

OFFICE OF THE SECRETARY OF STATE

SHEMIA FAGAN  
SECRETARY OF STATE

CHERYL MYERS  
DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION

STEPHANIE CLARK  
DIRECTOR

800 SUMMER STREET NE  
SALEM, OR 97310  
503-373-0701

**NOTICE OF PROPOSED RULEMAKING**  
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 855  
BOARD OF PHARMACY

**FILED**

10/21/2022 10:25 AM  
ARCHIVES DIVISION  
SECRETARY OF STATE

FILING CAPTION: Compendia and prescribing practices amendments; incorporates Public Health and Pharmacy Formulary Advisory Committee recommendations

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/22/2022 4:30 PM

*The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.*

CONTACT: Rachel Melvin  
971-673-0001  
pharmacy.rulemaking@bop.oregon.gov

800 NE Oregon St., Suite 150  
Portland, OR 97232

Filed By:  
Rachel Melvin  
Rules Coordinator

HEARING(S)

*Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.*

DATE: 11/22/2022

TIME: 9:30 AM

OFFICER: Rachel Melvin

ADDRESS: Oregon Board of Pharmacy

800 NE Oregon St., Suite 150

Portland, OR 97232

SPECIAL INSTRUCTIONS:

This hearing meeting will be held virtually via Microsoft Teams.

If you wish to present oral testimony during this hearing, sign up on our website at [www.oregon.gov/pharmacy/pages/rulemaking-information](http://www.oregon.gov/pharmacy/pages/rulemaking-information) or email your contact information to [pharmacy.rulemaking@bop.oregon.gov](mailto:pharmacy.rulemaking@bop.oregon.gov) to receive the link to join the virtual meeting. Please indicate which rule(s) you would like to comment on.

Alternatively, you may dial

503-446-4951

Phone Conference ID:

146 611 440#

for audio only.

You must submit written comments before 4:30PM on November 22, 2022. Email written comments to [pharmacy.rulemaking@bop.oregon.gov](mailto:pharmacy.rulemaking@bop.oregon.gov).

NEED FOR THE RULE(S)

Adopts rules in Division 10 related to committee requirements of the Public Health and Pharmacy Formulary Advisory Committee (PHPFAC). Proposed amendments in Division 020 include adding language related to ensuring training and

education requirements have been met prior to engaging in prescribing and requirements related to retaining copies of the training and education. Adds language that a Pharmacist must not require but may allow a patient to schedule an appointment with the RPH for prescribing or administering of an injectable hormonal contraceptive or the prescribing or dispensing of a self-administered hormonal contraceptive. Adds COVID-19 Antiviral (PAXLOVID) and Contraception to the Protocol Compendium. Repeals OAR 855-020-0105. Repeals language in Division 019 related to contraceptives.

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#### DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

ORS 689.689, ORS 689.645, ORS 689.649 [https://www.oregonlegislature.gov/bills\\_laws/ors/ors689.html](https://www.oregonlegislature.gov/bills_laws/ors/ors689.html)

COVID-19 Antiviral (Paxlovid) v. 12/2022 [https://www.oregon.gov/pharmacy/Documents/COVID-19\\_Antiviral\\_Paxlovid\\_v.12\\_2022\\_DRAFT.pdf](https://www.oregon.gov/pharmacy/Documents/COVID-19_Antiviral_Paxlovid_v.12_2022_DRAFT.pdf)

Travel Medications v. 12/2022

[https://www.oregon.gov/pharmacy/Documents/PrevCare\\_Travel\\_Medications\\_Protocol\\_v.12.2022.pdf](https://www.oregon.gov/pharmacy/Documents/PrevCare_Travel_Medications_Protocol_v.12.2022.pdf)

HIV Post-Exposure Prophylaxis (PEP) v. 12/2022

[https://www.oregon.gov/pharmacy/Documents/PrevCare\\_PEP\\_Protocol\\_v.12\\_2022.pdf](https://www.oregon.gov/pharmacy/Documents/PrevCare_PEP_Protocol_v.12_2022.pdf)

