

Oregon Board of Pharmacy
***REVISED BOARD MEETING AGENDA**
February 8-10, 2023

Public Attendance Options:

1. In-person: 800 NE Oregon St. Conference Room 1A, Portland, OR
2. Virtually via Teams: [Link](#)
3. Audio only: (503) 446-4951 Phone Conference ID: 220 283 383#

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, February 8, 2023 @ 8:30AM

Thursday, February 9, 2023 @ 8:30AM

Friday, February 10, 2023 @ 8:30AM

- All OBOP meetings except Executive or Closed Sessions are open to the public. Pursuant to ORS 192.660(1)(2)(f)(L), 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 2/10/2023**

If you need accommodations under the Americans with Disabilities Act (ADA), complete and submit the online [OBOP Request for ADA Accommodations for Public Meetings form](#) located on our website.

WEDNESDAY, FEBRUARY 8, 2023

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 4:30PM.**

- 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)(L), ORS 192.690(1) ORS 676.165, ORS 676.175.

- a. Legal Advice
- b. Deliberation on Disciplinary Cases and Investigations
- c. 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, FEBRUARY 9, 2023

I. OPEN SESSION, Michelle Murray RPh, Presiding

- a. Roll Call

Oregon Board of Pharmacy
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II. GENERAL ADMINISTRATION

a. Rules

- i. Review Rulemaking Hearing Report & Comments - *Melvin* **#A** *Action Necessary*
- ii. Consider Adoption of Temporary Rules – *None*
- iii. Consider Adoption of Rules – *Melvin*
 - 1. **Div 019/041** – Safe Pharmacy Practice Conditions: RPH Autonomy, Outlet Requirements **#B** *Action Necessary*
 - 2. **Div 110** – Pharmacy Prescription Kiosk Registration Fee **#B1** *Action Necessary*
 - 3. **Div 019** – Definitions **#B2** *Action Necessary*
- iv. Rules in Development - *Davis*
- v. Rulemaking Policy Discussion Items – *Davis*
 - 1. **Div 019/020/031/041/115** – Pharmacists **#C**
- vi. Discussion Items
 - 1. NABP Presentation – Verify Program **#D**
- vii. Resume Rulemaking Policy Discussion Items – *Davis*
 - 2. **Div 001/102** – Procedural & Universal Rules **#C1**
 - 3. **Div 025/125** – Pharmacy Technicians **#C2**
 - 4. **Div 019/041/139** – Patient Demographics **#C3**

Adjourn

Action Necessary

FRIDAY, FEBRUARY 10, 2023

I. OPEN SESSION, Michelle Murray RPh, Presiding

a. Roll Call

II. MOTIONS RELATED TO DISCIPLINARY ACTIONS – Efrewoff

Action Necessary

III. GENERAL ADMINISTRATION

a. Resume Rulemaking Policy Discussion Items - *Davis*

b. Discussion Items

- i. Public Health and Pharmacy Formulary Advisory Committee Update - *Davis*
- ii. Workgroup Update - *Davis*
- iii. Strategic Plan Update - *Schnabel* **#E** *Action Necessary*
- iv. Legislative Update – *Schnabel* **#F**
- v. Financial/Budget Report – *MacLean* **#G**
- vi. Waiver/Exception Requests –
 - 1. NAPLEX Score Extension Request SBAR – *Hennigan* **#H** *Action Necessary*
- vii. Draft Statement for Bd Consideration – *Murray* **#I**

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

Oregon Board of Pharmacy
***REVISED BOARD MEETING AGENDA**
February 8-10, 2023

2023 Board Meeting Dates

- April 12-14 2023 Portland
- June 7-9, 2023 Portland
- August 9-11, 2023 Portland
- October 11-13, 2023 Portland
- November 8-9, 2023 TBA (Strategic Planning)
- December 13-15, 2023 Portland

Proposed 2024 Board Meeting Dates

Action Necessary

- February 7-9, 2024 Portland
- April 10-12, 2024 Portland
- June 12-14, 2024 Portland
- August 7-9, 2024 Portland
- October 9-11, 2024 Portland
- November 7, 2024 Portland (Strategic Planning)
- December 11-13, 2024 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.)

- May 23, 2023
- November 21, 2023

Conferences/Meetings

- Lane County Mid-Winter CE Seminar – February 25-26, 2023, Eugene
- Oregon Society of Health-System Pharmacists (OSHP) Annual Seminar – April 21-22, 2023, Sunriver
- NABP 119th Annual Meeting – May 11-13, 2023, Nashville, TN

V. APPROVE CONSENT AGENDA*

Action Necessary

**Items listed under the consent agenda are considered 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 – December 2022 - **# CONSENT-2**

VI. PUBLIC COMMENT

Adjourn

Action Necessary



Oregon

Tina Kotek, Governor

Oregon Board of Pharmacy

800 NE Oregon St., Suite 150

Portland, OR, 97232

Phone: 971-673-0001

Fax: 971-673-0002

pharmacy.rulemaking@bop.oregon.gov

www.oregon.gov/pharmacy

Date: January 27, 2023
To: Oregon Board of Pharmacy
From: Rachel Melvin, Hearings Officer

Subject: Hearings Officer’s Report on Rulemaking Hearing

Hearing Date: January 26, 2023

Hearing Location: Virtual via Teams

Proposed Rules:

- Divisions 019/041 related to Safe Pharmacy Practice Conditions: RPH Autonomy, Outlet Requirements
- Division 110 related to Pharmacy Prescription Kiosk (PPK) Registration Fee
- Division 019 related to Definitions

On December 21, 2022, the January 26, 2023 Rulemaking Hearing public notice was sent out via GovDelivery to 3,242 rulemaking/adopted rules subscribers and 21,215 licensee/registrant subscribers (24,457 total subscribers).

Stakeholders/public were invited to sign up to provide oral testimony during the virtual hearing, encouraged to email written comments to pharmacy.rulemaking@bop.oregon.gov and had an opportunity to call in to listen to the hearing.

The rulemaking hearing convened at 9:31AM and adjourned at 9:35AM. #6 people joined the public call to listen to the hearing. We didn’t have anyone sign up to provide oral testimony, therefore there were no comments provided during the hearing. #8 written comments were received during the open comment period from 12/21/2022 through 4:30PM on 1/26/2023. The hearing was recorded, and the notice of proposed rulemaking filings were available on our website.

The following board and staff members participated virtually:

Board President Murray
Board Vice President Doyle
Staff Member Davis
Staff Member Efremoff
Staff Member Melvin
Staff Member Schnabel

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Oregon

Tina Kotek, Governor

Oregon Board of Pharmacy

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www.oregon.gov/pharmacy

SUMMARY OF ORAL TESTIMONY:

RULES PROPOSED: Safe Pharmacy Practice Conditions: RPH Autonomy, Outlet Requirements

AMEND: OAR 855-019-0200, OAR 855-041-1010 and OAR 855-041-1170

- No oral testimony was provided.

SUMMARY OF ORAL TESTIMONY:

RULES PROPOSED: Pharmacy Prescription Kiosk (PPK) Registration Fee

AMEND: OAR 855-110-0007

- No oral testimony was provided.

SUMMARY OF ORAL TESTIMONY:

RULES PROPOSED: Definitions

AMEND: OAR 855-019-0110

- No oral testimony was provided.

All written comments received by the public comment deadline date of 1/26/2023 at 4:30PM **have been provided in their entirety** to the board. Comments were received in response to the 12/21/2022 Notice of Proposed Rulemaking.

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.

From: [Rob Geddes](#)
To: [PHARMACY RULEMAKING * BOP](#)
Subject: Proposed Rules 855-019-0200, 855-041-1010, and 855-041-1170
Date: Monday, January 23, 2023 4:06:59 PM
Attachments: [Proposed Safe Working Condition Comments 1-23-23 Final.pdf](#)

Rachel,

Please accept the attached comments from Albertsons Companies, Inc.

Rob Geddes, PharmD

Director, Pharmacy Legislative and Regulatory Affairs

Albertsons Companies, Inc.

(M) 208.513.3470

(O) 208.395.3987

(F) 623.869.1568

Rob.Geddes@albertsons.com

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January 23, 2023

Joseph Schnabel, PharmD
Executive Director
Oregon State Board of Pharmacy
800 N.E. Oregon Street, Suite 150
Portland, OR 97232

Re: Proposed Rules 855-019-0200, 855-041-1010, and 855-041-1170.

Dear Dr. Schnabel:

Albertsons Companies Inc. ("ACI") family of pharmacies is one of the largest pharmacy providers in the state of Oregon. We currently operate 106 locations in the state under both the Albertsons and Safeway banners. Nationwide, ACI operates 1726 pharmacies across 34 states and the District of Columbia.

With respect to the proposed rules, ACI agrees with the intent of these regulations, and we wholeheartedly support efforts to protect both employee and public safety. However, we have concerns with the scope and unintended consequences that will arise from the regulations as they are currently drafted. The following is our rationale for why these proposed rules would benefit from additional conversation at the Board level and should not be adopted as final at the February 2023 meeting as noticed in the December 21, 2022, Notice of Proposed Rulemaking.

A. Background: Industry Challenges and Pharmacist Stressors

Community pharmacy is the most visible public facing sector of the profession of pharmacy. This sector also employs a large segment of all licensed pharmacists in the country. As such, it has become the face and focus of distressing working conditions. However, it is not the only sector of pharmacy that is in distress today. There have been various studies performed dating back to 2007 researching pharmacist burnout in the hospital setting.¹ The unfortunate reality is that working conditions leading to increased risk of burnout has plagued the pharmacy industry for years and has affected all sectors. We recognize there are unprecedented challenges in the pharmacy industry right now; but the deterioration of working

¹ Jones GM, Roe NA, Loudon L, Tubbs CR. Factors associated with burnout among US hospital clinical pharmacy practitioners: results of a nationwide pilot survey. *Hosp Pharm.* 2017;52(11):742e751.

Durham ME, Bush PW, Ball AM. Evidence of burnout in health-system pharmacists. *Am J Health Syst Pharm.* 2018;75(23 Supplement 4): S93eS100.

Muir PR, Bortoletto DA. Burnout among Australian hospital pharmacists. *J Pharm Pract Res.* 2007;37(3):187e189.





conditions and the increased distress is not unique to pharmacy. The entire healthcare industry is suffering.

Recently a new tool became available that allows pharmacy professionals to measure their well-being index and potential risk for burnout and other adverse events. This “Well-Being Index” was originally developed and validated by the Mayo Clinic. The Well-Being Index is used to measure the well-being of physicians beginning in 2014, nurses in 2018, physician assistants and nurse practitioners in 2019, and finally pharmacists in 2020.² The organization that supports this index produces summary insight reports each year using its findings from the previous year, to demonstrate the proportion of the respondents from each discipline who were found to be at a high level of distress.³

Healthcare Discipline	2019	2020	2021
Physician	40.58%	36.23%	39.40%
Nurse	47.47%	58.65%	58.01%
Advanced Practice Provider (PA or Nurse Practitioner)	40.58%	26.69%	26.96%
Pharmacist	N/A	28.82%	28.26%

The percentages in the table above represent the full year and all unique individuals who participated in an assessment of their well-being. According to this data, nurse respondents rated highest among the disciplines for incidence of distress. Being at risk for distress and burnout is very concerning and should not be ignored by the affected individual. Being at a high level of distress means that a participant received a well-being index score over a threshold that indicates they are at increased risk of several dimensions of distress. Most notably, distressed individuals have a 2-fold higher risk of medication error. The data supplied by the Well-Being Index provides insight into individual providers across many health care disciplines that are at a high level of distress.

Ever since pharmacy professionals were included in the Well-Being Index, APhA has measured the percentage of distressed pharmacists by practice setting. The following table summarizes the numbers as snapshots from 7/21/21 and 10/23/21. These percentages are representative of the pharmacy professionals who were assessed during the relevant timeframe and, while not reflective of the entire industry, do inform us there are individual pharmacy professionals who are at a high level of distress.

² My Well-Being Index, About Section, [About the Well-Being Index | Measure & Support Clinician Mental Health \(mywellbeingindex.org\)](https://mywellbeingindex.org). (Accessed 1/11/23)

³ Information was summarized from the State of Well-Being reports accessible at [Well-Being Index Insights | Well-Being Index | Wellness Trends & Stats \(mywellbeingindex.org\)](https://mywellbeingindex.org) (Accessed 1/11/23)





APhA Wellbeing Index ⁴	Percent of Distressed Pharmacist Participants	
	7/21/2021	10/23/2022
All pharmacists	33.68%	33.10%
Community – Chain	52.36%	51.83%
Community – Independent	25.59%	28.12%
Hospital and Health System	27.64%	28.19%
Academia	22.33%	22.54%

The following table from the 2021 APhA/NASPA National Pharmacy Workplace Survey⁵ identifies specific stressors that respondents noted as being likely to contribute to a medication error or near miss. This list gives insight into what is contributing to the distress of front-line pharmacy professionals.

Survey Item	% Likely
Interruptions from telephone calls	91%
Inadequate staffing	89%
Patient expectations or demands	81%
Inability to practice pharmacy in a patient-focused manner	78%
Inadequately trained pharmacy personnel	77%
Harassment/bullying from patients/customers	72%
Insurance issues	66%
Nonpharmacy managers lack of understanding/knowledge of pharmacy practice regulations	65%
Completion of paperwork or reports	59%
Inconsistent enforcement of workplace policies	51%
Lack of workplace safety	48%
Lack of constructive performance feedback	46%
Harassment/bullying from manager or coworkers	36%

There are a few stressors on the list above that really stand out: interruptions from telephone calls, patient expectations or demands, inadequate staffing, and harassment/bullying from patients or customers.

Based on a review of the information released in the Well-Being Index reports, APhA pharmacy specific data, and the national workforce survey results conducted by APhA/NASPA, it is reasonable to assume that regulations are necessary to reduce or eliminate these stressors. However, the regulations, as currently drafted, have the potential to exacerbate the very conditions for which they attempt to solve. We instead recommend that the board consider removing language from the proposed regulation which has the potential to augment patient safety concerns by encouraging behavior that will effectively limit patient access to pharmacy services. Less regulation can empower pharmacies and pharmacists to engage in innovative solutions that will benefit community pharmacy and aid in the recovery effort. Conversely,

⁴ This data is being shared with express permission from APhA.

⁵ 2021 APhA/NASPA National Pharmacy Workplace Survey – Final Report. [National State-Based Pharmacy Workplace Survey Final Report APRIL 2022-FINAL.pdf](#) (page 31).





additional regulations can lead to additional administrative burdens and hinder the ability of pharmacies and their staff to innovate.

B. Comments on Currently Proposed Regulations

1. 855-019-0200 Pharmacist: General Responsibilities

ACI agrees that a pharmacist should control each aspect of the practice of pharmacy and that the pharmacist should only be supervising non-pharmacist personnel as appropriate within their capacity, as is required under subsection 4(f). However, subsection 4(g) includes language that may result in additional burden on the pharmacist as they interact with patients. We suggest the following change:

~~(g) Ensure there is sufficient staff to provide services in a safe manner. The Pharmacist on duty may temporarily shut down a service or services if the Pharmacist determines, in their reasonable professional judgment, that there is insufficient staff to practice in a safe manner.~~

First, it is ACI's opinion that pharmacists already have the autonomy and authority to make decisions of this nature to ensure the safe operation of a pharmacy while they are on duty, thus the additional language we have stricken above is superfluous. Today, a pharmacist could effectively temporarily shut down a service or services by changing wait times for patients to account for the staffing they currently have and how quickly they will be able to provide the requested service. Moreover, there are additional tasks a pharmacist may choose to temporarily stop performing that are not patient facing and do not directly impact patient care. For example, a pharmacist can suspend performance of administrative duties that, in the professional judgement of the pharmacist, do not jeopardize patient care or safety when delayed.

Second, it is ACI's opinion that when pharmacists elect to shut down a service or services entirely, there is additional conflict created between a pharmacist and patients seeking those services. Again, as indicated in the APhA/NASPA survey results, patient expectation and demands are top stressors in pharmacy practice. In the first quarter of 2022, the Oregon Board of Pharmacy conducted a survey⁶ of the working conditions of pharmacy staff. This survey, which was discussed during the April 2022 Board meeting, contained several comments that corroborate the APhA/NASPA survey related to the types of abuses that pharmacy staff receive from their patients. Significantly, there were 15 comments⁷ relevant to the topic of patients. This is particularly noteworthy because the survey questions did not specifically address patient interactions with pharmacy staff. In combatting negative workforce conditions, our priority should remain on reducing these external stressors for pharmacy staff.

⁶ Oregon Safe Pharmacy Practice Conditions Survey Final Results. Released with the April 2022 Oregon Board of Pharmacy meeting materials pages 312-406. [April 2022 Bd Mtg Agenda.pdf \(oregon.gov\)](#).

⁷ Comments referencing negative patient interactions are: 14, 19, 22, 78, 135, 186, 208, 270, 276, 293, 305, 344, 442, 444, and 482.



Third, it is undeniable that shutting down the pharmacy, a service, or services will cause patient disruption. These disruptions have a high likelihood of leading to adverse outcomes or patient safety issues that outweigh the benefit of shutting down a pharmacy or service. If, instead of being denied services altogether, patients are given the opportunity to wait for a longer than usual wait time, they would still have a viable opportunity to receive the immunization. This would allow for the pharmacist to continue working at a safe rate and not compromise patient care. Shutting down services entirely will also require pharmacy staff to explain the rationale behind the decision to patients who are likely to be upset by the inconvenience. These additional “customer service” tasks will undoubtedly require the time and attention of the pharmacist, thus negating the perceived time-savings benefit of suspending services. Additionally, it is our experience that negative interactions between patients and pharmacy staff increase stress and leave pharmacy staff more susceptible to distraction. Finally, the patient being turned away may seek care at another pharmacy that may have incomplete medication records for that patient. This may lead to either additional disruption to the patient and pharmacy staff as they spend time completing a new patient medication profile to adequately perform a DUR, or more importantly, an incomplete medication profile upon which the pharmacist relies in filling the patient’s prescription order. It is our opinion and experience that patients react more positively to being given the option of a longer wait time than outright shutting down the service the patient is seeking. This approach is also most advantageous for ensuring patient safety.

Lastly, most of the conversation has been focused on community retail pharmacy, but this section is applicable to any pharmacist-on-duty in the state of Oregon. This would allow a pharmacist in a health system setting to decide they were staffed insufficiently and choose to shut down a service or services, which may include something as necessary as IV admixtures. Considering that hospital pharmacies are not immune to staffing shortages and there have been concerns with working conditions in such settings, the board should evaluate this as well as other potential unintended consequences of the proposed regulations as currently drafted.

2. 855-041-1010 Outlet (RP & IP): Personnel

For consistency with our comments related to 855-019-0200 we suggest a similar change is made to (4) (d) of 855-041-1010.

(d) Ensure there is sufficient staff to provide services in a safe manner. The outlet must ~~abide by the Pharmacist on duty's decision to temporarily shut down a service or services and must~~ respond substantively to a Pharmacist who has identified staffing concerns.

3. 855-041-1170 Grounds for Discipline

In this section the board added “new” prescriptions to an existing prohibition of incentivizing transfers of prescriptions. ACI disagrees with the intent behind adding this additional restriction. To date, we are unaware of any patient safety concerns that have resulted from staff providing a gift card to a patient filling a new prescription at one of our pharmacies. ACI agrees with the comments made by Board Member



Ian Doyle, RPh during the December 2022 Board meeting referring to a patient having a choice to take their prescription to any pharmacy every time they receive a new prescription. The program we offer to patients bringing new prescriptions to our pharmacies does not cause disruption in the market, as it is offered to both existing and new patients. Additionally, this restriction is overly broad and would include incentives we offer to patients receiving immunizations. These small incentives go a long way for patients who may be on the fence when it comes to deciding to get immunized. During the pandemic, the state of Oregon even offered incentives⁸ for individuals to get vaccinated, which included a lottery for adults to win \$10,000 and for children aged 12-17 to receive \$100,000 scholarships. There were various smaller incentives run by the state, counties, and cities during the pandemic. Incentives are valuable tools in the promotion of patient health and ask that community pharmacies not be unnecessarily handcuffed prohibiting their use. We recommend reverting to the original language and not including “new” in the prohibition.

C. Solutions to Consider

We appreciate the collaboration with the Board and other stakeholders to come up with solutions. In that spirit we would like to offer some alternative solutions for the Board to consider that will ease the burdens currently faced by our important pharmacy professionals. The following suggestions based on the themes from the APhA/NASP workforce survey will be actionable and yield good results toward supporting the Board’s mission to protect public safety.

1. Interruptions Including Phone Calls

As indicated in the APhA/NASPA survey, interruptions from phone calls is one of the stressors that survey respondents agreed may contribute to medication errors or unsafe working environments. The pharmacist is at the center of everything in a pharmacy. They must check everything that is completed by a technician or a clerk, take all new prescriptions, conduct all transfers between pharmacies, check in controlled substance orders, offer to counsel patients on new prescriptions, counsel patients, administer vaccines, conduct prescriptive services, and the list goes on. During a regular shift, the pharmacist is pulled in many directions and often interrupted while verifying prescriptions or conducting DUR so that they may handle a more urgent task only a pharmacist may do.

As a potential solution to the constant and conflicting demands for a pharmacist’s attention, we suggest the Board take definitive action to allow a pharmacist to delegate to a technician those specific tasks that do not require professional judgement and for which they can be trained. These tasks include conducting transfers between pharmacies, receiving new verbal prescriptions, calling the prescriber’s office for non-judgmental clarification, and extending the offer to counsel on behalf of the pharmacist. Leveraging trained technicians can go a long way in supporting the pharmacist with administrative tasks, thereby minimizing distraction from those duties that require professional judgment. Secondly, we encourage the Board to revisit regulations on teleworking to remove unnecessary administrative burden and

⁸ [Final Take Your Shot, Oregon campaign winners announced : Oregon Health News](#)





oversight in a telework program. Allowing work to be more easily performed offsite in a telework setting without excessive administrative burden will reduce distractions and allow the in-pharmacy staff to focus on the patients standing in front of them. Our experience with supporting our pharmacies remotely from a central processing pharmacy has been invaluable in decreasing much of the workload burden on our pharmacy staff.

Lastly, we are supporting a bill to be introduced in the Oregon legislature this year to allow technicians to permanently continue administering immunizations under the supervision of a pharmacist. If you review the comments from the Oregon Safe Practice Conditions Survey, you will see expansion of technician support duties and revisions to telework regulations mentioned by many pharmacy professionals as potential solutions to the stress they are under.

2. Patient Behaviors

Unfavorable patient behavior is a real concern that ACI shares collectively with many pharmacies and pharmacists in the state of Oregon. In recent experience, the unfavorable patient behavior encountered by pharmacy staff is a direct result of pharmacy access issues. For example, the closure of BiMart Pharmacies caused tremendous disruption for patients and pharmacies alike and the ripple effects caused by stressed and frustrated patients were felt by all area pharmacies. Regardless of the cause of unfavorable patient behavior toward pharmacy staff, these patient interactions contribute significantly to the challenging environment that pharmacists and technicians find themselves working in right now. Implementing many of the suggestions above will help pharmacy staff provide better and more patient-centric care, simultaneously increasing both patient and pharmacist satisfaction. Further, by reducing or eliminating unnecessary administrative burdens from current and future promulgated regulations, pharmacists will have more time that they can dedicate to providing direct patient care, improving positive patient experiences, and building lasting patient relationships.

3. Staffing Issues

We acknowledge that staffing is one of the fundamental issues for which the Board is seeking a remedy. From our perspective, factors that have contributed to ongoing staffing issues include the closure of BiMart in 2022 leading to higher volume of prescriptions at nearby pharmacies, the ongoing COVID Pandemic, increasing reliance on pharmacies for immunizations and testing, attrition in the workforce related to retiring professionals or individuals leaving for other opportunities, decreasing numbers of pharmacist graduates, and innovative work model opportunities for pharmacy workers outside of retail settings. All these factors have combined to create a perfect storm for pharmacies in Oregon. During the December Board meeting, I shared a snapshot of the current pharmacy personnel job openings available at ACI pharmacies. As of the date of this letter, we have 43 pharmacist, 43 technician, and 20 intern openings to fill before considering ourselves fully staffed in our 106 locations operating in the state. Additionally, we forecast a need to hire 35 grad interns from the 2023 graduating class, which will fill roles that are not already open. These unprecedented numbers of job vacancies are not unique to ACI; we understand that other similarly situated pharmacies are faced with similar obstacles in filling their open





pharmacy positions. In response to these staffing and candidate shortages, we are using new support models including centralized processing and central fill to relieve the burden and stress on our in-state pharmacy staff. Our recruiting efforts have resorted to exorbitant sign-on bonuses and creative perks to attract pharmacists to our organization.

There could be tremendous benefits to the Board and public safety if time spent looking for ways to further regulate the practice of pharmacy were allocated toward improving the burden on practicing pharmacy in Oregon. We need more pharmacists and technicians in the state, and we need the state's help in attracting them.

D. Conclusion

We appreciate this opportunity to provide feedback on these regulations and their significance to patient access to pharmacy care in Oregon. Should you have any questions or if you would like to discuss this matter in further detail, please do not hesitate to contact me. I can be reached by email at Rob.Geddes@albertsons.com or on my mobile phone at (208) 513-3470.

Sincerely,

Rob Geddes, PharmD
Director, Pharmacy Legislative and Regulatory Affairs



From: [Loretta Boesing](#)
To: [PHARMACY RULEMAKING * BOP](#)
Subject: 855-019-0200
Date: Thursday, January 26, 2023 1:00:59 PM

Dear Oregon Board of Pharmacy Members,

I am writing today regarding the regulation of the responsibility of the pharmacists in charge to shut down stores when pharmacies are unsafe. 855-019-0200.

I would agree with this rule with the following:

- Ensuring that pharmacists cannot be retaliated against for shutting down stores.
- What action will the Board take when pharmacists are retaliated against for shutting down stores? What protections will the pharmacists have after shutting down the stores?
- If a store is required to shut down, the Board must ensure that the corporation is heavily fined. The fine must be greater than the costs of hiring adequate staffing.
- What about the patients? I suggest that the Board has assistance or a team set up to act to save patients' lives and protect them from harm when pharmacies suddenly close. The Board should be notified immediately. The Board should create a type of emergency task force that can be engaged to assist patients in these communities when pharmacies are understaffed or closed down. I hope that the Board will work closely with legislators to ensure that patients have options without penalties in this circumstance, such as ensuring they are not receiving higher copays as many are forced to an understaffed corporate chain as the only option of coverage.

Thank you,

Loretta Boesing

Founder of Unite for Safe Medications

www.uniteforsafemeds.com

877-474-9777

From: [Paul, Lauren N.](#)
To: [PHARMACY RULEMAKING * BOP](#)
Cc: [Paul, Lauren N.](#)
Subject: CVS Health Comments on Proposed Amendments to Division 019 and 041
Date: Tuesday, January 17, 2023 6:46:54 AM
Attachments: [CVS Health Comments on Proposed Amendments to Division 019 and 041 related to Safe Pharmacy Practice Conditions RPH Autonomy Outlet Requirements.pdf](#)

Good Morning,

Attached please find comments from CVS Health. Should you have any additional questions, please let me know.

Happy new year,
Lauren

Lauren Paul, PharmD, MS | Executive Director, Pharmacy Regulatory Affairs

p 540-604-3661 | **f** 401-733-0479

1 CVS Drive, Mail Code 2325, Woonsocket, RI 02895

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January 17, 2023

Joseph Schnabel, PharmD, RPh
Executive Director
Oregon State Board of Pharmacy
800 NE Oregon Street; Suite 150
Portland, OR 97232

Re: Proposed Amendments to Division 019/041 related to Safe Pharmacy Practice Conditions, RPH Autonomy, Outlet Requirements

Dear Executive Director Schnabel and members of the Board of Pharmacy:

I am writing to you in my capacity as Executive Director of Pharmacy Regulatory Affairs for CVS Health and its family of pharmacies. CVS Health, the largest pharmacy health care provider in the United States, is uniquely positioned to provide care with diverse access points to patients in the state of Oregon through our integrated offerings across the spectrum of pharmacy care. We appreciate the opportunity to comment on proposed rules related to safe pharmacy practice conditions, rph autonomy and outlet requirements.

CVS Health supports and is committed to providing a work environment that protects the health, safety and welfare of patients with our dynamic staffing model. Our commitment to our pharmacists, interns and technicians was shown most recently with the adoption of closure of all pharmacies across the country for 30 minutes to allow for an uninterrupted lunch break. We are also committed to providing access to healthcare for patients through our pharmacists, who are continually rated at the top of most trusted professional's polls.

855-019-0200(4)(g) states that a Pharmacist must ensure there is sufficient staff to provide services in a safe manner. The Pharmacist on duty may temporarily shut down a service or services if the Pharmacist determines, in their reasonable professional judgment, that there is insufficient staff to practice in a safe manner

While CVS Health supports a Pharmacist utilizing their professional judgment and discretion, CVS Health believes 855-019-0200(4)(g) and 855-041-1010(4)(d) are too subjective, doesn't afford due process and could lead to interruptions in patient continuity of care.

The phrase "insufficient staff" is subjective and will not be applied equally amongst those persons being regulated. Two pharmacies, each with the same prescription volume, services and staff, may have two different perceptions on the level of staffing required to perform those services. Therefore, what may be viewed as insufficient staffing for one pharmacy may be sufficient for the other pharmacies. This creates a scenario where a Pharmacist may restrict services for any reason they see fit. When an agency may enforce a rule arbitrarily because of imprecise or subjective language, the rule may violate due process. Due process requires that a law or rule be sufficiently precise and definite to give fair warning to those who are subject to it what is allowed, prohibited and what is expected of them by the state. CVS Health does not believe that this proposed regulation meets this standard.

Furthermore, CVS Health has concerns that a pharmacist who ceases providing services will restrict access to care, such as immunizations, for patients. As we continue to see a shortage of primary care providers, more patients seek out care at alternative locations, such as a pharmacy, especially in rural locations. Turning a patient away may cause that patient to not return or seek care elsewhere, leaving them without resolution of the issue they sought care for which can continue to increase medical costs. Therefore, we request the Board continue to weigh the restriction of



Lauren Paul, PharmD, MS | 200 Highland Corporate Drive | Woonsocket, RI 02895 | T: 540-604-3661

patient access with these current proposed rules and consider not adopting language in OAR 855-019-0200(g) and OAR 855-041-1010(4)(d) referencing the shutting down of pharmacy services.

CVS Health appreciates the opportunity to submit comments to the Board for review. As you consider our comments, please contact me directly at 540-604-3661 if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Paul, PharmD". The signature is written in a cursive, flowing style.

Lauren Paul, PharmD., MS
Executive Director, Pharmacy Regulatory Affairs
CVS Health

From: [Brady McNulty](#)
To: [PHARMACY RULEMAKING * BOP](#)
Subject: Public Comment Re: Proposals for Division 019 - related to 2022 HB 4034 Duties of a Pharmacist
Date: Thursday, January 26, 2023 12:59:57 PM

Public Comment Re: Proposals for Division 019 - related to 2022 HB 4034 Duties of a Pharmacist

Good Afternoon,

I wish to speak in general support of the proposed changes that would grant pharmacists autonomy to define and manage working conditions within the pharmacy. These changes are decades overdue, and I think COVID highlighted just how dangerous conditions could be if corporations are allowed to manage staff based on profits and not patients.

I no longer practice full-time as a pharmacist because of the working conditions in our profession, but I still fight to improve things for everyone still in the trenches.

This proposal is needed, but it does not go far enough. There is NO language included that indicates pharmacists will be protected from any perceived retaliation from companies, should they decide working conditions are not conducive to safe pharmacy practice. All a company needs to do is let the person go "without cause," further jeopardizing safe working conditions as a pharmacy scrambles to get a new pharmacist on top of everything else they must do.

Thanks for finally taking some action on the concerns of pharmacists, technicians, and clerks. Protect these people.

--

Brady McNulty PharmD CISSP
RPH-14405
Roseburg, OR

From: [Sandra Guckian](#)
To: [PHARMACY RULEMAKING * BOP](#)
Subject: NACDS" Comments RE: Divisions 019/041, related to Safe Pharmacy Practice Conditions; RPH Autonomy, Outlet Requirements
Date: Thursday, January 26, 2023 9:42:03 AM
Attachments: [OR Working Conditions Division 019 041 Proposed Rule NACDS letter Jan 26 2023.pdf](#)

Dear Dr. Schnabel and Board Members:

Please find attached NACDS' comments on proposed rules RE: Divisions 019/041, related to Safe Pharmacy Practice Conditions; RPH Autonomy, Outlet Requirements

Feel free to contact me with questions or further information.

Thanks, Sandra

[Sandra Kay Guckian, IOM, MS, RPh](#)

Vice President, State Pharmacy and Advocacy

sguckian@nacds.org

P: (703) 837.4195

F: (703) 549.0772

C: (703) 774.4801

National Association of Chain Drug Stores (NACDS)

1776 Wilson Blvd. Suite 200 Arlington, VA 22209

www.nacds.org

www.facebook.com/NACDS.org

www.twitter.com/@NACDS



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES

January 26, 2023

Oregon Board of Pharmacy
Attention: Joe Schnabel, Executive Director
800 NE Oregon St., Ste. 150
Portland, OR 97232

Via Email: pharmacy.rulemaking@bop.oregon.gov

RE: Divisions 019/041, related to Safe Pharmacy Practice Conditions; RPH Autonomy, Outlet Requirements

Dear Dr. Schnabel and Board Members:

The National Association of Chain Drug Stores (NACDS) on behalf of its members is writing to express concerns with the current proposals in Divisions 019 and 041.

Our members appreciate the goals of the Oregon Board of Pharmacy to ensure safe pharmacy practice for Oregonians and find ways to improve pharmacy working conditions. While we are supportive of these goals, we do believe these current regulatory proposals are a step too far and may result in pharmacy closures across the state.

This proposal gives a pharmacist unrestricted authority to close a pharmacy if that pharmacist feels, in their opinion, that staffing is insufficient to fill prescriptions or provide other services to patients. This is incredibly arbitrary and does not take into consideration the unlimited subjectivity of pharmacists. For example, a pharmacist merely may feel that four additional pharmacists are needed to fill prescriptions or provide immunizations. No pharmacy is equipped to satisfy such a subjective demand, making it impossible for a pharmacy to meet and would, again, result in the pharmacy closing.

Risk of Pharmacy Closures

Although we acknowledge the benefits of having additional non-pharmacist staff in the pharmacy, there are often unforeseen circumstances, out of the pharmacy's control, that make this impossible. For example, under this proposal, if there is only one technician working in the pharmacy and that technician calls in sick or is unable to make it to work on any given day, the pharmacist may feel that the pharmacy should close entirely. Alternatively, a pharmacy technician may resign their employment, leaving the pharmacy without the staff necessary to remain open until a replacement is hired if the pharmacist feels uncomfortable with the level of staffing. We believe this is antithetical to the Board's role of consumer protection because pharmacy closures generated by adoption of this proposal will result in reduced access to critical medications for consumers. What if the pharmacy is located in a rural area and is the only place where a patient can access an emergency medication? If that pharmacy closes, that patient will be forced to go without their medication and potentially rely on the Emergency Department for care, which will cause a significant financial strain on our healthcare system. What if that same hospital also has a staffing shortage, will no care be available to patients?

