Oregon Board of Pharmacy
REVISED BOARD MEETING AGENDA
October 8-10, 2025

Public Attendance Options:

1. **In-person: 800 NE Oregon St. Conference Room 1A, Portland, OR**
2. **Virtually via Teams: Link**
3. **Audio only: (503) 446-4951 Phone Conference ID: 220 063 084#**

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 BOARD MEETING AGENDA
October 8-10, 2025

Wednesday, October 8, 2025 @ 8:30AM
Thursday, October 9, 2025 @ 8:30AM
Friday, October 10, 2025 @ 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
- Sign up for Public Comment, email your request to pharmacy.board@bop.oregon.gov by **12:00PM on 10/10/2025**

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,
- Jennifer Hall, Pharm.D., R.Ph.
- Rich Joyce, CPT, Board President
- Amy Kirkbride, R.Ph., Board Vice President
- Victoria Kroeger, Pharm.D., R.Ph.
- Priyal Patel, Pharm.D., R.Ph.
- Ana Pinedo, CPT
- Bryan Smith, R.Ph.

Agency Staff

- Joe Ball, R.Ph., Chief Compliance Officer
- Brianne Efremoff, Pharm.D., R.Ph., Compliance Director
- Cheryl Fox, R.Ph., Compliance Officer
- Chrisy Hennigan, Licensing Director
- Chehala "K" Klingberg, Compliance Assistant
- Jane Lee, Pharm.D., R.Ph., Compliance Officer
- Danny McComas, Pharm.D., R.Ph., Compliance Officer
- Rachel Melvin, Operations Manager
- Brian Murch, Pharm.D., R.Ph., Compliance Officer
- Tasha Pearson, Compliance Assistant
- Erin Richmond, Pharm.D., M.S., R.Ph., Compliance Officer
- Gary Runyon, Pharm.D., R.Ph., Executive Director
- Angela Hunt, Board Counsel

WEDNESDAY, OCTOBER 8, 2025

I. OPEN SESSION, Rich Joyce, CPT, Presiding

***Please note that the board will meet in Executive Session for most of the day and anticipates resuming Open Session @ 4:30PM**

a. Roll Call
b. Public Comment Information
   i. The board will not deliberate any issues or requests during public comment such as formal requests, issues currently under investigation, requests pending before the board or currently proposed rules
   ii. Public comment is limited to matters that were noticed on the board meeting agenda
   iii. Comments will not be allowed that are longer than the time allotted by the chair
   iv. To sign up to provide public comment, email your request to pharmacy.board@bop.oregon.gov by 12PM on 10/10/2025
c. Housekeeping & Meeting Etiquette *the board will break for lunch from 12-1PM
d. Agenda Review and Approval
e. Recusal Announcements *Action Necessary*

Oregon Board of Pharmacy
REVISED BOARD MEETING AGENDA
October 8-10, 2025

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

a. Legal Advice
b. Consult with counsel concerning the legal rights and duties regarding litigation or litigation likely to be filed
c. Deliberation on Disciplinary Cases and Investigations
d. Contested Case Deliberation *if applicable

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

IV. ADJOURN *Action Necessary*

THURSDAY, OCTOBER 9, 2025

I. OPEN SESSION, Rich Joyce, Presiding

a. Roll Call
b. Public Comment Information
    i. The board will not deliberate any issues or requests during public comment such as formal requests, issues currently under investigation, requests pending before the board or currently proposed rules
    ii. Public comment is limited to matters that were noticed on the board meeting agenda
    iii. Comments will not be allowed that are longer than the time allotted by the chair
    iv. To sign up to provide public comment, email your request to pharmacy.board@bop.oregon.gov by 12PM on 10/10/2025
c. Housekeeping & Meeting Etiquette - ***The board will break for lunch from 12-1:00PM and will resume Open Session @ 1:00PM**

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

a. Legal Advice
b. Consult with counsel concerning the legal rights and duties regarding litigation or litigation likely to be filed
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d. Contested Case Deliberation *if applicable

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

IV. GENERAL ADMINISTRATION

a. Discussion Items
    i. Rules
        1. Review August 2025 Rulemaking Hearing Report & Comments **#A**

Action Necessary

ii. Consider Adoption of Rules
   1. Div 110 – Licensee & Registrant Fee Increase (OAR 855-110-0005, OAR 855-110-0006, OAR 855-110-0007, OAR 855-110-0010) **#B** *Action Necessary*

iii. Rules in Development

iv. Rulemaking Policy Discussion Items
   1. Div 041/115 OTC Birth Control – Oral Hormonal Contraceptive – OHA Standing Order Prescription (OAR 855-041-1105, OAR 855-115-0130) **#C** *Action Necessary*

   2. Div 104 – Criminal Conviction Determination Process (OAR 855-104-0155) **#C1, C1a** *Action Necessary*

   3. Div 143 – Pharmacy Prescription Locker - 2025 SB 236 **#C2, C2a**
   OAR 855-143-0001, OAR 855-143-0005, OAR 855-143-0010, OAR 855-143-0015, OAR 855-143-0020, OAR 855-143-0025, OAR 855-143-0030, OAR 855-143-0050, OAR 855-143-0100, OAR 855-143-0120, OAR 855-143-0125, OAR 855-143-0130, OAR 855-143-0150, OAR 855-143-0155, OAR 855-143-0200, OAR 855-143-0205, OAR 855-143-0210, OAR 855-143-0215, OAR 855-143-0220, OAR 855-143-0225, OAR 855-143-0345, OAR 855-143-0500, OAR 855-143-0550, OAR 855-143-0600, OAR 855-143-0602, OAR 855-143-0650

V. ADJOURN *Action Necessary*

FRIDAY OCTOBER 10, 2025

I. OPEN SESSION, Rich Joyce, CPT, Presiding
- a. Roll Call
- b. Public Comment Information
   - i. The board will not deliberate any issues or requests during public comment such as formal requests, issues currently under investigation, requests pending before the board or currently proposed rules
   - ii. Public comment is limited to matters that were noticed on the board meeting agenda
   - iii. Comments will not be allowed that are longer than the time allotted by the chair
   - iv. To sign up to provide public comment, email your request to pharmacy.board@bop.oregon.gov by 12PM on 10/10/2025

- c. Housekeeping & Meeting Etiquette ***The board will break for lunch from 12-1:00PM**

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

a. Legal Advice
b. Consult with counsel concerning the legal rights and duties regarding litigation or litigation likely to be filed
c. Deliberation on Disciplinary Cases and Investigations
d. Contested Case Deliberation *if applicable

III. OPEN SESSION CONTINUED – PUBLIC MAY ATTEND - At the conclusion of executive session, the board may convene open session to review scheduled agenda items as time permits.

IV. MOTIONS RELATED TO DISCIPLINARY ACTIONS *Action Necessary*

**At this time the board will vote on cases, including proposed disciplinary actions against licensees/registrants.*

V. GENERAL ADMINSITRATION CONTINUED

a. Discussion Items
   i. Rules
      1. Div 143 – Pharmacy Prescription Locker Rule Review Continued **#C2** (if applicable)
      2. Div 183 – Drug Compounding **#C3** *(page #17 starting with OAR 855-183-0560)*
   ii. SBAR – Retire Pharmacist Licenses **#D** *Action Necessary*
   iii. 2025 Annual Performance Progress Report **#E**
   iv. Financial Update **#F**
   v. 2024-2029 Strategic Plan Update

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

2025 Board Meeting Dates

- November 5, 2025 Portland *Strategic Planning Meeting
- December 10-12, 2025 Portland

2026 Board Meeting Dates

- February 11-12, 2026 Portland
- April 8-9, 2026 Portland
- June 10-11, 2026 Portland
- August 12-13, 2026 Portland
- October 7-8, 2026 Portland
- November 4-5, 2026 TBD *Strategic Planning Meeting
- December 9-10, 2026 Portland

2027 Board Meeting Dates

- February 10-11, 2027 Portland
- April 7-8, 2027 Portland
- June 9-10, 2027 Portland
- August 11-12, 2027 Portland
- October 6-7, 2027 Portland
- November 3, 2027 TBD *Strategic Planning Meeting
- December 8-9, 2027 Portland

2025 Rulemaking Hearing Dates

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

- November 25, 2025

Conferences/Meetings

- 2025 NABP Forum Charging Into the Future, Ensuring Safe Pharmacy for All - October 27-30, 2025, in Rosemont, IL

VI. CONSENT AGENDA* *Action Necessary*

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

a. License/Registration Ratification 7/22/2025-9/22/2025 **# CONSENT -1**
b. Board Meeting Summary August 2025 - **# CONSENT -2**
c. Special Board Meeting Summary August 20, 2025 - **# CONSENT -3**
d. Special Board Meeting Summary September 17, 2025 - **# CONSENT -4**

VII. PUBLIC COMMENT

VIII. MATTERS TO BE DISCUSSED BY THE BOARD

IX. MATTERS TO BE DISCUSSED BY AGENCY STAFF

X. ADJOURN *Action Necessary*

Oregon
Tina Kotek, Governor

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, OR, 97232
Phone: 971-673-0001
Fax: 971-673-0002
pharmacy.rulemaking@bop.oregon.gov
www.oregon.gov/pharmacy

Date: August 22, 2025

To: Oregon Board of Pharmacy
From: Rachel Melvin, Hearings Officer

Subject: Hearings Officer's Report on Rulemaking Hearing

Hearing Date: August 21, 2025

Hearing Location: Virtual Hearing

Proposed Rules:

- Division 110 – Fees
  - OAR 855-110-0005 – Licensing Fees
  - OAR 855-110-0006 – Pharmacist Examination Fees Paid to NABP
  - OAR 855-110-0007 – Fees for Registration, Renewal, and Reinspection of Drug Outlets
  - OAR 855-110-0010 – Fees for Registration for Controlled Substances

On July 9, 2025, the August 21, 2025 Proposed Rulemaking Hearing was publicly noticed via GovDelivery to 5,575 rulemaking/adopted rules subscribers and to 22,152 licensees/registrants.

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

The rulemaking hearing convened at 9:31AM and adjourned at 9:41AM. #6 people joined the public call to listen to the hearing, #1 participant signed up to provide oral testimony, #1 participant provided oral testimony during the hearing. #16 written comments were received during the open comment period from 7/8/2025 through 4:30PM on 8/21/2025. The hearing was recorded, and the notice of proposed rulemaking filing was available on our website.

SUMMARY OF ORAL TESTIMONY:

RULES PROPOSED: Division 101

AMENDS: OAR 855-110-0005 – Licensing Fees

- Anthony Tran
  - Understands the fee increase based on review of the Governor's Budget and resources needed
  - Doesn't understand the urgency of implementing the fee increase in July using emergency powers of the Board
  - Stated that there was enough budget to get through current service level and a budget shortfall wouldn't apply until the end
  - Didn't like that there wasn't an opportunity to discuss before the temporary rule was implemented

Oregon
Tina Kotek, Governor

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- Concerned why all licensee fees were increased by 40% and why wasn't a tiered approach considered, makes more sense to charge institutions who generate large revenue a larger licensing fee
- Concerned it is not clear if the fee increase is a one-time cost to pay for a new licensing database or will the fee increase continue in the future

RULES PROPOSED: Division 101

ADOPTS: OAR 855-110-0006 – Pharmacist Examination Fees Paid to NABP

- No oral testimony provided

RULES PROPOSED: Division 101

AMENDS: OAR 855-110-0007– Fees for Registration, Renewal, and Reinspection of Drug Outlets

- Anthony Tran
  - Believes a fee increase should only be for facilities/institutions who generate large revenue to take pressure off the pharmacists

RULES PROPOSED: Division 101

AMENDS: OAR 855-110-0010 – Fees for Registration for Controlled Substances

- No oral testimony provided

All written comments received by the public comment deadline date of 8/21/2025 at 4:30PM **have been provided in their entirety** to the board. Comments were received in response to the 7/9/2025 Notice of Proposed Rulemaking.

From: Huglyn Balase
To: PHARMACY RULEMAKING * BOP
Subject: Public Comment – Opposition to Proposed 40% Fee Increase (OAR 855-110-0005 to 0010)
Date: Wednesday, July 16, 2025 4:20:44 AM

Public Comment

To: Oregon Board of Pharmacy
Date: 7/15/25
RE: OAR 855-110-0005 to 0010
To the Members of the Oregon Board of Pharmacy,
I am writing as a licensed pharmacist and committed stakeholder to formally oppose the proposed 40% license and registration fee increase for pharmacists, pharmacy technicians, interns, and facilities. The Board's approach, particularly its use of temporary rulemaking and retroactive justification, raises significant concerns about transparency, fairness, and fiscal accountability.

1. This Is Not a Shortfall — It's a Framing Problem

The Board has consistently referred to this situation as a budget shortfall. In truth, this shortfall was self-created by approving an expansive growth plan, which included new staff, IT systems, and operational packages, all without securing adequate revenue first. The Governor's Recommended Budget for 2025–27 actually approved more funding than the Board initially requested, increasing the agency's spending authority from approximately $11.4 million to $12.6 million. This is not an emergency caused by unexpected cuts—it is a voluntary expansion now being backfilled by licensee fees. This framing is misleading and erodes public trust.

2. The Temporary Rule Undermines Transparency and Public Process

The Board implemented the 40% fee increase as a temporary rule effective July 1, 2025—before the public comment period for the permanent rule even began. Temporary rulemaking is designed for real emergencies, not to preemptively enact controversial structural changes. This maneuver bypasses stakeholder engagement and reduces the value of public input. Many pharmacists are unaware that the fee hike is already in effect, which highlights the opacity of the process.

3. Strategic Drift: New Leadership, Old Budget

The current strategic plan and budget were built under a former Executive Director who left the role after a short tenure. Since then, new leadership has taken over without any meaningful reassessment of the growth plan. Continuing forward with an aggressive fee increase based on outdated leadership vision—without public dialogue or adjustment—raises serious concerns about governance. Why has the new leadership not revisited the budget before implementing a major financial policy?

4. Cut From Within Before Reaching Outward

Before implementing a license fee increase of this scale, the Board should have conducted a thorough internal review. This includes evaluating non-essential programs, delaying discretionary investments, phasing in changes, and involving stakeholders through an Administrative Rule Advisory Committee. None of this was done. Instead, the increase was pushed through quickly and without options for collaboration or cost-sharing alternatives.

5. Equity and Disparity Among License Types Ignored

The 40% increase is being applied uniformly across all license categories—including independent pharmacists, technicians, and interns—as well as large manufacturers, wholesalers, and national retail chains. This ignores the stark disparities in revenue, scale, and financial resilience among these groups. It is fundamentally inequitable to ask small businesses and individuals to bear the same financial burden as corporate entities with significantly greater resources. A fairer fee structure would consider these differences and assign responsibility accordingly.

6. Working Professionals Are Not a Blank Check

Pharmacists and technicians are experiencing high burnout, staffing shortages, stagnant wages, and increasing patient loads. This fee increase adds yet another stressor to an already strained workforce. The Board's Strategic Plan emphasizes supporting licensee well-being, but this policy undermines that goal. It sends a message that licensees are expected to absorb financial burdens regardless of context, workload, or sustainability.

Conclusion and Request

This fee increase is not a necessity born of fiscal crisis—it is the result of unchecked expansion and inadequate planning. The use of temporary rulemaking, the failure to reassess under new leadership, and the flat, regressive nature of the increase all point to a serious breakdown in process.

I respectfully urge the Board to:
- Repeal or delay the temporary rule;
- Reassess budget priorities under current leadership;
- Reopen stakeholder engagement through advisory committees;
- Explore equitable, tiered, and phased approaches to funding.

Pharmacists are the backbone of Oregon's medication safety and public health infrastructure. We should not be treated as an afterthought in the budgeting process.

Sincerely,
Huglyn D Balase
RPH-0011348
Portland, OR

From: bbenbaruch@ashlandhome.net
To: PHARMACY RULEMAKING * BOP
Cc: Rep Marsh; Sen Golden
Subject: . Div 110 - Licensee & Registrant Fee Increase
Date: Wednesday, July 9, 2025 10:52:39 AM

Where are the fees to PBMs? Why are the health care providers being asked to shoulder the entire burden? Shouldn't the drug companies and PBMs have to pay fees to the Pharmacy Board?

Benjamin (Benjy) Ben-Baruch
461 N Mountain Ave
Ashland OR 97520
734-507-0862

NEED FOR THE RULE(S) Proposes to implement fee increases for Licensees and Registrants included in the Oregon Board of Pharmacy Legislatively Approved Budget for 2025-27.

The proposed amendments reflect fee increases for 32 facility categories and 4 individual categories to generate an estimated $3,517,890 of additional revenue for a total of $12,311,740 of Other Fund revenue as approved by the legislature. Without an increase in fees the board would face a budget shortfall. The Oregon Board of Pharmacy is supported by Other Fund revenue primarily generated from licensing and renewal, application fees charged to pharmacists, interns, Certified Oregon pharmacy technicians and pharmacy technicians and various types of drug outlets.

From:	bbenbaruch@ashlandhome.net
To:	PHARMACY RULEMAKING * BOP
Cc:	Rep Marsh; Sen Golden; Sen Patterson; legislation@hcao.org
Subject:	Upcoming BOP public meeting
Date:	Wednesday, July 9, 2025 5:05:33 PM

In Oregon, health care is a human right. PBMs are jeopardizing our right to health care by their practices that manipulate prices, discriminate against neighborhood pharmacies and independent pharmacies, and put their own profits ahead of safe and efficient and affordable provision of drugs from suppliers to patients.

The BOP should be enforcing our rights in Oregon and taking steps to regulate and control the PBMs.

1. Drugs delivered by mail order must be transported in protective packaging. And that packaging should protect drugs against temperatures that effect drug potency and effectiveness.
2. If drugs supplied by mail order can be provided for 90-days at cheaper prices, then all pharmacies should be able to fill 90-day prescriptions for the cheaper price. Patients should not be incented to purchase drugs from mail order supply houses by making 90-day supplies and cheaper prices dependent upon using these mail order houses. Indeed, health care would be optimized if patients were incented to use neighborhood pharmacies and include neighborhood pharmacists among their health care providers. PBMs have a negative effect on health care delivery.
3. To the extent possible, the choice of whether to have drugs picked up at a neighborhood pharmacy or sent by mail should be the patient's choice. PBM practices should not be harmful to neighborhood and independent pharmacies. Indeed, neighborhood pharmacies are a key component of health care delivery and our right to health care, now protected by the Oregon constitution, should not be compromised by PBM practices.

Benjamin (Benjy) Ben-Baruch
461 N Mountain Ave
Ashland OR 97520
734-507-0862

From: Spencer Duffey
To: PHARMACY RULEMAKING * BOP
Subject: FILING CAPTION: Licensee and Registrant Fee Increase
Date: Thursday, July 10, 2025 8:01:22 AM

As Oregonians we already have a huge tax burden and these fees essentially add to that. With pharmacists leaving school with massive amounts of debt these fees nickel and dime registrants in an increasingly more depressive economic environment.

We are also now the state with the least pharmacy access in the US, so increasing fees won't help.

Thank you,
SRD

Public Comment Letter – Opposition to Proposed 40% Fee Increase

To: Oregon Board of Pharmacy

Date: [Insert Date]

RE: OAR 855-110-0005 to 0010 – Proposed Licensee and Registrant Fee Increases

To the Members of the Oregon Board of Pharmacy,

I am writing as a licensed pharmacist and committed stakeholder to formally oppose the proposed 40% license and registration fee increase for pharmacists, pharmacy technicians, interns, and facilities. The Board's approach, particularly its use of temporary rulemaking and retroactive justification, raises significant concerns about transparency, fairness, and fiscal accountability.

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raises serious concerns about governance. Why has the new leadership not revisited the budget before implementing a major financial policy?

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I respectfully urge the Board to:
- Repeal or delay the temporary rule;
- Reassess budget priorities under current leadership;
- Reopen stakeholder engagement through advisory committees;
- Explore equitable, tiered, and phased approaches to funding.

Pharmacists are the backbone of Oregon's medication safety and public health

infrastructure. We should not be treated as an afterthought in the budgeting process.

Sincerely,

Anika L Fanlo

RPH-0020345

Hermiston, Community Pharmacy

Fanlo.anika@gmail.com

From: Anika Fanlo
To: PHARMACY RULEMAKING * BOP
Subject: Re: OBOP Public Comment Letter
Date: Wednesday, July 16, 2025 11:45:18 AM
Attachments: image001.png
image002.png
OBOP_Public_Comment_Letter_Detailed.docx

Sorry, I forgot to save the edited version. Please see the attached! Thank you!

On Wed, Jul 16, 2025 at 9:49 AM PHARMACY RULEMAKING * BOP <PHARMACY.RULEMAKING@bop.oregon.gov> wrote:

> Hello,
>
> Do you want to submit the attachment without adding your information, it's missing text in a few of the fields.
>
> Sincerely,
>
> [Your Full Name]
>
> [Pharmacist License #]
>
> [City/Practice, Optional]
>
> [Email or Contact, Optional]
>
> **Sincerely,**
>
> **Oregon Board of Pharmacy Rulemaking Staff**
>
> **pharmacy.rulemaking@bop.oregon.gov**
>
> (971) 673- 0001
>
> **Oregon.Gov/Pharmacy**

Any and all statements provided herein shall not be construed as an official policy, position, opinion or statement of the Oregon Board of Pharmacy (OBOP). OBOP staff cannot and do not provide legal advice. OBOP staff provide assistance to the public by providing reference to the OBOP statutes and regulations; however, any such assistance provided by OBOP staff shall not be construed as legal advice for any particular situation, nor shall any such assistance be construed to communicate all applicable rules and regulations governing any particular situation or occupation. Please consult an attorney regarding any legal questions related to state or federal laws and regulations including the interpretation and application of the laws and regulations governing the OBOP.

From: Anika Fanlo <fanlo.anika@gmail.com>
Sent: Wednesday, July 16, 2025 8:09 AM
To: PHARMACY RULEMAKING * BOP <pharmacy.rulemaking@bop.oregon.gov>
Subject: OBOP Public Comment Letter

Please see attached.

Thank you for your time!

From: PHARMACY BOARD * BOP
To: PHARMACY RULEMAKING * BOP
Subject: FW: Fee increases
Date: Wednesday, July 16, 2025 5:32:25 PM

-----Original Message-----
From: Kim Adams <kjuli123@gmail.com>
Sent: Wednesday, July 16, 2025 5:25 PM
To: PHARMACY BOARD * BOP <pharmacy.board@bop.oregon.gov>
Subject: Fee increases

Dear Board of Pharmacy,
I am writing to ask you to reconsider the 40% increase in pharmacy technician licenses. We are currently one of the lowest paid demographics in the medical field, most of us not making a living wage in the state of Oregon. The mission of the board is to ensure the safety of all Oregonians, and I am afraid that low wages and increased fees will push many techs into other fields further increasing the burden on pharmacists. While I understand the boards use of these funds to further education, safety, changing needs and many services, now is not the time to discourage people from coming into a field that is already challenging. I would recommend a tiered approach. Perhaps a 4% increase yearly over the course of 10 years. As a side note, most wage increases fall in the 2.5-5 % a year range.
Thank you for your concern,
Kim Julian.

To the Oregon Board of Pharmacy,

I am writing to express my strong opposition to the proposed 40% increase in pharmacist license fees with HB 2028. This increase is especially difficult to accept given the ongoing practice of allowing pharmacists who are not licensed in Oregon to perform core pharmacist duties within the state with OAR-855-115-0001.

As a licensed pharmacist in Oregon since 2008, I have committed significant time, effort, and financial resources to meet the state's licensing requirements and uphold its standards of care. However, I am increasingly seeing pharmacists from out of state—who are not licensed in Oregon—being allowed to conduct drug utilization reviews, pre-verification, and other key responsibilities. This not only undermines the value of Oregon licensure, but creates an unfair and unsustainable system where local professionals shoulder the financial burden while out-of-state practitioners perform the same duties without contributing to the state's regulatory costs and patient care responsibility.

This practice has serious implications:

- It devalues Oregon licensure and discourages qualified pharmacists from maintaining or pursuing licensure in the state.
- It reduces job security for in-state pharmacists, as employers can rely on less expensive, non-licensed labor.
- It negatively impacts patient care by weakening oversight and accountability.
- And now, with a proposed 40% fee increase, it further punishes those of us who have made a commitment to Oregon and its healthcare system.
- The state of Oregon and the Board of Pharmacy is losing revenue and affecting the budget shortfall.

I urge the Board to reconsider this fee increase and instead focus on the broader implications of OAR 855-115-0001 to protect the integrity of pharmacy practice in Oregon. If Oregon is going to charge some pharmacists high fees to practice, it should hold all practitioners to the same standard—regardless of where they are located. Anything less is both inequitable and harmful to the profession.

Thank you for your time and consideration.

Caprice Meese, PharmD, Rph
Pharmacy Leader
Fred Meyer Pharmacy #516
30300 SW Boones Ferry Road
Wilsonville, OR 97070
503-570-3533

From: Meese, Caprice A
To: PHARMACY RULEMAKING * BOP
Subject: Licensing fee increase
Date: Thursday, August 21, 2025 9:14:51 AM
Attachments: BOPHB2025.docx
Importance: High

Good morning,

Please see the attached letter regarding my strong opposition to the proposed fee increases for Oregon Pharmacists.

Thank you,

Caprice Meese, PharmD
Pharmacy Manager
Fred Meyer Pharmacy #516
30300 SW Boones Ferry Rd
Wilsonville, Oregon 97070
Phone 503-570-3533
Fax 503-570-3527

From: Fran M
To: PHARMACY RULEMAKING * BOP
Subject: Please reconsider about DEI or Equity
Date: Friday, July 11, 2025 10:37:17 AM

To Whom It May Concerns,

I am very bothered by the use of DEI and Equity statement when involving the practice of pharmacy. We are supposed to be judged based on our merit only and not based on our race or gender. I didn't study hard to be disrespected professionally by colleagues because of this type of discriminating policies. I am Asian, a refugee who came here without knowing a word of English. I spent my time studying so much to be able to take the SAT test to go to college. All these Affirmative Actions, which didn't apply to my race, but actually discriminated against all minorities as well as whites who worked hard only to have their position or college spots taken away from them to give to a non-deserving candidate. On the other hand, most people didn't know that Affirmative Actions only protected three races, would give them reason to use that against me and I am so tired of having to prove that I got my position based on my merit and hard work because I am an Asian woman. This problem still exists for my daughter too despite all these years. DEI and Equity don't appear to consider merit and that is a very dangerous to our field of study and profession. Your policies will not only discriminate based on race and gender but set a precedent of having less qualified, less intelligent and less skilled people to be in very high risk field and will perpetuate prejudice to those of us who are truly qualified.

Sincerely,

Francesca Meyer, Rph, Pharm.D

Public Comment Letter – Opposition to Proposed 40% Fee Increase

To: Oregon Board of Pharmacy

Date: 7/16/25

RE: OAR 855-110-0005 to 0010 – Proposed Licensee and Registrant Fee Increases

To the Members of the Oregon Board of Pharmacy,

I am writing as a licensed pharmacist and committed stakeholder to formally oppose the proposed 40% license and registration fee increase for pharmacists, pharmacy technicians, interns, and facilities. The Board's approach, particularly its use of temporary rulemaking and retroactive justification, raises significant concerns about transparency, fairness, and fiscal accountability.

1. This Is Not a Shortfall — It's a Framing Problem

The Board has consistently referred to this situation as a budget shortfall. In truth, this shortfall was self-created by approving an expansive growth plan, which included new staff, IT systems, and operational packages, all without securing adequate revenue first. The Governor's Recommended Budget for 2025–27 actually approved more funding than the Board initially requested, increasing the agency's spending authority from approximately $11.4 million to $12.6 million. This is not an emergency caused by unexpected cuts—it is a voluntary expansion now being backfilled by licensee fees. This framing is misleading and erodes public trust.

