Oregon Board of Pharmacy
*REVISED STRATEGIC PLANNING MEETING AGENDA
November 4, 2026

Public Attendance Options:

1. **In-person: 800 NE Oregon St. Conference Room 1A, Portland, OR 97232**
2. **Virtually via Teams: Link**
3. **Audio only: (503) 446-4951 Phone Conference ID: 430 320 006 #**

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
All Oregonians have equitable access to medication and pharmacy services, provided safely and conveniently, through a network of highly skilled and dedicated Pharmacists, Interns and Pharmacy Technicians along with a well-regulated manufacturing and distribution network.

Equity Statement
The Oregon Board of Pharmacy is committed to Diversity, Equity, Inclusion, and Belonging (DEIB) within its organization and for the public it serves. This commitment is reflected in board membership, agency staffing, the services provided, and its efforts to promote patient safety and ensure access to quality pharmacy care. Our actions, outlined in our DEIB and Affirmative Action Plans, demonstrate this commitment.

The following principles guide our approach:

- *Promote a welcoming, safe, and inclusive culture for people of all backgrounds*
- *Foster an inclusive environment where all current and prospective licensees and registrants receive fair and unbiased service from the agency staff and board*
- *Advance Diversity and Equity in access through culturally responsive service delivery that addresses the changing climate within the pharmacy profession*
- *Ensure all patients needing pharmacy services are able to receive safe and timely access to medications, regardless of place of residence, economic or social status, physical ability, ethnicity, or gender identity*

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.

Equity - *Each individual and group are valued, respected, and treated fairly ensuring equal access to medications and support for their unique and diverse requirements.*

Service - *We deliver a consistent standard of excellence in all work and respond promptly to the needs of patients, Licensees, Registrants, providers and partners.*

Safety - *We are committed to protecting the health, safety and welfare of the public. Safety is the foundation of the board's Mission.*

Adaptability - *We are open to new ideas and to responding to the changing needs and challenges in the field of healthcare and pharmacy.*

Integrity & Accountability - *Transparency and honesty govern the board's work. We accept responsibility for our actions, products, decisions, and policies.*

Professionalism - *We are committed to promoting excellence in pharmacy practice through expertise, commitment, and competence.*

Oregon Board of Pharmacy
***REVISED STRATEGIC PLANNING MEETING AGENDA**
November 4, 2026

Wednesday, November 4, 2026 @ 8:30AM

- All OBOP meetings, except Executive Sessions, are open to the public. Pursuant to ORS 192.660(1)(2)(f)(h) and (L), Executive Sessions are closed to the public, 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

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.

Board Members

- Kathleen Chinn, APRN, FNP-BC,
- Elisa Friedlander, LMFT, LPCC
- Jennifer Hall, Pharm.D., R.Ph.
- Rich Joyce, CPT
- Amy Kirkbride, R.Ph., Board President
- Victoria Kroeger, Pharm.D., R.Ph., Board Vice President
- Thomas Maslo, Pharm.D., R.Ph.
- Ana Pinedo, CPT
- Bryan Smith, R.Ph.

Board Staff

- Joe Ball, R.Ph., Chief Compliance Officer
- Brianne Efremoff, Pharm.D., R.Ph., Compliance Director
- Rachel Melvin, Operations Manager
- Gary Runyon, Pharm.D., R.Ph., Executive Director
- Laura Sonoiki, Strategic Initiatives Manager

WEDNESDAY NOVEMBER 4, 2026

I. OPEN SESSION, Amy Kirkbride, R.Ph., Presiding

a. Roll Call
b. Housekeeping & Meeting Etiquette
   i. The Board will break for lunch from 12:00-12:30PM
c. Agenda Review and Approval *Action Necessary*
d. New Board Member Introduction/Installation

II. STRATEGIC PLANNING

a. Strategic Planning Opening & Context
   i. Ground Rules & Board Responsibilities
   ii. Governor's Strategic Initiatives
   iii. Strategic Plan Review & Transition
      1. Review current 2024-2029 Strategic Plan
         a. Identification of Current Plan Gaps and Deficiencies
         b. Comparison to Alternative Strategic Models (2026-2028 Oregon Medical Board Strategic Plan)

   iv. Proposed 2027-2029 Strategic Plan Overview
      1. Board Review & Discussion: Proposed 2027-2031 Strategic Plan Outline

   v. Core Values

1. Board Review & Discussion: Board Member Core Values Survey Results **#A, #Aa**
    a. Determine Top 5 Board Member Values

vi. 2026 OBOP Strategic Plan Survey for Licensees
1. Board Review & Discussion: Strategic Plan Licensee Survey Results **#B**
    a. Strengths, Weaknesses, Opportunities, Challenges (SWOC) Analysis

vii. Proposed Strategic Plan Development & Breakdown

viii. Board Review & Discussion: Proposed Goals
1. Operational Excellence & Innovation
2. Diversity, Equity, Inclusion, and Belonging (DEIB)
3. Customer Service & Public Engagement
4. Employee Success & Workplace Wellbeing
5. Licensee Wellbeing & Safe Practice Support

ix. Detailed Review & Discussion of Individual Components
1. Priorities
2. Strategies
3. Initiatives

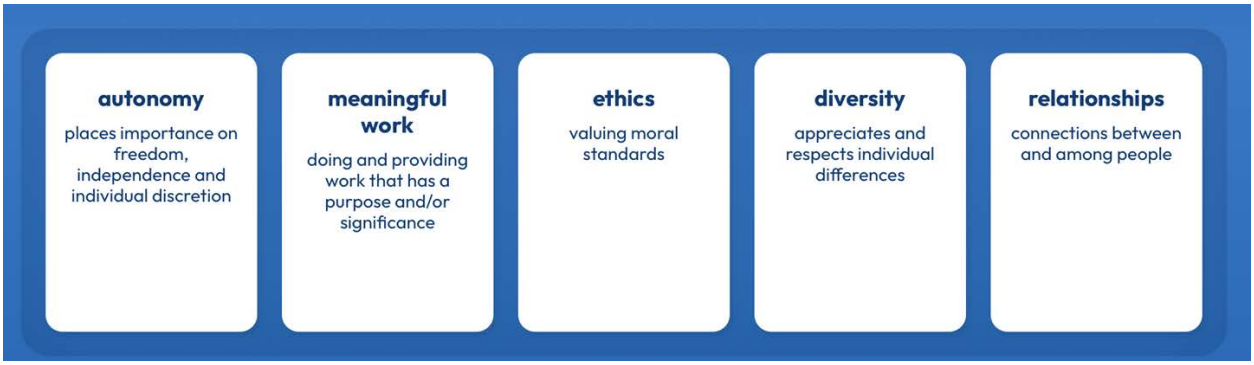
b. Comprehensive 2027-2029 Strategic Plan Review
    i. Board Review & Discussion: Proposed 2027-2031 Strategic Plan

c. Board Consideration: Adopt 2027-2031 Strategic Plan *Action Necessary*
d. Next Steps

III. ADJOURN *Action Necessary*

2026 Board Member Core Values Survey Results

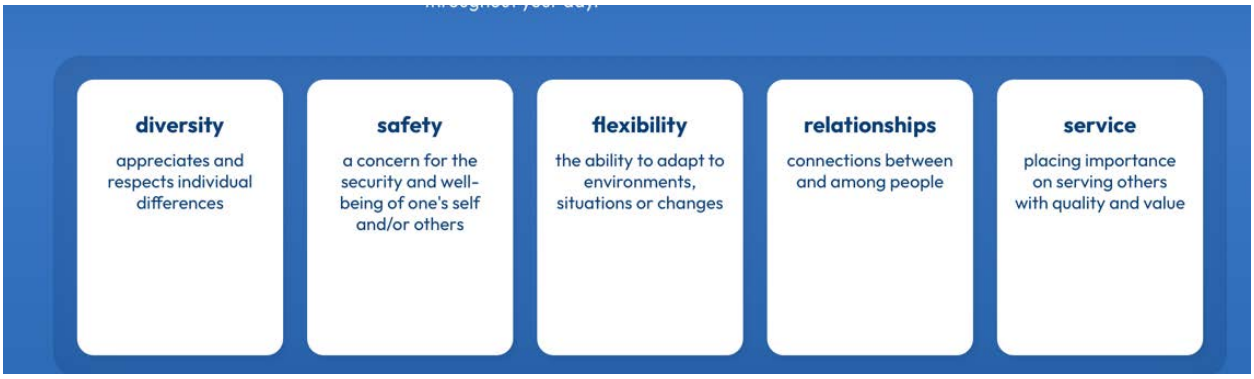
Board Member Chinn:



Board Member Friedlander:



Board Member Hall:



Board Member Joyce:

My top 5 values are Meaningful work, Education, Diversity, Stability and Integrity

2026 Board Member Core Values Survey Results

Board Member Kirkbride:

My top values are Order, Leadership, Meaningful work, Integrity and Ethics

Board Member Kroeger:

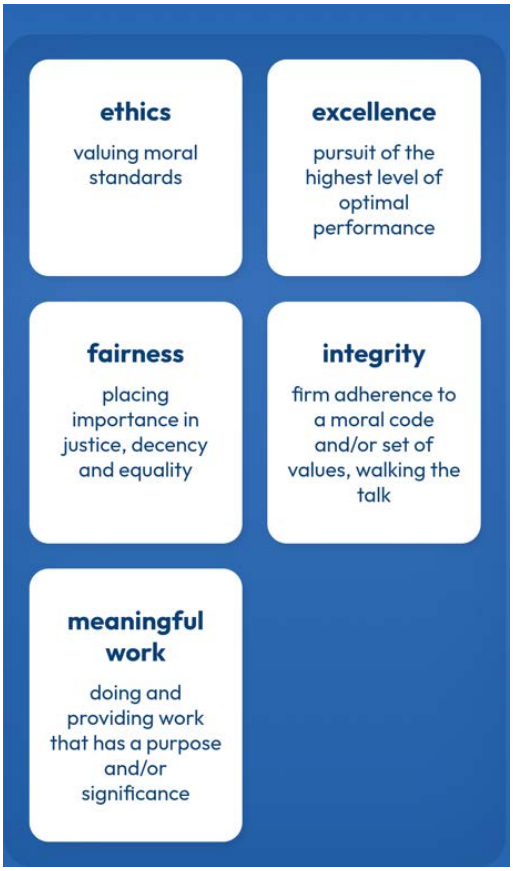
My top 5 values are Change, Creativity, Family, Friendship and Happiness

Board Member Maslo:



2026 Board Member Core Values Survey Results

Board Member Pinedo:



2026 Board Member Core Values Survey Results

Board Member Smith:



Current Oregon Board of Pharmacy 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.

Equity - Each individual and group are valued, respected, and treated fairly ensuring equal access to medications and support for their unique and diverse requirements.

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Adaptability - We are open to new ideas and to responding to the changing needs and challenges in the field of healthcare and pharmacy.

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Professionalism - We are committed to promoting excellence in pharmacy practice through expertise, commitment, and competence.

OREGON
BOARD OF PHARMACY

OBOP 2026 STRATEGIC PLAN SURVEY FOR LICENSEES – RESULTS

NOVEMBER 4, 2026 STRATEGIC PLANNING MEETING

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.

BACKGROUND



- On 10/9/2026, staff sent a survey via GovDelivery to18, 438 subscribers via email
  - RPH
    - 8,794 subscribers
  - Intern
    - 491 subscribers
  - Certified Oregon Pharmacy Technician
    - 5,878 subscribers
  - Pharmacy Technician
    - 3,286 subscribers

SURVEY QUESTIONS FOR LICENSEES

- #1 - Overall, how effective is the Oregon Board of Pharmacy at fulfilling its mission to promote and protect public health, safety, and welfare while supporting safe pharmacy practices?
- #2 - Looking ahead over the next 3 - 5 years, where should the Board prioritize its time and resources? (Select up to 3)
- #3 - What is the Oregon Board of Pharmacy currently doing well that it should continue?
- #4 - In what areas are the Board's current services, communications, or processes falling short, and what is the most impactful way to improve them?
- #5 - What external challenges, emerging practice trends, or new opportunities in the pharmacy profession should the Board be prepared to address over the next 3-5 years?
- #6 - Is there anything else you would like the Board to consider when reviewing or updating its Strategic Plan?

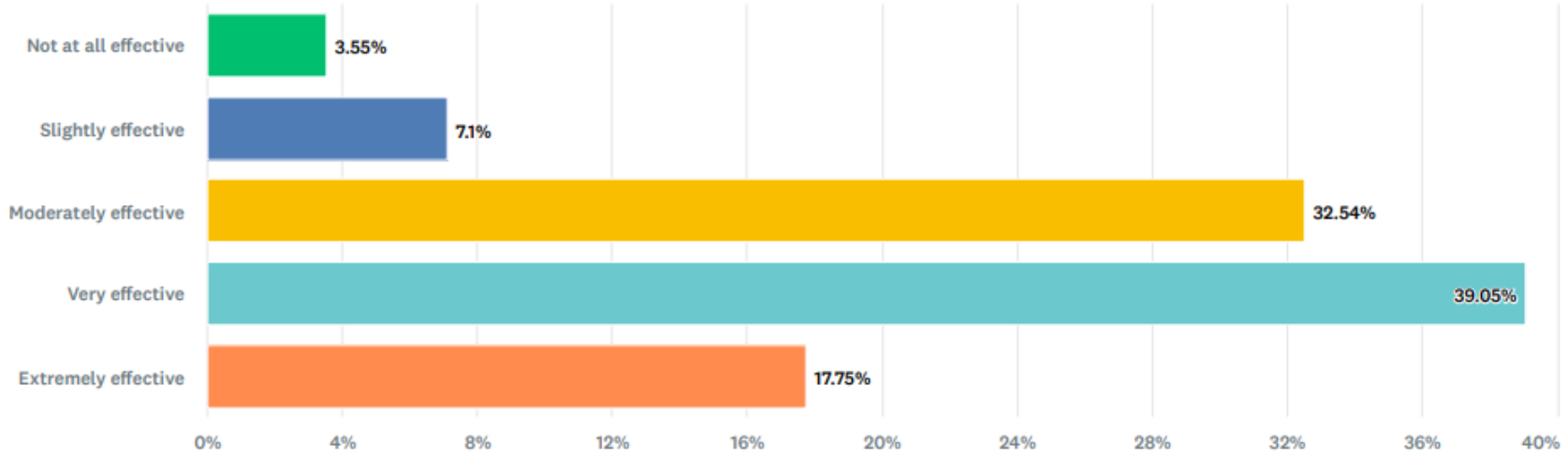
SURVEY RESULTS



QUESTION #1

Q1 169 responses

Overall, how effective is the Oregon Board of Pharmacy at fulfilling its mission to promote and protect public health, safety, and welfare while supporting safe pharmacy practices?