Reduction of Services and Access

Again, the subjective nature of these proposed regulations that provide blanket autonomy to a pharmacist are not in the best interest in patient access. An individual pharmacist may arbitrarily limit access to vaccinations, testing or other types of access points. For example, if a pharmacist has the boundless autonomy to close their drive-thru, patients with mobility challenges, patients with communicable infections, like COVID-19, and parents with sick children would be forced to come into the pharmacy or not receive care. What would stop a pharmacist that didn't believe in vaccinating children unless they had another dedicated immunizer from providing vaccinations? None of these circumstances are in the best interest of public health.

We strongly urge the Board **not to adopt** these arbitrary and entirely subjective regulations as proposed to 855-019-0200, 855-041-1010, and 855-041-1170. We believe the current regulations that are in place in 855-041-1170(3), (4) provide the Board with sufficient authority to act against outlets that are not providing a safe work environment for patients. For questions or further discussion, please contact NACDS' Sandra Guckian at sguckian@nacds.org or 703-774-4801.

Sincerely,



Steven C. Anderson, FASAE, CAE, IOM
President and Chief Executive Officer
National Association of Chain Drug Stores

###

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS' member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit NACDS.org.

From: [Brian Mayo](#)
To: [PHARMACY RULEMAKING * BOP](#)
Subject: Public comments for Divisions 019/041 related to Safe Pharmacy Practice Conditions: RPH Autonomy, Outlet Requirements
Date: Monday, January 23, 2023 7:24:14 AM
Attachments: [2023 Jan Rulemaking Letter OSPa FINAL.pdf](#)

Hello,

Please see attached letter for the public comments on behalf of the Oregon State Pharmacy Association regarding Divisions 019/041 related to Safe Pharmacy Practice Conditions: RPH Autonomy, Outlet Requirements.

Brian Mayo

Executive Director

Oregon State Pharmacy Association

Office: (503) 582-9055

brian@oregonpharmacy.org | www.oregonpharmacy.org

Leading Pharmacy, Advancing Healthcare!



OREGON STATE PHARMACY ASSOCIATION

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(503) 582-9055 • www.oregonpharmacy.org • info@oregonpharmacy.org

January 23, 2023

Oregon Board of Pharmacy
c/o Joe Schnabel
800 NE Oregon St., Suite 150
Portland, OR 97232

Dear Joe,

On behalf of the Oregon State Pharmacy Association (OSPA), I would like to commend your Board members for their active and productive conversations during the December rulemaking meeting. We appreciate them considering the public comments that were submitted to fully understand the impact their decisions will have on pharmacy staff and patients across Oregon. Despite one board member being cutoff during her comments by three individuals, the other conversations were beneficial.

For our written public comments pertaining to [Divisions 019/041 related to Safe Pharmacy Practice Conditions: RPH Autonomy, Outlet Requirements](#), we feel the suggestions made from by the Rules Advisory Committee were well done. We hope the Oregon Board of Pharmacy continues to work with pharmacy staff to determine the best outcomes. A pharmacist should be able to use their professional judgment to determine what's best for their pharmacy staff and their patients. Making a rule that empowers a pharmacist to make that decision that is open-ended for their location will be helpful.

Additionally, we want to recognize that there are situations where a staff member may contemplate making a decision like those being considered in these rules and understand that it may be at odds with the internal guidance of the pharmacy itself. This internal pharmacy debate puts pharmacy staff in an awkward spot, balancing safety and access; however, we believe that these rules provide guidance that safe working conditions (and their direct impact on patient safety) is imperative and we applaud you for supporting and empowering the professional judgment of pharmacists in such situations.

Thanks again to the Board members for their discussions and work.

Sincerely,

Brian Mayo
Executive Director

Leading Pharmacy, Advancing Healthcare

From: [Nisse Peng](#)
To: [PHARMACY RULEMAKING * BOP](#)
Subject: Regarding: Divisions 019/041 related to Safe Pharmacy Practice Conditions: RPH Autonomy, Outlet Requirements
Date: Thursday, January 26, 2023 12:22:50 PM

Dear Board,

The safety of the public rests on the staff entrusted to provide these services. Without autonomy, staff are burning out and patients are more demanding, leading to disastrous outcomes. Pharmacists need the ability and support from the Board to ensure best practices are continued and appropriate time is given to ensure the safety of the public. I cannot begin to describe the current conditions of pharmacies and the errors or near misses I have seen while floating from pharmacy to pharmacy. By and large, I see our teams working and "slaving away" with the trade off that many other things are pushed to the side. Safety steps are missed. Vaccines misadministered.

Meanwhile, voices are not heard at the Corporate level. Instead it's, "why can't you do this?" Answers are given, but fall on deaf ears, as though hoping for a different response, because they don't *want* to hear what's not working.

Pharmacists having the ability to say "no more" is the biggest step we can take to get this back under control.

Thank you for your time and consideration.

Nisse Peng, PharmD, PhC, RPh

From: [Walmsley, Lorri](#)
To: [PHARMACY RULEMAKING * BOP](#)
Subject: Walgreens Comments Division 041
Date: Sunday, January 22, 2023 5:26:53 PM
Attachments: [OR Comment Division 041 Outlet Grounds for Discipline.pdf](#)

Hello Joe,

Please see attached comments for the record regarding Division 041.

Warm Regards,

Lorri

Lorri Walmsley, RPh, FAzPA
Director, Pharmacy Affairs

Walgreen Co.
Telephone 602-214-6618

Member of Walgreens Boots Alliance | [MyWalgreens.com](#)

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Lorri Walmsley, RPh., FAzPA
Director, Pharmacy Affairs
Walgreen Co.
5330 E. Washington St, Ste. 105
Phoenix, AZ 85034
p: 602-214-6618
lorri.walmsley@walgreens.com

January 22, 2023

Oregon State Board of Pharmacy
Attention: Joe Schnabel, Executive Director
800 NE Oregon St., Suite 150
Portland, OR 97232

Via Email: joseph.schnabel@oregon.gov

RE: Divisions 041, Outlet Requirements

Dear Dr. Schnabel and Board Members,

On behalf of all pharmacies owned and operated by Walgreen Co., we thank the Board for the opportunity to comment on the proposed rules regarding Division 041, Outlet Requirements.

We would encourage the Board not to include new prescriptions in the prohibition of incentives in the proposed language for Outlet Grounds for Discipline. We are concerned that this prohibition could negatively impact patient vaccination rates in the state. There is evidence that small incentives are a strong driver in vaccine rates.¹ We respectfully request the following amendment.

(4) Incentivizing or inducing ~~a new prescription or~~ the transfer of a prescription.

Walgreens thanks the Board for the opportunity to comment on these proposed regulations. If the Board would like additional information, please feel free to contact me.

Sincerely,

Lorri Walmsley, RPh, FAzPA

References:

1. Erfani, P., & Bourdeaux, M. (n.d.). Can vaccine incentive reward programs increase COVID-19 vaccine uptake? Retrieved January 23, 2023, from https://ghsm.hms.harvard.edu/sites/g/files/mcu871/files/assets/Programs/PublicPolicy/Vaccine%20Incentives_PGPPSC.pdf

Division 019/041: Safe Pharmacy Practice Conditions (RPH Autonomy, Outlet Requirements)

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 general responsibilities for Pharmacist. Amends outlet personnel and grounds for discipline.

Documents Relied Upon per ORS 183.335(2)(b)(D): Safe Pharmacy Practice Conditions Workgroup meeting minutes: [January 2022](#), [March 2022](#), [May 2022](#), [July 2022](#) and [September 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 amendments may increase patient safety for all Oregonians in every community by ensuring that licensees have a properly staffed working environment to ensure safe pharmacy practice conditions. A properly staffed working environment may create fewer opportunities for medication errors and increase the availability of the Pharmacist to provide necessary patient care services such as dispensing prescriptions, medication counseling and immunizations. Adds incentivizing or inducing a new prescription or the transfer of a prescription, which introduces additional clerical workload for pharmacy staff, to Drug Outlet Grounds for Discipline.

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: Number/Type, Reporting, Recordkeeping, Administrative Activities Cost, Professional Services, Equipment/Supplies, Labor Cost: None anticipated. The rulemaking imposes no additional mandatory reporting, recordkeeping, or other administrative requirements on 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): No. A Workgroup was convened per the board’s direction.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why): Proposed amendments in Division 019 clarify that the Pharmacist-on-duty has autonomy to control each aspect of the practice of pharmacy, which includes temporarily shutting down services if understaffed, responsibility for the conduct, operation, management and control of the pharmacy and conducting themselves in a professional manner.

Proposed amendments in Division 041 add requirements for each Drug Outlet to provide a working environment that protects the health, safety and welfare of a patient which includes sufficient personnel, rest periods, meal breaks, time to complete professional duties and responsibilities, to abide by the Pharmacist-on-duty’s decision to shut down services and to respond substantively to a Pharmacist concern of insufficient staffing.

Additional proposed amendments in Division 041 amends grounds for discipline to include failing to provide a working environment that protects the health, safety and welfare of a patient, overriding or interfering with the Pharmacist-on-duty's control of all aspects of the practice of pharmacy, and incentivizing or inducing a new prescription or the transfer of a prescription.

1 Division 19
2 PHARMACISTS
3
4 855-019-0200

5 Pharmacist: General Responsibilities

6
7 ORS 689.025 states that "the practice of pharmacy in the State of Oregon is declared a health care
8 professional practice affecting the public health, safety and welfare". Pharmacy practice is a dynamic
9 patient-oriented health service that applies a scientific body of knowledge to improve and promote
10 patient health by means of appropriate drug use, drug-related therapy, and communication for clinical
11 and consultative purposes. A Pharmacist licensed to practice pharmacy by the board has the duty to use
12 that degree of care, skill, diligence and reasonable professional judgment that is exercised by an
13 ordinarily careful Pharmacist in the same or similar circumstances.

14
15 (1) A Pharmacist is responsible for their own actions; however, this does not absolve the pharmacy from
16 responsibility for the Pharmacist's actions.

17
18 (2) A Pharmacist and pharmacy are responsible for the actions of Interns, Certified Oregon Pharmacy
19 Technicians, and Pharmacy Technicians.

20
21 (3) Only a Pharmacist may practice pharmacy as defined in ORS 689.005, to include the provision of
22 patient care services. Activities that require reasonable professional judgment of a Pharmacist include
23 but are not limited to:

24
25 (a) Drug Utilization Review;

26
27 (b) Counseling;

28
29 (c) Drug Regimen Review;

30
31 (d) Medication Therapy Management;

32
33 (e) Collaborative Drug Therapy Management or other post-diagnostic disease state management,
34 pursuant to a valid agreement;

35
36 (f) Practice pursuant to State Drug Therapy Management Protocols;

37
38 (g) Prescribing a drug or device, as authorized by statute;

39
40 (h) Ordering, interpreting and monitoring of a laboratory test;

41
42 (i) Oral receipt or transfer of a prescription; and

- 43 (j) Verification of the work performed by those under their supervision.
44
- 45 (4) A Pharmacist must:
46
- 47 (a) Comply with all state and federal laws and rules governing the practice of pharmacy;
48
- 49 (b) Control each aspect of the practice of pharmacy;
50
- 51 (c) Ensure each Intern, Certified Oregon Pharmacy Technician and Pharmacy Technician only assists in
52 the practice of pharmacy under the supervision, direction, and control of a Pharmacist;
53
- 54 (d) Ensure non-Pharmacist personnel only perform duties they are licensed and trained to perform.
55
- 56 (e) Know the identity of each Intern, Certified Oregon Pharmacy Technician and Pharmacy Technician
57 under their supervision, direction and control at all times;
58
- 59 (f) Ensure that the supervision of non-Pharmacist personnel does not exceed their capacity to supervise
60 based on the workload and services being provided.
61
- 62 (g) Ensure there is sufficient staff to provide services in a safe manner. The Pharmacist on duty may
63 temporarily shut down a service or services if the Pharmacist determines, in their reasonable
64 professional judgment, that there is insufficient staff to practice in a safe manner.
65
- 66 (h) Conduct themselves in a professional manner at all times and not engage in any form of
67 discrimination, harassment, intimidation, or assault in the workplace.
68
- 69 (i) Ensure and enforce the drug outlet written procedures for use of Certified Oregon Pharmacy
70 Technicians and Pharmacy Technicians as required by OAR 855-025-0035;
71
- 72 (j) Ensure the security of the pharmacy area including:
73
- 74 (A) Providing adequate safeguards against theft or diversion of prescription drugs, and records for such
75 drugs;
76
- 77 (B) Ensuring that all records and inventories are maintained in accordance with state and federal laws
78 and rules;
79
- 80 (C) Ensuring that only a Pharmacist has access to the pharmacy when the pharmacy is closed.
81
- 82 (5) A Pharmacist may delegate final verification of drug and dosage form, device, or product to a
83 Certified Oregon Pharmacy Technician or Pharmacy Technician per ORS 689.005 when the following
84 conditions are met:
85
- 86 (a) The Pharmacist utilizes reasonable professional judgment to determine that a Certified Oregon
87 Pharmacy Technician or Pharmacy Technician may perform final verification;
88
- 89 (b) The Certified Oregon Pharmacy Technician or Pharmacy Technician does not use discretion in
90 conducting final verification;

91 (c) The Pharmacist delegating final verification is supervising the Certified Oregon Pharmacy Technician
92 or Pharmacy Technician; and

93
94 (d) Ensure the Certified Oregon Pharmacy Technician or Pharmacy Technician is performing a physical
95 final verification.

96
97 (6) A Pharmacist may permit an Intern under their direction and supervision to perform any task listed in
98 OAR 855-019-0200(3), except that an Intern must not:

99
100 (a) Perform the duties of a Pharmacist until after the Intern has successfully completed their first
101 academic year, and only after successful completion of coursework corresponding to those duties;

102
103 (b) Prescribe a drug or device; or

104
105 (c) Perform final verification or verification as defined in OAR 855-006-0005.

106
107 (7) Each Pharmacist on duty and the PIC is responsible for the conduct, operation, management and
108 control of the pharmacy;

109
110 Statutory/Other Authority: ORS 689.205 & 2022 HB 4034

111 Statutes/Other Implemented: ORS 689.025, ORS 689.151, ORS 689.155, ORS 689.645, ORS 689.682, ORS
112 689.689 & 2022 HB 4034

113
114

115 Division 41
116 OPERATION OF PHARMACIES

117
118 **855-041-1010**

119 Outlet (RP & IP): Personnel

120
121 Each Drug Outlet Pharmacy must:

122
123 (1) Have one Pharmacist-in-charge employed on a regular basis at that location who shall be responsible
124 for the daily operation of the pharmacy. The Pharmacist-in-charge shall be indicated on the application
125 for a new or relocated pharmacy and for pharmacy renewal registration.

126
127 (2) Report terminating or allowing a board licensee to resign in lieu of termination to the board within
128 10 working days.

129
130 (3) Ensure that it is in compliance with all state and federal laws and rules governing the practice of
131 pharmacy.

132
133 (4) Provide a working environment that protects the health, safety and welfare of a patient which
134 includes but not limited to:

135
136 (a) Sufficient personnel to prevent fatigue, distraction or other conditions that interfere with a
137 pharmacist's ability to practice with reasonable competency and safety.

138

- 139 (b) Appropriate opportunities for uninterrupted rest periods and meal breaks.
140
141 (c) Adequate time for a Pharmacist to complete professional duties and responsibilities as specified in
142 OAR 855-019;
143
144 (d) Ensure there is sufficient staff to provide services in a safe manner. The outlet must abide by the
145 Pharmacist-on-duty's decision to temporarily shut down a service or services and must respond
146 substantively to a Pharmacist who has identified staffing concerns.
147

148 Statutory/Other Authority: ORS 689.205
149 Statutes/Other Implemented: ORS 689.151, 689.155 & 689.305

150

151

152 **855-041-1170**

153 Outlet (RP & IP): Grounds for Discipline

154

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

158

159 (1) Unprofessional conduct as defined in OAR 855-006-0020;

160

161 (2) Advertising or soliciting that may jeopardize the health, safety, or welfare of the patient including,
162 but not be limited to, advertising or soliciting that:

163

164 (a) Is false, fraudulent, deceptive, or misleading; or

165

166 (b) Makes any claim regarding a professional service or product or the cost or price thereof which
167 cannot be substantiated by the licensee.

168

169 (3) Failing to provide a working environment that protects the health, safety and welfare of a patient as
170 required in OAR 855-041-1010.

171

172 (4) Incentivizing or inducing a new prescription or the transfer of a prescription.

173

174 (5) Overriding or interfering with the Pharmacist-on-duty's control of all aspects of the practice of
175 pharmacy.

176

177 (6) Any other grounds found in ORS 689.405 or ORS 689.490.

178

179 Statutory/Other Authority: ORS 689.151, ORS 689.155, ORS 689.205 & ORS 689.225

180 Statutes/Other Implemented: ORS 689.155

Division 110: Fees – 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): Registration Fee for Pharmacy Prescription Kiosk (PPK)

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Creates new registration fee for the new registration type of Pharmacy Prescription Kiosk.

Documents Relied Upon per ORS 183.335(2)(b)(D): None available.

Racial Equity statement per ORS 183.335(2)(b)(F): (identifying how adoption of rule might impact one group of people differently than others) It is anticipated that these amendments will not impact any group of people differently than others.

Fiscal & Economic Impact per ORS 183.335(2)(b)(E): No fiscal or economic impact is known; pharmacies are not required to operate a Pharmacy Prescription Kiosk (PPK). If a pharmacy chooses to operate a PPK, the PPK Affiliated Pharmacy will be required to apply and pay a registration fee of \$120 for the PPK and be required to comply with all Oregon Administrative Rules and Oregon Revised Statutes. We do anticipate that registered drug outlets will be financially impacted to comply with the proposed rules. Pharmacies that choose to deploy kiosks will generate revenue from prescription to help offset the cost of compliance with these proposed rules.

Cost of Compliance (OBOP/Other State Agencies/Units of Local Government/Public) Effect on Small Businesses: OBOP- Fiscal impact is estimated to be minimal for the agency and limited to administrative and compliance costs. There is no anticipated fiscal impact to other state agencies, units of local government or the public. There are approximately 113 small business drug outlet pharmacies registered with the board. It is not anticipated that the cost of compliance for small business would be different from that of a non-small business as operating a PPK is voluntary and would be expected to generate offsetting revenue.

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

Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G): No. New registration type requires appropriate registration fee.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why): Adds “Prescription Kiosk Retail Drug Outlet Pharmacy. Expires March 31 annually - \$120. Due by March 31 annually.” as a new type of Retail Drug Outlet and requires appropriate registration fees.

- 1 Division 110
- 2 FEES
- 3
- 4 **855-110-0007**
- 5 Fees for Registration, Renewal, and Reinspection of Drug Outlets
- 6
- 7 (1) Drug Distribution Agent. Expires September 30 annually - \$400. Late renewal fee (received after
- 8 September 30) - \$100.
- 9

- 10 (2) Drug Room (including Correctional Facility). Expires March 31 annually - \$100. Late renewal fee
11 (received after March 31) - \$75.
12
- 13 (3) Manufacturer (including Manufacturer Class I, Manufacturer Class II and Manufacturer Class III).
14 Expires September 30 annually - \$525. Late renewal fee (received after September 30) - \$100.
15
- 16 (4) Nonprescription Drug Outlet. Expires January 31 annually - \$75. Late renewal fee (received after
17 January 31) - \$25.
18
- 19 (a) This includes the following categories of registration:
20
- 21 (A) Nonprescription Class A.
22
- 23 (B) Nonprescription Class B.
24
- 25 (C) Medical Device, Equipment & Gas Class C.
26
- 27 (b) Other nonprescription Drug Outlet registration category fees are as follows:
28
- 29 (A) Nonprescription Class D. Expires January 31 annually - \$100. Late renewal fee (received after January
30 31) - \$25.
31
- 32 (B) Nonprescription Class E. Expires January 31 annually - \$0. Late renewal fee (received after January
33 31) - \$0.
34
- 35 (5) Prophylactic and/or Contraceptive Wholesaler and/or Manufacturer - \$50. Expires December 31
36 annually.
37
- 38 (6) Re-inspection fee - \$100. Applies to any re-inspection of a drug outlet occasioned to verify
39 corrections of violations found in an initial inspection.
40
- 41 (7) Retail or Institutional Drug Outlet Pharmacy. Expires March 31 annually - \$225. Late renewal fee
42 (received after March 31) - \$75.
43
- 44 (a) This includes the following categories of registration:
45
- 46 (A) Consulting "Drugless" Drug Outlet Pharmacy
47
- 48 (B) Home Dialysis Retail Drug Outlet Pharmacy
49
- 50 (C) Institutional Drug Outlet Pharmacy
51
- 52 (D) Remote Dispensing Site Retail Drug Outlet Pharmacy
53
- 54 (E) Retail Drug Outlet Pharmacy
55
- 56 (b) Other Retail/Institutional Drug Outlet registration category fees are as follows:
57

- 58 (A) Charitable Retail Drug Outlet Pharmacy. Expires March 31 annually - \$75. Late renewal fee (received
59 after March 31) - \$25.
60
- 61 (B) Community Health Clinic (CHC) Retail Drug Outlet Pharmacy. Expires March 31 annually - \$100. Late
62 renewal fee (received after March 31) - \$25.
63
- 64 (C) Dispensing Practitioner Drug Outlet (DPDO) Retail Drug Outlet Pharmacy. Expires March 31 annually -
65 \$100. Late renewal fee (received after March 31) - \$25.
66
- 67 (D) Prescription Kiosk Retail Drug Outlet Pharmacy. Expires March 31 annually - \$120. Due by March 31
68 annually.
69
- 70 (E) Prescription Locker Retail Drug Outlet Pharmacy. Expires March 31 annually - \$120. Due by March 31
71 annually.
72
- 73 (F) Remote Dispensing Machine Institutional Drug Outlet Pharmacy. Expires March 31 annually - \$120.
74 Due by March 31 annually.
75
- 76 (G) Remote Distribution Facility Institutional Drug Outlet Pharmacy. Expires March 31 annually - \$120.
77 Due by March 31 annually.
78
- 79 (8) Wholesaler (including Wholesaler Class I, Wholesaler Class II and Wholesaler Class III). Expires
80 September 30 annually - \$525. Late renewal fee (received after September 30) - \$100.
81
- 82 Statutory/Other Authority: ORS 689.205 & ORS 291.055
83 Statutes/Other Implemented: ORS 689.135, ORS 689.774 & ORS 689.305
84

Division 019: Pharmacists - Definitions (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): Amends definitions

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Repeals definitions of "Clinical Pharmacy Agreement", "Collaborative Drug Therapy Management", "Drug Regimen Review", "Drug Utilization Review", "Medication Therapy Management", "Practice of Clinical Pharmacy" and "Practice of Pharmacy" from OAR 855-019-0110 which are located in OAR 855-006-0005. Retains "Counseling" definition in OAR 855-019-0110.

Documents Relied Upon per ORS 183.335(2)(b)(D): None available.

Racial Equity statement per ORS 183.335(2)(b)(F) (identifying how adoption of rule might impact one group of people differently than others): Proposed rule amendments provide clarity for licensees, registrants. It is anticipated that these amendments will not impact any group of people differently than others.

Fiscal & Economic Impact per ORS 183.335(2)(b)(E): No fiscal impact 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. The board motioned to repeal definitions listed and retain "Counseling" definition during the December 2022 board meeting.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why): Repeals definitions in this rule, except for "Counseling".

1
2 Division 019
3 PHARMACISTS
4
5 855-019-0110
6 Definitions
7

8 In this Division of Rules:
9

10 "Counseling" means an oral or other appropriate communication process between a pharmacist and a
11 patient or a patient's agent in which the pharmacist obtains information from the patient or patient's
12 agent, and, where appropriate, the patient's pharmacy records, assesses that information and provides
13 the patient or patient's agent with professional advice regarding the safe and effective use of the drug
14 or device for the purpose of assuring therapeutic appropriateness.
15

16 Statutory/Other Authority: ORS 689.205
17 Statutes/Other Implemented: ORS 689.005, ORS 689.151, ORS 689.155
18

DRAFT

Division 006/019/020/031/041/115: 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; Creates new Division 115 for Pharmacists

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): The proposed rules create a new Division 115 for Pharmacists, relocates and reorganizes existing Pharmacists rules from Division 019, Division 020, Division 031 and Division 041 into this new division. If the board adopts Division 115, existing rules related to Pharmacists would be repealed in Division's 019, 020, 031 and 041.

Documents Relied Upon per ORS 183.335(2)(b)(D):

- Oregon Board of Pharmacy [2022-2026 Strategic Plan](#)

- Alkhateeb, Fadi M., et al. "Review of National and International Accreditation of Pharmacy Programs in the Gulf Cooperation Council Countries." *American Journal of Pharmaceutical Education* 82.10 (2018). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6325464/>

- FPGE Certification Candidate Application Bulletin Spring 2022-Spring 2023. National Association of Boards of Pharmacy. [//read.nextbook.com/nabp/bulletin/fpgec_2022/cover.html](http://read.nextbook.com/nabp/bulletin/fpgec_2022/cover.html)

- ACPE List of Programs Accredited by State <https://www.acpe-accredit.org/accredited-programs-by-state/>, see +For International for information on Lebanese American University

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): **To be determined.**

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 adoption includes relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions. Proposed amendments include revising titles, clarifying requirements for applicability, definitions, general qualifications for all Pharmacists license types, licensure requirements for all Pharmacist license types, licensure application, license renewal, license reinstatement, licensure lapse, licensure retirement, licensure voluntary surrender, Pharmacist Preceptor registration, in-state and out-of-state volunteer Pharmacist, and Nuclear Pharmacist. General responsibilities, confidentiality responsibilities, duty to report responsibilities, training responsibilities, Drug Utilization Review (DUR),

Counseling, PIC qualifications, limitations and duties. Services such as Pharmacist consulting practice, administration of vaccines, drugs or devices, Clinical Pharmacy Agreements, Medication Therapy Management, prescribing practices, naloxone, and emergency insulin.

The practice of pharmacy in Oregon requires a license. Counseling of an Oregon patient who is located in Oregon is the practice of pharmacy in Oregon. Other health care boards in Oregon and other states consider counseling to patients who are located in Oregon to require licensure. This would bring us in alignment with other boards and ensure that the Board is following statutory mandates regarding licensure requirements for those practicing pharmacy in Oregon.

Repeals Division 019 and Division 020.

Repeals OAR 855-041-3000(4) and OAR 855-041-3300, 041-3305, 041-3310, 041-3315, 041-3320, 041-3325, 041-3330, 041-3335 and 041-3340 related to Consulting/Drugless Pharmacies.

A few rules in Division 031 and 041 are related specifically to a Pharmacist and need to be relocated to the newly created Division 115 Pharmacists.

NOTES:

- History of rule package review
 - The board completed a 1st review the licensing rules of this package in June 2022.
 - The board completed a 2nd review of the licensing rules and a 1st review of the definitions and responsibilities rules (ending with 855-115-0086(1)) of this package at the August 2022 board meeting.
 - The board completed a 3rd review of the licensing rules and a 2nd review of the definitions and responsibilities rules (ending with 855-115-0086(1)) of this package at the October 2022 board meeting.
 - The board completed a 3rd review of responsibilities rules (ending with 855-115-0120(1)(c) and 1st review of services rules of this package at the December 2022 board meeting.
- Highlights
 - Rule language highlighted in blue denote staff proposed amendments made between the board’s review of this package at the October 2022 board meeting and the February 2023 board meeting.
 - Rules highlighted in green are part of the SPPC rule package in mailing #B.

----- DEFINITIONS (3rd REVIEW) -----

Division 6
DEFINITIONS

855-006-0005

Definitions

(9) “Clinical Pharmacy Agreement” means an agreement between a Pharmacist or pharmacy and a health care organization or a physician as defined in ORS 677.010 or a naturopathic physician as defined

30 in ORS 685.010 that permits the Pharmacist to engage in the practice of clinical pharmacy for the benefit
31 of the patients of the health care organization, or physician or naturopathic physician.

32 **Note:** Adopted effective 12/21/2022

33

34 ~~(10) "Collaborative Drug Therapy Management" means the participation by a Pharmacist in the~~
35 ~~management of drug therapy pursuant to a written protocol that includes information specific to the~~
36 ~~dosage, frequency, duration, and route of administration of the drug, authorized by a practitioner and~~
37 ~~initiated upon a prescription order for an individual patient and:~~

38

39 **(X) "Drug utilization review" or "DUR" means evaluation of a prescription to identify and resolve**
40 **potential problems through the review of information provided to the Pharmacist by the patient,**
41 **patient's agent, prescriber and the patient's record.**

42

43 (33) Participation in Drug Selection and Drug Utilization Review:

44

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

47

48 (b) "Drug utilization review" means evaluating prescription drug order in light of the information
49 currently provided to the Pharmacist by the patient or the patient's agent and in light of the information
50 contained in the patient's record for the purpose of promoting therapeutic appropriateness by
51 identifying potential problems and consulting with the prescriber, when appropriate. Problems subject
52 to identification during drug utilization review include, but are not limited to:

53

54 (A) Over-utilization or under-utilization;

55

56 (B) Therapeutic duplication;

57

58 (C) Drug-disease contraindications;

59

60 (D) Drug-drug interactions;

61

62 (E) Incorrect drug dosage;

63

64 (F) Incorrect duration of treatment;

65

66 (G) Drug-allergy interactions; and

67

68 (H) Clinical drug abuse or misuse.

69

70 **(X) "Counseling" or "Counsel" means an interactive communication between a Pharmacist and a**
71 **patient or a patient's agent in which the Pharmacist provides the patient or patient's agent with**
72 **advice regarding the safe and effective use of a drug or device.**

73

74

75

76

77 (34) "Oral Counseling" means an oral communication process between a Pharmacist and a patient or a
78 patient's agent in which the Pharmacist obtains information from the patient (or agent) and the
79 patient's pharmacy records, assesses that information, and provides the patient (or agent) with
80 professional advice regarding the safe and effective use of the prescription drug for the purpose of
81 assuring therapeutic appropriateness.

82
83 (49) "Responsibility for advising, when necessary or when regulated, of therapeutic values, content,
84 hazards and use of drugs and devices" means advice directly to the patient, either verbally or in writing
85 as required by these rules or federal regulation, of the possible therapeutic response to the medication,
86 the names of the chemicals in the medication, the possible side effects of major importance, and the
87 methods of use or administration of a medication.

88
89 ~~(X) "Independent Practice of Pharmacy" means the provision of clinical pharmacy services not related
90 to the dispensing, distribution and delivery of drugs or devices.~~

91
92 ~~(X) "Pharmacy Area" means each area where prescription drugs or devices, records, and equipment
93 used to access pharmacy records are located.~~

94
95 Statutory/Other Authority: ORS 689.205 & 2022 HB 4034
96 Statutes/Other Implemented: ORS 689.151, ORS 689.155 & 2022 HB 4034

97
98 ----- LICENSING (4th REVIEW) -----
99

100 Division ~~49~~**115**
101 PHARMACISTS

102
103 855-019-0100 **855-115-0001**

104 Application **Applicability**

105
106 (1) This Division applies to any ~~p~~Pharmacist **who engages in the practice of pharmacy** who is licensed to
107 practice pharmacy in Oregon including any pharmacist located in another state who is consulting, or
108 providing any other pharmacist service, for a patient, pharmacy or healthcare facility in Oregon.

109
110 (2) Where so indicated, these rules also apply to an intern who is licensed in Oregon.

111
112 (3~~2~~) Any pharmacist who engages in the **Only persons licensed with the board as a Pharmacist may**
113 practice of pharmacy in Oregon **and** must be licensed by the Board in accordance with the following **act**
114 **in compliance with statutes and** rules.

115
116 (4~~3~~) A ~~P~~pharmacist who is located in another state and who engages in the practice of pharmacy for a
117 patient, drug outlet or healthcare facility in Oregon, must be licensed by the ~~B~~board in accordance with
118 the following rules, except that a ~~P~~pharmacist **located in another state who is working in for** an out-of-
119 state pharmacy, who only performs the professional tasks of interpretation, evaluation, DUR, ~~counseling~~
120 and verification associated with their **out-of-state pharmacy** dispensing of a drug ~~into a patient in~~
121 Oregon, is not required to be licensed by the ~~B~~board **unless they are the pharmacist in charge (PIC).**
122

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

126

127 Statutory/Other Authority: ORS 689.205

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

129

130

131

132 ~~855-019-0110~~ **855-115-0005**

133 Definitions

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

135

136 In this Division of Rules:

137

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

141

142 (2) "Collaborative Drug Therapy Management (CDTM)" has the same meaning as defined in OAR 855-
143 006-0005.

144

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

150

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

154

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

156

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

160

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

162

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

166

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

169

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

171

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

173

174 Statutory/Other Authority: ORS 689.205

175 Statutes/Other Implemented: ORS 689.005, 689.151 & 689.155

176

177

178 **855-115-0010**

179 **Licensure: Qualifications: General**

180

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

183

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

185

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

187

188 **(2) If residing in the United States, proof of citizenship, legal permanent residency or qualifying visa,**
189 **as required by 8 USC 1621**

190

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

193

194 **Statutes/Other Authority: ORS 689.205**

195 **Statutes/Other Implemented: ORS 689.151 & 2021 HB 2078**

196

197

198

199 ~~855-019-0150~~ **855-115-0013**

200 **Licensure: Qualifications: Pharmacist Foreign Pharmacy Graduate Education**

201

202 (1) Foreign Pharmacy Graduates applying **An applicant** for **pharmacist** licensure **who graduated from a**
203 **foreign school, college, or program of pharmacy** in Oregon must meet the following **educational**
204 requirements:

205

206 (a) Provide a copy of a valid visa permitting full-time employment;

207

208 (b) **Achieve** Provide a copy of the original certificate issued by the NABP Foreign Pharmacy Graduate
209 Examination Committee (FPGEC) **certification**; and

210

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

214

215 (d) After having completed the required number of intern hours, pass the MPJE with a score of not less
216 than 75. A candidate who does not attain this score may retake the exam after a minimum of 30 days.
217 The MPJE score shall only be valid for 6 months unless extended by the Board.
218

219 ~~(2b) An applicant must complete Submit evidence of 1440 hours in pharmacy practice as an intern or~~
220 ~~Pharmacist in the United States or its jurisdiction that must be certified to the Board by the preceptors.~~
221

222 **(2) An applicant who graduated from:**
223

224 **(a) A foreign school, college, or program of pharmacy must complete (1)(a) and (1)(b).**
225

226 **(b) A Canadian Council for Accreditation of Pharmacy Programs (CCAPP) accredited pharmacy program**
227 **located in Canada or its jurisdiction:**
228

229 **(A) With a curriculum taught in English; and**
230

231 **(i) Who graduated before 1993 or after June 30, 2004 must complete (1)(a) and (1)(b).**
232

233 **(ii) Who graduated between 1993 and June 30, 2004 must complete (1)(b).**
234

235 **(B) With a curriculum that was not taught in English must complete (1)(a) and (1)(b).**
236

237 **(c) The ACPE-accredited program at the Lebanese American University in Byblos, Lebanon:**
238

239 **(A) With a Doctor of Pharmacy degree; and**
240

241 **(B) Graduated after 2002 is exempt from (1)(a) and (1)(b).**
242

243 **(3) If (1)(a) is required, an applicant must not count internship hours or practice as a Pharmacist**
244 **towards the requirement in (1)(b) that was completed before achieving the FPGEC certification.**
245

246 **(4) Once the educational qualifications in this rule are met, an applicant must also comply with the**
247 **requirements for licensure in OAR 855-115-0016 for examination or score transfer or OAR 855-115-**
248 **0019 for reciprocity.**
249

250 ~~(3) An applicant may not count internship hours or practice as a pharmacist completed outside the~~
251 ~~United States toward Oregon's internship requirement.~~
252

253 ~~(4) An applicant may not count internship hours or practice as a pharmacist that is completed before~~
254 ~~passing the Foreign Pharmacy Graduate Equivalency Examination (FPGEE), and either the TOEFL with~~
255 ~~TSE, or TOEFL (IBT) exams toward Oregon's internship requirement.~~
256

257 ~~(5) The Board may waive any requirement of this rule if a waiver will further public health or safety. A~~
258 ~~waiver granted under this section shall only be effective when it is issued in writing.~~
259

260 Statutory/Other Authority: ORS 689.205

261 Statutes/Other Implemented: ORS 689.151 & ORS 689.255
262

263 855-019-0120 **855-115-0016**

264 **Licensure: Qualifications: Pharmacist Examination or Score Transfer**

265

266 (1) ~~Before~~ **To receive** licensure as a ~~p~~Pharmacist **by examination or score transfer**, an applicant must
267 meet the following requirements:

268

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

273

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

275

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

278

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

284

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

290

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

293

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

296

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

299

300 **(2) An applicant who has obtained their professional degree outside the United States is not eligible**
301 **for licensure via examination or score transfer until they have met the requirements of OAR 855-115-**
302 **0013.**

303

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

306

307 Statutory/Other Authority: ORS 689.205

308 Statutes/Other Implemented: ORS 689.151, **ORS 413.590** & ~~2021 HB 2078~~ **ORS 689.285**

309

310 855-019-0140

311 NAPLEX Score Transfer

312

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

315

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

319

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

321

322 (a) Oregon Score Transfer Application;

323

324 (b) A passport regulation photograph;

325

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

328

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

331

332 Statutory/Other Authority: ORS 689.205

333 Statutes/Other Implemented: ORS 689.151 & 689.265

334

335

336

337 855-019-0130 855-115-0019

338 Licensure: **Qualifications: Pharmacist** by Reciprocity

339

340 (1) An applicant for licensure as a **Ph**pharmacist by reciprocity must meet the requirements of ORS
341 689.265 and the following requirements:

342

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

344

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

346

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

350

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

356

357 (e) Have either:

358

359 (A) Been engaged in the practice of pharmacy for period of at least ~~one year~~ **12 months** including a
360 minimum of 1440 hours of work experience as a licensed pharmacist. Evidence supporting this work
361 experience ~~shall~~ **must** be provided at time of application; or

362

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

366

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

371

372 ~~(3)~~ (2) An applicant who has obtained their professional degree outside the United States **and jurisdiction**
373 is not eligible for licensure by reciprocity until they have met the requirements of OAR 855-019-
374 ~~0150~~ **115-0013**.