2. The Temporary Rule Undermines Transparency and Public Process

The Board implemented the 40% fee increase as a temporary rule effective July 1, 2025—before the public comment period for the permanent rule even began. Temporary rulemaking is designed for real emergencies, not to preemptively enact controversial structural changes. This maneuver bypasses stakeholder engagement and reduces the value of public input. Many pharmacists are unaware that the fee hike is already in effect, which highlights the opacity of the process.

3. Strategic Drift: New Leadership, Old Budget

The current strategic plan and budget were built under a former Executive Director who left the role after a short tenure. Since then, new leadership has taken over without any meaningful reassessment of the growth plan. Continuing forward with an aggressive fee increase based on outdated leadership vision—without public dialogue or adjustment—

raises serious concerns about governance. Why has the new leadership not revisited the budget before implementing a major financial policy?

4. Cut From Within Before Reaching Outward

Before implementing a license fee increase of this scale, the Board should have conducted a thorough internal review. This includes evaluating non-essential programs, delaying discretionary investments, phasing in changes, and involving stakeholders through an Administrative Rule Advisory Committee. None of this was done. Instead, the increase was pushed through quickly and without options for collaboration or cost-sharing alternatives.

5. Equity and Disparity Among License Types Ignored

The 40% increase is being applied uniformly across all license categories—including independent pharmacists, technicians, and interns—as well as large manufacturers, wholesalers, and national retail chains. This ignores the stark disparities in revenue, scale, and financial resilience among these groups. It is fundamentally inequitable to ask small businesses and individuals to bear the same financial burden as corporate entities with significantly greater resources. A fairer fee structure would consider these differences and assign responsibility accordingly.

6. Working Professionals Are Not a Blank Check

Pharmacists and technicians are experiencing high burnout, staffing shortages, stagnant wages, and increasing patient loads. This fee increase adds yet another stressor to an already strained workforce. The Board's Strategic Plan emphasizes supporting licensee well-being, but this policy undermines that goal. It sends a message that licensees are expected to absorb financial burdens regardless of context, workload, or sustainability.

Conclusion and Request

This fee increase is not a necessity born of fiscal crisis—it is the result of unchecked expansion and inadequate planning. The use of temporary rulemaking, the failure to reassess under new leadership, and the flat, regressive nature of the increase all point to a serious breakdown in process.

I respectfully urge the Board to:
- Repeal or delay the temporary rule;
- Reassess budget priorities under current leadership;
- Reopen stakeholder engagement through advisory committees;
- Explore equitable, tiered, and phased approaches to funding.

Pharmacists are the backbone of Oregon's medication safety and public health

infrastructure. We should not be treated as an afterthought in the budgeting process.

Sincerely,

Dr. Sarah Kathryn Schauer PharmD, RPh

License #11113

From: Sarah Schauer
To: PHARMACY RULEMAKING * BOP
Subject: OBOP_Public_Comment_Letter_Detailed
Date: Wednesday, July 16, 2025 2:28:03 PM
Attachments: OBOP_Public_Comment_Letter_Detailed.docx

Please see the attached letter.

From: Anthony Tran
To: PHARMACY RULEMAKING * BOP
Subject: Public Comment Letter – Opposition to Proposed 40% Fee Increase
Date: Wednesday, July 16, 2025 2:27:59 PM

To: Oregon Board of Pharmacy
Date: Tuesday July 15th

Regarding, OAR 855-110-0005 to 0010 – Proposed Licensee and Registrant Fee Increases

To the Members of the Oregon Board of Pharmacy,

I am writing as a licensed pharmacist and committed stakeholder to formally oppose the proposed 40% license and registration fee increase for pharmacists, pharmacy technicians, interns, and facilities. The Board's approach, particularly its use of temporary rulemaking and retroactive justification, raises significant concerns about transparency, fairness, and fiscal accountability.

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The Board has consistently referred to this situation as a budget shortfall. In truth, this shortfall was self-created by approving an expansive growth plan, which included new staff, IT systems, and operational packages, all without securing adequate revenue first. The Governor's Recommended Budget for 2025–27 actually approved more funding than the Board initially requested, increasing the agency's spending authority from approximately $11.4 million to $12.6 million. This is not an emergency caused by unexpected cuts—it is a voluntary expansion now being backfilled by licensee fees. This framing is misleading and erodes public trust.

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3. Strategic Drift: New Leadership, Old Budget

The current strategic plan and budget were built under a former Executive Director who left the role after a short tenure. Since then, new leadership has taken over without any meaningful reassessment of the growth plan. Continuing forward with an aggressive fee increase based on outdated leadership vision—without public

dialogue or adjustment—raises serious concerns about governance. Why has the new leadership not revisited the budget before implementing a major financial policy?

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Conclusion and Request

This fee increase is not a necessity born of fiscal crisis—it is the result of unchecked expansion and inadequate planning. The use of temporary rulemaking, the failure to reassess under new leadership, and the flat, regressive nature of the increase all point to a serious breakdown in process.

I respectfully urge the Board to:
- Repeal or delay the temporary rule;
- Reassess budget priorities under current leadership;
- Reopen stakeholder engagement through advisory committees;
- Explore equitable, tiered, and phased approaches to funding.

Pharmacists are the backbone of Oregon's medication safety and public health infrastructure. We should not be treated as an afterthought in the budgeting process.

Sincerely,

Anthony Tran PharmD

From: Caelon Vecchio-Miller
To: PHARMACY RULEMAKING * BOP
Subject: Increase licensing fees
Date: Thursday, July 17, 2025 5:09:00 PM

To whom it may concern:

Do you guys just want no one to be a pharmacist? We have pharmacies closing all over the place and patient's struggling to find care and then on top of it all you increase our fees to be licensed? There was no other way around that? I am licensed in 2 other states and they and for 2 years of two states equals the two years here. I just don't understand what costs justify such a hike with the current health climate that we face. It obviously will not matter, not change, anything, but I am deeply disappointed. We are not going to attract the best and brightest with all these closures, high fees, and stagnant pay. Oregon already has a high cost of living, which goes up. We have high income tax burden as well. Hindering abilities to bring people here more, further disparaging care.

Thank you,

Caelon1 Vecchio-Miller, PharmD, BCACP

From: Laura Veriga
To: PHARMACY RULEMAKING * BOP
Subject: Pharmacist licensing fees
Date: Wednesday, August 20, 2025 2:28:28 PM

To the Oregon Board of Pharmacy,

I am writing to express my strong opposition to the proposed 40% increase in pharmacist license fees with HB 2028. This increase is especially difficult to accept given the ongoing practice of allowing pharmacists who are not licensed in Oregon to perform core pharmacist duties within the state with OAR-855-115-0001.

As a licensed pharmacist in Oregon since 2008, I have committed significant time, effort, and financial resources to meet the state's licensing requirements and uphold its standards of care. However, I am increasingly seeing pharmacists from out of state—who are not licensed in Oregon—being allowed to conduct drug utilization reviews, pre-verification, and other key responsibilities. This not only undermines the value of Oregon licensure, but creates an unfair and unsustainable system where local professionals shoulder the financial burden while out-of-state practitioners perform the same duties without contributing to the state's regulatory costs and patient care responsibility.

This practice has serious implications:

- It devalues Oregon licensure and discourages qualified pharmacists from maintaining or pursuing licensure in the state.
- It reduces job security for in-state pharmacists, as employers can rely on less expensive, non-licensed labor.
- It negatively impacts patient care by weakening oversight and accountability.
- And now, with a proposed 40% fee increase, it further punishes those of us who have made a commitment to Oregon and its healthcare system.
- The state of Oregon and the Board of Pharmacy is losing revenue and affecting the budget shortfall.

I urge the Board to reconsider this fee increase and instead focus on the broader implications of OAR 855-115-0001 to protect the integrity of pharmacy practice in Oregon. If Oregon is going to charge some pharmacists high fees to practice, it should hold all practitioners to the same standard—regardless of where they are located. Anything less is both inequitable and harmful to the profession.

Thank you for your time and consideration.

Laura Veriga,

Oregon parmacist
Lic # 11277

Cyndi Vipperman
Certified Pharmacy Technician
Bend, OR
August 10, 2025

To Whom It May Concern,
Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, OR 97232

Subject: Opposition to Pharmacy Technician License Fee Increase

Dear Board Members of the Oregon Board of Pharmacy,

I am writing to express my strong opposition to the recent 40% increase in pharmacy technician licensing fees, effective July 16, 2025, raising the biennial fee from $100 to $140. As a dedicated pharmacy technician working in Bend, I am deeply concerned about the financial burden this places on thousands of professionals like myself who are already navigating a challenging economic landscape.

According to the Pharmacy Technician Certification Board (PTCB), Oregon has approximately 3,517 certified pharmacy technicians. Many of us work full-time in essential healthcare roles, yet our wages remain modest compared to the responsibilities we carry. Increasing fees without proportional wage growth or added benefits undermines our value and discourages entry into the profession.

When comparing Oregon's fees and requirements to neighboring states, the disparity becomes even more apparent:

- California requires pharmacy technicians to complete a board-approved training program and pass a national certification exam. The application fee is $120, and the biennial renewal fee is $150. However, California offers higher average wages and broader career advancement opportunities, which help offset these costs.
- Washington mandates completion of an accredited training program and national certification. The initial application fee is just $50, and the biennial renewal fee is $140. Despite similar educational requirements, Washington's lower entry cost makes the profession more accessible.

Oregon's fee increase places our state at a competitive disadvantage, especially when considering that our technicians must only meet basic registration requirements and are not required to be nationally certified. This makes the fee increase even more difficult to justify.

I strongly encourage the Board to reexamine the educational requirements for pharmacy technicians in Oregon. The current lack of formal education standards contributes to the perception

of this role as a temporary or entry-level job, rather than a respected healthcare career. Technicians who have worked in the field for more than three to five years will attest to the importance of having foundational knowledge in pharmacy before entering the profession. This education is not only vital for career development but is essential for ensuring patient safety and maintaining high standards of care.

I respectfully urge the Board to reconsider this fee hike or explore alternative funding mechanisms that do not disproportionately impact frontline healthcare workers. Pharmacy technicians are vital to the safe and efficient delivery of medications, and we deserve policies that reflect our contributions without adding undue financial strain.

Thank you for your time and consideration.

Sincerely,
Cyndi Vipperman
Certified Pharmacy Technician
Bend, Oregon

From: Laura Vo
To: PHARMACY RULEMAKING * BOP
Subject: A CALL TO ACTION FOR ALL OREGON PHARMACISTS
Date: Thursday, August 21, 2025 11:25:47 AM

To the Oregon Board of Pharmacy,

I am writing to express my strong opposition to the proposed 40% increase in pharmacist license fees with HB 2028. This increase is especially difficult to accept given the ongoing practice of allowing pharmacists who are not licensed in Oregon to perform core pharmacist duties within the state with OAR-855-115-0001.

As a licensed technician then pharmacy intern in Oregon since 2022, I have committed significant time, effort, and financial resources to meet the state's licensing requirements and uphold its standards of care. However, I am increasingly seeing pharmacists from out of state—who are not licensed in Oregon—being allowed to conduct drug utilization reviews, pre-verification, and other key responsibilities. This not only undermines the value of Oregon licensure, but creates an unfair and unsustainable system where local professionals shoulder the financial burden while out-of-state practitioners perform the same duties without contributing to the state's regulatory costs and patient care responsibility.

This practice has serious implications:

- It devalues Oregon licensure and discourages qualified pharmacists from maintaining or pursuing licensure in the state.
- It reduces job security for in-state pharmacists, as employers can rely on less expensive, non-licensed labor.
- It negatively impacts patient care by weakening oversight and accountability.
- And now, with a proposed 40% fee increase, it further punishes those of us who have made a commitment to Oregon and its healthcare system.
- The state of Oregon and the Board of Pharmacy is losing revenue and affecting the budget shortfall.

I urge the Board to reconsider this fee increase and instead focus on the broader implications of OAR 855-115-0001 to protect the integrity of pharmacy practice in Oregon. If Oregon is going to charge some pharmacists high fees to practice, it should hold all practitioners to the same standard—regardless of where they are located. Anything less is both inequitable and harmful to the profession.

Thank you for your time and consideration.

Sincerely,
Laura Vo

From: Rebecca Wyland
To: PHARMACY RULEMAKING * BOP
Subject: RULEMAKING ON FEE INCREASES STATEMENT
Date: Saturday, August 16, 2025 9:39:42 AM

Writing in regards to:

OAR 855-110-0005
OAR 855-110-0006
OAR 855-110-0007
OAR 855-110-0010

To the Oregon Board of Pharmacy,

I am writing to express my strong opposition to the proposed 40% increase in pharmacist license fees with HB 2028. This increase is especially difficult to accept given the ongoing practice of allowing pharmacists who are not licensed in Oregon to perform core pharmacist duties within the state with OAR-855-115-0001.

As a licensed pharmacist in Oregon since 2014, I have committed significant time, effort, and financial resources to meet the state's licensing requirements and uphold its standards of care. However, I am increasingly seeing pharmacists from out of state—who are not licensed in Oregon—being allowed to conduct drug utilization reviews, pre-verification, and other key responsibilities. This not only undermines the value of Oregon licensure, but creates an unfair and unsustainable system where local professionals shoulder the financial burden while out-of-state practitioners perform the same duties without contributing to the state’s regulatory costs and patient care responsibility.

This practice has serious implications:

- <!--[if !supportLists]-->• <!--[endif]-->It devalues Oregon licensure and discourages qualified pharmacists from maintaining or pursuing licensure in the state.
- <!--[if !supportLists]-->• <!--[endif]-->It reduces job security for in-state pharmacists, as employers can rely on less expensive, non-licensed labor.
- <!--[if !supportLists]-->• <!--[endif]-->It negatively impacts patient care by weakening oversight and accountability.
- <!--[if !supportLists]-->• <!--[endif]-->And now, with a proposed 40% fee increase, it further punishes those of us who have made a commitment to Oregon and its healthcare system.
- <!--[if !supportLists]-->• <!--[endif]-->The state of Oregon and the Board of Pharmacy is losing revenue and affecting the budget shortfall.

I urge the Board to reconsider this fee increase and instead focus on the broader implications of OAR 855-115-0001 to protect the integrity of pharmacy practice in Oregon. If Oregon is going to charge some pharmacists high fees to practice, it should hold all practitioners to the same standard—regardless of where they are located. Anything less is both inequitable and harmful to the profession.

Thank you for your time and consideration.

Rebecca Wyland

From: Katy Zahler
To: PHARMACY RULEMAKING * BOP
Subject: August BOP meeting comment: Licensing rate increase
Date: Wednesday, August 20, 2025 5:25:02 PM

To the Oregon Board of Pharmacy,

I am writing to express my strong opposition to the proposed 40% increase in pharmacist license fees with HB 2028. This increase is especially difficult to accept given the ongoing practice of allowing pharmacists who are not licensed in Oregon to perform core pharmacist duties within the state with OAR-855-115-0001. I also have opposition to increasing the technician licensing fees by 40% as that will negatively impact many of the state's hard working pharmacy technicians.

As a licensed pharmacist in Oregon since 1995, I have committed significant time, effort, and financial resources to meet the state's licensing requirements and uphold its standards of care. However, I am increasingly seeing pharmacists from out of state—who are not licensed in Oregon—being allowed to conduct drug utilization reviews, pre-verification, and other key responsibilities. This not only undermines the value of Oregon licensure, but creates an unfair and unsustainable system where local professionals shoulder the financial burden while out-of-state practitioners perform the same duties without contributing to the state's regulatory costs and patient care responsibility.

This practice has serious implications:

- It devalues Oregon licensure and discourages qualified pharmacists from maintaining or pursuing licensure in the state.
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- And now, with a proposed 40% fee increase, it further punishes those of us who have made a commitment to Oregon and its healthcare system.
- The state of Oregon and the Board of Pharmacy is losing revenue and affecting the budget shortfall.

I urge the Board to reconsider this fee increase and instead focus on the broader implications of OAR 855-115-0001 to protect the integrity of pharmacy practice in Oregon. If Oregon is going to charge some pharmacists high fees to practice, it should hold all practitioners to the same standard —regardless of where they are located. Anything less is both inequitable and harmful to the profession.

Thank you for your time and consideration.

Shannon Katy Zahler R.Ph.
Pharmacy Manager
Fred Meyer #482 Beaverton, OR

OFFICE OF THE SECRETARY OF STATE
TOBIAS READ
SECRETARY OF STATE

MICHAEL KAPLAN
DEPUTY SECRETARY OF STATE

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

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

NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 855
BOARD OF PHARMACY

FILED
07/08/2025 5:14 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: Licensee and Registrant Fee Increase

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 08/21/2025 4:30 PM

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

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

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

Filed By:
Rachel Melvin
Rules Coordinator

HEARING(S)

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

DATE: 08/21/2025
TIME: 9:30 AM
OFFICER: Rachel Melvin

REMOTE HEARING DETAILS
MEETING URL: Click here to join the meeting
PHONE NUMBER: 503-446-4951
CONFERENCE ID: 34024493
SPECIAL INSTRUCTIONS:
This hearing will be held virtually via Microsoft Teams.
If you wish to present oral testimony virtually during this hearing, sign up on our website at www.oregon.gov/pharmacy/pages/rulemaking-information or email your first and last name and email address to pharmacy.rulemaking@bop.oregon.gov. Please indicate which rule(s) you would like to comment on.
You must submit written comments before 4:30PM on August 21, 2025. Email written comments to pharmacy.rulemaking@bop.oregon.gov.

NEED FOR THE RULE(S)

Proposes to implement fee increases for Licensees and Registrants included in the Oregon Board of Pharmacy Legislatively Approved Budget for 2025-27.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

HB 5028 OBOP DAS CFO Presentation
https://www.oregon.gov/pharmacy/Documents/HB5028_OBOP_DAS_CFO_Presentation_2.2025_289927.pdf

HB 5028 OBOP – Agency Presentation
https://www.oregon.gov/pharmacy/Documents/HB5028_OBOP_Agency_Presentation_289925.pdf
HB 5028 OBOP – Agency Reference Materials
https://www.oregon.gov/pharmacy/Documents/HB5028_OBOP_Agency_Reference_Materials_2.2025_289926.pdf
2025 HB 5028 - Introduced https://www.oregon.gov/pharmacy/Documents/Introduced_2025_HB5028.pdf
2025 HB 5028 - Enrolled
https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB5028/Enrolled
2025-27 Agency Request Budget https://www.oregon.gov/pharmacy/Documents/85500-Pharmacy_ARB_2025_2027.pdf
2025-27 Governor's Budget https://www.oregon.gov/pharmacy/Documents/OBOP_2025-2027_Governors_Budget.pdf

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

It is anticipated that these amendments will not impact any group of people differently than others.

FISCAL AND ECONOMIC IMPACT:

The proposed amendments reflect fee increases for 32 facility categories and 4 individual categories to generate an estimated $3,517,890 of additional revenue for a total of $12,311,740 of Other Fund revenue as approved by the legislature. Without an increase in fees the board would face a budget shortfall. The Oregon Board of Pharmacy is supported by Other Fund revenue primarily generated from licensing and renewal, application fees charged to pharmacists, interns, Certified Oregon pharmacy technicians and pharmacy technicians and various types of drug outlets.

Increasing Costs – Internal and External:
The Oregon Board of Pharmacy is facing increases in cost driven by factors largely outside of agency control. The 2025-27 Current Service Level budget for BOP is $12.6 million, which is a 10.5 percent increase on the 2023-25 LAB ($11.4 million). This increase of $1.2 million consists largely of:
Increases to Personal Services Costs, Yearly Step Increases, Cost of Living Adjustments (COLA) – 13.5 percent over 2 years.
Increases to State Government Service Charges - Professional Services, Financial, Human Resources, and Payroll Services, Risk and Liability Charges, Attorney General Rate.

The remaining costs are driven mostly by the policy packages. None of the packages add new programs or services, but instead account for rising costs not captured in the CSL. Package 102 provides funding to replace a licensing software system essential to OBOP operations, Package 103 is due to increasing HPSP vendor costs, and Package 104 reclassifies an existing position to reflect the duties they already hold at the agency.

Oregon Board of Pharmacy Current Fiscal Position:
The Governor's Recommended Budget (GRB) assumes a beginning balance of $3.8 million for the 2025-27 biennium. This is equivalent to approximately 6.5 months of operating balance in 2025-27. With the fee increase and including all policy packages in the GRB, OBOP projects to end the 2025-27 biennium with $3.1 million. This is equivalent to 5.4 months of operating balance. Without the fee increase and including all other policy packages in the GRB, OBOP projects to end the 2025-27 biennium with -$0.3 million. The agency should project to end the biennium with more than 3 months of reserves.
OBOP is projecting to finish the 2023-25 biennium with $4.5 million in operating reserves, which equates to approximately 10 months of operating reserves. This is approximately two months of reserves higher than the

projections made last summer for the Agency Request Budget and Governor's Recommended Budget. The estimated ending balances above do not account for this additional revenue and should be considered conservative.

The last meaningful fee increase occurred in 2001. In 2011, the board increased a number of fees, however most were reverted back to the 2001 fees in 2013 due to an unexpected surplus of funds. The agency analyzed current licensing and registration fee trends and determined that the increase of 40% is necessary at this time.

COST OF COMPLIANCE:

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

Fee increases for various drug outlet registrations and personnel licensure including County Health Departments, Correctional Facilities and state owned or operated institutional facilities.
There are currently 3006 registrants that identify as a small business.
The proposed amendments do not generate new or additional reporting, recordkeeping or other administrative requirements for small businesses.

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

Small businesses were not involved in determining to amend the rule. A notice of rulemaking hearing will be sent to interested parties, some of whom may identify as a small business and will have an opportunity to provide public comment on the proposed rule amendments.

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

The Board's proposed fee increases must be approved by the Governor and Legislature and adopted by rule.

RULES PROPOSED:
855-110-0005, 855-110-0006, 855-110-0007, 855-110-0010

AMEND: 855-110-0005

RULE SUMMARY: Proposes increasing licensing fees by 40% for Pharmacist, Intern, Certified Oregon Pharmacy Technician and Pharmacy Technician to address the lack of operational resources to fund the agency.

CHANGES TO RULE:

855-110-0005
Licensing Fees ¶

(1) Pharmacist initial license NAPLEX examination ~~(NAPLEX) fee - $50.¶~~
~~(2) Pharmacist jurisprudence (MPJE) re-examination~~board processing fee - $~~2~~250.¶
(~~3~~2) Pharmacist licensing by reciprocity fee - $100. ¶
(4~~3~~) Pharmacist licensing by score transfer fee - $50. ¶
(~~5~~4) Intern license fee. Expires November 30 every two years - $1~~0~~40.¶
(~~6~~5) Pharmacist~~:~~¶
~~(a) Biennial~~ license fee~~.~~:¶
(a) Expires June 30 each odd numbered year. The biennial license fee is - $~~2~~350. Late renewal fee (received after

June 30) - $50.¶
(b) Electronic Prescription Monitoring Fund fee. Due by June 30 biennially - $70. (This is a mandatory fee, required by ORS 431A.880 that must be paid with the pharmacist license renewal fee).¶
(c) Workforce Data Collection fee. Due by June 30 biennially - $4. (This is a mandatory fee as required by OAR 409-026-0130 that must be paid with the Pharmacist license renewal fee.)¶
(~~7~~6) Certification of approved provider of continuing education course fee, none at this time.¶
(~~8~~7) Pharmacy Technician license fee:¶
(a) Expires June 30 each even numbered year. The biennial license fee is - $1~~0~~40. Late renewal fee (received after June 30) - $20. ~~For Pharmacy Technician licenses that expire on June 30, 2023, a late renewal fee will not be assessed.~~ ¶
(b) Workforce Data Collection fee. Due by June 30 biennially - $4. (This is a mandatory fee as required by OAR 409-026-0130 that must be paid with the Pharmacy Technician license renewal fee.)¶
(~~9~~8) Certified Oregon Pharmacy Technician~~:~~¶
~~(a) Biennial~~ license fee~~.~~:¶
(a) Expires June 30 each even numbered year. The biennial license fee is - $1~~0~~40. Late renewal fee (received after June 30) - $20.¶
(b) Workforce Data Collection fee. Due by June 30 biennially - $4. (This is a mandatory fee as required by OAR 409-026-0130 that must be paid with the Certified Oregon Pharmacy Technician license renewal fee.)
Statutory/Other Authority: ORS 689.205, ORS 291.055, ORS 183.705
Statutes/Other Implemented: ORS 689.135, ORS 676.410, ORS 431A.880

ADOPT: 855-110-0006

RULE SUMMARY: Proposes adding new rule to clarify pharmacist examination fees to be paid to NABP as required in ORS 689.135(5)(a).

CHANGES TO RULE:

855-110-0006
Pharmacist Examination Fees Paid to NABP
(1) Pharmacist examination fees to be paid to the National Association of Boards of Pharmacy (NABP) for NAPLEX exam:¶
(a) NAPLEX Examination fee - $520¶
(b) NAPLEX Reexamination fee - $520 ¶
(c) All other associated fees see NABP website.¶
(2) Pharmacist jurisprudence examination fees to be paid to NABP for MPJE exam:¶
(a) MPJE Examination fee - $170 ¶
(b) MPJE Reexamination fee - $170¶
(c) All other associated fees see NABP website.
Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.135

AMEND: 855-110-0007

RULE SUMMARY: Proposes increasing Drug Outlet registration fees by 40% for Drug Distribution Agent, Drug Room, Manufacturer, Nonprescription Drug Outlet, Prophylactic/Contraceptive, Retail & Institutional Drug Outlet, Charitable Pharmacy, Community Health Clinic, Dispensing Practitioner Drug Outlet, Pharmacy Prescription Kiosk, Pharmacy Prescription Locker, Remote Dispensing Machine, Remote Distribution Facility and Wholesaler to address the lack of operational resources to fund the agency.

CHANGES TO RULE:

855-110-0007
Fees for Registration, Renewal, and Reinspection of Drug Outlets ¶

(1) Drug Distribution Agent. Expires September 30 annually - $~~40~~56~~0~~0. Late renewal fee (received after September 30) - $100.¶
(2) Drug Room (including Correctional Facility). Expires March 31 annually - $1~~0~~40. Late renewal fee (received after March 31) - $75.¶
(3) Manufacturer (including Manufacturer Class I, Manufacturer Class II and Manufacturer Class III). Expires September 30 annually - $~~52~~735. Late renewal fee (received after September 30) - $100.¶
(4) Nonprescription Drug Outlet. Expires January 31 annually - $~~7~~1055. Late renewal fee (received after January 31) - $25.¶
(a) This includes the following categories of registration:¶
(A) Nonprescription Class A.¶
(B) ~~Nonprescription Class B.¶~~
~~(C)~~ Medical Device, Equipment & Gas Class C.¶
(b) Other nonprescription Drug Outlet registration category fees are as follows:¶
(A) Nonprescription Class D. Expires January 31 annually - $1~~0~~40. Late renewal fee (received after January 31) - $25.¶
(B) Nonprescription Class E. Expires January 31 annually - $0. Late renewal fee (received after January 31) - $0.¶
(5) Prophylactic and/or Contraceptive Wholesaler and/or Manufacturer - $~~5~~70. Expires December 31 annually.¶
(6) Re-inspection fee - $100. Applies to any re-inspection of a drug outlet occasioned to verify corrections of violations found in an initial inspection.¶
(7) Retail or Institutional Drug Outlet Pharmacy. Expires March 31 annually - $~~22~~3155. Late renewal fee (received after March 31) - $75.¶
(a) This includes the following categories of registration:¶
(A) Home Dialysis Retail Drug Outlet Pharmacy¶
(B) Institutional Drug Outlet Pharmacy¶
(C) Remote Dispensing Site Retail Drug Outlet Pharmacy¶
(D) Retail Drug Outlet Pharmacy¶
(b) Other Retail/Institutional Drug Outlet registration category fees are as follows:¶
(A) Charitable Retail Drug Outlet Pharmacy. Expires March 31 annually - $~~7~~1055. Late renewal fee (received after March 31) - $25.¶
(B) Community Health Clinic (CHC) Retail Drug Outlet Pharmacy. Expires March 31 annually - $1~~0~~40. Late renewal fee (received after March 31) - $25.¶
(C) Dispensing Practitioner Drug Outlet (DPDO) Retail Drug Outlet Pharmacy. Expires March 31 annually - $1~~0~~40. Late renewal fee (received after March 31) - $25.¶
(D) Prescription Kiosk Retail Drug Outlet Pharmacy. Expires March 31 annually - $1~~20~~68. Due by March 31 annually.¶
(E) Prescription Locker Retail Drug Outlet Pharmacy. Expires March 31 annually - $1~~20~~68. Due by March 31 annually.¶
(F) Remote Dispensing Machine Institutional Drug Outlet Pharmacy. Expires March 31 annually - $1~~20~~68. Due by March 31 annually.¶
(G) Remote Distribution Facility Institutional Drug Outlet Pharmacy. Expires March 31 annually - $1~~20~~68. Due by March 31 annually.¶
(8) Wholesaler (including Wholesaler Class I, Wholesaler Class II and Wholesaler Class III). Expires September 30 annually - $~~52~~735. Late renewal fee (received after September 30) - $100.
Statutory/Other Authority: ORS 689.205, ORS 291.055
Statutes/Other Implemented: ORS 689.135, ORS 689.774, ORS 689.305

AMEND: 855-110-0010

RULE SUMMARY: Proposes increasing Controlled Substances registration fees by 40% for Animal Euthanasia, Drug Distribution Agent, Drug Room, Manufacturer, Retail or Institutional Drug Outlet, Schedule II Precursor, Wholesaler and Remote Distribution Facility to address the lack of operational resources to fund the agency.

