the
593 accuracy of the finished task.

594 (g) Picking doses for unit dose cart fill for a hospital or for a nursing home patient. The Pharmacist must
595 verify the accuracy of the finished task unless the requirements of OAR 855-025-0023(4) are met.

596 (h) Checking nursing units in a hospital or nursing home for nonjudgmental tasks such as sanitation and
597 out of date medication. Any problems or concerns shall be documented and initialed by a Pharmacist.

598 (i) Recording patient or medication information in computer systems for later verification by the
599 Pharmacist.

600 (j) Bulk Compounding; Solutions for small volume injectables, sterile irrigating solutions, products
601 prepared in relatively large volume for internal or external use by patients, and reagents or other
602 products for the pharmacy or other departments of a hospital. The supervising Pharmacist must verify
603 the accuracy in all instances.

604 (k) Preparation of parenteral products as follows:

605 (A) Performing functions involving reconstitution of single or multiple dosage units that are to be
606 administered to a given patient as a unit. The supervising Pharmacist must verify the accuracy in all
607 instances.

608 (B) Performing functions involving the addition of one manufacturer's single dose or multiple unit doses
609 of the same product to another manufacturer's prepared unit to be administered to a patient. The
610 supervising Pharmacist must verify the accuracy in all instances.

611 (l) Performing related activities approved in writing by the board.

612 (3) In order to protect the public, safety, health and welfare, Certified Oregon Pharmacy Technicians or
613 Pharmacy Technicians shall not:

614 (a) Communicate or accept by oral communication a new or transferred prescription of any nature;

615 (b) Receive or transfer a prescription to another pharmacy without the prior verification of a Pharmacist.

616 (c) Provide a prescription or medication to a patient without a Pharmacist's verification of the accuracy
617 of the dispensed prescription;

632 (d) Counsel a patient on medications or perform a drug utilization review;
633
634 (e) Perform any task that requires the reasonable professional judgment of a Pharmacist; or
635
636 (f) Engage in the practice of pharmacy as defined in ORS 689.
637
638

639 **855-125-0090**

640 **Prohibited Practices**

641 **Certified Oregon Pharmacy Technicians and Pharmacy Technicians may not:**

644 **(1) Engage in the practice of pharmacy as defined in ORS 689, except as permitted in OAR 855-125-0070(5).**

647 **(2) Assist in the practice of pharmacy unless permitted by the Pharmacist who is supervising, directing, and controlling the Certified Oregon Pharmacy Technician or Pharmacy Technician.**

650 **(3) Perform any task that requires independent judgment without Pharmacist verification;**

652 **(4) Perform any task that is not verifiable by a Pharmacist including but not limited to any task listed in OAR 855-019-0200(2); or**

655 **(5) Ask questions of a patient or patient's agent which screen or limit interaction with the Pharmacist;**

656 **Statutory/Other Authority: ORS 689.205**

658 **Statutes/Other Implemented: ORS 689.155**

662 **855-025-0050**

663 ~~Grounds for Discipline of Pharmacy Technicians and Certified Oregon Pharmacy Technicians~~

665 ~~The State Board of Pharmacy may refuse to issue or renew; or may suspend, revoke, or restrict the license of a Pharmacy Technician or Certified Oregon Pharmacy Technician; or may impose a civil penalty upon a Pharmacy Technician or Certified Oregon Pharmacy Technician upon the following grounds including but not limited to:~~

670 **(1) Unprofessional conduct as defined in OAR 855-006-0020;**

672 **(2) Repeated or gross negligence in performing the duties of a Pharmacy Technician or Certified Oregon Pharmacy Technician;**

675 **(3) Impairment, which means an inability to assist in the practice of pharmacy with reasonable competence and safety due to the habitual or excessive use of drugs or alcohol, other chemical dependency or a mental health condition;**

679 (4) Being found guilty by the Board of a violation of the pharmacy or drug laws of this state or rules
680 pertaining thereto or of statutes, rules or regulations of any other state or of the federal government;
681
682 (5) Being found guilty by a court of competent jurisdiction of a felony as defined by the laws of this
683 state;
684
685 (6) Being found guilty by a court of competent jurisdiction of a violation of the pharmacy or drug laws of
686 this state or rules pertaining thereto or of statutes, rules or regulations of any other state or of the
687 federal government;
688
689 (7) Fraud or intentional misrepresentation in securing or attempting to secure the issuance or renewal
690 of a Pharmacy Technician or Certified Oregon Pharmacy Technician license;
691
692 (8) Allowing an individual to engage in the duties of a Pharmacist, Pharmacy Technician or Certified
693 Oregon Pharmacy Technician without a license or to use falsely the title of Pharmacist, Pharmacy
694 Technician or Certified Oregon Pharmacy Technician;
695
696 (9) Being found by the Board to be in violation of any provision of ORS 435.010
697 to 435.130, 453.025, 453.045, 475.035 to 475.190, 475.805 to 475.995 or 689.005 to 689.995 or the
698 rules adopted pursuant thereto;
699
700 (10) Failure to appropriately perform the duties of a Pharmacy Technician or Certified Oregon Pharmacy
701 Technician as outlined in OAR 855-025-0040 while assisting a Pharmacist in the practice of pharmacy as
702 defined in ORS 689.005;
703
704 (11) Any act or practice relating to performing the duties of a Pharmacy Technician or Certified Oregon
705 Pharmacy Technician which is prohibited by state or federal law or regulation; or
706
707 (12) Any conduct or practice by a Pharmacy Technician, Certified Oregon Pharmacy Technician or
708 pharmacy that the Board determines is contrary to the accepted standards of practice.
709
710 Statutory/Other Authority: ORS 689.205
711 Statutes/Other Implemented: ORS 689.151 & 689.405

Division 019/141: Pharmacists/Pharmacy Prescription Kiosk (PPK)

Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency's intended action max 15 words): Establishes new registration for Pharmacy Prescription Kiosk

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Proposed rules that establish a new registration type for Pharmacy Prescription Kiosk. Adds new Division 141 which contains requirements for the operation of a Pharmacy Prescription Kiosk by a PPK Affiliated Pharmacy.

Documents Relied Upon per ORS 183.335(2)(b)(D): [2022-2026 Strategic Plan](#)

Racial Equity statement per ORS 183.335(2)(b)(F) (identifying how adoption of rule might impact one group of people differently than others): TBD

Fiscal & Economic Impact per ORS 183.335(2)(b)(E): Board staff will seek stakeholder/public input.

Cost of Compliance (OBOP/Other State Agencies/Units of Local Government/Public, Effect on Small Businesses): TBD

Describe how small businesses were involved in development of the rules: Small businesses were not involved in the development of proposed revisions to these rules.

Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G): A RAC was not consulted for the development of these rules. The board held a technology forum during the August 2020 board meeting where vendors presented information and resources for the board's consideration prior to drafting proposed rules.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why): Proposed rules establish a new drug outlet type of Pharmacy Prescription Kiosks (PPK) and permit a pharmacy to operate a PPK by a PPK Affiliated Pharmacy.

1
2 **Division 019**
3 **PHARMACISTS**
4
5 **855-019-0300**
6 **Duties of a Pharmacist-in-Charge**
7
8 (1) In accordance with OAR 855-041 and OAR 855-139, a pharmacy must, at all times have one
9 Pharmacist-in-Charge (PIC) who is normally present in the pharmacy on a regular basis.
10
11 (2) In order to be a PIC, a Pharmacist must have:
12
13 (a) Completed at least one year of pharmacy practice; or
14
15 (b) Completed a board approved PIC training course either before the appointment or within 30 days
16 after the appointment. With the approval of the board, this course may be employer provided and may
17 qualify for continuing education credit.

18 (3) A Pharmacist may not be designated PIC of more than three pharmacies without prior written
19 approval by the board. If such approval is given, the Pharmacist must comply with the requirements in
20 sub-section (4)(e) of this rule. **Pharmacy Prescription Kiosks in OAR 855-141** and Pharmacy Prescription
21 Lockers in OAR 855-143 do not count toward this limit.

22 (4) The PIC must perform the following the duties and responsibilities:

23 (a) When a change of PIC occurs, both the outgoing and incoming PICs must report the change to the
24 board within 15 days of the occurrence, on a form provided by the board;

25 (b) The new PIC must complete an inspection on the PIC Annual Self-Inspection Form, within 15 days of
26 becoming PIC;

27 (c) The PIC may not authorize non-Pharmacist employees to have unsupervised access to the pharmacy,
28 except in the case of hospitals that do not have a 24-hour pharmacy where access may be granted as
29 specified in OAR 855-041-0120;

30 (d) In a hospital only, the PIC is responsible for providing education and training to the nurse supervisor
31 who has been designated to have access to the pharmacy department in the absence of a Pharmacist;

32 (e) A Pharmacist designated as PIC for more than one pharmacy must personally conduct and document
33 a quarterly compliance audit at each location. This audit must be on the Quarterly PIC Compliance Audit
34 Form provided by the board;

35 (f) If a discrepancy is noted on a board inspection, the PIC must submit a plan of correction within:

36 (A) 15 days of receiving a deficiency notice; or

37 (B) 30 days of receiving a non-compliance notice.

38 (g) The records and forms required by this section must be filed in the pharmacy, made available to the
39 board for inspection upon request, and must be retained for three years.

40 (5) The PIC is responsible for ensuring that the following activities are correctly completed:

41 (a) An inventory of all controlled substances must be taken within 15 days before or after the effective
42 date of change of PIC, and must be dated and signed by the new PIC. This inventory must be maintained
43 in the pharmacy for three years and in accordance with all federal laws and regulations;

44 (b) Verifying, on employment and as appropriate, but not less than annually, the licensure of all
45 pharmacy personnel who are required to be licensed by the board;

46 (c) Conducting an annual inspection of the pharmacy using the PIC Annual Self-Inspection Form provided
47 by the board, by February 1 each year. The completed self-inspection forms must be signed and dated
48 by the PIC and maintained for three years from the date of completion;

49 (d) Conducting an annual inventory of all controlled drugs as required by OAR 855-080;

66 (e) Performing a quarterly inventory reconciliation of all Schedule II controlled drugs.
67
68 (f) Ensuring that all pharmacy staff have been trained appropriately for the practice site. Such training
69 should include an annual review of the PIC Self-Inspection Report;
70
71 (g) Implementing a quality assurance plan for the pharmacy.
72
73 (h) The records and forms required by this section must be filed in the pharmacy, made available to the
74 board for inspection upon request, and must be retained for three years.
75

76 (6) The PIC, along with other licensed pharmacy personnel, must ensure that the pharmacy is in
77 compliance with all state and federal laws and rules governing the practice of pharmacy and that all
78 controlled substance records and inventories are maintained in accordance with all state and federal
79 laws and rules.
80

81 Statutory/Other Authority: ORS 689.205
82 Statutes/Other Implemented: ORS 689.151, ORS 689.155
83
84

85 **Division 141**

86 **PHARMACY PRESCRIPTION KIOSK**

88 **855-141-0001**

89 **Purpose and Scope**

91 **The purpose of OAR 855-141 is to provide minimum requirements for the operation of a Pharmacy**
92 **Prescription Kiosk (PPK) by a PPK Affiliated Pharmacy.**

94 **Statutory/Other Authority: ORS 689.205**

95 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

98 **855-141-0005**

99 **Definitions**

101 **The following words and terms, when used in OAR 855-141, have the following meanings, unless the**
102 **context clearly indicates otherwise. Any term not defined in this section has the definition set out in**
103 **OAR 855-006.**

105 **(1) "Pharmacy Prescription Kiosk Affiliated Pharmacy" or "PPK Affiliated Pharmacy" means a Retail**
106 **Drug Outlet Pharmacy registered in Oregon that operates a Pharmacy Prescription Kiosk.**