375

376 Statutory/Other Authority: ORS 689.205

377 Statutes/Other Implemented: ORS 689.151, & **ORS 689.265, ORS 689.405**

378

379

380

381 **855-115-0020**

382 **Licensure: Application- Pharmacist**

383

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

385

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

387

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

389

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

391

392 **(c) A completed application including:**

393

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

395

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

397

398 **(C) Personal identification or proof of identity;**

399

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

402

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

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

406
407 (3) Penalties may be imposed for:

408
409 (a) Failure to completely and accurately answer each question on the application for licensure or
410 renewal of licensure;

411
412 (b) Failure to disclose any requested information on the application;

413
414 (c) Failure to respond to requests for information resulting from the application;

415
416 (d) Any other grounds found in ORS 689.405.

417
418 (4) An application submitted to the board that is not complete within 90 days from applicant
419 submission will be expired. Once expired, an applicant who wishes to continue with the application
420 process must reapply by submitting a new application, along with all documentation, and all fees.
421 While a new application and documentation is required, the board may still consider information that
422 was provided in previous applications.

423
424 (5) The license of a Pharmacist expires June 30 in odd numbered years and may be renewed
425 biennially.

426
427 Statutory/Other Authority: ORS 689.205

428 Statutes/Other Implemented: ORS 689.151, ORS 689.225, ORS 689.285

429
430
431

432 855-019-0122 **855-115-0030**

433 ~~Renewal of Licensure: Renewal or Reinstatement-~~ as a Pharmacist

434

435 (1) An applicant~~tion~~ for renewal of a ~~p~~Pharmacist license must include documentation of:

436

437 ~~(a) Completion of continuing pharmacy education requirements as outlined in OAR 855-021; and~~

438

439 ~~(b) Payment of the biennial license fee required in OAR 855-110;:-~~

440

441 (b) Complete the continuing pharmacy education requirements as outlined in OAR 855-135; and

442

443 ~~(2c) A pharmacist will b~~Be subject to an **annual** criminal background check; and

444

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

447

448 (2) A Pharmacist who fails to renew their license by the expiration date and whose license has been
449 lapsed for 12 months or less may apply to renew their license and must pay a late fee required in OAR
450 855-110.

451 **(3) A person who fails to renew their license by the expiration date and whose license has been lapsed**
452 **for greater than 12 months may apply to reinstate their Pharmacist license as follows:**

453
454 **855-019-0170**

455 Reinstatement of License

456
457 (1) A pharmacist who fails to renew their license by the deadline may reinstate their license as follows:

458
459 (a) ~~By payment of the license fees and delinquency fees for all years during which the license was lapsed~~
460 ~~and for the current year; and~~ **Apply per OAR 855-115-0020;**

461
462 (b) ~~By providing~~ certification of completion of the continuing pharmacy education requirement in
463 OAR 855-021-135 for all years in which the license was lapsed and for the current year; and;

464
465 **(c) Meet the requirements below, if applicable.**

466
467 ~~(d)~~ **A person must pass the Oregon MPJE if their pharmacist license has been lapsed for more than**
468 **one three years, pass the MPJE, With a score of not less than 75; and A passing result is valid for 12**
469 **months. A candidate who does not pass may retake the exam after a minimum of 30 days with a limit**
470 **of three attempts in a 12 month period, not to exceed a lifetime maximum of 5 failed attempts;**

471
472 ~~(d5)~~ Complete an application for licensure, provide the board with a valid e-mail address, and a
473 fingerprint card or other documentation required to conduct a criminal background check. **If the**
474 **Pharmacist license has been lapsed for more than five years and the person has not maintained an**
475 **active pharmacist license in another US state or jurisdiction, a person must comply with (4) and take**
476 **and pass the NAPLEX. A passing result is valid for 12 months. A candidate who does not pass may**
477 **retake the exam after a minimum of 45 days with a limit of three attempts in a 12 month period, not**
478 **to exceed a lifetime maximum of 5 failed attempts.**

479
480 **(6) In lieu of reinstatement, a person may apply for licensure via reciprocity if the person has**
481 **maintained an active pharmacist license in good standing in another US state or jurisdiction.**

482
483 ~~(27)~~ A pharmacist in good standing who retired from the practice of pharmacy after having been
484 licensed for not less than 20 years need only pay the annual license fees for the year in which they seek
485 a license, however they must provide certification of completion of continuing pharmacy education
486 requirement in OAR 855-021 for all years since their retirement and pass the MPJE with a score of not
487 less than 75. **A person whose Pharmacist license has been retired for more than 12 months need only**
488 **pay the annual license fees for the year in which they seek a license, however they must also**
489 **complete the requirements in (3).**

490
491 **855-019-0171**

492 Reinstatement of a Revoked or Surrendered License

493
494 **(8) A person whose Pharmacist license has been suspended, revoked or restricted surrendered shall**
495 **have has the right, at reasonable intervals, to petition to the Board in writing for reinstatement of such**
496 **license pursuant to ORS 689.445. The written petition to the Board shall be made and in conjunction**
497 **with the application process identified in OAR 855-019-0120115-0020.**

498 Statutory/Other Authority: ORS 689.205
499 Statutes/Other Implemented: ORS 689.151, & ORS 689.275, ORS 689.445

500
501

502 **855-115-0040**

503 Licensure: Lapse

504

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

507

508 **(a) Lapse of a license is not discipline.**

509

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

512

513 **(c) A person **must** not practice pharmacy if their license is lapsed.**

514

515 **(d) A person may apply for renewal or reinstatement of their license according to OAR 855-115-0030.**

516

517 **(2) If a Pharmacist requests to lapse their license prior to the expiration date, the following applies:**

518

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

520

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

522

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

525

526 Statutory/Other Authority: ORS 689.205

527 Statutes/Other Implemented: ORS 689.153

528

529

530

531 **855-115-0043**

532 Licensure: Retire

533

534 **(1) A Pharmacist may request that the board retire their license if the Pharmacist is in good standing,**
535 **has been licensed as a Pharmacist for at least 20 years and is no longer practicing pharmacy.**

536

537 **(a) A retired license is not considered discipline;**

538

539 **(b) The board has continuing authority under ORS 689.153;**

540

541 **(c) A person **must** not practice pharmacy if the license is retired.**

542

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

544

545 (2) If a Pharmacist requests to retire their license prior to the expiration date of the license, the
546 following applies:

547
548 (a) The license remains in effect until the board accepts the request to retire the license.

549
550 (b) If the board accepts the request to retire the license, the board will notify the licensee of the date
551 the license is no longer active.

552
553 (c) The board will not accept the request to retire the license if an investigation of or disciplinary
554 action against the licensee is pending.

555
556 Statutory/Other Authority: ORS 689.205

557 Statutes/Other Implemented: ORS 689.153

558

559

560 **855-115-0046**

561 Licensure: Voluntary Surrender

562

563 A Pharmacist may request that the board accept the voluntary surrender of their license.

564

565 (1) A voluntary surrender of a license is discipline.

566

567 (2) The license remains in effect until the board accepts the surrender.

568

569 (3) If the board accepts a request for voluntary surrender, the board will issue a final order
570 terminating the license, signed by the licensee and a board representative. The termination date is the
571 date the licensee is sent the executed final order.

572

573 (4) The licensee must cease practicing pharmacy from the date the license terminates.

574

575 (5) A voluntarily surrendered license cannot be renewed. A former licensee who wants to obtain a
576 license must apply for reinstatement per OAR 855-115-0030 unless the final order prohibits the
577 licensee from doing so.

578

579 (6) The board has jurisdiction to proceed with any investigation or any action or disciplinary
580 proceeding against the licensee.

581

582 Statutory/Other Authority: ORS 689.205

583 Statutes/Other Implemented: ORS 689.153

584

585

586

587 ~~855-031-0045~~ **855-115-0055**

588 ~~School and Preceptor Registration and Responsibilities~~ Registration: Pharmacist Preceptor

589 **NOTE:** *Determined to leave in Div 031. Will not be moved to Div 115*

590

591

592 ~~855-019-0123~~ **855-115-0060**

593 Liability Limitations for Volunteers **Registration: In-State Volunteer Pharmacist**

594

595 (1) A **P**pharmacist may register with the **B**board for the limitation on liability provided by ORS 676.340,
596 which provides a licensee with specific exemptions from liability for the provision of pharmacy services
597 without compensation under the terms of the law.

598

599 (2) A no cost registration may be issued by the **B**board upon receipt of a completed application.
600 Registration requires submission of a signed form provided by the **B**board in accordance with ORS
601 676.345(2).

602

603 (3) Registration will expire at the licensee's next license renewal date and may be renewed biennially. It
604 is the licensee's responsibility to ensure his or her active registration in this program.

605

606 (4) Nothing in this section relieves licensee from the responsibility to comply with **B**board regulations
607 and still may be subject to disciplinary actions.

608

609 (5) Pharmacists providing care under the provisions of ORS 676.340 and **ORS** 676.345 remain subject to
610 the **B**board complaint investigation process articulated in ORS 676.175.

611

612 Statutory/Other Authority: ORS 676.340 & **ORS** 689.205

613 Statutes/Other Implemented: ORS 676.340 & **ORS** 676.345

614

615

616

617 ~~855-019-0124~~ **855-115-0063**

618 Notification: Out-of-State Volunteer Pharmacist

619

620 (1) A Pharmacist who is not licensed in Oregon may, without compensation and in connection with a
621 coordinating organization or other entity, practice pharmacy for 30 days each calendar year. The
622 Pharmacist is not required to apply for licensure or other authorization from the board to practice
623 pharmacy under this section.

624

625 (2) To practice pharmacy under this section, the Pharmacist who is not licensed in Oregon must submit
626 on a form prescribed by the board, at least 10 days prior to commencing practice in this state, to the
627 board:

628

629 (a) Proof that the Pharmacist is in good standing and is not the subject of an active disciplinary action in
630 any jurisdiction in which the Pharmacist is authorized to practice;

631

632 (b) An acknowledgement that the Pharmacist **must** provide services only within the scope of practice of
633 pharmacy and will provide services pursuant to the scope of practice of this state or the health care
634 practitioner's licensing agency, whichever is more restrictive;

635

636 (c) An attestation that the Pharmacist will not receive compensation for practice in this state;

637

638 (d) The name and contact information of the coordinating organization or other entity through which
639 the Pharmacist will practice; and

640
641 (e) The dates on which the Pharmacist will practice in this state.
642

643 (3) Except as otherwise provided, a Pharmacist practicing under this section is subject to the laws and
644 rules governing the pharmacy profession that the Pharmacist is authorized to practice and to disciplinary
645 action by the appropriate health professional regulatory board.

646
647 Statutory/Other Authority: ORS 689.205, ORS 689.315, 2022 HB 4096
648 Statutes/Other Implemented: ORS 689.151, 2022 HB 4096

649
650
651
652 **855-019-0125**

653 Coaching from Board and Staff

654
655 **NOTE:** Moving rule to Division 10: Board Administration and Policies

656
657 No member or employee of the Board shall discuss the contents of an examination, its preparation or
658 use with any candidate or other person. No member or employee of the Board shall coach a candidate
659 or any other person on materials that may be used in the examination nor shall they accept any fees for
660 any act of assistance that would bear on the examination.

661
662 Statutory/Other Authority: ORS 689.205
663 Statutes/Other Implemented: ORS 689.151

664
665
666
667 ~~855-019-0160~~ **855-115-0066**

668 **Notification:** Nuclear Pharmacists

669
670 **NOTE:** Will be updated for future board review. No changes proposed at this time.

671
672 In order to qualify under these rules as a nuclear ~~P~~pharmacist, a ~~P~~pharmacist shall must :

673
674 (1) Meet minimal standards of training and experience in the handling of radioactive materials in
675 accordance with the requirements of the Radiation Protection Services of the Department of Human
676 Services; and

677
678 (2) Be a ~~P~~pharmacist licensed to practice in Oregon; and

679
680 (3) Submit to the Board of Pharmacy either:

681
682 (a) Evidence of current certification in nuclear pharmacy by the Board of ~~Pharmacy~~ ~~Pharmaceutical~~ Specialties; or

683
684 (b) Evidence that they meet both the following:

685 (A) Certification of a minimum of six month on-the-job training under the supervision of a qualified
686 nuclear Pharmacist in a nuclear pharmacy providing radiopharmaceutical services; and
687

688 (B) Certification of completion of a nuclear pharmacy training program in a college of pharmacy or a
689 nuclear pharmacy training program approved by the Bboard.
690

691 (4) Receive a letter of notification from the Bboard that the evidence submitted by the Pharmacist
692 meets the above requirements and has been accepted by the Bboard.
693

694 Statutory/Other Authority: ORS 689.205

695 Statutes/Other Implemented: ORS 689.151
696

697

698 855-019-0310

699 Grounds for Discipline
700

701 ~~The State Board of Pharmacy may suspend, revoke, or restrict the license of a pharmacist or intern or~~
702 ~~may impose a civil penalty upon the pharmacist or intern upon the following grounds:~~
703

704 ~~(1) Unprofessional conduct as defined in OAR 855-006-0020;~~
705

706 ~~(2) Repeated or gross negligence;~~
707

708 ~~(3) Impairment, which means an inability to practice with reasonable competence and safety due to the~~
709 ~~habitual or excessive use of drugs or alcohol, other chemical dependency or a mental health condition;~~
710

711 ~~(4) Being found guilty by the Board of a violation of the pharmacy or drug laws of this state or rules~~
712 ~~pertaining thereto or of statutes, rules or regulations of any other state or of the federal government;~~
713

714 ~~(5) Being found guilty by a court of competent jurisdiction of a felony as defined by the laws of this~~
715 ~~state;~~
716

717 ~~(6) Being found guilty by a court of competent jurisdiction of a violation of the pharmacy or drug laws of~~
718 ~~this state or rules pertaining thereto or of statutes, rules or regulations of any other state or of the~~
719 ~~federal government;~~
720

721 ~~(7) Fraud or intentional misrepresentation in securing or attempting to secure the issuance or renewal~~
722 ~~of a license to practice pharmacy or a drug outlet registration;~~
723

724 ~~(8) Permitting an individual to engage in the practice of pharmacy without a license or falsely using the~~
725 ~~title of pharmacist;~~
726

727 ~~(9) Aiding and abetting an individual to engage in the practice of pharmacy without a license or falsely~~
728 ~~using the title of pharmacist;~~
729

730 (10) Being found by the Board to be in violation of any violation of any of the provisions of ORS 435.010
731 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
732 rules adopted pursuant thereto; or

733
734 (11) Failure to perform appropriately the duties of a pharmacist while engaging in the practice of
735 pharmacy as defined in ORS 689.005.

736
737 Statutory/Other Authority: ORS 689.205
738 Statutes/Other Implemented: ORS 689.151, 689.155 & 689.405

739
740
741 ----- RESPONSIBILITIES (3rd REVIEW) -----

742
743 855-019-0200-**855-115-0070-A**
744 Pharmacist: General Responsibilities- General

745
746 **When practicing pharmacy per ORS 689, each Pharmacist must:**
747

748 ORS 689.025 states that "the practice of pharmacy in the State of Oregon is declared a health care
749 professional practice affecting the public health, safety and welfare". Pharmacy practice is a dynamic
750 patient-oriented health service that applies a scientific body of knowledge to improve and promote
751 patient health by means of appropriate drug use, drug-related therapy, and communication for clinical
752 and consultative purposes.

753
754 **(1)** A Pharmacist licensed to practice pharmacy by the board has the duty to ~~u~~**Use** that degree of care,
755 skill, diligence and reasonable professional judgment that is exercised by an ~~ordinarily~~ careful **and**
756 **prudent** Pharmacist in the same or similar circumstances;.

757
758 **(12)** A Pharmacist is ~~Be~~ responsible for their own actions; however, this does not absolve the pharmacy
759 from responsibility for the Pharmacist's actions.

760
761 **(23)** A Pharmacist and pharmacy are ~~Be~~ responsible for the actions of **each** Interns, Certified Oregon
762 Pharmacy Technicians, Pharmacy Technicians **and non-licensed pharmacy personnel;**

763
764 **(3)** Only a Pharmacist may practice pharmacy as defined in ORS 689.005, to include the provision of
765 patient care services. Activities that require reasonable professional judgment of a Pharmacist include
766 but are not limited to:

- 767
768 (a) Drug Utilization Review;
- 769
770 (b) Counseling;
- 771
772 (c) Drug Regimen Review;
- 773
774 (d) Medication Therapy Management;
- 775

- 776 (e) Collaborative Drug Therapy Management or other post-diagnostic disease state management,
777 pursuant to a valid agreement;
778
779 (f) Practice pursuant to State Drug Therapy Management Protocols;
780
781 (g) Prescribing a drug or device, as authorized by statute;
782
783 (h) Ordering, interpreting and monitoring of a laboratory test;
784
785 (i) Oral receipt or transfer of a prescription; and
786
787 (j) Verification of the work performed by those under their supervision.
788
789 (4) A Pharmacist must:
790
791 (a4) ~~Ensure Compliance~~ with all state and federal laws and rules governing the practice of pharmacy;
792
793 **(5) Control each aspect of the practice of pharmacy;**
794
795 **(6) Perform appropriately the duties of a Pharmacist;**
796
797 **(7) Conduct themselves in a professional manner at all times and not engage in any form of**
798 **discrimination, harassment, intimidation, or assault;**
799
800 **(8) Ensure access to reference material and equipment needed based on the services provided;**
801
802 **(9) Ensure services are provided with required interpretation and translation per ORS 689.564;**
803
804 **(10) Ensure services occur in a sanitary, secure and confidential environment; and**
805
806 **(11) Engage in a continuous quality improvement program;**

807
808 **Statutory/Other Authority: TBD**
809 **Statutes/Other Implemented: TBD**

810
811
812 **855-115-0070-B**
813 **Pharmacist: Responsibilities- Personnel**

- 814
815 **(1) When practicing pharmacy per ORS 689, each Pharmacist must:**
816
817 **(a) Ensure personnel that require licensure have been granted and maintain licensure with the board;**
818
819 **(b) Ensure licensed personnel work within the duties permitted by their licensure;**

820
821 **855-019-0200**
822 **Pharmacist: General Responsibilities**

- 823 (4) A Pharmacist must:
- 824
- 825 ~~(b) Ensure each Intern, Certified Oregon Pharmacy Technician and Pharmacy Technician only assists in~~
- 826 ~~the practice of pharmacy under the supervision, direction, and control of a Pharmacist;~~
- 827
- 828 (c) Ensure non-Pharmacist personnel only perform duties they are licensed and trained to perform;
- 829
- 830 (d) Know the identity of each Intern **under their supervision**, and Certified Oregon Pharmacy Technician
- 831 and Pharmacy Technician under their supervision, direction and control at all times;
- 832
- 833 **(e) Ensure each Intern only practices pharmacy under the supervision of a Pharmacist;**
- 834
- 835 ~~(b) Ensure each Intern, Certified Oregon Pharmacy Technician and Pharmacy Technician only assists in~~
- 836 ~~the practice of pharmacy under the supervision, direction, and control of a Pharmacist;~~
- 837
- 838 **(g) Ensure non-licensed personnel do not practice or assist in the practice of pharmacy;**
- 839
- 840 **(h) Ensure initial and ongoing training is completed that is commensurate with the tasks that the**
- 841 **Pharmacist and persons under their supervision will perform, prior to the performance of those tasks;**
- 842
- 843 **(i) Ensure continued competency in tasks that are performed by the Pharmacist and persons under**
- 844 **their supervision;**
- 845
- 846 (ej) **Ensure that the supervision of non-Pharmacist personnel does not exceed their capacity to safely**
- 847 **supervise** When supervising an Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician,
- 848 determine how many licensed individuals the Pharmacist is capable of supervising, directing and
- 849 controlling based on the **workload and** services being provided-; **and**
- 850
- 851 **(k) Ensure there is sufficient staff to provide services in a safe manner. The Pharmacist may**
- 852 **temporarily shut down a service or services if the Pharmacist determines, in their reasonable**
- 853 **professional judgment, that there is insufficient staff to practice in a safe manner.**
- 854

855 **(2) A Pharmacist who utilizes licensees remotely, must comply with OAR 855-041-3200 through OAR**

856 **855-041-3250**

857

858 **POLICY DISCUSSION**- Telework

859

860 ~~(f) Ensure and enforce the drug outlet written procedures for use of Certified Oregon Pharmacy~~

861 ~~Technicians and Pharmacy Technicians as required by OAR 855-025-0035;~~

862

863 **(3) When practicing pharmacy per ORS 689, each Pharmacist may delegate the practice of pharmacy**

864 **to other health care providers who are appropriately trained and authorized to perform the delegated**

865 **tasks.**

866

867 **Statutory/Other Authority: TBD**

868 **Statutes/Other Implemented: TBD**

869

870 **855-115-0070-C**
871 **Pharmacist: Responsibilities-Drugs, Records and Security**

872
873 **When practicing pharmacy per ORS 689, each Pharmacist must:**

874
875 **855-019-0200**
876 Pharmacist: General Responsibilities

877
878 (4) A Pharmacist must:

879
880 (g1) Ensure the security of the pharmacy area **prescription drugs, pharmacy and patient records**
881 including:

882
883 (Aa) Providing adequate safeguards against **loss**, theft, or diversion of prescription drugs, and records
884 for such drugs;

885
886 **(b) Ensuring only persons authorized by the Pharmacist access the areas where prescription drugs,**
887 **pharmacy and patient records are stored by restricting access;**

888
889 (B2) Ensuring that all records and inventories are maintained in accordance with state and federal laws
890 and rules;

891
892 (C) Ensuring that only a Pharmacist has access to the pharmacy when the pharmacy is closed.

893
894 **(3) Only receive drugs from an Oregon Registered Drug Outlet (e.g. Wholesaler, Manufacturer or**
895 **Pharmacy);**

896
897 **(4) Comply with the drug storage rules for pharmacies in OAR 855-041-1036;**

898
899 **(5) Ensure drugs and devices that are recalled, outdated, damaged, deteriorated, misbranded,**
900 **adulterated, counterfeit, or identified as suspect or illegitimate, or otherwise unfit for dispensing or**
901 **administration must be documented, quarantined and physically separated from other drugs and**
902 **devices until they are destroyed or returned to the supplier;**

903
904 **(6) Ensure all computer equipment used for the practice of pharmacy:**

905
906 **(a) Establishes and maintains a secure connection to patient information including but not limited to**
907 **patient demographics, medical records, pharmacy records and clinical visit documentation;**

908
909 **(b) Prevents unauthorized access to patient information; and**

910
911 **(c) Is configured so information from any patient records are not duplicated, downloaded, or removed**
912 **from the electronic database if accessed remotely;**

913
914 **(7) Document accurately and maintain records in the practice of pharmacy including, but not limited**
915 **to:**

916

- 917 **(a) Services provided;**
918
919 **(b) The date, time and identification of the licensee and the specific activity or functions performed;**
920 **and**
921
922 **(c) Maintain records pertaining to the acquisition, storage, dispensing or administration, and disposal**
923 **of drugs and devices; and**
924
925 **(8) Ensure reporting of data as required by federal and state regulations, including but not limited to:**
926
927 **(a) ALERT Immunization Information System (ALERT-IIS) per ORS 433.090, ORS 433.092, ORS 433.094,**
928 **ORS 433.095, ORS 433.096, ORS 433.098, ORS 433.100, ORS 433.102, ORS 433.103, and ORS 433.104;**
929
930 **(b) Communicable diseases per ORS 433.004; and**
931
932 **(c) Vaccine Adverse Event Reporting System (VAERS) per 21 CFR 600.80 (v. 04/01/2022).**
933
934 **Statutory/Other Authority: TBD**
935 **Statutes/Other Implemented: TBD**
936
937
938 **855-115-0070-D**
939 **Pharmacist: Responsibilities-Drug Outlet**
940
941 **(1) When practicing pharmacy per ORS 689 for a Drug Outlet, each Pharmacist must:**
942
943 **(a) Be responsible for the daily conduct, operation, management and control of the Drug Outlet**
944 **pharmacy;**
945
946 **(b) Ensure that only a Pharmacist has access to the Drug Outlet pharmacy when the pharmacy is**
947 **closed;**
948
949 **(c) Ensure each prescription contains all the elements required in OAR 855-041 or OAR 855-139;**
950
951 **(d) Ensure each compounded drug is prepared in compliance with OAR 855-045;**
952
953 **(e) Ensure the patient record contains the elements required in OAR 855-041 or OAR 855-139;**
954
955 **(f) Ensure prescriptions, prescription refills, and drug orders are dispensed:**
956
957 **(A) Accurately;**
958
959 **(B) To the correct party;**
960
961 **(C) Pursuant to a valid prescription;**
962
963 **(D) Pursuant to a valid patient-practitioner relationship; and**

- 964 **(E) For a legitimate medical purpose;**
 965
 966 **(g) Ensure the Drug Outlet pharmacy is operated in a professional manner at all times;**
 967
 968 **(h) Review, adhere to and enforce the drug outlet written policies and procedures. The review must:**
 969
 970 **(A) Occur upon employment and with each update; and**
 971
 972 **(B) Be documented and records retained by the outlet;**
 973
 974 **(i) Ensure the drug outlet reports data as required by federal and state regulations, including but not**
 975 **limited to:**
 976
 977 **(A) Prescription Drug Monitoring Program (PDMP) per ORS 413A.890, ORS 413A.895, ORS 413A.896,**
 978 **ORS 413A.898, and OAR 333-023;**
 979
 980 **(B) Death with Dignity per ORS 127.800, ORS 127.805, ORS 127.810, ORS 127.815, ORS 127.820, ORS**
 981 **127.825, ORS 127.830, ORS 127.835, ORS 127.840, ORS 127.845, ORS 127.850, ORS 127.855, ORS**
 982 **127.860, ORS 127.865, ORS 127.870, ORS 127.875, ORS 127.880, ORS 127.885, ORS 127.890, ORS**
 983 **127.892, ORS 127.895, ORS 127.897, and OAR 333-009;**
 984
 985 **(C) Controlled substances per 21 CFR 1301.74 (v. 04/01/2022); and**
 986
 987 **(D) Listed chemicals per 21 CFR 1310.05 (v. 04/01/2022); and**
 988
 989 **(j) A Pharmacist who utilizes licensees remotely, must comply with OAR 855-041-3200 through OAR**
 990 **855-041-3250.**
 991
 992 **855-019-0200**
 993 Pharmacist: General Responsibilities
 994
 995 **(52) When practicing pharmacy per ORS 689, each** A-Pharmacist may delegate final verification of drug
 996 and dosage form, device, or product to a Certified Oregon Pharmacy Technician or Pharmacy Technician
 997 per ORS 689.005 when the following conditions are met:
 998
 999 (a) The Pharmacist utilizes reasonable professional judgment to determine that a Certified Oregon
 1000 Pharmacy Technician or Pharmacy Technician may perform final verification;
 1001
 1002 (b) The Certified Oregon Pharmacy Technician or Pharmacy Technician does not use discretion in
 1003 conducting final verification;
 1004
 1005 (c) The Pharmacist delegating final verification is supervising the Certified Oregon Pharmacy Technician
 1006 or Pharmacy Technician; and
 1007
 1008 (d) Ensure the Certified Oregon Pharmacy Technician or Pharmacy Technician is performing a physical
 1009 final verification.
 1010

1011 **Statutory/Other Authority: TBD**
1012 **Statutes/Other Implemented: TBD**

1013
1014 **855-115-0070-E**

1015 **Pharmacist: Responsibilities- Tasks Only a Pharmacist May Perform**

1016
1017 **A Pharmacist must not permit a Certified Oregon Pharmacy Technician, Pharmacy Technician, or non-**
1018 **licensed personnel to:**

1019
1020 **855-019-0200**

1021 Pharmacist: General Responsibilities

1022
1023 (~~3~~1) Only a Pharmacist may practice pharmacy as defined in ORS 689.005; to include the provision of
1024 patient care services. Activities that require reasonable professional judgment of a Pharmacist include
1025 but are not limited to: to include the provision of patient care services. Activities that only a Pharmacist
1026 is permitted to do require reasonable professional judgment of a Pharmacist include but are not limited
1027 to:

1028
1029 **(2) Evaluate and interpret a prescription;**

1030
1031 (~~a~~3) **Conduct a Drug Utilization Review or Drug Regimen Review;**

1032
1033 **(4) Consult with any prescriber, other healthcare professional or authorized agent;**

1034
1035 (~~b~~5) **Counseling a patient or the patient's agent regarding a prescription, either prior to or after**
1036 **dispensing, or regarding any medical information contained in the patient's record or chart;**

1037
1038 (~~c~~) Drug Regimen Review;

1039
1040 **(6) Advise on therapeutic values, content, hazards and use of drugs and devices;**

1041
1042 **(7) Interpret the clinical data in a patient record system or patient chart;**

1043
1044 (~~d~~8) **Conduct Medication Therapy Management;**

1045
1046 (~~e~~9) **Practice pursuant to a Clinical Pharmacy Agreement Collaborative Drug Therapy Management or**
1047 **other post-diagnostic disease state management, pursuant to a valid agreement;**

1048
1049 (~~f~~10) **Practice pursuant to Statewide Drug Therapy Management Protocols;**

1050
1051 (~~g~~11) **Prescribing a drug or device, as authorized by statutes and rules;**

1052
1053 **(12) Administer a drug or device;**

1054
1055 (~~h~~13) **Ordering, interpreting and monitoring of a laboratory test within the scope of pharmacy practice**
1056 **as authorized under ORS 689;**

1057

1058 ~~(i14) Receive Oral receipt or a new refill or transferred~~ of a prescription orally; and

1059

1060 ~~(j15) Verify the work performed by those under their supervision; and~~

1061

1062 **(16) Delegate tasks to other healthcare providers who are appropriately trained and authorized to**
1063 **perform the delegated tasks.**

1064

1065 855-019-0200

1066 Pharmacist: General Responsibilities

1067

1068 ~~(617) A Pharmacist may permit an Intern under their direction and supervision to perform any task listed~~
1069 ~~in OAR 855-115-0070-F 019-0200(3), except that an Intern may must not:~~

1070

1071 (a) Perform the duties of a Pharmacist until after the Intern has successfully completed their first
1072 academic year, and only after successful completion of coursework corresponding to those duties;

1073

1074 (b) Prescribe a drug or device; or

1075

1076 (c) Perform final verification or verification as defined in OAR 855-006-0005.

1077

1078 **(18) Nothing in this rule prevents physicians, dentists, veterinarians or other practitioners of the**
1079 **healing arts who are licensed under the laws of this state from dispensing and administering**
1080 **prescription drugs to their patients in the practice of their respective professions where specifically**
1081 **authorized to do so by law of this state.**

1082

1083 **Statutory/Other Authority: TBD**

1084 **Statutes/Other Implemented: TBD**

1085

1086

1087 855-019-0300 855-115-0086

1088 Duties of a Pharmacist-in-Charge: **Qualifications and Limitations**

1089

1090 ~~(1) In accordance with OAR 855-041 and OAR 855-139, a pharmacy must, at all times have one~~
1091 ~~Pharmacist in Charge (PIC) who is normally present in the pharmacy on a regular basis.~~

1092

1093 ~~(21) In order to be a Pharmacist-in-Charge (PIC), a Pharmacist must have:~~

1094

1095 (a) Completed at least one year **2000 hours** of pharmacy practice **as a Pharmacist within the last 2 years**
1096 **in a US state or jurisdiction;** ~~or and~~

1097

1098 (b) Completed a board approved **provided** PIC training course either before the appointment or within
1099 **30-90 days** after the appointment **and every 5 years thereafter effective July 1, 2025** ~~With the approval~~
1100 ~~of the board, this course may be employer provided and may qualify for continuing education credit.~~

1101

1102 **(c) Be employed by the outlet; and**

1103

1104 ~~(3)~~ A Pharmacist ~~must~~ not be designated PIC of more than three pharmacies ~~without prior written~~
1105 approval by the board. If such approval is given, the Pharmacist must comply with the requirements in
1106 sub-section (4)(e) of this rule. **The following drug outlet types do not count towards this limit:**

1107
1108 **(a) Pharmacy Prescription Kiosk in OAR 855-141;**

1109
1110 **(b) A Pharmacy Prescription Locker in OAR 855-143 does not count toward this limit.**

1111
1112 Statutory/Other Authority: ORS 689.205

1113 Statutes/Other Implemented: ORS 689.151 & ORS 689.155

1114

1115 **855-115-0070-E**

1116 Pharmacist-in-Charge: Responsibilities

1117

1118 **(1) In addition to the responsibilities of a Pharmacist outlined in OAR 855-115, a Pharmacist-in-charge**
1119 **of a Drug Outlet pharmacy must:**

1120

1121 **(a) Be actively engaged in pharmacy activities at the Drug Outlet pharmacy;**

1122

1123 **(b) Be physically present at the Drug Outlet pharmacy for a sufficient amount of time as needed to**
1124 **effectively supervise Drug Outlet pharmacy activities;**

1125

1126 **(c) Be responsible for the ongoing conduct, operation, management and control of the Drug Outlet**
1127 **pharmacy;**

1128

1129 **(d) Ensure Drug Outlet pharmacy compliance;**

1130

1131 **855-019-0300**

1132 Duties of a Pharmacist in Charge

1133

1134 (4) The PIC must perform the following the duties and responsibilities:

1135

1136 ~~(a)~~ When a change of PIC occurs, both the outgoing and incoming PICs must report the change to
1137 **Ensure the outlet notifies** the board **of a change in PIC** within 15 days of the occurrence, ~~on a form~~
1138 ~~provided by the board;~~

1139

1140 **(f) Establish, maintain, and enforce written policies and procedures governing the practice of**
1141 **pharmacy that are compliant with federal and state laws and rules;**

1142

1143 **(g) Ensure maintenance of complete and accurate records;**

1144

1145 **(h) Develop, implement and submit a plan of correction for observations noted on an inspection**
1146 **within the time allowed by the board;**

1147

1148 ~~(b)~~ The new PIC must ~~c~~Complete an inspection on the PIC Annual Self-Inspection Form **by July 1 each**
1149 **year and** within 15 days of becoming PIC. **The completed self-inspection forms must be signed and**
1150 **dated by the PIC and maintained for three years from the date of completion; and**

1151 (c) The PIC may not authorize non-Pharmacist employees to have unsupervised access to the pharmacy,
1152 except in the case of hospitals that do not have a 24-hour pharmacy where access may be granted as
1153 specified in OAR 855-041-0120;

1154
1155 (d) In a hospital only, the PIC is responsible for providing education and training to the nurse supervisor
1156 who has been designated to have access to the pharmacy department in the absence of a Pharmacist;

1157
1158 (e) A Pharmacist designated as PIC for more than one pharmacy must personally conduct and document
1159 a quarterly compliance audit at each location. This audit must be on the Quarterly PIC Compliance Audit
1160 Form provided by the board;

1161
1162 (f) If a discrepancy is noted on a board inspection, the PIC must submit a plan of correction within:

1163
1164 (A) 15 days of receiving a deficiency notice; or

1165
1166 (B) 30 days of receiving a non-compliance notice.