HIV Pre-Exposure Prophylaxis (PrEP) v. 12/2022

[https://www.oregon.gov/pharmacy/Documents/PrevCare\\_PrEP\\_Protocol\\_v.12.2022.pdf](https://www.oregon.gov/pharmacy/Documents/PrevCare_PrEP_Protocol_v.12.2022.pdf)

Contraception - Oral, Transdermal Patch, Vaginal Ring and Injectable v. 12/2022

[https://www.oregon.gov/pharmacy/Documents/PrevCare\\_Contraception\\_v.\\_12.2022\\_Protocol\\_DRAFT.pdf](https://www.oregon.gov/pharmacy/Documents/PrevCare_Contraception_v._12.2022_Protocol_DRAFT.pdf)

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#### STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

Per the Oregon Health Authority and the Public Health and Pharmacy Formulary Advisory Committee, pharmacists need the ability to prescribe the COVID-19 antiviral, PAXLOVID, via a statewide drug therapy management protocol to provide critical treatment of COVID-19 infection. Access affordable COVID-19 antiviral medication in a timely manner protects public health and safety of all Oregonians.

Approximately 45% of pregnancies in the US are unintended. In Oregon, pharmacists have prescribed birth control since 2016. In 2019, one study found that 46% of Oregon pharmacies participate in contraception prescribing. These pharmacies are located in approximately 63% of the zip codes within the state. Another 2019 study found that women receiving contraception from the pharmacist were more likely to be younger, uninsured and have less education than women seeing traditional clinic based providers.

By making treatment for COVID-19, contraception, PEP, PrEP and travel medications easily accessible to patients at their local pharmacy, it may improve access for patients who may not be able to otherwise access these services.

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#### FISCAL AND ECONOMIC IMPACT:

None anticipated.

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#### COST OF COMPLIANCE:

*(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).*

State agencies and local government are not impacted by these rules. Pharmacy stakeholders and the public may be impacted by these rules if utilized. Provision of formulary prescribing services by a pharmacist/pharmacy is voluntary.

The professional time to offer these services and comply with record keeping requirements may increase costs to the outlet, which may possibly be passed on to the public for prescribing services. Outlets will be required to establish and enforce policies and procedures and pharmacists must comply with the rules if they offer the services.

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DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were not involved in the development of these rules. Participation is voluntary, and a pharmacist is not mandated to offer patient care and prescribing services.

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WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

The statutorily mandated Public Health and Pharmacy Formulary Advisory Committee informed the content of the proposed draft protocols and proposed amendments to existing protocols.

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RULES PROPOSED:

855-010-0018, 855-019-0400, 855-019-0405, 855-019-0410, 855-019-0415, 855-019-0430, 855-019-0435, 855-020-0105, 855-020-0110, 855-020-0120, 855-020-0300

ADOPT: 855-010-0018

RULE SUMMARY: Relocates rules from OAR 855-020-0105 to OAR 855-010-0018 related to defining what the Public Health and Pharmacy Formulary Advisory Committee must consist of such as members, terms, process to submit a concept, recommendations to the board for adoption and recommendations for protocol and compendium review and revisions. Relocating these rules to board administration and policies improves rule organization.

CHANGES TO RULE:

855-010-0018

Public Health and Pharmacy Formulary Advisory Committee

(1) The Public Health and Pharmacy Formulary Advisory Committee must consist of:

(a) Two physicians licensed to practice medicine under ORS 677.100 to 677.228;

(b) Two advanced practice registered nurses who have prescriptive authority and who are licensed by the Oregon State Board of Nursing; and

(c) Three Pharmacists licensed by the State Board of Pharmacy, at least one of whom is employed as a community Pharmacist and one of whom is employed as a health system Pharmacist.

(2) A Pharmacist may submit a concept, on a form prescribed by the board to the committee for consideration, for the development of a protocol or the addition of a drug or device to the formulary.

(3) The committee must recommend to the board, for adoption by rule, a protocol or formulary of drugs and devices from which a Pharmacist can prescribe and dispense to a patient pursuant to a diagnosis by a qualified healthcare practitioner.