108 **(2) "Pharmacy Prescription Kiosk" or "PPK" means an Oregon location registered as a Retail Drug**
109 **Outlet Pharmacy Prescription Kiosk using a mechanical system that stores and dispenses patient-**
110 **specific prescription and non-prescription drugs, devices, and related supplies.**

112 **(3) "Telepharmacy system" means a system of telecommunications technologies that enables**
113 **documenting and recording of the delivery of pharmacy services at a remote location by an electronic**
114 **method.**

115
116 **Statutory/Other Authority: ORS 689.205**

117 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

118
119
120 **855-141-0010**

121 **Registration: General**

122
123 **(1) Each PPK located in Oregon must be registered as a Retail Drug Outlet PPK.**

124
125 **(2) A controlled substance registration will not be issued for a Retail Drug Outlet PPK.**

126
127 **(3) A Retail Drug Outlet PPK application must specify the PPK Affiliated Pharmacy and cannot operate**
128 **without a PPK Affiliated Pharmacy that is registered by the board as a Retail Drug Outlet Pharmacy.**

129
130 **(4) Each registration renewal application must be accompanied by the annual fee and must contain**
131 **the same information required in OAR 855-141-0015(2) and additional information requested by the**
132 **board.**

133
134 **(5) The initial and annual registration fee for a PPK is set out in OAR 855-110.**

135
136 **(6) A Retail Drug Outlet PPK registration expires March 31, annually. If the annual registration fee in**
137 **OAR 855-110 is not paid by March 31 of the current year, a late fee as set out in OAR 855-110 must be**
138 **included with the application for registration renewal.**

139
140 **(7) The registration is not transferable.**

141
142 **(8) The registration fee cannot be prorated.**

143
144 **(9) A PPK may not operate until a certificate of registration has been issued by the board.**

145
146 **(10) The PPK Affiliated Pharmacy registration and the PPK registration must be on display at both the**
147 **PPK Affiliated Pharmacy and at the PPK.**

148
149 **Statutory/Other Authority: ORS 689.205**

150 **Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.225, ORS 689.305 & ORS 689.527**

151
152
153 **855-141-0015**

154 **Registration: Application**

155
156 **(1) An application for registration of a PPK may be accessed on the board website.**

157
158 **(2) The board may issue a license to a qualified applicant after the receipt of:**

160 **(a) A completed application including;**

161 **(A) Payment of the fee prescribed in OAR 855-110;**

163 **(B) A floor plan drawn to scale with the location of the:**

165 **(i) PPK within the building;**

168 **(ii) Surveillance system cameras; and**

170 **(iii) Alarm system panel; and**

172 **(C) A detailed explanation and supporting documentation relating to the PPK Affiliated Pharmacy**
regarding all conduct that is required to be disclosed; and

175 **(D) The PPK Affiliated Pharmacy name, Retail Drug Outlet registration number and Pharmacist-in-Charge.**

178 **(b) Indicate the owner, trustee, receiver, or other person applying for the registration. When an**
applicant is not the owner of the pharmacy, the application must indicate the owner and the
applicant's affiliation with the owner:

182 **(A) If the owner is a partnership or other multiple owners, the names of the partners or persons**
holding the five largest interests must be indicated on the application; and

185 **(B) If the owner is a corporation, the name filed must be the same as filed with the Secretary of State.**
The name of the corporation, the names of the corporation officers and the names of the
stockholders, if applicable, who own the five largest interests must be indicated on the application.

189 **(3) Upon request by the board, the applicant must furnish such information as required by the board**
regarding the partners, stockholders, or other persons not named in the application.

192 **(4) A registration may be denied for any of the following:**

194 **(a) Failure to completely, accurately and honestly answer all questions on the application for**
registration or renewal of registration;

197 **(b) Failure to disclose any requested information on the application or requests resulting from the**
application; or

200 **(c) Any other grounds found in ORS 689.405.**

202 **(5) An application submitted to the board that is not complete within 90 days from applicant**
submission will be expired. Once expired, an applicant who wishes to continue with the application
process must reapply by submitting a new application, along with all documentation, and all fees.
While a new application and documentation is required, the board may still consider information that
was provided in previous applications.

207 **(6) The certificate of registration for a PPK must be issued prior to opening.**

208
209 **(7) The registration for a PPK expires March 31 in each year and may be renewed annually.**

210
211 **Statutory/Other Authority: ORS 475.035 & ORS 689.205**

212 **Statutes/Other Implemented: ORS 689.155, ORS 689.305 & ORS 689.527**

213
214
215 **855-141-0020**

216 **Registration: Change of Physical Address or Location**

217
218 **(1) A change of physical address of the PPK requires:**

219
220 **(a) Submission of a new PPK application a minimum of 15 days prior to occurrence;**

221
222 **(b) Registration fee;**

223
224 **(c) Approval of the board; and**

225
226 **(d) Issuance of a new certificate of registration.**

227
228 **(2) A change of location at the same physical address of the PPK requires the submission of an**
updated floor plan drawn to scale a minimum of 15 days prior to the change with the new location of
the:

229
230 **(a) PPK within the building;**

231
232 **(b) Surveillance system cameras; and**

233
234 **(c) Alarm system panel.**

235
236 **Statutory/Other Authority: ORS 475.035 & ORS 689.205**

237
238 **Statutes/Other Implemented: ORS 689.155, ORS 689.305 & ORS 689.527**

239
240
241
242
243 **855-141-0030**

244 **Non-Resident PPK Affiliated Pharmacies**

245
246 **(1) For the purpose of these rules, a non-resident pharmacy includes a PPK Affiliated Pharmacy**
located outside of Oregon and providing pharmacy services under OAR 855-141 with a PPK located in
Oregon.

247
248
249
250 **(2) Each non-resident PPK Affiliated Pharmacy must be registered with the Oregon Board of Pharmacy**
as a Retail Drug Outlet Pharmacy.

251
252
253 **(3) To qualify for registration under these rules, every non-resident PPK Affiliated Pharmacy must be**
registered and in good standing with the Board of Pharmacy in the pharmacy's state of residence.

255 **(4) The Pharmacist-in-Charge (PIC) of the non-resident PPK Affiliated Pharmacy is the PIC for each PPK.**

256
257 **(5) The PIC is responsible for ensuring that the PPK PIC self-inspection form is correctly completed**
258 **prior to February 1 each year.**

259
260 **(6) The PIC must comply with the requirements of OAR 855-019-0300.**

261
262 **Statutory/Other Authority: ORS 689.205**

263 **Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.225 & ORS 689.527**

264
265 **855-141-0050**

266 **Personnel**

267
268 **(1) A PPK must have a PIC at all times.**

269
270 **(2) Prior to utilizing a PPK, the Pharmacist, Intern, Certified Oregon Pharmacy Technician and**
271 **Pharmacy Technician must have completed a training program on the proper use of the PPK.**

272
273 **Statutory/Other Authority: ORS 689.205**

274 **Statutes/Other Implemented: ORS 689.151, ORS 689.155 & ORS 689.527**

275
276 **855-141-0100**

277 **Security**

278
279 **(1) The PPK Affiliated Pharmacy, the PPK, PIC of the PPK Affiliated Pharmacy and each Pharmacist**
280 **supervising the PPK is responsible for the security of the PPK including provisions for adequate**
281 **safeguards against loss, theft or diversion of prescription and non-prescription drugs, devices, and**
282 **related supplies, and records for such drugs, devices and related supplies.**

283
284 **(2) The PPK Affiliated Pharmacy must ensure the PPK:**

285
286 **(a) Is placed in a secure indoor location that is climate controlled and protected from the elements;**

287
288 **(b) Is securely fastened to a permanent structure so that it cannot be removed;**

289
290 **(c) Stores prescription and non-prescription drugs, devices, and related supplies in compliance with**
291 **the provisions of OAR 855-141-0125;**

292
293 **(3) The PPK must be secured to prevent access when:**

294
295 **(a) There is no Pharmacist supervising and authorizing access in real-time to the PPK; or**

296
297 **(b) There is no Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician**
298 **employed by the PPK Affiliated Pharmacy present at the PPK; or**

299
300 **(c) Any component of the PPK is not functioning.**

303 **(4) A record must be maintained with the name and Oregon license number of each person accessing**
304 **the PPK.**

305
306 **(5) An Intern, Certified Oregon Pharmacy Technician, and Pharmacy Technician may only access the**
307 **PPK when a Pharmacist is supervising the licensee and has authorized access to the PPK in real-time.**

308
309 **(6) Unlicensed personnel (e.g. service or repair personnel) may only access the PPK when escorted and**
310 **continuously observed by a licensee who is authorized by the Pharmacist who is supervising and**
311 **authorizing access to the PPK in real-time.**

312
313 **(7) Minimum security methods must include a properly functioning:**

314
315 **(a) Alarm system at the PPK and real-time notification to a Pharmacist from the PPK Affiliated**
316 **Pharmacy if unauthorized access occurs;**

317
318 **(b) Electronic entry system that is controlled by a Pharmacist and records the:**

319
320 **(A) Identification of the Pharmacist authorizing each access and securing the PPK;**

321
322 **(B) Identification of the Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy**
323 **Technician accessing and securing the PPK; and**

324
325 **(C) Date and time of each activity; and**

326
327 **(c) Surveillance system that utilizes continuously accessible and recorded video between the PPK**
328 **Affiliated Pharmacy and the PPK. The system must provide a clear view of the entire PPK including its**
329 **access points.**

330
331 **Statutory/Other Authority: ORS 689.205**

332 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

333
334
335 **855-141-0120**

336 **Drug: Procurement**

337
338 **A PPK may only receive prescription and non-prescription drugs, devices, and related supplies from**
339 **the PPK Affiliated Pharmacy.**

340
341 **Statutory/Other Authority: ORS 475.035 & ORS 689.205**

342 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

343
344
345 **855-141-0125**

346 **Drug: Storage**

347
348 **(1) A PPK must maintain proper storage of all drugs. This includes, but is not limited to the following:**

349
350 **(a) All drugs must be stored according to manufacturer's published or USP guidelines.**

351 **(b) All drugs must be stored in appropriate conditions of temperature, light, humidity, sanitation,**
352 **ventilation, and space.**

353
354 **(c) Appropriate storage conditions must be provided for, including during transfers between facilities**
355 **and to patients.**

356
357 **(d) A PPK must quarantine drugs which are outdated, adulterated, misbranded or suspect.**

358
359 **(2) A PPK must store all drugs at the proper temperature according to manufacturer's published**
360 **guidelines (pursuant to FDA package insert or USP guidelines).**

361
362 **(a) All drug refrigeration systems must:**

363
364 **(A) Maintain refrigerated products between 2 to 8 °C (35.6 to 46.4°F); frozen products between -25 to**
365 **-10 °C (-13 to 14 °F); or as specified by the manufacturer.**

366
367 **(B) Utilize a centrally placed, accurate, and calibrated thermometer;**

368
369 **(C) Be dedicated to pharmaceuticals only;**

370
371 **(D) Be measured continuously and documented either manually twice daily to include minimum,**
372 **maximum and current temperatures; or with an automated system capable of creating a producible**
373 **history of temperature readings.**

374
375 **(b) A PPK must adhere to a monitoring plan, which includes, but is not limited to:**

376
377 **(A) Documentation of training of all personnel;**

378
379 **(B) Maintenance of manufacturer recommended calibration of thermometers;**

380
381 **(C) Maintenance of records of temperature logs for a minimum of three years;**

382
383 **(D) Documentation of excursion detail, including, but not limited to, event date and name of**
384 **persons(s) involved in excursion responses;**

385
386 **(E) Documentation of action(s) taken, including decision to quarantine product for destruction, or**
387 **determination by a Pharmacist that it is safe for continued use. This documentation must include**
388 **details of the information source;**