Answer Choices	Percentage	Responses
Not at all effective	3.55%	6
Slightly effective	7.10%	12
Moderately effective	32.54%	55
Very effective	39.05%	66
Extremely effective	17.75%	30
Total		**169**

QUESTION #1: THEMES

Overall, how effective is the Oregon Board of Pharmacy at fulfilling its mission to promote and protect public health, safety, and welfare while supporting safe pharmacy practices?

- Pharmacy Working Conditions (staffing and high workloads)
- Ability to Pivot to Address Patient Care Needs (vaccines, protocols, compounding rules)
- Mission Focused (patient safety focused)
- Available Resources (outreach and website tools)
- Time to Complete Cases and Process Applications
- Holding Outlets Accountable for Workplace Conditions
- Clear Rules to Communicate Expectations
- Inquiry Response Time and Legal Information vs Legal Advice
- Ability to Effect Reimbursement Rates

QUESTION #1: SUMMARY

- The overwhelming majority (approx. 89%) of respondents believe the Board is fulfilling its mission to promote and protect public health, safety, and welfare. Comments included the Board's ability to pivot to address and respond to safety issues through protocols and rules. Some (approx.10 %) find the Board to be slightly or not effective. With majority of concerns related to pharmacy workplace conditions.

OPTIONAL: PLEASE EXPLAIN THE FACTORS THAT CONTRIBUTED TO YOUR RATING.
I think the board has done a great job trying to navigate the added workload of vaccines generally and the current politics of the country specifically in making sure Oregonians have easy access to vaccines. Unfortunately in my opinion staffing across retail pharmacies seems inadequate for the ever increasing demands placed on staff. It's just a constant expectation to do more. Having our attention constantly pulled in many directions is not ideal for safe dispensing of medications.
I believe the current Board are committed to the mission and keeping Oregonians safe.
I see the board as reactive, rather than proactive. As a non-native, I find this trait to be a quintessential Oregon feature. One need only look at the problems of the state to see that foresight is lacking in general.
Actions to protect the public take a long time. There are outstanding cases that are more than a year old and the licensees are still allowed to practice in the meantime.
Vaccine protocols were unclear and delayed, cases take a very long time to resolve
The Board has done a good job at analyzing current issues, and adjusting to address those needs. Many Boards in the state are struggling financially, and this Board has worked hard to navigate those increased costs while still addressing patient safety needs.
Allowing pharmacists to be overworked. Allowing companies to pressure pharmacists to do a certain number of vaccinations per day. Allowing a lower standard of care.
I think the OBoP does well to promote and protect public health and safety. I think we have a long way to go to as a profession to support welfare. We are running out of community/retail pharmacies across the state, especially in rural areas.
The OBOP use science and studies to maintain safe and effective protocols for the State of Oregon.
I believe to promote health, safety, and welfare there should be more guidance to the staffing issues that all pharmacies are having. The fines don't seem to effect the big corporations. Why not have minimum prescription counts per pharmacist. Meaning if a store does +300 prescriptions on average per day plus vaccines there needs to be 2 pharmacists at least 6 hours a day.
Besides live CE the only interaction I see on OBP is inspections and references in policy where we keep information on temperatures and data on signed customer consent with counsel.
Rarely at least in the media is the Pharmacy Board seen in the public view for any topics within the scope of their mission including public health topics, stresses on the practice of pharmacy within the state including inadequate third party reimbursements and telease of new drugs via the FDA.
The board puts the entire onus on individiual pharmacists to stand up to major corporations that they rely on for income with regards to safe workload. Rarely does an individual have the ability to limit workflow and certainly not influence staffing decisions.
Having CE and keeping all techs accountable.
It's review of the compounding rules - the final product was a result of years of hard work and debate. In the end, OBOP got it right!
I believe the Oregon Board of Pharmacy serves an essential public safety role, but its effectiveness is weakened when enforcement overshadows education and practical support. Earlier in my career, inspectors were more informative and

#61 INDIVIDUAL RESPONSES RECEIVED FOR QUESTION #1

Q#1 Comments Continued

forthcoming with advice. I felt the Board stood beside pharmacists, helping us understand requirements and safely deliver patient care. Today, guidance often consists of directing us to the applicable statutes or rules. While those references are appreciated, the language can be difficult to interpret, and locating a rule does not necessarily clarify how to apply it. From my perspective, the relationship has shifted from one of collaboration and support toward one focused more heavily on enforcement and potential penalties. This can leave pharmacists feeling apprehensive about seeking guidance rather than confident that the Board will help them achieve compliance. Accountability is necessary, but clear expectations, accessible guidance, and opportunities to correct good-faith errors are also essential to protecting the public. I would like to see the Board restore a stronger educational and collaborative role, with plain-language explanations and practical advice. Pharmacists and the Board share the same goal: safe, effective patient care. The Board best fulfills its mission when its approach consistently reflects that shared purpose.
I feel that in the face of Corporate pushback the OBOP is failing. Far too many Pharmacies are being ran at a level that is unsafe for staff and patients. I feel that too many of the law and rules are open to too much interpretation and could use clarification. The OBOP does not support and allow Technicians to work at a level they could be trained to. We as a state are falling behind and restricting our Technicians to not much more than Clerks.
Chains continue to treat employees like tools. The board needs to consider setting work load limits.
I personally aspire to have a non-adversarial relationship with the board, but it is apparent many times when dealing with you that you have an adversarial relationship with me. I understand that your overarching goal is to protect the Oregon taxpayer, but you often do so at the expense of the licensee. As a retail pharmacist, I am assailed from each and every quarter: from the customer, from corporate, from providers, and from the board. NO ONE ADVOCATES FOR ME. Due to the pressures I am under—understaffing, supply chain issues, unrealistic throughput goals from corporate, and the fact that I have this year 800-1000 more patients with less staff and indeed, less physical space in the pharmacy than I had last year—I am often operating at the edge of being able to safely do my job. And all I try to do is the best that I can within the laws and rules within the scope of my practice. I wish there was a hotline at the board that would give assistance in interpreting rules and I wish (I do not know) that punitive action would potentially be taken against plaintiffs who make false claims against licensees.
BOP is not a helpful resource for us who practice and have questions about regulations. We are often deferred to a lawyer for help interpreting rules. Has turned solely into a punitive governing body.
I only can see effectiveness from the perspective as a licensed practitioner, not the public nor a patient.
In focusing on safety, current rules and Board interactions with licensees often do not reflect modern health care practices, technologies, and patient needs.
Hoping that the Board's mission to protect patients is at the center of all decisions made and that safety is never compromised by corporate pressures or agendas etc.
When I was young the board seemed to strongly support pharmacists in their practice. Now, the board seems more focused upon protecting the public from those practicing pharmacy and is no longer our advocate. Both roles are important, but it seems to have strayed too far in the direction of not representing the profession, and becoming too focused on the counter role of protecting the public from bad actors.
1. Maintaining the basic obligation of protecting the public 2. Seeking the advice of experts in specific areas to understand that practice before making rule in that area 3 Open dialogue
I think that they do a pretty good job, but much of the correspondence is hard to follow.

Q#1 Comments Continued

I used some of the resources and recordings on YouTube to help with law reviews
I work in another state and don't have an opinion on this
Although you are superior to California, I question why the annual self inspection has ballooned over the years. I also wish the board would follow up on any new regulations or requirements added to pharmacies and their staff to ensure that is beneficial. For example, the rule/law requiring documentation of offering counseling does not exist in Washington. Are they less safe because of that? The board should be looking at ways to remove busy work so we can focus on patients. Also, you used to have a nice table on the website explaining what needed to be done for controlled substance prescriptions at various levels. It was nice to pull up to review for obscure situations and teach interns. Can you make one of those available again?
The board; is always on top off, the ever changing health care system.
As a license holder, I am at a loss about what is really happening with our Board of Pharmacy. I try to read the emails that are sent out and I don't see anything concrete that is acted upon and ultimately, this does affect the way pharmacists protect public health, safety, and welfare. What are we doing to advance prescriptive authority? I think the pharmacy profession is slipping and thus public welfare is also suffering.
At least when a potential safety issue is brought to their attention, they are very fast to act and take extended time to make sure that the problem is fixed, or is not a problem.
Keeping licenses educated and re-educated about things they know are important. It is also incredibly important to keep them educated about things that assist with making the lives of our patients both better and safer every day we serve them through the training provided on the job and through CE Courses regularly.
The board clearly does not value patient safety over making money and appeasing corporations. If it did, it wouldn't punish licensees who make genuine, non-malicious mistakes by threating to revokie their license unless they pay them. Instead of looking at why errors occur and listening to pharmacists who are drowning in unsustainable work environments, they punish the individual pharmacist. Revoking licenses of good pharmacists who would overall increase patient outcomes is in direct opposition to the board's "mission." We don't need more clinical responsibilities. We don't have time to prescribe birth control, naloxone, or Paxlovid, let alone do it safely. If the board cared at all about pharmacist workload OR patient safety, they would implement a law stating a pharmacist should never be alone in the pharmacy (as they have done in California).
They need more social media outreach
I feel when the legislature is considering creating new rules or regulations for Oregon pharmacies which are unfunded mandates and increase financial burden to pharmacies, the Board should have more say about impact.
I have not heard of any complaints against the Oregon Board of Pharmacy. Since I am not currently working as a pharmacy technician, I have limited contact with them other than during renewal of my license.
Timely law updates and quick and easy renewal process.
Allowing technicians to renew their pharmacy tech license instead of making them get certified is extremely unsafe, especially for those who work in an inpatient pharmacy
The standard in safety laws declined over the years and this is due to the lack of regulations that the board has created. Business models can over look patient safety in name of increasing productivity and maximize profits, without much backlash from the board. Giving more responsibilities to pharmacists without the proper compensation or support is another form that the board is contributing to the loss of trust in our profession. I do appreciate the effort the board has made that