(4) The committee must periodically review the formulary and protocol compendium and recommend the revisions to the board for adoption by rule.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.155, ORS 689.645, ORS 689.649

REPEAL: 855-019-0400

RULE SUMMARY: Repeals OAR 855-019-0400 related to contraceptive purpose. Striking these specific contraceptive rules in Division 019 is necessary in order to add Contraception to the Protocol Compendium in OAR 855-020-0300.

CHANGES TO RULE:

~~855-019-0400~~

~~Contraceptives – Purpose ¶~~

~~The purpose of rules OAR 855-019-0400 through 855-019-0435, is to develop standard procedures for the prescribing of injectable hormonal contraceptives and self-administered hormonal contraceptives by an Oregon licensed pharmacist, providing timely access to care. To ensure public safety and provide a consistent level of care, a pharmacist may participate upon completion of a Board approved training program. Under the rules of this section, a qualified pharmacist may prescribe hormonal contraceptives to a patient pursuant to a self-screening risk assessment questionnaire and standard procedural algorithm.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.005, 689.683~~

REPEAL: 855-019-0405

RULE SUMMARY: Repeals OAR 855-019-0405 related to contraceptive definitions. Striking these specific contraceptive rules in Division 019 is necessary in order to add Contraception to the Protocol Compendium.

CHANGES TO RULE:

~~855-019-0405~~

~~Contraceptives--Definitions ¶¶~~

~~In OAR 855-019-0400 through 855-019-0435:¶¶~~

~~(1) "Clinical visit" means a consultation with a healthcare provider, other than a pharmacist, for women's health, which should address contraception and age-appropriate screening.¶¶~~

~~(2) "Injectable hormonal contraceptive" means a drug composed of a hormone or a combination of hormones that is approved by the United States Food and Drug Administration to prevent pregnancy and that a health care practitioner administers to the patient by injection.¶¶~~

~~(3) "Self-administered hormonal contraceptive" means a drug composed of a hormone or a combination of hormones that is approved by the United States Food and Drug Administration to prevent pregnancy and that the patient to whom the drug is prescribed may administer to oneself.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.005, 689.683~~

REPEAL: 855-019-0410

RULE SUMMARY: Repeals OAR 855-019-0410 related to prescriptive practice consultation. Striking these specific contraceptive rules in Division 019 is necessary in order to add Contraception to the Protocol Compendium.

CHANGES TO RULE:

~~855-019-0410~~

~~Prescriptive Practice Consultation~~

~~In an effort to clarify, improve, and support appropriate pharmacist prescribing, the Board shall periodically review prescribing standards, practices, and scope in consultation with designated representatives from the Oregon Medical Board, Oregon State Board of Nursing, and Oregon Health Authority. The Board will seek recommendations from these representatives to be considered in conjunction with American Congress of Obstetricians and Gynecologists (ACOG) guidelines and other evidence-based standards, as it seeks to evaluate and improve prescribing practices within pharmacy. To the extent that developed standards are incorporated into practice, the forms, screening tools, or requisite training materials shall be prepared by the Board in consultation with these designated representatives.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.005, 689.683~~

REPEAL: 855-019-0415

RULE SUMMARY: Repeals OAR 855-019-0415 related to contraceptive training program. Striking these specific contraceptive rules in Division 019 is necessary in order to add Contraception to the Protocol Compendium.

CHANGES TO RULE:

~~855-019-0415~~

~~Contraceptive Training Program ¶¶~~

~~(1) Only a pharmacist, who has completed a Board approved Accreditation Council for Pharmacy Education (ACPE) accredited educational training program related to the prescribing of contraceptives by a pharmacist, may prescribe injectable hormonal contraceptives and self-administered hormonal contraceptives for a patient.¶¶~~

~~(2) A pharmacist must submit a copy of the certificate of completion of training to the Board within 15 days of completion.¶¶~~

~~(3) A pharmacist must maintain the certificate of completion and make available upon request.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.005, 689.683~~

REPEAL: 855-019-0430

RULE SUMMARY: Repeals OAR 855-019-0430 related to contraceptive prohibited practices. Striking these specific contraceptive rules in Division 019 is necessary in order to add Contraception to the Protocol Compendium.