1167
1168 (g) The records and forms required by this section must be filed in the pharmacy, made available to the
1169 board for inspection upon request, and must be retained for three years.

1170
1171 (5) The PIC is responsible for ensuring that the following activities are correctly completed:

1172
1173 (a) An inventory of all controlled substances must be taken within 15 days before or after the effective
1174 date of change of PIC, and must be dated and signed by the new PIC. This inventory must be maintained
1175 in the pharmacy for three years and in accordance with all federal laws and regulations;

1176
1177 (b) Verifying, on employment and as appropriate, but not less than annually, the licensure of all
1178 pharmacy personnel who are required to be licensed by the board;

1179
1180 (c) Conducting an annual inspection of the pharmacy using the PIC Annual Self-Inspection Form provided
1181 by the board, by February 1 each year. The completed self-inspection forms must be signed and dated
1182 by the PIC and maintained for three years from the date of completion;

1183
1184 **(j) Ensure a controlled substance inventory with discrepancy reconciliation is accurately completed**
1185 **and documented:**

1186
1187 **(a) For all controlled drugs either prior to the opening or after the close of business on the inventory**
1188 **date;**

1189
1190 **(A) Within 15 days of a change in PIC; and**

1191
1192 **(dB) At least every 367 days** Conducting an annual inventory of all controlled drugs as required by OAR
1193 855-080; **and**

1194
1195 **(b) For all Schedule II controlled drugs:**
1196

1197 (eA) At least every 93 days in a Retail Drug Outlet Pharmacy Performing a quarterly inventory
1198 reconciliation of all Schedule II controlled drugs; and

1199
1200 **(B) At least every 31 days in an Institutional Drug Outlet Pharmacy.**

1201
1202 (f) Ensuring that all pharmacy staff have been trained appropriately for the practice site. Such training
1203 should include an annual review of the PIC Self Inspection Report;

1204
1205 (g) Implementing a quality assurance plan for the pharmacy.

1206
1207 (h) The records and forms required by this section must be filed in the pharmacy, made available to the
1208 board for inspection upon request, and must be retained for three years.

1209
1210 (6) The PIC, along with other licensed pharmacy personnel, must ensure that the pharmacy is in
1211 compliance with all state and federal laws and rules governing the practice of pharmacy and that all
1212 controlled substance records and inventories are maintained in accordance with all state and federal
1213 laws and rules.

1214
1215 **(2) The PIC a Drug Outlet pharmacy affiliated with the following Drug Outlet types must comply with**
1216 **the PIC responsibilities as outlined in:**

1217
1218 **(a) Pharmacy Prescription Kiosk in OAR 855-141;**

1219
1220 **(b) Pharmacy Prescription Locker in OAR 855-143; and**

1221
1222 **(c) Remote Dispensing Site Pharmacy in OAR 855-139.**

1223
1224 Statutory/Other Authority: ORS 689.205
1225 Statutes/Other Implemented: ORS 689.151 & ORS 689.155

1226
1227
1228 **855-115-0072**

1229 **Responsibilities: Confidentiality**

1230
1231 **(1) No licensee of the board who obtains any patient information can disclose that information to a**
1232 **third-party without the consent of the patient except as provided in except as provided in (a)-(e) of**
1233 **this rule.**

1234
1235 **(2) A licensee can disclose patient information:**

1236
1237 **(a) To the board;**

1238
1239 **(b) To a practitioner, Oregon licensed Pharmacist, Intern, Certified Oregon Pharmacy Technician or**
1240 **Pharmacy Technician, if disclosure is authorized by a Pharmacist and disclosure is necessary to protect**
1241 **the patient's health or well-being;**

1242
1243 **(c) To a third-party when disclosure is authorized or required by law;**

- 1244 **(d) As permitted pursuant to federal and state patient confidentiality laws or;**
1245
1246 **(e) To the patient or to persons as authorized by the patient.**
1247
1248 **(3) A licensee or registrant of the board **must** not access or obtain any patient information unless it is**
1249 **accessed or obtained for the purpose of patient care or as allowed in (1)(a)-(e) of this rule.**

1250
1251 **Statutory/Other Authority: ORS 689.205, ORS 689.305, ORS 689.315**
1252 **Statutes/Other Implemented: ORS 689.155**

1253
1254
1255 855-019-0205 **855-115-0074**
1256 **Responsibilities: Duty to Report**

1257
1258 (1) Failure to answer completely, accurately and honestly, all questions on the application form for
1259 licensure or renewal of licensure is grounds for discipline.

1260
1261 (2) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result
1262 in denial of the application.

1263
1264 **(3) Unless state or federal laws relating to confidentiality or the protection of health information**
1265 **prohibit disclosure, each A-pPharmacist must report to the board **without undue delay, but** within: 10**
1266 **days if they:**

1267
1268 **(a) 1 business day:**

1269
1270 **(A) Confirmed significant drug loss; or**

1271
1272 **(B) Any loss related to suspected drug theft of a controlled substance.**

1273
1274 **(b) 10 days if they:**

1275
1276 **(a) Are convicted of a misdemeanor or a felony; or**

1277
1278 **(b) If they are arrested for a felony; or**

1279
1280 **(C) Have reasonable cause to believe that any suspected violation of ORS 475, ORS 689 or OAR 855 has**
1281 **occurred.**

1282
1283 **(c) 10 working days if they:**

1284
1285 **(4) A pharmacist who has **Have** reasonable cause to believe that another licensee (of the board or any**
1286 **other Health Professional Regulatory Board) has engaged in prohibited or unprofessional conduct as**
1287 **these terms are defined in OAR 855-006-0005, must report that conduct to the board responsible for**
1288 **the licensee who is believed to have engaged in the conduct. The reporting pharmacist must report the**
1289 **conduct without undue delay, but in no event later than 10 working days after the pharmacist learns of**

1290 the conduct unless federal laws relating to confidentiality or the protection of health information
1291 prohibit disclosure: to that licensee's board; or

1292

1293 **(B) Suspect records are lost or stolen.**

1294

1295 **(d) 15 days of any change in:**

1296

1297 **(A) Legal name;**

1298

1299 **(B) Name used when practicing pharmacy;**

1300

1301 **(C) Preferred email address;**

1302

1303 **(D) Personal phone number;**

1304

1305 **(E) Personal physical address;**

1306

1307 **(F) Personal mailing address; or**

1308

1309 **(G) Employer.**

1310

1311 ~~(5)~~ A pharmacist who reports to a board in good faith as required by **ORS 676.150** section (4) of this
1312 rule is immune from civil liability for making the report.

1313

1314 ~~(6)~~ A pharmacist who has reasonable grounds to believe that any violation of these rules has occurred,
1315 must notify the board within 10 days. However, in the event of a significant drug loss or violation related
1316 to drug theft, the pharmacist must notify the board within one (1) business day.

1317

1318 ~~(7)~~ A pharmacist must notify the board in writing, within 15 days of any change in e-mail address,
1319 employment location or residence address.

1320

1321 Statutory/Other Authority: ORS 689.205

1322 Statutes/Other Implemented: **ORS 676.150**, ORS 689.151, ORS 689.155 & ORS 689.455

1323

1324

1325 **855-115-0076**

1326 **Responsibilities: Training**

1327

1328 **(1) Pharmacists must complete:**

1329

1330 **(a) Initial training that includes on-the-job and related education that is commensurate with the tasks**
1331 **that the Pharmacist will perform, prior to the performance of those tasks; and**

1332

1333 **(b) Ongoing training to ensure continued competency in tasks that are performed.**

1334

1335 **(2) The outlet must retain records of training in (1).**

1336

1337 ~~Statutory/Other Authority: ORS 689.205~~
1338 ~~Statutes/Other Implemented: ORS 689.155~~

1339
1340

1341 855-019-0210

1342 Duties of the Pharmacist: Duties Receiving a Prescription

1343

1344 **NOTE:** Moving elements of (1)-(2) to OAR 855-115-0200, Repealing (3), moving elements of (4)-(7) to a
1345 new rule in OAR 855-041 and (8) to OAR 855-041-2115.

1346

1347 (1) A pharmacist must ensure that all prescriptions, prescription refills, and drug orders are correctly
1348 dispensed or prepared for administration in accordance with the prescribing practitioner's
1349 authorization.

1350 (2) A pharmacist receiving a prescription is responsible for:

1351

1352 (a) Using professional judgment in dispensing only pursuant to a valid prescription. A pharmacist shall
1353 not dispense a prescription if the pharmacist, in their professional judgment, believes that the
1354 prescription was issued without a valid patient-practitioner relationship. In this rule, the term
1355 practitioner shall include a clinical associate of the practitioner or any other practitioner acting in the
1356 practitioner's absence. The prescription must be issued for a legitimate medical purpose by an individual
1357 practitioner acting in the usual course of their professional practice and not result solely from a
1358 questionnaire or an internet-based relationship; and

1359

1360 (b) Ensuring that the prescription contains all the information specified in Division 41 of this chapter of
1361 rules including the legible name and contact phone number of the prescribing practitioner for
1362 verification purposes.

1363

1364 (3) A pharmacist may refuse to dispense a prescription to any person who lacks proper identification.

1365

1366 (4) Oral Prescription: Upon receipt of an oral prescription, the pharmacist shall promptly reduce the oral
1367 prescription to writing or create a permanent electronic record by recording:

1368

1369 (a) The date when the oral prescription was received;

1370

1371 (b) The name of the patient for whom, or the owner of the animal for which, the drug is to be dispensed;

1372

1373 (c) The full name and, in the case of controlled substances, the address and the DEA registration
1374 number, of the practitioner, or other number as authorized under rules adopted by reference under
1375 Division 80 of this chapter of rules;

1376

1377 (d) If the oral prescription is for an animal, the species of the animal for which the drug is prescribed;

1378

1379 (e) The name, strength, dosage form of the substance, quantity prescribed;

1380

1381 (f) The direction for use;

1382

1383 (g) The total number of refills authorized by the prescribing practitioner;

1384 (h) The written signature or initials or electronic identifier of the receiving pharmacist or intern and the
1385 identity of the person transmitting the prescription;
1386
1387 (i) The written or electronic record of the oral prescription must be retained on file as required by
1388 Division 41 of this chapter of rules, and in the case of controlled substances, under rules adopted by
1389 reference in Division 80 of this chapter of rules.
1390
1391 (5) Facsimile Prescription: Upon receipt of a facsimile prescription, the pharmacist must be confident
1392 that the prescription was sent by an authorized practitioner or practitioner's agent, and they must verify
1393 that:
1394
1395 (a) The facsimile contains all the information specified in division 41 and division 80 of this chapter of
1396 rules; and
1397
1398 (b) The facsimile prescription is not for a Schedule II controlled substance unless so permitted under
1399 federal regulations or division 80 of this chapter of rules; and
1400
1401 (c) If the facsimile prescription is for a controlled substance, the prescription contains an original,
1402 manually signed signature of the prescriber. In this rule, manually signed specifically excludes a
1403 signature stamp or any form of digital signature unless permitted under federal regulations.
1404
1405 (6) Electronic Prescription: Before filling a prescription that has been received electronically, the
1406 pharmacist must be confident that:
1407
1408 (a) The prescription was originated by an authorized practitioner or practitioner's agent;
1409
1410 (b) The prescription contains all the information specified in Division 41 of this chapter of rules.
1411
1412 (c) The prescription is not for a controlled substance unless permitted by federal regulations.
1413
1414 (7) The pharmacist must ensure that a written prescription that is hand-carried or mailed into the
1415 pharmacy contains an original manually signed signature of the prescribing practitioner or practitioner's
1416 agent.
1417
1418 (8) Computer Transfer of Prescription Information between Pharmacies: A pharmacist that transmits or
1419 receives prescription information to or from another pharmacy electronically must ensure as
1420 appropriate:
1421
1422 (a) The accurate transfer of prescription information between pharmacies;
1423
1424 (b) The creation of an original prescription or image of an original prescription containing all the
1425 information constituting the prescription and its relevant refill history in a manner that ensures accuracy
1426 and accountability and that the pharmacist will use in verifying the prescription;
1427
1428 (c) The prescription is invalidated at the sending pharmacy; and
1429

1430 (d) Compliance with all relevant state and federal laws and rules regarding the transfer of controlled
1431 substance prescriptions.

1432

1433 Statutory/Other Authority: ORS 689.205

1434 Statutes/Other Implemented: ORS 689.151, 689.155 & 689.508

1435

1436 ~~855-019-0220~~ **855-115-0082**

1437 Drug Utilization Review (DUR)

1438

1439 **(1) A Pharmacist must complete a drug utilization review (DUR) by reviewing the patient record prior**
1440 **to dispensing each prescription drug or device for the purpose of identifying the following:**

1441

1442 **(a) Over-utilization or under-utilization;**

1443

1444 **(b) Therapeutic duplication;**

1445

1446 **(c) Drug-disease contraindications;**

1447

1448 **(d) Drug-drug interactions;**

1449

1450 **(e) Incorrect drug dosage or formulation;**

1451

1452 **(f) Inappropriate duration of treatment;**

1453

1454 **(g) Drug-allergy interactions; and**

1455

1456 **(h) Drug abuse or misuse.**

1457

1458 **(2) Upon recognizing a concern with any of the items in (1)(a)-(h), the Pharmacist must take steps to**
1459 **mitigate or resolve the problem and document the steps taken and outcome.**

1460

1461 (1) A pharmacist shall maintain a record for each patient that contains easily retrievable information
1462 necessary for the pharmacist to perform a DUR and to identify previously dispensed drugs at the time a
1463 prescription or drug order is presented for dispensing or preparing for administration. The pharmacist
1464 shall make a reasonable effort to obtain, record, and maintain the following information:

1465

1466 (a) Full name of the patient for whom the drug is prescribed;

1467

1468 (b) Address and telephone number of the patient;

1469

1470 (c) Patient's gender, age or date of birth;

1471

1472 (d) Chronic medical conditions and disease states of the patient;

1473

1474 (e) A list of all drugs or devices the patient is currently obtaining at that pharmacy showing the name of
1475 the drug or device, strength of the drug, the quantity and date received, and the name of the prescribing
1476 practitioner;

1477 ~~(f) Known allergies, adverse drug reactions, and drug idiosyncrasies;~~
1478
1479 ~~(g) Pharmacist comments relevant to the individual's drug therapy, including any other information~~
1480 ~~specific to that patient or drug; and~~
1481
1482 ~~(h) Additional information, which may relate to DUR, or for the monitoring of the patient as appropriate.~~
1483
1484 ~~(2) Patient records shall be maintained for at least three years.~~
1485
1486 ~~(3) The pharmacist or intern shall perform a DUR prior to dispensing or preparing for administration any~~
1487 ~~prescription or refill.~~
1488
1489 Statutory/Other Authority: ORS 689.205
1490 Statutes/Other Implemented: ORS 689.151 & 689.155
1491
1492
1493 855-019-0230 **855-115-0084**
1494 Counseling
1495
1496 (1) ~~The pharmacist or intern must orally~~ counsel the patient or patient's agent on the use of a drug or
1497 device as appropriate:
1498
1499 (a) **Upon request;** The Pharmacist or intern must counsel the patient on a new prescription and any
1500 changes in therapy, including but not limited to a change in directions or strength, or a prescription
1501 which is new to the pharmacy;
1502
1503 **(b) When the drug or device has not been previously dispensed to the patient by the Drug Outlet**
1504 **pharmacy;**
1505
1506 **(c) When there has been a change in the dose, formulation, or directions;**
1507
1508 **(d) When the prescription has been transferred to the drug outlet by oral, written or electronic**
1509 **means; or**
1510
1511 **(e) For any refill that the Pharmacist deems counseling is necessary.**
1512
1513 **(2) A Pharmacist is not required to counsel a patient or patient's agent when the patient or patient's**
1514 **agent refuses such consultation. If refused:**
1515
1516 ~~(ba) Only the Pharmacist or Intern may~~ **can** accept a patient's or patient's agent's request not to be
1517 counseled, **when counseling is required;**
1518
1519 ~~(b) If, in their reasonable professional judgment, the pharmacist or intern believes that the patient's~~
1520 ~~safety may be affected, t~~**The Pharmacist or Intern may choose not to release the prescription until**
1521 **counseling has been completed;**
1522

- 1523 (~~e3~~) The Pharmacist or Intern that provides counseling or accepts the request not to be counseled must
1524 document **their identity and the provision or declination of counseling at the time of the** interaction;
1525
- 1526 (~~d4~~) A Pharmacist must not allow non-Pharmacist personnel **a prescription to be released from the drug**
1527 **outlet when a prescription that requires counseling is required, prior to the counseling or acceptance**
1528 **of the request not to be counseled by a Pharmacist;**
1529
- 1530 (~~e~~) For a prescription delivered to a patient, except at a pharmacy or a pharmacy prescription locker, the
1531 Pharmacist must offer in writing, to provide direct counseling and information about the drug, including
1532 information on how to contact the Pharmacist;
1533
- 1534 (~~f5~~) For each **prescription patient**, the Pharmacist or Intern must determine the **manner and** amount of
1535 counseling that is reasonable and necessary under the circumstance to promote safe and effective use
1536 or administration of the drug or device, and to facilitate an appropriate therapeutic outcome for that
1537 patient.
1538
- 1539 (~~g6~~) When communicating (e.g. counseling, patient care services, billing) with a patient who prefers to
1540 communicate in a language other than English or who communicates in signed language, the Pharmacist
1541 or Intern must work with a health care interpreter from the health care interpreter registry
1542 administered by the Oregon Health Authority under ORS 413.558 unless the Pharmacist is proficient in
1543 the patient's preferred language.
1544
- 1545 **(7) Counseling on a new prescription may include, but is not limited to, the following elements:**
1546
- 1547 **(a) Name and description of the drug;**
1548
- 1549 **(b) Dosage form, dose, route of administration, and duration of drug therapy;**
1550
- 1551 **(c) Intended use of the drug and expected action;**
1552
- 1553 **(d) Special directions and precautions for preparation, administration, and use by the patient;**
1554
- 1555 **(e) Common severe side or adverse effects or interactions and therapeutic contraindications that may**
1556 **be encountered, including their avoidance, and the action required if they occur;**
1557
- 1558 **(f) Techniques for adherence and self-monitoring drug therapy;**
1559
- 1560 **(g) Proper storage and appropriate disposal method(s) of unwanted or unused medication;**
1561
- 1562 **(h) Refill information;**
1563
- 1564 **(i) Action to be taken in the event of a missed dose; and**
1565
- 1566 **(j) Pharmacist comments relevant to the individual's drug therapy, including any other information**
1567 **peculiar to the specific patient or drug.**
1568
- 1569 (~~z8~~) Counseling on a refill prescription **may include, but is not limited to, the following elements:**

1570 must be such as a reasonable and prudent pharmacist would provide including but not limited to
1571 changes in strength or directions.

1572

1573 **(a) Name and purpose of the medication;**

1574

1575 **(b) Directions for use, including technique;**

1576

1577 **(c) Perceived side effects; and**

1578

1579 **(d) Adherence.**

1580

1581 ~~(3) A pharmacist may provide counseling in a form other than oral counseling when, in their reasonable~~
1582 ~~professional judgment, a form of counseling other than oral counseling would be more effective.~~

1583

1584 **(9) Additional forms of drug information (e.g., Medication Guide, Patient Package Inserts, Instructions**
1585 **for Use) must be used to supplement counseling when required by federal law or rule.**

1586

1587 ~~(410) A Pharmacist or Intern shall **must** initiate and provide counseling under conditions that maintain~~
1588 ~~patient privacy and confidentiality.~~

1589

1590 ~~(5) For a discharge prescription from a hospital, the Pharmacist must ensure that the patient receives~~
1591 ~~appropriate counseling.~~

1592

1593 Statutory/Other Authority: ORS 689.205

1594 Statutes/Other Implemented: ORS 689.151 & 689.155

1595

1596

1597 ----- **RESPONSIBILITIES (2nd REVIEW)** -----

1598

1599

1600 **855-120-0090**

1601 **Prohibited Practices**

1602

1603 **Pharmacists must not:**

1604

1605 **(1) Engage in the dispensing, distribution or delivery of drugs unless working for a registered Drug**
1606 **Outlet pharmacy;**

1607

1608 **(2) Possess personally or store drugs other than in a registered Drug Outlet pharmacy except for those**
1609 **drugs legally prescribed for the personal use of the Pharmacist or when the Pharmacist possesses or**
1610 **stores the drugs in the usual course of business and within the Pharmacist's scope of practice; and**

1611

1612 **(3) Diagnose.**

1613

1614 **Statutory/Other Authority: ORS 689.205**

1615 **Statutes/Other Implemented: ORS 689.155**

1616

----- SERVICES (2nd LOOK) -----

855-115-0100

Services: Independent Practice of Pharmacy

(1) A Pharmacist engaged in the independent practice of pharmacy must:

(a) Be responsible for the daily conduct, operation, management and control of their practice;

(b) Ensure compliance with all federal and state laws and rules governing the practice of pharmacy;

(c) Document services provided and maintain a record of such services including the date, time and identification of the licensee and the specific activity or function.

(d) Ensure the Pharmacist and personnel have access to reference material and equipment needed based on the services provided;

(e) Ensure services are provided with required interpretation and translation per ORS 689.564

(f) Ensure services occur in a sanitary, secure and confidential environment;

(g) Ensure all computer equipment used for the independent practice of pharmacy:

(A) Establishes and maintains a secure connection to patient information including but not limited to patient demographics, medical records, pharmacy records and clinical visit documentation;

(B) Prevents unauthorized access to patient information; and

(C) Is configured so information from any patient records are not duplicated, downloaded, or removed from the electronic database when an electronic database is accessed remotely;

(h) Ensure patient records are stored at a health care organization, practitioner, pharmacy, or Pharmacist office and must be maintained in a secure manner that ensures only those authorized have access to such records; and

(i) Register as a drug outlet if engaged in the dispensing, distribution or delivery of drugs.

(2) A Pharmacist who personally possesses or stores drugs or devices when acting in the usual course of business and within their scope of practice, must comply with (1) and the following:

(a) Be responsible for drugs and devices in their possession;

(b) Only receive drugs from an Oregon Registered Drug Outlet (e.g. Wholesaler, Manufacturer or Pharmacy);

(c) Restrict access to such drugs and devices;

- 1664 ~~(d) Ensure security including provisions for adequate safeguards against loss, theft or diversion of such~~
1665 ~~drugs and devices;~~
1666
- 1667 ~~(e) Comply with the drug storage rules for pharmacies in OAR 855-041-1036.~~
1668
- 1669 ~~(f) Ensure drugs and devices that are recalled, outdated, damaged, deteriorated, misbranded,~~
1670 ~~adulterated, counterfeit, or identified as suspect or illegitimate, or otherwise unfit for dispensing~~
1671 ~~must be documented, quarantined and physically separated from other drugs and devices until they~~
1672 ~~are destroyed or returned to the supplier.~~
1673
- 1674 ~~(g) Maintain records pertaining to the acquisition, storage, administration, and disposal of such drugs~~
1675 ~~and devices.~~
1676
- 1677 ~~(3) A Pharmacist who utilizes an Intern, Certified Oregon Pharmacy Technician, Pharmacy Technician,~~
1678 ~~must comply with (1) and the following:~~
1679
- 1680 ~~(a) Only utilize Interns when under the Pharmacist's supervision;~~
1681
- 1682 ~~(b) Only utilize Certified Oregon Pharmacy Technicians and Pharmacy Technicians when under the~~
1683 ~~Pharmacist's supervision, direction and control; and~~
1684
- 1685 ~~(c) Ensure licensed personnel work within the duties permitted by their licensure;~~
1686
- 1687 ~~(4) A Pharmacist who utilizes licensees remotely, must comply with (1), (3) and the following:~~
1688
- 1689 ~~(a) Utilize a fully operational audiovisual communication system and have appropriate technology or~~
1690 ~~interface to allow access to information required to complete assigned duties;~~
1691
- 1692 ~~(b) Ensure telephone audio is recorded and stored for all patient interactions completed by Interns,~~
1693 ~~Certified Oregon Pharmacy Technicians, and Pharmacy Technicians;~~
1694
- 1695 ~~(c) Supervise each Intern and supervise, direct and control each Certified Oregon Pharmacy~~
1696 ~~Technician, and Pharmacy Technician via an audiovisual communication system;~~
1697
- 1698 ~~(d) Use reasonable professional judgment to determine the frequency of "check-ins" for each non-~~
1699 ~~Pharmacist personnel being supervised via the audiovisual communication system with a minimum of~~
1700 ~~at least once per work shift to ensure patient safety, compliance with federal and state laws, and~~
1701 ~~documents the interaction;~~
1702
- 1703 ~~(e) Be readily available to answer questions and fully responsible for the conduct and accuracy of the~~
1704 ~~licensees; and~~
1705
- 1706 ~~(f) Ensure each Intern knows the identity of the Pharmacist who is providing supervision at all times.~~
1707
- 1708 ~~(g) Ensure each Certified Oregon Pharmacy Technician and Pharmacy Technician knows the identity of~~
1709 ~~the Pharmacist who is providing supervision, direction, and control at all times.~~
1710

1711 ~~(h) Use reasonable professional judgment to determine the percentage of patient interactions for~~
1712 ~~each licensee that must be observed or reviewed to ensure public health and safety with a minimum~~
1713 ~~of 5% of patient interactions observed or reviewed;~~

1714
1715 ~~(i) Review patient interactions within 48 hours of the patient interaction to ensure that each licensee~~
1716 ~~is acting within the authority permitted under their license and patients are connected with a~~
1717 ~~Pharmacist upon request;~~

1718
1719 ~~(j) Document the following within 24 hours of the observation or review in (i):~~

1720
1721 ~~(A) Number of each licensee's patient interactions;~~

1722
1723 ~~(B) Number of each licensee's patient interactions Pharmacist has observed or reviewed;~~

1724
1725 ~~(C) Date and time of licensee patient interaction Pharmacist has observed or reviewed;~~

1726
1727 ~~(D) Date and time of Pharmacist observation or review of licensee's patient interaction; and~~

1728
1729 ~~(E) Pharmacist notes of each interaction observed or reviewed; and~~

1730
1731 ~~(k) Reports any violation of OAR 855 to the Oregon registered Drug Outlet Pharmacy within 24 hours~~
1732 ~~of discovery and to the board within 10 days.~~

1733
1734 ~~(5) All documentation and records required by this rule must be retained and made available to the~~
1735 ~~board per 855-102-0050.~~

1736
1737 ~~Statutory/Other Authority: ORS 689.205~~

1738 ~~Statutes/Other Implemented: ORS 689.155~~

1739

1740

1741 ~~855-019-0240~~ **855-115-0105**

1742 Consulting Pharmacist **Consulting** Practice

1743

1744 (1) Subject to the provisions of OAR 855-019-0100(4), a consulting pharmacist who provides services to
1745 any person or facility located in Oregon, must be an Oregon licensed pharmacist.

1746

1747 (2) A consulting pharmacist **who provides services to** for an Oregon licensed healthcare facility must
1748 perform all duties and functions required by the healthcare facility's licensure as well as by any relevant
1749 federal and state laws and rules.

1750

1751 **(2) A Pharmacist who provides services to a correctional facility, long term care facility, community-**
1752 **based care facility, hospital drug room, or charitable pharmacy that does not have additional**
1753 **Pharmacist service requirements under the terms of its licensure with any other state agency, must**
1754 **provide services that include but are not limited to the following:**

1755

1756 **(a) Provide the facility with policies and procedure relating to security, storage and distribution of**
1757 **drugs within the facility;**

1758 **(b) Provide guidance on the proper documentation of drug administration or dispensing;**
1759

1760 **(c) Provide educational materials or programs as requested.**
1761

1762 **(3) A Pharmacist who provides services to an Oregon licensed healthcare provider must follow all**
1763 **state and federal laws and rules related to the practice of pharmacy.**
1764

1765 ~~(34)~~ A consulting Ppharmacist must maintain appropriate records of their consulting activities services **in**
1766 **(2) - (4)** for three years, and make them available to the Board for inspection.
1767

1768 ~~(4)~~ A consulting pharmacist is responsible for the safe custody and security of all their records and must
1769 comply with all relevant federal and state laws and regulations concerning the security and privacy of
1770 patient information.
1771

1772 ~~(55)~~ A consulting Ppharmacist may store health protected records outside an Oregon licensed facility if
1773 **as permitted in OAR 855-115-0100** registered as an Oregon Consulting or Drugless Pharmacy outlet as
1774 defined by OAR Chapter 855, division 41.
1775

1775 ~~(6)~~ A consulting pharmacist for a facility that is required by the Board to have a consultant pharmacist
1776 but which does not have additional consulting requirements under the terms of its licensure with any
1777 other state agency, shall provide services that include but are not limited to the following:
1778

1779 ~~(a)~~ Provide the facility with policies and procedure relating to security, storage and distribution of drugs
1780 within the facility;
1781

1782 ~~(b)~~ Provide guidance on the proper documentation of drug administration or dispensing;
1783

1784 ~~(c)~~ Provide educational materials or programs as requested.
1785

1786 **(6) Records and documents must be retained according to OAR 855-102-0050.**
1787

1788 Statutory/Other Authority: ORS 689.205

1789 Statutes/Other Implemented: ORS 689.151 & 689.155
1790

1791
1792 ~~855-019-0265~~ **855-115-0110**

1793 Administration of **Vaccines, Drugs, or Devices**
1794

1795 (1) In accordance with **ORS 689.645 and** ORS 689.655, a Ppharmacist may administer a **vaccine**, drug or
1796 device as specified in this rule.
1797

1798 (2) A Ppharmacist who administers a **vaccine**, drug or device must:
1799

1800 **(a) Document that they have received practical training on the vaccine, drug or device, injection site**
1801 **and administration technique that is to be utilized:**
1802
1803

1804 **(A) For vaccines, the training must be at least 20 hours and approved by the Accreditation Council for**
1805 **Pharmacy Education (ACPE). This training program must include hands-on injection technique, clinical**
1806 **evaluation of indications and contraindications of vaccines, and the recognition and treatment of**
1807 **emergency reactions to vaccines. Records of such training must be retained according to OAR 855-**
1808 **102-0050.**

1809
1810 **POLICY DISCUSSION:** Retraining requirements

1811
1812 **(B) For non-vaccine drugs or devices, the training may include programs approved by the ACPE,**
1813 **curriculum-based programs from an ACPE-accredited college, state or local health department**
1814 **programs, training by an appropriately qualified practitioner, or programs approved by the board.**

1815
1816 **(C) For orally administered drugs, training is not required;**

1817
1818 **(b) Hold active CPR certification issued by the American Heart Association or the American Red Cross**
1819 **or any other equivalent program intended for a healthcare provider that is specific to the age and**
1820 **population receiving the vaccine, drug or device, contains a hands-on training component, and is valid**
1821 **for not more than three years. The most current CPR certification record must be retained according**
1822 **to OAR 855-102-0050.**

1823
1824 **(c) Ensure that any drugs administered to a patient were stored in accordance with the drug storage**
1825 **rules for pharmacies in ORS 855-041-1036.**

1826 **(ad) Observe, monitor, report, and otherwise take appropriate action regarding desired effect, side**
1827 **effect, interaction, and contraindication associated with administering the vaccine, drug or device; and**

1828
1829 **(e) Ensure that vaccine, drug or device administration is documented in the patient's permanent**
1830 **record.**

1831
1832 **(bf) Ensure records and documents are retained according to OAR 855-102-0050. a record is kept for**
1833 **three years of such activities. This rRecords of administration shall must include but is are not limited**
1834 **to:**

1835
1836 **(A) Patient identifier;**

1837
1838 **(B) Vaccine, Drug or device and strength;**

1839
1840 **(C) Route and site of administration;**

1841
1842 **(D) Date and time of administration;**

1843
1844 **(E) Pharmacist identifier.**

1845
1846 **(3) For vaccines only, the requirements in (2) and the following apply, the Pharmacist must:**

1847
1848 **(a) Follow the guidance in the Centers for Disease Control and Prevention (CDC) Vaccine Storage and**
1849 **Handling Toolkit (v. 4/12/2022).**

1850

1851 **(b) Have access to a current copy of the CDC reference, "Epidemiology and Prevention of Vaccine-**
1852 **Preventable Diseases" (v. 8/2021);**

1853
1854 **(c) Give the appropriate Vaccine Information Statement (VIS) to the patient or patient's agent with**
1855 **each dose of vaccine covered by these forms. The Pharmacist must ensure that the patient or**
1856 **patient's agent is available and has read, or has had read to them, the information provided and has**
1857 **had their questions answered prior to administering the vaccine.**

1858
1859 **(d) Report all vaccinations administered to the ALERT IIS in accordance with OAR 333-049-0050, and**
1860 **for COVID-19 immunizations, in accordance with OAR 333-047-1000.**

1861
1862 **(e) Report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS) and to**
1863 **the primary care provider as identified by the patient.**

1864
1865 **(34) The Pharmacist must be acting:**

1866
1867 (a) Under the direction of or pursuant to a lawful prescription or order issued by a licensed practitioner
1868 acting within the scope of the practitioner's practice; or;

1869
1870 (b) In accordance with a written **statewide drug therapy management** protocol **per OAR 855-020-0300**
1871 **or collaborative clinical pharmacy agreement** drug therapy agreement with a licensed practitioner **per**
1872 **OAR 855-115-0120; or**

1873
1874 **(c) In accordance with a written administration protocol issued by the Oregon Health Authority and**
1875 **approved by the board.**

1876
1877 (4) The pharmacist must be able to document that they have received training on the drug or device to
1878 be administered and the route of administration. Such training may include a program approved by the
1879 ACPE, curriculum based programs from an ACPE accredited college, state or local health department
1880 programs, training by an appropriately qualified practitioner, or programs approved by the Board.