CHANGES TO RULE:

855-110-0010
Fees for Registration for Controlled Substances ¶

(1) Animal Euthanasia controlled substance registration fee - $~~7~~105 annually.¶
(2) Drug Distribution Agent controlled substance registration fee - $1~~0~~40 annually. ¶
(3) Drug Room (including Correctional Facility) controlled substance registration fee - $1~~0~~40 annually. ¶
(4) Manufacturer controlled substance registration fee - $1~~0~~40 annually. ¶
(5) Retail or Institutional Drug Outlet controlled substance registration fee - $1~~0~~40 annually. ¶
(6) Schedule II Precursor registration fee - $~~7~~105 annually. ¶
(7) Wholesaler controlled substance registration fee - $1~~0~~40 annually. ¶
(8) Remote Distribution Facility controlled substance registration fee - $1~~0~~40 annually.
Statutory/Other Authority: ORS 689.205, ORS 291.055, ORS 475.095
Statutes/Other Implemented: ORS 689.135

Division 110: Fees (Licensee/Registrant Fee Increase)

Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency's intended action max 15 words): Licensee and Registrant Fee Increase

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Permanently adopts current Temporary Rule that implements fee increases for Licensees and Registrants included in the Oregon Board of Pharmacy Legislatively Approved Budget for 2025-27.

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

HB 5028 OBOP DAS CFO Presentation

HB 5028 OBOP – Agency Presentation

HB 5028 OBOP – Agency Reference Materials

2025 HB 5028 - Introduced

2025 HB 5028 - Enrolled

2025-27 Agency Request Budget

2025-27 Governor's Budget

7.16.2025 Temporary Administrative Order

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

Fiscal & Economic Impact per ORS 183.335(2)(b)(E): The amendments reflect fee increases for 32 facility categories and 4 individual categories to generate an estimated $3,517,890 of additional revenue for a total of $12,311,740 of Other Fund revenue as approved by the legislature. Without an increase in fees the Board would face a budget shortfall. The Oregon Board of Pharmacy is supported by Other Fund revenue primarily generated from licensing and renewal, application fees charged to pharmacists, interns, Certified Oregon pharmacy technicians and pharmacy technicians and various types of drug outlets.

Increasing Costs – Internal and External:

The Oregon Board of Pharmacy is facing increases in cost driven by factors largely outside of agency control. The 2025-27 Current Service Level budget for BOP is $12.6 million, which is a 10.5 percent increase on the 2023-25 LAB ($11.4 million). This increase of $1.2 million consists largely of:

- Increases to Personal Services Costs
  - Yearly Step Increases
  - Cost of Living Adjustments (COLA) – 13.5 percent over 2 years
- Increases to State Government Service Charges and Professional Services

Financial, Human Resources, and Payroll Services

Risk and Liability Charges

Attorney General Rate

The remaining costs are driven mostly by the policy packages. None of the packages add new programs or services, but instead account for rising costs not captured in the CSL. Package 102 provides funding to replace a licensing software system essential to OBOP operations, Package 103 is due to increasing HPSP vendor costs, and Package 103 reclassifies existing positions to reflect the duties they are already hold at the agency.

Oregon Board of Pharmacy Current Fiscal Position:

The Governor's Recommended Budget (GRB) assumes a beginning balance of $3.8 million for the 2025-27 biennium. This is equivalent to approximately 6.5 months of operating balance in 2025-27.

With the fee increase and including all policy packages in the GRB, OBOP projects to end the 2025-27 biennium with $3.1 million. This is equivalent to 5.4 months of operating balance. Without the fee increase and including all other policy packages in the GRB, OBOP projects to end the 2025-27 biennium with -$0.3 million. The agency should project to end the biennium with more than 3 months of reserves.

OBOP is projecting to finish the 2023-25 biennium with $4.5 million in operating reserves, which equates to approximately 10 months of operating reserves. This is approximately two months of reserves higher than the projections made last summer for the Agency Request Budget and Governor's Recommended Budget. The estimated ending balances above do not account for this additional revenue and should be considered conservative.

The last meaningful fee increase occurred in 2001. In 2011, the board increased a number of fees, however most were reverted back to the 2001 fees in 2013 due to an unexpected surplus of funds. The agency analyzed current licensing and registration fee trends and determined that the increase of 40% is necessary at this time.

Cost of Compliance (OBOP/Other State Agencies/Units of Local Government/Public): Effect on Small Businesses: Number/Type: Reporting, Recordkeeping and Administrative Activities Cost: Professional Services, Equipment/ Supplies, Labor Cost: Fee increases for various drug outlet registrations and personnel licensure including County Health Departments, Correctional Facilities and state owned or operated institutional facilities.

There are currently 3006 registrants that identify as a small business.

The proposed amendments do not generate new or additional reporting, recordkeeping or other administrative requirements for small businesses.

Describe how small businesses were involved in development of the rules: Small businesses were not involved in determining to amend the rule. A notice of rulemaking hearing will be sent to interested parties, some of whom may identify as a small business and will have an opportunity to provide public comment on the proposed rule amendments.

Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G): No. The Board's proposed fee increases must be approved by the Governor and Legislature and adopted by rule.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why):

OAR 855-110-0005 – Permanently increases licensing fees by 40% for Pharmacist, Intern, Certified Oregon Pharmacy Technician and Pharmacy Technician to address the lack of operational resources to fund the agency.

OAR 855-110-0006 – Adopts new rule to clarify pharmacist examination fees to be paid to NABP as required in ORS 689.135(5)(a).

OAR 855-110-0007 – Increases Drug Outlet registration fees by 40% for Drug Distribution Agent, Drug Room, Manufacturer, Nonprescription Drug Outlet, Prophylactic/Contraceptive, Retail & Institutional Drug Outlet, Charitable Pharmacy, Community Health Clinic, Dispensing Practitioner Drug Outlet, Pharmacy Prescription Kiosk, Pharmacy Prescription Locker, Remote Dispensing Machine, Remote Distribution Facility and Wholesaler to address the lack of operational resources to fund the agency.

OAR 855-110-0010 – Increases Controlled Substances registration fees by 40% for Animal Euthanasia, Drug Distribution Agent, Drug Room, Manufacturer, Retail or Institutional Drug Outlet, Schedule II Precursor, Wholesaler and Remote Distribution Facility to address the lack of operational resources to fund the agency.

Division 110
FEES

855-110-0005
Licensing Fees

(1) Pharmacist initial license NAPLEX examination board processing fee - $50.

(2) Pharmacist licensing by reciprocity fee - $100.

(3) Pharmacist licensing by score transfer fee - $50.

(4) Intern license fee. Expires November 30 every two years - $140.

(5) Pharmacist license fee:

(a) Expires June 30 each odd numbered year. The biennial license fee is - $350. Late renewal fee (received after June 30) - $50.

(b) Electronic Prescription Monitoring Fund fee. Due by June 30 biennially - $70. (This is a mandatory fee, required by ORS 431A.880 that must be paid with the pharmacist license renewal fee).

(c) Workforce Data Collection fee. Due by June 30 biennially - $4. (This is a mandatory fee as required by OAR 409-026-0130 that must be paid with the Pharmacist license renewal fee.)

(6) Certification of approved provider of continuing education course fee, none at this time.

(7) Pharmacy Technician license fee:

(a) Expires June 30 each even numbered year. The biennial license fee is - $140. Late renewal fee (received after June 30) - $20.

(b) Workforce Data Collection fee. Due by June 30 biennially - $4. (This is a mandatory fee as required by OAR 409-026-0130 that must be paid with the Pharmacy Technician license renewal fee.)

(8) Certified Oregon Pharmacy Technician license fee:

(a) Expires June 30 each even numbered year. The biennial license fee is - $140. Late renewal fee (received after June 30) - $20.

(b) Workforce Data Collection fee. Due by June 30 biennially - $4. (This is a mandatory fee as required by OAR 409-026-0130 that must be paid with the Certified Oregon Pharmacy Technician license renewal fee.)

Statutory/Other Authority: ORS 689.205, ORS 291.055 & ORS 183.705
Statutes/Other Implemented: ORS 689.135, ORS 676.410 & ORS 431A.880

855-110-0006
Pharmacist Examination Fees Paid to NABP

(1) Pharmacist examination fees to be paid to the National Association of Boards of Pharmacy (NABP) for NAPLEX exam:

(a) NAPLEX Examination fee - $520

(b) NAPLEX Reexamination fee - $520

(c) All other associated fees see NABP website.

(2) Pharmacist jurisprudence examination fees to be paid to NABP for MPJE exam:

(a) MPJE Examination fee - $170

(b) MPJE Reexamination fee - $170

(c) All other associated fees see NABP website.

Statutory/Other Authority: ORS 689.205
Statutory/Other Implemented: ORS 689.135

855-110-0007

Fees for Registration, Renewal, and Reinspection of Drug Outlets

(1) Drug Distribution Agent. Expires September 30 annually - $560. Late renewal fee (received after September 30) - $100.

(2) Drug Room (including Correctional Facility). Expires March 31 annually - $140. Late renewal fee (received after March 31) - $75.

(3) Manufacturer (including Manufacturer Class I, Manufacturer Class II and Manufacturer Class III). Expires September 30 annually - $735. Late renewal fee (received after September 30) - $100.

(4) Nonprescription Drug Outlet. Expires January 31 annually - $105. Late renewal fee (received after January 31) - $25.

(a) This includes the following categories of registration:

(A) Nonprescription Class A.

(B) Medical Device, Equipment & Gas Class C.

(b) Other nonprescription Drug Outlet registration category fees are as follows:

(A) Nonprescription Class D. Expires January 31 annually - $140. Late renewal fee (received after January 31) - $25.

(B) Nonprescription Class E. Expires January 31 annually - $0. Late renewal fee (received after January 31) - $0.

(5) Prophylactic and/or Contraceptive Wholesaler and/or Manufacturer - $70. Expires December 31 annually.

(6) Re-inspection fee - $100. Applies to any re-inspection of a drug outlet occasioned to verify corrections of violations found in an initial inspection.

(7) Retail or Institutional Drug Outlet Pharmacy. Expires March 31 annually - $315. Late renewal fee (received after March 31) - $75.

(a) This includes the following categories of registration:

(A) Home Dialysis Retail Drug Outlet Pharmacy

(B) Institutional Drug Outlet Pharmacy

(C) Remote Dispensing Site Retail Drug Outlet Pharmacy

(D) Retail Drug Outlet Pharmacy

(b) Other Retail/Institutional Drug Outlet registration category fees are as follows:

(A) Charitable Retail Drug Outlet Pharmacy. Expires March 31 annually - $105. Late renewal fee (received after March 31) - $25.

(B) Community Health Clinic (CHC) Retail Drug Outlet Pharmacy. Expires March 31 annually - $140. Late renewal fee (received after March 31) - $25.

(C) Dispensing Practitioner Drug Outlet (DPDO) Retail Drug Outlet Pharmacy. Expires March 31 annually - $140. Late renewal fee (received after March 31) - $25.

(D) Prescription Kiosk Retail Drug Outlet Pharmacy. Expires March 31 annually - $168. Due by March 31 annually.

(E) Prescription Locker Retail Drug Outlet Pharmacy. Expires March 31 annually - $168. Due by March 31 annually.

(F) Remote Dispensing Machine Institutional Drug Outlet Pharmacy. Expires March 31 annually - $168. Due by March 31 annually.

(G) Remote Distribution Facility Institutional Drug Outlet Pharmacy. Expires March 31 annually - $168. Due by March 31 annually.

(8) Wholesaler (including Wholesaler Class I, Wholesaler Class II and Wholesaler Class III). Expires September 30 annually - $735. Late renewal fee (received after September 30) - $100.

Statutory/Other Authority: ORS 689.205 & ORS 291.055
Statutes/Other Implemented: ORS 689.135, ORS 689.774 & ORS 689.305

855-110-0010
Fees for Registration for Controlled Substances

(1) Animal Euthanasia controlled substance registration fee - $105 annually.

(2) Drug Distribution Agent controlled substance registration fee - $140 annually.

(3) Drug Room (including Correctional Facility) controlled substance registration fee - $140 annually.

(4) Manufacturer controlled substance registration fee - $140 annually.

(5) Retail or Institutional Drug Outlet controlled substance registration fee - $140 annually.

(6) Schedule II Precursor registration fee - $105 annually.

(7) Wholesaler controlled substance registration fee - $140 annually.

(8) Remote Distribution Facility controlled substance registration fee - $140 annually.

Statutory/Other Authority: ORS 689.205, ORS 291.055 & ORS 475.095
Statutes/Other Implemented: ORS 689.135

OFFICE OF THE SECRETARY OF STATE
TOBIAS READ
SECRETARY OF STATE

MICHAEL KAPLAN
DEPUTY SECRETARY OF STATE

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

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

TEMPORARY ADMINISTRATIVE ORDER

INCLUDING STATEMENT OF NEED & JUSTIFICATION

BP 4-2025

CHAPTER 855

BOARD OF PHARMACY

FILED

07/16/2025 10:20 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Licensee and Registrant Fee Increase

EFFECTIVE DATE: 07/16/2025 THROUGH 01/11/2026

AGENCY APPROVED DATE: 07/16/2025

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

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

Filed By:
Rachel Melvin
Rules Coordinator

NEED FOR THE RULE(S):

Implements fee increases for Licensees and Registrants included in the Oregon Board of Pharmacy Legislatively Approved Budget for 2025-27.

JUSTIFICATION OF TEMPORARY FILING:

As part of the Board's biennial budgeting process, required by statute, the Board determined it was facing a budgetary shortfall, largely because the Board had not increased fees in any substantive measure since 2011. In response, the Board sought from the legislature the ability to increase fees by 40% for all licensees through the legislative fee increase process, HB 5028 2025. HB 5028 was approved by the legislature, signed by the Governor and became effective on 7/1/2025 allowing the Board to increase fees by 40% for all licensees as of 7/1/2025. Due to the budget shortfall, in order for the Board to continue operations as normal, the Board needs to adopt a temporary rule to allow the agency to immediately increase the licensing fees as forecasted and delineated out in the adoption process of HB 5028. Failure to adopt the fee increases in a temporary rule would impair the Boards's ability to operate and protect the public.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

HB 5028 OBOP DAS CFO Presentation
https://www.oregon.gov/pharmacy/Documents/HB5028_OBOP_DAS_CFO_Presentation_2.2025_289927.pdf
HB 5028 OBOP – Agency Presentation
https://www.oregon.gov/pharmacy/Documents/HB5028_OBOP_Agency_Presentation_289925.pdf
HB 5028 OBOP – Agency Reference Materials
https://www.oregon.gov/pharmacy/Documents/HB5028_OBOP_Agency_Reference_Materials_2.2025_289926.pdf
2025 HB 5028 - Introduced https://www.oregon.gov/pharmacy/Documents/Introduced_2025_HB5028.pdf
2025 HB 5028 - Enrolled
https://olis.oregonlegislature.gov/liz/2025R1/Downloads/MeasureDocument/HB5028/Enrolled
2025-27 Agency Request Budget https://www.oregon.gov/pharmacy/Documents/85500-Pharmacy_ARB_2025_2027.pdf
2025-27 Governor's Budget https://www.oregon.gov/pharmacy/Documents/OBOP_2025-

RULES:

855-110-0005, 855-110-0006, 855-110-0007, 855-110-0010

AMEND: 855-110-0005

RULE SUMMARY: Increases licensing fees by 40% for Pharmacist, Intern, Certified Oregon Pharmacy Technician and Pharmacy Technician to address the lack of operational resources to fund the agency.

CHANGES TO RULE:

855-110-0005
Licensing Fees ¶

(1) Pharmacist initial license NAPLEX examination ~~(NAPLEX) fee - $50.¶~~
~~(2) Pharmacist jurisprudence (MPJE) re-examination~~board processing fee - $~~2~~250.¶
(~~3~~2) Pharmacist licensing by reciprocity fee - $100. ¶
(~~4~~3) Pharmacist licensing by score transfer fee - $50. ¶
(~~5~~4) Intern license fee. Expires November 30 every two years - $1~~0~~40.¶
(~~6~~5) Pharmacist:~~¶~~
~~(a) Biennial~~ license fee~~.~~:¶
(a) Expires June 30 each odd numbered year. The biennial license fee is - $~~2~~350. Late renewal fee (received after June 30) - $50.¶
(b) Electronic Prescription Monitoring Fund fee. Due by June 30 biennially - $70. (This is a mandatory fee, required by ORS 431A.880 that must be paid with the pharmacist license renewal fee).¶
(c) Workforce Data Collection fee. Due by June 30 biennially - $4. (This is a mandatory fee as required by OAR 409-026-0130 that must be paid with the Pharmacist license renewal fee.)¶
(~~7~~6) Certification of approved provider of continuing education course fee, none at this time.¶
(~~8~~7) Pharmacy Technician license fee:¶
(a) Expires June 30 each even numbered year. The biennial license fee is - $1~~0~~40. Late renewal fee (received after June 30) - $20. ~~For Pharmacy Technician licenses that expire on June 30, 2023, a late renewal fee will not be assessed.~~ ¶
(b) Workforce Data Collection fee. Due by June 30 biennially - $4. (This is a mandatory fee as required by OAR 409-026-0130 that must be paid with the Pharmacy Technician license renewal fee.)¶
(~~9~~8) Certified Oregon Pharmacy Technician:~~¶~~
~~(a) Biennial~~ license fee~~.~~:¶
(a) Expires June 30 each even numbered year. The biennial license fee is - $1~~0~~40. Late renewal fee (received after June 30) - $20.¶
(b) Workforce Data Collection fee. Due by June 30 biennially - $4. (This is a mandatory fee as required by OAR 409-026-0130 that must be paid with the Certified Oregon Pharmacy Technician license renewal fee.)
Statutory/Other Authority: ORS 689.205, ORS 291.055, ORS 183.705
Statutes/Other Implemented: ORS 689.135, ORS 676.410, ORS 431A.880

ADOPT: 855-110-0006

RULE SUMMARY: Adds new rule to clarify pharmacist examination fees to be paid to NABP as required in ORS 689.135(5)(a).

CHANGES TO RULE:

855-110-0006
Pharmacist Examination Fees Paid to NABP
(1) Pharmacist examination fees to be paid to the National Association of Boards of Pharmacy (NABP) for NAPLEX exam:¶
(a) NAPLEX Examination fee - $520¶
(b) NAPLEX Reexamination fee - $520 ¶
(c) All other associated fees see NABP website.¶
(2) Pharmacist jurisprudence examination fees to be paid to NABP for MPJE exam:¶
(a) MPJE Examination fee - $170 ¶
(b) MPJE Reexamination fee - $170¶
(c) All other associated fees see NABP website.
Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.135

AMEND: 855-110-0007

RULE SUMMARY: Increases Drug Outlet registration fees by 40% for Drug Distribution Agent, Drug Room, Manufacturer, Nonprescription Drug Outlet, Prophylactic/Contraceptive, Retail & Institutional Drug Outlet, Charitable Pharmacy, Community Health Clinic, Dispensing Practitioner Drug Outlet, Pharmacy Prescription Kiosk, Pharmacy Prescription Locker, Remote Dispensing Machine, Remote Distribution Facility and Wholesaler to address the lack of operational resources to fund the agency.

CHANGES TO RULE:

855-110-0007
Fees for Registration, Renewal, and Reinspection of Drug Outlets ¶

(1) Drug Distribution Agent. Expires September 30 annually - $~~40~~56~~0~~0. Late renewal fee (received after September 30) - $100.¶
(2) Drug Room (including Correctional Facility). Expires March 31 annually - $1~~0~~40. Late renewal fee (received after March 31) - $75.¶
(3) Manufacturer (including Manufacturer Class I, Manufacturer Class II and Manufacturer Class III). Expires September 30 annually - $~~52~~735. Late renewal fee (received after September 30) - $100.¶
(4) Nonprescription Drug Outlet. Expires January 31 annually - $~~7~~105. Late renewal fee (received after January 31) - $25.¶
(a) This includes the following categories of registration:¶
(A) Nonprescription Class A.¶
(B) ~~Nonprescription Class B.¶~~
~~(C)~~ Medical Device, Equipment & Gas Class C.¶
(b) Other nonprescription Drug Outlet registration category fees are as follows:¶
(A) Nonprescription Class D. Expires January 31 annually - $1~~0~~40. Late renewal fee (received after January 31) - $25.¶
(B) Nonprescription Class E. Expires January 31 annually - $0. Late renewal fee (received after January 31) - $0.¶
(5) Prophylactic and/or Contraceptive Wholesaler and/or Manufacturer - $~~5~~70. Expires December 31 annually.¶
(6) Re-inspection fee - $100. Applies to any re-inspection of a drug outlet occasioned to verify corrections of violations found in an initial inspection.¶
(7) Retail or Institutional Drug Outlet Pharmacy. Expires March 31 annually - $~~22~~315. Late renewal fee (received after March 31) - $75.¶
(a) This includes the following categories of registration:¶
(A) Home Dialysis Retail Drug Outlet Pharmacy¶
(B) Institutional Drug Outlet Pharmacy¶
(C) Remote Dispensing Site Retail Drug Outlet Pharmacy¶
(D) Retail Drug Outlet Pharmacy¶
(b) Other Retail/Institutional Drug Outlet registration category fees are as follows:¶
(A) Charitable Retail Drug Outlet Pharmacy. Expires March 31 annually - $~~7~~105. Late renewal fee (received after March 31) - $25.¶
(B) Community Health Clinic (CHC) Retail Drug Outlet Pharmacy. Expires March 31 annually - $1~~0~~40. Late renewal fee (received after March 31) - $25.¶
(C) Dispensing Practitioner Drug Outlet (DPDO) Retail Drug Outlet Pharmacy. Expires March 31 annually - $1~~0~~40. Late renewal fee (received after March 31) - $25.¶
(D) Prescription Kiosk Retail Drug Outlet Pharmacy. Expires March 31 annually - $1~~20~~68. Due by March 31 annually.¶
(E) Prescription Locker Retail Drug Outlet Pharmacy. Expires March 31 annually - $1~~20~~68. Due by March 31 annually.¶
(F) Remote Dispensing Machine Institutional Drug Outlet Pharmacy. Expires March 31 annually - $1~~20~~68. Due by March 31 annually.¶
(G) Remote Distribution Facility Institutional Drug Outlet Pharmacy. Expires March 31 annually - $1~~20~~68. Due by March 31 annually.¶
(8) Wholesaler (including Wholesaler Class I, Wholesaler Class II and Wholesaler Class III). Expires September 30 annually - $~~52~~735. Late renewal fee (received after September 30) - $100.
Statutory/Other Authority: ORS 689.205, ORS 291.055
Statutes/Other Implemented: ORS 689.135, ORS 689.774, ORS 689.305

AMEND: 855-110-0010

RULE SUMMARY: Increases Controlled Substances registration fees by 40% for Animal Euthanasia, Drug Distribution Agent, Drug Room, Manufacturer, Retail or Institutional Drug Outlet, Schedule II Precursor, Wholesaler and Remote Distribution Facility to address the lack of operational resources to fund the agency.

CHANGES TO RULE:

855-110-0010
Fees for Registration for Controlled Substances ¶

(1) Animal Euthanasia controlled substance registration fee - $~~7~~105 annually.¶
(2) Drug Distribution Agent controlled substance registration fee - $1~~0~~40 annually. ¶
(3) Drug Room (including Correctional Facility) controlled substance registration fee - $1~~0~~40 annually. ¶
(4) Manufacturer controlled substance registration fee - $1~~0~~40 annually. ¶
(5) Retail or Institutional Drug Outlet controlled substance registration fee - $1~~0~~40 annually. ¶
(6) Schedule II Precursor registration fee - $~~7~~105 annually. ¶
(7) Wholesaler controlled substance registration fee - $1~~0~~40 annually. ¶
(8) Remote Distribution Facility controlled substance registration fee - $1~~0~~40 annually.
Statutory/Other Authority: ORS 689.205, ORS 291.055, ORS 475.095
Statutes/Other Implemented: ORS 689.135

Division 041/115: Operation of Pharmacies/Pharmacists (Over-the-Counter Birth Control / Oral Hormonal Contraceptive – OHA Standing Order Prescription)

Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency's intended action max 15 words): Over-the-Counter Oral Hormonal Contraceptive ; OHA Standing Order Prescription

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Adds proposed language that when a patient is relying on a standing order prescription, a drug outlet and a pharmacist do not need to ensure that there is a patient-practitioner relationship and that the prescription contains the name and date of birth of the patient for whom the drug is prescribed as required for over-the-counter (OTC) birth control. Amends reference versions of the Code of Federal Regulations (CFR).

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

Racial Equity statement per ORS 183.335(2)(b)(F): (identifying how adoption of rule might impact one group of people differently than others) The proposed rule may increase patient accessibility for OTC birth control.

Fiscal & Economic Impact per ORS 183.335(2)(b)(E): No fiscal impact is anticipated. Licensees, registrants and interested parties will have an opportunity to provide fiscal and economic impact statements during the open comment period.

Cost of Compliance (OBOP/Other State Agencies/Units of Local Government/Public): Effect on Small Businesses: Number/Type: Reporting, Recordkeeping and Administrative Activities Cost: Professional Services, Equipment/ Supplies, Labor Cost: There are no known economic impacts to the agency, other state or local government, small businesses or members of the public.

Describe how small businesses were involved in development of the rules: Small businesses were not involved in determining to amend the rule. A notice of rulemaking hearing will be sent to interested parties, some of whom may identify as a small business and will have an opportunity to provide public comment on the proposed rule amendment.

Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G): No. The resources involved in convening a RAC were not necessary to amend this rule.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why):

OAR 855-041-1105 – Proposes to amend the rule by adding if the patient is relying on a standing order prescription issued by the Public Health Officer appointed under ORS 431.045, or a physician licensed under ORS chapter 677 who is employed by the Oregon Health Authority to obtain over-the-counter birth control, the drug outlet does not need to ensure that there is a patient-practitioner relationship as required in (1)(d) and that the prescription contains the name and date of birth of the patient for whom the drug is prescribed as required in (4). The proposed amendment may increase patient accessibility for over-the-counter birth control.

OAR 855-115-0130 - Proposes to amend the rule by adding if the patient is relying on a standing order prescription issued by the Public Health Officer appointed under ORS 431.045, or a physician licensed under ORS chapter 677 who is employed by the Oregon Health Authority to obtain over-the-counter

birth control, the pharmacist does not need to ensure that there is a patient-practitioner relationship as required in subsection (1)(e)(D) and that the prescription contains the name and date of birth of the patient for whom the drug is prescribed. The proposed amendment may increase patient accessibility for an over-the-counter birth control. Revises referenced versions of the Code of Federal Regulations (CFR).