CHANGES TO RULE:

~~855-019-0430~~

~~Contraceptive – Prohibited Practices ¶¶~~

~~A pharmacist must not:¶¶~~

~~(1) Require a patient to schedule an appointment with the pharmacist for the prescribing, administering or dispensing of a hormonal contraceptive;¶¶~~

~~(2) Continue to prescribe a hormonal contraceptive to a patient beyond three years from the initial prescription without evidence of a clinical visit;¶¶~~

~~(3) Prescribe in instances that the Oregon Standard Procedures Algorithm requires referral to a provider; and¶¶~~

~~(4) Prescribe to self or immediate family members.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.005, 689.683~~



REPEAL: 855-019-0435

RULE SUMMARY: Repeals OAR 855-019-0435 related to contraceptive records. Striking these specific contraceptive rules in Division 019 is necessary in order to add Contraception to the Protocol Compendium.

CHANGES TO RULE:

~~855-019-0435~~

~~Contraceptive Records ¶¶~~

~~(1) A pharmacist must document the encounter and the prescription, and maintain records. ¶¶~~

~~(2) A pharmacy must maintain records of the encounter, including but not limited to, the Oregon Self-Screening Risk Assessment Questionnaire for a minimum of five years and maintain records of the medication administered or dispensed for a minimum of three years. ¶¶~~

~~(3) Prescriptions are valid for one year pursuant to OAR 855-041-1125.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.005, 689.683~~

REPEAL: 855-020-0105

RULE SUMMARY: Relocates rules from OAR 855-020-0105 to OAR 855-010-0018 related to defining what the Public Health and Pharmacy Formulary Advisory Committee shall consist of such as members, terms, process to submit a concept, recommendations to the board for adoption and recommendations for protocol and compendium review and revisions. Relocating these rules to board administration and policies improves rule organization.

CHANGES TO RULE:

~~855-020-0105~~

~~Public Health and Pharmacy Formulary Advisory Committee~~

~~(1) The Public Health and Pharmacy Formulary Advisory Committee shall consist of: ¶¶~~

~~(a) Two physicians licensed to practice medicine under ORS 677.100 to 677.228; ¶¶~~

~~(b) Two advanced practice registered nurses who have prescriptive authority and who are licensed by the Oregon State Board of Nursing; and ¶¶~~

~~(c) Three pharmacists licensed by the State Board of Pharmacy, at least one of whom is employed as a community pharmacist and one of whom is employed as a health system pharmacist. ¶¶~~

~~(2) A pharmacist may submit a concept, on a form prescribed by the Board to the committee for consideration, for the development of a protocol or the addition of a drug or device to the formulary. ¶¶~~

~~(3) The committee shall recommend to the Board, for adoption by rule, a protocol or formulary of drugs and devices from which a pharmacist may prescribe and dispense to a patient pursuant to a diagnosis by a qualified healthcare practitioner. ¶¶~~

~~(4) The committee shall periodically review the formulary and protocol compendium and recommend the revisions to the Board for adoption by rule.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.645, ORS 689.649, ORS 689.155~~

AMEND: 855-020-0110

RULE SUMMARY: Proposed rule amendments in Division 020 include adding language related to ensuring training and education requirements have been met prior to engaging in prescribing and requirements for retaining copies of the training and education. The proposed amendments in Division 020 are necessary for compliance, provide clarity to licensees and were recommended by the PHPFAC.