1881
1882 (5) The Pharmacist may administer a drug or device in conjunction with training the patient or the
1883 patient's caregiver **agent** how to administer or self-administer the drug or device.

1884
1885 **(6) Except as required in (2), records and documents must be retained according to OAR 855-102-**
1886 **0050.**

1887
1888 Statutory/Other Authority: ORS 689.205
1889 Statutes/Other Implemented: ORS 689.655

1890
1891 **855-019-0270**

1892 Immunization Qualifications

1893
1894 (1) In this rule and in OAR 855-019-0280, an intern who is appropriately trained and qualified in
1895 accordance with Section (3) of this rule may perform the same duties as a pharmacist, provided that the
1896 intern is supervised by an appropriately trained and qualified pharmacist.

1897

1898 (2) A pharmacist may administer vaccines to persons who are at least 7 years of age as provided by
1899 these rules. For the purposes of this rule, a person is at least 7 years of age on the day of the person's
1900 seventh birthday.
1901
1902 (3) A pharmacist may administer vaccines under section (1) or section (2) of this rule only if:
1903
1904 (a) The pharmacist has completed a course of training approved by the Board and maintained
1905 competency;
1906
1907 (b) The pharmacist training includes, injection site, and Cardiopulmonary Resuscitation (CPR) specific to
1908 the age and population the pharmacist treats;
1909
1910 (c) The pharmacist holds active CPR certification issued by the American Heart Association or the
1911 American Red Cross or any other equivalent program intended for a healthcare provider that contains a
1912 hands-on training component and is valid for not more than three years, and documentation of the
1913 certification is placed on file in the pharmacy;
1914
1915 (d) The vaccines are administered in accordance with an administration protocol written and approved
1916 by the Oregon Health Authority (OHA); and
1917
1918 (e) The pharmacist has a current copy of the CDC reference, "Epidemiology and Prevention of Vaccine-
1919 Preventable Diseases."
1920
1921 (4) A pharmacist otherwise in compliance with section three of this rule may, during a declared
1922 emergency, administer a vaccine to a person who is at least three (3) years of age when;
1923
1924 (a) The Governor declares a state of public health emergency and authorizes the reduced age limitation;
1925 or
1926
1927 (b) The Public Health Director, during a declared disease outbreak, authorizes a reduction in the age
1928 limit.
1929
1930 (5) A pharmacist may not delegate the administration of vaccines to another person.
1931
1932 Statutory/Other Authority: ORS 689.205, 433.441, 433.443 & 2015 OL Ch 295
1933 Statutes/Other Implemented: ORS 689.151, 689.155, 689.645 & 2015 OL Ch 295
1934
1935 855-019-0280
1936 Immunization Protocols, Policies and Procedures
1937
1938 (1) Prior to administering a vaccine to a person who is at least 7 years of age a pharmacist must follow
1939 protocols written and approved by the Oregon Health Authority (OHA) for administration of vaccines
1940 and the treatment of severe adverse events following administration of a vaccine.
1941
1942 (2) A pharmacist during a declared emergency may administer a vaccine to a person who is at least three
1943
1944 (3) years of age when;

1945 (a) The Governor declares a state of public health emergency and authorizes the reduced age limitation;
1946 or

1947
1948 (b) The Public Health Director, during a declared disease outbreak, authorizes a reduction in the age
1949 limit.

1950
1951 (3) The pharmacy must maintain written policies and procedures for handling and disposal of used or
1952 contaminated equipment and supplies.

1953
1954 (4) The pharmacist must give the appropriate Vaccine Information Statement (VIS) to the patient or legal
1955 representative with each dose of vaccine covered by these forms. The pharmacist must ensure that the
1956 patient or legal representative is available and has read, or has had read to them, the information
1957 provided and has had their questions answered prior to administering the vaccine.

1958
1959 (5) The pharmacist must report adverse events as required by the Vaccine Adverse Events Reporting
1960 System (VAERS) and to the primary care provider as identified by the patient.

1961
1962 (6) The pharmacist may prescribe, administer or dispense immunizations, including oral vaccines, as
1963 established by written protocols approved by OHA.

1964
1965 Statutory/Other Authority: ORS 689.205, 433.441, 433.443 & 2015 OL Ch 295

1966 Statutes/Other Implemented: ORS 689.151, 689.155, 689.645 & 2015 OL Ch 295

1967

1968 **855-019-0290**

1969 Immunization Record Keeping and Reporting

1970

1971 (1) A pharmacist who administers a vaccine to a patient must fully document the administration in the
1972 patient's permanent record.

1973
1974 (2) A pharmacist who administers any vaccine must report the following elements to the OHA ALERT
1975 Immunization Information System in a manner prescribed by OHA within 15 days of administration. This
1976 replaces the former requirement to notify the primary health care provider. A pharmacist is not required
1977 to notify the primary health care provider.

1978

1979 (a) The name, address, gender and date of birth of the patient;

1980

1981 (b) The date of administration of the vaccine;

1982

1983 (c) The NDC number of the vaccine, or other acceptable standardized vaccine code set;

1984

1985 (d) The address of the pharmacy where vaccine was administered unless automatically embedded in the
1986 electronic report provided to the OHA ALERT Immunization System;

1987

1988 (e) The phone number of the patient when available;

1989

1990 (f) The dose amount, manufacturer, site of administration, lot number and expiration date of the
1991 vaccine when available;

- 1992 (3) A pharmacist who administers any vaccine will keep documentation of current CPR training. This
1993 documentation will be kept on site and available for inspection.
1994
1995 (4) A pharmacist who administers any vaccine will follow storage and handling guidance from the
1996 vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).
1997
1998 (5) For the purpose of participation in the Oregon Vaccines for Children program,
1999
2000 (a) The vaccine eligibility code for each dose must be reported to the ALERT Immunization Information
2001 System in the manner prescribed by OHA, and
2002
2003 (b) The pharmacist is recognized as a prescriber.
2004
2005 (6) If providing state or federal vaccines during a pandemic as determined by the CDC, the event and
2006 priority code as specified by OHA must be provided upon request in the manner prescribed by OHA.
2007

2008 Statutory/Other Authority: ORS 689.205

2009 Statutes/Other Implemented: ORS 689.151, 689.155 & 689.645

2010

2011

2012 **855-115-0115**

2013 **Services: Laboratory**

2014

2015 **NOTE:** A corresponding rule has been added to this package in Division 041 concerning when a drug
2016 outlet may perform a laboratory test.

2017

2018 **(1) A Pharmacist must only order and receive laboratory test when:**

2019

2020 **(a) Managing drug therapy pursuant to the terms of a clinical pharmacy agreement with a provider**
2021 **under OAR 855-115-0120;**

2022

2023 **(b) Providing patient care services pursuant to the terms of the post diagnostic formulary listed in**
2024 **OAR 855-115-1140 that is developed under ORS 689.645 and adopted by the board under ORS**
2025 **689.649;**

2026

2027 **(c) Providing patient care services pursuant to and as allowed by the terms of a protocol listed in OAR**
2028 **855-115-1145 that is developed under ORS 689.645 and adopted by the board under ORS 689.649;**

2029

2030 **(d) Permitted under a Health Screen Testing Permit pursuant to ORS 438.010(8); ORS 438.060; ORS**
2031 **438.130(2); ORS 438.150(5), (6) and (7); OAR 333-024-0370, OAR 333-024-0375, OAR 333-024-0380,**
2032 **OAR 333-024-0385, OAR 333-024-0390, OAR 333-024-0395 and OAR 333-024-0400; or**

2033

2034 **(e) Monitoring a therapeutic response or adverse effect to drug therapy under ORS 689.005.**

2035

2036 **(2) A pharmacy may perform a laboratory test as permitted under OAR 855-041-1190.**

2037

2038 **(3) Records and documents must be retained according to OAR 855-102-0050.**

2039 **Statutory/Other Authority: ORS 689.205**
2040 **Statutes/Other Implemented: ORS 689.151, ORS 689.155**

2041
2042

2043 ~~855-019-0260~~ **855-115-0120**

2044 **Services: Collaborative Drug Therapy Management Clinical Pharmacy Agreement**

2045

2046 (1) As used in this rule "Collaborative Drug Therapy Management" (CDTM) means the participation by a
2047 practitioner and a pharmacist in the management of drug therapy pursuant to a written agreement that
2048 includes information on the dosage, frequency, duration and route of administration of the drug,
2049 authorized by a practitioner and initiated upon a prescription order for an individual patient and:

2050

2051 (a) Is agreed to by one practitioner and one pharmacist; or

2052

2053 (b) Is agreed to by one or more practitioners in a single organized medical group, such as a hospital
2054 medical staff, clinic or group practice, including but not limited to organized medical groups using a
2055 pharmacy and therapeutics committee, and one or more pharmacists.

2056

2057 (12) A ~~P~~pharmacist or pharmacy shall may engage in collaborative drug therapy management a Clinical
2058 Pharmacy Agreement with a practitioner health care organization, physician or naturopathic physician
2059 only under a written arrangement agreement that includes:

2060

2061 (a) The identification, either by name or by description, of each of the participating ~~P~~pharmacists;

2062

2063 (b) The identification, either by name or description, of each practitioner participating physician,
2064 naturopathic physician, or providers of a healthcare organization of the participating practitioners or
2065 group of practitioners;

2066

2067 (c) The name of the principal ~~P~~pharmacist and practitioner physician, naturopathic physician or
2068 provider on behalf of the healthcare organization who are responsible for development, training,
2069 administration, and quality assurance of the arrangement agreement;

2070

2071 ----- **SERVICES (1ST LOOK)** -----

2072

2073 (d) The types of decisions that the ~~P~~pharmacist is allowed to make, which ~~may~~ must include a detailed
2074 description of the:

2075

2076 **(A) Methods by which a physician or naturopathic physician or a provider on behalf of a healthcare**
2077 **organization enters a patient into the agreement;**

2078

2079 (B) A detailed description of the types of ~~d~~Diagnoses, drugs, or drug categories involved, and the
2080 activities allowed in each case; **The drug information must include the dosage, frequency, duration**
2081 **and route of administration of the drug.**

2082

2083 (C) A detailed description of the ~~m~~Methods, procedures, decision criteria, and plan the ~~p~~Pharmacist is to
2084 follow when conducting allowed activities;

2085

2086 (D) ~~A detailed description of the~~ **Documentation the Pharmacist is to complete** activities the pharmacist
2087 ~~is to follow including documentation of~~ **concerning** decisions made and a plan or appropriate
2088 mechanism for communication, feedback, and reporting to the practitioner concerning specific decisions
2089 made. In addition to the agreement, documentation shall **must** occur on the prescription record, patient
2090 profile, a separate log book, or in some other appropriate system;

2091
2092 (E) Circumstances which will cause the ~~P~~pharmacist to initiate communication with the practitioner,
2093 including but not limited to the need for a new prescription order and a report of a patient's therapeutic
2094 response or any adverse effect.

2095
2096 (e) Training requirement for ~~P~~pharmacist participation and ongoing assessment of competency, if
2097 necessary;

2098
2099 (f) Quality assurance **improvement** and periodic review by a panel of the participating ~~P~~pharmacists and
2100 practitioners;

2101
2102 (g) Authorization by the practitioner for the ~~P~~pharmacist to participate in collaborative drug therapy;
2103 and

2104
2105 (h) A requirement for the collaborative drug therapy arrangement **Clinical Pharmacy Agreement** to be
2106 reviewed and updated, or discontinued at least every two years;

2107
2108 (3) **The Pharmacist must document and keep a record of each patient encounter where the clinical**
2109 **pharmacy agreement is utilized.** ~~The collaborative drug therapy arrangement and associated records~~
2110 ~~must be kept on file in the pharmacy and made available to any appropriate health licensing board upon~~
2111 ~~request.~~

2112
2113 (4) **Records and documents must be retained according to OAR 855-102-0050.** ~~Nothing in this rule shall~~
2114 ~~be construed to allow therapeutic substitution outside of the CDTM agreement.~~

2115
2116 Statutory/Other Authority: ORS 689.205

2117 Statutes/Other Implemented: ORS 689.151, & **ORS** 689.155

2118

2119

2120 ~~855-019-0250~~ **855-115-0125**

2121 **Services:** Medication Therapy Management

2122

2123 (1) Medication Therapy Management (MTM) is a distinct service or group of services that is intended to
2124 optimize the therapeutic outcomes of a patient. Medication Therapy Management can be an
2125 independent service provide by a ~~P~~pharmacist or can be in conjunction with the provision of a
2126 medication product with the objectives of:

2127

2128 (a) Enhancing appropriate medication use;

2129

2130 (b) Improving medication adherence;

2131

2132 (c) Increasing detection of adverse drug events;

- 2133 (d) Improving collaboration between practitioner and ~~P~~pharmacist; and
2134
2135 (e) Improving outcomes.
2136
2137 (2) A ~~P~~pharmacist that provides MTM services ~~shall~~ **must** ensure that they are provided according to the
2138 individual needs of the patient and ~~may~~ **must** include but are not limited to the following:
2139
2140 (a) Performing or otherwise obtaining the patient’s health status assessment;
2141
2142 (b) Developing a medication treatment plan for monitoring and evaluating the patient’s response to
2143 therapy;
2144
2145 (c) Monitoring the safety and effectiveness of the medication therapy;
2146
2147 (d) Selecting, initiating, modifying or administering medication therapy in consultation with the
2148 practitioner where appropriate;
2149
2150 (e) Performing a medication review to identify, prevent or resolve medication related problems;
2151
2152 (f) Monitoring the patient for adverse drug events;
2153
2154 (g) Providing education and training to the patient or the patient’s agent on the use or administration of
2155 the medication **where appropriate**;
2156
2157 (h) Documenting the delivery of care, communications with other involved healthcare providers and
2158 other appropriate documentation and records as required. Such records ~~shall~~ **must**:
2159
2160 (A) **Be accurate**; Provide accountability and an audit trail; and
2161
2162 **(B) Identify the person who completed each action;**
2163
2164 **(B) Records and documents must be retained according to OAR 855-102-0050.** ~~Be preserved for at~~
2165 ~~least three years and be made available to the Board upon request except that when records are~~
2166 ~~maintained by an outside contractor, the contract must specify that the records be retained by the~~
2167 ~~contractor and made available to the Board for at least three years.~~
2168
2169 (i) Providing necessary services to enhance the patient’s adherence with the therapeutic regimen; **and**
2170
2171 (j) Integrating the medication therapy management services within the overall health management plan
2172 for the patient; ~~and~~
2173
2174 ~~(k) Providing for the safe custody and security of all records and compliance with all relevant federal and~~
2175 ~~state laws and regulations concerning the security and privacy of patient information.~~
2176
2177 Statutory/Other Authority: ORS 689.205
2178 Statutes/Other Implemented: ORS 689.151, **& ORS** 689.155
2179

2180 855-020-0105
2181 Public Health and Pharmacy Formulary Advisory Committee

2182
2183 (1) The Public Health and Pharmacy Formulary Advisory Committee shall consist of:

2184
2185 (a) Two physicians licensed to practice medicine under ORS 677.100 to 677.228;

2186
2187 (b) Two advanced practice registered nurses who have prescriptive authority and who are licensed by
2188 the Oregon State Board of Nursing; and

2189
2190 (c) Three pharmacists licensed by the State Board of Pharmacy, at least one of whom is employed as a
2191 community pharmacist and one of whom is employed as a health system pharmacist.

2192
2193 (2) A pharmacist may submit a concept, on a form prescribed by the Board to the committee for
2194 consideration, for the development of a protocol or the addition of a drug or device to the formulary.

2195
2196 (3) The committee shall recommend to the Board, for adoption by rule, a protocol or formulary of drugs
2197 and devices from which a pharmacist may prescribe and dispense to a patient pursuant to a diagnosis by
2198 a qualified healthcare practitioner.

2199
2200 (4) The committee shall periodically review the formulary and protocol compendium and recommend
2201 the revisions to the Board for adoption by rule.

2202
2203 Statutory/Other Authority: ORS 689.205
2204 Statutes/Other Implemented: ORS 689.645, ORS 689.649 & ORS 689.155

2205
2206
2207 855-020-0110 855-115-0130

2208 **Services: Prescribing Practices- Formulary or Protocol Compendia**

2209
2210 (1) A ~~P~~pharmacist located and licensed in Oregon may prescribe and dispense FDA-approved drugs and
2211 devices included on either the Formulary or Protocol Compendia, set forth in this Division.

2212
2213 (2) A ~~P~~pharmacist **must** only prescribe a drug or device consistent with the parameters of the
2214 Formulary and Protocol Compendia, and in accordance with federal and state regulations.

2215
2216 (2) A pharmacist ~~must create, approve, and maintain policies and procedures for prescribing post-~~
2217 ~~diagnostic drugs and devices or providing patient care services pursuant to statewide drug therapy~~
2218 ~~management protocols. The policies and procedures must describe current and referenced clinical~~
2219 ~~guidelines, and include but not be limited to:~~

2220
2221 (a) Patient inclusion and exclusion criteria;

2222
2223 (b) Explicit medical referral criteria;

2224
2225 (c) Care plan preparation, implementation, and follow-up;

2226

2227 (d) Patient education; and
2228
2229 (e) Provider notification; and
2230
2231 (f) Maintaining confidentiality.
2232
2233 (3) The ~~P~~pharmacist is responsible for recognizing limits of knowledge and experience and for resolving
2234 situations beyond their expertise by consulting with or referring patients to another health care
2235 provider.
2236
2237 (4) For each drug or device the ~~P~~pharmacist prescribes **via the Formulary or Protocol Compendia**, the
2238 ~~P~~pharmacist must:
2239
2240 **(a) Ensure training and education requirements have been met prior to engaging in prescribing**
2241 **activities. A copy of all required training and education must retained according to OAR 855-102-0050;**
2242
2243 ~~(ab) Assess patient and c~~Collect subjective and objective information, including the diagnosis for
2244 ~~Formulary Compendia items~~, about the patient's health history and clinical status. **If prescribing**
2245 **pursuant to the Formulary Compendia in OAR 855-115-0140, a diagnosis from the patient's healthcare**
2246 **provider is required.** The ~~pharmacist's~~ physical assessment must be performed in a face-to-face, in-
2247 person interaction and not through electronic means; and
2248
2249 **(c) Assess the information collected in (b). Any physical assessment must be performed in a face-to-**
2250 **face, in-person interaction and not through electronic means.**
2251
2252 ~~(bd) Create an individualized patient-centered care plan that U~~utilizes information obtained in the
2253 assessment to evaluate and develop an individualized patient-centered ~~a~~ care plan, pursuant to the
2254 protocol listed in the statewide drug therapy management protocol and policies and procedures; and
2255
2256 ~~(ee) Implement the care plan, to include appropriate treatment goals, monitoring parameters, and~~
2257 ~~follow-up; and;~~
2258
2259 **(A) Addressing medication and health-related problems and engaging in preventive care strategies;**
2260
2261 **(B) Initiating, modifying, discontinuing, or administering medication therapy as permitted by the**
2262 **Formulary or Protocol Compendia;**
2263
2264 **(C) Providing education and self-management training to the patient or caregiver;**
2265
2266 **(D) Contributing to coordination of care, including the referral or transition of the patient to another**
2267 **health care professional; and**
2268
2269 **(E) Scheduling follow-up care as needed to achieve goals of therapy;**
2270
2271 ~~(ef) Monitor and evaluate the effectiveness of the care plan and make modifications to the plan~~
2272 ~~pursuant to a protocol listed in a statewide drug therapy management protocol;~~
2273

2274 (f) Refer the patient to another health care provider as required by the protocol.
2275
2276 (g) Provide notification to the patient's identified primary care provider or other care providers when
2277 applicable within five business days following the prescribing of a **Formulary or Protocol** Compendia
2278 drug or device.
2279
2280 (5) The pharmacist must maintain all records associated with prescribing and other related activities
2281 performed for a minimum of 10 years, and a copy must be made available to the patient and provider
2282 upon request. Pharmacy records must be retained and made available to the Board for inspection upon
2283 request. Records must be stored onsite for at least one year and then may be stored in a secure off-site
2284 location if retrievable within three business days. Records and documentation may be written,
2285 electronic or a combination of the two.
2286
2287 (6) If consultation is provided through an electronic means, the Oregon licensed Pharmacist must use
2288 an audiovisual communication system to conduct the consultation.
2289
2290 **(6) All records and documents must be retained according to OAR 855-102-0050 and must be made**
2291 **available to the patient and provider upon request.**
2292
2293 Statutory/Other Authority: ORS 689.205
2294 Statutes/Other Implemented: ORS 689.645 & ORS 689.649
2295
2296
2297 ~~855-020-0120~~ **855-115-0135**
2298 Prescribing: **Prohibited** Practices
2299
2300 (1) A Pharmacist may not prescribe a **vaccine**, drug or device:
2301
2302 (a) To self or a spouse, domestic partner, parent, guardian, sibling, child, aunt, uncle, grandchild and
2303 grandparent, including foster, in-law, and step relationships or other individual for whom a
2304 Pharmacist's personal or emotional involvement may render the Pharmacist unable to exercise
2305 detached professional judgment in prescribing pursuant to the Formulary and Protocol Compendia; **and**
2306
2307 **POLICY DISCUSSION:** Vaccine exception
2308
2309 **(b) When the Formulary or Protocol Compendia requires referral to non-Pharmacist provider.**
2310
2311 (2) An intern **must** not prescribe a **vaccine**, drug or device.
2312
2313 **(3) A Pharmacist must not require, but may allow, a patient to schedule an appointment with the**
2314 **Pharmacist for the prescribing or administering of an injectable hormonal contraceptive or the**
2315 **prescribing or dispensing of a self-administered hormonal contraceptive.**
2316
2317 Statutory/Other Authority: ORS 689.205
2318 Statutes/Other Implemented: ORS 689.645 & ORS 689.649
2319
2320

2321 ~~855-020-0200~~ **855-115-0140**

2322 Formulary Compendium

2323

2324 A Pharmacist may prescribe, according to **OAR 855-115-1130 and OAR 855-115-0135**, an FDA-
2325 approved drug and device listed in the following compendium, pursuant to a diagnosis by a health care
2326 practitioner who has prescriptive authority and who is qualified to make the diagnosis. The diagnosis
2327 must be documented.

2328

2329 Devices and supplies:

2330

2331 (1) Diabetic blood sugar testing supplies;

2332

2333 (2) Injection supplies;

2334

2335 (3) Nebulizers and associated supplies;

2336

2337 (4) Inhalation spacers;

2338

2339 (5) Peak flow meters;

2340

2341 (6) International Normalized Ratio (INR) testing supplies;

2342

2343 (7) Enteral nutrition supplies;

2344

2345 (8) Ostomy products and supplies; and

2346

2347 (9) Non-invasive blood pressure monitors

2348

2349 Statutory/Other Authority: ORS 689.205

2350 Statutes/Other Implemented: ORS 689.645 & ORS 689.649

2351

2352

2353 ~~855-020-0300~~ **855-115-0145**

2354 Protocol Compendium

2355 **Note:** Updated to match rules adopted effective 2/1/2023.

2356

2357 A Pharmacist may prescribe, **according to 855-115-1130 and OAR 855-115-0135**, via statewide drug
2358 ~~therapy management protocol and according to rules outlined in this Division~~, an FDA-approved drug
2359 and device listed in the following compendium, **pursuant to a statewide drug therapy management**
2360 **protocol**, ~~listed in the following compendium:~~

2361

2362 (1) Continuation of therapy (v. 06/2021)

2363

2364 (2) Conditions

2365

2366 (a) Cough and cold symptom management

2367

2368 (A) Pseudoephedrine (v. 06/2021);
2369
2370 (B) Benzonatate (v. 06/2021);
2371
2372 (C) Short-acting beta agonists (v. 06/2021);
2373
2374 (D) Intranasal corticosteroids (v. 06/2021);
2375
2376 (b) Vulvovaginal candidiasis (VVC) (v. 06/2021);
2377
2378 (c) COVID-19 Monoclonal Antibody (mAb) (v. 12/2021);
2379
2380 (d) COVID-19 Antigen Self-Test (v. 12/2021);
2381
2382 (e) COVID-19 Antiviral (v. 12/2022).
2383
2384 (3) Preventative care
2385
2386 (a) Emergency Contraception (v. 06/2021);
2387
2388 (b) Male and female condoms (v. 06/2021);
2389
2390 (c) Tobacco Cessation, NRT (Nicotine Replacement Therapy) and Non-NRT (v. 06/2022);
2391
2392 (d) Travel Medications (v. 12/2022);
2393
2394 (e) HIV Post-exposure Prophylaxis (PEP) (v. 12/2022);
2395
2396 (f) HIV Pre-exposure Prophylaxis (PrEP) (v. 12/2022); and
2397
2398 (g) Contraception (v. 12/2022).
2399
2400 [Publications referenced are available for inspection in the office of the Board of Pharmacy per OAR 855-
2401 010-0021.]
2402
2403 Statutory/Other Authority: ORS 689.205
2404 Statutes/Other Implemented: ORS 689.645, ORS 689.649 & ORS 689.689
2405
2406
2407 ~~855-019-0460~~ **855-115-0180**
2408 Naloxone - Delivery of Care and Prescribing
2409
2410 **NOTE:** Plan to move to formulary or protocol compendia
2411
2412 (1) A pharmacist, having determined that there is an identified medical need, can prescribe naloxone
2413 and the necessary medical supplies to administer naloxone for opiate overdose:

2414 (a) When dispensing any opiate or opioid prescription in excess of 50 morphine milligram equivalents
2415 (MME);
2416
2417 (b) To an individual seeking naloxone;
2418
2419 (c) To an entity seeking naloxone.
2420
2421 (2) The ~~P~~pharmacist ~~shall~~ **must** determine that the individual (or the individual on behalf of an entity)
2422 seeking naloxone demonstrates understanding of educational materials related to opioid overdose
2423 prevention, recognition, response, and the administration of naloxone.
2424 (3) The ~~P~~pharmacist may prescribe naloxone in any FDA approved dosage form and the necessary
2425 medical supplies needed to administer naloxone.
2426
2427 (4) The ~~P~~pharmacist ~~shall~~ **must** dispense the naloxone product in a properly labeled container.
2428
2429 (5) Naloxone may not be prescribed without offering to provide oral counseling to the authorized
2430 recipient, which may include dose, effectiveness, adverse effects, storage conditions, and safety.
2431
2432 (6) The ~~P~~pharmacist must document the encounter and the prescription, and maintain records for three
2433 years.
2434
2435 (7) Any person, having once lawfully obtained naloxone may possess, distribute or administer it for the
2436 purpose of reversing opiate overdose.
2437
2438 Statutory/Other Authority: ORS 689.205
2439 Statutes/Other Implemented: ORS 689.684, ORS 689.305, ORS 689.681, ORS 689.682 & 2019 OL Ch. 470
2440
2441
2442 ~~855-019-0470~~ **855-115-0185**
2443 Emergency Insulin
2444 **NOTE:** Plan to move to formulary or protocol compendia
2445
2446 Emergency Insulin. A ~~P~~pharmacist ~~who has completed a Board approved ACPE accredited training~~
2447 ~~program~~ may prescribe and dispense emergency refills of insulin and associated insulin-related devices
2448 and supplies, not including insulin pump devices, to a person who has evidence of a previous
2449 prescription from a licensed health care provider; in such cases, a ~~P~~pharmacist ~~shall~~ **must** prescribe the
2450 lesser of a 30-day supply or the smallest available package size, and not more than three emergency
2451 refills and supplies in a calendar year.
2452
2453 Statutory/Other Authority: ORS 689.205, **ORS 689.696**
2454 Statutes/Other Implemented: **ORS 689.696, ORS 689.645** 2019 OL Ch. 95
2455
2456
2457
2458
2459

2460 Division 41
2461 OPERATION OF PHARMACIES

2462
2463 **855-041-1190**

2464 **Operation of a Laboratory in Drug Outlet Pharmacy**

2465
2466 **(1) A Drug Outlet pharmacy may perform a laboratory test when:**

2467
2468 **(a) The Drug Outlet pharmacy possesses a valid laboratory license;**

2469
2470 **(b) The laboratory test is permitted under the laboratory license; and**

2471
2472 **(c) Requested by a physician, dentist, or other person authorized by law to use the findings of**
2473 **laboratory examinations or without a practitioner order as permitted in ORS 438.010 to 438.510.**

2474
2475 **(2) The Drug Outlet pharmacy must:**

2476
2477 **(a) Display the laboratory license in a prominent place in view of the public; and**

2478
2479 **(b) Report, to the local health department or state, reportable conditions as required in OAR 333-018.**

2480
2481 **Statutory/Other Authority: TBD**
2482 **Statutes/Other Implemented: TBD**

2483
2484 **855-041-3000**

2485 ~~Central Fill and Remote Processing Outlet Designations and Consulting/Drugless Pharmacy Outlets -~~
2486 ~~Purpose and Scope~~

2487
2488 (1) The purpose of OAR 855-041-3005 through 855-041-3045 is to provide minimum requirements of
2489 operation for centralized prescription drug filling by a pharmacy.

2490
2491 (2) The purpose of OAR 855-041-3100 through 855-041-3130 is to provide minimum requirements of
2492 operation for remote prescription processing by a pharmacy.

2493
2494 (3) Prior to initiating one of the above drug outlet models, a description of how the model will be
2495 utilized must be submitted to the Board.

2496
2497 ~~(4) The purpose of OAR 855-041-3300 through 855-041-3340 is to establish a secure environment where~~
2498 ~~a consulting pharmacist can provide pharmaceutical care and store health-protected information in a~~
2499 ~~consulting or drugless pharmacy. Prior to initiating this model, a description of how the model will be~~
2500 ~~utilized to improve patient safety must be submitted to the Board.~~

2501
2502 **Statutory/Other Authority: ORS 689.205**
2503 **Statutes/Other Implemented: ORS 689.155**

2504
2505

2506 855-041-3300
2507 Consulting/Drugless Pharmacy—Purpose and Scope

2508
2509 The purpose of OAR 855-041-3300 through 855-041-3340 is to establish a secure environment where a
2510 consulting pharmacist can provide pharmaceutical care and store health protected information in a
2511 single physical location. This location may be an office located in a home or other secure location.
2512 Registration is not required if records used or generated by a consulting pharmacist are stored in a
2513 location registered by the Board as a retail or institutional drug outlet or if the location is under the
2514 control of a practitioner who uses the services of the consulting pharmacist. The consulting pharmacist
2515 must be able to provide the Board with documentation of their pharmaceutical care activities. These
2516 rules are intended to ensure that a location where a pharmacist is engaged in Independent Pharmacy
2517 Practice may safely store records and protected health information. An applicant must submit to the
2518 Board for approval policies and procedures and a description of how their consulting or drugless
2519 pharmacy will be utilized to improve patient safety.

2520
2521 Statutory/Other Authority: ORS 689.205
2522 Statutes/Other Implemented: ORS 689.155

2523
2524 855-041-3305
2525 Consulting/Drugless Pharmacy—Definitions

2526
2527 The following words and terms, when used OAR 855-041-3300 through 855-041-3340 shall have the
2528 following meanings, unless the context clearly indicates otherwise. Any term not defined in this section
2529 shall have the definition set out in the OAR chapter 855, division 6.

2530
2531 (1) “Consulting or Drugless Pharmacy” means any single physical location where pharmaceutical care
2532 services are performed or protected health information may be stored without the storage, possession,
2533 or ownership of any drug.

2534
2535 (2) “Consulting Pharmacist” means any pharmacist as defined by OAR chapter 855, division 6 and is
2536 described by chapter 855, division 19.

2537
2538 (3) “Independent Pharmacy Practice” means the provision of pharmaceutical services not related to
2539 physically handling or dispensing pharmaceuticals drugs or devices. This practice is characterized by the
2540 practice of an Oregon licensed pharmacist acting as an independent contractor whether or not directly
2541 employed or affiliated with an entity that is licensed by the Board. This service also does not include the
2542 provision of pharmaceutical care that is conducted within the physical confines or location of a licensed
2543 pharmacy registered with the Board.

2544
2545 Statutory/Other Authority: ORS 689.205
2546 Statutes/Other Implemented: ORS 689.155

2547
2548 855-041-3310
2549 Consulting/Drugless Pharmacy—Registration

2550
2551 (1) The Consulting Pharmacy shall be registered as a retail or institutional drug outlet and comply with
2552 all the requirements of licensure as defined in OAR 855-041-1080 through 855-041-1100.

2553 (2) The location must be available for inspection by the Board.
2554
2555 (3) A consulting pharmacist for an Oregon licensed healthcare facility must perform all duties and
2556 functions required by the healthcare facility's licensure, as well as any applicable federal and state laws
2557 and rules.
2558
2559 Statutory/Other Authority: ORS 689.205
2560 Statutes/Other Implemented: ORS 689.155
2561
2562 855-041-3315
2563 Consulting/Drugless Pharmacy – Personnel
2564
2565 (1) Each pharmacy must have a pharmacist in charge. To qualify for this designation, the person must
2566 hold a license to practice pharmacy in the state of Oregon and in the state in which the pharmacy is
2567 located if the pharmacy is out of state. The pharmacist in charge must be in good standing with both
2568 licensing Boards;
2569
2570 (2) The pharmacy must comply with all applicable state and federal laws and rules governing the
2571 practice of pharmacy and maintain records in compliance with requirements of federal law and Board
2572 rules;
2573
2574 (3) A consulting pharmacist who provides services to any person or facility located in Oregon, must be
2575 an Oregon licensed pharmacist except that a pharmacist working in an out of state pharmacy, who only
2576 performs the professional tasks of interpretation, evaluation, DUR, counseling and verification
2577 associated with their dispensing of a drug to a patient in Oregon; and
2578
2579 (4) Prospective drug utilization reviews, refill authorizations, interventions and patient counseling not
2580 associated with the dispensing of a drug for an Oregon patient must be performed by an Oregon
2581 licensed pharmacist.
2582
2583 Statutory/Other Authority: ORS 689.205
2584 Statutes/Other Implemented: ORS 689.155
2585
2586 855-041-3320
2587 Consulting/Drugless Pharmacy – Confidentiality
2588
2589 (1) Each consulting pharmacy must comply with all applicable federal and state laws and rules regarding
2590 confidentiality, integrity and privacy of patient information.
2591
2592 (2) Each consulting pharmacy must ensure that electronic data systems are secure and comply with
2593 applicable federal and state laws and rules.
2594
2595 Statutory/Other Authority: ORS 689.205
2596 Statutes/Other Implemented: ORS 689.155
2597
2598
2599

2600 ~~855-041-3325~~
2601 Consulting/Drugless Pharmacy—General Provisions and Minimum Standards
2602
2603 (1) A consulting pharmacy shall:
2604
2605 (a) Maintain appropriate reference materials for drug information according to the scope of consulting
2606 services.
2607
2608 (b) Be located in a secure room with a door and suitable lock, and accessible only to persons authorized
2609 by the pharmacist in charge.
2610
2611 (c) Provide storage sufficient to secure confidential documents and any hardware necessary to access
2612 information.
2613
2614 (d) Be constructed in a manner of materials that make the space separate and distinct from the rest of
2615 the home or office building, and that protects the records from unauthorized access.
2616
2617 (2) A consulting pharmacy located in a residence must be approved by the Board.
2618
2619 (3) The consulting pharmacist must be able to provide the Board, upon request, with documentation of
2620 their pharmaceutical care activities.
2621
2622 Statutory/Other Authority: ORS 689.205
2623 Statutes/Other Implemented: ORS 689.155
2624
2625 ~~855-041-3330~~
2626 Consulting/Drugless Pharmacy—Security Requirements
2627
2628 (1) All consulting services must occur in a secure environment that includes but is not limited to:
2629
2630 (a) A closed system or other electronic storage device that is password protected;
2631
2632 (b) A secure room or safe that is locked to store records when the pharmacist is not directly monitoring
2633 them;
2634
2635 (c) Sufficient encryption for securing confidential documents and any hardware used in accessing
2636 authorized patient health information by electronic connection; and
2637
2638 (d) A data processing system that complies with all federal and state laws and rules to ensure compliant
2639 security software.
2640
2641 (2) Records stored at a practitioner’s office must be kept secure either with other records at the facility
2642 or independently in a locked room where only the pharmacist, and physician and their agents have
2643 access;
2644
2645 (3) All records must be stored at the approved consulting or drugless pharmacy; and
2646

2647 (4) Any breach in the security of the system or breach of confidentiality must be documented and
2648 reported to the Board within seven days.