Division 41
OPERATION OF PHARMACIES

855-041-1105
Prescriptions: General Requirements

Each Drug Outlet Pharmacy must ensure that:

(1) Prescriptions, prescription refills, and drug orders are dispensed:

(a) Accurately;

(b) To the correct party;

(c) Pursuant to a valid prescription;

(d) Pursuant to a valid patient-practitioner relationship;

(e) For a legitimate medical purpose; and

(f) In accordance with the prescribing practitioner's authorization.

(2) The following information is required for each new or refilled prescription drug or device:

(a) The name and date of birth of the patient for whom the drug is prescribed, unless for an animal. If for an animal, the name of the patient, name of the owner and the species of the animal;

(b) The full name and contact phone number of the prescriber and, in the case of controlled substances, the address and the Drug Enforcement Administration registration number of the practitioner;

(c) The name, strength, dosage form of the substance, quantity prescribed and, if different from the quantity prescribed, the quantity dispensed;

(d) The directions for use;

(e) The date of issuance and, if different from the date of issuance, the date of filling;

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

(g) A valid signature:

(A) For non-controlled substances:

(i) Received by the pharmacy via a hard-copy written prescription, the prescribing practitioner or practitioner's agent manual signature.

(ii) Received by the pharmacy via facsimile, the prescribing practitioner or practitioner's agent manual or electronic signature.

(iii) Received by the pharmacy electronically, the prescribing practitioner's or practitioner's agent electronic signature.

(B) For controlled substances:

(i) Received by the pharmacy via hard-copy written prescription, the prescription must have an original manually signed signature from the prescribing practitioner.

(ii) Received by the pharmacy via facsimile, the prescription must have an original manually signed signature from the prescribing practitioner.

(iii) Received by the pharmacy electronically, the prescribing practitioner's digital signature that complies with the rules adopted by reference in OAR 855-080.

(C) In (g), manually signed specifically excludes a signature stamp or any form of electronic or digital signature unless permitted under federal regulations; and

(h) Any other information required for controlled substances pursuant to federal regulations.

(3) An oral prescription must be promptly reduced to writing or entered into an electronic record system and must include:

(a) The name, initials or electronic identifier of the licensee receiving the prescription;

(b) The name of the person transmitting the prescription.

(4) The prescription contains all of the information specified in (2) and for controlled substances in OAR 855-080-0085.

(5) In accordance with ORS 689.515(3) and ORS 689.522, the pharmacy dispenses the prescription pursuant to the prescribing practitioner's request that there may be no substitution for the specified brand name of a drug.

(a) For a hard copy prescription issued in writing or a prescription orally communicated over the telephone, instruction may use any one of the following phrases or notations:

(A) No substitution;

(B) N.S.;

(C) Brand medically necessary;

(D) Brand necessary;

(E) Medically necessary;

(F) D.A.W. (Dispense As Written); or

(G) Words with similar meaning.

(b) For an electronically transmitted prescription, the prescriber or prescriber's agent must clearly indicate substitution instructions by way of the text (without quotes) "brand medically necessary" or words with similar meaning, in the electronic prescription drug order, as well as all relevant electronic indicators sent as part of the electronic prescription transmission.

(c) Such instructions must not be default values on the prescription.

(6) The written or electronic record of each prescription must be retained on file as required by OAR 855-041-1160, and in the case of controlled substances, under rules adopted by reference in OAR 855-080.

(7) If the patient is relying on a standing order prescription issued by the Public Health Officer appointed under ORS 431.045, or a physician licensed under ORS chapter 677 who is employed by the Oregon Health Authority to obtain an over-the-counter oral hormonal contraceptive, the drug outlet does not need to ensure that:

(a) There is a patient-practitioner relationship as required in subsection (1)(e)(D) of this rule; and

(b) The prescription contains the name and date of birth of the patient for whom the drug is prescribed.

Statutory/Other Authority: ORS 689.205 & ORS 689.522
Statutes/Other Implemented: ORS 689.505, ORS 689.515 & ORS 689.522

DIVISION 115
PHARMACISTS

855-115-0130
Responsibilities: Practicing Pharmacy for a Drug Outlet

(1) When practicing pharmacy per ORS 689 for a Drug Outlet, each Pharmacist must:

(a) Be responsible for the daily conduct, operation, management and control of the Drug Outlet pharmacy;

(b) Ensure that only a Pharmacist has access to the Drug Outlet pharmacy when the pharmacy is closed, except as permitted in OAR 855-041-6310;

(c) Ensure each prescription contains all the elements required in OAR 855-041 or OAR 855-139;

(d) Ensure the patient record contains the elements required in OAR 855-041 or OAR 855-139;

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

(A) Accurately;

(B) To the correct party;

(C) Pursuant to a valid prescription;

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

(E) For a legitimate medical purpose;

(f) Ensure the Drug Outlet pharmacy is operated in a professional manner at all times;

(g) Ensure the drug outlet reports data as required by federal and state regulations, including but not limited to:

(A) Prescription Drug Monitoring Program (PDMP) per ORS 413A.890, ORS 413A.895, ORS 413A.896, ORS 413A.898, and OAR 333-023;

(B) Death with Dignity per ORS 127.800, ORS 127.805, ORS 127.810, ORS 127.815, ORS 127.820, ORS 127.825, ORS 127.830, ORS 127.835, ORS 127.840, ORS 127.845, ORS 127.850, ORS 127.855, ORS 127.860, ORS 127.865, ORS 127.870, ORS 127.875, ORS 127.880, ORS 127.885, ORS 127.890, ORS 127.892, ORS 127.895, ORS 127.897, and OAR 333-009;

(C) Controlled substances per 21 CFR 1301.74 (v. 04/01/2024); and

(D) Listed chemicals per 21 CFR 1310.05 (v. 04/01/2024); and

(2) A Pharmacist who utilizes licensees remotely, must comply with OAR 855-041-3200 through OAR 855-041-3250.

(3) When engaging in the practice of pharmacy per ORS 689, each Pharmacist may delegate final verification of drug and drug dosage, device, or product to a Certified Oregon Pharmacy Technician or Pharmacy Technician per ORS 689.005 when the following conditions are met:

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

(b) The Certified Oregon Pharmacy Technician or Pharmacy Technician does not use discretion in conducting final verification;

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

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

(4) If the patient is relying on a standing order prescription issued by the Public Health Officer appointed under ORS 431.045, or a physician licensed under ORS chapter 677 who is employed by the Oregon Health Authority to obtain an over-the-counter oral hormonal contraceptive, the Pharmacist does not need to ensure that:

(a) There is a patient-practitioner relationship as required in subsection (1)(e)(D) of this rule; and

(b) The prescription contains the name and date of birth of the patient for whom the drug is prescribed.

[Publications: Publications referenced are available for review at the agency.]

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155 & ORS 689.703

September 22, 2025

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, OR 97232
pharmacy.board@bop.oregon.gov

Dear Oregon Board of Pharmacy:

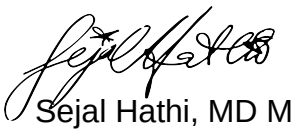
The Oregon Health Authority (OHA) strongly supports the proposed rule amendment allowing pharmacists to dispense nonprescription oral hormonal contraception to Oregon Health Plan members pursuant to an OHA-issued standing order.

Unintended pregnancies are associated with adverse maternal and perinatal outcomes, including delayed or insufficient prenatal care and an increased risk of preterm birth. Nonprescription (or over-the-counter (OTC)) hormonal contraceptives – judged safe and effective by the Food and Drug Administration and national clinical societies like the American College of Obstetricians and Gynecologists – offer a promising strategy to reduce unintended pregnancies. However, cost remains a substantial barrier to access for low-income people.

Under federal Medicaid law, no medication – whether prescription or OTC – may be covered by Medicaid unless prescribed by a licensed practitioner enrolled in the state's Medicaid program. To address this, OHA has proposed a standing order for nonprescription oral norgestrel for contraception and oral levonorgestrel for emergency contraception, signed by a licensed OHA physician enrolled as a state Medicaid provider. This approach would meet federal requirements and allow Medicaid enrollees to obtain these OTC medications at no cost. While pharmacists would retain their responsibility to exercise appropriate professional judgment in dispensing OTC medications, the standing order would help expand equitable access to safe, effective contraception across Oregon.

Thank you for considering this letter of support and the corresponding rule amendment.

Sincerely,



Sejal Hathi, MD MBA
Director

Division 104: Universal Rules (Criminal Conviction Determination Process)

Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency's intended action max 15 words): Criminal Conviction Determination Process

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Proposes adopting a new permanent rule that would allow a person who was convicted of a crime to petition the board for a determination as to whether a criminal conviction will prevent the person from receiving an occupational or professional license as mandated in 2024 SB 1552.

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

2024 SB 1552

Oregon Laws 2024, chapter 95, section 44 (ORS 670.280)

Racial Equity statement per ORS 183.335(2)(b)(F): (identifying how adoption of rule might impact one group of people differently than others) The adoption of this rule may favorably impact racial equity in Oregon by allowing a person to petition the board to learn whether a prior criminal conviction will prevent them from qualifying or obtaining a license before they expend time and resources on an educational program.

Fiscal & Economic Impact per ORS 183.335(2)(b)(E): Petitioners who apply for predetermination will be required to pay a $100 fee.

Cost of Compliance (OBOP/Other State Agencies/Units of Local Government/Public): Effect on Small Businesses: Number/Type: Reporting, Recordkeeping and Administrative Activities Cost: Professional Services, Equipment/ Supplies, Labor Cost: No fiscal anticipated. The agency will absorb the additional administrative processes required in the predetermination process by utilizing current FTE. The proposed rule will have no additional economic impact on state agencies, units of local government, registrants or licensees who identify as a small business.

Describe how small businesses were involved in development of the rules: Small businesses were not involved in determining to amend the rule. A notice of rulemaking hearing will be sent to interested parties, some of whom may identify as a small business and will have an opportunity to provide public comment on the proposed rule amendments.

Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G): No. Permanent rules are required as a legislative mandate of 2024 SB 1552.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why):

Proposes permanently adopting a new rule related to criminal conviction determination process and requirements and for petitioners as required in 2024 SB 1552.

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Division 104
UNIVERSAL RULES

855-104-0155
Criminal Conviction Determination Process

(1) Prior to beginning required education or training, a person who was convicted of a crime may petition the Board for a determination as to whether a criminal conviction will prevent the person from receiving a license issued by the Board.

(2) To be complete, a petition must include the following:

(a) A complete and signed determination request form;

(b) The required fee of $100;

(c) The following records related to the final judgment of each criminal conviction:

(A) A certified copy of the judgment of criminal conviction;

(B) Any charging document(s);

(C) The arrest report(s);

(D) Probation and parole records, if they exist;

(d) A written statement from the petitioner regarding the facts underlying the criminal conviction, and any intervening circumstances.

(e) A written statement or other document listing all criminal convictions, including dates of conviction and a summary of the facts, if the petitioner has more than one.

(3) If any of the records in (2)(c) no longer exist, have been sealed or are otherwise unavailable to the petitioner, petitioner must provide evidence from the agency that held the record that the record no longer exists.

(4) A petition is incomplete when it is missing one or more of the items required in this rule. An incomplete petition will expire 60 days from the date the petition form was submitted to the Board. Petitioners who allow their petition to expire must file a new complete petition, including the required fee.

(5) The petition and the Board's determination are subject to Oregon's public records laws, and unless an exemption applies, the information in the petition and determination are subject to public disclosure.

(6) The Board will reconsider a determination that a criminal conviction prevents the person from obtaining a license when the person submits a completed application for a license.

(7) Upon reconsideration, the Board may rescind a previous determination that a criminal conviction does not prevent the person from obtaining a license if the applicant:

(a) Has allegations or charges pending in criminal court;

(b) Has failed to disclose a previous criminal conviction;

(c) Has been convicted of another crime during the period between the determination and the person's submission of a completed application for an occupational or professional license; or

(d) Has been convicted of a crime that, during the period between the determination and the person's submission of a completed application for an occupational or professional license, became subject to a change in state or federal law that prohibits licensure for an occupational or professional license because of a conviction of that crime.

(8) Failure to disclose a previous criminal conviction includes any misrepresentation or a prior criminal conviction, any concealment or failure to disclose a material fact about a prior criminal conviction, or any other misinformation regarding a prior criminal conviction.

(9) Nothing in this rule prohibits the Board from denying licensure when the person submits a completed application for a reason other than conviction of a crime.

(10) A determination under this rule is not considered a final determination of the Board.

Statutory/Other Authority: ORS 689.205, 2024 SB 1552
Statutes/Other Implemented: ORS 689.135, 2024 SB 1552

82nd OREGON LEGISLATIVE ASSEMBLY--2024 Regular Session

Enrolled
Senate Bill 1552

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with presession filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Senate Interim Committee on Education for Senator Michael Dembrow)

CHAPTER .....

AN ACT

Relating to education; creating new provisions; amending ORS 171.857, 192.690, 326.695, 327.026, 327.254, 332.544, 334.231, 336.680, 339.869, 341.013, 342.610, 342.940, 348.205, 348.250, 348.260, 348.263, 348.520, 348.752, 350.075, 350.355 and 670.280; repealing ORS 326.700, 326.712, 329.832 and 329.837; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

YOUTH ADVISORY GROUP

SECTION 1. (1) The Department of Education shall establish a work group to develop standards that are used to select the members of the youth advisory group established by section 4 of this 2024 Act.

(2) The work group shall consist of members selected by the Deputy Superintendent of Public Instruction in consultation with the Youth Development Division, the Oregon Health Authority and the Racial Justice Council.

(3) To the greatest extent practicable, the work group shall consist of:

(a) Youth representing tribal youth councils;

(b) Youth representing youth and student leadership organizations;

(c) Youth participating in alternative education pathways;

(d) Youth from immigrant and refugee communities;

(e) Individuals representing culturally and ethnically specific community-based organizations, including organizations that assist immigrant and refugee communities;

(f) Individuals who are administrators, teachers and other school staff who support youth and student leadership in public schools, including education service districts, school districts, schools and youth reengagement programs;

(g) Youth who serve as advisors to the State Board of Education or serve on Department of Education work groups related to student success initiatives;

(h) Youth who serve on the Youth Development Council or who participate in Youth Development Division programs;

(i) Youth who serve on Oregon Health Authority work groups;

(j) Youth who serve on Racial Justice Council work groups; and

(k) Additional members identified and recommended by the work group.

(4) Members of the work group selected as provided by subsection (3) of this section must consist of individuals who:

(a) Have lived experiences with, or a demonstrated understanding of, issues facing persons who are from racial or ethnic communities that historically have been, or currently are, underrepresented or underserved, including communities for which a statewide education plan has been developed and implemented;

(b) Have lived experiences with, or a demonstrated understanding of, issues facing persons who identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual, nonbinary or another minority gender identity or sexual orientation;

(c) Are English language learners;

(d) Are identifiable as being a child with a disability, as defined in ORS 343.035;

(e) Are navigating poverty;

(f) Are a foster child or have a parent involved in the criminal justice system; or

(g) Have experienced disproportionate results in education due to historical practices, as identified by the State Board of Education by rule.

(5) Youth members of the work group selected as provided by subsection (3) of this section must be between the ages of 14 and 18 years during their term of service on the work group.

(6) The work group shall:

(a) Develop a process for individuals to apply to become a member of the youth advisory group, based on considerations of equity.

(b) Develop and implement a youth outreach and recruitment plan for connecting with prospective members of the youth advisory group.

(c) Review applications of prospective members of the youth advisory group and recommend to the Deputy Superintendent of Public Instruction prospective members of the youth advisory group.

(d) Develop the orientation for members of the youth advisory group.

(e) Work to reduce bias and remove barriers related to becoming a member of the youth advisory group and to support members of the youth advisory group.

(f) Develop recommendations and best practices for providing mentorship to youth members of the youth advisory group.

(g) Explore the viability of providing stipends and academic credit for youth members of the youth advisory group.

SECTION 2. The work group established by section 1 of this 2024 Act must first meet no later than October 31, 2024.

SECTION 3. Section 1 of this 2024 Act is repealed on August 30, 2025.

SECTION 4. (1) A youth advisory group is established for the purposes of this section.

(2)(a) The Deputy Superintendent of Public Instruction, in consultation with the work group established by section 1 of this 2024 Act, shall select members of the youth advisory group as provided by this subsection. The term of office of each member is one year.

(b) The majority of the members of the youth advisory group must be youth between the ages of 14 and 18 years of age during their term of service on the youth advisory group. The youth members of the youth advisory group must include two youth from each education service district identified in ORS 334.013.

(c) When selecting the members of the youth advisory group, the Deputy Superintendent of Public Instruction shall:

(A) Consult with the Youth Development Division, the Oregon Health Authority and the Racial Justice Council to select members of the youth advisory group who are one or more of the following:

(i) Youth and staff representing tribal youth councils;

(ii) Youth and staff representing youth and student leadership organizations;

(iii) Youth and staff representing alternative education pathways;

(iv) Youth from immigrant and refugee communities;

(v) Individuals representing culturally and ethnically specific community-based organizations, including organizations that assist immigrant and refugee communities;

(vi) Individuals who are administrators, teachers and other school staff who support youth and student leadership in public schools, including education service districts, school districts, schools and youth reengagement programs;

(vii) Youth who serve as advisors to the State Board of Education or serve on Department of Education work groups related to student success initiatives;

(viii) Youth who serve on the Youth Development Council or who participate in Youth Development Division programs;

(ix) Youth who serve on Oregon Health Authority work groups;

(x) Youth who serve on Racial Justice Council work groups; and

(xi) Additional members identified and recommended by the youth advisory group.

(B) Consult with the Youth Development Division to select members of the youth advisory group who are youth who have been reengaged and to select program staff who support the statewide youth reengagement system developed and administered by the division under ORS 417.859 or who otherwise provide education opportunities to youth or support the educational success of youth.

(d) In addition to the members of the youth advisory group described in paragraphs (b) and (c) of this subsection, the youth advisory group may include any other members identified and recommended by the youth advisory group and selected by the Deputy Superintendent of Public Instruction in consultation with the work group established by section 1 of this 2024 Act.

(e) The Deputy Superintendent of Public Instruction may provide for alternate members for the youth members of the youth advisory group described in paragraph (b) of this subsection.

(f)(A) When making selections under this subsection, the Deputy Superintendent of Public Instruction must ensure that:

(i) At least 70 percent of the members of the youth advisory group have lived experiences with, or a demonstrated understanding of, issues facing persons who are from racial or ethnic communities that historically have been, or currently are, underrepresented or underserved;

(ii) At least 50 percent of the youth members of the youth advisory group from each of the regions identified in paragraph (b) of this subsection have lived experiences with, or a demonstrated understanding of, issues facing persons who are from racial or ethnic communities that historically have been, or currently are, underrepresented or underserved; and

(iii) The youth members of the youth advisory group must include youth who:

(I) Have lived experiences with, or a demonstrated understanding of, issues facing persons who identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual, nonbinary or another minority gender identity or sexual orientation;

(II) Are English language learners;

(III) Are identified as being a child with a disability, as defined in ORS 343.035;

(IV) Are navigating poverty;

(V) Are a foster child or have a parent involved in the criminal justice system; or

(VI) Have experienced disproportionate results in education due to historical practices, as identified by the State Board of Education by rule.

(B) For the purpose of this paragraph, racial or ethnic communities that historically have been, or currently are, underrepresented or underserved include communities for which a statewide education plan has been developed and implemented.

(g) A member of the youth advisory group may be selected for up to two terms. If there is a vacancy for any cause, the Deputy Superintendent of Public Instruction, in consultation

with other members of the youth advisory group, shall make a selection to become immediately effective for the unexpired term.

(3) The Department of Education shall ensure that each youth member of the youth advisory group:

(a) Receives sufficient support to enable participation in youth advisory group meetings, including:

(A) Reimbursement for actual and necessary travel and other expenses incurred in the performance of official duties in the manner and amounts provided in ORS 292.495; and

(B) Funding for any expenses not otherwise reimbursed under subparagraph (A) of this paragraph; and

(b) Has resources available to reimburse any adult who provides transportation or other supports in helping the youth member to participate in the youth advisory group.

(4) The youth advisory group, with support from the Department of Education, shall take into consideration racial equity and justice and align with other statewide efforts for racial equity and justice when performing the following duties:

(a) Developing the youth advisory group's goals, success criteria and progress measures related to youth and student leadership and engagement in the policymaking process in this state. When performing the duties described in this paragraph, the youth advisory group may modify the youth advisory group's decision-making process, scope of work, work plans and meeting structures, and the roles and responsibilities of youth advisory group members.

(b) Examining current Department of Education, Youth Development Division and Oregon Health Authority initiatives and practices related to youth and student leadership and engagement in the policymaking process and making recommendations on how to elevate and support youth and student leadership and youth-led and student-led accountability in the policymaking process at the state and local level. When performing the duties described in this paragraph, the youth advisory group must give careful consideration to youth and student leadership and to engagement by youth described in subsection (2)(f)(A)(ii) and (iii) of this section. The youth advisory group may recommend methods for evaluating current initiatives, practices and progress relating to youth and student leadership and engagement at the state level.

(c) Connecting with youth and student leaders and exploring youth and student leadership networks, including culturally and ethnically specific, community-based models and Youth Development Division programs, to identify best practices in youth-led and student-led accountability in this state and on a national level. Based on the performance of the duties described in this paragraph, the youth advisory group shall make recommendations to the State Board of Education, the Youth Development Council, the Legislative Assembly and the Governor on how to support youth and student leadership networks on a regional level for the purposes of connecting youths with youth organizations, connecting students with student organizations, elevating youth and student leadership and voice and supporting youth-led and student-led accountability, with special consideration given to youth described in subsection (2)(f)(A)(ii) and (iii) of this section.

(d) Helping the Department of Education, the Youth Development Division and the Oregon Health Authority with the surveys that are administered to youth and students by assisting with reviews of the findings and making recommendations on the content and administration of the surveys.

(e) Evaluating current processes in this state to identify best practices for youth and students reporting a bias incident as defined in ORS 147.380 or a hate or bias crime. Based on the performance of the duty described in this paragraph, the youth advisory group shall make recommendations for providing support to youth and students who have experienced bias incidents or hate or bias crimes.

(f) Reporting on the youth advisory group's work, progress and recommendations to the Legislative Assembly and the Governor every two years and providing interim updates to

youth and student leadership networks and organizations, education service districts, school districts and local entities that serve youth and students.

(5)(a) The youth advisory group shall meet at least six times each year on the dates determined by a majority of the members of the youth advisory group. The youth advisory group shall also meet at other times specified or requested by a majority of the members of the youth advisory group.

(b) The youth advisory group shall meet in the place and manner determined by a majority of the members of the youth advisory group. All or part of the members of the youth advisory group may attend the meetings electronically, unless otherwise provided by a majority of the members of the youth advisory group.

(6) The Department of Education shall:

(a) Provide staff support to the youth advisory group; and

(b) Support youth advisory group members in participating in the youth advisory group.

SECTION 5. (1) The Deputy Superintendent of Public Instruction, in consultation with the work group established by section 1 of this 2024 Act, shall select the members of the youth advisory group described in section 4 of this 2024 Act no later than June 30, 2025.

(2) The youth advisory group established in section 4 of this 2024 Act must first meet no later than December 15, 2025.

SECTION 6. Section 4 of this 2024 Act is amended to read:

Sec. 4. (1) A youth advisory group is established for the purposes of this section.

(2)(a) The Deputy Superintendent of Public Instruction, in consultation with [*the work group established by section 1 of this 2024 Act*] **current members of the youth advisory group**, shall select members of the youth advisory group as provided by this subsection. The term of office of each member is one year.

(b) The majority of the members of the youth advisory group must be youth between the ages of 14 and 18 years of age during their term of service on the youth advisory group. The youth members of the youth advisory group must include two youth from each education service district identified in ORS 334.013.

(c) When selecting the members of the youth advisory group, the Deputy Superintendent of Public Instruction shall:

(A) Consult with the Youth Development Division, the Oregon Health Authority and the Racial Justice Council to select members of the youth advisory group who are one or more of the following:

(i) Youth and staff representing tribal youth councils;

(ii) Youth and staff representing youth and student leadership organizations;

(iii) Youth and staff representing alternative education pathways;

(iv) Youth from immigrant and refugee communities;

(v) Individuals representing culturally and ethnically specific community-based organizations, including organizations that assist immigrant and refugee communities;

(vi) Individuals who are administrators, teachers and other school staff who support youth and student leadership in public schools, including education service districts, school districts, schools and youth reengagement programs;

(vii) Youth who serve as advisors to the State Board of Education or serve on Department of Education work groups related to student success initiatives;

(viii) Youth who serve on the Youth Development Council or who participate in Youth Development Division programs;

(ix) Youth who serve on Oregon Health Authority work groups;

(x) Youth who serve on Racial Justice Council work groups; and

(xi) Additional members identified and recommended by the youth advisory group.

(B) Consult with the Youth Development Division to select members of the youth advisory group who are youth who have been reengaged and to select program staff who support the statewide youth reengagement system developed and administered by the division under ORS 417.859 or who otherwise provide education opportunities to youth or support the educational success of youth.

(d) In addition to the members of the youth advisory group described in paragraphs (b) and (c) of this subsection, the youth advisory group may include any other members identified and recommended by the youth advisory group and selected by the Deputy Superintendent of Public Instruction [*in consultation with the work group established by section 1 of this 2024 Act*].

(e) The Deputy Superintendent of Public Instruction may provide for alternate members for the youth members of the youth advisory group described in paragraph (b) of this subsection.

(f)(A) When making selections under this subsection, the Deputy Superintendent of Public Instruction must ensure that:

(i) At least 70 percent of the members of the youth advisory group have lived experiences with, or a demonstrated understanding of, issues facing persons who are from racial or ethnic communities that historically have been, or currently are, underrepresented or underserved;

(ii) At least 50 percent of the youth members of the youth advisory group from each of the regions identified in paragraph (b) of this subsection have lived experiences with, or a demonstrated understanding of, issues facing persons who are from racial or ethnic communities that historically have been, or currently are, underrepresented or underserved; and

(iii) The youth members of the youth advisory group must include youth who:

(I) Have lived experiences with, or a demonstrated understanding of, issues facing persons who identify as lesbian, gay, bisexual, transgender, queer, two-spirit, intersex, asexual, nonbinary or another minority gender identity or sexual orientation;

(II) Are English language learners;

(III) Are identified as being a child with a disability, as defined in ORS 343.035;

(IV) Are navigating poverty;

(V) Are a foster child or have a parent involved in the criminal justice system; or

(VI) Have experienced disproportionate results in education due to historical practices, as identified by the State Board of Education by rule.

(B) For the purpose of this paragraph, racial or ethnic communities that historically have been, or currently are, underrepresented or underserved include communities for which a statewide education plan has been developed and implemented.

(g) A member of the youth advisory group may be selected for up to two terms. If there is a vacancy for any cause, the Deputy Superintendent of Public Instruction, in consultation with other members of the youth advisory group, shall make a selection to become immediately effective for the unexpired term.

(3) The Department of Education shall ensure that each youth member of the youth advisory group:

(a) Receives sufficient support to enable participation in youth advisory group meetings, including:

(A) Reimbursement for actual and necessary travel and other expenses incurred in the performance of official duties in the manner and amounts provided in ORS 292.495; and

(B) Funding for any expenses not otherwise reimbursed under subparagraph (A) of this paragraph; and

(b) Has resources available to reimburse any adult who provides transportation or other supports in helping the youth member to participate in the youth advisory group.