Q#1 Comments Continued

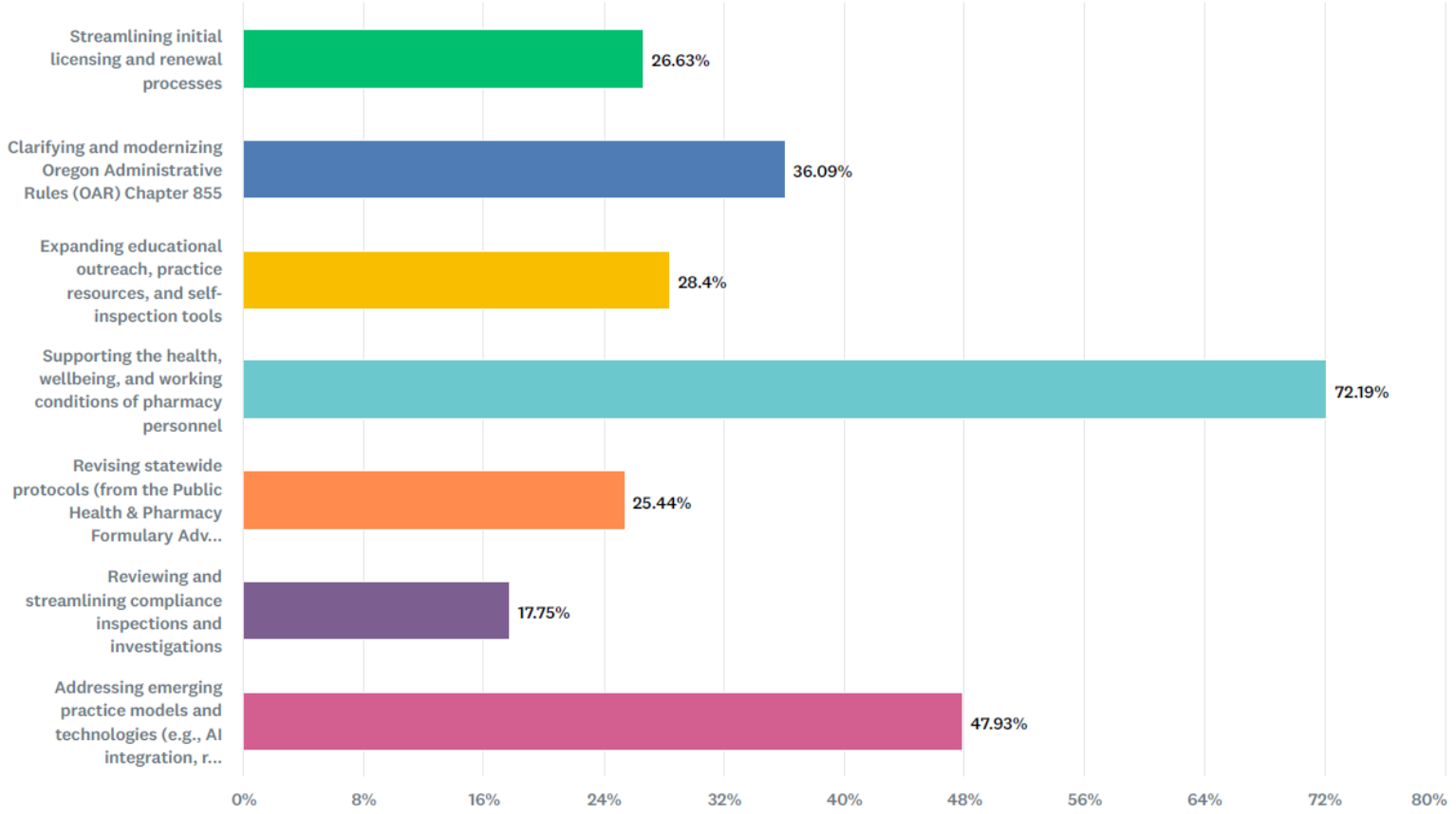
every pharmacy follows regulations but when there are insufficient regulations to protect the staff and patients it is hard to appreciate the board.
Sorry to rank this not effective. I have observed over many years that standards and professionalism is slipping and sloppy and the Board seems powerless to enforce the little things. For example: Ensuring counting trays and Kirby counters are free of residue to prevent cross contamination. Hygienic practices such as handwashing is important in a health care setting. Entry level technicians without any knowledge of pharmacy practice or naive is a liability for pharmacists taking responsibility for their actions, releasing prescriptions that require pharmacist intervention or entering in prescriptions from Out of state Telehealth clinics faxing rxs without a wet manual original signature.
Compliance oversight and enforcement.
Mandatory staffing ratios are necessary.
The central fill I work at is disgusting. People don't wash hands after bathroom . I had to fight to get an employees must wash hands sign in the bathroom of this place. I believe there should be more random inspections more questions to employees about procedures protocols etc
The Board needs to be much more active in regulating staffing levels at retail pharmacies. Until they do that, all the regulations and rules in the world will not promote safety.
It is very difficult to get practice questions answered by the board. It is difficult to get through to the board.
The board has addressed the need to update regulations as technology advances and increase pharmacists ability to provide access to vaccines and specific medications directly
The Board should be able to control conditions to protect the public, but also control conditions that protect the profession. Horrible hours, reimbursements, increase ins payments to match inflation at the minimum. Audit practices that are predatory and disruptive .
Ongoing CE requirements for licensing are extensive, comprehensive and cover various aspects of practice. Laws in place are strict with clear and fair consequences for violation.
I see a lot of rules and higher fees but not much of anything effective to how we do our work.
Very little oversight of pharmacy operations from the BOP and staffing is inadequate at best. Demands from employers are ever increasing, working conditions are decreasing. Employees need board intervention to ensure adequate staffing and working conditions
The Board hasn't outright caused harm, there's probably ways to improve, but I have not been involved in those to know.
Pharmacies are understaffed and staff are forced to work in conditions that are unsafe for them and for their patients. Why is the board not regulating something important like that?
Having worked in pharmacy and healthcare for nearly 20 years, I appreciate the Board's role in maintaining professional standards, medication safety, and public protection. Pharmacy has changed significantly throughout my career, and I believe having consistent oversight and accountability is essential. I value the Board's efforts to maintain safe practices while allowing the profession to continue evolving.
Response and communication during covid times was consistent and thorough. Inspections are consistent and thorough. Supporting pharmacy practices could be improved through more timely license approval and through a more effective way for licensees to get answers to practicing questions in our daily work meaning if we have a question pertaining to a

Q#1 Comments Continued

dispensing, we shouldn't have to wait weeks for an answer to our question. Licensees need a more effective path to being heard.
Need more board audits
I feel like you focus on public health and the effect of our work on patients. Which is a very important portion. But it doesn't feel like you care about the profession or the people who work in pharmacy. You should be protecting us so we can also be better and protect the public better
Effective compared to?
Less focus on tripling fees for tina kotek and more attention to patient safety rather than placating stakeholders would be welcome
They seem more concerned about making things difficult to understand with new rules/protocols than making things clear and easy to understand.
Little is done for those in the Pharmacy other than threats of fines if protocols are not followed. PBMs and big box stores' ridiculous expectations are the death of Pharmacy.

Q2 169 responses

Looking ahead over the next 3 - 5 years, where should the Board prioritize its time and resources? (Select up to 3)



LICENSEE SURVEY RESULTS QUESTION #2

ANSWER CHOICES:
169 RESPONDENTS THAT WERE ABLE TO CHOOSE UP TO 3 CATEGORIES

Answer Choices	Percentage	Responses
Streamlining initial licensing and renewal processes	26.63%	45
Clarifying and modernizing Oregon Administrative Rules (OAR) Chapter 855	36.09%	61
Expanding educational outreach, practice resources, and self-inspection tools	28.40%	48
Supporting the health, wellbeing, and working conditions of pharmacy personnel	72.19%	122
Revising statewide protocols (from the Public Health & Pharmacy Formulary Advisory Committee), and rules related to clinical practice (e.g., Clinical Pharmacy Agreements, Collaborative Drug Therapy Management Agreements, etc.)	25.44%	43
Reviewing and streamlining compliance inspections and investigations	17.75%	30
Addressing emerging practice models and technologies (e.g., AI integration, remote dispensing/telework, wellness peptide/GLP-1 compounding, medispas)	47.93%	81
Total		430

QUESTION #2: THEMES

Looking ahead over the next 3 - 5 years, where should the Board prioritize its time and resources? (Select up to 3)

- Pharmacy Working Conditions (staffing and high workloads)
- Pharmacy Staffing Quotas (staffing, prescriptions, vaccinations, RPH may not work alone) or Ratios (RPH: Tech)
- Clear Rules to Communicate Expectations
- Address Limitations in Statute (Practice Act)
- Clarity in Application Directions and Questions
- Additional Educational Outreach
- Address Artificial Intelligence (AI) Standards and Implement Necessary Regulations
- Agency Staff Workload and Supportive Technology
- Reimbursement Rates for Pharmacy Services

QUESTION #2: SUMMARY

- Respondents are most concerned with the current pharmacy working conditions and their impact on pharmacy staff's health and wellbeing, while also wanting the Board to focus on new emerging practice models and technologies. With clarification and modernization of rules partnered with expanding education outreach and updating protocols as high-priority items.

OTHER (PLEASE SPECIFY)
We are seeing an uptick in repetitive use injuries and work accommodations in our sterile compounding space. I would like to see greater balance of safe practice, employee wellbeing, and operational need. This could include parameters around how many hours a sterile compounding tech should be allowed to be compounding and/or ergonomics requirements.
Exploring and confronting the financial issues directly causing pharmacy closure and partnering with lobbyists to confront the issues from a legislative approach. That will require extensive system analysis and a willingness to honestly evaluate how the profession has evolved to the current state. Unlike the physicians, we have no gatekeeper organizations that protect us from predatory corporate capitalism. A simple AI search of the sentence "how do physician organizations protect doctors from predatory corporate capitalism" yields dramatically different results when the terms "physician" and "doctors" are replaced with "pharmacy" and "pharmacy staff". Who then will advocate for the pharmacy professionals? There's no one else, but the board. Working in a pharmacy has become unhealthy and unsustainable, and until the economic pressures are relieved, the general decline will continue. Pharmacy managers cannot endure daily pressure to sustain the business while also losing technician help. Pharmacies cannot continue to rely on a strong flu shot season to carry the business.
The language of the moral turpitude statement could be updated. There are some requirements for licensure that feel unnecessary/outdated. It is an accessibility issue, backed by the Plain Writing Act of 2010 (https://www.dol.gov/general/plainwriting) requires federal agencies to make their public to make public content - as an

#32 INDIVIDUAL RESPONSES RECEIVED FOR QUESTION #2

Q #2 Comments Continued

agency that claims to focus on diversity and inclusion, this seems like it should be a high priority. There is no ability for licensees or potential licensees whose primary language is not English to access any resources that are in other languages. I think this is a big oversight. In our equity statement, this touches on three of the principles: • Promote a welcoming, safe, and inclusive culture for people of all backgrounds • Foster an inclusive environment where all current and prospective licensees and registrants receive fair and unbiased service from the agency staff and board • Advance Diversity and Equity in access through culturally responsive service delivery that addresses the changing climate within the pharmacy profession Again, Federal law, specifically, Title 42 - THE PUBLIC HEALTH AND WELFARE CHAPTER 21 - CIVIL RIGHTS, SUBCHAPTER V lays out requirements for Federally assisted programs. All of the BOP staff are overworked. As stated in the last Strategic Plan, the requirements for pharmacists and the rules around those have increased without an increase of staffing. I encourage the board to consider ways to change this (higher fees to pay for more staff?). Some of the staff are working with salaries that just barely cover basic living expenses - this does not encourage long term commitment to the job. I realize that meeting once a month to review all the cases is quite a lot of work, but I would encourage the Board, in general, to lead with more of a focus on DEIAB (A=accessibility)
I think the OAR can at times be ambiguous and it would be helpful to either update them to be more specific (black/white). This might come with expanding practice resources and/or self-inspection tools. The OBoP is behind in their reviews of non-compliance (many months to years).
Again, the pharmacy sends out volumes of rule changes but it seems there could be a more efficient notification process. The pharmacy board does not have a public face to encourage educational outreach to professionals nor the public aside from the once every two years physical inspection of outlets.
Relieving stressful working conditions for pharmacists and technicians. Demanding sufficient staffing models to prevent unsafe stressful working conditions. Stop allowing companies to minimally staff. Demand hour lunch as 30 minutes is not enough and companies cheat by making employees salaried to avoid giving them their breaks.
Promoting safe workload practices/ safe staffing. Making the website more functional with regards to being able to locate OAR information.
Stipulating pharmacy payment requirements from third-party (health plans, PBMs, "coupon" brokers like GoodRx) requiring minimum at-cost plus dispensing fee reimbursement for prescriptions (i.e. no more below-acquisition cost reimbursement for legend prescription drug products).
Telework safety and integration of AI into daily pharmacy tasks
Reducing excessive regulation and overly prescriptive oversight of pharmacy practice. The Board should focus on requirements that meaningfully protect patient safety while giving pharmacists greater latitude to use their professional judgment. Detailed oversight of routine operations can increase costs, strain staffing, and take time away from patient care without a clear safety benefit.
Modernizing OAR 855 by transitioning to a Standard of Care regulatory model
Moving to a Standard of Care model would allow the Board to continue to focus on safety and define what is clearly not allowed in practice, while allowing organizations/institutions/companies to determine the scope/privileges of pharmacists and pharmacy personnel based their education, training, and experience in that setting. Rules related to clinical practice should be very minimal and only provide the framework to allow pharmacy clinicians to practice at an advanced level as determined by standards of care for that setting/practice environment (not all of the details currently required for CDTMs). Based on previous proposed changes to rules for CDTM and CPAs, the Board has not consistently demonstrated understanding of current clinical practice, particularly outside of retail/community pharmacy; therefore, it should not overly complicate the rules and regulations in a time when states are moving to support even more advanced pharmacy practice with pharmacist

Q #2 Comments Continued

independent prescribing and/or Standard of Care. Rules need to be modernized to support practice models which support the needs of patients and the pharmacy workforce, and current and emerging technologies. We need more practical rules to support safe virtual/telework and care for patients in a time where patients and the workforce may not be/stay within the borders of Oregon. The lack of oversight (pharmacy or medical) on medication compounding and administration without involvement of licensed pharmacy or medical personnel is a public safety risk.
Oregon's statewide protocols are regressive and prevent pharmacists from working to the top of their license and training. I would encourage the Board to use current laws to hold bad actors accountable while allowing the vast majority of pharmacists to be inventive and collaborative as part of the health care team without antiquated restrictions from the Board.
I fully expect AI to replace most pharmacist roles as we know them and the board needs to be proactive and careful in how it navigates this process. Pharmacy needs to do two things at the same time: embrace practice that integrates and uses AI to accomplish the tasks it is well suited to complete and do more consistently than us, AND at the same time help to create and accept the more powerful clinical roles that are rapidly developing and need to become accepted by us.
Please protect pharmacists from being over worked by mostly Chain pharmacies and protect Independent pharmacies from being pushed out of business. Bring back strict rules on how many prescriptions that is safely filled by pharmacist per shift. I was floored to find out that this very important work condition is no longer in place. Please make sure that if there are any changes on CE requirements, notify us immediately since it is not easy for those of us, out of state pharmacists, to try to keep up with rule changes when we don't work there.
Large portion of OAR is built around assumptions of being in a physical pharmacy. Need to address liscensee whose practice involves working in administrative and suport roles not tied to a specific physical pharmacy, need to addresses that how a liscensee delivering meds, filling appl, is still under supervision even though not in same building, need telework clarifications as telework location is defined as a place a tech or intern works but what about if neither of those work there and just a pharmacist? Constancy and clarity is needed. Is the a/V coms of something like teams silufficent, or are you wanting separate constant video survalance, both have been interpreted as what the requirements require. Need to redevelop distinctions of practice for differing tech levels
I am also licensed in Texas and our licenses renew every other year in our birth month. I don't know how Oregon does all of the lenses in one month out of the year, every other year. Seems like the birth month idea would help spread the work
Until pharmacists can get reimbursed for their time to generate a prescription via a protocol (and get some payment to cover liability), don't waste your time on adding new protocols. The birth control law was a nice idea, but I am not going to drop everything and go through a convoluted process to generate a prescription where we are lucky if OHP covers the cost of the medication. If you want to expand those, we should look at ways to generate those prescriptions via a secure online portal where the patient can go through the questions and have AI generate a prescription that is sent to the pharmacy of his choice. Finally, find a way to make the documentation and legal liability for PICs a lot closer to floaters. The workload associated with managing a pharmacy is not worth the stress, but they are needed.
What role will AI play in day to day pharmacy operations. Generative AI will shape our profession whether we like it or not and guidance will be needed as we change.
You need to implement a law stating a pharmacist should never be alone in the pharmacy (as they have done in California). I know that at least part of the push back for this is in relation to independent pharmacies, and them not being able to afford to have a tech at all times. Ultimately, they are making money for an individual (likely themselves) by overworking. That is their choice. For the pharmacists who work for corporate chains, the mistreatment and abuse of pharmacists does NOTHING for patient safety. We don't make more money when we are required to do the job of 2 or 3 people. Patients suffer, and