389
390 **(F) A written emergency action plan;**

391
392 **(G) Routine preventative maintenance and evaluation of refrigeration equipment and monitoring**
393 **equipment; and**

394
395 **(H) Documentation and review of temperature recordings at least once every 28 days by the**
396 **Pharmacist at the time of in person physical inspection.**

398 **Statutory/Other Authority: ORS 689.205 & ORS 689.325**
399 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

400
401
402 **855-141-0130**
403 **Drug: Loss**
404

405 **A PPK and its PPK Affiliated Pharmacy must:**

407 **(1) Ensure that disasters, accidents and emergencies which may affect the strength, purity, or labeling**
408 **of drugs or devices are reported to the board immediately.**
409
410 **(2) Ensure that confirmed significant drug loss or any loss related to suspected drug theft is reported**
411 **to the board within one business day.**
412

413 **Statutory/Other Authority: ORS 689.205, ORS 689.305 & ORS 689.315**
414 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

415
416
417 **855-141-0145**
418 **Outlet: Closure**
419

420 **A PPK Affiliated Pharmacy must notify the board a minimum of 15 days prior to discontinuing**
421 **operation of a PPK. Notification must include the:**
422

423 **(1) Final disposition of drugs stored in the PPK including:**
424
425 **(a) Name and location where the drugs are transferred;**
426
427 **(b) Name and location where destruction occurred; and**
428
429 **(c) Name and location of the site that will store all records;**
430
431 **(2) Provide the board with:**
432
433 **(a) Oregon Board of Pharmacy state license(s); and**
434
435 **(b) Signed statement giving the effective date of closure.**
436

437 **Statutory/Other Authority: ORS 689.205**
438 **Statutes/Other Implemented: ORS 689.155, ORS 689.305 & ORS 689.527**

440
441 **855-141-0150**
442 **Outlet: Sanitation**
443

444 **A PPK and its PPK Affiliated Pharmacy must ensure the PPK is kept clean.**
445

446 **Statutory/Other Authority: ORS 689.305**

447 **Statutes/Other Implemented: ORS 689.305 & ORS 689.527**

448

449

450 **855-141-0155**

451 **Outlet: Minimum Equipment Requirements**

452

453 **(1) Each Oregon PPK must have the following:**

454

455 **(a) Appropriate equipment and supplies as required by Oregon Revised Statutes, Oregon**
Administrative Rules, United States Code, Code of Federal Regulations, and standards adopted by
reference (e.g. USP) based on services offered by the PPK outlet;

456

457 **(b) Appropriate equipment to maintain the proper storage of drugs;**

458

459 **(c) Signage in a location easily seen by the public at the PPK where prescription and non-prescription**
drugs, devices, and related supplies are dispensed:

460

461 **(A) Stating "The (insert name of PPK Affiliated Pharmacy) may be able to substitute a less expensive**
drug which is therapeutically equivalent to the one prescribed by your doctor unless you do not
approve." The printing on this sign must be in block letters not less than one inch in height.

462

463 **(B) Providing notification in each of the languages required in OAR 855-141-0410 of the right to free,**
competent oral interpretation and translation services, including translated prescription labels, for
patients who are of limited English proficiency, in compliance with federal and state regulations if the
pharmacy dispenses prescriptions for a patient's self-administration;

464

465 **(C) Stating "This location is a Pharmacy Prescription Kiosk, supervised by a Pharmacist from (insert**
name of PPK Affiliated Pharmacy, address, and telephone number)." The printing on the sign must be
in block letters not less than one inch in height; and

466

467 **(D) Providing notification of accurate hours of operation at the PPK; and**

468

469 **(d) Additional equipment and supplies that are determined as necessary by the PPK Affiliated**
Pharmacy or PIC.

470

471 **(e) As an alternative to posting the required signage, PPK's that utilize an electronic video monitor**
that the patient is required to acknowledge prior to retrieving medication from the PPK may display
the information required by sub-paragraphs (1)(c)(A) - (D) electronically.

472

473 **(2) Failure to have, use and maintain required equipment constitutes unprofessional conduct under**
ORS 689.405(1)(a).

474

475 **Statutory/Other Authority: ORS 689.205 & ORS 689.654**

476 **Statutes/Other Implemented: ORS 689.155, ORS 689.515, ORS 689.654 & ORS 689.527**

477

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494 **855-141-0200**

495 **Outlet: General Requirements**

496
497 **(1) The PPK Affiliated Pharmacy and its PIC are responsible for all operations and enforcing all policies**
498 **and procedures of the PPK.**

499
500 **(2) A PPK Affiliated Pharmacy may operate more than one PPK.**

501
502 **(3) A PPK Affiliated Pharmacy must be less than 120 miles apart via the shortest surface street route**
503 **from the PPK.**

504
505 **(4) A PPK and its PPK Affiliated Pharmacy must:**

506
507 **(a) Have the same owner; or**

508
509 **(b) Have a written contract that specifies:**

510
511 **(A) The services to be provided by each licensee and registrant;**

512
513 **(B) The responsibilities of each licensee and registrant; and**

514
515 **(C) The accountabilities of each licensee and registrant;**

516
517 **(c) Ensure prescription and non-prescription drugs, devices, and related supplies are dispensed in**
518 **compliance with OAR 855-019, OAR 855-025, OAR 855-031, OAR 855-041 and OAR 855-141;**

519
520 **(d) Ensure that the PPK Affiliated Pharmacy prevents duplicate dispensing of a prescription;**

521
522 **(e) Comply with all applicable federal and state laws and rules;**

523
524 **(f) Ensure that there is an PIC who is responsible for all operations and enforcing all policies and**
525 **procedures of the PPK;**

526
527 **(f) Designate in writing the Pharmacists, Interns, Pharmacy Technicians and Certified Oregon**
528 **Pharmacy Technicians authorized to access the PPK;**

529
530 **(g) Utilize complete chain of custody tracking;**

531
532 **(h) Train the Pharmacists, Interns, Pharmacy Technicians and Certified Oregon Pharmacy Technicians**
533 **in the operation of the telepharmacy system and PPK and document the training;**

534
535 **(i) Develop, implement and enforce a continuous quality improvement program for dispensing**
536 **services from a PPK designed to objectively and systematically:**

537
538 **(A) Monitor, evaluate, document the quality and appropriateness of patient care;**

539
540 **(B) Improve patient care; and**

542 **(C) Identify, resolve and establish the root cause of dispensing and DUR errors and prevent their**
543 **reoccurrence;**

544
545 **(j) Provide a telephone number that a patient, patient's agent or prescriber may use to contact the**
546 **Pharmacist from the PPK Affiliated Pharmacy; and**

547
548 **(k) Develop, implement and enforce a process for an in person physical inspection of the PPK by a**
549 **Pharmacist at least once every 28 days or more frequently as deemed necessary by the PIC of the PPK**
550 **Affiliated Pharmacy. The inspection must utilize the PPK self-inspection form, be documented, and**
551 **records retained.**

552
553 **Statutory/Other Authority: ORS 689.205**

554 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

555
556
557 **855-141-0205**

558 **Outlet: Technology**

559
560 **A PPK and its PPK Affiliated Pharmacy must:**

561
562 **(1) Utilize a shared telepharmacy system and have appropriate technology or interface to allow access**
563 **to information required to dispense prescription and non-prescription drugs, devices, and related**
564 **supplies and counsel the patient or patient's agent;**

565
566 **(2) Utilize barcode, radio-frequency identification or quick response code technology for stocking,**
567 **destocking and dispensing at the PPK;**

568
569 **(3) Test the telepharmacy system and PPK and verify the unit is operable and functioning in all aspects**
570 **in accordance with minimum acceptable system or unit design specifications before dispensing**
571 **prescription and non-prescription drugs, devices, and related supplies and after an upgrade or change**
572 **is made to the system. The PPK Affiliated Pharmacy must make the results of such testing available to**
573 **the board upon request; and**

574
575 **(4) Develop, implement and enforce a plan for routine maintenance of the telepharmacy system and**
576 **PPK.**

577
578 **(5) Develop, implement and enforce a plan for responding to and recovering from an interruption of**
579 **service where the PPK is not fully operational and functioning.**

580
581 **(6) For verification of prescriptions, use still image capture or store and forward with a camera that is**
582 **of sufficient quality and resolution so that the Pharmacist from the PPK Affiliated Pharmacy can**
583 **visually identify each:**

584
585 **(a) Source container including manufacturer, name, strength, lot, and expiration;**

586
587 **(c) Dispensed product including the imprint and physical characteristics if applicable;**

588
589 **(d) Completed prescription container including the label; and**

590 **(7) Utilize barcode, radio-frequency identification or quick response code technology to record**
591 **information in (6) if available;**

592
593 **Statutory/Other Authority: ORS 689.205**

594 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

595
596
597 **855-141-0210**

598 **Outlet: Supervision**

599
600 **A PPK and its PPK Affiliated Pharmacy must:**

601
602 **(1) Ensure prescription and non-prescription drugs, devices, and related supplies are only dispensed at**
603 **the PPK if a Pharmacist is available for patient consultation and the PPK is fully operational.**

604
605 **(2) Ensure that stocking and destocking of prescription and non-prescription drugs, devices, and**
606 **related supplies in a PPK is completed under the supervision, direction, and control of a Pharmacist.**

607
608 **(3) Ensure that a Pharmacist verifies and documents that:**

609
610 **(a) All prescription and non-prescription drugs, devices, and related supplies were correctly stocked**
611 **into the PPK;**

612
613 **(b) All prescription and non-prescription drugs, devices, and related supplies destocked from the PPK**
614 **were returned to the PPK Affiliated Pharmacy;**

615
616 **(c) Proper storage conditions were maintained during transfer per OAR 855-141-0125; and**

617
618 **(d) Records are maintained per OAR 855-141-0550.**

619
620 **(4) Drugs and devices destocked from a PPK that satisfy the requirements of this section may be**
621 **returned to stock at the PPK Affiliated Pharmacy.**

622
623 **Statutory/Other Authority: ORS 689.205 & ORS 689.225**

624 **Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.305 & ORS 689.527**

625
626
627 **855-141-0215**

628 **Outlet: Pharmacist Utilization**

629
630 **A PPK and its PPK Affiliated Pharmacy must ensure that a prescription drug or device is not released**
631 **from the PPK until the Pharmacist or Intern has:**

632
633 **(1) Provided counseling when required under OAR 855-019-0230 or when requested by the patient or**
634 **patient's agent; and**

635
636 **(2) Documented the interaction.**

638 **Statutory/Other Authority: ORS 689.205**
639 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**
640
641
642 **855-141-0225**
643 **Outlet: Controlled Substances**
644
645 **Controlled substances may not be stored in the PPK.**
646
647 **Statutory/Other Authority: ORS 689.205**
648 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**
649
650
651 **855-141-0300**
652 **Prescription: General Requirements**
653
654 **(1) Prescriptions, prescription refills, and drug orders must be correctly dispensed in accordance with the prescribing practitioner's authorization. When a prescription is transmitted orally, it must be transmitted to the Pharmacist from the PPK Affiliated Pharmacy and both the receiving pharmacist's name or initials and the name of the person transmitting must be noted on the prescription.**
655
656
657
658
659 **(2) Each PPK Affiliated Pharmacy must document the following information for each prescription:**
660
661 **(a) The name and date of birth of the patient for whom the drug is prescribed, unless for an animal.**
662
663 **(b) If for an animal, the name of the patient, name the owner and the species of the animal.**
664
665 **(c) The full name, address, and contact phone number of the practitioner.**
666
667 **(d) The name, strength, dosage forms of the substance, quantity prescribed and, if different from the quantity prescribed, the quantity dispensed;**
668
669
670 **(e) The directions for use, if given by the practitioner; and**
671
672 **(f) The date of filling, and the total number of refills authorized by the prescribing practitioner.**
673
674 **(3) In accordance with ORS 689.515(3), a practitioner may specify in writing, by a telephonic communication or by electronic transmission that there may be no substitution for the specified brand name drug in a prescription.**
675
676
677
678 **(a) For a hard copy prescription issued in writing or a prescription orally communicated over the telephone, instruction may use any one of the following phrases or notations:**
679
680
681 **(A) No substitution;**
682
683 **(B) N.S.;**
684
685 **(C) Brand medically necessary;**

686 **(D) Brand necessary;**

687 **(E) Medically necessary;**

689 **(F) D.A.W. (Dispense As Written); or**

691 **(G) Words with similar meaning.**

694 **(b) For an electronically transmitted prescription, the prescriber or prescriber's agent must clearly**
indicate substitution instructions by way of the text (without quotes) "brand medically necessary" or
words with similar meaning, in the electronic prescription drug order, as well as all relevant electronic
indicators sent as part of the electronic prescription transmission.