(4) The youth advisory group, with support from the Department of Education, shall take into consideration racial equity and justice and align with other statewide efforts for racial equity and justice when performing the following duties:

(a) Developing the youth advisory group's goals, success criteria and progress measures related to youth and student leadership and engagement in the policymaking process in this state. When performing the duties described in this paragraph, the youth advisory group may modify the youth advisory group's decision-making process, scope of work, work plans and meeting structures, and the roles and responsibilities of youth advisory group members.

(b) Examining current Department of Education, Youth Development Division and Oregon Health Authority initiatives and practices related to youth and student leadership and engagement

in the policymaking process and making recommendations on how to elevate and support youth and student leadership and youth-led and student-led accountability in the policymaking process at the state and local level. When performing the duties described in this paragraph, the youth advisory group must give careful consideration to youth and student leadership and to engagement by youth described in subsection (2)(f)(A)(ii) and (iii) of this section. The youth advisory group may recommend methods for evaluating current initiatives, practices and progress relating to youth and student leadership and engagement at the state level.

(c) Connecting with youth and student leaders and exploring youth and student leadership networks, including culturally and ethnically specific, community-based models and Youth Development Division programs, to identify best practices in youth-led and student-led accountability in this state and on a national level. Based on the performance of the duties described in this paragraph, the youth advisory group shall make recommendations to the State Board of Education, the Youth Development Council, the Legislative Assembly and the Governor on how to support youth and student leadership networks on a regional level for the purposes of connecting youths with youth organizations, connecting students with student organizations, elevating youth and student leadership and voice and supporting youth-led and student-led accountability, with special consideration given to youth described in subsection (2)(f)(A)(ii) and (iii) of this section.

(d) Helping the Department of Education, the Youth Development Division and the Oregon Health Authority with the surveys that are administered to youth and students by assisting with reviews of the findings and making recommendations on the content and administration of the surveys.

(e) Evaluating current processes in this state to identify best practices for youth and students reporting a bias incident as defined in ORS 147.380 or a hate or bias crime. Based on the performance of the duty described in this paragraph, the youth advisory group shall make recommendations for providing support to youth and students who have experienced bias incidents or hate or bias crimes.

(f) Reporting on the youth advisory group's work, progress and recommendations to the Legislative Assembly and the Governor every two years and providing interim updates to youth and student leadership networks and organizations, education service districts, school districts and local entities that serve youth and students.

(5)(a) The youth advisory group shall meet at least six times each year on the dates determined by a majority of the members of the youth advisory group. The youth advisory group shall also meet at other times specified or requested by a majority of the members of the youth advisory group.

(b) The youth advisory group shall meet in the place and manner determined by a majority of the members of the youth advisory group. All or part of the members of the youth advisory group may attend the meetings electronically, unless otherwise provided by a majority of the members of the youth advisory group.

(6) The Department of Education shall:

(a) Provide staff support to the youth advisory group; and

(b) Support youth advisory group members in participating in the youth advisory group.

SECTION 7. The amendments to section 4 of this 2024 Act by section 6 of this 2024 Act become operative on August 30, 2025.

NOTE: Section 8 was deleted by amendment. Subsequent sections were not renumbered.

STUDENT INFORMATION

SECTION 9. (1) The Department of Education shall develop a plan for the collection of course-level completion and grade data for all public school students in grades 6 through 12.

(2) No later than September 15, 2024, the Department of Education shall submit a report in the manner provided by ORS 192.245, and may include recommendations for legislation, to the interim committees of the Legislative Assembly related to education regarding:

(a) The plan developed under subsection (1) of this section; and

(b) The funding the department will require during the 2025-2027 biennium for the purposes of the plan.

SECTION 10. Section 9 of this 2024 Act is repealed on January 2, 2025.

DIRECT ADMISSIONS

SECTION 11. ORS 350.075 is amended to read:

350.075. (1) As used in this section, "student access programs" means scholarship, loan, grant and access programs described in ORS chapter 348.

(2) The Higher Education Coordinating Commission shall be guided by the legislative findings in ORS 341.009, 350.001 and 350.005 and the goals and mission of post-secondary education set forth in ORS 350.009 and 350.014.

(3) The Higher Education Coordinating Commission shall:

(a) Develop state goals for the state post-secondary education system, including community colleges and public universities listed in ORS 352.002, and for student access programs.

(b) Determine strategic investments in the state's community colleges, public universities and student access programs necessary to achieve state post-secondary education goals.

(c) Coordinate the post-secondary elements of data collection and structure, with the advice and recommendation of the state's independent institutions, community colleges and public universities, as appropriate, in order to construct a state longitudinal data system.

(d) Adopt a strategic plan for achieving state post-secondary education goals, taking into consideration the contributions of this state's independent institutions, philanthropic organizations and other organizations dedicated to helping Oregonians reach state goals. State post-secondary education goals as described in this section should include, but need not be limited to:

(A) Increasing the educational attainment of the population;

(B) Increasing this state's global economic competitiveness and the quality of life of its residents;

(C) Ensuring affordable access for qualified Oregon students at each college or public university;

(D) Removing barriers to on-time completion; and

(E) Tracking progress toward meeting the state's post-secondary education goals established in the strategic plan described in this paragraph.

(e)(A) Each biennium, after receiving funding requests from the state's community colleges and public universities as authorized by law, recommend to the Governor a consolidated higher education agency request budget aligned with the strategic plan described in paragraph (d) of this subsection, including appropriations for:

(i) Student access programs;

(ii) Public universities listed in ORS 352.002, including but not limited to education and general operations, statewide public services and state-funded debt service;

(iii) Community colleges, including but not limited to education and general operations and state-funded debt service;

(iv) New facilities or programs;

(v) Capital improvements and deferred maintenance;

(vi) Special initiatives and investments; and

(vii) Any other program, duty or function a public university listed in ORS 352.002 is authorized to undertake.

(B) In the development of the consolidated higher education agency request budget:

(i) Determine the costs necessary to provide quality post-secondary education;

(ii) Solicit input from educators, education policy experts, appropriate legislative committees, students and other persons interested in the development of the funding model; and

(iii) Solicit public input regarding educational priorities.

(f) Adopt rules governing the distribution of appropriations from the Legislative Assembly to community colleges, public universities listed in ORS 352.002 and student access programs. These

rules must be based on allocation formulas developed in consultation with the state's community colleges and public universities, as appropriate.

(g) Approve or disapprove any significant change to the academic program of a community college or a public university listed in ORS 352.002. In reaching a decision under this paragraph, the commission shall consider the recommendation from the community college or public university seeking to make the change to an academic program that is issued pursuant to the obligation of the governing board of a community college or public university to review and approve academic programs. The commission shall ensure that approved programs:

(A) Are consistent with the mission statement of the community college or public university;

(B) Do not unnecessarily duplicate academic programs offered by Oregon's other community colleges or public universities;

(C) Are not located in a geographic area that will cause undue hardship to Oregon's other community colleges or public universities; and

(D) Are allocated among Oregon's community colleges and public universities to maximize the achievement of statewide needs and requirements.

(h) For public universities listed in ORS 352.002:

(A) Approve the mission statement adopted by a governing board of a public university.

(B) Review and determine whether a proposed annual increase of resident undergraduate enrollment fees of greater than five percent is appropriate.

(C) Advise the Governor and the Legislative Assembly on issues of university governance.

(D) Approve and authorize degrees.

(E) Perform the evaluation and certification required by ORS 350.095.

(i) Authorize degrees to be offered by independent post-secondary institutions in this state under ORS 348.594 to 348.615.

(j) Oversee the licensing of career schools under ORS 345.010 to 345.340.

(k) Have the authority to enter into and administer interstate agreements regarding the provision of post-secondary distance education. The participation by an educational institution that is not based in this state in distance learning courses or programs that are part of an interstate agreement entered into and administered under this paragraph does not constitute operating in this state for purposes of ORS 348.594 to 348.615. The commission, by rule, may impose a fee on any educational institution that seeks to operate under or participate in such interstate agreements. The fee amount shall be established to recover designated expenses incurred by the commission in participating in such agreements.

(L) Administer a statewide longitudinal data system.

(m) In coordination with the Department of Education, the Employment Department and other state agencies, conduct statewide longitudinal studies and reporting of early learning, kindergarten through grade 12 education, higher education and workforce programs. For the purposes of this paragraph:

(A) The commission shall enter into written interagency agreements with the Department of Education, the Employment Department and any other state agencies necessary for conducting statewide longitudinal studies and reporting.

(B) The commission may share data from the statewide longitudinal data system with persons or public bodies. For purposes of this subparagraph, the commission shall adopt rules to establish procedures for requesting or sharing data and may enter into written agreements for sharing data.

(C) The commission is considered an authorized representative of state educational agencies under applicable state and federal law for purposes of accessing, compiling and storing student data for research, audit and evaluation purposes.

(n) Establish a direct admissions program for community colleges in this state and public universities listed in ORS 352.002. The commission shall adopt rules to:

(A) Establish a method for the collection of student data necessary to implement the program, which may include collaborating with the Department of Education to the extent necessary to collect the student data; and

(B) Maximize opportunities for underserved students and first generation college students to participate in the program.

(4)(a) The Higher Education Coordinating Commission shall implement a process to review and appropriately act on student complaints regarding any school operating in this state. As part of the process implemented under this subsection, the commission may:

(A) Receive student complaints from students regarding a school;

(B) Specify the type of information that must be included in a student complaint;

(C) Investigate and resolve student complaints that relate to state financial aid;

(D) Refer a student complaint to another entity for investigation and resolution as provided in paragraph (b) of this subsection;

(E) Adopt rules to implement the provisions of this subsection; and

(F) Enter into agreements to implement the provisions of this subsection.

(b) The commission may refer the investigation and resolution of a student complaint to:

(A) An appropriate state agency if the complaint alleges that a school has violated a state law concerning consumer protection, civil rights, employment rights or environmental quality;

(B) A school's accrediting association if the complaint relates to the school's authorization to offer academic degree programs or to the quality of the school's academic degree programs; or

(C) The school at which the student is enrolled if the commission determines that the complaint should be resolved through the school's internal review process.

(c) As used in this subsection:

(A)(i) "School" means an independent institution of higher education that meets the requirements of ORS 348.597 (2)(a).

(ii) "School" does not mean a school that is exempt from ORS 348.594 to 348.615 under ORS 348.597 (2)(b) or (c).

(B) "Student" means a person who is enrolled at a school for the purpose of obtaining a degree, certificate or other recognized educational credential offered by that school.

(5) A student complaint that is received by the Higher Education Coordinating Commission, including but not limited to a student complaint filed under subsection (4) of this section, is not subject to disclosure under ORS 192.311 to 192.478.

(6) In addition to the duties described in subsections (2) to (4) of this section, the Higher Education Coordinating Commission shall advise the Legislative Assembly, the Governor, community colleges, public universities and other state boards and commissions on policies in order to:

(a) Ensure or improve access to higher education by diverse and underserved populations.

(b) Encourage student success and completion initiatives.

(c) Improve the coordination of the provision of educational services, including:

(A) Transfers and coenrollment throughout the higher education system;

(B) Accelerated college credit programs for high school students;

(C) Applied baccalaureate and other transfer degrees;

(D) Programs and grants that span multiple institutions; and

(E) Reciprocity agreements with other states.

(d) In coordination with the State Board of Education, enhance the use and quality of dual credit, career and technical pathways and efforts to create a culture of college attendance in this state.

(e) In coordination with the State Workforce and Talent Development Board, local workforce development boards, the Oregon Health and Science University and independent institutions, ensure that the state's colleges and universities offer programs in high-demand occupations that meet Oregon's workforce needs.

(f) Improve economies of scale by encouraging and facilitating the use of the shared services among post-secondary institutions in this state.

(7) The Higher Education Coordinating Commission, in a manner consistent with ORS chapter 183, may adopt administrative rules.

(8) With the exception of the rulemaking authority granted in subsection (7) of this section, the Higher Education Coordinating Commission may delegate any of its powers, duties or functions to a committee of the commission or to the executive director of the commission.

(9) The Higher Education Coordinating Commission may, subject to the Public Contracting Code, enter into contracts and agreements, including grant agreements, with public and private entities for those higher education and workforce development activities that are consistent with ORS 350.001 and 350.005, with the policies set forth in ORS chapters 341 and 348 and with statutory policies related to career schools and public universities.

(10)(a) The Higher Education Coordinating Commission may exercise only powers, duties and functions expressly granted by the Legislative Assembly. Except as otherwise expressly provided by law, all other authorities reside at the institutional level with the respective boards of the postsecondary institutions.

(b) The commission has implied and direct authority to implement the powers, duties and functions expressly granted to the commission by the Legislative Assembly.

(c) Notwithstanding paragraph (b) of this subsection, the commission may not exercise any authority, express or implied, statutorily provided to a governing board of a public university listed in ORS 352.002 or a community college operated under ORS chapter 341.

STATE FUNDING OF EDUCATION

SECTION 12. (1) The Legislative Policy and Research Director shall conduct a study of:

(a) The Quality Education Model; and

(b) The state's system of financing public education from kindergarten through grade 12.

(2) The study conducted under this section must include at least:

(a) A review of the education funding formula for public education for kindergarten through grade 12 in this state and an exploration of options that would provide a uniform and equitable design for financing the cost of an adequate education for all public school students in kindergarten through grade 12 in this state.

(b) A review and evaluation of the Quality Education Model, including the processes used to:

(A) Determine the best practices included in the model;

(B) Estimate school district operating expenses for purposes of the model;

(C) Select quality indicators for the model; and

(D) Accurately calculate the cost of a quality education for all students of this state.

(c) The identification of trends and disparities since the 2019-2020 school year in student performance across the state in kindergarten through grade 12 based on current school funding.

(d) The establishment of the baseline for the costs, programs, staffing and facilities needed to provide the opportunity for an adequate education.

(e) A review of the costs and existing funding for special education and related services and an exploration of possible alternative funding formulas.

(3) For the purpose of conducting the study described in this section, the director may enter into a contract with a public, private or nonprofit research entity. When entering into a contract, the director shall give preference, to the greatest extent practicable, to a research entity that has conducted similar studies in other states.

(4) All agencies of state government, as defined in ORS 174.111, are directed to assist the director, and any entity working under contract with the director, in conducting the study and, to the extent permitted by laws related to confidentiality, to furnish information and advice necessary for the director or contractor to complete the study.

(5) The director shall submit a report in the manner provided by ORS 192.245 to the interim committees of the Legislative Assembly related to education no later than January 31, 2025.

SECTION 13. Section 12 of this 2024 Act is repealed on June 30, 2025.

SECTION 14. ORS 171.857 is amended to read:

171.857. (1) For each odd-numbered year regular session of the Legislative Assembly, the President of the Senate and the Speaker of the House of Representatives shall jointly appoint a special legislative committee to issue a report pursuant to section 8, Article VIII of the Oregon Constitution.

(2) The committee may not transact business unless a quorum is present. A quorum consists of a majority of committee members from the House of Representatives and a majority of committee members from the Senate.

(3) Action by the committee requires the affirmative vote of a majority of committee members from the House of Representatives and a majority of committee members from the Senate.

[*(4) Members of the committee are entitled to compensation and expense reimbursement as provided in ORS 171.072.*]

[*(5) The Legislative Assembly in the report shall:*]

(4) In the report, the Legislative Assembly shall accomplish one of the following:

(a) Demonstrate that the amount within the budget appropriated for the state's system of kindergarten through grade 12 public education is the amount of moneys**,** as determined by the Quality Education Commission established by ORS 327.500**,** that is sufficient to meet the quality goals[*; or*]**.**

(b) Identify the reasons that the amount appropriated for the state's system of kindergarten through grade 12 public education is not sufficient, the extent of the insufficiency and the impact of the insufficiency on the ability of the state's system of kindergarten through grade 12 public education to meet the quality goals. In identifying the impact of the insufficiency, the Legislative Assembly shall include in the report how the amount appropriated in the budget may affect both the current practices and student performance identified by the commission under ORS 327.506 (4)(a) and the best practices and student performance identified by the commission under ORS 327.506 (4)(b).

[*(6)(a)*] **(5)(a)** Notwithstanding subsection [*(5)*] **(4)** of this section, the [*Legislative Assembly*] **committee** may make a determination that the report of the Quality Education Commission should not be used as the basis for carrying out the reporting requirements of section 8, Article VIII of the Oregon Constitution, and subsection [*(5)*] **(4)** of this section. If the report is not used, the [*Legislative Assembly*] **committee** shall identify the reasons for not using the report to meet the reporting requirements and shall outline an alternative methodology for making the findings required by section 8, Article VIII of the Oregon Constitution.

(b) The alternative methodology shall be based on:

(A) Research, data and public values; and

(B) The performance of successful schools, professional judgment or a combination of the performance of successful schools and professional judgment.

(c) The Legislative Assembly shall include in the report that uses the alternative methodology a determination of how the amount appropriated may affect the ability of the state's system of kindergarten through grade 12 public education to meet quality goals established by law, including expected student performance against those goals.

[*(7)*] **(6)** The Legislative Assembly shall identify in the report whether the state's system of post-secondary public education has quality goals established by law. If there are quality goals, the Legislative Assembly shall include in the report a determination that the amount appropriated in the budget is sufficient to meet those goals or an identification of the reasons the amount appropriated is not sufficient, the extent of the insufficiency and the impact of the insufficiency on the ability of the state's system of post-secondary public education to meet those quality goals.

[*(8)*] **(7)** The report shall be issued within 180 days after the Legislative Assembly adjourns sine die.

[*(9)*] **(8)** The Legislative Assembly shall provide public notice of the report's issuance, including posting the report on the Internet and providing a print version of the report upon request.

FINANCIAL AID DISTRIBUTIONS

SECTION 15. ORS 348.205 is amended to read:

348.205. (1) The Oregon Opportunity Grant program is established within the Higher Education Coordinating Commission.

(2) Under the program, the cost of education of a qualified student shall be shared by the student, the family of the student, the federal government and the state.

(3) The [*Director of the Office of Student Access and Completion*] **commission** shall determine the cost of education of a qualified student based on the type of eligible post-secondary institution the student is attending. The cost of education equals:

(a) For a student attending a community college, the average cost of education of attending a community college in this state;

(b) For a student attending a public university listed in ORS 352.002, the average cost of education of attending a public university;

(c) For a student attending a two-year Oregon-based, generally accredited, not-for-profit institution of higher education, the average cost of education of attending a community college in this state; and

(d) For a student attending the Oregon Health and Science University or a four-year Oregon-based, generally accredited, not-for-profit institution of higher education, the average cost of education of attending a public university listed in ORS 352.002.

(4)(a) The [*director*] **commission** shall determine the amount of the student share. The student share shall be based on:

(A) The type of eligible post-secondary institution the student is attending;

(B) The number of hours of work that the [*director*] **commission** determines may be reasonably expected from the student; and

(C) The amount of loans that the [*director*] **commission** determines would constitute a manageable debt burden for the student.

(b) The student shall determine how to cover the student share through income from work, loans, savings and scholarships.

(c) The student share for a student who attends a community college may not exceed the amount that the [*director*] **commission** determines a student may earn based on the number of hours of work reasonably expected from the student under paragraph (a) of this subsection.

(d) The student share for a student who attends an eligible post-secondary institution that is not a community college may not exceed the sum of the amount that the [*director*] **commission** determines a student may receive as loans plus the amount a student may earn based on the number of hours of work reasonably expected from the student under paragraph (a) of this subsection.

(5) The [*director*] **commission** shall determine the amount of the family share. The family share shall be based on the resources of the family.

(6) The [*director*] **commission** shall determine the amount of the federal share based on how much the student or the student's family is expected to receive from the federal government.

(7)(a) The [*director*] **commission** shall determine the amount of the state share **by rule**. The state share shall be equal to the cost of education reduced by the student share, family share and amount received by the student from the federal government.

(b) The [*director*] **commission** shall establish a minimum amount that a student may receive as a state share. If the [*director*] **commission** determines that the amount of the state share of a student is below the minimum amount, the student may not receive the state share.

(c) The [*director*] **commission** may not reduce the amount of the state share of a student based on amounts available to the student by virtue of being the designated beneficiary of a college savings network account established under ORS 178.300 to 178.360.

(8) Subject to subsection (9) of this section, if the [*director*] **commission** determines that there are insufficient moneys to award the state share to all qualified students, the [*director*] **commission**:

(a) May establish the maximum amount that a student may receive as a state share. This amount may vary based on whether the student is attending an eligible post-secondary institution on a half-time or full-time basis.

(b) May establish procedures that prioritize awarding Oregon Opportunity Grants to qualified students with the greatest financial need or whose circumstances would enhance the promotion of equity guidelines published by the [*Higher Education Coordinating*] commission.

(c) May not reduce the amount of the state share awarded to students in the low income range in a greater proportion than the amount that the state share for students in other income ranges is reduced.

[*(9)(a) The Higher Education Coordinating commission shall adopt rules that prioritize current foster children and former foster children for receiving Oregon Opportunity Grants when the Oregon Opportunity Grant program does not have sufficient funding to serve all eligible Oregon students.*]

[*(b) For the purposes of this subsection, "former foster child" has the meaning given that term in ORS 350.300.*]

(9) The commission shall adopt rules that implement the Oregon Opportunity Grant program. The rules adopted by the commission shall:

(a) Specify the manner by which the commission determines the state share.

(b) Prioritize current foster children and former foster children for receiving Oregon Opportunity Grants when the Oregon Opportunity Grant program does not have sufficient funding to serve all eligible Oregon students. As used in this paragraph, "former foster child" has the meaning given that term in ORS 350.300.

SECTION 15a. The amendments to ORS 348.205 by section 15 of this 2024 Act first apply to state shares determined for the 2025-2026 academic year.

SECTION 16. ORS 348.250 is amended to read:

348.250. (1) Grants established under ORS 348.260 shall be awarded by the Higher Education Coordinating Commission in the manner provided in this section.

(2) Persons interested in obtaining a grant established under ORS 348.260 may apply to the [*Director of the Office of Student Access and Completion*] **commission** for a grant.

(3) The [*director*] **commission** shall screen or cause to be screened the applications and shall determine for each available grant the person best qualified to receive that grant. A qualified applicant is eligible to receive a grant established under ORS 348.260 if:

(a) The applicant's financial need is such that in the opinion of the [*director*] **commission** financial aid is warranted; and

(b) The applicant plans to be a student at the eligible post-secondary institution where the grant is to be used.

(4) The [*director*] **commission** shall not discriminate for or against any applicant for a grant.

(5) Nothing in this section or ORS 348.260, 348.505 to 348.615, 348.696 or 348.992 shall be construed to require any institution to admit a grant recipient or to attempt to control or influence the policies of the institution.

(6) Whenever funds are not available to award grants to all qualified students, the [*director*] **commission** may give priority to applicants who are or plan to be full-time students at the eligible post-secondary institution where the grant is to be used. A student shall be considered to be a full-time student if the combination of credit hours at more than one eligible post-secondary institution equals full-time attendance, according to the institution disbursing the grant funds.

(7) As used in this section, "discriminate" has the meaning given "discrimination" in ORS 659.850.

SECTION 17. ORS 348.260 is amended to read:

348.260. (1) In addition to any other form of student financial aid authorized by law, the Higher Education Coordinating Commission may award Oregon Opportunity Grants to qualified students.

(2) The amount of a grant shall equal the state share of a qualified student's cost of education as determined by the [*Director of the Office of Student Access and Completion*] **commission** and comply with applicable rules and procedures described in ORS 348.205.

(3) Grant funds necessary to meet matching requirements for federal funds may also be used to award grants to qualified students in any eligible post-secondary institution approved by the commission.

(4) Grants may be awarded under this section to qualified students enrolled for any term, including summer term. The commission may prescribe the method and date or dates by which a student must apply to the commission to qualify for a grant.

(5)(a) A qualified student who receives a grant under this section may apply for renewal of the grant on an annual basis. The commission may not renew the grant if the qualified student has not made a timely application for renewal of the grant.

(b) The commission shall by rule establish academic standards and benchmarks that a qualified student must meet to have the student's grant renewed.

(c) If a qualified student who receives a grant under this section makes a timely application for renewal of the grant, meets the academic standards and benchmarks established by the commission under this subsection and continues to meet all other grant eligibility criteria, the grant shall be renewed for a second year of attendance at an eligible post-secondary institution.

(d) Upon timely application by a qualified student who meets the academic standards and benchmarks established by the commission under this subsection and who continues to meet all other grant eligibility criteria, the commission may continue to renew the grant until the qualified student has received the equivalent of four full-time undergraduate years of grant funding for an eligible program as defined by the commission.

(6)(a) The [*Director of the Office of Student Access and Completion*] **commission** shall inform eligible post-secondary institutions of the identity of qualified students who attend the institution and who receive a grant under this section for more than one academic year.

(b) To the extent possible, eligible post-secondary institutions shall ensure that qualified students identified under this subsection are made aware of the academic guidance and counseling services available at the institution.

(7) A qualified student who receives a grant under this section must attend the eligible post-secondary institution upon which the grant application is based unless the [*Director of the Office of Student Access and Completion*] **commission** authorizes the grant to be used at a different eligible post-secondary institution. A qualified student who receives a grant under this section may attend more than one eligible post-secondary institution if the grant application was based on the qualified student attending more than one eligible post-secondary institution.

(8) The commission may not make a grant award to any qualified student enrolled in a course of study required for and leading to a degree in theology, divinity or religious education.

(9)(a) The commission shall report annually on or before February 1 to committees of the Legislative Assembly related to higher education regarding the academic success and performance of qualified students who receive grants under this section.

(b) In order to meet the reporting requirements set forth in paragraph (a) of this subsection:

(A) The commission shall by rule design a method for evaluating the academic success and performance of students who receive a grant under this section; and

(B) Upon a request from the commission, eligible post-secondary institutions must provide the commission with the data necessary for the commission to conduct its analysis.

SECTION 18. ORS 348.263 is amended to read:

348.263. (1) In addition to any other form of student financial aid authorized by law, the Higher Education Coordinating Commission may award moneys from the Oregon Opportunity Grant program to qualified students to reward student persistence and encourage completion of degree programs at eligible post-secondary institutions.

(2) Awards made under this section are not subject to the maximum Oregon Opportunity Grant amount established under ORS 348.205.

(3) The commission shall establish by rule eligibility criteria for awards made under this section. These criteria shall include, but not be limited to, whether the qualified student is attending an eligible post-secondary institution on a full-time or half-time basis.

(4)(a) The [*Director of the Office of Student Access and Completion*] **commission** shall administer, and determine the size of, awards made under this section.

(b) In determining the size of awards made under this section, the [*director*] **commission** shall consider basing the size of the awards on a percentage of the maximum Oregon Opportunity Grant amount established under ORS 348.205.

SECTION 19. ORS 348.520 is amended to read:

348.520. The [*Director of the Office of Student Access and Completion*] **Higher Education Coordinating Commission** shall:

(1) Make available to qualified persons financial aid from financial sources available to the [*director*] **commission**.

(2) Determine qualifications of persons to receive financial aid.

(3) Maintain reports and records on persons applying for and receiving financial aid from the [*director*] **commission**.

(4) Withhold any financial aid if the recipient thereof fails to maintain the standards established for receipt of that aid.

(5) Recommend to the Legislative Assembly not less than once every biennium matters relating to the establishment, administration, modification, transfer, reduction or cancellation of financial aid.

[*(6) Prior to implementing changes to the Oregon Opportunity Grant program, report to the Higher Education Coordinating Commission and the Legislative Assembly or the Emergency Board any proposed change:*]

[*(a) That increases or decreases the total amount awarded as Oregon Opportunity Grants that was approved as part of the budget enacted by the Legislative Assembly for the Higher Education Coordinating Commission; and*]

[*(b) To the methodology used to determine the student share, family share or state share under ORS 348.205.*]

[*(7)*] **(6)** Encourage the establishment of financial aid programs by private agencies.

[*(8)*] **(7)** Collect and disseminate information pertaining to all types of available financial aid.

[*(9)*] **(8)** Review the administrative practices and evaluate the effectiveness of all public and private post-secondary financial aid programs in Oregon.