Q #2 Comments Continued

pharmacists are committing suicide, all so a faceless CEO can get a bigger bonus. You have the power to fix this. Make it a requirement for corporate retail chains to have a minimum of 1 technician at all times. Or at least a clerk.
So many employees are over worked in the retail pharmacy setting, they really should look into minimum staffing practices for retail setting. I've seen so many overwhelmed and over worked RPH's in the retail pharmacy setting and they are the only one working sometimes weeks without days off. Doesn't seem safe for the mental health or ability to catch mistakes.
Stop increasing renewing license fees for a few years
Morale in retail pharmacy practice is low due to pharmacy staffing shortages, technicians are calling out due to mental health overload. The pharmacists are overwhelmed, exhausted and behind especially during flu shot season when phone calls cannot be answered and delays in dispensing prescriptions. Appointment structure for shots is unrealistic and several patients with same appointment times are waiting too long. Patients should be informed if the appointment time is a crowd appointment.
Please work on modernizing the OARs to include pharmacist to tech staffing ratios and requirements for physical presence of pharmacists at remote sites to ensure safe delivery of medications and increase job security in the face of growing outsourcing.
Job placement or opportunity for licensed technicians that have been away or taken a break for several years and would like to return to the field. Salary or hourly wages are basically the same when I left the pharmacy 15 years ago. You make more money as a sign flipper at Kaddy Carwash
Prioritize understanding pharmacy work beyond hospital and outpatient or retail work. Technician work can be monitored remotely in certain clinical and benefit capacities. Build statutes to support technician remote work in the appropriate avenues.
Increasing of licensing fees when technicians usually get paid close to minimum wage, makes it harder for Technicians to maintain licensure. With also needing to cover CEs in some cases. Increased time between renewals would help as well, such as 3 or 4 years instead of 2, falling more in line with the national cert
For inspectors to better understand USP <800> during their inspections meaning they should identify which pharmacies don't have two compounding rooms ie HD room plus NHD rooms.
Big pharmacy chains such as CVS and Walgreens are creating a shortage of technicians and increasing the burn out and mental health crises in both techs and pharmacists. Please find ways to support their wellbeing.
Pharmacy is growing at a fast pace but reimbursement is dewindling. Please address PBM and AI usage
Ways of making it so that technicians can work from home, if they have a disability that prevents them from getting to a onsite facility or retail store. Allowing technicians to do transfers to and from other pharmacies. So long as a pharmacist signs off on them.
The Board meeds to make sure that the companies staffing their pharmacies aren't overworking and overwhelming their employees by refusing to hire additional staff by increasing the workload on their already overburdened employees. This is how mistakes and violations are made. By tired, overworked employees.

QUESTION #3: THEMES

What is the Oregon Board of Pharmacy currently doing well that it should continue?

- Improved Rulemaking Pace and the Restructuring and Updating of Oregon Administrative Rules (OARs)
- Outreach, Communication, and Responses to Inquiries
- Addressing Health, Wellbeing and Working Conditions of Pharmacy Personnel
- Licensing of People and Inspections of Outlets
- Prioritize Patient Safety
- Requesting and Implementing Licensee Input
- Vaccine protocols and West Coast Healthcare Alliance Work
- Enforcement of Regulations
- Website

QUESTION #3: SUMMARY

- Respondents generally view the Oregon Board of Pharmacy positively, highlighting strengths in vaccine protocols, efficient license renewal, administrative support, and clear communication with licensees. Many also appreciate the Board's focus on patient safety, regulatory updates, and addressing pharmacy practice concerns. Some note effective continuing pharmacy education and responsive disciplinary processes. A few mention helpful outreach and adaptability to changing healthcare needs. Overall, feedback reflects satisfaction with core functions and encourages continued emphasis on communication, safety, and professional support.

QUESTION #3 -WHAT IS THE OREGON BOARD OF PHARMACY CURRENTLY DOING WELL THAT IT SHOULD CONTINUE? (169 RESPONSES)

Evolving to keep up with the times, politically and with the ever changing needs of Oregonians
.
Taking the necessary time to review proposed rules and sending less quantity of rules through the rulemaking process at one time. The current communication method for newly adopted rules with licensees/registrants is a vast improvement over past communications.
...
Communication through emails.
DOING WELL REGARDING THE HEALTH, WELLBEING, AND WORKING CONDITIONS OF PHARMACY PERSONNEL, ALSO IN THE AREAS OF EDUCATIONAL OUTREACH AND PRACTICE RESOURCES.
licensing and inspections and rules
I don't know
licensing of people and inspections of outlets
The Board prioritizes patient safety while taking into account input from stakeholders very well, which can be challenging to navigate and is not the case in many states. It is deeply appreciated. The emails sent out about rule changes or if there are position statements are helpful as well.
Communicating, outreach
Vaccine protocol
The restructure of the OARs.
You communicate with licensees better than other states I've worked in.
Maintaining practice as currently doing.
Na
I believe the Board is doing well by requiring the pharmacy Manager course. I would like to see more as a pharmacy manager it is hard to keep up a 2 hour ce every year focusing on our roles would be great.
live ce at conventions

Q #3 Comments Continued

Speed of receiving my license after applying for renewal.
No comment
Communications
Seemingly still operating within their constrained budget
Vaccine protocols
I like the newsletters
Board inspections.
It continually updates things which is good it just needs to focus on things that promote patient safety
Supporting the practice of pharmacy (and expanding practice of pharmacy)
The protocols and getting the ability to do vaccines fast compared to other states
communicating w/ pharmacists and interested parties
Technician compliance
Working with the West Coast Healthcare Alliance, vaccine protocols and work with advancing technician roles and increased responsibilities.
I appreciate the alignment of license renewal dates, which simplifies tracking and reduces the risk of the pharmacist-in-charge overlooking a renewal. I also appreciate the two-day flexibility for completing the annual controlled substance inventory. Extending that window to seven days would better accommodate staffing and scheduling needs, but the current flexibility is a welcome improvement.
Shout out to your compliance officers, I have had great experiences with the one that I see (Katie Baldwin). She is incredibly professional, insightful, and respectful. Keep hiring great people to work with. I also really enjoyed your OSPA presentation given this last week.
I feel that they inspectors that I have interacted with over the years are helpful and feel like they are there to help and guide a pharmacy to be better. Not there just catch or get a pharmacy in trouble. Yes that is part of their job, but they are doing a wonderful job of supporting Pharmacies.
Safety and well being of Pharmacy personal because of the over demand of Pharmacy itself. Low staff high production and errors
I appreciate the personal support that the Board extended to me when I was having trouble with changing my practice location. Keep being human.
Communication to licensees
frequent communication with licensees
Continuing to maintain the health and guidelines of the current structure.
Great communication and the website is easy to use

Q #3 Comments Continued

Expanding the scope of the practice of pharmacy.
I don't even know how to answer this question. I suppose the email notifications of rule changes you do well and I suppose the speed in which you issued guidance in vaccinations, even though this year the first guidance was a patently clear LACK of guidance.
Every 2 year licensure cycle
Good communication
discipline
Keeping its guidelines in place.
License renewal
Renewing and approving licenses
No comment
Appreciate timely adaptations to vaccine protocols, particularly when CDC guidance is absent/unreliable.
Providing presentations and rules updates to licensees via professional education events as well as providing updated self inspection forms to guide licensees through an evaluation of many of their internal practices as they relate to Board rules.
Updating training and communication.
Getting protocols in place without Federal leadership doing the right things.
Pharmacy Inspections with competent people.
Working to update legal structures/rules.
fees are reasonable
Addresses specific issues as they arise
Providing excellent ce
Email updates of new or proposed rules can be helpful
Keeping personnel updated on current information
Communication
Standardized timeline for renewals and ease of use
Legal/law information communication
Inspection.
I think licensing and renewal works pretty well.
Updating state protocols.

Q #3 Comments Continued

I am an out of state pharmacist and I love how easily I can interact with the board to get my license done or find out immediately what I will need to get my license in place.
Not sure
Ease of licensing process
Communication
I went to the lecture at the pharmacy association one year and the guys that gave the information/talk did a great job
I'm interested in the psilocybin clinics
Keeping communication open & smooth.
Keeping us updated on current protocol regarding vaccines for influenza and coronavirus
My boss who does more interaction with you would know best (I am just a float pharmacist). You are definitely better than the California or Washington boards of pharmacy, but I feel like you were more responsive and streamlined 20 years ago at the start of my career, but I don't interact with you as much as I did when pursuing my license.
Online processing the renewal of license and transfer of license
I'm always pleased; when I have a question, I get helped by the board.
N/A
Well....I can't think of anything. I wish I could but I can't.
communications
They have fast response time
Supporting Oregon pharmacists in patient care spaces
Overall, I think the Board does a good job with the resources they have at their disposal.
CE Requirements of Pharmacy Staff to keep them up to date on current guidelines that assist the staff to make things more efficient for pharmacies as well as safety and well being of pharmacy patients.
You don't support your licensees and you don't support patient safety. One thing I will say, is that every time a board member comes for inspection, they do seem genuinely shocked at our workload, and I really do feel their sympathy. The individuals have been considerate in that aspect.
Sending emails with updates
The steps to get a license. Deep background checks and keeping criminals out of the pharmacy setting.
Communication. Vaccine guidance. Answering questions.
Inspections
Keeping the pharmacy community educated and informed on current law and regulations

Q #3 Comments Continued

I appreciate that the board always follows up when I have a question or concern.
The Oregon Board of Pharmacy has improved their mandatory workforce survey by no longer using third party sites that can pose security risks.
inspections
Updating licensees concerning laws & statutes
.
N/A
Sending notifications
N/A
Inspections.
Sending out communications.
N/A
N/A
Communication emails and newsletters
Asking for this input
Vaccine protocols and access despite the current federal administration.
License look up is easy
Continue protecting patient safety, providing clear guidance on pharmacy regulations, and supporting pharmacists and pharmacy technicians in delivering safe, high-quality patient care.
Offering Law CE
Pharmacy inspections
The renewal process is very nicely streamlined and the cost is not prohibitively expensive.
Sending newsletter out well
Answering compliance emailed questions.
Pmp
Timely response to inquiries
Keeping everyone informed
Expanding technician duties

Q #3 Comments Continued

Leaning on other entities for immunization protocols rather than reinventing the wheel.
No issues with the BOP since I've been licensed
Communication
Continue to expand pharmacists ability to provide direct care
License renewal communications
Moderating immunization timelines and dosing
New information
Unknown.
I am a nonresident pharmacist working with a pharmacy that serves Oregon via shipping. I imagine, with digital media and technology, that interstate commerce will explode, including the marketing of pharmaceutical products. It would be wise for the board to anticipate this and set up processes to ensure these products are safe and effective. Furthermore, with artificial intelligence, the relationship between a prescriber and a patient may also evolve, so it is important to stay informed of new platforms and marketing strategies, the board must monitor and evaluate, and continue to help educate prescribers to ensure public safety.
Administrative functions
Great websites that have clear rules and regulations
License renewal is efficient
Everything
Providing education to technicians and pharmacists
Quickly responding to complaints about businesses and licensees
License renewal process is simple to follow as long as requirements are met. Utilizing CE Monitor to verify completion of ongoing education rather than asking for other proof makes things easy.
Good communication and updates
Leadership with a drive to move OBOP prepared to embrace the future of the field.
Updating and informing current pharmacy employees about rules, regulations and changes
Licensing seems easier
Not sure really.
It seems to be doing ok on talking about ordinances or rulings.
Keeping pharmacist informed and aware of changes
Good job getting vaccine mandates out so we can vaccinate.

Q #3 Comments Continued

Working with the west coast health advisory to get vaccine authorization faster
I appreciate the Board's continued emphasis on medication safety, professional accountability, and maintaining standards for pharmacy personnel. Having worked in both hospital pharmacy and emergency medicine, I've seen how important proper medication handling, accurate documentation, and clearly defined responsibilities are to patient care. I believe the Board should continue prioritizing patient safety while recognizing the important contributions of pharmacy technicians throughout the healthcare system.
N/a
Explaining any new processes
Sending out emails to keep licensees updated with ongoing issues or changes to rules.
Helping to provide resources and education for the Pharmacy community.
Recognizing the role of pharmacy technicians
Self-inspection
The Board's informational outreach is much appreciated
Analyzing new protocols for vaccines and other clinical practice recommendations.
Consistently holds meeting that are open to the public
Enforcement of regulations
License renewal and applying for licenses
Doing well with health care urgencies & outbreaks: ex. Measles, monkeypox, flu, Covid. Opioid I tuned out sometime after you said me so. Sorry reading you kept talking.
Na
?
I don't know.
Being pretty responsive to emails. Any time I've reached out they have been super helpful and responsive
As Oregon is the only place I've practiced, I don't know how to compare it.
Communicating with license holders
I appreciate the emails of updated rules.
Continue with just culture during investigations and being prudent with administrative actions
It's doing everything well
Very responsive
Keep going out to pharmacies.

Q #3 Comments Continued

Protecting consumer health
Advancing the practice of pharmacy
Asking for input from their licensee.
Everything is great

QUESTION #4: THEMES

In what areas are the Board's current services, communications, or processes falling short, and what is the most impactful way to improve them?