2649

2650 Statutory/Other Authority: ORS 689.205

2651 Statutes/Other Implemented: ORS 689.155

2652

2653 **855-041-3335**

2654 Consulting/Drugless Pharmacy—Policies and Procedures

2655

2656 The consulting pharmacy must maintain a current policy and procedures manual that includes at a
2657 minimum:

2658

2659 (1) A policy on protecting confidentiality and integrity of patient information;

2660

2661 (2) An outline of responsibilities and scope of services;

2662

2663 (3) A policy on compliance with federal and state laws and rules;

2664

2665 (4) An operational Quality Assurance Program;

2666

2667 (5) A policy that describes use of computer systems.

2668

2669 Statutory/Other Authority: ORS 689.205

2670 Statutes/Other Implemented: ORS 689.155

2671

2672 **855-041-3340**

2673 Consulting/Drugless Pharmacy—Records

2674

2675 (1) The recordkeeping and storage requirements in OAR 855-041-3300 through 855-041-3340 are in
2676 addition to the requirements of other recordkeeping and storage rules of the Board. Records and
2677 documentation may be written, electronic or a combination of the two.

2678

2679 (2) Each recordkeeping system must include quality improvement program documentation;

2680

2681 (3) The PIC must ensure maintenance of written or electronic records and reports as necessary to ensure
2682 patient health, safety, and welfare. Records must include but need not be limited to:

2683

2684 (a) Patient profiles and records;

2685

2686 (b) A list of current employees and their license numbers;

2687

2688 (A) Verification of each license and registration;

2689

2690 (B) The name of the individual responsible for verification of licensure and registration status.

2691

2692 (c) Copies of all contracts for consulting services and collaborative therapy agreements;

2693

2694 ~~(d) Copies of all consultation reports submitted to practitioners and facilities.~~
2695
2696 ~~Statutory/Other Authority: ORS 689.205~~
2697 ~~Statutes/Other Implemented: ORS 689.155~~
2698
2699

PROPOSED

Division 001/102: Procedural and Universal Rules

Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency’s intended action max 15 words): Procedural and Universal Rules; Adopts new Division 102, repeals Division 001

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Creates new Division 102 and adopts existing procedural rules related to rulemaking, model rules of procedure, time for requesting a contested case hearing, filing exceptions to the board, petition for reconsideration or rehearing as condition for judicial review, duty to cooperate, inspections and records and document retention requirements. Repeals Division 001.

Documents Relied Upon per ORS 183.335(2)(b)(D): None available.

Racial Equity statement per ORS 183.335(2)(b)(F): (identifying how adoption of rule might impact one group of people differently than others) Proposed rules provide clarity for licensees, and registrants. It is anticipated that the proposed rules will not impact any group of people differently than others.

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

Cost of Compliance (OBOP/Other State Agencies/Units of Local Government/Public): Reporting, Recordkeeping and Administrative Activities Cost: Professional Services, Equipment/ Supplies, Labor Cost, 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 the proposed rule amendments.

Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G): No. Board staff recommends adopting the proposed rules for transparency and clarity for licensees and registrants.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why): Creates new Division 102 for procedural and universal rules. Proposed rules relocate existing procedural rules from Division 001 and adds rules related to records and document retention requirements. Creation of Division 102 and adoption of procedural and universal rules is a part of the board’s strategic plan which will streamline rules and make rules easier to locate for licensees, registrants and the public. Repeals Division 001.

Repeals Division 001. Relocates existing rules from Division 001 to newly created Division 102 Procedural and Universal Rules. Creation of Division 102 and adoption of procedural and universal rules is a part of the board’s strategic plan which will streamline rules and make rules easier to locate for licensees, registrants and the public.

1 NOTES:

- 2 • Highlights
- 3 ○ Rule language highlighted in blue denote staff proposed amendments made between
- 4 the board’s review of this package at the October 2022 board meeting and the February
- 5 2023 board meeting.
- 6

7 Division 102
8 PROCEDURAL AND UNIVERSAL RULES

9
10 ~~855-001-0000~~ **855-102-0005**

11 Notice of Proposed Rule

12
13 Prior to the permanent adoption, amendment, or repeal of any rule, the State Board of Pharmacy
14 must give notice of its intended action as required in ORS 183.335:

- 15
16 (1) In a manner established by rule adopted by the board under ORS 183.341(4), which provides a
17 reasonable opportunity for interested persons to be notified of the agency's proposed action;
18
19 (2) In the bulletin referred to in ORS 183.360 at least 21 days prior to the effective date;
20
21 (3) To persons who have requested notice pursuant to ORS 183.335(8) at least 28 days before the
22 effective date; and
23
24 (4) To persons specified in ORS 183.335(15) at least 49 days before the effective date; and
25
26 (5) To persons or organizations the Board's Executive Director determines, pursuant to ORS 183.335, are
27 interested persons in the subject matter of the proposed rule, or would be likely to notify interested
28 persons of the proposal; and
29
30 (a) Oregon State Pharmacy Association;
31
32 (b) Oregon Society of Health System Pharmacists;
33
34 (6) To the Associated Press and the Capitol Press Room.

35
36 Statutory/Other Authority: ORS 689.205
37 Statutes/Other Implemented: ORS 183.335

38
39
40
41 ~~855-001-0005~~ **855-102-0010**

42 Model Rules of Procedure

43
44 Pursuant to the provisions of ORS 183.341, the Board of Pharmacy adopts the Attorney General's
45 Uniform and Model Rules of Procedure under the Administrative Procedures Act effective 07/2019.
46 These rules must be controlling except as otherwise required by statute or rule.

47
48 [ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office
49 of the Attorney General or Board of Pharmacy.]

50
51 Statutory/Other Authority: ORS 183.341 & ORS 689.205
52 Statutes/Other Implemented: ORS 183.341

53
54

55 ~~855-001-0012~~ **855-102-0015**

56 Time for Requesting a Contested Case Hearing

57

58 A request for a contested case hearing must be in writing and must be received by the board within 21
59 days from the date the contested case notice was served. When the board has issued a denial of a
60 license, a request for a contested case hearing must be in writing and must be received by the board
61 within 60 days from the date the licensure denial was served.

62

63 Statutory/Other Authority: ORS 689.205

64 Statutes/Other Implemented: ORS 689.151 & ORS 183.435

65

66

67 ~~855-001-0016~~ **855-102-0020**

68 Filing Exceptions and Argument to the Board

69

70 After a proposed order has been served on a party, the board must notify the party when written
71 exceptions must be filed to be considered by the board.

72

73 Statutory/Other Authority: ORS 689.205

74 Statutes/Other Implemented: ORS 689.151

75

76

77 ~~855-001-0017~~ **855-102-0025**

78 Petition for Reconsideration or Rehearing as Condition for Judicial Review

79

80 All parties, including limited parties, must file a petition for reconsideration or rehearing with the board
81 as a condition for obtaining judicial review of any order of the board.

82

83 Statutory/Other Authority: ORS 689.205

84 Statutes/Other Implemented: ORS 689.151

85

86

87 ~~855-001-0030~~ **855-102-0035**

88 Duty to Cooperate

89

90 **(1)** Applicants, licensees, and registrants must **timely** comply with all board requests, including
91 responding **accurately**, fully and truthfully to inquiries and providing requested materials within the
92 time allowed by the board and complying with a subpoena.

93

94 **(2)** Applicants, licensees, and registrants must comply with the terms of board orders and agreements.

95

96 Statutory/Other Authority: ORS 689.205

97 Statutes/Other Implemented: ORS 676.612

98

99

100

101

102

103 ~~855-001-0040~~ **855-102-0040**

104 Inspections

105

106 (1) A Compliance Officer is a board authorized representative and must be permitted entry to any drug
107 outlet to conduct inspections at all reasonable hours.

108

109 (2) The Compliance Officer is authorized and must be permitted to perform the following to determine
110 compliance with ORS 475, ORS 689, and OAR 855 and board orders including but not limited to:

111

112 (a) Inspecting conditions, structures, equipment, materials, and methods for compliance;

113

114 (b) Inspecting all drugs and devices;

115

116 (c) Taking photographs, recording video and audio; and

117

118 (d) Reviewing, verifying and making copies of records and documents.

119

120 (3) All licensees and employees must fully comply and cooperate with all questions and requests made
121 by the Compliance Officer at the time of inspection.

122

123 (4) Refusal to allow inspection is grounds for discipline.

124

125 Statutory/Other Authority: ORS 475.125 & ORS 689.205

126 Statutes/Other Implemented: ORS 689.155

127

128

129

130 **855-102-0050**

131 **Record and Document Retention**

132

133 **(1) All records and documents required by ORS 475, ORS 689, and OAR 855:**

134

135 **(a) May be in written or electronic format;**

136

137 **(b) Made available to the board upon request; and**

138

139 **(A) Be retained for 3 years except that:**

140

141 **(B) Clinical pharmacy records must be retained for 7 years;**

142

143 **(c) Training records for patient care services, when required, must be retained for 6 years or uploaded**
144 **into the licensee's electronic licensing record with the board;**

145

146 **(2) Records generated in the practice of pharmacy for a Drug Outlet:**

147

148 **(a) Must be stored at the Drug Outlet for at least 12 months and must be provided to the board**
149 **immediately upon request at the time of inspection;**

150

151 **(b) May be stored in a secured off-site location after 12 months of storage at the Drug Outlet and**
152 **must be provided to the board upon request within 3 business days;**

153
154 **(3) Records generated in the practice of pharmacy separate from a Drug Outlet:**
155

156 **(a) Must be stored at a pharmacy, health care organization, practitioner office, pharmacist office or in**
157 **a secure manner by the Pharmacist, for at least 12 months;**

158
159 **(b) May be stored in a secured off-site location after 12 months of storage according to (a) and must**
160 **be provided to the board upon request within 3 business days;**

161
162 **(4) Records must be retained for longer periods of time than required under this rule if:**

163
164 **(a) Federal law provides for a longer retention schedule; and**

165
166 **(b) If a drug outlet has been notified by the Board to retain the records for a longer period of time;**
167 **and**

168
169 **(c) If there is an ongoing audit, investigation or other legal proceeding relating to the records.**

170
171 **Statutory/Other Authority: ORS 689.205**

172 **Statutes/Other Implemented: ORS 689.155 & ORS 689.508**

Division 025/125: Pharmacy 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; Creates new Division 125 for Pharmacy Technicians

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Creates new Division 125 for Certified Oregon Pharmacy Technicians (COPT) and Pharmacy Technicians (PT). Proposes relocating and reorganizing existing COPT and PT rules from Division 025. If the board adopts Division 125, existing rules related to COPT and PT would be repealed in Division 025.

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 adoption includes relocating and reorganizing existing COPT and PT rules from Division 025 to newly created Division 125 in alignment with the board’s strategy to systematically organize all Divisions. Proposed amendments include revising titles, clarifying requirements for COPT and PT applicability, licensure qualifications, licensure application, licensure renewal and reinstatement, licensure lapse and voluntary surrender of license. Amendments also clarify general responsibilities, confidentiality, duty to report, training responsibilities and permitted and prohibited practices.

Repeals Division 025. Existing COPT and PT rules from Division 025 are being reorganized and relocated to new Division 125 Certified Oregon Pharmacy Technicians and Pharmacy Technicians.

1
2
3
4
5

NOTES:

- History of rule package review
 - The board completed a 1st review of this package in June 2022.
 - The board completed a 2nd review of this package in August 2022

- The February 2023 meeting is the 3rd review of this package.
- Highlights
 - Rule language highlighted in blue denote staff proposed amendments made between the board’s review of this package at the August 2022 board meeting and the February 2023 board meeting.

-----3rd REVIEW-----

Division 125
CERTIFIED OREGON PHARMACY TECHNICIANS AND PHARMACY TECHNICIANS

855-025-0001 **855-125-0001**

Purpose and Scope Applicability

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 for licensure as a Certified Oregon Pharmacy Technician (CPT). These rules facilitate the initial licensure of a nationally certified Pharmacy Technician seeking licensure in Oregon.

(1) This Division applies to any individual who assists a Pharmacist in the practice of pharmacy.

(2) Only persons licensed with the board as a Certified Oregon Pharmacy Technician or Pharmacy Technician may assist a Pharmacist in the practice of pharmacy and must act in compliance with statutes and rules under the supervision, direction, and control of a Pharmacist.

(3) Only persons licensed with the board as a Certified Oregon Pharmacy Technician or Pharmacy Technician may perform final verification when delegated to do so by a Pharmacist and done in compliance with all applicable statutes and rules and under the supervision, direction, and control of that Pharmacist.

(4) Only a person licensed as a Certified Oregon Pharmacy Technician may use the titles “Certified Oregon Pharmacy Technician” and “COPT”.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.225 & ORS 689.486

855-125-0005

Definitions

Note: Placeholder- No definitions specific to Division 125 at this time.

54 855-025-0005 **855-125-0010**

55 **Licensure: Qualifications - ~~Pharmacy Technician or Certified Oregon Pharmacy Technician~~ or Pharmacy**
56 **Technician**

57
58 (1) To qualify for licensure as a ~~Pharmacy Technician or Certified Oregon Pharmacy Technician~~ **or**
59 **Pharmacy Technician**, an applicant must demonstrate that the applicant is at least 18 years of age and
60 has completed high school (or equivalent).

61
62 (2) To qualify for licensure as a Certified Oregon Pharmacy Technician, the applicant must also
63 demonstrate that the applicant has taken and passed a national pharmacy technician certification
64 examination offered by:

65
66 (a) Pharmacy Technician Certification Board (PTCB); or

67
68 (b) National Healthcareer Association (NHA).

69
70 ~~(3) No person whose license has been denied, revoked, suspended or restricted by any healthcare~~
71 ~~professional regulatory board may be licensed as a Pharmacy Technician or Certified Oregon Pharmacy~~
72 ~~Technician unless the board determines that licensure will pose no danger to patients or to the public~~
73 ~~interest.~~

74
75 Statutory/Other Authority: ORS 689.205
76 Statutes/Other Implemented: ORS 689.225 & ORS 689.486

77
78
79
80 855-025-0010 **855-125-0020**

81 **Licensure: Application- Certified Oregon Pharmacy Technician or Pharmacy Technician**

82
83 (1) An application for licensure as a **Certified Oregon Pharmacy Technician or Pharmacy Technician** may
84 be accessed on the board website.

85
86 ~~(2) Failure to completely, accurately and honestly answer all questions on the application for licensure~~
87 ~~or renewal of licensure is grounds for discipline;~~

88
89 ~~(3) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result~~
90 ~~in denial of the application.~~

91
92 ~~(4)~~ **(42)** The board may issue a license to a qualified applicant after the receipt of:

93
94 (a) A completed application **including**;

95
96 ~~(b)~~ **(bA)** Payment of the fee prescribed in OAR 855-110;

97
98 ~~(c)~~ **(cB)** A current, passport regulation size photograph (full front, head to shoulders);

99
100 ~~(d)~~ **(dC)** Personal identification or proof of identity; ~~and~~

101

102 (eD) A completed national fingerprint-based background check; and
103
104 (E) A completed moral turpitude statement or a written description and documentation regarding all
105 conduct that is required to be disclosed.

106
107 (b) An applicant for a Certified Oregon Pharmacy Technician license, must provide a passing result
108 from PTCB or NHA on a national pharmacy technician certification examination.

109
110 (3) Penalties may be imposed for:

111
112 (a) Failure to completely and accurately answer each question on the application for licensure or
113 renewal of licensure;

114
115 (b) Failure to disclose any requested information on the application or requests resulting from the
116 application;

117
118 (c) Any other grounds found in ORS 689.405 or ORS 689.490.

119
120 (4) An application submitted to the board that is not complete within 90 days from applicant
121 submission will be expired. Once expired, an applicant who wishes to continue with the application
122 process must reapply by submitting a new application, along with all documentation, and all fees.
123 While a new application and documentation is required, the board may still consider information that
124 was provided in previous applications.

125
126 (5) The license of a Certified Oregon Pharmacy Technician or Pharmacy Technician expires June 30 in
127 even numbered years and may be renewed biennially.

128
129 Statutory/Other Authority: ORS 689.205

130 Statutes/Other Implemented: ORS 689.225 & ORS 689.486

131

132

133 **855-025-0012**

134 Licensure: Application – Certified Oregon Pharmacy Technician

135

136 ~~(1) An application for licensure as a Certified Oregon Pharmacy Technician may be accessed on the~~
137 ~~board website.~~

138

139 ~~(2) Failure to completely, accurately and honestly answer all questions on the application for licensure~~
140 ~~or renewal of licensure is grounds for discipline.~~

141

142 ~~(3) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result~~
143 ~~in denial of the application.~~

144

145 ~~(4) The board may issue a license to a qualified applicant after the receipt of:~~

146

147 ~~(a) A completed application;~~

148

149 ~~(b) Payment of the fee prescribed in OAR 855-110;~~

- 150 (c) A current, passport regulation size photograph (full front, head to shoulders);
151
152 (d) Personal identification or proof of identity;
153
154 (e) A completed national fingerprint-based background check; and
155
156 (f) Proof that the applicant has taken and passed a national pharmacy technician certification offered by
157 the PTCB or the NHA.
158
159 (5) The license of a Certified Oregon Pharmacy Technician expires June 30 in even numbered years and
160 may be renewed biennially.

161 Statutory/Other Authority: ORS 689.205
162 Statutes/Other Implemented: ORS 689.225 & ORS 689.486
163

164
165
166 855-025-0011 **855-125-0030**

167 Licensure: Renewal or Reinstatement **Applications- Certified Oregon Pharmacy Technician or** Pharmacy
168 Technician

169
170 (1) An applicant for renewal of a **Certified Oregon Pharmacy Technician or** Pharmacy Technician license
171 must:

- 172
173 (a) Pay the biennial license fee required in OAR 855-110.
174
175 (b) Complete the continuing pharmacy education requirements as directed in OAR 855-021;
176
177 (c) Be subject to an annual criminal background check; **and**

178
179 **(d) Provide a completed moral turpitude statement or a written description and documentation**
180 **regarding all conduct that is required to be disclosed.**

181
182 (2) A **Certified Oregon Pharmacy Technician or** Pharmacy Technician who fails to renew their license by
183 the expiration date and whose license has been lapsed for one year or less may apply to renew their
184 license and must pay a late fee required in OAR 855-110.

185
186 (3) A **Certified Oregon Pharmacy Technician or** Pharmacy Technician or who fails to renew their license
187 by the expiration date and whose license has been lapsed for greater than one year may apply to
188 reinstate their license as follows:

- 189
190 (a) Must apply per OAR 855-**125-0020**; and
191
192 (b) Provide certification of completion of 10 continuing education hours earned in the prior 12 months.
193 These hours may not be counted toward a future renewal; and must include:
194
195 (A) One hour of continuing pharmacy education in pharmacy law;
196
197 (B) One hour of continuing pharmacy education in patient safety or error prevention; and

198 (C) One hour of continuing pharmacy education in cultural competency either approved by the Oregon
199 Health Authority under ORS 413.450 or any cultural competency CPE; and

200

201 (D) Seven other hours of pharmacy technician-specific continuing education.

202

203 **(3) Penalties may be imposed for:**

204

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

207

208 **(b) Failure to disclose any requested information on the application;**

209

210 **(c) Failure to respond to requests for information resulting from the application;**

211

212 **(d) Any other grounds found in ORS 689.405 or ORS 689.490.**

213

214 **(5) Continued national certification is not required to renew a license as a Certified Oregon Pharmacy**
215 **Technician.**

216

217 **(6) Any person whose Certified Oregon Pharmacy Technician or Pharmacy Technician license has been**
218 **suspended, revoked or restricted has the right, at reasonable intervals, to petition the board for**
219 **reinstatement of such license pursuant to ORS 689.445 and in conjunction with the application**
220 **process identified in OAR 855-125-0020.**

221

222 Statutory/Other Authority: ORS 689.205

223 Statutes/Other Implemented: ORS 689.225, **ORS 689.445**, ORS 689.486 & ORS 413.450

224

225

226 **855-025-0015**

227 ~~Licensure: Renewal or Reinstatement - Certified Oregon Pharmacy Technician~~

228

229 ~~(1) A person who has taken and passed a national pharmacy technician certification examination listed~~
230 ~~in OAR 855-025-0012(1)(a) - (b) may use the following title, and is referred to in these rules as, and is~~
231 ~~licensed as a "Certified Oregon Pharmacy Technician."~~

232

233 ~~(2) An applicant for renewal of a Certified Oregon Pharmacy Technician license must:~~

234

235 ~~(a) Pay the biennial license fee required in OAR 855-110;~~

236

237 ~~(b) Complete the continuing pharmacy education requirements as directed in OAR 855-021; and~~

238

239 ~~(c) Be subject to an annual criminal background check.~~

240

241 ~~(3) Continued national certification is not required to renew a license as a Certified Oregon Pharmacy~~
242 ~~Technician.~~

243

244 ~~(4) A Certified Oregon Pharmacy Technician who fails to renew their license by the expiration date and~~
245 ~~whose license has been lapsed for one year or less may renew their license and must pay a late fee~~
246 ~~required in OAR 855-110.~~

247
248 ~~(5) A Certified Oregon Pharmacy Technician who fails to renew their license by the expiration date and~~
249 ~~whose license has been lapsed for greater than one year may apply to reinstate their license as follows:~~

250
251 ~~(a) Must apply per OAR 855-025-0010; and~~
252
253 ~~(b) Provide certification of completion of 10 continuing education hours earned in the prior 12 months.~~
254 ~~These hours may not be counted toward a future renewal; and must include:~~

255
256 ~~(A) One hour of continuing pharmacy education in pharmacy law;~~

257
258 ~~(B) One hour of continuing pharmacy education in patient safety or error prevention; and~~

259
260 ~~(C) One hour of continuing pharmacy education in cultural competency either approved by the Oregon~~
261 ~~Health Authority under ORS 413.450 or any cultural competency CPE; and~~

262
263 ~~(D) Seven other hours of pharmacy technician-specific continuing education.~~

264
265 ~~Statutory/Other Authority: ORS 689.205~~
266 ~~Statutes/Other Implemented: ORS 689.225, ORS 689.486 & ORS 413.450~~

267
268 **855-125-0040**
269 **Licensure: Lapse**

270
271 **(1) A Certified Oregon Pharmacy Technician or Pharmacy Technician may let their license lapse by**
272 **failing to renew or request that the board accept the lapse of their license prior to the expiration date.**

273
274 **(a) Lapse of a license is not discipline.**

275
276 **(b) The board has jurisdiction to proceed with any investigation or any action or disciplinary**
277 **proceeding against the licensee.**

278
279 **(c) A person may not assist in the practice of pharmacy if the license is lapsed.**

280
281 **(d) A person may apply for renewal or reinstatement according to OAR 855-125-0030.**

282
283 **(2) If a person requests lapse prior to the expiration date of the license, the following applies:**

284
285 **(a) The license remains in effect until the board accepts the lapse.**

286
287 **(b) If the board accepts the lapse, the board will notify the licensee of the date the license terminates.**

288
289 **(c) The board will not accept the lapse if an investigation of, or disciplinary action against the licensee**
290 **is pending.**

291

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

293

294 Statutory/Other Authority: ORS 689.205

295 Statutes/Other Implemented: ORS 689.153

296

297

298 **855-125-0046**

299 Licensure: Voluntary Surrender

300

301 A Certified Oregon Pharmacy Technician or Pharmacy Technician may request that the board accept
302 the voluntary surrender of their license.

303

304 (1) A voluntary surrender of a license is discipline.

305

306 (2) The license remains in effect until the board accepts the surrender.

307

308 (3) If the board accepts a request for voluntary surrender, the board will issue a final order
309 terminating the license, signed by the licensee and a board representative. The termination date is the
310 date the licensee is sent the executed final order.

311

312 (4) The licensee must cease assisting in the practice of pharmacy from the date the license terminates.

313

314 (5) A voluntarily surrendered license may not be renewed. A former licensee who wants to obtain a
315 license must apply for reinstatement per OAR 855-125-0030 unless the final order prohibits the
316 licensee from doing so.

317

318 (6) The board has jurisdiction to proceed with any investigation, action or disciplinary proceeding
319 against the licensee.

320

321 Statutory/Other Authority: ORS 689.205

322 Statutes/Other Implemented: ORS 689.153

323

324

325

326 ~~855-025-0023~~ **855-125-0070**

327 Certified Oregon Pharmacy Technician and Pharmacy Technician: General Responsibilities: General-
328 Certified Oregon Pharmacy Technician and Pharmacy Technician

329

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

333

334 ~~(2)~~ A Certified Oregon Pharmacy Technician or Pharmacy Technician may not engage in the practice of
335 pharmacy as defined in ORS 689.005.

336

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

338

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

340 (b) Only assist in the practice of pharmacy under the supervision, direction, and control of a Pharmacist;

341

342 (c) Know the identity of the Pharmacist who is providing supervision, direction and control at all times;

343

344 (d) Only work within the scope of duties permitted by their license;

345

346 **(e) Only work within the scope of duties permitted by the Pharmacist providing supervision, direction**
347 **and control;**

348

349 (ef) Only perform duties they are trained to perform; and

350

351 **(g) Appropriately perform the tasks permitted;**

352

353 **(fh) Only access the pharmacy area when a Pharmacist is on duty physically present or when the outlet**
354 **is operating under a Remote Dispensing Site Pharmacy (RDSP) registration and following the**
355 **requirements in OAR 855-139;**

356

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

359

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

361

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

363

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

365

366 **(k) Dispense and deliver prescriptions accurately and to the correct party; and**

367

368 **(L) Conduct themselves in a professional manner at all times and not engage in any form of**
369 **discrimination, harassment, intimidation, or assault in the workplace.**

370

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

373

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

376

377 (b) No discretion is needed;

378

379 (c) The Pharmacist delegating final verification is supervising the Certified Oregon Pharmacy Technician
380 or Pharmacy Technician; and

381

382 (d) The Certified Oregon Pharmacy Technician or Pharmacy Technician is performing a physical final
383 verification.

384

385 Statutory/Other Authority: ORS 689.205, 2022 HB 4034

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

387

388 855-025-0030 **855-125-0072**

389 **Responsibilities:** Confidentiality

390

391 ~~(1)~~ No licensee of the ~~B~~board who obtains any patient information ~~shall~~ **may** disclose that information
392 to a third-party without the consent of the patient except as provided in ~~section two~~ **except as provided**
393 **in (a)-(e)** of this rule.

394

395 ~~(12)~~ A licensee may disclose patient information:

396

397 (a) To the ~~B~~board;

398

399 (b) To a practitioner, Pharmacist, **Intern**, ~~Pharmacy Technician~~, or Certified Oregon Pharmacy Technician
400 **or Pharmacy Technician**, if disclosure is authorized by a Pharmacist ~~who reasonably believes that~~ **and**
401 disclosure is necessary to protect the patient's health or well-being; or

402

403 (c) To a third-party when disclosure is authorized or required by law; or

404

405 (d) As permitted pursuant to federal and state patient confidentiality laws; ~~or;~~

406

407 **(e) To the patient or to persons as authorized by the patient.**

408

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

411

412 Statutory/Other Authority: ORS 689.205, **ORS 689.305, ORS 689.315**

413 Statutes/Other Implemented: ORS 689.155

414

415

416 855-025-0020 **855-125-0074**

417 **Responsibilities:** Duty to Report

418

419 ~~(1)~~ Failure to answer completely, accurately and honestly, all questions on the application form for
420 licensure or renewal of licensure is grounds for discipline.

421

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

424

425 ~~(31)~~ **Unless state or federal laws relating to confidentiality or the protection of health information**
426 **prohibit disclosure, each** A Pharmacy Technician or Certified Oregon Pharmacy Technician **and**
427 **Pharmacy Technician** must report to the board **without undue delay, but** within

428

429 **(a) 10 days if they:**

430

431 ~~(a)~~ Are ~~ε~~Convicted of a misdemeanor or a felony; or

432

433 ~~(b)~~ If they ~~a~~Are arrested for a felony; **or**

434

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

437
438 **(b) 10 working days if they:**
439

440 ~~(4A) A Pharmacy Technician or Certified Oregon Pharmacy Technician who has **Have** reasonable cause~~
441 ~~to believe that another licensee (of the board or any other Health Professional Regulatory Board) has~~
442 ~~engaged in prohibited or unprofessional conduct as these terms are defined in OAR 855-006-0005, must~~
443 ~~report that conduct to the board responsible for the licensee who is believed to have engaged in the~~
444 ~~conduct. The reporting Pharmacy Technician or Certified Oregon Pharmacy Technician must report the~~
445 ~~conduct without undue delay, but in no event later than 10 working days after the reporting Pharmacy~~
446 ~~Technician or Certified Oregon Pharmacy Technician learns of the conduct unless federal laws relating to~~
447 ~~confidentiality or the protection of health information prohibit disclosure. **to that licensee's board; or**~~
448

449 **(B) Suspect records are lost or stolen.**

450
451 **(c) 15 days, any change in:**

452
453 **(A) Legal name;**

454
455 **(B) Name used when assisting in the practice of pharmacy;**

456
457 **(C) Preferred email address;**

458
459 **(D) Personal phone number;**

460
461 **(E) Personal physical address;**

462
463 **(F) Personal mailing address; or**

464
465 **(G) Employer.**

466
467 ~~(52) A Pharmacy Technician or Certified Oregon Pharmacy Technician **or Pharmacy Technician** who~~
468 ~~reports to a board in good faith as required by:~~

469
470 **(a) ORS 676.150** ~~section (4) of this rule is immune from civil liability for making the report; and~~

471
472 **(b) ORS 689.455 is not subject to an action for civil damages as a result thereof.**

473
474 ~~(6) A Pharmacy Technician or Certified Oregon Pharmacy Technician who has reasonable grounds to~~
475 ~~believe that prescription drugs or records have been lost or stolen, or any violation of these rules has~~
476 ~~occurred, must notify the board within 1 day.~~

477
478 ~~(7) A Pharmacy Technician or Certified Oregon Pharmacy Technician must notify the board in writing,~~
479 ~~within 15 days, of any change in email address, employment location or residence address except that a~~
480 ~~Pharmacy Technician who is employed at more than one pharmacy need only report the name and~~
481 ~~address of the pharmacy at which the technician normally works the most hours.~~
482

483 Statutory/Other Authority: ORS 689.205
484 Statutes/Other Implemented: ORS 676.150, ORS 689.155, ORS 689.455, & ORS 689.486

485
486

487 **855-125-0076**

488 **Responsibilities: Training**

489

490 **Certified Oregon Pharmacy Technicians and Pharmacy Technicians must:**

491

492 **(1) Complete and document initial training that includes on-the-job and related education that is**
493 **commensurate with the tasks that the Certified Oregon Pharmacy Technician or Pharmacy Technician**
494 **will perform, prior to the performance of those tasks.**

495

496 **(2) Complete ongoing training to ensure continued competency in tasks that are performed.**

497

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

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

500

501

502 **855-025-0025**

503 Use of Pharmacy Technicians and Certified Oregon Pharmacy Technicians

504

505 (1) A Pharmacist or pharmacy may use Pharmacy Technicians or Certified Oregon Pharmacy Technicians
506 only as authorized by the rules of the Board.

507

508 (2) Pharmacy Technicians or Certified Oregon Pharmacy Technicians must be supervised by a
509 Pharmacist.

510

511 (3) Pharmacists, Pharmacist Interns, Pharmacy Technicians and Certified Oregon Pharmacy Technicians
512 must be clearly identified as such to the public.

513

514 (4) Work performed by Pharmacy Technicians and Certified Oregon Pharmacy Technicians assisting the
515 Pharmacist to prepare medications must be verified by a Pharmacist prior to release for patient use.
516 Verification must be documented, available and consistent with the standard of practice.

517

518 (5) The pharmacist in charge must prepare and maintain in the pharmacy written procedures that
519 describe the tasks performed by Pharmacy Technicians or Certified Oregon Pharmacy Technicians, and
520 the methods of verification and documentation of work performed by Pharmacy Technicians or Certified
521 Oregon Pharmacy Technicians. Written procedures must be available for inspection by the Board or its
522 representatives. The pharmacist in charge must review written procedures annually and document that
523 review on the annual pharmacist in charge inspection sheet.

524

525 (6) Training:

526

527 (a) The pharmacist in charge must outline, and each Pharmacy Technician or Certified Oregon Pharmacy
528 Technician must complete initial training that includes on-the-job and related education that is
529 commensurate with the tasks that the Pharmacy Technician or Certified Oregon Pharmacy Technician
530 will perform, prior to the performance of those tasks.

531

531 (b) The pharmacist in charge must ensure the continuing competency of Pharmacy Technicians or
532 Certified Oregon Pharmacy Technicians.

533
534 (c) The pharmacist in charge must document initial training of each Pharmacy Technician or Certified
535 Oregon Pharmacy Technician and make that documentation available to the Board or its representatives
536 upon request.

537
538 (7) Upon written request, the Board may waive any of the requirements of this rule upon a showing that
539 a waiver will further public health or safety or the health or safety of a patient or other person. A waiver
540 granted under this section is effective only when issued by the Board in writing.

541
542 Statutory/Other Authority: ORS 689.205

543 Statutes/Other Implemented: ORS 689.155

544

545 **855-025-0035**

546 Pharmacy and Pharmacist Responsibility for Supervising Pharmacy Technicians and Certified Oregon
547 Pharmacy Technicians

548

549 (1) The supervising Pharmacist and the pharmacist in charge are responsible for the actions of Pharmacy
550 Technicians or Certified Oregon Pharmacy Technicians. The use of Pharmacy Technicians or Certified
551 Oregon Pharmacy Technicians to perform tasks not included in written procedures maintained by the
552 pharmacy constitutes unprofessional conduct on the part of the supervising Pharmacist and the
553 pharmacist in charge.

554

555 (2) The pharmacy must maintain on file and post the current license of each Pharmacy Technician or
556 Certified Oregon Pharmacy Technician.

557

558 (3) Before allowing any person to work as a Pharmacy Technician or Certified Oregon Pharmacy
559 Technician, the pharmacy and Pharmacist shall verify that the person is currently licensed as a Pharmacy
560 Technician or Certified Oregon Pharmacy Technician.

561

562 (4) Prior to performing the duties of a Pharmacy Technician or Certified Oregon Pharmacy Technician, a
563 person must provide to the Pharmacist or pharmacist in charge a copy of the person's current Pharmacy
564 Technician license or current Certified Oregon Pharmacy Technician license.