698 **(c) Such instructions must not be default values on the prescription.**

700 **(4) A PPK or Pharmacist filling a prescription or order for a biological product may not substitute a**
biosimilar product for the prescribed biological product unless:

704 **(a) The biosimilar product has been determined by the United States Food and Drug Administration to**
be interchangeable with the prescribed biological product;

707 **(b) The prescribing practitioner has not designated on the prescription that substitution is prohibited;**

710 **(c) The patient for whom the biological product is prescribed is informed of the substitution prior to**
dispensing the biosimilar product;

712 **(d) The PPK Affiliated Pharmacy or Pharmacist provides written, electronic or telephonic notification**
of the substitution to the prescribing practitioner or the prescribing practitioner's staff within three
business days of dispensing the biosimilar product; and

716 **(5) The PPK must dispense prescriptions accurately and to the correct party.**

718 **Statutory/Other Authority: ORS 689.205 & ORS 689.522**

719 **Statutes/Other Implemented: ORS 689.505, ORS 689.515 & ORS 689.522**

722 **855-141-0305**

723 **Prescription: Tamper-resistant**

725 **When the use of a tamper-resistant prescription is required by any federal or state law or rule, the**
term "tamper-resistant" has the meaning as defined in OAR 855-006-0015.

728 **Statutory/Other Authority: ORS 689.205**

729 **Statutes/Other Implemented: ORS 689.155**

733 **855-141-0310**

734 **Prescription: Verification of Authenticity**

735
736 **Alteration of a written prescription, other than by a Pharmacist's or practitioner's authorization, in**
737 **any manner constitutes an invalid order unless verified with the prescriber.**

738
739 **Statutory/Other Authority: ORS 689.205**

740 **Statutes/Other Implemented: ORS 689.151 & ORS 689.155**

741
742 **855-141-0315**

743 **Prescription: Refills**

744
745
746 **(1) Where refill authority is given other than by the original prescription, documentation that such**
747 **refill authorization was given, the date of authorization, and name of the authorizing prescriber or the**
748 **prescriber's agent must be recorded. This documentation must be readily retrievable.**

749
750 **(2) If the practitioner is not available and in the reasonable professional judgment of the Pharmacist**
751 **from the PPK Affiliated Pharmacy an emergency need for the refill of a prescription drug has been**
752 **demonstrated, the Pharmacist may authorize the kiosk to prepare for pharmacist verification a**
753 **sufficient quantity of the drug consistent with the dosage regimen, to last until a practitioner can be**
754 **contacted for authorization, but not to exceed a 72-hour supply. The practitioner must be promptly**
755 **notified of the emergency refill.**

756
757 **POLICY DISCUSSION: Emergency Supplies**

758
759 **(3) Each refilling of a prescription must be accurately documented, readily retrievable, and uniformly**
760 **maintained for three years by the PPK Affiliated Pharmacy. This record must include;**

761
762 **(a) Date, time and identification of each individual and activity or function performed;**

763
764 **(b) Name of the patient;**

765
766 **(c) Name of the medication;**

767
768 **(d) Date of refill; and**

769
770 **(e) Quantity dispensed.**

771
772 **(4) Refill quantities may be combined into a single filling if the prescription is not for a**
773 **psychotherapeutic drug and the prescriber is notified of the change.**

774
775 **(5) A kiosk may only dispense a prescription refill upon request of the patient or patient's agent. A**
776 **request specific to each prescription medication is required.**

777
778 **(6) A prescription must be refilled in context with the approximate dosage schedule unless specifically**
779 **authorized by the prescriber.**

781 **Statutory/Other Authority: ORS 689.205**

782 **Statutes/Other Implemented: ORS 689.505 & ORS 689.515**

785 **855-141-0320**

786 **Prescription: Expiration**

788 **This section of rule addresses the expiration date of the prescription and not the expiration date of**
the drug.

791 **(1) After one year from date of issue, a prescription for a non-controlled substance becomes invalid**
and must be re-authorized by the prescriber.

794 **(2) When "PRN" is used as a prescription refill designation:**

796 **(a) The abbreviation means that the prescription can be refilled in proper context for a period of one**
year.

799 **(b) In conjunction with a definite time period, or a specific number of refills, the prescription can be**
refilled in proper context for a period not to exceed one year.

802 **Statutory/Other Authority: ORS 689.205**

803 **Statutes/Other Implemented: ORS 689.505 & ORS 689.515**

806 **855-141-0325**

807 **Prescription: Transfers**

809 **(1) Prescriptions may be transferred between pharmacies for the purpose of an initial or refill**
dispensing provided that:

812 **(a) The prescription is invalidated at the sending pharmacy; and**

814 **(b) The receiving pharmacy obtains all the information constituting the prescription and its relevant**
refill history in a manner that ensures accuracy and accountability.

817 **(2) Prescriptions for controlled substances can only be transferred one time.**

819 **(3) Pharmacies using the same electronic prescription database are not required to transfer**
prescriptions for dispensing purposes.

822 **(4) An Oregon registered pharmacy must transfer a prescription:**

824 **(a) To a pharmacy requesting a transfer on behalf of the patient or patient's agent unless the transfer**
would compromise patient safety or violate state or federal laws or rules; and

827 **(b) By the end of the next business day of the request.**

829 **Statutory/Other Authority: ORS 689.205**
830 **Statutes/Other Implemented: ORS 689.155**

831
832
833 **855-141-0345**
834 **Dispensing: General Requirements**

835
836 **The PPK Affiliated Pharmacy must:**

838 **(1) Ensure each prescription, prescription refill, and drug order is correctly dispensed from the PPK in**
839 **accordance with the prescribing practitioner's authorization; and**
840
841 **(2) Ensure the PPK dispenses prescriptions accurately and to the correct party.**

842
843 **Statutory/Other Authority: ORS 689.205**
844 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

845
846
847 **855-141-0350**
848 **Dispensing: Containers**

849
850 **Each PPK must dispense a drug in a new container that complies with the current provisions of the**
851 **Poison Prevention Packaging Act in 16 CFR 1700 (01/01/2021), 16 CFR 1701 (01/01/2021), and 16 CFR**
852 **1702 (01/01/2021).**

853
854 **[Publications: Publications referenced are available from the agency.]**

855
856 **Statutory/Other Authority: ORS 689.205**
857 **Statutes/Other Implemented: ORS 689.155**

859
860 **855-141-0400**
861 **Labeling: General Requirements**

862
863 **Prescriptions must be labeled with the following information:**

864
865 **(1) Name and address of the PPK.**

866
867 **(2) Date;**

868
869 **(3) Identifying number;**

870
871 **(4) Name of patient;**

872
873 **(5) Name of drug, strength, and quantity dispensed; when a generic name is used, the label must also**
874 **contain the identifier of the manufacturer or distributor;**

875
876 **(6) Directions for use by the patient;**

877 **(7) Name of practitioner;**

878
879 **(8) Such other and further accessory cautionary information as required for patient safety;**

880
881 **(9) An expiration date after which the patient should not use the drug or medicine. Expiration dates**
on prescriptions must be the same as that on the original container or one year from the date the
drug was originally dispensed and placed in the new container, whichever date is earlier. Any drug
expiring before the expected length of time for course of therapy must not be dispensed.

885
886 **(10) Any dispensed prescription medication, other than those in unit dose or unit of use packaging,**
must be labeled with its physical description, including any identification code that may appear on
tablets and capsules; and

889
890 **(11) Name, address and telephone number of the PPK Affiliated Pharmacy.**

891
892 **Statutory/Other Authority: ORS 689.205**

893 **Statutes/Other Implemented: ORS 689.505 & ORS 689.515**

894
895
896
897 **855-141-0405**

898 **Labeling: Prescription Reader Accessibility**

900 **(1) A PPK must notify each person to whom a prescription drug is dispensed that a prescription reader**
is available to the person upon request; a prescription reader is a device designed to audibly convey
labeling information.

903
904 **(2) If a person informs the PPK Affiliated Pharmacy that the person identifies as a person who is blind,**
the pharmacy must provide to the person a prescription reader that is available to the person for at
least the duration of the prescription, must confirm it is appropriate to address the person's visual
impairment, and must ensure that prescription labels are compatible with the prescription reader.
This requirement does not apply to an institutional drug outlet, dispensing a drug intended for
administration by a healthcare provider.

910
911 **(3) The PPK Affiliated Pharmacy must ensure a Pharmacist verifies and documents that the correct**
electronic label was placed on each prescription container and that the audio information produced
by the prescription reader is accurate prior to dispensing the prescription.

914
915 **Statutory/Other Authority: ORS 689.205**

916 **Statutes/Other Implemented: ORS 689.561**

917
918
919
920 **855-141-0410**

921 **Labeling: Limited English Proficiency and Accessibility**

922
923 **(1) Upon request of a prescriber, patient or a patient's agent, each drug dispensed by the PPK for a**
patient's self-administration must bear a label in both English and the language requested for an

925 individual with limited English proficiency, defined as a person who is not fluent in the English
926 language. This does not apply to a drug outlet dispensing a drug intended for administration by a
927 healthcare worker.

928
929 (2) When dispensing a drug under (1), the PPK must provide labels and informational inserts in both
930 English and one of the following languages:

931
932 (a) Spanish;

933
934 (b) Russian;

935
936 (c) Somali;

937
938 (d) Arabic;

939
940 (e) Chinese (simplified);

941
942 (f) Vietnamese;

943
944 (g) Farsi;

945
946 (h) Korean;

947
948 (i) Romanian;

949
950 (j) Swahili;

951
952 (k) Burmese;

953
954 (l) Nepali;

955
956 (m) Amharic; and

957
958 (n) Pashtu.

959
960 (3) The board must reassess and update (2) as necessary and at least every ten years.

961
962 Statutory/Other Authority: ORS 689.564

963 Statutes/Other Implemented: ORS 689.205

964
965
966 **855-141-0450**

967 **Drugs and Devices: Disposal**

968
969 Drugs and devices that are outdated, damaged, deteriorated, misbranded, or adulterated must be
970 quarantined and physically separated from other drugs until they are destroyed or returned to their
971 supplier.