[*(10)*] **(9)** Disburse state appropriations for financial aid in such a manner as to maximize its role in cooperative coordination of financial aid programs.

FUNDING FOR YOUTH EDUCATION PROGRAMS

SECTION 20. ORS 326.695 is amended to read:

326.695. **(1)** As used in [*ORS 326.700 and 326.712*] **this section**:

[*(1)*] **(a)** "Juvenile Detention Education Program" means the provision of educational services to:

[*(a)*] **(A)** Youths placed in a youth care center, as defined in ORS 420.855, that is within a detention facility, as defined in ORS 419A.004; and

[*(b)*] **(B)** Youths lodged overnight who receive educational services on consecutive days within a detention facility, as defined in ORS 419A.004.

[*(2)*] **(b)** "Youth Corrections Education Program" means the provision of educational services to youths in youth correction facilities, as defined in ORS 420.005.

(2) The Department of Education shall administer the Youth Corrections Education Program and the Juvenile Detention Education Program in a manner that provides youths in those programs with a quality education.

(3)(a) The Superintendent of Public Instruction may contract with an education service district or a school district to provide teachers, counselors or other personnel for the Youth Corrections Education Program and the Juvenile Detention Education Program.

(b) When a contract is entered into with an education service district, the Youth Corrections Education Program and the Juvenile Detention Education Program are not considered a component district of the education service district and the youths enrolled in the programs may not be counted when determining the number of pupils in average daily membership for purposes of ORS 334.175 (5).

(4) When determining the amount to be paid under a contract entered into as provided by subsection (3) of this section, the following shall be taken into consideration:

(a) The number of youths to be provided educational services;

(b) The characteristics of the facility where the educational services will be provided, including the number of classrooms required to provide educational services;

(c) The diversity of the population of youths to be provided educational services, including the number and percentage of youths who are from historically underserved populations;

(d) The number and percentage of youths to be provided educational services who qualify for special education and related services; and

(e) The level of transition supports provided to the youths.

(5) The Department of Education shall use moneys in the Juvenile Justice Education Fund established under section 22 of this 2024 Act for the purpose of paying contracts entered into under this section.

(6) The State Board of Education shall adopt rules necessary for the administration of this section, including establishing a process by which an education service district or a school district may appeal the amount received under a contract entered into under this section. When adopting the rules, the board shall consult with:

(a) The Oregon Youth Authority;

(b) School districts and education service districts under contract with the Department of Education to provide educational services to students enrolled in the Youth Corrections Education Program or the Juvenile Detention Education Program; and

(c) County juvenile departments.

SECTION 21. Sections 22 and 23 of this 2024 Act are added to and made a part of ORS chapter 327.

SECTION 22. (1) The Juvenile Justice Education Fund is established in the State Treasury, separate and distinct from the General Fund. Interest earned by the Juvenile Justice Education Fund shall be credited to the fund.

(2) Moneys in the Juvenile Justice Education Fund are continuously appropriated to the Department of Education for distribution to the Youth Corrections Education Program and the Juvenile Detention Education Program, as those terms are defined in ORS 326.695, to provide educational services to youths in those programs under contracts entered into as provided by ORS 326.695.

(3) The Juvenile Justice Education Fund shall consist of:

(a) Moneys allocated from the State School Fund for students enrolled in the Youth Corrections Education Program and the Juvenile Detention Education Program under ORS 327.026;

(b) Moneys made available for the Youth Corrections Education Program and the Juvenile Detention Education Program from the Statewide Education Initiatives Account under ORS 327.254;

(c) Moneys appropriated or otherwise transferred to the fund by the Legislative Assembly; and

(d) Other amounts deposited into the Juvenile Justice Education Fund from any source.

SECTION 23. (1) Each even-numbered year, the Department of Education shall prepare a target funding level for the Juvenile Justice Education Fund for the following biennium. Moneys in the Juvenile Justice Education Fund shall be distributed as provided by ORS 326.695 to the Youth Corrections Education Program and the Juvenile Detention Education Program, as those terms are defined in ORS 326.695.

(2)(a) The target funding level of the Juvenile Justice Education Fund shall be calculated by multiplying:

(A) The average funding level per classroom, as calculated based on all classrooms operated under the Youth Corrections Education Program and the Juvenile Detention Education Program; and

(B) The total number of classrooms the Department of Education expects to be operated under the Youth Corrections Education Program and the Juvenile Detention Education Program for the following biennium.

(b) For the purpose of determining the average funding level per classroom under paragraph (a) of this subsection, the department shall:

(A) Determine the average funding level per classroom for the 2024-2025 school year; and

(B) Adjust the amount determined under subparagraph (A) of this paragraph based on the same percentage by which the amount appropriated to the State School Fund increased for the biennium in which the calculation is being made as compared with the amount appropriated for the 2021-2023 biennium.

(3) The department shall estimate the expected difference between the target funding level calculated under subsection (2) of this section and the amount anticipated to be made available to the Juvenile Justice Education Fund under section 22 (3)(a) and (d) of this 2024 Act. If, after all funding available under section 22 (3)(a), (c) and (d) of this 2024 Act has been accounted for, the department determines that the amount required for the target funding level for the fund has not been met, the department may transfer from the Statewide Education Initiatives Account to the fund any needed amounts.

(4) If, at any time during the biennium, the amount available in the Juvenile Justice Education Fund and from other sources is not sufficient to pay for costs incurred in relation to the Youth Corrections Education Program or the Juvenile Detention Education Program, the department shall inform the Legislative Assembly or the Emergency Board of the lack of funding and shall provide an accounting of the amount needed to pay those costs.

(5) No later than August 31 of each even-numbered year, the department shall submit to the Legislative Assembly and the Office of the Governor a report that explains the target funding level calculated under this section. When applicable, the report shall include any determinations by the department that the amounts available for the Youth Corrections Education Program and the Juvenile Detention Education Program will not be adequate to pay the costs of the programs.

SECTION 24. ORS 327.026 is amended to read:

327.026. [*(1) In order to accomplish the purpose described in ORS 326.700, the State Board of Education shall adopt by rule definitions and procedures to be applied to the computation of the State School Fund allocations where necessary to make students enrolled in the Youth Corrections Education Program, as defined in ORS 326.695, and the Juvenile Detention Education Program, as defined in ORS 326.695, equivalent to students enrolled in common and union high school districts for purposes of distribution of the fund.*]

(1) The State Board of Education shall adopt by rule definitions and procedures to be applied to the computation of State School Fund allocations for students enrolled in the Youth Corrections Education Program and the Juvenile Detention Education Program, as those terms are defined in ORS 326.695. The computations shall be equivalent to students enrolled in common and union high school districts.

(2)(a) The Youth Corrections Education Program shall receive from the State School Fund for each school year a special State School Fund grant, consisting of a general purpose grant that is equal to the Youth Corrections Education Program extended ADMw multiplied by Funding Percentage and further multiplied by Statewide Target per ADMw Grant. For the purpose of the calculation made under this paragraph:

(A) ADMw equals ADM multiplied by 2.0 multiplied by the additional per student weight, as calculated in ORS 327.013 (1)(c)(A)(i).

(B) Extended ADMw equals ADMw or ADMw of the prior year, whichever is greater.

(b) Notwithstanding paragraph (a) of this subsection, the Youth Corrections Education Program may not receive moneys under this section from the State School Fund for any youth in the program who:

(A) Has received a high school diploma; or

(B) Is 21 years of age or older.

(3) The Juvenile Detention Education Program shall receive from the State School Fund for each school year a special State School Fund grant, consisting of a general purpose grant that is equal to the Juvenile Detention Education Program extended ADMw multiplied by Funding Percentage and further multiplied by Statewide Target per ADMw Grant. For the purpose of the calculation made under this subsection:

(a) ADMw equals ADM multiplied by 1.5.

(b) Extended ADMw equals ADMw or ADMw of the prior year, whichever is greater.

(4) Funds allocated to the Youth Corrections Education Program and the Juvenile Detention Education Program from the State School Fund shall [*remain with the Department of Education and*] **be deposited in the Juvenile Justice Education Fund. The amount of funds to be allocated** shall be adjusted in the year following the distribution to reflect the actual ADMw of students in the Youth Corrections Education Program and the Juvenile Detention Education Program in the same manner as for the school districts under ORS 327.101.

SECTION 25. ORS 327.254 is amended to read:

327.254. (1) The Department of Education shall use moneys in the Statewide Education Initiatives Account to provide funding for statewide education initiatives, including:

(a) Funding the High School Graduation and College and Career Readiness Act at the levels prescribed by ORS 327.856;

(b) Expanding school breakfast and lunch programs;

(c) Operating youth reengagement programs or providing youth reengagement services;

(d) Establishing and maintaining the Statewide School Safety and Prevention System under ORS 339.341;

(e) Developing and providing statewide equity initiatives, including any statewide education plan developed and implemented by the department;

(f) Providing summer learning programs at schools that are considered high poverty under Title I of the federal Elementary and Secondary Education Act of 1965;

(g) Funding early warning systems to assist students in graduating from high school, as described in ORS 327.367;

(h) Developing and implementing professional development programs and training programs, including programs that increase educator diversity and retain diverse educators;

(i) Planning for increased transparency and accountability in the public education system of this state;

(j) Providing additional funding to school districts participating in the intensive program under ORS 327.222;

(k) Providing technical assistance, including costs incurred for:

(A) The coaching program described in ORS 327.214; and

(B) The intensive program described in ORS 327.222, including costs for student success teams;

(L) Funding public charter schools, as described in ORS 327.362;

(m) Funding the Early Literacy Success School Grant program, as provided by ORS 327.833;

(n) Funding the Early Literacy Success Community Grant program, as established by ORS 327.843;

(o) Funding any additional amounts for approved recovery schools, as provided by rules of the State Board of Education adopted under ORS 327.029;

(p) Funding education service districts, as described in subsection (2) of this section; [*and*]

(q) Funding the Youth Corrections Education Program and the Juvenile Detention Education Program through the Juvenile Justice Education Fund established under section 22 of this 2024 Act, when necessary as provided by section 23 of this 2024 Act; and

[*(q)*] **(r)** Funding costs incurred by the department in implementing this section and ORS 327.175 to 327.235 and 327.274.

(2)(a) The amount of a distribution to an education service district under this section shall be made as provided by paragraph (b) of this subsection after calculating the following for each education service district:

(A) One percent of the total amount available for distribution to education service districts in each biennium.

(B) The education service district's ADMw × (the total amount available for distribution to education service districts in each biennium ÷ the total ADMw of all education service districts that receive a distribution).

(b) The amount of the distribution to an education service district shall be the greater of the amounts calculated under paragraph (a) of this subsection, except that, for distributions made as provided by paragraph (a)(B) of this subsection, the total amount available for distribution to education service districts shall be the amount remaining after any distributions required under paragraph (a)(A) of this subsection have been made.

(c) For purposes of this subsection, ADMw equals the ADMw as calculated under ORS 327.013, except that the additional amount allowed for students who are in poverty families, as determined under ORS 327.013 (1)(c)(A)(v)(I), shall be 0.5.

(d) An education service district shall use moneys received under this section as provided by a plan developed by the school districts located within the education service district. A school district that declines to participate in the development of the plan or that has withdrawn from an education service district as provided by ORS 334.015 is not entitled to any moneys distributed to the education service district under this subsection.

(e) A plan developed under this subsection must:

(A) Align with and support the meeting of performance growth targets established for recipients of moneys under ORS 327.195 that are located within the education service district;

(B) Include the provision, to recipients of moneys under ORS 327.195 that are located within the education service district, of technical assistance in developing, implementing and reviewing a plan for receiving a grant from the Student Investment Account;

(C) Provide for coordination with the department in administering and providing technical assistance to recipients of moneys under ORS 327.195 that are located within the education service district, including coordinating any coaching programs established under ORS 327.214; and

(D) Be adopted and amended as provided for local service plans under ORS 334.175 and approved by the department.

(f) For the purposes of paragraph (e) of this subsection, recipients of moneys under ORS 327.195 that are located within the education service district include, as applicable:

(A) Common school districts and union high school districts;

(B) Any charter school that is an eligible applicant, as defined in ORS 327.185; and

(C) The Youth Corrections Education Program or the Juvenile Detention Education Program.

(g) Each education service district must submit an annual report to the department that:

(A) Describes how the education service district spent moneys received under this subsection; and

(B) Includes an evaluation of the education service district's compliance with the plan from the superintendent of each school district that participated in the development of the plan.

(3) The State Board of Education shall adopt rules necessary for the distribution of moneys under this section.

SECTION 26. ORS 326.700 and 326.712 are repealed.

SECTION 27. The amendments to ORS 326.695, 327.026 and 327.254 by sections 20, 24 and 25 of this 2024 Act and the repeal of ORS 326.700 and 326.712 by section 26 of this 2024 Act become operative on July 1, 2024.

OREGON'S OPEN EDUCATIONAL RESOURCES PROGRAM

SECTION 28. ORS 348.752 is amended to read:

348.752. (1) The Higher Education Coordinating Commission shall regularly convene faculty, staff and librarians from public universities listed in ORS 352.002 and community colleges for the purpose of coordinating Oregon's Open Educational Resources (OER) Program by:

(a) Assisting and advising faculty at public universities and community colleges on the adoption, implementation and storage of open educational resource materials that are transferable between public universities and community colleges;

(b) Determining whether to develop a statewide repository of open educational resource materials for the purpose of supporting the program and, if applicable, developing a plan for the development of the repository; and

(c) Developing criteria that may be used to provide up to $150,000 to public universities and community colleges for the purpose of increasing the creation, adoption or implementation of open educational resources.

(2) The commission may enter into contracts or agreements with public or private entities for the purpose of fulfilling its obligations under [*this section*] **ORS 348.748 to 348.757**.

SHORT-ACTING OPIOID ANTAGONIST SCHOOL POLICIES

SECTION 29. ORS 339.869 is amended to read:

339.869. (1) The State Board of Education, in consultation with the Oregon Health Authority, the Oregon State Board of Nursing and the State Board of Pharmacy, shall adopt:

(a) Rules for the administration of prescription and nonprescription medication to students by trained school personnel and for student self-medication. The rules shall include age appropriate guidelines and training requirements for school personnel.

(b) Rules for the administration of premeasured doses of epinephrine by school personnel trained as provided by ORS 433.815 to any student or other individual on school premises who the personnel believe in good faith is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

(c)(A) Rules for the administration of medication that treats adrenal insufficiency by school personnel trained as provided by ORS 433.815 to any student on school premises whose parent or guardian has provided for the personnel the medication as described in ORS 433.825 (3) and who the personnel believe in good faith is experiencing an adrenal crisis, as defined in ORS 433.800.

(B) Rules adopted under this paragraph must:

(i) Include guidelines on the designation and training of school personnel who will be responsible for administering medication; and

(ii) Specify that a school district is only required to train school personnel when the school district has been notified by a parent or guardian that a student enrolled in a school of the school district has been diagnosed with adrenal insufficiency.

(d) Guidelines for the management of students with life-threatening food allergies and adrenal insufficiency, which must include:

(A) Standards for the education and training of school personnel to manage students with life-threatening allergies or adrenal insufficiency.

(B) Procedures for responding to life-threatening allergic reactions or an adrenal crisis, as defined in ORS 433.800.

(C) A process for the development of individualized health care and allergy or adrenal insufficiency plans for every student with a known life-threatening allergy or adrenal insufficiency.

(D) Protocols for preventing exposures to allergens.

(e) Rules for the administration of a short-acting opioid antagonist to any student or other individual on school premises who the individual administering the short-acting opioid antagonist believes in good faith is experiencing an opioid overdose.

(2)(a) School district boards shall adopt policies and procedures that provide for:

(A) The administration of prescription and nonprescription medication to students by trained school personnel, including the administration of medications that treat adrenal insufficiency;

(B) Student self-medication; and

(C) The administration of premeasured doses of epinephrine to students and other individuals.

(b) Policies and procedures adopted under paragraph (a) of this subsection shall be consistent with the rules adopted by the State Board of Education under subsection (1) of this section. A school district board shall not require school personnel who have not received appropriate training to administer medication.

(3)(a) School district boards may adopt policies and procedures that provide for the administration of a short-acting opioid antagonist.

(b) Policies and procedures adopted under paragraph (a) of this subsection shall be consistent with the rules adopted by the State Board of Education under subsection (1) of this section.

(4)(a) A school district [*board*] shall provide to the parent or legal guardian of each minor student enrolled in a school in the school district information regarding short-acting opioid antagonists. The information described in this subsection must include at least:

(A) A description of short-acting opioid antagonists and their purpose;

(B) A statement regarding, in an emergency situation, the risks of administering to an individual a short-acting opioid antagonist and the risks of not administering to an individual a short-acting opioid antagonist;

[*(C) A statement that all schools within the school district have access to short-acting opioid antagonists and the necessary medical supplies to administer the short-acting opioid antagonist on site; and*]

(C) A statement identifying which schools, if any, in the school district will have short-acting opioid antagonists, and the necessary medical supplies to administer short-acting opioid antagonists, on site and available for emergency situations; and

(D) A statement that a representative of a school may administer to a student a short-acting opioid antagonist in an emergency if the student appears to be unconscious and experiencing an opioid overdose.

(b) A school district board shall ensure that the parent or legal guardian of a minor student enrolled in a school within the school district is immediately notified when a short-acting opioid antagonist is administered to the student if the short-acting opioid antagonist is administered while the student is at school, on school property under the jurisdiction of the school district or at any activity under the jurisdiction of the school district.

(c) The State Board of Education shall adopt rules that prescribe minimum requirements for the information provided under paragraph (a) of this subsection.

SECTION 30. Nothing in ORS 339.869 (4)(a)(C) (2023 Edition) shall be construed to:

(1) Require a school, a school district or a school district board to provide access to short-acting opioid antagonists, and the necessary medical supplies to administer the short-acting opioid antagonist, on site in all schools of the school district; or

(2) Allow a school, a school district, a school district board, a school district employee or a school district board member to be held liable in a criminal action or for civil damages for failure to provide access to short-acting opioid antagonists, and the necessary medical supplies to administer the short-acting opioid antagonist, on site in all schools of the school district.

EDUCATOR ADVANCEMENT COUNCIL

SECTION 31. ORS 342.940 is amended to read:

342.940. [*(1) As used in this section and ORS 342.943, "educator" means a teacher, administrator or other school professional who is licensed, registered or certified by the Teacher Standards and Practices Commission.*]

(1) As used in this section and ORS 342.943, "educator" means a person who is:

(a) A teacher, an administrator or another school employee who is employed to provide instruction or support to students in early childhood education or in kindergarten through grade 12; or

(b) Entering into or enrolled in an educator preparation program.

(2)**(a)** The Educator Advancement Council shall be established and function under an intergovernmental agreement, pursuant to ORS 190.003 to 190.130, between state agencies and one or more school districts and education service districts. **The state agencies that must be parties to the intergovernmental agreement are the Department of Education, the Department of Early Learning and Care, the Teacher Standards and Practices Commission and the Higher Education Coordinating Commission.**

(b) The purposes of the council are to provide resources related to educator professional learning and to provide other educator supports.

(3) The intergovernmental agreement establishing the council shall outline the governance framework and the administrative details necessary for the efficient and effective implementation of the duties of the council.

(4)(a) The council shall consist of:

(A) Members who are representatives of the parties to the intergovernmental agreement establishing the council.

(B) No more than 10 members who are practicing educators, classified staff in a public school or for an education service district, early learning providers and professionals and school district board members.

(C) No more than 10 members who are representatives of educator preparation providers, education-focused nonprofit organizations, education-focused philanthropic organizations, professional education associations, community-based education organizations that represent families and students, post-secondary institutions of education and federally recognized Indian tribes of this state.

(b) Subject to any limits designated as provided by the intergovernmental agreement establishing the council, the majority of the members of the council identified under paragraph (a) of this subsection may propose additional members of the council. The inclusion of additional members on the council shall be subject to the procedures established by the council under the intergovernmental agreement.

(5) The council shall:

(a) Establish a system of educator networks, as described in ORS 342.943, by which every educator in this state has access to professional learning opportunities;

(b) Administer the beginning teacher and administrator mentorship program under ORS 329.788 to 329.820;

(c) Coordinate the distribution of moneys to educator networks from the Educator Advancement Fund based on the needs of the educators identified by the networks;

(d) Connect educator networks and facilitate communications within and among the networks to improve teaching and learning; and

(e) Continuously assess the needs of educators in this state and coordinate priorities based on the moneys available for distribution from the Educator Advancement Fund.

(6) The Department of Education shall provide support to the strategic direction of the council by:

(a) Conducting and coordinating research to monitor:

(A) Teaching and learning conditions;

(B) Educator workforce supply and demand; and

(C) Common outcomes and measures anticipated to promote improvement in teaching and learning.

(b) Assisting the council in coordinating and connecting educator networks, supporting professional learning priorities, enabling access to professional learning and supports, leveraging funding sources and managing innovation funds.

(c) Recommending statutory and agency rule changes needed to support the purposes of the council.

(d) Supporting programs that help to achieve the purposes of the Educators Equity Act.

(e) Supporting a statewide plan for increasing:

(A) The supply of culturally diverse teacher candidates; and

(B) The successful recruitment of effective educators to work in high-need schools and in practice areas with a shortage of educators.

(f) Identifying high-leverage educator practices to be developed by educators throughout their careers.

(g) Providing accountability of the council by ensuring that the council:

(A) Gives preference, when making recommendations about funding distributions, to entities that have demonstrated success in improving student indicators.

(B) Considers the delivery of services for the benefit of all regions of this state when establishing the system of educator networks.

(C) Works toward improving student progress indicators identified by the Department of Education or set forth in ORS 350.014.

(D) Includes and connects education providers and leaders from prekindergarten through postsecondary education.

(h) Providing staff support for the administrative functions of the council.

(i) Developing a system that allows for the statewide dissemination of emerging practices and evidence-based models.

(j) Providing technical assistance to the council, including online systems for sharing professional learning resources and supporting educator networks.

(k) Administering the distribution of grant and contract funds for programs described in this section.

(L) Providing administrative support to the educator networks, including:

(A) Making recommendations to the council about the selection of the sponsors of educator networks;

(B) Providing technical assistance to educator networks; and

(C) Entering into grant agreements or contracts for the distribution of funds to educator networks.

(7)(a) The State Board of Education and the Teacher Standards and Practices Commission may adopt any rules necessary at the request of the council to support the council or to perform any duties assigned to the board or commission under this section.

(b) The council may adopt rules pursuant to ORS chapter 183 for the purposes of ORS 329.788 to 329.820 and 342.943.

(8) The council shall be considered a board for purposes of ORS chapter 180.

SECTION 32. Notwithstanding ORS 329.805 (2), grants awarded under ORS 329.805 during the 2023-2025 biennium are not required to be awarded on a competitive basis.

COREQUISITE STUDENT SUPPORT

SECTION 33. (1) As used in this section, "corequisite" means a course or requirement related to mathematics or writing that a student must take or satisfy at the same time that the student is taking or satisfying another course or requirement in mathematics or writing that is required for a program of study or a degree.

(2) The Higher Education Coordinating Commission shall convene a work group to study evidence-based corequisite student support models, including models that use in-class tutoring, online learning labs, paired courses and other aligned academic supports. The work group shall provide information to the commission to assist the commission in:

(a) Determining whether to require the community colleges in this state to implement evidence-based corequisite student support models and identifying the most effective models to implement;

(b) Identifying the steps and resources required for community colleges in this state to transition from traditional prerequisite development education to evidence-based corequisite student support models;

(c) Identifying the steps and resources required for community colleges in this state to implement corequisite student support models in conjunction with courses of study in mathematics;

(d) Determining whether evidence-based corequisite student support models should be funded by Community College Support Fund grants;

(e) Identifying any statutory changes or administrative rule changes necessary to provide and fund evidence-based corequisite student support models; and

(f) Identifying how to determine if a person should participate in a corequisite, and whether participation should be voluntary or mandatory.

(3)(a) The work group convened under this section shall be appointed by the executive director of the Higher Education Coordinating Commission and shall include:

(A) The Director of the Office of Community Colleges and Workforce Development, or the director's designee;

(B) One representative of a research center focused on the policies and practices of community colleges in this state;

(C) Three community college faculty members who have experience in teaching corequisite or developmental education;

(D) Three community college faculty members who have experience in teaching the first credit-bearing college-level course in mathematics or writing;

(E) One representative of a statewide organization representing community college faculty members;

(F) One community college president;

(G) One chief academic officer or chief instructional administrator for a community college;

(H) One developmental education or adult basic education administrator for a community college;

(I) One student services administrator or professional for a community college; and

(J) One community college student.

(b) The commission shall solicit nominations from organizations representing faculty, students and community colleges to determine the membership of the work group.

(4) No later than December 15, 2024, the work group shall submit to the Higher Education Coordinating Commission a report on the study conducted as provided by this section.

SECTION 34. Section 33 of this 2024 Act is repealed on January 2, 2025.

APPLIED BACCALAUREATE PROGRAMS

SECTION 35. ORS 341.013 is amended to read:

341.013. (1) As used in this section:

(a) "Applied baccalaureate degree" has the meaning given that term in ORS 348.910.

(b) "Bachelor of Science: Nursing degree" means a post-licensure degree program in which individuals who have already received an associate degree in nursing receive a bachelor's degree in nursing.

(2) A community college may offer applied baccalaureate degrees and Bachelor of Science: Nursing degrees under the provisions of this section.

(3) For each applied baccalaureate degree program or Bachelor of Science: Nursing degree program a community college wants to offer to its students, the community college shall submit to the Higher Education Coordinating Commission:

(a) A description of the program to be offered;

(b) The method by which the program will be created, including any necessary accreditation by the relevant accrediting agency;

(c) Documentation of local unmet workforce needs that would be addressed by offering the program; and

(d) Documentation that the community college has the expertise, resources and student interest necessary to make the program successful.

(4) A proposed applied baccalaureate degree program or Bachelor of Science: Nursing degree program must be approved by the commission. The commission shall approve a proposed applied baccalaureate degree program or Bachelor of Science: Nursing degree program if:

(a) The community college submits all of the information and documentation required under subsection (3) of this section; and

(b) The commission determines that the criteria set forth in ORS 350.075 (3)(g) are satisfied.

(5) An applied baccalaureate degree program or Bachelor of Science: Nursing degree program that is approved by the commission is eligible for funding from the Community College Support Fund established in ORS 341.620.

[*(5)*] **(6)** The commission may adopt rules to implement this section.

SECTION 36. (1) The amendments to ORS 341.013 by section 35 of this 2024 Act become operative January 1, 2025.

(2) The amendments to ORS 341.013 by section 35 of this 2024 Act first apply to expenses incurred for the 2025-2026 academic year.

SECTION 37. As part of the Higher Education Coordinating Commission's budget presentation during the 2025 regular session of the Legislative Assembly, the commission shall include in a report prepared in the manner required under ORS 192.245 the following information:

(1) The estimated impact of funding the applied baccalaureate degree program and the Bachelor of Science: Nursing degree program from the Community College Support Fund established in ORS 341.620.

(2) The extent the commission can determine the approximate cost of funding the applied baccalaureate degree program and the Bachelor of Science: Nursing degree program from the Community College Support Fund for the 2025-2026 academic year.

(3) Any recommendations for funding the applied baccalaureate degree program or the Bachelor of Science: Nursing degree program in a manner other than from the Community College Support Fund.

SECTION 38. Section 37 of this 2024 Act is repealed on June 30, 2025.

FACULTY HEALTH CARE BENEFITS

SECTION 39. ORS 350.355 is amended to read:

350.355. (1)(a) Except as provided in paragraph (b) of this subsection, a part-time faculty member at a public institution of higher education is eligible for the same employee-only health care benefits, including dental benefits and vision benefits, as full-time faculty members if the part-time faculty member is eligible for membership in the Public Employees Retirement System or another plan authorized under ORS chapter 238 or 238A by [*teaching*] **working** either at a single public institution of higher education or in aggregate at multiple public institutions of higher education during the previous academic year.