CHANGES TO RULE:

855-020-0110

#### Prescribing Practices

(1) A ~~p~~Pharmacist located and licensed in Oregon may prescribe and dispense FDA-approved drugs and devices included on either the Formulary or Protocol Compendia, set forth in this Division. A ~~p~~Pharmacist ~~may~~ust only prescribe a drug or device consistent with the parameters of the Formulary and Protocol Compendia, and in accordance with federal and state regulations.¶

(2) A ~~p~~Pharmacist must create, approve, and maintain policies and procedures for prescribing post-diagnostic drugs and devices or providing patient care services pursuant to statewide drug therapy management protocols. The policies and procedures must describe current and referenced clinical guidelines, and include but not be limited to:¶

- (a) Patient inclusion and exclusion criteria;¶
- (b) Explicit medical referral criteria;¶
- (c) Care plan preparation, implementation, and follow-up;¶
- (d) Patient education; and¶
- (e) Provider notification; and¶
- (f) Maintaining confidentiality.¶

(3) The ~~p~~Pharmacist is responsible for recognizing limits of knowledge and experience and for resolving situations beyond their expertise by consulting with or referring patients to another health care provider.¶

(4) For each drug or device the ~~p~~Pharmacist prescribes, ~~via the pharmacist must:~~¶

~~(a) Formulary or Protocol Compendia, the Pharmacist must:~~¶

(a) Ensure training and education requirements have been met prior to engaging in prescribing activities. An attestation of or certificate of completion of all required training and education must be retained for 6 years or uploaded into the Pharmacist's electronic licensing record with the board; ¶

(b) Assess patient and collect subjective and objective information, including the diagnosis for Formulary Compendia items, about the patient's health history and clinical status. The ~~p~~Pharmacist's physical assessment must be performed in a face-to-face, in-person interaction and not through electronic means; ~~and~~¶

(~~b~~c) Utilize information obtained in the assessment to evaluate and develop an individualized patient-centered care plan, pursuant to the statewide drug therapy management protocol and policies and procedures; ~~and~~¶

(~~e~~d) Implement the care plan, to include appropriate treatment goals, monitoring parameters, and follow-up; and¶

(~~e~~e) Provide notification to the patient's identified primary care provider or other care providers when applicable within five business days following the prescribing of a Formulary or Protocol Compendia drug or device.¶

(5) The ~~p~~Pharmacist must maintain all records associated with prescribing and other related activities performed for a minimum of ~~10~~7 years, and a copy must be made available to the patient and provider upon request.

Pharmacy records must be retained and made available to the ~~B~~Board for inspection upon request. Records must be stored onsite for at least one year and then may be stored in a secure off-site location if retrievable within three business days. Records and documentation ~~may~~ust be written, electronic or a combination of the two.¶

(6) If consultation is provided through an electronic means, the Oregon licensed Pharmacist must use an audiovisual communication system to conduct the consultation.

Statutory/Other Authority: ORS 689.205, ORS 689.689

Statutes/Other Implemented: ORS 689.645, ORS 689.649, ORS 689.689

AMEND: 855-020-0120

RULE SUMMARY: Proposed rule amendments in Division 020 include adding language that prohibits prescribing drugs or devices when the Formulary and Protocol Compendia requires a referral to another non-Pharmacist provider and adds that a Pharmacist must not require but may allow a patient to schedule an appointment with the RPH for prescribing or administering of an injectable hormonal contraceptive or the prescribing or dispensing of a self-administered hormonal contraceptive. The proposed amendments in Division 020 are necessary for compliance, provide clarity to licensees and were recommended by the PHPFAC.

CHANGES TO RULE:

855-020-0120

Prescribing Prohibited Practices

~~(1) A Pharmacist may not prescribe a drug or device to:~~ ¶

(1) To self or a spouse, domestic partner, parent, guardian, sibling, child, aunt, uncle, grandchild and grandparent, including foster, in-law, and step relationships or other individual for whom a Pharmacist's personal or emotional involvement may render the Pharmacist unable to exercise detached professional judgment in prescribing pursuant to the Formulary and Protocol Compendia. ¶

~~(2) An Intern may not prescribe a drug or device.~~ ¶

(3) A Pharmacist must not require, but may allow, a patient to schedule an appointment with the Pharmacist for the prescribing or administering of an injectable hormonal contraceptive or the prescribing or dispensing of a self-administered hormonal contraceptive.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.645, ORS 689.649, ORS 689.689

AMEND: 855-020-0300

RULE SUMMARY: Proposed amendments to the Protocol Compendium as recommended by the PHPFAC would add COVID-19 Antiviral (PAXLOVID), and Contraception as approved items. It would also add amended versions of Travel Medications protocol, HIV Post and Pre-Exposure Prophylaxis (PEP & PrEP) as requested by the PHPFAC. The PHPFAC reviewed proposed protocols with subject matter experts and drafted a statewide drug therapy management protocol for Contraception.