973 **Statutory/Other Authority: ORS 475.035, ORS 689.205, ORS 689.305 & ORS 689.315**

974 **Statutes/Other Implemented: ORS 689.155**

975 **855-141-0455**

976 **Drug and Devices: Return**

977 **A PPK or PPK Affiliated Pharmacy may accept the return of a drug or device as defined by ORS 689.005**
978 **once the drug or device have been dispensed from the PPK if they were dispensed in error, were**
979 **defective, adulterated, misbranded, dispensed beyond their expiration date, or are subject of a drug**
980 **or device recall only if:**

981 **(1) A Pharmacist has approved the return;**

982 **(2) The drugs or devices are accepted for destruction or disposal; and**

983 **(3) A Pharmacist verifies the destruction or disposal.**

984 **Statutory/Other Authority: ORS 689.205**

985 **Statutes/Other Implemented: ORS 689.305**

986 **855-141-0500**

987 **Policies and Procedures**

988 **(1) The PIC of the PPK Affiliated Pharmacy and the PPK Affiliated Pharmacy drug outlet is accountable**
989 **for establishing, maintaining, and enforcing written policies and procedures for the PPK. The written**
990 **policies and procedures must be maintained at the PPK Affiliated Pharmacy and must be available to**
991 **the board upon request.**

992 **(2) The written policies and procedures must include at a minimum the responsibilities of the PPK**
993 **Affiliated Pharmacy and each PPK including;**

994 **(a) Security;**

995 **(b) Operation, testing and maintenance of the telepharmacy system and the PPK;**

996 **(c) Sanitation and cleaning;**

997 **(d) Storage of drugs;**

998 **(e) Stocking and destocking;**

999 **(f) Dispensing;**

1000 **(g) Preventing duplicate dispensing;**

1001 **(h) Pharmacist supervision, direction and control of and licensed personnel accessing the PPK;**

1021 (i) Documenting the identity, function, location, date and time of licensees engaging in telepharmacy
1022 and licensed personnel accessing the PPK;

1023
1024 (j) Utilization of Interns, Certified Oregon Pharmacy Technicians or Pharmacy Technicians;

1025
1026 (k) Utilization of Pharmacist (e.g. Counseling);

1027
1028 (l) Drug and/or device procurement

1029
1030 (m) Receiving of drugs and/or devices;

1031
1032 (n) Delivery of drugs and/or devices;

1033
1034 (o) Recordkeeping;

1035
1036 (p) Patient confidentiality;

1037
1038 (q) On-site inspection by a Pharmacist;

1039
1040 (r) Continuous quality improvement;

1041
1042 (s) Plan for discontinuing and recovering services if PPK disruption occurs;

1043
1044 (t) Training: initial and ongoing; and

1045
1046 (u) Interpretation, translation and prescription reader services.

1047
1048 (4) A PPK Affiliated Pharmacy that provides prescription and non-prescription drugs, devices, and
1049 related supplies through a PPK must review its written policies and procedures every 12 months,
1050 revise them if necessary, and document the review.

1051
1052 Statutory/Other Authority: ORS 689.205

1053 Statutes/Other Implemented: ORS 689.155 & ORS 689.527

1054
1055
1056 **855-141-0550**

1057 **Records: General Requirements**

1058
1059 (1) The recordkeeping requirements OAR 855-141 are in addition to the requirements of other
1060 recordkeeping rules of the board. Unless otherwise specified, all records and documentation required
1061 by these rules, must be retained for three years and made available to the board for inspection upon
1062 request. Records must be stored onsite for at least one year and may be stored, after one year, in a
1063 secured off-site location if retrievable within three business days. Records and documentation may be
1064 written, electronic or a combination of the two.

1065
1066 (2) All required records for the PPK must be maintained by the PPK Affiliated Pharmacy.

1067
1068 (3) Records retained by the PPK Affiliated Pharmacy must include, but are not limited to:

1069 **(a) Date, time and identification of each individual and activity or function performed via the PPK;**

1070

1071 **(b) Pharmacist physical inspection of the PPK;**

1072

1073 **(c) Telepharmacy system testing;**

1074

1075 **(d) Licensee training on the proper use of the PPK;**

1076

1077 **(e) Still image capture and store and forward images must be retained according to (1);**

1078

1079 **(f) Data and surveillance system data must be retained for 6 months; and**

1080

1081 **(g) Any errors or irregularities identified by the quality improvement program.**

1082

1083 **(4) Records of dispensing from a PPK must include the:**

1084

1085 **(a) Physical location of the PPK;**

1086

1087 **(b) Identification of the patient or patient's agent retrieving the prescription, non-prescription drugs,**

1088 **and supplies;**

1089

1090 **(c) A digital image of the individual to whom the prescription was dispensed.**

1091

1092 **(d) Date and time of transaction;**

1093

1094 **(e) Each prescription number, patient name, prescriber name, drug name, strength, dosage form and**

1095 **quantity;**

1096

1097 **(f) Each non-prescription drug and supply name, UPC or NDC number, and quantity; and**

1098

1099 **(g) Name of Pharmacist or Intern who provided counseling to the patient or patient's agent, if**

1100 **required, documentation that the counseling was performed or that the Pharmacist or Intern**

1101 **accepted the patient or patient's agent request not to be counseled.**

1102

1103 **(5) Records of stocking and destocking of prescriptions into or from a PPK must include the:**

1104

1105 **(a) Date and time;**

1106

1107 **(b) Each prescription number, patient name, prescriber name, drug name, strength, dosage form and**

1108 **quantity;**

1109

1110 **(c) Each non-prescription drug and supply name, UPC or NDC number, and quantity;**

1111

1112 **(d) Name and Oregon license number of the person stocking or destocking prescription, non-**

1113 **prescription drugs and supplies from the system; and**

1114

1115 **(e) Identity of the Pharmacist who verifies that the system has been accurately stocked or destocked.**

1116

1117 **Statutory/Other Authority: ORS 689.205**

1118 **Statutes/Other Implemented: ORS 689.155, ORS 689.508 & ORS 689.527**

1119

1120

1121 **855-141-0555**

1122 **Records: Patient**

1123

1124 **A patient record system must be maintained by the PPK Affiliated Pharmacy for all patients for whom**

1125 **a prescription drug is dispensed. The patient record system must provide information necessary for**

1126 **the dispensing Pharmacist to identify previously dispensed drugs at the time a prescription is**

1127 **presented for dispensing. The pharmacist must make a reasonable effort to obtain, record, and**

1128 **maintain the following information:**

1129

1130 **(1) Full name of the patient for whom the drug is intended;**

1131

1132 **(2) Address and telephone number of the patient;**

1133

1134 **(3) Patient's age or date of birth;**

1135

1136 **(4) Patient's gender;**

1137

1138 **(5) Patient's preferred language for communication and prescription labeling;**

1139

1140 **(6) Chronic medical conditions;**

1141

1142 **(7) A list of all prescription drug orders obtained by the patient at the pharmacy maintaining the**

1143 **patient record showing the name of the drug or device, prescription number, name and strength of**

1144 **the drug, the quantity and date received, and the name of the prescriber;**

1145

1146 **(8) Known allergies, drug reactions, and drug idiosyncrasies; and**

1147

1148 **(9) If deemed relevant in the Pharmacist's reasonable professional judgment:**

1149

1150 **(a) Pharmacist comments relevant to the individual's drug therapy, including any other information**

1151 **peculiar to the specific patient or drug; and**

1152

1153 **(b) Additional information such as chronic conditions or disease states of the patient, the patient's**

1154 **current weight, and the identity of any other drugs, including over-the-counter drugs, or devices**

1155 **currently being used by the patient which may relate to prospective drug review.**

1156

1157 **Statutory/Other Authority: ORS 689.205**

1158 **Statutes/Other Implemented: ORS 689.151, ORS 689.155 & ORS 689.508**

1159

1160

1161 **855-141-0600**

1162 **Prohibited Practices: General**

1163

1164 **A PPK may not:**

1165 **(1) Allow unlicensed personnel, Certified Oregon Pharmacy Technicians or Pharmacy Technicians to**
1166 **ask questions of a patient or patient's agent which screen and/or limit interaction with the**
1167 **Pharmacist;**

1168
1169 **(2) Utilize a person to dispense or deliver a prescription and non-prescription drug, device, and any**
1170 **related supply directly to the patient from the PPK;**

1171
1172 **(3) Dispense drugs that require further manipulation prior to administration or dispensing (e.g.**
1173 **reconstitution, compounding, vaccines); and**

1174
1175 **(4) Store or dispense controlled substances.**

1176
1177 **Statutory/Other Authority: ORS 475.035, ORS 689.205, ORS 689.305 & ORS 689.315**

1178 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

1180
1181 **855-141-0602**

1182 **Prohibited Practices: Disclosure of Patient Information**

1183
1184 **A PPK may not:**

1185
1186 **(1) Allow a licensee or registrant of the board who obtains any patient information to disclose that**
1187 **information to a third party without the consent of the patient except as provided in (a)-(e) of this**
1188 **rule. A licensee may disclose patient information:**

1189
1190 **(a) To the board;**

1191
1192 **(b) To a practitioner, Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy**
1193 **Technician, if disclosure is authorized by a Pharmacist who reasonably believes that disclosure is**
1194 **necessary to protect the patient's health or wellbeing; or**

1195
1196 **(c) To a third party when disclosure is authorized or required by law; or**

1197
1198 **(d) As permitted pursuant to federal and state patient confidentiality laws; or**

1199
1200 **(e) To the patient or to persons as authorized by the patient.**

1201
1202 **(2) Allow a licensee or registrant of the board to access or obtain any patient information unless it is**
1203 **accessed or obtained for the purpose of patient care except as provided in (1)(a)-(e) of this rule.**

1204
1205 **Statutory/Other Authority: ORS 475.035, ORS 689.205, ORS 689.305 & ORS 689.315**

1206 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

1212 **855-141-0650**

1213 **Grounds for Discipline**

1214

1215 **The State Board of Pharmacy may impose one or more of the following penalties which includes:**

1216 **suspend, revoke, or restrict the license of an outlet or may impose a civil penalty upon the outlet**

1217 **upon the following grounds:**

1218

1219 **(1) Any of the grounds listed in ORS 689.405.**

1220

1221 **(2) Advertising or soliciting that may jeopardize the health, safety, or welfare of the patient including,**

1222 **but not be limited to, advertising or soliciting that:**

1223

1224 **(a) Is false, fraudulent, deceptive, or misleading; or**

1225

1226 **(b) Makes any claim regarding a professional service or product or the cost or price thereof which**

1227 **cannot be substantiated by the licensee.**

1228

1229 **Statutory/Other Authority: ORS 689.151, ORS 689.155, ORS 689.205 & ORS 689.225**

1230 **Statutes/Other Implemented: ORS 689.155, ORS 689.405 & ORS 689.527**

1231

1232

Divisions 019/041/139 – Demographics

Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency's intended action max 15 words): Modifies patient records requirements to include patient's sex assigned at birth current gender identification, and current chosen name.

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Modifies patient records requirements regarding gender, sex, and name.

Documents Relied Upon per ORS 183.335(2)(b)(D):

- Providing Inclusive Care and Services for the Transgender and Gender Diverse Community: A Pharmacy Resource Guide [March 2021](#)
- [Omnibus Reconciliation Act of 1990](#) (OBRA 90)

Resources

- Redfern, Jan S., Jann, Michael W. "The evolving role of pharmacists in transgender health care." Transgender health 4.1 (2019): 118-130. <https://www.liebertpub.com/doi/epdf/10.1089/trgh.2018.0038>
- Cleveland Clinic: [Why Deadnaming is Harmful](#)
- EPIC: [More Inclusive Care for Transgender Patients Using Epic](#)

Racial Equity statement per ORS 183.335(2)(b)(F) (identifying how adoption of rule might impact one group of people differently than others): To be determined

Fiscal & Economic Impact per ORS 183.335(2)(b)(E): To be determined

OBOP/Other State Agencies/Units of Local Government/Public: No anticipated fiscal impact is expected for the agency, other state agencies, units of local government or the public.

Cost of Compliance (including small businesses): To be determined

Number/Type: To be determined

Reporting, Recordkeeping and Administrative Activities Cost: To be determined

Professional Services, Equipment/ Supplies, Labor Cost: To be determined

Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G): No, A RAC was not consulted, proposed rules are also designed to provide more inclusive care for transgender and gender diverse patients.