- Addressing Pharmacy Working Conditions (staffing and high workloads)
- Use of Plain Language in Rules and Communications (e.g., applications, website, etc.)
- Clear Direct Rules to Communicate Expectations
- Agency Staff Workload and Supportive Technology
- Streamline Application Processes to Improve Processing Times
- Newsletters with Relevant Information
- Address Limitations in Statute (ORS 689)
- Additional Educational Outreach
- Legal Advice vs Legal Information

QUESTION #4: SUMMARY

- Feedback highlights concerns about pharmacy workplace conditions and request regulations to address. Some suggest clearer communication with more concise, relevant updates and a user-friendly improvement to the website. A few mention the need for more engagement and continuing pharmacy education resources. Overall, respondents seek streamlined processes, clearer rules, and greater support for pharmacy staff through rules as key areas for improvement.

QUESTION #4 – IN WHAT AREAS ARE THE BOARD'S CURRENT SERVICES, COMMUNICATIONS, OR PROCESSES FALLING SHORT, AND WHAT IS THE MOST IMPACTFUL WAY TO IMPROVE THEM? (169 RESPONSES RECEIVED)

The demands of working in a retail pharmacy continue to grow. We are pushed to do more vaccines every year. Now pharmacists are supposed to be able to find time to prescribe a handful of meds as well. I'm not aware of any standard being set for a maximum number of prescriptions and/or vaccines per pharmacist per hour but you all should consider it. Don't even get me started on MTM's. I am a technician in my late 50's and I don't want to do this anymore. I'm not a wimp or a slacker, I'm just not enjoying the frantic pace or the 10 hours of work packed into 8 hours. When you are expected as a team to give 70 or 80 vaccines on any given day, something is falling by the wayside. The angry customers waiting several days for their medications will attest to this.
I am really bad at following changes. Maybe better communication that outlines changes and how they would affect the practice.
Consider streamlining the current application process by making it simpler and user friendly. It is difficult to increase KPM's for customer service with the current staffing model. I think the current amount of Licensing FTE is not adequate to manage over 32,000 active licenses. Applicants don't seem to understand what is required when applying or renewing a license or how long it takes for a license to be issued.
....
No comment
COMMUNICATIONS OF THE WHOLE IMMUNIZATION REQUIREMENT OF ALL AGES AND ENFORCEMENT OF THE STATE.
I don't think they are falling short
Plain language updates for rules and licensing processes. More pharmacy/pharmacist education around our rules/expectations. Communication in other languages - especially considering the legislature has already mandated it for pharmacies and patients: https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/SB698/A-Engrossed
Simplify/shorten the self-inspection forms. Clarify the licensing of outlets- what is a drug room? Are infusion centers and other sites that are not treating admitted/hospitalized patients IP or RP?
With the huge surge in cases if there could be changes to what triggers a full investigation and Board review that could help reduce the huge burden on Board members and staff. With the shortage of technicians, streamlining the licensing process when there are minor issues (e.g. DUI from 10 years prior, nothing since) would save time for the Board and help with meeting that need.
none

Q #4 Comments Continued

Look at the working conditions at pharmacies
The meeting agendas are hard to read. It would be help if there was a higher-level review (SBAR).
Not sure
None
Na
Please return to emailing my personal and work email. I dont think it would be that difficult to add a question on the license renewal if we would like to have that communication.
live ce
Clarity on protocols and ease of access to read the protocols.
No comment
License process is clunky and slow
Answered in above quiries
Seems like some pharmacies are very concerned with board oversight and others get away with violations every day. Also seems like public complaints are too powerful. Pharmacy personnel often feels like they need to allow customers to abuse them because they are worried about getting turned into the board.
Stop looking to penalize the pharmacist and instead teach them on ways to work better
Easy answerable questions. I get frustrated searching for answers on the website.
The website is not user friendly with regard to searching for information pharmacists need to be in compliance
Clear and concise detail(s) of current rules/regulations updates and minimizing/removing unnecessary bureaucratic requirements
I think it is hard to always understand the rules and figuring out if what I am doing is following or not.
modernizing legislature that reflects utilization of new tehcnologies
Making it easier for the CPhT to give vaccines. Corporate business make it very difficult to get approval for techs to do this. Help to mandate corp pharmacies to make it easier to give a vaccine. Corporations want us to do this but make it difficult to do so. I have done teching for over 30 years and it should be a lot easier for each person to get approved to give a vaccination
Consistency with disciplining non-compliant licensees and registrants. Consistency with enforcement of rules
One area where the Board's rulemaking process could improve is giving greater weight to the practical impact of proposed requirements on rural pharmacies and the communities they serve. For example, requiring a pharmacist, technician, or intern to stock prescription lockers or remove prescriptions would increase costs and place additional demands on licensed personnel who are already difficult to recruit. For our Elgin locker, this would mean two employees traveling the same route instead of allowing our delivery driver to perform these tasks. Our new Union locker would create an additional demand for licensed staff to travel away from the pharmacy. The most impactful improvement would be to work with pharmacies on

Q #4 Comments Continued

safeguards that protect patients without requiring licensed clinical personnel for routine delivery tasks. We have proposed a limited license or registration for delivery personnel that includes a background check and task-specific training, without the continuing education requirements associated with clinical roles. This approach would maintain accountability while preserving licensed staff time for patient care and supporting affordable prescription access in rural communities.
As a PIC I feel that I have a difficult time receiving clarity on areas of compliance before a board inspection. If I just want to investigate I feel the the responses I receive are very dry often directing me to a section or law I already reviewed, or even just referring me to seek legal counsel. I get frustrated because the compliance officers have no issue highlighting areas of concern on their inspection, and are willing to talk through their experiences and expectations, but can't help me provide clarity in a period where I'm not under inspection. In a sense, I always looks forward to my inspection period because it's my chance to speak in person to someone that I trust regarding my concerns. I also still feel that there is a feeling of fear when needing to reach out to the board, like if I ask a question for clarification is it going to put a spotlight on my site and make me a target for an on the spot inspection. I would like to create a pathway for easier more transparent and helpful communication between pharmacists and our board because we're all working towards the same goal for safety for our patients.
I think that they emails are very effective. Maybe making the website more user friendly to improve communication.
Well being of Pharmacy personnel.
No comment
Communication to the public
The current brightline regulatory model is inflexible and cumbersome; a transition to the standard of care model would allow for expansion of pharmacist services in alignment with the progressive nature of contemporary pharmacy practice.
Continuing to support clinical staff, more follow through on reported issues at pharmacy level within the pharmacy reporting system.
n/a
Provide assistance with issues brought forward. The Board of Pharmacy should be able to assess and comment on proposed changes to practice settings that agencies/companies bring to them. In the last decade, the Board has stated that they are not able to comment or help problem solve, however they can fine/punish when something is done incorrectly. This is akin to a pharmacist asking "where is the legal line here?", and the Board's response being, "you'll know when you cross it."
Your professional communication is lacking. I have had several board complaints that I never ever received any sort of resolution on. And the letters I do get often SOUND punitive even though they aren't.
Return to being a resource to us and someone we want to reach out for help.
Nothing
more relevant info in the newsletters
Licensing. Pharmacy is a tough field that not a lot of people want to get into and the expense of keeping your license seems like it's not worth the trouble for the toll it takes on mental health.
Communication in general

Q #4 Comments Continued

Not sure
No comment
Would like the Board to resume the Pharmacy Round Table (or other processes) to facilitate communication and cooperation between pharmacies/pharmacy practices and the Board. Pharmacy practices and personnel are currently regulated by rules that may not adequately support all current practice models and settings. Movement to Standard of Care would support safe practice by replacing rigid, prescriptive rules and allow pharmacists to practice within their education, training and experience and using their professional judgement as long as it's not expressly prohibited by law (as our nursing and physician colleagues do with their Boards).
Licensees regularly complain about not being able to get their questions answered by Board staff when they are just trying to do the right thing. If we could provide some FAQs on hot topics (like we used to do), it may help lessen their frustrations. Being referred to the rule reference/attorney leaves them disappointed.
Restrictive requirement of practicing within the statewide protocols that do not move fast enough to match the professional innovations or the speed of infectious disease spread.
Protocols and date version was updated in print sent to pharmacies, not just a reference to OAR's. List of current Protocols and date updates last occurred sent to pharmacy's at the same time. Dedicated page of Protocols on the board website.
Addressing Pharmacist Burn-out in some of the Big Box stores.
Unrealistic advocacy for patients, in ways that appear to be adversarial to practitioners.
unsure
Can't think of any
Reciprocity between different states would be great. Oregon does well again at educating
Not sure, some of the emails on updated rules seem to repeat much of the same information.
N/A
None.
non-currently can think of
CE resources on required CE such as medication errors, laws, cultural competence, etc
Most rules and regulations are written in vague ways that allow pharmacies to make various interpretations. Rules and regulations should be written clearly . Also when an error occurs the board should be faster with discipline and/or outcomes.
I am a pharmacy student and ended up being part of a couple different state associations. There is one state that sends out "5 in 5 minutes" and it is a quick information review on 5 subjects that the association is working on or highlighting for pharmacist knowledge.
Pharmacy staff well being.
Make sure that any CE changes and requirements are communicated to all pharmacists, especially those who are out of state who only find out after the fact or because we have reviewed yearly and didn't catch a change when there is no email

Q #4 Comments Continued

to warn us.
Providing support, education, enforcing ORS, being clear and consistent, supporting liscensee working in pharmacy related roles outside a physical pharmacy.
Can't think of anything
'eed to expand role of tech by another level. With more clinical pharma with patients, we see delays in counseling and lag time with Rx clinical review. I understand controll on controls but expanding this by either another certification would help. Also like my background, retired PA, certified diabetes educator can not counsel for diabetes and often hear some counseling that could potentially hurt patients. Example, telling a diabetic to skip meals.
There are a lot of resources and everytime I had a question they seemed pretty fast either an email reply and instructions:information… maybe put like a most common question section on board website?
Do you send out a monthly or quarterly newsletter?
I don't get the impression they're falling short on anything I notice.
Falling short doesn't come to mind. Routine and targeted inspections are welcomed knowing we all are working to keep our pharmacies safe.
I feel like the e-mails I get with updates just give links that you have to click on to see what the updates are about. Can you put the headline or a summary of what those changes are about in the actual e-mail so we don't have to click on it if it is not relevant to us? For better ideas, please talk to pharmacy managers and owners.
Timing of the process
Sometimes, the emails are lengthy. They could be shorter. And to the point.
-currently when the Board is asked for a clarification of a rule/procedure the registrant only received a reply referencing an OAR and is told to obtain legal advice if they have further questions. Registrants previously had their questions answered directly so they could ensure compliance. -regulations regarding refrigeration of drug products needs to be streamlined and have more clarity. Regulations currently are needlessly onerous.
I see the emails but the content is either irrelevant or not very informative.
price for license renewal is too expensive it's creating a hard environment for pharmacy technicians who don't get paid that well to cover those fees, meaning less people apply and there's less people to work when we're already short staffed virtually everywhere across oregon
They should have stricter requirements for every pharmacy in regards to how the pharmacy is run, and the amount of personel required to effectively run a pharmacy to make sure rural pharmacies do not fall behind.
We truly need maximum and minimum numbers of technicians to accompany a single pharmacist in a retail setting at a time. No pharmacist should be expected to run a pharmacy by themselves or with only 1-2 technicians/cashiers at a time. This is not safe. There should also be ceilings on the number of prescriptions one pharmacist can 4-Point or Visual Verify during one shift and a minimum number of technicians available in order for a pharmacist to administer vaccines while being the lone pharmacist on duty.
I believe the Board needs more support staff to review and monitor our profession. If our license fee needs to be increased to support this, so be it.

Q #4 Comments Continued

Pharmacists and Pharmacy Techs do not get long enough lunch breaks. (Unsure of the medical/hospital variety -- more so in the retail variety sector). Would be nice to have a 60minute lunch vs. 30minute lunch for ALL variety of company fields for pharmacy staff. (This one is most likely difficult to work with companies with especially those that work across state lines for sure though!)
I appreciate emails that state new updates, like approval to give covid and flu vaccines. However, it would be nice to have a better summary in the email. Currently the summaries state that (paraphrasing) changes were made regarding flu shot protocol, but not WHAT changes were made. We ae required to go to the link for the actual law for that, and those are so long that its hard to find what is actually pertinent.
Need to reach a younger audience
Board visits don't seem to be very productive or helpful. The next steps to fix things could be straight forward and strict timelines.
unsure.
Unknown
Survey is not anonymous
Some of the laws are incredibly wordy. It would be great if things were paired down to the essentials.
Sometimes, the Oregon Board of Pharmacy's website can be confusing for renewals. It should be much clearer, front and center, with a big button that says, "Renew my License." Also, please have a resource page full of free CE opportunities.
I would like to see the board members at meetings more often
Hard to get a hold of at the board office
.
Lack of requiring technicians to become certified!
Can't think of anything
You address nothing when it comes to safety complaints.
Support for personnel an increase in compensation with increase in responsibilities.
Accessibility and approachability that won't overwhelm your staff. We all want to do the right thing lawfully and like to seek out answers. It takes time to attempt to navigate the rules and the rules can be ambiguous.
N/A
N/A
None
Never provide a real answer
Too worried about supporting Fortune 50 companies without proper regard for impact to patient safety. Profits should not come over access to care, patient safety, and working conditions within pharmacies in all settings. This is a complete and

Q #4 Comments Continued

total failure of OPOB. This issue is well known and the standard of doing nothing unless a licensee raises an issue is deplorable. Licensees are fearful of retaliation.
More layman's terms emails most don't read them because we're not all pharmacist and have not gone to school for years to understand that terminology
Improve communication by providing timely updates, clearer regulatory guidance, and faster responses to pharmacists' questions.
It is very difficult to quickly access information regarding questions that come up in practice. OAR 855 is bulky and often vague. There is no help desk to clarify rule interpretation.
Do not regulate staffing levels at retail pharmacies
There is a delay time between vaccines coming out nationally and being approved by the Oregon Board of Pharmacy every year. Because this is a yearly occurrence it makes the Board look ill prepared and not proactive.
Clarifying important rule changes threat focus on day to day operations, not prioritizing vaccine changes.
Some licensing questions took awhile to receive a response.
Na
N/A
Think they are doing great
Streamlining remote work
The transitions between OHA then the board and now following the CDC and others have been a bit confusing to those on the ground. A clear statement for pharmacists to know what guidelines to follow as they continue to change.
Initial licensing and renewal have a lot of nuance compared to other states I have licenses in.
No short comings. Continue level of communication.
I am content
Too much information/changes on vaccinations
Pay standards for industry
Provide free resources and tools to succeed renewal
Unknown
I cannot effectively answer this. I don't have the ability to recall all 50 states. It would be most helpful if all states were working together and had one governing body.
Not only Oregon but every Board of Pharmacy should have authority over Insurance/Pbm fair practice to protect pharmacies and pharmacists.
Sometime the GE renewal is a bit confusing. Possibly explain more and how to do it. Like share links to free GE courses?