CHANGES TO RULE:

855-020-0300

Protocol Compendium

A Pharmacist may prescribe, via statewide drug therapy management protocol and according to rules outlined in this Division, an FDA-approved drug and device listed in the following compendium:

(1) Continuation of therapy (v. 06/2021);

(2) Conditions

(a) Cough and cold symptom management

(A) Pseudoephedrine (v. 06/2021);

(B) Benzonatate (v. 06/2021);

(C) Short-acting beta agonists (v. 06/2021);

(D) Intranasal corticosteroids (v. 06/2021);

(b) Vulvovaginal candidiasis (VVC) Protocol (v. 06/2021);

(c) COVID-19 Monoclonal Antibody (mAb) Protocol (v. 12/2021); and

(d) COVID-19 Antigen Self-Test Protocol (v. 12/2021); and

(e) COVID-19 Antiviral (v. 12/2022).

(3) Preventative care

(a) Emergency Contraception (v. 06/2021);

(b) Male and female condoms (v. 06/2021);

(c) Tobacco Cessation, NRT (Nicotine Replacement Therapy) and Non-NRT Protocol (v. 06/2022);

(d) Travel Medications Protocol (v. 06/2022);

(e) HIV Post-exposure Prophylaxis (PEP) Protocol (v. 12/2022); and

(f) HIV Pre-exposure Prophylaxis (PrEP) Protocol (v. 12/2022); and

(g) Contraception (v. 12/2022).

[Publications referenced are available for inspection in the office of the Board of Pharmacy per OAR 855-010-0021.]

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.645, ORS 689.649, ORS 689.689

OFFICE OF THE SECRETARY OF STATE

SHEMIA FAGAN  
SECRETARY OF STATE

CHERYL MYERS  
DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION

STEPHANIE CLARK  
DIRECTOR

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SALEM, OR 97310  
503-373-0701

**NOTICE OF PROPOSED RULEMAKING**  
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 855  
BOARD OF PHARMACY

**FILED**

10/24/2022 4:56 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE

FILING CAPTION: Contraceptive prescribing practices

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/22/2022 4:30 PM

*The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.*

CONTACT: Rachel Melvin  
971-673-0001

800 NE Oregon St., Suite 150  
Portland, OR 97232

pharmacy.rulemaking@bop.oregon.gov

Filed By:  
Rachel Melvin  
Rules Coordinator

HEARING(S)

*Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.*

DATE: 11/22/2022

TIME: 9:30 AM

OFFICER: Rachel Melvin

ADDRESS: Oregon Board of Pharmacy

800 NE Oregon St., Suite 150

Portland, OR 97232

SPECIAL INSTRUCTIONS:

This hearing meeting will be held virtually via Microsoft Teams.

If you wish to present oral testimony during this hearing, sign up on our website at [www.oregon.gov/pharmacy/pages/rulemaking-information](http://www.oregon.gov/pharmacy/pages/rulemaking-information) or email your contact information to [pharmacy.rulemaking@bop.oregon.gov](mailto:pharmacy.rulemaking@bop.oregon.gov) to receive the link to join the virtual meeting. Please indicate which rule(s) you would like to comment on.

Alternatively, you may dial

503-446-4951

Phone Conference ID:

146 611 440#

for audio only.

You must submit written comments before 4:30PM on November 22, 2022. Email written comments to [pharmacy.rulemaking@bop.oregon.gov](mailto:pharmacy.rulemaking@bop.oregon.gov).