Rules Summary per ORS 183.335(2)(a)(B) (Indicates the change to the rule and why): Procedural rule review modifying patient records requirements to provide pharmacists with hormonal history and anatomy for accurate drug dosing and interaction screening. Also provides pharmacies with the ability to identify patients by their chosen name and gender identification.

1

2 **POLICY DISCUSSION:** Name, Gender, Sex

3

4 Division 19
5 PHARMACISTS

6
7 **855-019-0220**

8 Drug Utilization Review (DUR)

9
10 **NOTE:** Revisions to this rule are also included in the Div 019/115 RPH Procedural Rule Review package

11
12 (1) A pharmacist shall maintain a record for each patient that contains easily retrievable information
13 necessary for the pharmacist to perform a DUR and to identify previously dispensed drugs at the time a
14 prescription or drug order is presented for dispensing or preparing for administration. The pharmacist
15 shall make a reasonable effort to obtain, record, and maintain the following information:

16 (a) Full **name** of the patient for whom the drug is prescribed;
17
18 (b) Address and telephone number of the patient;
19
20 (c) Patient's **gender**, age or date of birth;
21
22 (d) Chronic medical conditions and disease states of the patient;
23
24 (e) A list of all drugs or devices the patient is currently obtaining at that pharmacy showing the name of
25 the drug or device, strength of the drug, the quantity and date received, and the name of the prescribing
26 practitioner;
27
28 (f) Known allergies, adverse drug reactions, and drug idiosyncrasies;
29
30 (g) Pharmacist comments relevant to the individual's drug therapy, including any other information
31 specific to that patient or drug; and
32
33 (h) Additional information, which may relate to DUR, or for the monitoring of the patient as appropriate.

34 (2) Patient records shall be maintained for at least three years.

35
36 (3) The pharmacist or intern shall perform a DUR prior to dispensing or preparing for administration any
37 prescription or refill.

38
39 Statutory/Other Authority: ORS 689.205

40
41 Statutes/Other Implemented: ORS 689.151, 689.155

42
43
44
45
46 **855-019-0290**

47 Immunization Record Keeping and Reporting

48
49 (1) A pharmacist who administers a vaccine to a patient must fully document the administration in the
50 patient's permanent record.

51

52 (2) A pharmacist who administers any vaccine must report the following elements to the OHA ALERT
53 Immunization Information System in a manner prescribed by OHA within 15 days of administration. This
54 replaces the former requirement to notify the primary health care provider. A pharmacist is not required
55 to notify the primary health care provider.

56 (a) The name, address, gender and date of birth of the patient;

57 (b) The date of administration of the vaccine;

58 (c) The NDC number of the vaccine, or other acceptable standardized vaccine code set;

59 (d) The address of the pharmacy where vaccine was administered unless automatically embedded in the
60 electronic report provided to the OHA ALERT Immunization System;

61 (e) The phone number of the patient when available;

62 (f) The dose amount, manufacturer, site of administration, lot number and expiration date of the
63 vaccine when available;

64 (3) A pharmacist who administers any vaccine will keep documentation of current CPR training. This
65 documentation will be kept on site and available for inspection.

66 (4) A pharmacist who administers any vaccine will follow storage and handling guidance from the
67 vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).

68 (5) For the purpose of participation in the Oregon Vaccines for Children program,

69 (a) The vaccine eligibility code for each dose must be reported to the ALERT Immunization Information
70 System in the manner prescribed by OHA, and

71 (b) The pharmacist is recognized as a prescriber.

72 (6) If providing state or federal vaccines during a pandemic as determined by the CDC, the event and
73 priority code as specified by OHA must be provided upon request in the manner prescribed by OHA.

74 Statutory/Other Authority: ORS 689.205

75 Statutes/Other Implemented: ORS 689.151, 689.155, 689.645

76
77 Division 41
78 OPERATION OF PHARMACIES

79 855-041-1165

80 Records: Patient

81
82 NOTE: Base language below is effective 9/1/2022 and includes amendments adopted at the June 2022
83 board meeting.

84
85

100 A patient record system shall be maintained by pharmacies for all patients for whom prescription drug
101 orders are dispensed. The patient record system must provide for readily retrievable information
102 necessary for the dispensing pharmacist to identify previously dispensed drugs at the time a prescription
103 drug order is presented for dispensing. The pharmacist must make a reasonable effort to obtain, record,
104 and maintain the following information:

105

106 (1) Full name of the patient for whom the drug is intended;

107

108 (2) Address and telephone number of the patient;

109

110 (3) Patient's date of birth;

111

112 (4) Patient's gender;

113

114 (5) Patient's preferred language for communication and prescription labeling;

115

116 (6) Chronic medical conditions;

117

118 (7) A list of all prescription drug orders obtained by the patient at the pharmacy maintaining the patient
119 record showing the name of the drug or device, prescription number, name and strength of the drug,
120 the quantity and date received, and the name of the prescriber;

121

122 (8) Known allergies, drug reactions, and drug idiosyncrasies; and

123

124 (9) If deemed relevant in the pharmacist's reasonable professional judgment:

125

126 (a) Pharmacist comments relevant to the individual's drug therapy, including any other information
127 peculiar to the specific patient or drug; and

128

129 (b) Additional information such as chronic conditions or disease states of the patient, the patient's
130 current weight, and the identity of any other drugs, including over-the-counter drugs, or devices
131 currently being used by the patient which may relate to prospective drug review.

132

133 Statutory/Other Authority: ORS 689.205

134 Statutes/Other Implemented: ORS 689.151, 689.155 & 689.508

135

136

137 855-041-6510

138 In-patient Drug Profile

139

140 (1) Each pharmacist must ensure that a drug order for a patient requiring continuous drug therapy is
141 entered into the patient's drug profile. The profile must contain:

142

143 (a) The patient's name, location and important clinical data such as age, height, weight, sex, chronic
144 disease states, problem list and allergies;

145

146 (b) The drug name, strength, dosage form, route of administration and directions for administration;

147

148 (c) The drug therapy start and end date as applicable;
149
150 (d) The name or ID of the pharmacist responsible for entry or verification of the drug order.
151
152 (2) Prior to the drug being released for access by the nurse, a pharmacist must enter the drug order into
153 a drug profile and perform a DUR except when:
154
155 (a) The drug is being dispensed from an after-hours cabinet in the absence of a pharmacist;
156
157 (b) The drug is from an emergency drug kit; or
158
159 (c) A system override is being used by a LIP or nurse to treat the emergency needs of a patient. Subject
160 to a prescriber's order, a sufficient quantity to meet the emergency needs of the patient may be used
161 until a pharmacist is available to review and confirm the drug order.
162
163 (3) The pharmacist must continue to monitor the appropriateness of the patient's drug utilization
164 throughout the patient's stay in the hospital.

165
166 Statutory/Other Authority: ORS 689.205
167 Statutes/Other Implemented: ORS 689.155

168
169
170 Division 139
171 REMOTE DISPENSING SITE PHARMACY

172
173 **855-139-0555**
174 Records: Patient

175
176 **NOTE:** Base language below is effective 9/1/2022 and includes amendments adopted at the June 2022
177 board meeting.

178
179 A patient record system must be maintained by pharmacies for all patients for whom a prescription drug
180 is dispensed. The patient record system must provide information necessary for the dispensing Oregon
181 licensed Pharmacist to identify previously dispensed drugs at the time a prescription is presented for
182 dispensing. The pharmacist must make a reasonable effort to obtain, record, and maintain the following
183 information:

184
185 (1) **Full name** of the patient for whom the drug is intended;
186
187 (2) Address and telephone number of the patient;
188
189 (3) Patient's date of birth;
190
191 (4) **Patient's gender**;
192
193 (5) Patient's preferred language for communication and prescription labeling;
194
195 (6) Chronic medical conditions;

196 (7) A list of all prescription drug orders obtained by the patient at the pharmacy maintaining the patient
197 record showing the name of the drug or device, prescription number, name and strength of the drug,
198 the quantity and date received, and the name of the prescriber;
199
200 (8) Known allergies, drug reactions, and drug idiosyncrasies; and
201
202 (9) If deemed relevant in the pharmacist's professional judgment:
203
204 (a) Oregon licensed Pharmacist comments relevant to the individual's drug therapy, including any other
205 information peculiar to the specific patient or drug; and
206
207 (b) Additional information such as chronic conditions or disease states of the patient, the patient's
208 current weight, and the identity of any other drugs, including over-the-counter drugs, or devices
209 currently being used by the patient which may relate to prospective drug review.
210
211 Statutory/Other Authority: ORS 689.205
212 Statutes/Other Implemented: ORS 689.151, ORS 689.155 & ORS 689.508

SBAR: Request to add promethazine/codeine and pregabalin to PDMP

S	<p>Situation:</p> <ul style="list-style-type: none"> Promethazine with codeine and pregabalin are schedule V medications that are not reported to the Oregon PDMP. Promethazine with codeine is indicated for cough, is frequently abused, sought by fraudulent means, and a target of pharmacy robberies. <ul style="list-style-type: none"> 2 major pharmacy chains no longer stock promethazine with codeine- Walmart (effective 11/19/2021) and Rite Aid (effective 8/1/2022). The board has received requests from licensees requesting promethazine with codeine be added to the PDMP. Pregabalin is indicated for a variety of neurological conditions (e.g. seizures, pain, anxiety), is misused to potentiate the 'high' of other substances – similar to gabapentin (another gabapentinoid), and carries a risk of respiratory failure when used in combination with opioids or other central nervous system depressants.
B	<p>Background:</p> <ul style="list-style-type: none"> In 2009, SB 355 established the PDMP. In 2011, pharmacies began uploading schedules II-IV to the PDMP In 2020, gabapentin and naloxone were added to the PDMP In 2018, Oregon's Secretary of State Recommended that OHA take the following actions to more effectively operate the PDMP within existing state statutes and rules: <ul style="list-style-type: none"> “12. Allow for additional information to be collected by the PDMP. This should include: <ul style="list-style-type: none"> a. prescriptions for Schedule V controlled substances and other drugs of concern;” Oregon is 1 of 7 states that does not require schedule V medications be included in PDMP reports.

- Figure 1- <https://www.pdmpassist.org/Policies/Maps/PDMPPolicies>

Related Resources

- Drug Enforcement Administration / US Department of Justice

Oregon Board of Pharmacy

8/2022

Page 1 of 2

	<ul style="list-style-type: none"> ○ Two Washington Men and an Oregon Man Charged with Conspiracy to Obtain Controlled Substances by Fraud ○ Florida-Based Pharmaceutical President Indicted in Counterfeit Promethazine-Codeine Drug Trafficking Conspiracy ○ 14 Charged With Writing Fake Prescriptions To Make “Lean” ○ Nine Indicted in Counterfeit Promethazine-Codeine Drug Trafficking Conspiracy ○ Chicago Woman Sentenced for Obtaining Promethazine with Codeine by Fraud ● Oregon Secretary of State Audit <ul style="list-style-type: none"> ○ Report 2018-40 OHA Health Authority Constraints on Oregon's Prescription Drug Monitoring Program Limit the State's Ability to Help Address Opioid Misuse and Abuse ○ Report 2022-07 Recommendation Follow-up Report: Oregon Health Authority Some Constraints Still Remain in Oregon's Prescription Drug Monitoring Program ● US Food and Drug Administration <ul style="list-style-type: none"> ○ FDA warns about serious breathing problems with seizure and nerve pain medicines gabapentin (Neurontin, Gralise, Horizant) and pregabalin (Lyrica, Lyrica CR) ● Other Articles <ul style="list-style-type: none"> ○ How Gabapentin Differs From Pregabalin. Pharmacy Times. September 2015. ○ Evoy KE, Sadrameli S, Contreras J, Covvey JR, Peckham AM, Morrison MD. Abuse and Misuse of Pregabalin and Gabapentin: A Systematic Review Update. Drugs. 2021 Jan;81(1):125-156. doi: 10.1007/s40265-020-01432-7. PMID: 33215352.
A	<p>Related Statutes and Rules:</p> <ul style="list-style-type: none"> ● ORS 431A.855(1)(a) The Oregon Health Authority, in consultation with the Prescription Monitoring Program Advisory Commission, to establish and maintain a prescription monitoring program for monitoring and reporting of: <ul style="list-style-type: none"> (A) Prescription drugs dispensed by pharmacies licensed by the State Board of Pharmacy that are classified in <u>schedules II through IV</u> under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified by the board by rule under ORS 475.035; (B) Prescribed <u>gabapentin</u> and naloxone dispensed by pharmacies; and (C) <u>Other drugs</u> identified by rules adopted by the authority. (b)(A) To fulfill the requirements of this subsection, the authority shall establish, maintain and operate an electronic system to monitor and report drugs described in paragraph (a) of this subsection that are dispensed by prescription. ● OAR 333-023
R	<p>Assessment:</p> <ul style="list-style-type: none"> ● Promethazine with Codeine is known to be diverted and abused for recreational purposes. ● Pregabalin is known to be misused and when taken in combination with CNS depressants can result in serious breathing problems. ● Board to discuss if adding promethazine with codeine and pregabalin to the PDMP is in the best interest of the public health and safety. ● Board will need to provide direction to board staff to write an official communication to the Oregon PDMP program requesting the addition. <p>Recommendation:</p> <ul style="list-style-type: none"> ● Board discussion