Q #4 Comments Continued

Review administrative rules and consult with other state boards that have tackled this recently to advise what went well and what they might suggest to do differently
..
Public outreach and lack of accountability for not pushing back against corporate takeover and not trying to gain employees
The elimination of the Oregon Law CE offered by the board has left me with few options for high quality, Oregon specific, law CE. Please look into bringing that back
N/A
I don't find the majority of the 20hours of CE very helpful. Most of the courses on PowerPak are worthless knowledge.
Not prioritizing revising statutes to support the future of the field, which includes remote technician and pharmacist rules.
I'm not sure
When the standards went so far down, it could've been kept stricter
Oversight, guidance, education
A summary of some rulings would help, knowing how/if it would impact some things.
Not overseeing and reacting to closure of pharmacy's and the damage of a store paid tax on all Rx's. Nothing left to run a store with out losing money
Not sure
The new licensing process has been very slow for several of my new technicians- maybe looking into a way to streamline the application review or increasing manpower, especially in the wake of everyone renewing licenses
I believe there is room for improvement in communication, regulatory clarity, and recognizing the evolving responsibilities of pharmacy technicians. Experienced technicians often develop extensive clinical knowledge and specialized skills, particularly in hospital, emergency, and sterile compounding environments. I would like to see clearer professional development pathways, more accessible educational resources, and greater recognition of advanced technician competencies. Improving communication about regulatory changes and providing practical examples of how those changes affect daily pharmacy operations would also be beneficial.
The board should have readily available multiple representatives to answer questions and provide clarifications (within timely manner) of established/published rules to new and all licensees. The board should have more balanced/fair process of reviewing and enforcing disciplinary action. Implementing disciplinary action should be based on individual circumstances rather than implemented based squarely on the established rules black and white. Any disciplinary action should state specific transparent reason instead of stating the current established rules on black and white. I do believe the process to be somewhat fair but dismissing or not addressing individual circumstances based on blanket rule is absolutely dismissive and ultimately unfair. Such action discourages licensees on being involved with the board or being licensed by the board. **THE BOARD (ANY representative) SHOULD NEVER COMMUNICATE WITH ANY LICENSEE IN A THREATENING TONE OR MANNER WHEN A LICENSEE EXPRESSES DISSATISFACTION OR CHALLENGES A DISCIPLINARY RULING. SUCH ACTION ONLY PROMOTES DISTRUST TOWARDS THE BOARD AND ENFORCES A BELIEF THAT THE BOARD DOES NOT CARE ABOUT FAIRNESS WHEN IT COMES TO DISCIPLINARY ACTION, WHICH MAY ULTIMATELY RESULT IN A

Q #4 Comments Continued

LICENSEE ABANDONING THEIR LICENSE WITHIN THE STATE. THIS DOES NOT SERVE THE MANY UNDERSERVED COMMUNITIES OF OR WELL.
I am not sure. I have not been following very closely
Communicate when rules are no longer in place. For example, can we compound ivermectin now or is it still prohibited like it was during covid, despite the new research showing its effectiveness for certain types of cancer? (Patients have it shipped in from out of state)
Monitoring licensees who are not compliant.
the cost of renewing a pharmacy technician license. Why does it need to go from $104 to $144?
I believe, overall, The Board is doing a good job; however, I feel if The Board had more staff, quality would be even better.
Initial licensing was very cumbersome (reciprocity)
The Board consistently approves increases in costs to obtaining and renewing technician licenses for those who barely make $17 an hour. Please take into consideration that most techs do not make good money. Affordability of renewals should be taken into account to help a little with the technician shortage.
Licensing. There needs to be more than one person working 4 days per week devoted on them.
I hate Friday afternoon emails. They feel like you are hiding something.
Addresses the issues of corporations taking advantage of pharmacist and pharmacy technicians
Many of your licenses are not in front line direct patient care and broadening services and communications and CE requirements would help. Many work in research, leadership, informatics, consulting, educators. There seems to be a heavy retail pharmacy focus.
Na
?
I asked the Board a simple question once and was told “The Board does not assist with interpreting Board rules. If you have a question, contact a lawyer.” If the Board makes the rules, I think the Board should be able to answer questions about those rules.
They don’t protect the staff of pharmacies
The OARs are difficult to read much less understand. I wish it came with Cliff Notes.
Would like to know more about how to report concerns confidentially
Clarifying the language when new rules come out. So that it's simpler to understand.
None
Ensure that pharmacies have adequate staff to compensate for the increase in foot traffic due to it being vaccine season.
N/A

Q #4 Comments Continued

Stop calling people liars when something is not being done accurately and educate on the issue. Putting people down and looking for errors to make money for the board.
Putting all the pressure on overworked RPh and staff.
N/A
Communicating new laws/regulations to all licensee.
Send out email reminders for license renewals

QUESTION #5: THEMES

What external challenges, emerging practice trends, or new opportunities in the pharmacy profession should the Board be prepared to address over the next 3-5 years?

- AI Utilization: Impact on Practice and Effect on Patient Safety
- AI Standards (AI is not all the same)
- Addressing Pharmacy Working Conditions (staffing and high workloads)
- Pharmacy Services Reimbursement
- Ability to Access Controlled Substance Pain Medications (quotas and thresholds)
- Misinformation Eroding Public Trust in Healthcare
- Profits Over People (increased demand for pharmacy services with decreases in staffing)
- Access to Pharmacy Care (specifically in rural areas)

QUESTION #5: SUMMARY

- Respondents highlighted the growing impact of AI (Artificial Intelligence) on pharmacy practice, with many noting both opportunities and concerns around integration and oversight. Many concerns regarding pharmacy workplace conditions were raised with requests to address these issues. Some raised regulatory challenges and concerns about access, especially in rural areas. Overall, feedback emphasized preparing for rapid technological change while maintaining patient care and access to safe pharmacy services across Oregon.

QUESTION #5 – WHAT EXTERNAL CHALLENGES, EMERGING PRACTICE TRENDS, OR NEW OPPORTUNITIES IN THE PHARMACY PROFESSION SHOULD THE BOARD BE PREPARED TO ADDRESS OVER THE NEXT 3-5 YEARS? (169 RESPONSES RECEIVED)

An aging work force ready to get out of the pharmacy game.
AI and the use of robots
AI and new technology within pharmacies
In my role, I see a LOT of chart notes generated by AI. I have even begun to see Assessment and Plan generated by AI. (Apparently disclosure is required, because the charts will usually name the AI platform used) Let's think ahead to ways the predatory corporate capitalist approach could harness AI models and figure out potential impacts to pharmacy practice. How could AI threaten jobs? Big ask.
Recruiting high school candidates for the schools.
THE AI TECHNOLOGIES IS ADVANCING VERY FAST, THE BOARD NEEDS TO CATCH UP AND PREVENT FALSE INFORMATION CIRCLING IN THE SOCIAL MEDIA.
making sure patients who need pain medications can get them while still keeping drug seekers at bay
I'm wondering why we are still so paper focused. This feels antiquated in 2026.
The pressure on retail pharmacy staff has got to decrease. Patient safety is on the line- please come up with safe limits regarding how much 1 RPh can be expected to do in 1 day (no more than 2 vaccines per hour, and verify 50 prescriptions; maybe 1 tech can handle ~12 vaccines per hour IF that is all they are doing, and there are other technicians on duty to handle phones, filling and the cash register) Companies are pressuring staff to cut corners every day- the stress is unmanageable. Consider adding a rule that if a pharmacy is more than 100 prescriptions behind- corporate MUST schedule an extra pharmacist and technician for the next 2 days- or until workload is manageable again.
The PBM reimbursement situation is untenable for most independent pharmacies - it's unclear the path the Board can take in that area, but it does impact patient access, especially in rural areas.
DSCSA
Pharmacist prescribing
The financial headwinds we are facing with One Big Beautiful Bill.
AI

Q #5 Comments Continued

-AI integration -Direct to consumer pharmaceutical advertising and is negative effects both on prescribing and on consumer knowledge of the pharmaceutical being advertised.
Lack of retail pharmacies and pharmacists
Air supplor and letting Rph's work off site to do verification and data entry. It can be a win for pharmacists if the Board puts limits on the amount of Rph's that can be offsite. There will need to be strict guidelines and while I think it will help retail pharmacy I dont want it to take away from the accessibility of pharmacies.
where AI will impact pharmacy from OBP
Clearly displaying protocols for vaccines.
Online pharmacies
Shift to a standard of care model. Advocacy of pharmacist provider status. Adopt umpje
Role of new technology and AI with appropriate restraints and hard halts
External challenges continue to be having lower reimbursements yet trying to keep enough staff to safely deliver medication.
AI for sure Allowing pharmacists to prescribe more medications
A.I.
AI unfortunately has great potential to negatively affect patient safety. Corporations continue to require pharmacists to practice in unsafe working conditions
Addressing AI risks/issues and ensuring Board does NOT start using external vendors (like new Texas CE Broker requirement nonsense)
How hard it is for retail pharmacies to operate from a finacial aspect, how AI will change the pharmacsit job, and how to continue to expand what pharmacist can do.
challenges: pseudosciences and deterioration of trust in public health entities/measures/efforts
Same answer I gave to question 4
Declining workforce and increased demand for more services and decreased staffing. Third party privatization of hospitals, clinics and physician groups that only care about money as the bottom line and not patient safety.
The Board should be prepared to address staffing shortages, financial pressures on community pharmacies, and the risk of declining pharmacy access, particularly in rural communities. Regulations should be evaluated in light of these challenges so that compliance requirements do not unnecessarily add costs or pull scarce licensed personnel away from patient care. Prescription lockers, delivery services, telepharmacy, and other emerging technologies offer opportunities to maintain access. The Board should support these options with practical safeguards and staffing requirements proportionate to the tasks being performed. As pharmacists take on broader patient care responsibilities, the Board should also prioritize sustainable working conditions and greater flexibility to use professional judgment. Over the next three to five years, protecting the public will require attention both to safe pharmacy practices and to whether patients can continue to access pharmacy services in their communities.

Q #5 Comments Continued

Lack of professionals, both pharmacists and technicians, entering the profession. I want to make sure that we're making the process as streamlined and easy as possible to encourage people to come and practice in Oregon.
Allowing Technicians to do more with their License. After attending a Seminar at ASHP I have learned how many other states are pushing Technicians to the top of their Licenses, allowing Pharmacists to do more.
Having enough support fir the high demand
The witch hunt surrounding the use of pain medication needs to be addressed. It is against the law to be in pain in the USA. One addicted person ruins the compassion and care for the other 99 people that are suffering. That is WRONG.
Ai, it can do most of our jobs, certainly anything knowledge and judgment related is already at risk and getting shakier by the day with new models.
UPJE, standard of care legislation in other states, unregulated peptides, use of AI in pharmacy practice
AI emergence and new technologies
Remote work and AI
Mid-level practitioner status for pharmacists.
The collapse of retail pharmacy into whatever it is becoming now—apparently a monopoly by Walmart and Amazon. ADDRESS RURAL PHARMACY DESERTS. It is patently obvious in my area that my corporate overlords do not have a realistic strategic plan and it appears that they are allowing it to wither on the vine.
Single national law exam
Legality of compounding mail order pharmacies which operate in the gray areas (ie Hims and Hers). As well as physician clinics which are dispensing medications out of their office with no pharmacy/pharmacist oversight (Urology clinics are more and more doing this with prostate cancer meds)
AI
AI integration
N/A
Ai use in filling scripts
Keeping pace with innovation, technology, and security and clinical requirements. Community based pharmacists are at risk for being replaced with information management systems and dispensaries, not true pharmacy services.
Physician/provider shortages and an aging population with (increasing) comprehensive medication management needs, particularly in primary/ambulatory care, provide the need and opportunity for well-trained pharmacists to practice in advanced roles. We already have more medication knowledge than PAs and NPs - yet our scope of practice with regards to independent prescriptive authority is far less. The Board needs to support public safety by allowing (or at least not creating barriers to) medication experts (PHARMACISTS) to fill this gap.
How AI is impacting pharmacy, how the Board should handle FDA 483s and FDA warning letters for OR licensees, RPh shortages with the shrinking number of students