(b) The total cost of providing any health benefit plan offered by a public institution of higher education to a part-time faculty member under this section may not increase annually by more than the annual increase in premium amounts paid for contracted health benefit plans that is permitted under ORS 243.135 (8)(b) or 243.866 (9)(b).

(2)(a) In order to receive employee-only health care benefits under this section, a part-time faculty member must select a home public institution of higher education for the duration of the benefit year under a process established by each institution. A home public institution of higher education selected under this subsection:

[*(A) Must be one at which the part-time faculty member is working during the academic term at the time of the application; and*]

(A) Must be one from which the part-time faculty member received a salary, a grant or other payment for work performed by the part-time faculty member that is substantially similar to work performed by a full-time faculty member, including teaching, research or student mentorship and advising;

(B) Must be one from which the part-time faculty member received payment, as described in subparagraph (A) of this paragraph, at:

(i) The time of the application; or

(ii) Any time during the previous benefit year, if the part-time faculty member is not currently receiving payment from any public institution of higher education but otherwise is eligible for employee-only health care benefits; and

[*(B)*] **(C)** Is responsible for:

(i) Determining whether the part-time faculty member is eligible to receive health care benefits under this section;

(ii) Determining, on an annual basis, whether a part-time faculty member who was found to be eligible to receive health care benefits under sub-subparagraph (i) of this subparagraph continues to be eligible to receive health care benefits under this section;

(iii) Collecting the premiums for health benefit plans that must be paid by the part-time faculty member under subsection (3) of this section;

(iv) Paying the full cost of the insurance premiums for providing health benefit plans to the part-time faculty member, subject to reimbursement as described in subsection (4) of this section; and

(v) Administering and providing health benefit plans to the part-time faculty member in the manner described in this section.

(b) In order to receive health care benefits under this section, a part-time faculty member must provide the home public institution of higher education with all information necessary for the institution to determine the eligibility of the part-time faculty member to receive health care benefits under this section.

(c) No later than 30 days before the deadline to submit an application to receive health care benefits under this section, each public institution of higher education must notify all part-time faculty members who have been employed by the institution during the current academic year and the previous academic year of:

(A) The eligibility requirements to receive health benefits under this section;

(B) The health care benefits and associated costs available to qualifying part-time faculty members; and

(C) Instructions on how part-time faculty members may apply to receive health care benefits under this section.

(3)(a) Except as provided in paragraph (b) of this subsection, a part-time faculty member at a public institution of higher education shall pay 10 percent of all insurance premiums for health benefit plans.

(b) A public institution of higher education may provide by collective bargaining at the institution to pay for some or all of the insurance premiums that must otherwise be paid by a part-time faculty member under paragraph (a) of this subsection. The public institution of higher education

may not be reimbursed under subsection (4) of this section for the costs the institution incurs to provide health benefit plans under this paragraph.

(4)(a) Every three months a public institution of higher education may request reimbursement from the Higher Education Coordinating Commission for the cost of paying insurance premiums for providing health benefit plans to each part-time faculty member who has selected the institution as the faculty member's home public institution of higher education under subsection (2) of this section.

(b) The commission shall use moneys from the Part-Time Faculty Insurance Fund established under ORS 350.357 to fully reimburse each public institution of higher education for all documented costs requested by the institution under this subsection, except for any costs described in subsection (3) of this section.

(5) Unless otherwise provided for by collective bargaining, a part-time faculty member at a public institution of higher education who is eligible for health care benefits under subsection (1) of this section may receive health care benefits only in the manner provided by this section.

(6) Each agency request budget filed by the Higher Education Coordinating Commission under ORS 291.208 must include, as part of the budget, moneys sufficient to provide health care benefits to part-time faculty members in the manner required by this section.

(7) The Higher Education Coordinating Commission may adopt rules necessary to implement subsection (4) of this section.

FORESTRY WORKFORCE STUDY

SECTION 40. (1) As used in this section:

(a) "Forestry sector" means private businesses, nonprofit organizations, educational and workforce providers and public entities that are engaged in logging, forestation, wildland fire prevention and suppression, construction and maintenance of roads required for forestry, aggregate production of forestry products, trucking related to forestry, tree services, technical and professional services required for forestry, forest surveying, fuel mitigation efforts related to forestry, forestry habitat restoration, watershed improvement, crop tree release and stand improvement, forest tract management, tree nurseries, mechanical services for forestry, provision of forestry products, training resources for the forestry workforce, educational resources for the forestry workforce, human resources for the forestry workforce and other in-forest or forest-affiliated services.

(b) "Forestry workforce" means the owners, proprietors, partners and employees of companies and organizations composing the forestry sector.

(2) The Higher Education Coordinating Commission shall conduct a forestry workforce study to assist the commission in understanding and addressing challenges in Oregon's forestry workforce.

(3) The study conducted under this section shall:

(a) Identify existing secondary and post-secondary education, training, apprenticeship and workforce development programs that prepare Oregonians for careers in the forestry workforce;

(b) Collect data on participation in, completion of and employment outcomes for programs identified in paragraph (a) of this subsection;

(c) Identify the number, type and location of businesses, nonprofit organizations, education and workforce providers and public entities composing the forestry sector in this state;

(d) Collect data on the number, occupations, industries, wages and demographics of the forestry workforce in this state;

(e) Assess current and projected forestry workforce needs;

(f) Identify challenges faced by the forestry sector in retaining and recruiting the forestry workforce; and

(g) Develop recommendations to enhance the recruitment and retention of the forestry workforce.

(4) When conducting the study under this section, the commission shall:

(a) Assess the current forestry workforce, the workforce's demographics and needs and the community benefits of forestry. The assessment required under this paragraph shall take into consideration state plans and initiatives related to forest health, climate and economic development that may influence the demands on the forestry workforce.

(b) Collaborate with Oregon business associations that represent private forest employers and forest management enterprises to assess the future forestry workforce capacity requirements, as well as the potential impacts, benefits and opportunities for the forestry workforce.

(c) Consult with state and federal economic development, labor, employment and licensing agencies to account for current tracking and monitoring techniques for the forestry workforce and to ensure that the study is not duplicative of other studies.

(d) Consult with state and federal natural resource agencies to align priorities and understand future forestry workforce needs.

(e) Consult with state training and education agencies to fully understand career pathways and training opportunities for the forestry workforce.

(5) The commission may enter into a contract with a public or private entity for the purpose of conducting the study described in this section.

(6) The commission shall submit a report in the manner provided by ORS 192.245 to the interim committees of the Legislative Assembly related to natural resources, education and higher education no later than June 30, 2025.

SECTION 41. Section 40 of this 2024 Act is repealed on January 2, 2026.

SECTION 42. In addition to and not in lieu of any other appropriation, there is appropriated to the Higher Education Coordinating Commission, for the biennium ending June 30, 2025, out of the General Fund, the amount of $300,000, for the purpose of the study described in section 40 of this 2024 Act.

TRANSFER COUNCIL SUBCOMMITTEES

SECTION 43. ORS 192.690 is amended to read:

192.690. (1) ORS 192.610 to 192.705 do not apply to any of the following:

(a) Deliberations of the Psychiatric Security Review Board or the State Board of Parole and Post-Prison Supervision.

(b) Deliberations of state agencies conducting hearings on contested cases in accordance with the provisions of ORS chapter 183.

(c) Deliberations of the Workers' Compensation Board or the Employment Appeals Board of similar hearings on contested cases.

(d) Meetings of the state lawyers assistance committee operating under the provisions of ORS 9.568.

(e) Meetings of the personal and practice management assistance committees operating under the provisions of ORS 9.568.

(f) Meetings of county child abuse multidisciplinary teams required to review child abuse cases in accordance with the provisions of ORS 418.747.

(g) Meetings of child fatality review teams required to review child fatalities in accordance with the provisions of ORS 418.785.

(h) Meetings of peer review committees in accordance with the provisions of ORS 441.055.

(i) Mediation conducted under ORS 36.252 to 36.268.

(j) Any judicial proceeding.

(k) Meetings of the Oregon Health and Science University Board of Directors or its designated committee regarding candidates for the position of president of the university or regarding sensitive business, financial or commercial matters of the university not customarily provided to competitors related to financings, mergers, acquisitions or joint ventures or related to the sale or other dispo-

sition of, or substantial change in use of, significant real or personal property, or related to health system strategies.

(L) Oregon Health and Science University faculty or staff committee meetings.

(m) Meetings of Transfer Council subcommittees that are established under ORS 350.426 and that relate to the common course numbering system and the coordination, establishment, alignment, effectiveness and maintenance of foundational curricula.

[*(m)*] **(n)** Communications between or among members of a governing body that are:

(A) Purely factual or educational in nature and that convey no deliberation or decision on any matter that might reasonably come before the governing body;

(B) Not related to any matter that, at any time, could reasonably be foreseen to come before the governing body for deliberation and decision; or

(C) Nonsubstantive in nature, such as communication relating to scheduling, leaves of absence and other similar matters.

(2) Because of the grave risk to public health and safety that would be posed by misappropriation or misapplication of information considered during such review and approval, ORS 192.610 to 192.705 shall not apply to review and approval of security programs by the Energy Facility Siting Council pursuant to ORS 469.530.

EDUCATION FOR OCCUPATIONAL OR PROFESSIONAL LICENSE

SECTION 44. ORS 670.280 is amended to read:

670.280. (1) As used in this section:

(a) "License" includes a registration, certification or permit.

(b) "Licensee" includes a registrant or a holder of a certification or permit.

(2) Except as provided in ORS 342.143 (3) or 342.175 (3), a licensing board, commission or agency may not deny, suspend or revoke an occupational or professional license solely for the reason that the applicant or licensee has been convicted of a crime, but it may consider the relationship of the facts which support the conviction and all intervening circumstances to the specific occupational or professional standards in determining the fitness of the person to receive or hold the license. There is a rebuttable presumption as to each individual applicant or licensee that an existing or prior conviction for conduct that has been classified or reclassified as a Class E violation does not make an applicant for an occupational or professional license or a licensee with an occupational or professional license unfit to receive or hold the license.

(3) Except as provided in ORS 342.143 (3) and 342.175 (3), a licensing board, commission or agency may deny an occupational or professional license or impose discipline on a licensee based on conduct that is not undertaken directly in the course of the licensed activity, but that is substantially related to the fitness and ability of the applicant or licensee to engage in the activity for which the license is required. In determining whether the conduct is substantially related to the fitness and ability of the applicant or licensee to engage in the activity for which the license is required, the licensing board, commission or agency shall consider the relationship of the facts with respect to the conduct and all intervening circumstances to the specific occupational or professional standards. There is a rebuttable presumption as to each individual applicant or licensee that an existing or prior conviction for conduct that has been classified or reclassified as a Class E violation is not related to the fitness and ability of the applicant or licensee to engage in the activity for which the license is required.

(4)(a) Prior to beginning an education, a training or an apprenticeship program for an occupational or professional license, a person who was convicted of a crime may petition a licensing board, commission or agency for a determination as to whether a criminal conviction will prevent the person from receiving an occupational or professional license. The licensing board, commission or agency may charge a reasonable fee to pay the costs of making the determination.

(b) A determination from a licensing board, commission or agency that a criminal conviction will not prevent the person from obtaining an occupational or professional license may be rescinded if, at the time the person submits a complete application, the person:

(A) Has allegations or charges pending in criminal court;

(B) Has failed to disclose a previous criminal conviction;

(C) Has been convicted of another crime during the period between the determination and the person's submission of a completed application for an occupational or professional license; or

(D) Has been convicted of a crime that, during the period between the determination and the person's submission of a completed application for an occupational or professional license, became subject to a change in state or federal law that prohibits licensure for an occupational or professional license because of a conviction of that crime.

(c) A licensing board, commission or agency shall reconsider a determination that a criminal conviction will prevent the person from obtaining an occupational or professional license if the person submits a completed application for an occupational or professional license.

(d) A determination made under this subsection:

(A) Shall be made by the same entity that reviews completed applications for an occupational or professional license for the licensing board, commission or agency;

(B) Shall be subject to the same confidentiality requirements that are applicable to completed applications for an occupational or professional license for the licensing board, commission or agency; and

(C) Is not considered a final determination of the licensing board, commission or agency.

(e) Nothing in this subsection prohibits a licensing board, commission or agency from denying licensure for a reason other than conviction of a crime.

(f) A licensing board, commission or agency may adopt rules necessary to implement the provisions of this subsection.

(g) This subsection does not apply to the Department of Public Safety Standards and Training or to any regulation of psilocybin services.

SECTION 44a. (1) The amendments to ORS 670.280 by section 44 of this 2024 Act become operative on July 1, 2025.

(2) Notwithstanding the operative date set forth in subsection (1) of this section, a licensing board, commission or agency may choose to make determinations as described in ORS 670.280 (4) before the operative date set forth in subsection (1) of this section.

RECOVERY SCHOOLS

SECTION 45. ORS 336.680 is amended to read:

336.680. (1) As used in this section, "approved recovery school" means a school that is under an agreement with the Department of Education to provide students enrolled in the school with a holistic approach to:

(a) Educational services for grades 9 through 12; and

(b) Health care services related to recovery from substance use disorders.

(2) The department shall provide or cause to be provided appropriate education for students enrolled in an approved recovery school. For the purpose of paying the costs of providing education to students enrolled in an approved recovery school, the Superintendent of Public Instruction shall make the following:

(a) Payments from amounts available from the State School Fund under ORS 327.029.

(b) Payments from the Statewide Education Initiatives Account, as provided by rule adopted by the State Board of Education in collaboration with the advisory committee convened under ORS 336.685. The rules adopted as provided by this paragraph may include a minimum amount, a maximum amount or both for approved recovery schools.

(3) The Superintendent of Public Instruction may contract with a school district, an education service district or a public charter school to provide or cause to be provided appropriate education to students enrolled in an approved recovery school. Unless otherwise specified, any educational services provided under a contract entered into under this subsection shall be paid as described in this section and not by any other state moneys distributed based on average daily membership that are available to the school district, education service district or public charter school for the purpose of providing educational services.

(4) The State Board of Education shall adopt by rule the standards for a recovery school to become and operate as an approved recovery school. The standards must provide that:

(a) The recovery school must align, to the extent identified by the board, with standards for accreditation established by a nonprofit accrediting organization composed of representatives of recovery schools and individuals who support the growth of recovery schools. The standards must include requirements that:

(A) The recovery school, in compliance with timelines established by the department, be accredited by a nonprofit accrediting organization that establishes standards for recovery schools. Nothing in this subparagraph requires the recovery school to be accredited at the time the superintendent first enters into a contract with the recovery school.

(B) Student enrollment in the recovery school is voluntary. No school district or state or local agency may compel or otherwise require a student to enroll in a recovery school. Students enrolled in an approved recovery school may not be counted in determining the number of pupils in average daily membership for purposes of ORS 334.175 (5).

(C) All students who reside in this state and who meet the eligibility criteria established under subsection (8) of this section may enroll in an approved recovery school if space is available. If space is not available, the approved recovery school may prioritize for enrollment student groups identified in ORS 327.180 (2)(b).

(D) The school district, education service district or public charter school with which the department has entered into a contract for a recovery school must agree to award high school diplomas, modified diplomas, extended diplomas and alternative certificates as provided by ORS 329.451 and 339.877. An entity that awards high school diplomas as provided by this subparagraph:

(i) May not impose requirements for a high school diploma that are in addition to the requirements prescribed by ORS 329.451 (2)(a) or by rule of the State Board of Education; and

(ii) Must accept any credits previously earned by students in another school or educational program in this state and apply those credits toward the requirements prescribed by ORS 329.451 (2)(a) or by rule of the State Board of Education.

(E) Except as provided by [*subparagraph (F)*] **subparagraphs (F) and (G)** of this paragraph, the recovery school must satisfy the same laws that apply to public charter schools under ORS 338.115.

(F) All administrators and teachers at the recovery school must be licensed by the Teacher Standards and Practices Commission.

(G) An approved recovery school is not required to comply with the enrollment requirements prescribed by ORS 338.115 (1)(bb) or (5).

(H) An approved recovery school must comply with the requirements of the uniform budget and accounting system adopted by rule of the State Board of Education under ORS 327.511.

(b) Recovery schools will be approved, to the greatest extent practicable, in a manner that:

(A) Represents a geographic distribution across this state; and

(B) Takes into consideration the needs for services by the community in which the recovery school would be located.

(5) Any school that provides the services of a recovery school may enter into a contract with the superintendent to become an approved recovery school, including schools already providing the services of a recovery school and schools that are proposing to provide the services of a recovery school.

(6) An approved recovery school may enter into agreements with other entities, including community-based organizations and federally recognized tribes of this state, for the purposes of providing educational and health care services to students enrolled in the approved recovery school.

(7)(a) The department shall be responsible for:

(A) Identifying, locating and evaluating students enrolled in an approved recovery school who may be in need of special education and related services; and

(B) Ensuring that eligible students receive special education and related services.

(b) For the purpose of this subsection, the department may enter into a contract with a school district or an education service district.

(8) The department shall establish eligibility criteria for students to enroll in an approved recovery school, based on input from the advisory committee convened under ORS 336.685 and based on research from a nonprofit organization composed of representatives of recovery schools and individuals who support the growth of recovery schools and other relevant organizations.

(9) For the purposes of administering this section:

(a) The State Board of Education shall adopt any necessary rules.

(b) The department shall collaborate with the Oregon Health Authority, the Youth Development Division, the Alcohol and Drug Policy Commission, the Oregon Youth Authority, the Department of Human Services and local public health and mental health authorities or providers and shall coordinate, to the greatest extent practicable, funding of services provided in relation to approved recovery schools.

(10) Each biennium, the Department of Education shall prepare a report on the progress, successes and challenges of approved recovery schools and submit that report to:

(a) The interim committees of the Legislative Assembly related to education; and

(b) The advisory committee convened under ORS 336.685.

EMPLOYMENT OF CLASSIFIED SCHOOL EMPLOYEES

SECTION 46. ORS 332.544 is amended to read:

332.544. (1) As used in this section, "classified school employee" includes all employees of a school district **in a position represented by a collective bargaining unit,** except those for whom a teaching or administrative license is required as a basis for employment in a school district.

(2) A classified school employee shall have the right to be dismissed, demoted or disciplined only for just cause.

(3) School district employees subject to the civil service provisions of ORS 242.310 to 242.640 are exempt from the provisions of this section.

SECTION 47. ORS 334.231 is amended to read:

334.231. (1) As used in this section, "classified school employee" includes all employees of an education service district **in a position represented by a collective bargaining unit,** except those for whom a teaching or administrative license is required as a basis for employment in an education service district.

(2) A classified school employee shall have the right to be dismissed, demoted or disciplined only for just cause.

SUBSTITUTE TEACHER PAY

SECTION 48. ORS 342.610 is amended to read:

342.610. (1)(a) A teacher employed as a substitute teacher may not be paid less per day than 85 percent of 1/190th of the statewide average salary of a beginning teacher who holds a bachelor's degree.

(b) The Department of Education shall compute the statewide average salary of a beginning teacher who holds a bachelor's degree to be used for purposes of this subsection by:

(A) Using the latest data available to the department; and

(B) Not using data from earlier than the preceding school year.

(2) A school district shall set the working hours for a substitute teacher and, when a teacher is employed as a substitute teacher for the school district, the school district shall pay the substitute teacher a salary that is:

(a) No less than one-half of the daily minimum salary computed under subsection (1) of this section if the teacher is employed as a substitute teacher for **one-half day or** less than one-half day; or

(b) No less than the daily minimum salary computed under subsection (1) of this section if the teacher is employed as a substitute teacher for **more than** one-half day [*or more*].

(3)(a) Notwithstanding subsection (1) of this section, a teacher employed as a substitute teacher for more than 10 consecutive days in any one assignment for the same teacher shall not be paid after the 10th day of the assignment less per day than:

(A) For school districts with no salary scale, 100 percent of 1/190th of the statewide average salary computed in subsection (1) of this section; or

(B) For school districts with a salary scale, the higher of:

(i) 1/190th of the employing school district's salary for a beginning teacher who holds a bachelor's degree; or

(ii) The daily minimum salary computed under subsection (1) of this section.

(b) Used sick leave, whether paid or unpaid, and weekends, school holidays and days when schools are closed by weather or other conditions and when substitute teachers are not required to appear in person at the school may not be considered in determining consecutive days for purposes of this subsection.

(c) When substituting for a part-time teacher, the part of the day worked by the substitute teacher shall count as a full day in determining consecutive days for purposes of this subsection.

(4) Notwithstanding subsections (1) and (3) of this section, if a school district has a class schedule based on a four-day week:

(a) The daily minimum salary computed under subsection (1) or (3) of this section must be multiplied by 1.125; and

(b) Calculations described in subsection (3) of this section must be made after a teacher has been employed as a substitute teacher for more than eight consecutive days in any one assignment for the same teacher.

(5)(a) A school district shall classify a substitute teaching assignment as a temporary position when the school district determines that a teacher will be employed as a substitute teacher for 60 or more consecutive days in any one assignment for the same teacher.

(b) The designation under paragraph (a) of this subsection must occur either:

(A) At the beginning of the substitute teaching assignment; or

(B) As soon as practicable, but no later than 10 consecutive days, after the school district determines that a substitute teaching assignment will be extended to 60 or more consecutive days.

(c) If a school district has a class schedule based on a four-day week, the school district shall:

(A) Classify a substitute teaching assignment as a temporary position when the school district determines that a teacher will be employed as a substitute teacher for 48 or more consecutive days in any one assignment for the same teacher; and

(B) Make the designation described in paragraph (b)(B) of this subsection when the school district determines that a teacher will be employed as a substitute teacher for 48 or more consecutive days in any one assignment for the same teacher.

(d) Nothing in this subsection prohibits a school district from making the classification required under paragraph (a) or (c) of this subsection after fewer consecutive days.

(6) A teacher employed by a school district as a substitute teacher shall be paid for any training that is required for that teacher to apply for or be assigned to a substitute teaching assignment.

(7) This section does not apply to substitute teachers represented in a bargaining unit in the school district by which they are employed.

SECTION 49. **The amendments to ORS 342.610 by section 48 of this 2024 Act apply to hours worked on or after the effective date of this 2024 Act.**

EARLY SUCCESS READING INITIATIVE

SECTION 50. **ORS 329.832 and 329.837 are repealed.**

FISCAL PROVISIONS

SECTION 51. **Notwithstanding any other provision of law, the General Fund appropriation made to the Department of Education by section 1 (1), chapter 449, Oregon Laws 2023, for the biennium ending June 30, 2025, for operations, is increased by $198,739, for the costs associated with implementing sections 1 to 7 of this 2024 Act.**

SECTION 52. **Notwithstanding any other provision of law, the General Fund appropriation made to the Higher Education Coordinating Commission by section 1 (1), chapter 454, Oregon Laws 2023, for the biennium ending June 30, 2025, for Higher Education Coordinating Commission programs and operations, is increased by $158,865, for the costs associated with the implementation of section 11 of this 2024 Act.**

SECTION 53. **Notwithstanding any other provision of law, the General Fund appropriation made to the Legislative Policy and Research Committee by section 15, chapter 383, Oregon Laws 2023, for the biennium ending June 30, 2025, is increased by $363,817, for the costs associated with the implementation of section 12 of this 2024 Act.**

SECTION 54. **Notwithstanding any other provision of law, the General Fund appropriation made to the Oregon Health Authority by section 1 (4), chapter 591, Oregon Laws 2023, for the biennium ending June 30, 2025, for public health, is increased by $135,937, for the costs associated with the implementation of section 44 of this 2024 Act.**

SECTION 55. **Notwithstanding any other provision of law, the General Fund appropriation made to the Oregon Health Authority by section 1 (7), chapter 591, Oregon Laws 2023, for the biennium ending June 30, 2025, for state assessments and enterprise-wide costs, is increased by $7,200, for the costs associated with the implementation of section 44 of this 2024 Act.**

MISCELLANEOUS

SECTION 56. **The unit captions used in this 2024 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2024 Act.**

SECTION 57. **This 2024 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2024 Act takes effect on its passage.**

Passed by Senate March 7, 2024

.....
Obadiah Rutledge, Secretary of Senate

.....
Rob Wagner, President of Senate

Passed by House March 7, 2024

.....
Dan Rayfield, Speaker of House

Received by Governor:

.....M.,....., 2024

Approved:

.....M.,....., 2024

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2024

.....
LaVonne Griffin-Valade, Secretary of State

OREGON
BOARD OF PHARMACY

PHARMACY PRESCRIPTION LOCKERS (PPL)

OCTOBER 2025 BOARD 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.

WHY WE ARE DISCUSSING THIS TODAY

RULES PRIORITIZATION LIST

Immediate	• Any urgent patient safety risk or public health emergency • Legislative Mandates (New Laws)

High	• **Drug Supply Chain Security Act**
	  ○ Division 060- Manufacturers
	  ○ Division 062 DDA/3PL
	  ○ Division 065 Wholesalers
	  ○ Division XXX Outsourcing -need to create
	• **Drug Compounding – Div 045/183**
	• **Cold Drug Storage – Universal Rules Div104**
	• **Pharmacists prescribing vaccines –** *(universal process for vaccine protocols being sent to PHPFAC)*
	• **Division 041→Division 141**
	  ○ **Pharmacies (IP and RP)**
	  ▪ **Standards for inspections for Non-Resident Pharmacies**
	  ▪ **Telework (Remote Work)/ Remote Processing/ Central Fill**
	  ▪ **Applicability**
	  ▪ **Long Term Care**
	  ▪ **PICs**
	▪ **Remote Dispensing Pharmacy – Div 139**

Medium	• **CDTM and CPA** • **Division 041 Clean up** ○ **RDF/RDM/Depot (Lockers/Kiosks)** • **Nonprescription Drug Outlets** • **Nuclear Pharmacy (compounding)** • **Universal Rules** • **Community Health Clinics (Family Planning)** • **Dispensing Practitioner Drug Outlet** • **Standards of Practice- unprofessional conduct**

Low	• **Drug Rooms**
	• **Correctional Facilities (LTC and jails)**
	• **Public Health Emergency**
	• **Division 041**
	  ○ Home Dialysis
	  ○ Home Infusion
	• **Precursors**
	• **Charitable Pharmacies**

Annually	Standards Adopted by Reference during April board meeting New Laws- after each legislative session

PROCESS AND OBJECTIVE

- History of PPLs
- Consider Rule Parameters for Policy Discussion
- Review current PPL OARs with suggested amendments, Discuss Policy and Provide Staff Direction
- Goals:
  - Presentation
  - Rules Policy Discussion
  - Proposed rule amendments

PARAMETERS FOR CONSIDERATION

- Safety and Security
- Patient Interaction and Communication
- Technology
- Record Keeping

SAFETY AND SECURITY

- Locker Location
- Pharmacist Supervision
- Video and Auditory Communication
- Storage
- Prevent Theft and Diversion
- Prevent Unauthorized Access
- Maintain confidentiality
- PIC Responsibilities
- Training

- Returned Drugs
- Cease Operations
- Continued Quality Improvement
- Outlet PnPs:
  - Security
  - Inclusion Criteria
  - Communication with Patients
  - Licensee Responsibilities
  - Drug Integrity
  - Stocking and Destocking Operations
  - Maintenance

PATIENT INTERACTION AND COMMUNICATION

- Patient Consent
- Orient patient to use of PPL
- Notifications
  - Counseling
  - PPL is not operational
  - Pharmacy Contact Information
- Released to Correct Patient or Patient's Agent
- Video and Auditory Communication
- Require RPH available while in operation

TECHNOLOGY

- Security System
- Patient Identification
- Video and Audio Communication System
- Video Surveillance

RECORDKEEPING

- Record of Prescriptions
- Record of PPL Access
- Surveillance System

STRATEGIC PLAN DIVISION VISION

100	Definitions
102	Procedural
104	Board Policies
110	Fees
112	Public Health Emergency
115	Pharmacist
120	Intern
125	COPT/PT
130	HPSP
135	CPE

136	Pharmacy (RP)
139	Remote Dispensing Site Pharmacy (RP)
141	Kiosk (RP)
~~143~~	~~Locker (RP)~~
144	Charitable Pharmacy (RP)
156	Pharmacy (IP)
159	Drug Room (IP)
161	RDF/RDM (IP)
164	Nuclear (IP)
167	LTC/Residential (IP)
170	Home Infusion (IP)
173	Home Dialysis (IP)
176	Home Health Care (IP)
177	Correctional Facility (IP)
180	Controlled Substances
183	Compounding

186	Nonprescription
189	Prophylactic
191	Devices
194	Practitioner Dispensing (RP)
197	CHC's
199	Animal Euthanasia
200	Manufacturer
203	Wholesaler
206	Drug Distribution Agent
209	Outsourcing Facility

RULES REVIEW

MAILING #C2 – DIV 143 PHARMACY PRESCRIPTION LOCKER

Division 143
PHARMACY PRESCRIPTION LOCKER

855-143-0001
Purpose and Scope

The purpose of OAR 855-143 is to provide minimum requirements for the operation of a Pharmacy Prescription Locker (PPL) ~~by a PPL Affiliated Pharmacy.~~

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155 & ORS 689.527

855-143-0005
Definitions

The following words and terms, when used in OAR 855-143, have the following meanings, unless the context clearly indicates otherwise. Any term not defined in this section has the definition set out in OAR 855-006.