Board Review Date: 8/12/2022

Oregon Board of Pharmacy
Budget Report: April 2022 (Month 10)

Revenue:

Through April, revenue is \$3,227,592 (-5.3%) **under** budget

Expenditures:

Through April, **total expenditures** are \$3,601,887 (0.9%) **under** budget

Personal services are \$2,608,242 (-3.6%) **over** budget

Services and Supplies are \$993,645 (12.0%) **under** budget

Special Payments are \$0 (100%) **under** budget

Revenues less Expenditures: (\$374,295)

Cash Balance:

Cash balance through April is \$4,114,763 which represents (10.19) months of operating expense)

Note: This the above is a snap-shot of the biennium to date through April 2022. It does not include projections for the remainder of the biennium.

End of biennium projected cash balance is \$4,981,149, which represents (13.21) months of operating expense*)

Cash balance target is \$2,262,083, (6.0 months of operating expense)

*Note: The end of biennium projected cash balance is calculated based on the biennium to date plus the remaining months projections for 2021-23.

Oregon Board of Pharmacy			
Total All Funds - LAB 2021-2023			
Actuals through APRIL 2022			
		LAB	ACTUAL+PROJ
	BEGINNING CASH BALANCE	3,679,852	4,714,145
REVENUE			VARIANCE
50	GENERAL FUND		
205	OTHER BUSINESS LICENSES	8,716,500.00	8,979,757.25
210	OTHER NONBUSINESS LICENSES AND FEES	192,995.00	277,129.25
505	FINES AND FORFEITS	410,000.00	384,875.68
605	INTEREST AND INVESTMENTS	131,250.00	57,139.66
975	OTHER REVENUE	84,335.00	59,552.31
	TOTAL REVENUE	9,535,080.00	9,758,454.15
			(223,374.15)
TRANSFERS			
1107	TRANSFER IN FROM DAS	-	-
	TOTAL TRANSFER IN	0.00	0.00
			0.00
2010	TRANSFER OUT TO OTHER FUNDS	-	-
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	443,120.00	443,120.00
	TOTAL TRANSFER OUT	443,120.00	443,120.00
			0.00
PERSONAL SERVICES			
3110	CLASS/UNCLASS SALARY & PER DIEM	4,283,003.00	4,244,398.19
3160	TEMPORARY APPOINTMENTS	27,306.00	-
3170	OVERTIME PAYMENTS	-	1,946.49
3180	SHIFT DIFFERENTIAL	-	-
3190	ALL OTHER DIFFERENTIAL	198,616.00	170,934.96
3210	ERB ASSESSMENT	1,276.00	1,245.60
3220	PUBLIC EMPLOYEES' RETIREMENT SYSTEM	760,737.00	781,373.66
3221	PENSION BOND CONTRIBUTION	236,241.00	241,676.30
3230	SOCIAL SECURITY TAX	334,236.00	329,559.32
3240	UNEMPLOYMENT ASSESSMENT	-	-
3250	WORKERS' COMPENSATION ASSESSMENT	1,012.00	948.63
3260	MASS TRANSIT	27,053.00	26,237.77
3270	FLEXIBLE BENEFITS	841,104.00	773,890.10
3435	Personal Services Budget Adj.	-	-
	TOTAL PERSONAL SERVICES	6,710,584.00	6,572,211.02
			138,372.98
SERVICES AND SUPPLIES			
4100	INSTATE TRAVEL	115,894.00	18,300.28
4125	OUT-OF-STATE TRAVEL	17,024.00	1,032.87
4150	EMPLOYEE TRAINING	22,320.00	15,097.77
4175	OFFICE EXPENSES	134,566.00	66,586.60
4200	TELECOMM/TECH SVC AND SUPPLIES	50,930.00	59,356.28
4225	STATE GOVERNMENT SERVICE CHARGES	202,541.00	202,541.00
4250	DATA PROCESSING	318,678.00	356,435.67
4275	PUBLICITY & PUBLICATIONS	43,329.00	14,656.38
4300	PROFESSIONAL SERVICES	339,713.00	239,714.22
4315	IT PROFESSIONAL SERVICES	134,467.00	48,830.00
4325	ATTORNEY GENERAL LEGAL FEES	621,835.00	553,058.88
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	681.00	-
4400	DUES AND SUBSCRIPTIONS	5,418.00	3,515.00
4425	FACILITIES RENT & TAXES	229,042.00	270,143.19
4475	FACILITIES MAINTENANCE	55.00	1,851.13
4525	MEDICAL SUPPLIES AND SERVICES	1,202.00	1,000.00
4575	AGENCY PROGRAM RELATED SVCS & SUPP	250,479.00	194,009.97
4650	OTHER SERVICES AND SUPPLIES	411,285.00	403,863.72
4700	EXPENDABLE PROPERTY \$250-\$5000	14,108.00	10,000.00
4715	IT EXPENDABLE PROPERTY	45,228.00	16,126.86
	TOTAL SERVICES & SUPPLIES	2,958,795.00	2,476,119.82
			482,675.18
Capital Outlay			
5600	DATA PROCESSING HARDWARE	8,981.00	-
5900	OTHER CAPITAL OUTLAY	-	-
	Total Capital Outlay	8,981.00	0.00
			8,981.00
Special Payments			
6085	OTHER SPECIAL PAYMENTS	12,982.00	-
	Total Special Payments	12,982.00	0.00
			12,982.00
	TOTAL EXPENDITURES	9,691,342.00	9,048,330.84
			643,011.16
	PROJECTED BIENNIAL ENDING CASH BALANCE	3,080,470	4,981,149
	End of biennium projected cash balance in months		13.21
	Cash balance target of 6.0 months (working capital)		2,262,083

Oregon Board of Pharmacy**Budget Report: May 2022 (Month 11)****Revenue:**

Through May, revenue is \$3,456,096 (-17.1%) under budget

Expenditures:

Through May, **total expenditures** are \$3,908,437 (12%) under budget

Personal services are \$2,867,892 (6.8%) under budget

Services and Supplies are \$1,040,545 (30.7%) under budget

Special Payments are \$0 (100%) under budget

Revenues less Expenditures: (\$452,341)

Cash Balance:

Cash balance through May is \$4,049,283 which represents (10.03) months of operating expense)

Note: This the above is a snap-shot of the biennium to date through May 2022. It does not include projections for the remainder of the biennium.

End of biennium projected cash balance is \$4,962,103, which represents (13.27) months of operating expense*)

Cash balance target is \$2,242,764, (6.0 months of operating expense)

*Note: The end of biennium projected cash balance is calculated based on the biennium to date plus the remaining months projections for 2021-23.

Oregon Board of Pharmacy			
Total All Funds - LAB 2021-2023			
Actuals through MAY 2022			
		LAB	ACTUAL+PROJ
			VARIANCE
	BEGINNING CASH BALANCE	3,679,852	4,714,145
REVENUE			
50	GENERAL FUND		
205	OTHER BUSINESS LICENSES	8,716,500.00	8,880,235.25
210	OTHER NONBUSINESS LICENSES AND FEES	192,995.00	283,871.75
505	FINES AND FORFEITS	410,000.00	381,363.18
605	INTEREST AND INVESTMENTS	131,250.00	57,690.65
975	OTHER REVENUE	84,335.00	58,972.31
	TOTAL REVENUE	9,535,080.00	9,662,133.14
TRANSFERS			
1107	TRANSFER IN FROM DAS	-	-
	TOTAL TRANSFER IN	0.00	0.00
2010	TRANSFER OUT TO OTHER FUNDS	-	-
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	443,120.00	443,120.00
	TOTAL TRANSFER OUT	443,120.00	443,120.00
PERSONAL SERVICES			
3110	CLASS/UNCLASS SALARY & PER DIEM	4,283,003.00	4,211,165.12
3160	TEMPORARY APPOINTMENTS	27,306.00	-
3170	OVERTIME PAYMENTS	-	3,583.77
3180	SHIFT DIFFERENTIAL	-	-
3190	ALL OTHER DIFFERENTIAL	198,616.00	171,719.96
3210	ERB ASSESSMENT	1,276.00	1,243.20
3220	PUBLIC EMPLOYEES' RETIREMENT SYSTEM	760,737.00	773,477.00
3221	PENSION BOND CONTRIBUTION	236,241.00	239,580.83
3230	SOCIAL SECURITY TAX	334,236.00	326,567.10
3240	UNEMPLOYMENT ASSESSMENT	-	86.40
3250	WORKERS' COMPENSATION ASSESSMENT	1,012.00	942.73
3260	MASS TRANSIT	27,053.00	26,020.85
3270	FLEXIBLE BENEFITS	841,104.00	770,806.21
3435	Personal Services Budget Adj.	-	-
	TOTAL PERSONAL SERVICES	6,710,584.00	6,525,193.17
SERVICES AND SUPPLIES			
4100	INSTATE TRAVEL	115,894.00	18,132.28
4125	OUT-OF-STATE TRAVEL	17,024.00	1,032.87
4150	EMPLOYEE TRAINING	22,320.00	15,097.77
4175	OFFICE EXPENSES	134,566.00	71,518.65
4200	TELECOMM/TECH SVC AND SUPPLIES	50,930.00	57,635.69
4225	STATE GOVERNMENT SERVICE CHARGES	202,541.00	202,541.00
4250	DATA PROCESSING	318,678.00	354,020.71
4275	PUBLICITY & PUBLICATIONS	43,329.00	13,956.38
4300	PROFESSIONAL SERVICES	339,713.00	231,754.02
4315	IT PROFESSIONAL SERVICES	134,467.00	48,830.00
4325	ATTORNEY GENERAL LEGAL FEES	621,835.00	528,058.88
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	681.00	-
4400	DUES AND SUBSCRIPTIONS	5,418.00	3,315.00
4425	FACILITIES RENT & TAXES	229,042.00	270,143.19
4475	FACILITIES MAINTENANCE	55.00	1,851.13
4525	MEDICAL SUPPLIES AND SERVICES	1,202.00	1,000.00
4575	AGENCY PROGRAM RELATED SVCS & SUPP	250,479.00	198,398.11
4650	OTHER SERVICES AND SUPPLIES	411,285.00	402,902.98
4700	EXPENDABLE PROPERTY \$250-\$5000	14,108.00	10,000.00
4715	IT EXPENDABLE PROPERTY	45,228.00	15,673.24
	TOTAL SERVICES & SUPPLIES	2,958,795.00	2,445,861.90
Capital Outlay			
5600	DATA PROCESSING HARDWARE	8,981.00	-
5900	OTHER CAPITAL OUTLAY	-	-
	Total Capital Outlay	8,981.00	0.00
Special Payments			
6085	OTHER SPECIAL PAYMENTS	12,982.00	-
	Total Special Payments	12,982.00	0.00
	TOTAL EXPENDITURES	9,691,342.00	8,971,055.07
			720,286.93
	PROJECTED BIENNIAL ENDING CASH BALANCE	3,080,470	4,962,103
	End of biennium projected cash balance in months		13.27
	Cash balance target of 6.0 months (working capital)		2,242,764



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office for Civil Rights

Guidance to Nation's Retail Pharmacies: Obligations under Federal Civil Rights Laws to Ensure Access to Comprehensive Reproductive Health Care Services

Pharmacies—and the pharmacists they employ—play a critical role in the American health care system. This has never been more apparent than the efforts taken to administer vaccines during the COVID-19 pandemic, for which your continued partnership has been crucial.¹ As our nation faces another significant health care crisis, this guidance is to remind the roughly 60,000 retail pharmacies in the United States² of the unique role pharmacies play in ensuring access to comprehensive reproductive health care services. This guidance covers the nondiscrimination obligations of pharmacies under federal civil rights laws.