Q #5 Comments Continued

National recommendations that do not align with the scientific standards and a lack of federal tracking of infectious disease and other risks to health (air quality, water quality, etc.)
AI taking advantage of systems and people not ready to brace the new technology.
Addressing the shortage of Pharmacists in outlying rural areas.
AI as integrated within our practice.
unsure
Nothing specific comes to mind
Pharmacists as providers. AI training and expectations
AI
N/A
AI, telework
Medicare changes
BPS Board Certification application process and opportunity for community pharmacists to be qualified for
AI usages.while it has its advantages pharmacist are already being to rely on AI for drug interactions and counseling.
I think all the listed things above with AI and GLP1 compounding.
Guidance on AI in pharmacy and how we can AI-proof our industry.
The use of AI and making sure that the information from AI is correct and not fabrication. AI is a great tool for me to use to get current information from studies but I still have to use my knowledge to interpret information and making decision. It is okay for pharmacist to ask questions in order to make professional decisions and during COVID-19, it seems like those who just want to ask questions were censored. Please don't have political ideologies enter our profession since it is very dangerous to be misguided and to stop using our brain and what we learned in school.
Mail order pharmacies that operate under multiple a Oregon Board pharmacy licenses as they are several distinct locations but in interactions act as they are one, and use unlicensed staff not located in any pharmacy to do things OAR say only liscensees can do and refuse to transfer patients to liscensees unless they provided info that OAR state only liscensees can accept, enter, deal with
Protecting pharmacist jobs with introduction of AI
More clinical because the primary care sometimes have limited time to diagnose, the pharmacist is in a good position to point the patient on a better tract to healing.
Remote working

Q #5 Comments Continued

AI It could be used to collect data on licensees. For example a pharmacist marked as a PIC at two pharmacies geographically far apart- the system should know this is an impossible scenario. I say this because an ex-colleague of mine in texas is doing this but the state board isn't flagging it, but will accept a tattle tale to report it. I know he's acting as a ghost PIC at one but don't want the reporting to come back to me
Adapting to the most recent technological developments & making sure they are as accessible as possible for all involved.
Artificial Intelligence (AI) and Digital Assistants: AI-driven software acts as a clinical assistant to screen patient histories, flag drug-drug interactions, optimize therapy plans, and automate prior authorizations.Journal of Manage Care and Specialty Pharmacy
Reimbursement is down and even though pharmacies are closing, I don't think enough pharmacists want to work; especially in remote areas. I work as for Hi-School Pharmacy and the stores that are most stable are in rural areas with no competition for miles (we just closed two in West Linn and Scappoose). Our store in Cave Junction needs a new pharmacy manager (the primary pharmacist there wants to retire and we are having a hard time getting a replacement because few new pharmacists want to move out to the rural areas. Plus, all those rural areas have lots of older individuals who don't mix well with the time saving technology (such as leaving a refill request on the automated system via their touch tone phone). You also have providers in those areas that may not have the greatest staff sending in a higher percentage of prescriptions that require clarification. Things that can be done to streamline generating emergency prescriptions (such as having an online portal that a patient can have Dr. AI generate a prescription for most of the things we already have a protocol for) and a way to hook that up to a terminal we can place in our pharmacy for patients to use) would be helpful. Someone comes into the Cave Junction or Waldport store at 5 PM and needs an albuterol inhaler, sit down and go through the prompts would be helpful. Anything you can do to make it easier to remotely run a pharmacy as a pharmacist would help. Anything you do to make it easy to ask what are my legal requirements in a certain situation when a doctor and patient want you to do something out of the ordinary or outright against the law (example: Legacy Health keeps posting at the bottom of their electronic C-II prescriptions that we can transfer them per a DEA rule, but they forget that the rule allows it only with systems that they have approved to be secure to transfer it… all to try to avoid getting a follow up call from their adult ADHD patient with a massive dose of Adderall that we cannot dispense due to the shortage that happens 2-3 times per year). Anything you can do to work with providers offices (and relevant boards) to help identify common prescription problems that can be helped by an improved system (I love getting prescriptions where they have left off the route or dose. I also love getting prescriptions for Macrodantin BID because the generic name for Macrobid and Macrodantin is the same with the exception of a third name in the middle for Macrobid.). Anything you can do to force insurance to make clear why they are rejecting a claim would be helpful (I love it when it says it is too soon, but it doesn't tell you when or where it was filled; or for how much and a day supply when the patient claims it is an increased dose. We just had one early fill come up as just "PA required, exceeds limits in a certain time frame." It was for birth control and they had filled it two weeks ago at another pharmacy for a 28 day supply.)
Transfer application process
The amount of extra obligations added to technicians in our state.
N/A
AI. Full stop it will be AI
lowering cost of license and renewals
AI, more remote, and mechanical pharmacies. Less human oversight. Less formulated and certified education(ie. Online college course or certification course) for the human personel oversight. Less personal. larger scope of practice for technicians with no additional education, just training and perhaps a short online training program.

Corporations tying vaccine sales to performance reviews/wages is really decreasing the quality of patient care.
The Board should closely monitor the medical spa business. Implement policies for the safety of the public and enforce the rules. Certainly the Medical and Nursing Boards will not be big fans of tighter regulation, but many questionable practices need to be exposed. There are many ethical issues flooding some of these spas/practitioners.
N/A
Stop adding more responsibilities to the pharmacist. We do not benefit from this. Only corporations benefit from us doing 100 vaccines per day.
Create a mobile app
AI integration.
AI being used for rx forgery. PBM reform, although that lies with our legislature.
Manufacturers drug shortages, impact on women's health
see question #2
I have no idea
The Board should address that free CE for CPhT is getting increasingly difficult to find and access. There used to be abundant opportunities, funded by major corporations, to fulfill requirements. We need more free options as CPhTs make less than pharmacists, who have less of a shortage of free CE options.
Advances in technologies that are not medically related but will affect pharmacy
Prescribing practice for pharmacists
Increase in use of automated processes like remote processing
AI
Can't think of anything
Stop DEI
Regulating AI in the field of pharmacy.
Profressional Standards. Technology and Artificial Intelligence.
N/A
N/A
Artificial intelligence.
Loss of personnel and access, especially via vertical integration and PBM nonsense
Influence of technology to disrupt and minimize access to true patient care despite pitch decks/proposals from companies looking to maximize profits.

Q #5 Comments Continued

Unknown
Address staffing shortages, new technologies, regulatory changes, and expanded pharmacist roles while protecting patient safety.
How AI may impact practice. Also important to watch that mailorder businesses are held to same standards as community practice.
Shortage of qualified techs and general shortage of pharmacists at retail level.
The reliance of large corporations on AI will continue. I think the board should be proactive in its investigation of this technology as it can pose a risk to patient health and safety.
Ever changing work force.
There seems to be a shortage of Oregon pharmacists. Maybe focus on incentivising pharmacists to come here from other states and retention of pharmacists for the state?
Na
AI, online "compounding pharmacies"
Keeping everything and everyone updated
Remote work
Very high prescription volume growth without enough technician staff.
Unsure
The world is always changing. Sometime NOT for the better. Stick with tried-and-true protocols. But some modification is always warranted sometimes somewhere.
AI seems to be everyone's concern. I think preparing different models based on worker availability vs need for more automation
GLP-1 compounding and AI
State to state movement of medications
Na
AI and telework
As mentioned in previous answer regarding the effects I believe digital marketing and social media will have.
Prescriptive authority
Not sure
Staying up and on top of the latest developments in technology and how impacts both patients and pharmacy staff
..

Q #5 Comments Continued

Q #5 Comments Continued

Lose the woke ideology and streamline ease-of-access to our elderly, confused patients.	1
There needs to be a balance of remote vs in person work in Oregon. In the face of increasing quality of AI, the board of pharmacy needs to ensure the future job security of pharmacists and technicians by making staff ratio requirements and requiring some physical presence (even intermittent) at remote pharmacy sites. This will be existential for our profession. Implement rules forbidding AI from acting as a pharmacist (for example verifying prescriptions)	1
N/A	1
I do not have an answer to your question	1
Remote technician and pharmacist work	1
Compounding	1
Untrained techs	1
Work being done by out of state pharmacy staff. Outsourcing to the lowest price , least capable provider is not providing the best care possible	1
Oregons potential to enact universal single payor healthcare will require a huge shift in the workplace. We should have focus groups of various technicians and pharmacists to give input and real boots on the ground perspective contrary to executive suits.	1
The disappearance of independent pharmacies	1
An increase in demands in pharmacy staff to vaccinate and keep up with increasing demands while taking on patient care from closing pharmacies.	1
Chain pharmacies (especially Walgreens/CVS) have been pushing hard to have vaccines earlier in the year, despite clinical guidance suggesting that later is better to provide proper protection through respiratory season. We were being expected to promote flu shots as early as July. This is a trend I don't see going away, and I'm concerned at the implications it may have on the health of our communities.	1
I believe the Board should prepare for the continued expansion of pharmacy services, artificial intelligence, automation, telepharmacy, and increasingly complex medication therapies. The growing use of GLP-1 medications, specialty pharmaceuticals, and compounded medications will require continued attention to patient safety and appropriate oversight. I also believe workforce shortages, burnout, and increasing workloads deserve serious consideration. As pharmacy technology advances, pharmacists and technicians will need additional training and opportunities to expand their competencies safely. Pharmacy is becoming increasingly integrated with preventive medicine, chronic disease management, and interdisciplinary healthcare, and regulations should evolve to support those changes.	1
N/a	1
Increasing expenses	1
Communicating to compounders that peptides are not currently legal to compound. I understand there are compounders in the North part of our state doing a lot of it and financial gain should not be a reason to break the rules. Please send out a position statement on how OBOP sees the rules as they apply to peptides. This issue is only going to grow over the next 1-5 years.	1

QUESTION #6: THEMES

Is there anything else you would like the Board to consider when reviewing or updating its Strategic Plan?

- AI Utilization (as a tool not a replacement)
- Pharmacy Working Conditions (staffing and high workloads)
- Agency Staff Workload and Supportive Technology
- Continued Enhancements to Communication and Feedback Processes (especially with rules)
- Update Telework/Remote Work Regulations
- Pharmacy Technician National Certification
- Newsletters with Relevant Information
- Address Limitations in Statute (ORS 689)

SUMMARY

- Responses to the Board's Strategic Plan review focus on workplace conditions including burnout, and requests for clearer regulations, and improved processes. Some urge greater attention to pharmacy access, staffing ratios, and supporting both pharmacists' wellbeing and patient-centered care. A few mention fee concerns, AI regulation, and the need for more collaboration. Overall, feedback emphasizes balancing public safety with workforce support and practical, clear regulations for the profession's evolving needs.

QUSETION #6 – IS THERE ANYTHING ELSE YOU WOULD LIKE THE BOARD TO CONSIDER WHEN REVIEWING OR UPDATING ITS STRATEGIC PLAN? (169 RESPONSES RECEIVED)

To reiterate, a standard maximum number of prescriptions and/ or vaccines per day per pharmacist should be defined. I'm also curious why so many retail pharmacies are chronically understaffed yet the parent companies continue to buy out and take over failing pharmacies that they also cannot staff. Seems like it shouldn't be allowed. Don't know how much say OBOP has in these decisions but obviously it just puts that much more strain on those of us still showing up for work every day. Thank you
a focus on safe practices and the wellbeing of the personnel
I would like to see Strategic Plan goals and actions that are attainable. The Strategic Plan should align with the reality of the current practice of pharmacy in Oregon and should contain Board directives reached by consensus. I would recommend implementing plans with goals that could be achieved even if the agency is short staffed due to turnover or vacancies. Staffing issues negatively impact the outcome of KPMs and goals/actions of the Strategic Plan.
.....
No comment
NOTHING COMES TO MY MIND IN THIS MOMENT.
no
I don't know
Delete old and irrelevant discipline off the website. The rules have changed- so continuing to publicly shame someone for something in the past that would not be a violation now is unjust and unnecessary.
The Board has categorized various areas well by priority.
none
Protect people from big corporations
NA
Not sure
There is nothing I can think of at the moment.
No

Q #6 Comments Continued

no air support should be our focus
There is more interest with remote pharmacy applications however have the OBOP seen errors with remote work in the area of public safety?
Not that I can think of.
No
Eliminating unnecessary hoops to getting and maintaining license
Keep it simple and practical and with a vision that applies to smaller independent outlets and not only large corporate entities
Keep it simple. Every year new rules seem to make things more complicated and harder to comply with.
Stop charging pharmacists for licensing surveys. Utterly ridiculous.
No that I can think of.
No
Ensuring pharmacists (and staff) are properly supported by their pharmacy employer (not overworked/understaffed which adds significant risk to employees and patients). Also ensuring pharmacy chains (Walgreens, CVS, etc.) have functioning pharmacies (ex. some Walgreens closed their pharmacies but kept the front-end open - this can be confusing if not dangerous for consumers/patients with urgent prescription needs). Similarly, helping to reduce pharmacy deserts in Oregon.
N/A
none to add
Allow technicians to do more in a pharmacy setting if the certifications have been done
National certification for technicians and expanding their roles for non-clinical needs! So much more they can do that alleviates pharmacy workload and allows pharmacists to practice safely and at the top of their scope
I would encourage the Board to make rebuilding trust and collaboration with pharmacy professionals an explicit part of its Strategic Plan. Pharmacists should feel comfortable asking questions and seeking clarification, with confidence that the Board will provide practical guidance to help them comply. Before adopting new requirements, the Board should actively seek input from those who will implement them, including independent and rural pharmacies, and evaluate the expected patient safety benefit alongside staffing demands, costs, and effects on access to care. Success should be measured not only by compliance, but also by whether the Board's actions help pharmacies remain accessible, support sustainable working conditions, and allow pharmacy personnel to focus on safe patient care.
Not at this time.
Just expanding Technicians. I would also like to see the requirement of Certifications to be brought back to renew licenses after a period of time.
None
Retail pharmacy cannot be the point of care for the next pandemic... we need a better plan.