NEED FOR THE RULE(S)

Repeals OAR 855-019-0425 related to contraceptive procedural mandates. Striking these specific contraceptive rules in Division 019 is necessary in order to add Contraception to the Protocol Compendium.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Proposed Statewide Drug Therapy Management Protocol – Contraception – Oral, Transdermal Patch, Vaginal Ring and Injectable v. 12/2022

[https://www.oregon.gov/pharmacy/Documents/PrevCare\\_Contraception\\_v\\_12.2022\\_Protocol\\_DRAFT.pdf](https://www.oregon.gov/pharmacy/Documents/PrevCare_Contraception_v_12.2022_Protocol_DRAFT.pdf)

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STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

Approximately 45% of pregnancies in the US are unintended. In Oregon, pharmacists have prescribed birth control since 2016. In 2019, one study found that 46% of Oregon pharmacies participate in contraception prescribing. These pharmacies are located in approximately 63% of the zip codes within the state. Another 2019 study found that women receiving contraception from the pharmacist were more likely to be younger, uninsured and have less education than women seeing traditional clinic based providers.

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FISCAL AND ECONOMIC IMPACT:

None anticipated.

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COST OF COMPLIANCE:

*(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).*

State agencies and local government are not impacted by these rules. Pharmacy stakeholders and the public may be impacted by these rules if utilized. Provision of formulary prescribing services by a pharmacist/pharmacy is voluntary. The professional time to offer these services and comply with record keeping requirements may increase costs to the outlet, which may possibly be passed on to the public for prescribing services. Outlets will be required to establish and enforce policies and procedures and pharmacists must comply with the rules if they offer the services.

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DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were not involved in the development of these rules. Participation is voluntary, and a pharmacist is not mandated to offer patient care and prescribing services.

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WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

The statutorily mandated Public Health and Pharmacy Formulary Advisory Committee informed the content of the proposed draft protocols and proposed amendments to existing protocols.

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REPEAL: 855-019-0425

RULE SUMMARY: Repeals OAR 855-019-0425 related to contraceptive procedural mandates. Striking this specific contraceptive rule in Division 019 is necessary in order to add Contraception to the Protocol Compendium in Division 20.

CHANGES TO RULE:

~~855-019-0425~~

~~Contraceptive – Procedural Mandates ¶¶~~

~~(1) For each new patient requesting contraceptive services and, at a minimum of every twelve months for each returning patient, a participating pharmacist must: ¶¶~~

- (a) Obtain a completed Oregon Self-Screening Risk Assessment Questionnaire; and¶¶
  - (b) Utilize and follow the Oregon Standard Procedures Algorithm to perform the patient assessment; and¶¶
  - (c) Prescribe, if clinically appropriate, the self-administered or injectable hormonal contraceptive, or refer to a healthcare practitioner; and¶¶
  - (d) Provide the patient with a Visit Summary; and¶¶
  - (e) Advise the patient to consult with a primary care practitioner or women's health care practitioner; and¶¶
  - (f) Document the encounter and maintain records pursuant to OAR 855-019-0435.¶¶
  - (2) If the self-administered hormonal contraceptive is dispensed or the injectable hormonal contraceptive is administered, it must be done as soon as practicable after the pharmacist issues the prescription and shall include any relevant educational materials.¶¶
  - (3) Nothing in this rule shall prohibit the partial filling or transferring of a drug prescribed pursuant to this process, per the request of the patient.¶¶
  - (4) A pharmacy must:¶¶
    - (a) Keep records of the encounter, including but not limited to, the Oregon Self-Screening Risk Assessment Questionnaire for a minimum of five years; and¶¶
    - (b) Keep records of the medication dispensed for a minimum of three years; and¶¶
    - (c) Establish, maintain and enforce written procedures for the provision of care under this section, including, but not limited to:¶¶
      - (A) Providing a workflow process and physical location that maintains confidentiality and is not susceptible to distraction; and¶¶
      - (B) Documentation and recordkeeping.
- Statutory/Other Authority: ORS 689.205  
Statutes/Other Implemented: ORS 689.005, 689.683