565

566 Statutory/Other Authority: ORS 689.205

567 Statutes/Other Implemented: ORS 689.155

568

569

570 **855-025-0040** **855-125-0080**

571 Certified Oregon Pharmacy Technician and Pharmacy Technician: Tasks and Guidelines

572 **Responsibilities: Permitted Practices**

573

574 **(1) Non-licensed pharmacy personnel may perform any function that does not constitute the practice**
575 **of pharmacy as defined in ORS 689 or assistance in the practice of pharmacy. Non-licensed personnel**
576 **may only perform functions permitted by the Pharmacist providing supervision, direction, and control**
577 **enter non-prescription information into a computer record system and may perform clerical duties such**

578 as filing prescriptions, delivery, housekeeping, and general record keeping, but the responsibility for the
579 accuracy of the non-licensed pharmacy personnel's work lies with the Pharmacist.

580

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

584

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

587

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

590

591 **(c) May perform final verification as allowed under OAR 855-125-0070(4).**

592

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

597

598 ~~(b) Reconstituting prescription medications. The supervising Pharmacist must verify the accuracy in all~~
599 ~~instances.~~

600

601 ~~(c) Affixing required labels upon any container of drugs, medicines, poisons, or chemicals sold or~~
602 ~~dispensed upon prescription of a practitioner authorized by law to prescribe those drugs, medicines,~~
603 ~~poisons, or chemicals.~~

604

605 ~~(d) Entering information into the pharmacy computer. The Certified Oregon Pharmacy Technician or~~
606 ~~Pharmacy Technician shall not make any decisions that require the exercise of judgment and that could~~
607 ~~affect patient care. The supervising Pharmacist must verify prescription information entered into the~~
608 ~~computer and is responsible for all aspects of the data and data entry.~~

609

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

613

614 ~~(f) Prepackaging and labeling of multi-dose and unit-dose packages of medication. The Pharmacist must~~
615 ~~establish the procedures, including selection of containers, labels and lot numbers, and must verify the~~
616 ~~accuracy of the finished task.~~

617

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

620

621 ~~(h) Checking nursing units in a hospital or nursing home for nonjudgmental tasks such as sanitation and~~
622 ~~out of date medication. Any problems or concerns shall be documented and initialed by a Pharmacist.~~

623

624 ~~(i) Recording patient or medication information in computer systems for later verification by the~~
625 ~~Pharmacist.~~

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

630
631 (k) Preparation of parenteral products as follows:

632
633 (A) Performing functions involving reconstitution of single or multiple dosage units that are to be
634 administered to a given patient as a unit. The supervising Pharmacist must verify the accuracy in all
635 instances.

636
637 (B) Performing functions involving the addition of one manufacturer's single dose or multiple unit doses
638 of the same product to another manufacturer's prepared unit to be administered to a patient. The
639 supervising Pharmacist must verify the accuracy in all instances.

640
641 (l) Performing related activities approved in writing by the board.

642
643 (3) In order to protect the public, safety, health and welfare, Certified Oregon Pharmacy Technicians or
644 Pharmacy Technicians shall not:

645
646 (a) Communicate or accept by oral communication a new or transferred prescription of any nature;

647
648 (b) Receive or transfer a prescription to another pharmacy without the prior verification of a Pharmacist.
649

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

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

653
654 (e) Perform any task that requires the reasonable professional judgment of a Pharmacist; or

655
656 (f) Engage in the practice of pharmacy as defined in ORS 689.

657
658 Statutory/Other Authority: ORS 689.205 & 2022 HB 4034

659 Statutes/Other Implemented: ORS 689.155 & 2022 HB 4034

660

661

662 **855-125-0090**

663 **Prohibited Practices**

664

665 **Certified Oregon Pharmacy Technicians and Pharmacy Technicians may not:**

666

667 **(1) Engage in the practice of pharmacy as defined in ORS 689, except as permitted in OAR 855-125-**
668 **0070(5).**

669

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

672

673 **(3) Perform any task while assisting in the practice of pharmacy that requires independent judgment**
674 **without unless it is verified by a Pharmacist verification;**

675
676 **(4) Perform any task listed in OAR 855-115-0070(3); or**
677

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

679
680 **Statutory/Other Authority: ORS 689.205**

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

682

683

684 **855-025-0050**

685 ~~Grounds for Discipline of Pharmacy Technicians and Certified Oregon Pharmacy Technicians~~

686

687 ~~The State Board of Pharmacy may refuse to issue or renew; or may suspend, revoke, or restrict the~~
688 ~~license of a Pharmacy Technician or Certified Oregon Pharmacy Technician; or may impose a civil~~
689 ~~penalty upon a Pharmacy Technician or Certified Oregon Pharmacy Technician upon the following~~
690 ~~grounds including but not limited to:~~

691

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

693

694 ~~(2) Repeated or gross negligence in performing the duties of a Pharmacy Technician or Certified Oregon~~
695 ~~Pharmacy Technician;~~

696

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

700

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

703

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

706

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

710

711 ~~(7) Fraud or intentional misrepresentation in securing or attempting to secure the issuance or renewal~~
712 ~~of a Pharmacy Technician or Certified Oregon Pharmacy Technician license;~~

713

714 ~~(8) Allowing an individual to engage in the duties of a Pharmacist, Pharmacy Technician or Certified~~
715 ~~Oregon Pharmacy Technician without a license or to use falsely the title of Pharmacist, Pharmacy~~
716 ~~Technician or Certified Oregon Pharmacy Technician;~~

717

718 ~~(9) Being found by the Board to be in violation of any violation of any of the provisions of ORS 435.010~~
719 ~~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~~
720 ~~rules adopted pursuant thereto;~~

721 ~~(10) Failure to appropriately perform the duties of a Pharmacy Technician or Certified Oregon Pharmacy~~
722 ~~Technician as outlined in OAR 855-025-0040 while assisting a Pharmacist in the practice of pharmacy as~~
723 ~~defined in ORS 689.005;~~

724

725 ~~(11) Any act or practice relating to performing the duties of a Pharmacy Technician or Certified Oregon~~
726 ~~Pharmacy Technician which is prohibited by state or federal law or regulation; or~~

727

728 ~~(12) Any conduct or practice by a Pharmacy Technician, Certified Oregon Pharmacy Technician or~~
729 ~~pharmacy that the Board determines is contrary to the accepted standards of practice.~~

730

731 ~~Statutory/Other Authority: ORS 689.205~~

732 ~~Statutes/Other Implemented: ORS 689.151 & 689.405~~

PROPOSED

Division 019/041/139 – Patient Demographics

Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency’s intended action max 15 words): Patient records; Includes 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)

Suchy, N. Presentation to OBOP 8/12/2022. Sex, Gender, Identity & Terminology.

https://www.oregon.gov/pharmacy/Documents/Sex_Gender_Identity_and_Terminology.pdf

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 NOTES:

- 2 • History of rule package review

- 3 ○ At the February 2022 board meeting, the board provided guidance for board staff to
- 4 bring back educational materials addressing rule edits for assigned sex, gender
- 5 identification, and chosen names.
- 6 ○ A speaker presented on this topic at the August 2022 board meeting.
- 7 ○ This rule package was included on the agenda for the August 2022, October 2022 and
- 8 December 2022 board meetings, but the board did not discuss the package during those
- 9 meetings.
- 10 ○ The February 2023 meeting is the 1st review of this package.
- 11 ● Highlights
- 12 ○ Language highlighted in yellow denotes sections of rule that contemplate sex, gender,
- 13 and name.

14
15
16 **POLICY DISCUSSION:** Name, Gender, Sex

17
18
19 Division 19
20 PHARMACISTS

21
22 **855-019-0220**

23 Drug Utilization Review (DUR)

24
25 **NOTE:** Revisions to this rule are also included in the Div 019/115 RPH Procedural Rule Review package

26
27 (1) A ~~P~~pharmacist **must shall** maintain a record for each patient that contains easily retrievable
28 information necessary for the ~~P~~pharmacist to perform a DUR and to identify previously dispensed drugs
29 at the time a prescription or drug order is presented for dispensing or preparing for administration. The
30 ~~P~~pharmacist **must shall** make a reasonable effort to obtain, record, and maintain the following
31 information:

32
33 (a) Full **name** of the patient for whom the drug is prescribed;

34
35 (b) Address and telephone number of the patient;

36
37 (c) Patient's **gender**, age or date of birth;

38
39 (d) Chronic medical conditions and disease states of the patient;

40
41 (e) A list of all drugs or devices the patient is currently obtaining at that pharmacy showing the name of
42 the drug or device, strength of the drug, the quantity and date received, and the name of the prescribing
43 practitioner;

44
45 (f) Known allergies, adverse drug reactions, and drug idiosyncrasies;

46
47 (g) Pharmacist comments relevant to the individual's drug therapy, including any other information
48 specific to that patient or drug; and

49

50 (h) Additional information, which may relate to DUR, or for the monitoring of the patient as appropriate.
51 (2) Patient records shall **must** be maintained for at least three years.

52

53 (3) The **P**harmacist or intern shall **must** perform a DUR prior to dispensing or preparing for
54 administration any prescription or refill.

55

56 Statutory/Other Authority: ORS 689.205

57 Statutes/Other Implemented: ORS 689.151, 689.155

58

59

60

61 855-019-0290

62 Immunization Record Keeping and Reporting

63

64 **NOTE:** Revisions to this rule are also included in the Div 019/115 RPH Procedural Rule Review package

65

66 (1) A **P**harmacist who administers a vaccine to a patient must fully document the administration in the
67 patient's permanent record.

68

69 (2) A **P**harmacist who administers any vaccine must report the following elements to the OHA ALERT
70 Immunization Information System in a manner prescribed by OHA within 15 days of administration. This
71 replaces the former requirement to notify the primary health care provider. A **P**harmacist is not
72 required to notify the primary health care provider.

73

74 (a) The **name**, address, **gender** and date of birth of the patient;

75

76 (b) The date of administration of the vaccine;

77

78 (c) The NDC number of the vaccine, or other acceptable standardized vaccine code set;

79

80 (d) The address of the pharmacy where vaccine was administered unless automatically embedded in the
81 electronic report provided to the OHA ALERT Immunization System;

82

83 (e) The phone number of the patient when available;

84

85 (f) The dose amount, manufacturer, site of administration, lot number and expiration date of the
86 vaccine when available;

87

88 (3) A **P**harmacist who administers any vaccine will keep documentation of current CPR training. This
89 documentation will be kept on site and available for inspection.

90

91 (4) A **P**harmacist who administers any vaccine will follow storage and handling guidance from the
92 vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).

93

94 (5) For the purpose of participation in the Oregon Vaccines for Children program,

95

96 (a) The vaccine eligibility code for each dose must be reported to the ALERT Immunization Information
97 System in the manner prescribed by OHA, and

98 (b) The Pharmacist is recognized as a prescriber.
99

100 (6) If providing state or federal vaccines during a pandemic as determined by the CDC, the event and
101 priority code as specified by OHA must be provided upon request in the manner prescribed by OHA.
102

103 Statutory/Other Authority: ORS 689.205

104 Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.645
105
106

107 Division 41

108 OPERATION OF PHARMACIES
109

110 855-041-1165

111 Records: Patient
112

113 **NOTE:** Base language below is effective 9/1/2022 and includes amendments adopted at the June 2022
114 board meeting.
115

116 A patient record system shall be maintained by pharmacies for all patients for whom prescription drug
117 orders are dispensed. The patient record system must provide for readily retrievable information
118 necessary for the dispensing Pharmacist to identify previously dispensed drugs at the time a
119 prescription drug order is presented for dispensing. The Pharmacist must make a reasonable effort to
120 obtain, record, and maintain the following information:
121

122 (1) **Full name** of the patient for whom the drug is intended;
123

124 (2) Address and telephone number of the patient;
125

126 (3) Patient's date of birth;
127

128 (4) Patient's **gender**;
129

130 (5) Patient's preferred language for communication and prescription labeling;
131

132 (6) Chronic medical conditions;
133

134 (7) A list of all prescription drug orders obtained by the patient at the pharmacy maintaining the patient
135 record showing the name of the drug or device, prescription number, name and strength of the drug,
136 the quantity and date received, and the name of the prescriber;
137

138 (8) Known allergies, drug reactions, and drug idiosyncrasies; and
139

140 (9) If deemed relevant in the pharmacist's reasonable professional judgment:
141

142 (a) Pharmacist comments relevant to the individual's drug therapy, including any other information
143 peculiar to the specific patient or drug; and
144

145 (b) Additional information such as chronic conditions or disease states of the patient, the patient's
146 current weight, and the identity of any other drugs, including over-the-counter drugs, or devices
147 currently being used by the patient which may relate to prospective drug review.
148

149 Statutory/Other Authority: ORS 689.205

150 Statutes/Other Implemented: ORS 689.151, ORS 689.155 & ORS 689.508

151

152

153 855-041-6510

154 In-patient Drug Profile

155

156 (1) Each Pharmacist must ensure that a drug order for a patient requiring continuous drug therapy is
157 entered into the patient's drug profile. The profile must contain:

158

159 (a) The patient's name, location and important clinical data such as age, height, weight, sex, chronic
160 disease states, problem list and allergies;

161

162 (b) The drug name, strength, dosage form, route of administration and directions for administration;

163

164 (c) The drug therapy start and end date as applicable;

165

166 (d) The name or ID of the Pharmacist responsible for entry or verification of the drug order.

167

168 (2) Prior to the drug being released for access by the nurse, a Pharmacist must enter the drug order
169 into a drug profile and perform a DUR except when:

170

171 (a) The drug is being dispensed from an after-hours cabinet in the absence of a Pharmacist;

172

173 (b) The drug is from an emergency drug kit; or

174

175 (c) A system override is being used by a LIP or nurse to treat the emergency needs of a patient. Subject
176 to a prescriber's order, a sufficient quantity to meet the emergency needs of the patient may be used
177 until a Pharmacist is available to review and confirm the drug order.

178

179 (3) The Pharmacist must continue to monitor the appropriateness of the patient's drug utilization
180 throughout the patient's stay in the hospital.

181

182 Statutory/Other Authority: ORS 689.205

183 Statutes/Other Implemented: ORS 689.155

184

185

186

187

188

189

190

191

192

193 Division 139
194 REMOTE DISPENSING SITE PHARMACY

195
196 855-139-0555

197 Records: Patient

198
199 **NOTE:** Base language below is effective 9/1/2022 and includes amendments adopted at the June 2022
200 board meeting.

201
202 A patient record system must be maintained by pharmacies for all patients for whom a prescription drug
203 is dispensed. The patient record system must provide information necessary for the dispensing Oregon
204 licensed Pharmacist to identify previously dispensed drugs at the time a prescription is presented for
205 dispensing. The Pharmacist must make a reasonable effort to obtain, record, and maintain the
206 following information:

- 207
208 (1) Full name of the patient for whom the drug is intended;
209
210 (2) Address and telephone number of the patient;
211
212 (3) Patient's date of birth;
213
214 (4) Patient's gender;
215
216 (5) Patient's preferred language for communication and prescription labeling;
217
218 (6) Chronic medical conditions;
219
220 (7) A list of all prescription drug orders obtained by the patient at the pharmacy maintaining the patient
221 record showing the name of the drug or device, prescription number, name and strength of the drug,
222 the quantity and date received, and the name of the prescriber;
223
224 (8) Known allergies, drug reactions, and drug idiosyncrasies; and
225
226 (9) If deemed relevant in the Pharmacist's professional judgment:
227
228 (a) Oregon licensed Pharmacist comments relevant to the individual's drug therapy, including any other
229 information peculiar to the specific patient or drug; and
230
231 (b) Additional information such as chronic conditions or disease states of the patient, the patient's
232 current weight, and the identity of any other drugs, including over-the-counter drugs, or devices
233 currently being used by the patient which may relate to prospective drug review.

234
235 Statutory/Other Authority: ORS 689.205
236 Statutes/Other Implemented: ORS 689.151, ORS 689.155 & ORS 689.508



NABP

National Association of
Boards of Pharmacy

FEBRUARY 2023/ D

NABP Verify

Oregon Board of Pharmacy

February 9, 2023

Bill Cover, RPh

Associate Executive Director, State Pharmacy Affairs



NABP Mission Statement

The National Association of Boards of Pharmacy® (NABP®) is the independent, international, and impartial Association that assists its member boards in protecting the public health.

Vision Statement

Innovating and collaborating today for a safer public health tomorrow.

NABP Purpose

Founded in 1904, the purpose of the Association is to provide for interstate and interjurisdictional transfer in pharmacist licensure, based upon a uniform minimum standard of pharmacist education and uniform legislation, and to improve the standards of pharmacist education, licensure, and practice by cooperating with state, national, and international governmental agencies and associations having similar objectives.



Emergency Passport Program

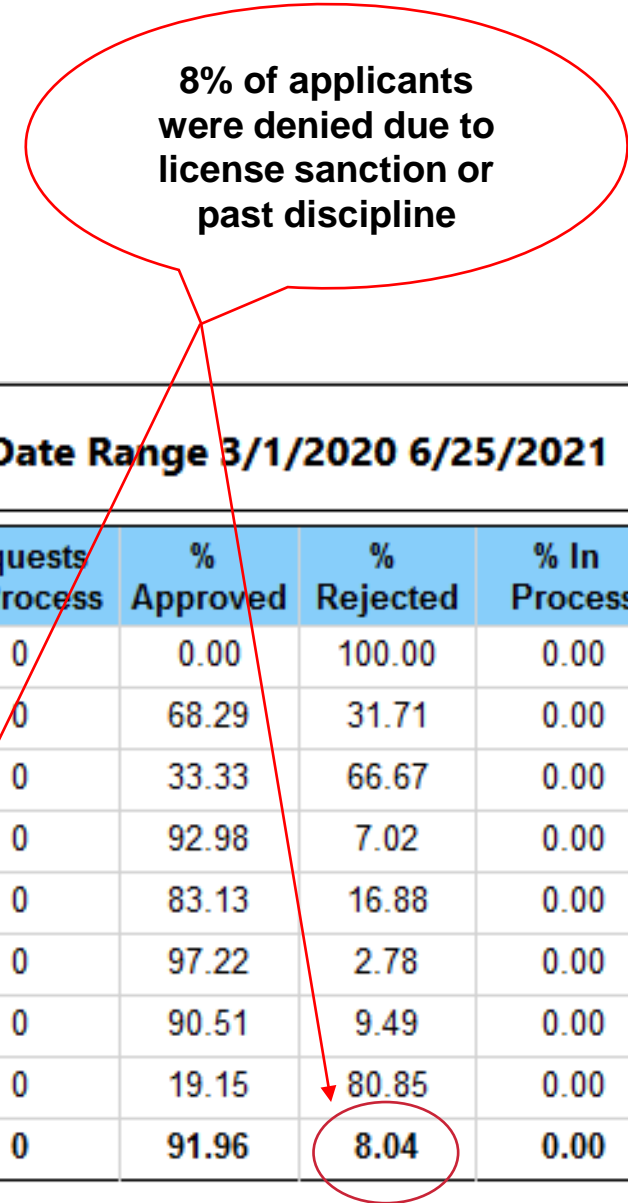
- NABP service created in March 2020 in response to the coronavirus disease 2019 pandemic
- No cost to the states and no fees for the applicants
- Launched to support our member boards in meeting the state executive order requirements for practice without full in-state licensure
- As seen in most states the emergency orders required:
 - ✓ *A license in good standing in another state*
 - ✓ *The individual has no record of disciplinary action on their professional license*
- NABP staff completed a review of all licenses and the NABP Clearinghouse for disciplinary action
 - Individuals were denied upon application or removed from the program if they did not meet the criteria detailed above
- A state-specific passport was issued to the individual for all participating states where the individual wanted to practice, according to executive order or PREP Act authority
- This program will continue to be offered as a free service to the states and to participating pharmacists, technicians, and interns based on state requests related to emergency events



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Emergency Passport Program



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COVID Application Statistics For Application Submitted Date Range 3/1/2020 6/25/2021

Profession Type	Number Of Applicants	Number Of Applications	Number Of Requests	Number Of Approvals	Number Of Rejections	Requests In Process	% Approved	% Rejected	% In Process
	1	1	1	0	1	0	0.00	100.00	0.00
Business	17	20	82	56	26	0	68.29	31.71	0.00
Other	2	2	3	1	2	0	33.33	66.67	0.00
Pharmacist	5,264	6,980	39,039	36,300	2,739	0	92.98	7.02	0.00
Pharmacist Intern	90	103	320	266	54	0	83.13	16.88	0.00
Pharmacist Student	46	48	108	105	3	0	97.22	2.78	0.00
Technician	2,099	2,529	22,134	20,034	2,100	0	90.51	9.49	0.00
Technician In Training	5	6	47	9	38	0	19.15	80.85	0.00
GRAND TOTALS	7,524	9,689	61,734	56,771	4,963	0	91.96	8.04	0.00



NABP Verify – Overview

- Monitoring service supporting member boards' new and existing license verification needs
- NABP Verify is a monitoring program that enables the issuance of a state credential based upon continued evidence of ongoing licensure in good standing, as determined via the NABP Verify monitoring service
- The State credential practice authority is defined in each state according to statutory, regulatory, or policy reference.
 - ✓ *Practice outside of these references would exceed the credential authority and require full licensure in that state.*
- NABP Verify can serve as a new tool to provide appropriate board oversight to enable nonresident practice models
 - ✓ *Verify program does not serve as an alternative to state licensure, either by examination or via endorsement, for in person practice within a state.*



NABP Verify – Eligibility

- Pharmacists who are licensed by a US board of pharmacy are eligible to apply
 - ✓ *A state-specific credential will be issued to applicants who hold at least one active, unconditional license in good standing*
- Once initially verified, licensees are subject to ongoing monitoring of their license status and disciplinary actions through the NABP Clearinghouse
 - ✓ *Program participants pay an annual subscription fee for the ongoing verification and monitoring services*
 - ✓ *\$50 annual fee covers all participating states*
- Applicants with the following are not eligible to receive an NABP Verify credential:
 - ✓ *Any active license that has been suspended or sanctioned (ie, probation, suspension, or revocation); or*
 - ✓ *An expired, inactive, or non-renewed license that is associated with an unresolved disciplinary sanction*

NABP Verify – Member Board Benefits

- Significant reduction in administrative burden for board staff to verify out-of-state pharmacists
- Provides a new tool for interstate practice models to ensure that pharmacists are in good standing without the need to require full licensure
- State defines practice authority via reference in statutes, regulations or policies
- Enables insight and individual accountability for out of state pharmacists practicing within or outside of a nonresident licensed facility

NABP Verify – Member Board Benefits



Reduces administrative burden on board staff to verify license status



Provides a system for continuous monitoring of license status across all states



State specific credential issued which has authority defined within statutes, regulations, or policies



Provides member boards with insight and oversight on interstate practitioners



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NABP Verify – Pharmacist Practice Benefits

- Trusted source of license verification and monitoring across all states
- Enables interstate practice opportunities for pharmacists
- Digital badge provides easy evidence of licensure in good standing across all licenses
- Low-cost and easy-to-manage credential program for practice across multiple states

Pharmacist Practice Benefits



Ongoing monitoring
across all states
provides evidence of
“licensed in good
standing”



Access new
practice opportunities
with state-specific
credentials



Digital badge
issued
to provide real-time
credential status



Easily manage
credentials
from multiple states
with one subscription



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NABP Verify Process



APPLY

The individual applies for Verify via their NABP e-Profile



VERIFY

NABP confirms that applicant meets program Requirements; Approves or Denies application



FEE

Applicant pays NABP for Verify monitoring subscription



CONFIRMATION

Applicant receives state credential and digital badge or denial; participating boards notified via portal



MONITORING

Ongoing licensing and disciplinary monitoring; participating boards notified via portal if status changes




RENEWAL

The individual applies for an annual renewal of Verify subscription via their NABP e-Profile

NABP Verify – Digital Badge

- Pharmacists who meet program requirements are issued a digital badge
- Real-time display of pharmacist who meets “in good standing” standard
- Displays the status of any state-specific credentials issued to the pharmacist
- Pharmacist can provide to organization for compliance auditing
 - *No sensitive data displayed*

NABP Verify Pharmacist



NABP®
Verified Pharmacist

ISSUED TO:

Pharmacist Name

Individuals with an Active NABP Verify subscription have proven their license(s) to be in good standing. Subscribers show their commitment to compliance, as they are subject to ongoing monitoring by NABP. State-specific credential(s) is listed below. Click on the Verify button to ensure the most up-to-date information is displayed.


Verify Badge

Badge Issuer

National Association of Boards of Pharmacy

NABP is a not for profit association that protects public health by assisting its member boards of pharmacy for the purpose of protecting the public health and offers programs that promote safe pharmacy practices for the benefit of consumers.

<https://nabp.pharmacy/>



EARNING CRITERIA

Recipient holds at least one active license and all licenses held are in good standing.

The recipient of this badge has successfully completed the required earning criteria.

SKILLS

NC Active Credential

These skills are recognized by this badge.

Verify Badge

Verified

NABP Verify Pharmacist

The badge has been verified and its information is valid.

ISSUED BY:	Nabp Verify	✓
ISSUED TO:	Pharmacist Name	✓
EXPIRES ON:	16 March 2023	✓
ISSUED ON:	17 March 2022	✓

Done



NABP

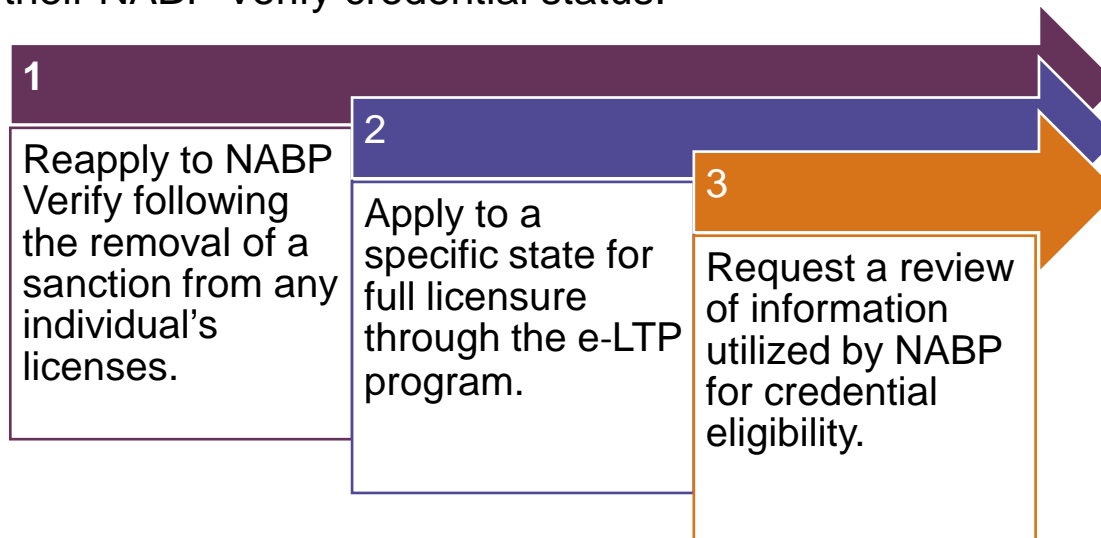
National Association of
Boards of Pharmacy

Removal of an NABP Verify Credential Holder

A state may direct NABP to remove an NABP Verify credential holder from active status in the state if the credential holder failed to comply with state or federal laws or rules applicable to the practice of pharmacy in the state *

Enables individual pharmacist accountability in the event of a substantiated error by a pharmacist unrelated to permit holder and/or pharmacist in charge responsibilities for the nonresident facility.

Applicants and program participants may use the following three methods to appeal their NABP Verify credential status:



**NABP is not responsible for the state's decision to remove a credential holder from active status in its state.*



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How Does A Board Participate?

Boards of pharmacy that wish to recognize NABP Verify in their state will sign a memorandum of understanding that specifies the responsibilities of NABP and the boards

- To “opt-in,” email governmentaffairs@nabp.pharmacy
- NABP has suggested language that you may choose to use on your websites and in communications
- NABP will set up (individual or group) training for all participating states



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For additional information go to:

nabp.pharmacy/programs/licensure/verify/

Thank you

Oregon Board of Pharmacy

Strategic Plan 2022-2026

Updated 2/2023



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INTRODUCTION

On behalf of the board members and staff of the Oregon State Board of Pharmacy, I am pleased to present the board's Strategic Plan for 2022-2026. The purpose of this plan is to outline the direction and priorities which have been established by the board and which will ensure that pharmacy practice is regulated in the interest of public health and safety, result in exceptional service to our licensees and registrants, and advance the health of Oregonians.

Over the past two years, the board and staff have been working to implement the 2020-2024 Strategic Plan that was adopted in early 2020. Little did we know at that time, a global pandemic was beginning that would present extraordinary challenges to the public and the profession and would change pharmacy practice in significant ways. In addition, 2020 brought devastating wildfires to several areas in Oregon that further impacted the public and profession. Pharmacists, interns and technicians throughout the state have been asked to go above and beyond their already demanding roles to provide vaccinations, testing, and prescription services. The board and staff are extremely appreciative of the extraordinary professionalism and selflessness of pharmacists, interns and technicians in serving the needs of Oregonians during these public health emergencies.

We would like to acknowledge the input of stakeholders who share their views on priorities for pharmacy regulation that allows pharmacists, interns and technicians to provide the best possible care to all Oregonians. The practice of pharmacy and pharmaceutical supply chain have continued to undergo profound change due to technological advances, changes in healthcare delivery, increasing complexity in the supply chain, fragmentation of care, remote practice, social and political shifts, drug shortages, health disparities, access issues, opioid abuse, compounding and medication safety, natural disasters, and a variety of political and economic forces. We are committed to continuing to assure that pharmacy services are provided in a way that prevents healthcare disparities and to continue our affirmative action, diversity, equity and inclusion efforts in recruitment and retention of board and committee members and staff.

The five strategic goal areas outlined in this Strategic Plan will continue to guide the work of the board and staff to create the regulatory structure necessary to incorporate and encourage the best pharmacy practices to ensure public health and safety. This plan will be reviewed and updated annually to assess progress and to encourage safe and equitable delivery of pharmacy services. The five strategic goal areas include:

- **Technicians**
- **Technology**
- **Licensing and Registration**
- **Regulation**
- **Communication**

As we begin to implement these initiatives, we encourage continued active engagement with the board and participation in board meetings, committee meetings, rules hearings, and other board activities.

Joe Schnabel, Pharm.D., R.Ph.
Executive Director

OUR PURPOSE

Mission

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.

Vision

Partners for a Healthy Oregon

Values

These values reflect both how our board and staff strive to conduct ourselves, and the behaviors we seek to instill across the practice of pharmacy in Oregon.



PHARMACY STRATEGIC LANDSCAPE

Transformation of healthcare, pharmacy practice and society has occurred since early 2020 due to the COVID-19 pandemic. This will likely be a profoundly pivotal event in each of our lives and will have far-reaching consequences on the delivery of healthcare, pharmacy practice, and our way of life.

A variety of changes in how pharmacy services are delivered is impacting the board's regulatory activities, daily work and strategic priorities. Many of these changes offer potential benefits to the public, the pharmacy profession and health care while others pose clear risks. All, however, require careful monitoring and response from the board to ensure public safety is maintained and that licensing, regulation, enforcement and outreach efforts reflect the evolving landscape.

Some of the issues facing the Board of Pharmacy include:

Access and distribution: The COVID-19 pandemic has demonstrated the value of Pharmacists, Interns, Certified Oregon Pharmacy Technicians and Pharmacy Technicians as the most accessible healthcare professionals able to deliver essential services, such as vaccinations, testing, and therapeutics.

Economic and social impacts: The economics of pharmacy along with pharmacists and pharmacy technicians leaving the profession has resulted in challenges for the public seeking pharmacy services. Pharmacies have been closing and staff have been resigning in numbers that are impacting access to pharmacy services, particularly in rural Oregon.

Regulatory trends: The move to remote practice and telework has impacted pharmacy service models and regulation. Improvements in technology and the need to assure equitable access to pharmacy services for all Oregonians has necessitated new regulatory approaches. The board supports such rule changes when they result in improved access, efficiency, and protection of the public health, safety and welfare.

STRATEGIC PRIORITIES

At its Strategic Planning meeting in November 2021, the board, executive director and the staff leadership team identified and evaluated a wide range of trends and challenges facing the practice of pharmacy and our agency. This process and deliberation led to agreement that the five critical Strategic Areas of focus identified in 2019 will remain the same for the 2022-2026 period and upon which the board's attention and resources will be focused.

TECHNICIANS

Goal: *Articulate the regulatory structure where the accountabilities of pharmacists and the role of pharmacy technicians are aligned to enhance safety, access, service and efficiency*

TECHNOLOGY

Goal: *Articulate the regulatory structure where the accountabilities of pharmacists and the use of technology are aligned to enhance safety, access, service and efficiency*

LICENSING and REGISTRATION

Goal: *Clarify licensing and registration categories to promote appropriate professional licensure and drug outlet registration*

REGULATION

Goal: *Systematically refresh rules and standardize the rule development approach to improve clarity, compliance, and longevity*

COMMUNICATION

Goal: *Improve and maintain stakeholder and public engagement through proactive communication strategies*

The board indicated that meaningful progress has been made in each goal area and additional work remains to be completed over the next two to four years. We will regularly assess progress and refine our goals and resource commitments as we work to achieve these key objectives.

The board met in November 2022 to review and revise the Strategic Plan. Recommended updates have been added to this document.

TECHNICIANS

Goal: Articulate the regulatory structure where the accountabilities of pharmacists and the role of pharmacy technicians are aligned to enhance safety, access, service and efficiency

The board seeks to develop clear rules to ensure that pharmacists understand their legal scope of practice and their accountability to provide patient care services and safe pharmacy practices. Rules permitting pharmacists to more fully and effectively utilize technician support must be structured to improve safety, access and patient care services.

The board seeks rule alignment to clearly describe the role of pharmacy technicians and how they assist the pharmacist in the practice of pharmacy. Regulatory structures developed for technician roles should delineate requirements for training, quality assurance, and pharmacist supervision.

Key Actions:

1. Revise rules to make Pharmacy Technician (PT) license renewable indefinitely and remove five-year waiting period for reapplication of lapsed PT licenses.
2. Review technician licensing and training rules to remove barriers to licensure for those wishing to become licensed and renew their license.
3. Evaluate the impact of a single, renewable Pharmacy Technician license.
4. Evaluate role of national certification as a requirement for licensure and assess those functions in the assistance of the practice of pharmacy for which national certification would enhance public health and safety.
5. Review and assess applicable statutes for the development of rules that clearly articulate the responsibilities of a pharmacist and functions that only a pharmacist may perform.

Outcome Conditions:

- Adoption of revised rules for Certified Oregon Pharmacy Technician and Pharmacy Technician licensure.
- Adoption of revised rules for Certified Oregon Pharmacy Technician and Pharmacy Technician training.
- Adoption of revised rules for pharmacist supervision, direction and control of Certified Oregon Pharmacy Technician and Pharmacy Technicians.
- Evaluation and board decision on the role of national certification in the licensing process.
- Enhanced capacity for pharmacist provision of patient care services while maintaining safety in dispensing services.

TECHNOLOGY

Goal: Articulate the regulatory structure where the accountabilities of pharmacists and the use of technology are aligned to enhance safety, access, service and efficiency

The board seeks to develop clear rules to ensure that pharmacists understand their scope of practice and their accountability to provide patient care services and safe pharmacy practices while permitting the use of technologies that improve safety, access, service and efficiency. Regulatory structures developed for use of technology should be function-based and delineate pharmacist and drug outlet accountabilities for each critical stage of automated processes.