Q #6 Comments Continued

The transition of a profession focused on knowledge and memorization to one of patient interaction and motivation
Please consider allowing pharmacy students to take the UPJE before graduation. This would allow for more timely licensure, especially for residency candidates, and less post-graduation licensing exam stress for all.
n/a
n/a

I am a retail pharmacist in a rural underserved large chain pharmacy and I am the PIC. I currently have 4 pending board complaints against me and EACH AND EVERY ONE CONCERNS MY PROFESSIONAL JUDGMENT IN DISPENSING CONTROLLED SUBSTANCES.
No
Nothing
no
No
Take on regards to name changes do to marriage or divorce
Stopping the ability for rph's to prescribe.
Not at this time. I do not wish to be contacted regarding this survey.
Please utilize advisory committees with broad practice/setting representation for updates to the OARs.
Compliance through education has been extremely effective. Also, allowing Compliance Officers to use some discretion when inspecting outlets may help decrease "low bang for your buck" cases. Possibly have an internal metric for certain common violations (i.e., if 1 out of 5 drugs checked on shelf are expired, note it on inspection report, educate PIC and don't write as an observation that requires a case and response (assuming the PIC seems to "get it") and no other observations.
Consider an updated strategy of promoting public health and safety, not holding all pharmacists back, but instead finding ways to hold bad actors accountable and allowing growth of the profession.
Fees collected on pharmacies not pharmacists.
No
Focus on the future pharmacist practice rather than that of the past.
unsure
Not at this time
No
Biosimilars, less requirements when switching to a biosimilar the FDA considers or lists as equivalent.

Q #6 Comments Continued

N/A
No
no
More public vaccination awareness and availability
Allowing a semi compounding aspect. Compounding that doesn't require the ventilation hoods and such.
Considering work conditions of pharmacy personnel
No
Keep an open mind and treat everyone with respect and leave political view points out of our professional and it should only be based on real science and what we were taught and keeping up with.
Clarity, expanded awareness of where liscensees work, cross discipline practice ce enviorment, administrative enviorment, development of COPT specific roles for providing leadership, training, mentorship, guidance, brining back requirement for techs to move forward toward certification and or limiting their scope if they dont
Keeping pharmacists employed; ensure AI can be used as a tool but not as a replacement.
No just expand the roll of the tech to release pharmacy backups
No
I plan on returning to Oregon to work after my retirement from Texas. I would like a chart of table to simplify specific rules pertaining to different work environments, ie: retail, hospital, etc. For example when I left Oregon in 2007, I believe in retail the expiration date on a medication had to be the same as the stock bottle? But in Texas it's only good for a year or less if the stock bottle is less than a year.
No.
Smart Inventory and Dispensing Tools
Consider looking into MTM requirements and make sure they are not being used to penalize pharmacies in contract negotiations. In theory they are helpful for the patient, but they are a nightmare to implement professionally in a community pharmacy. Playing phone tag with HIPPA restrictions and leaving the appropriate notation so colleagues can figure out what you were calling about when they call back consumes time we don't have at a busy pharmacy. In the rare times you can do a review of the medication profile, you spend a lot of time writing a note and sending recommendations to the provider that are just lost or ignored. When I worked at Wal-Mart, one work around for some of the MTM tips (specifically asking for statins on patients with diabetes) was to document that you tried contacting the provider 3 times and failed. I pushed back and said that is training providers to ignore messages from pharmacists.
No
No
N/A

Q #6 Comments Continued

Please keep license holders better informed with relevant, pertinent, and action items that can be used and applied. PS. SURVEYS SHOULD BE ANONYMOUS OTHERWISE THEY ARE NOT SURVEYS!
lowering cost of license and renewals
Required college courses for pharmacists in management, conflict resolution and the basics on how to run any type of pharmacy, from retail to specialty.
The use of vaccine sales and prescription count growth to gauge staff pharmacist performance reviews and pay increases should be banned. Corporations need to let their pharmacists focus on patient care and quit expecting them to be used-car salesmen.
I would like to encourage the Board to have unannounced inspections as well, especially in the hospital setting.
N/A
Consider how many pharmacists nationwide have committed suicide in the last year alone.
Not at this time
No
no
n/a
no
No
Please remove bureaucracy; don't add to it. Streamline renewals, keep CE requirements simple and to a minimum, and have clear resource and renewal pages.
I can't think of any
None
.
I am a technician program director, who is about to lose their program due to lack of enrollment because OBoP has not reverted back to pre-COVID rules about requiring techs to become certified.
no
Stop DEi hiring.
Increase in responsibilities for pharmacists should be fair and include an increase in support and compensation
Bring back the quarterly newsletters that addresses current standards which can be used as educational and training material. Each and every prescription should be reviewed thoughtfully during DUR by the pharmacist and the staff should not compromise speed over safety. Shortcuts and batching in practice is compromising safety.
N/A

Q #6 Comments Continued

N/A
No
Make things clearer, less jargon, allow pharmacists to practice at the top of the professional
Hold true to the mission and role of the board. Pharmacy is in a crisis for many reasons, but those providing care and those receiving it should be assured that practice is safe. That is not occurring today.
Unknown
Please consider supporting pharmacists and technicians in providing safe, efficient, patient-centered care.
Please modernize access to OAR 855 interpretation/ clarification
Stop wasting time revising the wording on OAR on start becoming aware of what is actually going to make patients safer
Retail pharmacy employees are frequently being overworked while the pharmacy is understaffed. This creates a breeding ground for error due to burnout as well as the erosion of empathy as a whole. The Boardd of Pharmacy should be proactive in its protection of the public by ensuring necessary staffing is mandatory for the location.
Clarifying verbiage for rules, making them more geared towards pharmacists in the field, not sitting at a desk.
It has been difficult keeping up with the large number of law updates and the re-numbering of laws the last few years!
Na
N/A
No
Data shows there is a significant increase in productivity when working remote. However, the guidelines are so strict that most companies in Oregon struggle to meet all of the requirements to allow employees to do so.
Allowing space for an employee to interface with the public who is allowed to answer questions.
Unsure
Not at this time.
No
No
Pharmacist and technician ratios for Coverage
Na
Unknown
No
Dismantle any Pbm that owns a pharmacy.

Q #6 Comments Continued

No thanks
Importance of positive resource for education and guidance
1:2 Pharmacist: tech ratio needs to be implemented as in California
Not really just we need to expand
No
I am no longer actively practicing during a long-term disability. Also, I'm based in Washington, licensed in Oregon in case my employer sent me to Salem to cover a staff shortage. I've simply kept my OR license active since original date.
I do not have an answer to your question
N/A
Unsure at the moment
No
Focus on quality, more on site inspections, deeper reviews of location operations, provide guidance and approval of processes that aren't outlined in black and white in the regulations
I've been licensed for 8 years. At some point the CE gets redundant and the 2 year renewals feel like a penalty for my career. I agree CE is important, but costs should be considered.
?
How can we help pharmacists keep up with rising demands without burning out and sacrificing safe practices.
Maybe consider looking into safe staffing ratios? We have some days where a single pharmacist is trying to keep up with 5 techs at once, plus an additional immunizer, not to mention patients, and I am concerned that the burden of the workload is creating an environment where mistakes are likely to happen. Enforcing safe staffing ratios would require corporations to allow in their labor budgets for more pharmacist labor and a subsequent decrease in medication errors.
After nearly 20 years working in healthcare, I've seen firsthand how much the pharmacy profession contributes to patient care, often behind the scenes. Pharmacy technicians play a significant role in medication safety, hospital operations, and supporting pharmacists, yet their professional growth and experience are not always fully recognized. I would encourage the Board to consider more opportunities for advanced technician training, professional development, and clearly defined expanded responsibilities based on demonstrated competency. I would also like to see greater collaboration between pharmacy and other healthcare disciplines, particularly in preventive medicine, medication management, nutrition, and chronic disease prevention. I believe the future of pharmacy should focus not only on safely dispensing medications but also on strengthening its contribution to overall patient health. Ultimately, protecting patients and supporting the professionals responsible for their care should go hand in hand.
N/a
Not sure
Nope that about covers it.

Q #6 Comments Continued

No
prioritize affordability, transparency, and meaningful input from frontline pharmacy technicians when reviewing the strategic plan. The 40% increase in licensing fees creates an additional financial burden for technicians, many of whom are already facing rising living costs, increased workloads, and staffing shortages. The Board should clearly explain how increased fees are being used, explore ways to control operating costs, and consider a more equitable fee structure that recognizes differences in licensees' wages and financial circumstances. Improving complaint response times, and ensuring pharmacy technicians have a meaningful voice in decisions that affect their working conditions and patient safety. Protecting public health also means supporting the pharmacy workforce responsible for providing safe patient care every day.
As an independent owner in Oregon, I ask the Board to add preservation of community pharmacy access as a strategic pillar. When reimbursement is routinely below cost, we cannot staff to meet the Board's own high standards for safe practice, and Oregon - now worst in the nation for pharmacy access - loses critical access points. The Board should track closures as a public health metric and formally collaborate with DCBS/OHA and the Legislature on the impact of PBM practices on access.
No
Renewal costs and heavy AI regulation.
Retail working conditions and the immense stress that retail staff are put under - when this is the first place that the board actively issues fines.
No
AI usage in pharmacy and by doctor offices
Perhaps greater visibility into hospital pharmacy and OHA & legislature collaboration. The collaboration is likely their but not sometimes visible or timely. Example: the naloxone for opioid use disorder SB1043. From a licensee perspective this was a "hurry up and get it done" with little time and a mess for operations and informatics
Na
?
I think the Board should expand its mission to include helping pharmacists and pharmacy technicians rather than focusing exclusively on public safety.
Unsure on what the strategic plan is so unsure how to make it better
Offer more training for serving nonEnglish speakers or certification in foreign languages medical terminology
Nursing licenses are laminated nicely.
Na
Common sense OARs - example is the need for signage for the public in an inpatient (institutional) pharmacy that is off limits to the public. No signage would increase security of the pharmacy
No.
N/A

Q #6 Comments Continued

When making protocols, use precise language. You should not need a law degree to understand. If you are trying to help, you have to be understood first.
Put more pressure on big box ownership to provide safe working conditions
Oregon should be following Idaho's lead. Our rule book is far too extensive and difficult to understand. The law exam should be abolished.
Continue to provide more surveys like this to gather more input.
NA

SWOC ANALYIS



Strengths



Weaknesses



Opportunities



Challenges

STRENGTHS:

- Addressing Changing Oregonians Needs and Patient Safety Issues
- Response to Healthcare Urgencies and Outbreaks
- Mission Focused (patient safety)
- Pharmacist Prescribing Protocols
- Requiring Continuing Pharmacy Education (CPE)
- Compounding Rules
- Available Resources and Ease of Use (e.g., website, YouTube)
- Consistent and Thorough Inspections
- Renewing and Approving Licenses
- Responses to Inquiries and Complaints
- Requirements to Receive a License (background checks)
- Licensee Lookup (user friendly)
- Continued Emphasis on Medication Safety, Professional Accountability, and Maintaining Standards for Pharmacy Personnel
- Enforcement of Regulations
- Review of Rules and Slowing the Pace of Rulemaking
- Communication through Emails
- Addressing Health, Wellbeing and Working Conditions of Pharmacy Personnel
- Rule Change Communications
- Vaccine Protocols and West Coast Healthcare Alliance Work
- Restructuring of OARs
- Required PIC Training
- Live CPE
- Supporting the Practice of Pharmacy
- Compliance Officers
- Self-Inspection Forms
- Legal Information Communication
- Requesting and Utilizing Interested Parties' Input
- Public Meetings

WEAKNESSES:

- More Reactive than Proactive
- Addressing Pharmacy Practice Working Conditions
- Holding Outlets Accountable
- Prompt Regulation Updates
- Lack of Regulations
- Potentially Ambiguous Rules (need more specificity and clarity)
- Modernization of Regulations
- Flexibility in Regulations
- Agency Lean Organizational Structure (staffing)
- Ability to Regulate Provider Compounding (including peptides and medical spas)
- Addressing AI
- Pharmacy Services Reimbursement Rates
- CPE Communication
- Website Interactive Processes and Communication
- Time to Complete Cases
- Application Processing Times
- Staff's Knowledge of USP 800

OPPORTUNITIES:

- System Database Modernization (Agency and public facing)
- Strengthened Partnerships (OSPA/OSHP and the public)
- Supporting Mental Health
- Integrate and Leverage AI Tools
- Statute Rewrite (ORS 689)
  - Assess Standard of Care Model
  - Assess New License Type (Delivery Personal)
  - Assess Prescribing (including vaccinations) and Protocols
  - Update to meet Drug Supply Chian Security Act (DSCSA) requirements
- Safe Pharmacy Practice Committee
- Newsletters
- Rule Modernization (via Rule Priority List)
  - Focus on Outlets
- Staff Delegated Authority (SDA)
- Uniform Multistate Pharmacy Jurisprudence Exam
- Enhanced Board Created CPE (pre-recorded)
- Fully Staffed Agency
- Enhanced Public and Licensee/Registrant Outreach and Communication
- Update Applications (directions and questions)
- Streamline Agency Processes
- Continued Ongoing Staff Education and Training
- Customer Service Standard Improvements
- Partner with Associations and State Agencies to Support Conversations Regarding Pharmacy Reimbursement
- Implement Standards for Assessment of all Communications (plain language and compliant with Federal digital accessibility regulations)

CHALLENGES:

- Increased Agency Expectations (despite declining resources)
- Complaint Volume (continues to increase)
- Jurisdictional Limitations
  - Operations and Regulations
  - Providers and Entities Outside of OBOP Jurisdiction
- Increasing Complexity in Healthcare
- Integration of AI
- Continued Pharmacy Workplace Condition Concerns
- Accessibility of Pharmacy Services and Pharmacy Closures
- Legal Advice (can not provide, but can provide legal information)
- Pharmacy Staff and Agency Staff Burnout
- Impactful Change to Pharmacy Working Conditions without Creating Barriers to Access
  - Increased Pharmacy Demand with Decreased Staffing
  - Decreased or No Pharmacist/ Pharmacy Reimbursements for Services
  - Third-Party Privatization of Healthcare Systems
  - Supporting and Empowering Pharmacist-in-Charge
  - Access to Services in Rural Areas
- National Certification Requirements for Technicians
  - Need licensed Technicians: Renewable Technician License created due to technician shortages
- Increased Licensing Fees (necessary for operations)



BOARD DISCUSSION