Under Section 1557 of the Affordable Care Act (Section 1557), 42 U.S.C. § 18116, and its implementing regulation, 45 C.F.R. part 92, recipients of federal financial assistance are prohibited from excluding an individual from participation in, denying them the benefits of, or otherwise subjecting them to discrimination on the basis of sex and disability, among other bases, in their health programs and activities.³ Under Section 504 of the Rehabilitation Act of 1973 (Section 504), 29 U.S.C. 794, recipients of federal financial assistance are prohibited from discriminating in all programs and activities, on the basis of disability. Pharmacies, therefore, may not discriminate against pharmacy customers on the bases prohibited by Section 1557 and Section 504—including with regard to supplying medications; making determinations regarding the suitability of a prescribed medication for a patient; or advising patients about medications and how to take them.

The United States has the highest maternal mortality rate among developed nations; though most maternal deaths in the United States are preventable, they have been rising over the last two decades.⁴ Maternal deaths are especially high among Black women and Native American

¹ See, e.g., *The Federal Retail Pharmacy Program for COVID-19 Vaccination*, U.S. Dep’t of Health & Human Servs., Ctrs. for Disease Control & Prevention (last updated June 24, 2022), <https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html>.

² IQVIA, *U.S. National Pharmacy Market Summary 2021: Market Insights Report* (2021), https://www.onekeydata.com/downloads/reports/2021_US_Pharmacy_Market_Report.pdf.

³ Covered entities should also note that Title IX of the Education Amendments of 1972 (Title IX), 20 U.S.C. § 1681 *et seq.*, prohibits discrimination on the basis of sex in education programs and activities of recipients of federal financial assistance. Pharmacies that are affiliated with a covered education program or activity are also subject to Title IX nondiscrimination requirements. See also 45 C.F.R. part 86 (HHS Title IX implementing regulations).

⁴ Roosa Tikkanen et al., *Issue Brief: Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries*, Commonwealth Fund (Nov. 18, 2020).

women—regardless of their income or education levels.⁵ The Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization*, No. 19-1392, 2022 WL 2276808 (U.S. June 24, 2022), will exacerbate these inequities and disparities for women across the country. Further, the early loss of pregnancy (before 13 completed weeks) is extremely common, experienced by about 10 percent of those who know they are pregnant.⁶ The Department is committed to improving maternal health—including for individuals who experience miscarriages—and vigorous enforcement of our civil rights laws is one way in which we plan to do so.

Pharmacies are often the most accessible health care provider for millions of Americans, with most Americans living within five miles of a pharmacy.⁷ It is estimated that more than 131 million people (66 percent of adults) in the United States use prescription medication,⁸ and therefore come into contact with pharmacies. Of the 7.6 billion retail prescription drugs filled by pharmacies in 2019, 44 percent were paid for either by Medicare or Medicaid health coverage.⁹ As recipients of federal financial assistance, including Medicare and Medicaid payments, pharmacies are prohibited from discriminating on the basis of race, color, national origin, sex, age, and disability in their programs and activities under a range of federal civil rights laws.

Among its civil rights enforcement responsibilities, the Department of Health and Human Services’ (HHS or Department) Office for Civil Rights (OCR) is responsible for protecting the rights of women and pregnant people in their ability to access care that is free from discrimination. This includes their ability to access reproductive health care, including prescription medication from their pharmacy, free from discrimination. A recent study by the Centers for Disease Control and Prevention showed that nearly 25 percent of women aged 15–49 in the United States who use contraception use some form of prescribed method (e.g., oral contraception pill, contraceptive ring).¹⁰

Furthermore, discrimination against pregnant people on the basis of their pregnancy or related conditions (examples below) is a form of sex discrimination. Such discrimination can have significant health consequences from denial of medication or treatment which can have negative health impacts on a patient. Under federal civil rights law, pregnancy discrimination

<https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>.

⁵ Emily Petersen et al., *Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016*, 68 Morbidity & Mortality Wkly. Rep. 762 (2019), <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6835a3-H.pdf>.

⁶ *FAQs: Early Pregnancy Loss*, Am. Coll. of Obstetricians & Gynecologists (last updated Jan. 2022), <https://www.acog.org/womens-health/faqs/early-pregnancy-loss>.

⁷ *Federal Retail Pharmacy Program*, U.S. Dep’t of Health & Human Servs., Ctrs. for Disease Control & Prevention (last updated June 24, 2022), <https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html>.

⁸ *Prescription Drugs*, Georgetown Univ., Health Pol’y Inst., <https://hpi.georgetown.edu/rxdrugs> (last visited June 29, 2022).

⁹ *Number of Retail Prescription Drugs Filled at Pharmacies by Payer*, Kaiser Fam. Found., <https://www.kff.org/health-costs/state-indicator/total-retail-rx-drugs/?currentTimeframe=0&sortModel=%7B%22collId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited June 29, 2022).

¹⁰ Kimberly Daniels & Joyce C. Abma, U.S. Dep’t of Health & Human Servs., Ctrs. for Disease Control & Prevention, Nat’l Ctr. for Health Stats., *Data Brief: Current Contraceptive Status Among Women Aged 15-49: United States, 2015-2017* (2018), <https://www.cdc.gov/nchs/data/databriefs/db327-h.pdf>.

includes discrimination based on current pregnancy, past pregnancy, potential or intended pregnancy, and medical conditions related to pregnancy or childbirth.¹¹

Examples:

- An individual experiences an early pregnancy loss (first-trimester miscarriage) and their health care provider prescribes pretreatment with mifepristone followed by treatment with misoprostol to assist with the passing of the miscarriage.¹² If a pharmacy refuses to fill the individual's prescription—including medications needed to manage a miscarriage or complications from pregnancy loss, because these medications can also be used to terminate a pregnancy—the pharmacy may be discriminating on the basis of sex.
- An individual experiences severe and chronic stomach ulcers, such that their condition meets the definition of a disability under civil rights laws. Their gastroenterologist prescribes misoprostol to decrease risk of serious complications associated with ulcers. If the pharmacy refuses to fill the individual's prescription or does not stock misoprostol because of its alternate uses, it may be discriminating on the basis of disability.
- An individual with a bleeding disorder is scheduled for a surgical abortion and their health care provider prescribes hemoglobin or hematocrit to reduce the risk of hemorrhage after the procedure. If a pharmacy refuses to fill the individual's prescription because it becomes aware that the medication is being taken as a life-saving preventive measure related to a scheduled surgical abortion, the pharmacy may be discriminating on the basis of sex.
- An individual presents to a hospital emergency department with chills, fever, and vaginal bleeding. The treating physician diagnoses a miscarriage complicated by a uterine infection (known medically as a septic abortion) and orders an antibiotic. If the hospital pharmacy refuses to provide the antibiotic required for treatment because of concern that subsequent care may include uterine evacuation (via medical or surgical abortion), the pharmacy may be discriminating on the basis of sex.
- An individual who has been undergoing fertility treatments receives a positive pregnancy test. After the individual expresses concern with symptoms associated with an ectopic pregnancy,¹³ their medical provider performs an ultrasound to determine where the pregnancy is developing. The ultrasound indicates the fertilized egg is growing in a fallopian tube. The medical provider orders methotrexate to halt the pregnancy. If a pharmacy refuses

¹¹ Covered entities should also note that, while pregnancy itself is not a disability, medical issues resulting from pregnancy can qualify as a disability under Section 504 of the Rehabilitation Act of 1973 (Section 504), 29 U.S.C. § 794, which prohibits discrimination on the basis of disability in programs and activities of recipients of federal financial assistance. *Webster v. U.S. Dep't of Energy*, 267 F. Supp. 3d 246, 267 (D.D.C. 2017).

¹² Am. Coll. of Obstetricians and Gynecologists, *Practice Bulletin: Pregnancy Loss* (2018), <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2018/11/early-pregnancy-loss>.

¹³ An ectopic pregnancy is a pregnancy that occurs when fertilized egg grows outside of the uterus. *FAQs: Ectopic Pregnancy*, Am. Coll. of Obstetricians and Gynecologists (last updated Feb. 2018), <https://www.acog.org/womens-health/faqs/ectopic-pregnancy>.

to fill the prescription because it will halt the growing of cells and end the pregnancy, it may be discriminating on the basis of sex.

- An individual with rheumatoid arthritis, such that their condition meets the definition of a disability under civil rights laws, is prescribed methotrexate by their physician's assistant as a standard immunosuppressive treatment. If the pharmacy refuses to fill the individual's prescription or does not stock methotrexate because of its alternate uses, it may be discriminating on the basis of sex.
- An individual presents a prescription for an emergency contraceptive at their local pharmacy after a sexual assault to prevent pregnancy. If the pharmacy otherwise provides contraceptives (e.g., external and internal condoms) but refuses to fill the emergency contraceptive prescription because it can prevent ovulation or block fertilization, the pharmacy may be discriminating on the basis of sex.
- An individual's health care provider sends the individual's prescription for hormonal contraception (e.g., oral contraceptive pill, emergency contraception, a patch placed on the skin, a contraceptive ring, or any other FDA-approved contraceptive product) to a pharmacy. If the pharmacy otherwise provides contraceptives (e.g., external and internal condoms) but refuses to fill a certain type of contraceptive because it may prevent a pregnancy, the pharmacy may be discriminating on the basis of sex.

In addition to the aforementioned civil rights laws, OCR also enforces the Church Amendments, codified at 42 U.S.C. § 300a-7, which protect health care personnel from discrimination related to their employment because they refused to perform or assist in the performance of abortion or sterilization because of their religious beliefs or moral convictions. It also protects health care personnel from discrimination related to their employment because they performed or assisted in the performance of abortion or sterilization. This guidance does not address how the Church Amendments would apply in a given case. OCR will evaluate and apply the Church Amendments on a case-by-case basis. To learn more about OCR's enforcement of this statutory protection, see HHS's Guidance on Nondiscrimination Protections under the Church Amendments.

For additional information, contact the Office for Civil Rights at (800) 368-1019 or OCRMail@hhs.gov. If you believe that your or another person's civil rights, conscience rights, or health information privacy rights have been violated, visit the OCR complaint portal to file a complaint online at: <https://www.hhs.gov/ocr/complaints/index.html>.

To obtain this information in an alternate format, contact the HHS Office for Civil Rights at (800) 368-1019, TDD toll-free: (800) 537-7697, or by emailing OCRMail@hhs.gov. Language assistance services for OCR matters are available and provided free of charge.

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