Key Actions:

1. Implement Remote Dispensing Site Pharmacy (RDSP) rules and amend them as more is learned from experiences of Pharmacists, Certified Oregon Pharmacy Technicians, Pharmacy Technicians and the public about their effectiveness at maintaining public health and safety while improving access to pharmacy services.
2. Draft and adopt rules for Pharmacy Prescription Lockers (PPL). Amend the PPL rules as more is learned from experiences of pharmacists, technicians, and the public about their effectiveness at maintaining public health and safety while improving access to medications and supplies.
3. Draft and adopt rules for kiosks. Amend the kiosk rules as more is learned from experiences of pharmacists, technicians, and the public about their effectiveness at maintaining public health and safety while improving access to medications and supplies.
4. Amend Remote Dispensing Machine (RDM) and Remote Distribution Facility (RDF) rules to align with RDSP and PPL rules.

Outcome Conditions:

- Number of RDSPs registered in Oregon each year.
- Compliance cases involving RDSPs and their affiliated pharmacies.
- Number of PPLs registered in Oregon each year.
- Compliance cases involving PPLs and their affiliated pharmacies.
- Draft rules for board consideration that clearly delineate the use of new technology and pharmacist accountabilities in the practice of pharmacy.
- Defined accountabilities for each critical step in automated processes.
- Enhanced capacity for pharmacist provision of patient care services while maintaining safety in dispensing services.
- Effective quality assurance plan applied to all automated pharmacy processes.

LICENSING and REGISTRATION

Goal: Clarify licensing and registration categories to promote appropriate professional licensure and drug outlet registration

The board promotes patient safety through appropriate licensing and registration of all licensees and drug outlets engaged in the practice of pharmacy or assistance in the practice of pharmacy and in the manufacture, dispensing, delivery or distribution of drugs, devices and supplies. License and registration categories should clearly guide applicants to the appropriate license type.

Key Actions:

1. Review technician licensing and training rules to remove barriers to licensure for those wishing to become licensed and renew their license.
2. Create and implement a consistent, ongoing process to evaluate applicable statutes for each drug outlet registration type and develop rules that clearly outline the appropriate registration type for each outlet.
3. Evaluate legislative and budgetary considerations that may be required to implement changes to drug outlet registration types.

Outcome Conditions:

- Draft rules for board consideration that clarify the appropriate registration type for each drug outlet.
- Decrease in questions from applicants regarding appropriate registration type for which to apply.

REGULATION

Goal: Systematically refresh rules and standardize rule development to improve clarity, compliance, and longevity

The board proactively reviews and updates rules to provide clear expectations to licensees and registrants to promote compliance and patient safety. Rule updates should emphasize clarity, compliance, and longevity that allows practice variation that improves safety, access, service and efficiency.

Key Actions:

1. Identify and complete process for submitting a legislative concept for board to compel licensees to undergo substance use disorder evaluation for compliance cases involving substance use.
2. Update Continuing Pharmacy Education rules to create clear expectations that guide licensees in professional development that improves their ability to safely engage in contemporary pharmacy practice.
3. Evaluate current state of pharmacy practice in Oregon and convene Safe Pharmacy Practice Conditions workgroup to develop rules to assure that clearly outline requirements for safe pharmacy practice in all pharmacy settings.
4. Create standard procedures and schedule to accomplish five-year rule review that emphasizes clarity and durability.
5. Conduct routine, scheduled, and systematic review of Board of Pharmacy rules by Division and draft revisions for board consideration.
6. *Develop rules to ensure consistency with the Drug Supply Chain Security Act.**
7. *Amend rules for drug compounding to ensure consistency with updated USP chapters <795> and <797>.**

Outcome Conditions:

- Legislative concept submitted for substance use disorder evaluations for 2023 legislative session.
- Improved compliance rate with Continuing Education audits and reduce resources used to conduct such audits.
- Improved safe pharmacy practice conditions in all pharmacy settings and reduced licensee and public complaints regarding pharmacy practice conditions and services.
- At least four divisions are reviewed, updated and presented to board for consideration annually.
- *Rules consistent with Federal DSCSA and current USP standards.**

** Added during November 2022 Strategic Plan review*

COMMUNICATION

Goal: Improve and maintain stakeholder and public engagement through proactive communication strategies

The board communicates through multiple platforms to collaborate, educate, promote patient safety and enhance consumer protection.

Key Actions:

1. Execute the agency's communication plan at all levels to improve access to relevant information and encourage stakeholder engagement.
2. Utilize public records request process to respond to inquiries for agency records and provide training to agency staff to respond in compliance to state law.
3. Continue regular outreach to stakeholder groups, including schools and colleges of pharmacy, pharmacy associations, and the public.
4. Utilize analytics from agency website and listserv platform to improve agency communications.
5. *Staff to explore methods to provide useful legal information to licensees and registrants to facilitate compliance with statutes and rules.**

Outcome Conditions:

- Modern materials for agency communications, including branding and plain language used for presentations and other public documents.
- Agency website updated and maintained to provide current information and focused content, including forms and reference documents.
- *Information available to licensees and registrants that facilitates compliance with statutes and rules.**

*** Added during November 2022 Strategic Plan review**



Activity Report

Report Date: February 3, 2023

Bill #	Agency / Position	Agency / Priority	Last Three Actions	Next Hearing
HB 2048 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/11/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	5:00 PM 02/14/2023 House Committee Behavioral Health and Health Care Public Hearing HR A
Directs Health Licensing Office to issue provisional registration to applicant for behavior analysis interventionist registration.				
HB 2055 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	2/8/2023 - Work Session scheduled. 2/1/2023 - Public Hearing held. 1/11/2023 - Referred to Business and Labor.	8:00 AM 02/08/2023 House Committee Business and Labor Work Session HR F
Updates and streamlines process and procedure for conducting cooperative procurements for public contracts and public improvement contracts.				
HB 2112 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/26/2023 - Public Hearing held. 1/11/2023 - Referred to Rules. 1/9/2023 - First reading. Referred to Speaker's desk.	
Updates definitions and terminology used in public records law pertaining to records retention.				
HB 2136 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/11/2023 - Referred to Emergency Management, General Government, and Veterans. 1/9/2023 - First reading. Referred to Speaker's desk.	
Restricts public body from imposing fee for public record if public body maintains record in electronic form, requester agrees to accept record in electronic form and record is retrievable by public body without need to conduct archival search for record.				
HB 2200 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/11/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	
Prohibits state agency from enforcing rules requiring vaccination against COVID-19.				
HB 2201 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/12/2023 - Referred to Emergency Management, General Government, and Veterans. 1/9/2023 - First reading. Referred to Speaker's desk.	
Provides that state agency may not adopt rules without statutory authority.				
HB 2220 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/11/2023 - Referred to Rules. 1/9/2023 - First reading. Referred to Speaker's desk.	
Prohibits Governor or state officer or agency from requiring lawful ongoing business concern to close or suspend operations during declared state of emergency or declared state of public health emergency.				



Activity Report

Report Date: February 3, 2023

Bill #	Agency / Position	Agency / Priority	Last Three Actions	Next Hearing
HB 2221 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/11/2023 - Referred to Rules. 1/9/2023 - First reading. Referred to Speaker's desk.	
Limits declaration of state of emergency to 30 days duration, unless extended by Legislative Assembly for additional 30 days.				
HB 2240 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/30/2023 - Public Hearing held. 1/11/2023 - Referred to Education. 1/9/2023 - First reading. Referred to Speaker's desk.	
Exempts from health care interpreter requirements individuals providing services as employees or contractors of school districts, public charter schools and education service districts.				
HB 2278 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	2/7/2023 - Work Session scheduled. 1/23/2023 - Public Hearing held. 1/11/2023 - Referred to Behavioral Health and Health Care.	5:00 PM 02/07/2023 House Committee Behavioral Health and Health Care Work Session HR A
Authorizes pharmacists to administer influenza vaccine to persons six months of age or older.				
HB 2279 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/23/2023 - Public Hearing held. 1/11/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	
Repeals residency requirement in Oregon Death with Dignity Act.				
HB 2291 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/16/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	
Authorizes State Board of Pharmacy to require person under investigation by board to undergo mental, physical, chemical dependency or competency evaluation.				
HB 2302 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/11/2023 - Referred to Judiciary. 1/9/2023 - First reading. Referred to Speaker's desk.	
Eliminates statute of limitations for specified crimes when victim is under 18 years of age at time of crime.				
HB 2316 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/24/2023 - Public Hearing held. 1/12/2023 - Referred to Judiciary with subsequent referral to Ways and Means. 1/9/2023 - First reading. Referred to Speaker's desk.	
Expands offense of driving while under influence of intoxicants to include any substance that, when taken into human body, can impair the ability of person to operate vehicle safely.				



Activity Report

Report Date: February 3, 2023

Bill #	Agency / Position	Agency / Priority	Last Three Actions	Next Hearing
HB 2324 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	2/2/2023 - Third reading. Carried by Andersen. Passed. Ayes, 57; Excused, 2--Marsh, Nelson. 1/31/2023 - Second reading. 1/30/2023 - Recommendation: Do pass.	
Modifies provisions relating to mailing of notice of appeal.				
HB 2399 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/16/2023 - Referred to Rules. 1/9/2023 - First reading. Referred to Speaker's desk.	
Requires that declarations and extensions of states of emergency under certain statutes be accompanied by written explanations.				
HB 2407 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/16/2023 - Referred to Rules. 1/9/2023 - First reading. Referred to Speaker's desk.	
Limits Governor's ability to exercise authority conferred on Governor during declared state of emergency to no more than 60 days' duration, unless Legislative Assembly authorizes continued state of emergency.				
HB 2409 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/11/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	
Authorizes Oregon Health Authority to establish multiple laboratories.				
HB 2441 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/16/2023 - Referred to Emergency Management, General Government, and Veterans with subsequent referral to Ways and Means. 1/9/2023 - First reading. Referred to Speaker's desk.	
Requires Oregon Department of Administrative Services to develop and maintain information system to provide and make available information regarding proposed administrative rules to public.				
HB 2451 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/30/2023 - Public Hearing held. 1/16/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	
Exempts from drug paraphernalia prohibitions any testing equipment that analyzes substances for presence of specified controlled substances.				
HB 2452 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/12/2023 - Referred to Emergency Management, General Government, and Veterans. 1/9/2023 - First reading. Referred to Speaker's desk.	
Prohibits Department of Justice from charging officers and agencies of state government for assistance rendered.				



Activity Report

Report Date: February 3, 2023

Bill #	Agency / Position	Agency / Priority	Last Three Actions	Next Hearing
HB 2480 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/11/2023 - Referred to Rules. 1/9/2023 - First reading. Referred to Speaker's desk.	
Specifies that new or increased fees adopted by state agency do not become effective unless approved by three-fifths of each chamber of the Legislative Assembly.				
HB 2486 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/31/2023 - Public Hearing held. 1/11/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	
Allows certain pharmacy technicians to administer vaccines.				
HB 2496 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/11/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	
Allows clinical laboratory to wait five days before releasing results of certain tests, examinations and analyses of patient specimens to patient.				
HB 2503 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/11/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	
Requires Oregon Health Authority to convene work group consisting of stakeholders to study legislative or regulatory means of establishing staffing committees or establishing minimum staffing levels for home health agencies, hospice programs, home infusion agencies, public health agencies, correctional facilities and ambulatory surgical centers.				
HB 2538 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	2/8/2023 - Public Hearing scheduled. 1/13/2023 - Referred to Behavioral Health and Health Care with subsequent referral to Ways and Means. 1/9/2023 - First reading. Referred to Speaker's desk.	3:00 PM 02/08/2023 House Committee Behavioral Health and Health Care Public Hearing HR F
Requires health insurance coverage of health care interpretation services that are legally mandated.				
HB 2574 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/16/2023 - Referred to Behavioral Health and Health Care with subsequent referral to Ways and Means. 1/9/2023 - First reading. Referred to Speaker's desk.	5:00 PM 02/14/2023 House Committee Behavioral Health and Health Care Public Hearing HR A
Requires hospitals to adopt policies and procedures to ensure provision of human immunodeficiency virus post-exposure prophylactic drugs or therapies following patient's possible exposure to human immunodeficiency virus.				



Activity Report

Report Date: February 3, 2023

Bill #	Agency / Position	Agency / Priority	Last Three Actions	Next Hearing
HB 2578 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	2/8/2023 - Public Hearing scheduled. 1/13/2023 - Referred to Early Childhood and Human Services. 1/9/2023 - First reading. Referred to Speaker's desk.	1:00 PM 02/08/2023 House Committee Early Childhood and Human Services Public Hearing HR F
Directs Department of Human Services to establish, by rule, continuing education requirements for mandatory abuse reporters.				
HB 2582 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	
Provides that parent or legal guardian may be notified of minor's consent to treatment.				
HB 2583 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	2/8/2023 - Public Hearing scheduled. 1/13/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	3:00 PM 02/08/2023 House Committee Behavioral Health and Health Care Public Hearing HR F
Changes term "physician assistant" to "physician associate."				
HB 2603 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/12/2023 - Referred to Behavioral Health and Health Care with subsequent referral to Judiciary. 1/9/2023 - First reading. Referred to Speaker's desk.	
Restores offense levels for unlawful possession of controlled substance offenses to levels that existed prior to enactment of House Bill 2355 (2017) and Drug Addiction Treatment and Recovery Act of 2020 (Ballot Measure 110 (2020)).				
HB 2621 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Emergency Management, General Government, and Veterans with subsequent referral to Ways and Means. 1/9/2023 - First reading. Referred to Speaker's desk.	
Establishes Task Force on Reviewing State Boards and Commissions.				
HB 2630 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/12/2023 - Referred to Revenue. 1/9/2023 - First reading. Referred to Speaker's desk.	
Exempts receipts from sales of prescription drugs by a pharmacy from commercial activity subject to corporate activity tax.				
HB 2642 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	
Requires practitioner to query electronic prescription monitoring system with respect to patient prior to issuing to, or				



Activity Report

Report Date: February 3, 2023

Bill #	Agency / Position	Agency / Priority	Last Three Actions	Next Hearing
renewing for, patient prescription for certain prescription drugs.				
HB 2645 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	2/7/2023 - Work Session scheduled. 1/31/2023 - Public Hearing held. 1/24/2023 - Referred to Judiciary by order of Speaker.	8:00 AM 02/07/2023 House Committee Judiciary Work Session HR D
Provides that "attempted transfer," for purposes of Uniform Controlled Substances Act, includes possession of controlled substance with intent to transfer to another person.				
HB 2650 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/13/2023 - Referred to Emergency Management, General Government, and Veterans. 1/9/2023 - First reading. Referred to Speaker's desk.	
Establishes requirements for informal workgroups and task forces.				
HB 2697 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/13/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	
Requires hospitals to establish technical staff and service staff staffing committees to develop staffing plans, in addition to nurse staffing committee.				
HB 2755 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/20/2023 - Referred to Rules. 1/17/2023 - First reading. Referred to Speaker's desk.	
Establishes Legislative Oversight and Accountability Committee and directs committee to select Legislative Oversight and Accountability Director.				
HB 2805 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/12/2023 - Referred to Emergency Management, General Government, and Veterans. 1/9/2023 - First reading. Referred to Speaker's desk.	
Provides that use of serial electronic written communication or use of intermediaries to communicate may constitute meeting of governing body subject to public meetings law if other specified conditions are satisfied.				
HB 2825 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/16/2023 - Referred to Emergency Management, General Government, and Veterans. 1/9/2023 - First reading. Referred to Speaker's desk.	
Authorizes Oregon Department of Emergency Management to issue temporary professional licenses during states of emergency to individuals formerly licensed by certain professional licensing boards.				
HB 2833 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/30/2023 - Public Hearing held. 1/16/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	



Activity Report

Report Date: February 3, 2023

Bill #	Agency / Position	Agency / Priority	Last Three Actions	Next Hearing
Directs Oregon Health Authority to develop and maintain electronic system to collect information about administration of naloxone or other specified drugs, and deaths resulting from opioid overdose.				
HB 2881 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/16/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	
Establishes commission to develop, maintain and oversee system for standardization of reporting opioid overdoses.				
HB 2884 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/16/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	
Changes term "naloxone" to "short-acting opioid antagonist."				
HB 2885 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/16/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	
Allows owner of publicly accessible building or facility to obtain from Oregon Health Authority kit including short-acting opioid antagonist and necessary medical supplies to administer short-acting opioid antagonist for use by members of public.				
HB 2886 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/16/2023 - Referred to Behavioral Health and Health Care with subsequent referral to Ways and Means. 1/9/2023 - First reading. Referred to Speaker's desk.	
Directs Oregon Health Authority to establish process to receive and review health care profession scope of practice requests and impact statements.				
HB 2887 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/16/2023 - Referred to Behavioral Health and Health Care. 1/9/2023 - First reading. Referred to Speaker's desk.	
Changes term "naloxone" to "short-acting opioid antagonist." Allows law enforcement officer, firefighter or emergency medical services provider to distribute multiple kits to specified individuals.				
HB 2894 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/16/2023 - Referred to Judiciary. 1/9/2023 - First reading. Referred to Speaker's desk.	
Provides that "attempted transfer," for purposes of Uniform Controlled Substances Act, includes possession of controlled substance with intent to transfer to another person.				
HB 2934 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/16/2023 - Referred to Business and Labor. 1/9/2023 - First reading. Referred to Speaker's desk.	
Prohibits public employer from making deduction from salary or wages of public employee to pay dues, fees or other assessments to labor organization.				



Activity Report

Report Date: February 3, 2023

Bill #	Agency / Position	Agency / Priority	Last Three Actions	Next Hearing
HB 2942 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/16/2023 - Referred to Emergency Management, General Government, and Veterans. 1/9/2023 - First reading. Referred to Speaker's desk.	
Prohibits state agency from enforcing rules adopted as result of state of emergency related to COVID-19.				
HB 3068 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/20/2023 - Referred to Education. 1/17/2023 - First reading. Referred to Speaker's desk.	
Provides that high school student in grade 11 or 12 may be awarded high school diploma if student has received certificate for passing approved high school equivalency test such as General Educational Development (GED) test and meets other conditions.				
HB 3070 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/20/2023 - Referred to Behavioral Health and Health Care. 1/17/2023 - First reading. Referred to Speaker's desk.	
Allows Oregon Health Authority to issue standing order to prescribe short-acting opioid antagonist and necessary medical supplies to administer short-acting opioid antagonist.				
HB 3083 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/20/2023 - Referred to Emergency Management, General Government, and Veterans. 1/17/2023 - First reading. Referred to Speaker's desk.	
Removes requirement that public employer give preference to veteran or disabled veteran who seeks promotion.				
HB 3127 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/30/2023 - Referred to Emergency Management, General Government, and Veterans. 1/24/2023 - First reading. Referred to Speaker's desk.	
Prohibits installation or download of certain covered products onto state information technology assets.				
SB 11 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Requires state boards or commissions that conduct public meetings through electronic means to record and promptly publish recording on website or hosting service so that public may observe or listen to meetings free of charge.				
SB 12 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Health Care. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Changes term "naloxone" to "opioid antagonist."				



Activity Report

Report Date: February 3, 2023

Bill #	Agency / Position	Agency / Priority	Last Three Actions	Next Hearing
SB 22 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/13/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Requires that declarations and extensions of states of emergency under certain statutes be accompanied by written explanations.				
SB 39 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Requires agency to report to appropriate committee or interim committee of Legislative Assembly before permanently amending rule that was adopted or last amended less than five years earlier.				
SB 40 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Requires agency to provide technical and legal documentation supporting statement of need required in notice of rulemaking.				
SB 41 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Creates Task Force on Regulatory Efficiency.				
SB 42 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Rules, then Ways and Means. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Modifies provisions relating to fiscal impact statements for administrative rules.				
SB 43 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Requires agencies to post certain information about rulemaking on agency websites.				
SB 160 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/14/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	3:00 PM 02/07/2023 Senate Committee Rules Public Hearing HR C
Requires certain public bodies to reduce public records request fees by 40 percent if request is made in public interest.				
SB 204 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/14/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	



Activity Report

Report Date: February 3, 2023

Bill #	Agency / Position	Agency / Priority	Last Three Actions	Next Hearing
Declares state policy that state agencies and education service districts practice proactive transparency.				
SB 207 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/14/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Authorizes Oregon Government Ethics Commission to proceed on own motion to review and investigate, if commission has reason to believe that public body conducted meetings in executive session that were not in compliance with laws authorizing executive sessions.				
SB 216 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	2/6/2023 - Work Session scheduled. 2/1/2023 - Public Hearing held. 1/13/2023 - Referred to Health Care.	1:00 PM 02/06/2023 Senate Committee Health Care Work Session HR B
Prohibits disclosure of individually identifiable data collected in accordance with uniform standards adopted by Oregon Health Authority for collection of data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation and gender identity.				
SB 226 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	2/2/2023 - Third reading. Carried by Gorsek. Passed. Ayes, 29; Excused, 1--Woods. 1/31/2023 - Second reading. 1/31/2023 - Recommendation: Do pass.	
Removes requirement that Oregon State Board of Nursing notify State Board of Pharmacy upon authorizing nurse practitioner or clinical nurse specialist to dispense prescription drugs.				
SB 229 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	2/2/2023 - Carried over to 02-07 by unanimous consent. 1/31/2023 - Second reading. 1/31/2023 - Recommendation: Do pass.	
Updates terminology concerning reporting of serious adverse events.				
SB 404 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/14/2023 - Referred to Health Care. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Requires State Board of Pharmacy to study prescription drugs.				
SB 410 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	2/2/2023 - Second reading. 2/2/2023 - Recommendation: Do pass. 2/1/2023 - Work Session held.	
Allows State Board of Pharmacy to adopt rules to issue temporary license to perform duties of pharmacy technician.				



Activity Report

Report Date: February 3, 2023

Bill #	Agency / Position	Agency / Priority	Last Three Actions	Next Hearing
SB 411 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/14/2023 - Referred to Health Care. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Adds certain hospital, medical and infectious waste incinerators to facilities at which covered drugs under drug takeback program may be disposed of.				
SB 417 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/14/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	3:00 PM 02/07/2023 Senate Committee Rules Public Hearing HR C
Directs public bodies to perform search, review and duplication work in responding to public records requests in least expensive manner reasonably possible.				
SB 450 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/14/2023 - Referred to Health Care. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Exempts from labeling requirements drug intended to reverse opioid overdose when drug is dispensed by physician or physician assistant.				
SB 511 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/14/2023 - Referred to Health Care. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine.				
SB 517 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/11/2023 - Referred to Education. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Prohibits licensing board, commission or agency from denying, suspending or revoking occupational or professional license solely for reason that applicant or licensee was convicted of crime or subject to qualifying juvenile adjudication that does not substantially relate to specific duties and responsibilities for which license is required.				
SB 538 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	2/9/2023 - Public Hearing and Possible Work Session scheduled. 1/17/2023 - Public Hearing held. 1/11/2023 - Referred to Labor and Business.	8:00 AM 02/09/2023 Senate Committee Labor and Business Public Hearing and Possible Work Session HR B
Permits state agency to accept credit card as payment for charge or fee state agency imposes or collects for goods or services state agency provides to individual who is member of public and to add surcharge to amount person tenders to offset fees charged to state agency for accepting credit card as payment.				



Activity Report

Report Date: February 3, 2023

Bill #	Agency / Position	Agency / Priority	Last Three Actions	Next Hearing
SB 559 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/13/2023 - Referred to Health Care. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Requires veterinarians to participate in prescription drug monitoring program.				
SB 584 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	2/8/2023 - Public Hearing Scheduled. 1/14/2023 - Referred to Health Care, then Ways and Means. 1/9/2023 - Introduction and first reading. Referred to President's desk.	1:00 PM 02/08/2023 Senate Committee Health Care Public Hearing HR B
Directs Oregon Health Authority to implement website with functionality to provide online scheduling portal for health care providers that participate in medical assistance to use to contact health care interpreters directly and to process billing.				
SB 640 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/15/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Establishes durational limits for states of emergency declared under certain statutes.				
SB 649 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/15/2023 - Referred to Judiciary. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Creates crime of controlled substances homicide.				
SB 660 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/15/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Specifies that new or increased fees adopted by state agency do not become effective unless approved by Legislative Assembly by law.				
SB 666 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/15/2023 - Referred to Health Care. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Requires person to review medical history and obtain written consent of parent or guardian before administering vaccine or immune product to child under 18 years of age.				
SB 694 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/12/2023 - Referred to Human Services, then Ways and Means. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Requires membership of task forces and work groups to be comprised at least 50 percent of community members and individuals who are members of or who represent community-based organizations.				



Activity Report

Report Date: February 3, 2023

Bill #	Agency / Position	Agency / Priority	Last Three Actions	Next Hearing
SB 709 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/15/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Modifies public meeting notice requirements for meetings held in executive session.				
SB 711 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Health Care, then Ways and Means. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Requires licensed health care provider to provide vaccine information packet to patient to whom licensed health care provider administers vaccine.				
SB 716 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Health Care. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Allows health care practitioner to prescribe or dispense drug for off-label indication.				
SB 723 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Requires agency, upon written request of 10 members of Legislative Assembly objecting to rule, to appear before appropriate committee or interim committee of Legislative Assembly for hearing on rule.				
SB 732 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Modifies existing administrative rule review process to require legislative approval of newly adopted administrative rules in order for rules to take effect.				
SB 746 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/17/2023 - Referred to Health Care. 1/17/2023 - Introduction and first reading. Referred to President's desk.	
Specifies that health professional licensee may not be required to have physical address in this state for eligibility for authorization to practice health profession.				
SB 762 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 2	1/23/2023 - Referred to Judiciary. 1/19/2023 - Introduction and first reading. Referred to President's desk.	
Creates crime of controlled substances homicide.				



Activity Report

Report Date: February 3, 2023

Bill #	Agency / Position	Agency / Priority	Last Three Actions	Next Hearing
SB 763 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/23/2023 - Referred to Judiciary. 1/19/2023 - Introduction and first reading. Referred to President's desk.	
Prohibits employer, state agency or licensing board from taking certain actions on basis of record created or maintained under jurisdiction of juvenile court.				
SJR 14 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 3	1/13/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Proposes amendment to Oregon Constitution to place durational and other limitations on declarations of emergency by Governor.				
SJR 18 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Proposes amendment to Oregon Constitution to allow Legislative Assembly, by adoption of joint resolution, to repeal administrative rule or amendment of administrative rule adopted by executive branch agency.				
SJR 21 INTRO	Oregon Board of Pharmacy: Watch	Oregon Board of Pharmacy: 1	1/13/2023 - Referred to Rules. 1/9/2023 - Introduction and first reading. Referred to President's desk.	
Proposes amendment to Oregon Constitution to allow Legislative Assembly to require that each administrative rule or amendment of administrative rule adopted by executive branch agency be approved by Legislative Assembly before taking effect.				

Oregon Board of Pharmacy
Budget Report: November 2022 (Month 17)

Revenue:

Through November, revenue is \$5,889,075 (-8.6%) **under** budget

Expenditures:

Through November, **total expenditures** are \$6,377,034 (7.1%) **under** budget

Personal services are \$4,508,540 (5.1%) **under** budget

Services and Supplies are \$1,868,494 (12.5%) **under** budget

Special Payments are \$0 (100%) **under** budget

Revenues less Expenditures: (\$487,959)

Cash Balance:

Cash balance through November is \$4,035,855 which represents (9.99) months of operating expense)

Note: This the above is a snap-shot of the biennium to date through November 2022. It does not include projections for the remainder of the biennium.

End of biennium projected cash balance is \$4,877,994, which represents (13) months of operating expense*)

Cash balance target is \$2,252,130, (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 November 2022				
		LAB	ACTUAL+PROJ	VARIANCE
BEGINNING CASH BALANCE		3,679,852	4,714,145	0.00
REVENUE				
50	GENERAL FUND			
205	OTHER BUSINESS LICENSES	8,716,500.00	8,813,178.49	(96,678.49)
210	OTHER NONBUSINESS LICENSES AND FEES	192,995.00	294,789.50	(101,794.50)
505	FINES AND FORFEITS	410,000.00	371,938.33	38,061.67
605	INTEREST AND INVESTMENTS	131,250.00	79,534.30	51,715.70
975	OTHER REVENUE	84,335.00	62,763.70	21,571.30
TOTAL REVENUE		9,535,080.00	9,622,204.32	(87,124.32)
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	449,834.00	(6,714.00)
TOTAL TRANSFER OUT		443,120.00	449,834.00	(6,714.00)
PERSONAL SERVICES				
3110	CLASS/UNCLASS SALARY & PER DIEM	4,283,003.00	4,186,760.61	96,242.39
3160	TEMPORARY APPOINTMENTS	27,306.00	2,199.56	25,106.44
3170	OVERTIME PAYMENTS	-	10,179.64	(10,179.64)
3180	SHIFT DIFFERENTIAL	-	-	-
3190	ALL OTHER DIFFERENTIAL	198,616.00	173,647.47	24,968.53
3210	ERB ASSESSMENT	1,276.00	1,240.80	35.20
3220	PUBLIC EMPLOYEES' RETIREMENT SYSTEM	760,737.00	764,707.70	(3,970.70)
3221	PENSION BOND CONTRIBUTION	236,241.00	235,509.76	731.24
3230	SOCIAL SECURITY TAX	334,236.00	309,424.88	24,811.12
3240	UNEMPLOYMENT ASSESSMENT	-	86.40	(86.40)
3241	PAID LEAVE OREGON-EMPLOYER	-	4,114.58	(4,114.58)
3250	WORKERS' COMPENSATION ASSESSMENT	1,012.00	914.00	98.00
3260	MASS TRANSIT	27,053.00	25,958.97	1,094.03
3270	FLEXIBLE BENEFITS	841,104.00	780,613.82	60,490.18
3435	Personal Services Budget Adj.	-	-	-
TOTAL PERSONAL SERVICES		6,710,584.00	6,495,358.19	215,225.81
SERVICES AND SUPPLIES				
4100	INSTATE TRAVEL	115,894.00	45,898.46	69,995.54
4125	OUT-OF-STATE TRAVEL	17,024.00	3,625.77	13,398.23
4150	EMPLOYEE TRAINING	22,320.00	17,289.82	5,030.18
4175	OFFICE EXPENSES	134,566.00	65,412.09	69,153.91
4200	TELECOMM/TECH SVC AND SUPPLIES	50,930.00	57,968.89	(7,038.89)
4225	STATE GOVERNMENT SERVICE CHARGES	202,541.00	202,541.00	-
4250	DATA PROCESSING	318,678.00	362,747.89	(44,069.89)
4275	PUBLICITY & PUBLICATIONS	43,329.00	13,166.18	30,162.82
4300	PROFESSIONAL SERVICES	339,713.00	241,886.43	97,826.57
4315	IT PROFESSIONAL SERVICES	134,467.00	28,850.00	105,617.00
4325	ATTORNEY GENERAL LEGAL FEES	621,835.00	526,065.38	95,769.62
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	681.00	-	681.00
4400	DUES AND SUBSCRIPTIONS	5,418.00	3,669.00	1,749.00
4425	FACILITIES RENT & TAXES	229,042.00	284,945.83	(55,903.83)
4475	FACILITIES MAINTENANCE	55.00	1,851.13	(1,796.13)
4525	MEDICAL SUPPLIES AND SERVICES	1,202.00	500.00	702.00
4575	AGENCY PROGRAM RELATED SVCS & SUPP	250,479.00	206,766.55	43,712.45
4650	OTHER SERVICES AND SUPPLIES	411,285.00	432,489.48	(21,204.48)
4700	EXPENDABLE PROPERTY \$250-\$5000	14,108.00	5,423.49	8,684.51
4715	IT EXPENDABLE PROPERTY	45,228.00	12,066.38	33,161.62
TOTAL SERVICES & SUPPLIES		2,958,795.00	2,513,163.77	445,631.23
Capital Outlay				
5600	DATA PROCESSING HARDWARE	8,981.00	-	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	-	12,982.00
Total Special Payments		12,982.00	0.00	12,982.00
TOTAL EXPENDITURES		9,691,342.00	9,008,521.96	682,820.04
PROJECTED BIENNIAL ENDING CASH BALANCE		3,080,470	4,877,994	
End of biennium projected cash balance in months			13.00	
Cash balance target of 6.0 months (working capital)			2,252,130	

SBAR: 1/23/2023 – NAPLEX Score Extension - 4th Request

S	<p>Situation: Received request from pharmacist candidate R.T. for a 4th extension of NAPLEX score which would allow additional time to retake and pass the Oregon MPJE and obtain licensure without requirement to retake the NAPLEX exam.</p>
B	<p>Background:</p> <ul style="list-style-type: none"> • 12/14/2022 – Received 4th extension of NAPLEX Score • 12/14/2022 - Individual has requested an additional extension beyond 1/30/2023 due to ATT issues • 12/29/2022 – Individual scheduled MPJE for 1/27/2023 but requesting extension • 1/19/2023 – Advised board staff that they will not be taking the exam on 1/27/2023 – requesting additional time to prepare for MPJE <p>October 2022 Board Meeting</p> <ul style="list-style-type: none"> • Foreign Pharmacy Graduate • Passed NAPLEX on 3rd attempt on 3/23/2021 – Score valid through 3/23/2022 per OAR 855-019-0150(1)(c). (<i>Incorrectly noted as first attempt in October</i>) <ul style="list-style-type: none"> ○ MPJE 1st attempt - 11/22/2021 ○ MPJE 2nd attempt – 2/4/2022 • 2/16/2022 – 1st extension request of NAPLEX score –E.D. Schnabel approved 60 day extension through 5/22/2022 <ul style="list-style-type: none"> ○ MPJE 3rd attempt – 4/12/2022 • 4/26/2022 - Requested 2nd extension of NAPLEX score – E.D. Schnabel approved through 12/31/2022. <ul style="list-style-type: none"> ○ Not eligible for MPJE 4th attempt until 11/22/2022 or later • 9/21/2022 - Requested 3rd extension of NAPLEX Score • 10/14/2022 – Board approved until 1/30/2023
A	<p>Assessment:</p> <ul style="list-style-type: none"> • Individual does not currently have an exam scheduled and has requested board approval for additional time to prepare for exam.
R	<p>Recommendation:</p> <ul style="list-style-type: none"> • <i>Board Discussion</i>

855-019-0120 Licensure

(1) Before licensure as a pharmacist, an applicant must meet the following requirements:

(a) Provide evidence from a 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 a degree will be conferred;

(b) Pass the North American Pharmacist Licensure Examination (NAPLEX) exam with a score of

not less than 75. This score is valid for only one year unless the board grants an extension. A candidate who does not attain this score 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 times;

(c) Pass the Multistate Pharmacy Jurisprudence Examination (MPJE) exam with a score of not less than 75. The applicant may not take the MPJE until they have graduated from a school or college of pharmacy approved by the board. A candidate who does not attain this score 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 times. The MPJE score is valid for 6 months unless extended by the board;

Staff Delegated Authority – Licensing -

6. Approve extensions of MPJE / NAPLEX score expiration dates (OAR 855-019-0120(1)(b) & (c))

Statement of the Oregon Board of Pharmacy on Pharmacy Technician Membership

Pharmacy technicians represent approximately 45% of Oregon Board of Pharmacy licensees and, until recently, had no membership on the board. The Oregon Legislature added two licensed pharmacy technician positions to the board in 2015. This addition brought the composition of the Oregon Board of Pharmacy to five licensed pharmacists, two members of the public, and two licensed pharmacy technicians.

Pharmacy technician members on the board have broadened the dialog and brought new perspectives of practicing pharmacy technicians to board deliberations. While the initial decision to add pharmacy technicians to the board was not universally accepted, experience over the first eight years has been positive and demonstrated that diverse viewpoints in board deliberations is beneficial to public health and safety.

XX/XX/2023