~~(1) "Pharmacy Prescription Locker Affiliated Pharmacy" or "PPL Affiliated Pharmacy" means a Retail Drug Outlet Pharmacy registered in Oregon that operates a Pharmacy Prescription Locker.~~

~~(2)~~ "Pharmacy Prescription Locker" or "PPL" **pursuant to 2025 SB 236 means a mechanical device that serves as an extension of an Oregon registered retail drug outlet's will call or point of sale area in which completed patient-specific prescription drugs, devices and related supplies and nonprescription drugs, devices and related supplies are stored for pickup.**
~~an Oregon location registered as a Retail Drug Outlet Pharmacy Prescription Locker using a mechanical system that securely stores completed patient-specific prescription and non-prescription drugs, devices, and related supplies for pick up~~.

Statutory/Other Authority: ORS 689.205 & **2025 SB 236**
Statutes/Other Implemented: ORS 689.155 & ORS 689.527, **2025 SB 236**

Commented [BE1]: 2025 SB 236 Section 19. Sec .8 (2) A retail drug outlet may operate one or more pharmacy prescription lockers located within this state that need not be at the same physical address as the retail drug outlet. A pharmacy prescription locker operated pursuant to this section is considered part of the retail drug outlet, and a separate license or registration from the State Board of Pharmacy is not required.

Commented [BE2]: Updated to reflect new law: **2025 SB 236 Section 19. Sec .8 (1)** As used in this section, "pharmacy prescription [*drug*] locker" means a mechanical device that serves as an extension of a retail drug outlet's will call or point of sale area in which completed patient-specific prescription drugs, devices and related supplies and nonprescription drugs, devices and related supplies are stored for pickup.

~~855-143-0010~~
~~Registration: General~~

~~(1) Each PPL located in Oregon must be registered as a Retail Drug Outlet PPL.~~

~~(2) A controlled substance registration will not be issued for a Retail Drug Outlet PPL.~~

~~(3) A Retail Drug Outlet PPL application must specify the PPL Affiliated Pharmacy and cannot operate without a PPL Affiliated Pharmacy that is registered by the board as a Retail Drug Outlet Pharmacy.~~

~~(4) Each registration renewal application must be accompanied by the annual fee and must contain the same information required in OAR 855-143-0015(2) and additional information requested by the board.~~

~~(5) The initial and annual registration fee for pharmacies is set out in OAR 855-110.~~

~~(6) A Retail Drug Outlet PPL registration expires March 31, annually. If the annual registration fee referred to in OAR 855-110 is not paid by March 31 of the current year, a late fee as set out in OAR 855-110 must be included with the application for registration renewal.~~

~~(7) The registration is not transferable.~~

~~(8) The registration fee cannot be prorated.~~

~~(9) A PPL may not operate until a certificate of registration has been issued by the board.~~

~~(10) The PPL Affiliated Pharmacy registration and PPL registration must be on display at both the PPL Affiliated Pharmacy and at the PPL.~~

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.225, ORS 689.305 & ORS 689.527

~~855-143-0015~~
~~Registration: Application~~

~~(1) An application for registration of a new PPL must include a floor plan drawn to scale with the location of the:~~

~~(a) PPL at the facility;~~

~~(b) Surveillance system cameras; and~~

~~(c) Alarm system panel.~~

~~(2) The certificate of registration for a PPL must be issued prior to opening.~~

~~(3) The application must specify the location of the PPL and must indicate the owner, trustee, receiver, or other person applying for the registration. When an applicant is not the owner of the pharmacy, the application must indicate the owner and the applicant's affiliation with the owner:~~

Commented [BE3]: Policy Discussion:
May want to consider to add:
- Pharmacy to notify Board within X days for
  - Physical address of PPL
  - Location change of PPL
  - Closure of PPL

Commented [BE4]: Policy Discussion:
- Stay silent- delete

OR
- Add language to inidcate must comply with DEA regulations
  - Ex. Must comply with any federal and state controlled substance laws and rules, including but not limited to registrations that may be required for any systems, before any controlled substances are dispensed.

~~(a) If the owner is a partnership or other multiple owners, the names of the partners or persons holding the five largest interests must be indicated on the application;~~

~~(b) If the owner is a corporation, the name filed must be the same as filed with the Secretary of State. The name of the corporation, the names of the corporation officers and the names of the stockholders, if applicable, who own the five largest interests must be indicated on the application.~~

~~(4) Upon request by the board, the applicant must furnish such information as required by the board regarding the partners, stockholders, or other persons not named in the application.~~

Statutory/Other Authority: ORS 475.035 & ORS 689.205
Statutes/Other Implemented: ORS 689.155, ORS 689.305 & ORS 689.527

~~855-143-0020~~
~~Registration: Change of Owner, Location, or PPL Affiliated Pharmacy~~

~~(1) A change of location of the PPL Affiliated Pharmacy or location of the PPL requires:~~

~~(a) Submission of a new PPL application a minimum of 15 days prior to occurrence;~~

~~(b) Registration fee;~~

~~(c) Approval of the board; and~~

~~(d) New certificate of registration.~~

~~(2) A change in the PPL Affiliated Pharmacy or ownership of the PPL requires:~~

~~(a) Submission of a new PPL application a minimum of 15 days prior to occurrence;~~

~~(b) Registration fee;~~

~~(c) Approval of the board; and~~

~~(d) New certificate of registration.~~

~~(3) A change of ownership includes any change in the legal form of the business including additions or deletions of partners.~~

~~(4) A certificate of registration will be issued upon board approval of the application.~~

~~(5) A PPL that has changed location or ownership must not operate until the new certificate of registration has been approved and issued.~~

~~Statutory/Other Authority: ORS 475.035 & ORS 689.205~~
~~Statutes/Other Implemented: ORS 689.155, ORS 689.305 & ORS 689.527~~

~~855-143-0025~~
~~Registration: Closure~~

~~A PPL Affiliated Pharmacy must notify the board a minimum of 15 days prior to discontinuing operation of a PPL. Notification must include the:~~

~~(1) Final disposition of drugs stored in the PPL including:~~

~~(a) Name and location where the drugs are transferred;~~

~~(b) Name and location where destruction occurred; and~~

~~(c) Name and location of the site that will store all records;~~

~~(2) Provide the board with:~~

~~(a) Oregon Board of Pharmacy state license(s); and~~

~~(b) Signed statement giving the effective date of closure.~~

~~Statutory/Other Authority: ORS 689.205~~
~~Statutes/Other Implemented: ORS 689.155, ORS 689.305 & ORS 689.527~~

855-143-0030
~~Non-Resident PPL Affiliated Pharmacies~~

~~(1) For the purpose of these rules, a non-resident pharmacy includes a PPL Affiliated Pharmacy located outside of Oregon and providing pharmacy services to a PPL located in Oregon.~~

~~(2) Each non-resident PPL Affiliated Pharmacy must be registered with the Oregon Board of Pharmacy as a Retail Drug Outlet Pharmacy.~~

~~(3) To qualify for registration under these rules, every non-resident PPL Affiliated Pharmacy must be registered and in good standing with the Board of Pharmacy in the pharmacy's state of residence.~~

~~(4) The Oregon licensed Pharmacist-in-Charge (PIC) of the non-resident PPL Affiliated Pharmacy is the PIC for each PPL.~~

~~(5) The PIC is responsible for annually completing a self-inspection using the board's PPL Self-Inspection Form prior to July 1.~~

~~(6) The PIC must comply with the requirements of OAR 855-115-0210.~~

~~Statutory/Other Authority: ORS 689.205~~
~~Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.225 & ORS 689.527~~

Commented [BE5]: Policy Discussion:
Any specific considerations needed for Non-Resident Pharmacies?

855-143-0050
Personnel

~~(1) A PPL must have an Oregon licensed PIC at all times.~~

~~(2)~~ Prior to utilizing a PPL, the Oregon licensed Pharmacist, Intern, Certified Oregon Pharmacy Technician and Pharmacy Technician must have completed a training program on the proper use of the PPL.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.151, ORS 689.155 & ORS 689.527

Commented [BE6]: Policy Discussion:

- Is what currently in Division 41 sufficient?

OR

- Keep, and add to outlet requirements for Div 41 sections related to PPL

OAR 855-041-1018
Outlet: General Requirements
(3) Ensure all licensees are trained to appropriately perform their duties prior to engaging or assisting in the practice of pharmacy

OAR 855-115-0120
Responsibilities: Personnel
(1) When practicing pharmacy per ORS 689, each Pharmacist must:
(i) Ensure initial and ongoing training is completed that is commensurate with the tasks that the Pharmacist and persons under their supervision will perform, prior to the performance of those tasks;

855-143-0100
Security

(1) The ~~PPL Affiliated~~ Pharmacy, ~~the PPL, Oregon licensed PIC of the PPL Affiliated Pharmacy and each Oregon licensed Pharmacist supervising the PPL~~ is responsible for the security of the PPL including provisions for adequate safeguards against loss, theft or diversion of prescription and non-prescription drugs, devices, and related supplies, and records for such drugs, devices and related supplies.

(2~~) The PPL Affiliated Pharmacy must ensure the PPL:~~

(a) Is placed in a secure indoor location that is climate controlled and protected from the elements;

(b) Is securely fastened to a permanent structure so that it cannot be removed;

(c) Stores prescription and non-prescription drugs, devices, and related supplies in compliance with the provisions of OAR 855-143-0125;

(3) The PPL must be secured to prevent access when:

(a) There is no Oregon licensed Pharmacist supervising and authorizing access in real-time to the PPL; or

(b) There is no Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician employed by the PPL Affiliated Pharmacy present at the PPL; or

(c) Any component of the PPL is not functioning.

(4) A record must be maintained with the name and Oregon license number of each person accessing the PPL.

(5) An Intern, Certified Oregon Pharmacy Technician, and Pharmacy Technician may only access the PPL when an Oregon licensed Pharmacist is supervising the licensee and has authorized access to the PPL in real-time.

(6) Unlicensed personnel (e.g. vendor) may only access the PPL when escorted and continuously observed by a licensee who is authorized by the Oregon licensed Pharmacist who is supervising and authorizing access to the PPL in real-time.

(7) Minimum security methods must include a properly functioning:

(a) Alarm system at the PPL and real-time notification to an Oregon licensed Pharmacist of the PPL Affiliated Pharmacy if unauthorized access occurs;

(b) Electronic entry system that is controlled by an Oregon licensed Pharmacist and records the:

(A) Identification of the Oregon licensed Pharmacist authorizing access and securing the PPL;

(B) Identification of the Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician accessing and securing the PPL; and

Commented [BE7]: Policy Discussion:
- What is needed if anything to ensure security of the PPL?
  - Locker Location
  - Security
    - Prevent Theft and Diversion
    - Prevent Unauthorized Access
    - Maintain Confidentiality
    - Notification when Machine is not functioning properly
  - Pharmacist Supervision

855-041-1020
Security of Prescription Area
(1) The area in a registered pharmacy where legend and/or controlled substances are stored, possessed, prepared, manufactured, compounded, or repackaged shall be restricted in access, in such a manner as to ensure the security of those drugs.
(2) The pharmacist-in-charge and each pharmacist while on duty shall be responsible for the security of the prescription area including provisions for adequate safeguards against theft or diversion of prescription drugs, and records for such drugs.
(3) When there is no pharmacist present, the pharmacy shall be secured to prevent entry. All entrances to the pharmacy shall be securely locked and any keys to the pharmacy shall remain in the possession of the pharmacist-in-charge and other employee pharmacists as authorized by the pharmacist-in-charge. When there is no pharmacist present, and it is necessary for non-pharmacist employees or owners to have access to the pharmacy, the prescription area shall be secured from entry as described in OAR 855-041- 2100.
(4) Prescription drugs and devices and non-prescription Schedule V controlled substances shall be stored within the prescription area or a secured storage area.

855-041-1055
Prohibited Practices: Disclosure of Patient Information
A Retail Drug Outlet or Institutional Drug Outlet:
(1) May not allow a licensee or registrant of the board who obtains any patient information to disclose that information to a third party without the consent of the patient except as provided in (a)-(e) of this rule. A licensee may disclose patient information:
(a) To the board;
(b) To a practitioner, Oregon licensed Pharmacist, Intern, Pharmacy Technician, or Certified Oregon Pharmacy Technician, if disclosure is authorized by an Oregon licensed Pharmacist who reasonably believes that disclosure is necessary to protect the patient's health or wellbeing; or
(c) To a third party when disclosure is authorized or required by law; or
(d) As permitted pursuant to federal and state patient confidentiality laws; or

(C) Date and time of each activity; and

(c) Surveillance system that utilizes continuously accessible and recorded video ~~between the PPL Affiliated Pharmacy and the PPL~~. The system must provide a clear view of the entire PPL including its access points.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155 & ORS 689.527

~~855-143-0120~~
~~Drug: Procurement~~

~~A PPL may only receive prescription, non-prescription drugs, devices, and related supplies from the PPL Affiliated Pharmacy.~~

~~Statutory/Other Authority: ORS 475.035 & ORS 689.205~~
~~Statutes/Other Implemented: ORS 689.155 & ORS 689.527~~

~~855-143-0125~~
~~Drug: Storage~~

~~(1) A PPL must maintain proper storage of all drugs. This includes, but is not limited to the following:~~

~~(a) All drugs must be stored according to manufacturer's published or USP guidelines.~~

~~(b) All drugs must be stored in appropriate conditions of temperature, light, humidity, sanitation, ventilation, and space.~~

~~(c) Appropriate storage conditions must be provided for, including during transfers between facilities and to patients.~~

~~(d) A PPL must quarantine drugs which are outdated, adulterated, misbranded or suspect.~~

~~(2) A PPL must store all drugs at the proper temperature according to manufacturer's published guidelines (pursuant to FDA package insert or USP guidelines).~~

~~(a) All drug refrigeration systems must:~~

~~(A) Maintain refrigerated products between 2 to 8 °C (35.6 to 46.4°F); frozen products between -25 to -10 °C (-13 to 14 °F); or as specified by the manufacturer.~~

~~(B) Utilize a centrally placed, accurate, and calibrated thermometer;~~

~~(C) Be dedicated to pharmaceuticals only;~~

~~(D) Be measured continuously and documented either manually twice daily to include minimum, maximum and current temperatures; or with an automated system capable of creating a producible history of temperature readings.~~

~~(b) A PPL must adhere to a monitoring plan, which includes, but is not limited to:~~

~~(A) Documentation of training of all personnel;~~

~~(B) Maintenance of manufacturer recommended calibration of thermometers;~~

~~(C) Maintenance of records of temperature logs for a minimum of three years;~~

~~(D) Documentation of excursion detail, including, but not limited to, event date and name of persons(s) involved in excursion responses;~~

~~(E) Documentation of action(s) taken, including decision to quarantine product for destruction, or determination by an Oregon licensed Pharmacist that it is safe for continued use. This documentation must include details of the information source;~~

~~(F) A written emergency action plan;~~

~~(G) Routine preventative maintenance and evaluation of refrigeration equipment and monitoring equipment; and~~

~~(H) Documentation and review of temperature recordings at least once every 28 days by the Oregon licensed Pharmacist at the time of in person physical inspection.~~

~~Statutory/Other Authority: ORS 689.205 & ORS 689.325~~
~~Statutes/Other Implemented: ORS 689.155 & ORS 689.527~~

~~855-143-0130~~
~~Drug: Loss~~

~~A PPL and its PPL Affiliated Pharmacy must:~~

~~(1) Ensure that disasters, accidents and emergencies which may affect the strength, purity, or labeling of drugs or devices are reported to the board immediately.~~

~~(2) Ensure that confirmed significant drug loss or any loss related to suspected drug theft is reported to the board within one business day.~~

~~Statutory/Other Authority: ORS 689.205, ORS 689.305 & ORS 689.315~~
~~Statutes/Other Implemented: ORS 689.155 & ORS 689.527~~

~~855-143-0150~~
~~Outlet: Sanitation~~

~~A PPL and its PPL Affiliated Pharmacy must ensure the PPL is kept clean.~~

~~Statutory/Other Authority: ORS 689.305~~
~~Statutes/Other Implemented: ORS 689.305 & ORS 689.527~~

~~855-143-0155~~
~~Outlet: Minimum Equipment Requirements~~

~~(1) Each Oregon PPL must have the following:~~

~~(a) Appropriate equipment and supplies as required by Oregon Revised Statutes, Oregon Administrative Rules, United States Code, Code of Federal Regulations, and standards adopted by reference (e.g. USP) based on services offered by the PPL outlet;~~

~~(b) Appropriate equipment to maintain the proper storage of drugs;~~

(c) Signage in a location easily seen by the public at the PPL where prescription and non-prescription drugs, devices, and related supplies are dispensed:

(A) Stating "The (insert name of PPL Affiliated Pharmacy) may be able to substitute a less expensive drug which is therapeutically equivalent to the one prescribed by your doctor unless you do not approve." The printing on this sign must be in block letters not less than one inch in height.

(B) Providing notification in each of the languages required in OAR 855-143-0410 of the right to free, competent oral interpretation and translation services, including translated prescription labels, for patients who are of limited English proficiency, in compliance with federal and state regulations if the pharmacy dispenses prescriptions for a patient's self-administration;

(C) Stating "This location is a Pharmacy Prescription Locker, supervised by an Oregon licensed Pharmacist from (insert name of PPL Affiliated Pharmacy, address, and telephone number)." The printing on the sign must be in block letters not less than one inch in height; and

(D) Providing notification of accurate hours of operation at the PPL; and
(d) Additional equipment and supplies that are determined as necessary by the PPL Affiliated Pharmacy or PIC.

(e) As an alternative to posting the required signage, PPL's that utilize an electronic video monitor that the patient is required to acknowledge prior to retrieving medication from the PPL may display the information required by sub-paragraphs (1)(c)(A) – (D) electronically.

~~(2) Failure to have, use and maintain required equipment constitutes unprofessional conduct under ORS 689.405(1)(a).~~

Statutory/Other Authority: ORS 689.205 & ORS 689.654
Statutes/Other Implemented: ORS 689.155, ORS 689.515, ORS 689.527 & ORS 689.654

Commented [BE8]: Policy discussion:
What information if any must be provided to patients using a PPL?
- Ex if machine is not working correctly a number to contact, need assistance who to contact, request to be counseled by a pharmacist, issue with prescription received, notifications required by law etc

Pharmacy notification or posting requirements.
- **ORS 689.564(5)** board shall adopt rule to require a pharmacy post signage to provide notification of the right to free, competent oral interpretation and translation services for patients who are of limited English proficiency. Rules adopted under this subsection must comply with any relevant federal laws and regulations
- **ORS 689.515(4)** A pharmacy shall post a sign in a location easily seen by patrons at the counter where prescriptions are dispensed or administered stating that, "This pharmacy may be able to substitute a less expensive drug which is therapeutically equivalent to the one prescribed by your doctor unless you do not approve." The printing on the sign must be in block letters not less than one inch in height. If the pharmacist has reasonable cause to believe that the purchaser cannot read the sign or comprehend its content, the pharmacist shall endeavor to explain the meaning of the sig
- **ORS 689.561 Prescription readers; compatible labels; exception; rules.** (1) As used in this section:

(a) "Person who is blind" means a person who is:
(A) Visually impaired;
(B) Print disabled; or
(C) A person who is blind as that term is defined in ORS 346.510.
(b) "Prescription reader" means a device that is designed to audibly convey the information contained on the label of a prescription drug.
(2) Except as provided in subsection (4) of this section, a pharmacy shall notify each person to whom a prescription drug is dispensed that a prescription reader is available to the person upon request. If a person informs the pharmacy that the person identifies as a person who is blind, the pharmacy shall provide to the person a prescription reader that is:
(a) Available to the person for at least the duration of the prescription; and
(b) Appropriate to address the person's visual impairment.
(3) A pharmacy that provides a prescription reader under subsection (2) of this section shall ensure that the prescription label is compatible with the prescription reader.
(4) The requirements of this section do not apply to prescription drugs dispensed by an institutional drug outlet.
(5) The State Board of Pharmacy shall adopt rules to carry out this section. [2019 c.438 §2]
- **ORS 689.615** Display of certificate or license; rules. (1) The holder of any certificate or license granted under this chapter shall display it conspicuously in the pharmacy or place of business to which it applies.

855-143-0200
Outlet: General Requirements

~~(1) The PPL Affiliated Pharmacy and its PIC are responsible for all operations and enforcing all policies and procedures of the PPL.~~

(2) A PPL Affiliated Pharmacy may operate more than one PPL.

(3) A PPL Affiliated Pharmacy must be less than 120 miles apart via the shortest surface street route from the PPL.

~~(4) A PPL and its PPL Affiliated Pharmacy must:~~

~~(a) Have the same owner; or~~

~~(b) Have a written contract that specifies:~~

~~(A) The services to be provided by each licensee and registrant;~~

~~(B) The responsibilities of each licensee and registrant; and~~

~~(C) The accountabilities of each licensee and registrant;~~

~~(c) Ensure each prescription and non-prescription drugs, devices, and related supplies are dispensed in compliance with OAR 855-041, OAR 855-115, OAR 855-120, OAR 855-125 and OAR 855-143;~~

~~(d) Ensure that the PPL Affiliated Pharmacy prevents duplicate dispensing of a prescription;~~

~~(e) Comply with all applicable federal and state laws and rules;~~

(f) Ensure that PPL Affiliated Pharmacy has received and documented consent by the patient or patient's agent for the patient's prescription and non-prescription drugs, devices, and related supplies to be placed in the PPL;

(g) Ensure that there is an Oregon licensed PIC who is responsible for all operations and enforcing all policies and procedures of the PPL;

(h) Designate in writing the Oregon licensed Pharmacists, Interns, Pharmacy Technicians and Certified Oregon Pharmacy Technicians authorized to access the PPL;

(i) Utilize complete chain of custody tracking;

(j) Train the Oregon licensed Pharmacists, Interns, Pharmacy Technicians and Certified Oregon Pharmacy Technicians in the operation of the PPL and document the training;

(k) Develop, implement and enforce a continuous quality improvement program for dispensing services from a PPL designed to objectively and systematically:

Commented [BE9]: Policy Discussion:
General Items from other states, if you would like to consider:
- Communication with Patients
  - Video and Auditory
- PIC Responsibilities
- Inclusion Criteria
- Licensee Responsibilities
- Transit and Storage Conditions
- Returned Drugs
- CQI

Commented [BE10]: Policy Discussion:
- Delete completely

OR
- May edit

Ex. (2) A retail drug outlet may operate one or more pharmacy prescription lockers located
OR

Commented [BE11]: Policy discussion:
- Delete

OR
- Keep as is or modify

April 2024 Board meeting- Board reviewed similar langue in RDSP rule and removed language.

Commented [BE12]: Policy discussion:
- Keep ?
  - Requires patient to provide consent before prescriptions may be placed in PPL
  - And it requires to maintain documentation

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

(B) Improve patient care; and

(C) Identify, resolve and establish the root cause of dispensing and DUR errors and prevent their reoccurrence;

(l) Provide a telephone number that a patient, patient's agent or prescriber may use to contact the Oregon licensed Pharmacist from the PPL Affiliated Pharmacy; and

(m) Develop, implement and enforce a process for an in person physical inspection of the PPL by an Oregon licensed Pharmacist at least once every 28 days or more frequently as deemed necessary by the Oregon licensed PIC of the PPL Affiliated Pharmacy. The inspection must utilize the PPL self-inspection form, be documented, and records retained.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155 & ORS 689.527

855-143-0205
Outlet: Technology

A PPL ~~and its PPL Affiliated Pharmacy~~ must:

(1) Utilize a shared computer system and have appropriate technology or interface to allow access to information required to dispense prescription and non-prescription drugs, devices, and related supplies and counsel the patient or patient's agent;

(2) Utilize barcode, radio-frequency identification or quick response code technology for stocking, destocking and dispensing at the PPL;

(3) Test the PPL and verify the unit is operable and functioning in all aspects in accordance with minimum acceptable system or unit design specifications before dispensing prescription and non-prescription drugs, devices, and related supplies and after an upgrade or change is made to the system. The PPL Affiliated Pharmacy must make the results of such testing available to the board upon request; ~~and~~

(4) Develop, implement and enforce a plan for routine maintenance of the PPL.

(5) Develop, implement and enforce a plan for responding to and recovering from an interruption of service where the PPL is not fully operational and functioning.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155 & ORS 689.527

Commented [BE13]: Policy Discussion:
What is needed to be kept, if anything?
- What parameters may be removed because they are not needed or because they are accounted for in a previous section we discussed, depending on policy directives?

Commented [BE14]: Policy Discussion:
- Delete because this is an extension of the pharmacy

OR
- Unless the board wants to be more specific in rule Keep

OAR 855-115-0210
Pharmacist-in-Charge: Responsibilities
(1) In addition to the responsibilities of a Pharmacist outlined in OAR 855-115, a Pharmacist-in-Charge of a Drug Outlet pharmacy must:
(h) Complete an annual self-inspection of the pharmacy using the Self-Inspection Form provided by the board, by July 1 each year and within 15 days of becoming PIC. The completed self-inspection forms must be signed and dated by the PIC and retained for three years from the date of completion; and

Commented [BE15]: Policy Discussion:
What if any additional parameters for general requirements are missing?

Commented [BE16]: Policy Discussion: Technology
- What if any is needed?
  - Security System for Tracking and Identification
  - Patient Identification
  - Audio or Audio and visual communications System
  - Video Surveillance

855-143-0210
Outlet: Supervision

A PPL ~~and its PPL Affiliated Pharmacy~~ must:

(1) Ensure prescription and non-prescription drugs, devices, and related supplies are only dispensed at the PPL if an Oregon licensed Pharmacist is available for patient consultation and the PPL is fully operational.

(2) Ensure that stocking and destocking of prescription and non-prescription drugs, devices, and related supplies in a PPL is completed under the supervision, direction and control of a Pharmacist.

(3) Ensure that an Oregon licensed Pharmacist verifies and documents that:

(a) All prescription and non-prescription drugs, devices, and related supplies were correctly stocked into the PPL;

(b) All prescription and non-prescription drugs, devices, and related supplies destocked from the PPL were returned to the PPL Affiliated Pharmacy;

(c) Proper storage conditions were maintained during transfer per OAR 855-143-0125; and

~~(d) Records are maintained per OAR 855-143-0550.~~

(4) Drugs and devices destocked from a PPL that satisfy the requirements of this section may be returned to stock at the PPL Affiliated Pharmacy.

Statutory/Other Authority: ORS 689.205 & ORS 689.225
Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.305 & ORS 689.527

855-143-0215
Outlet: Pharmacist Utilization

A PPL and its PPL Affiliated Pharmacy must ensure that a prescription drug or device is not released from the PPL until the Oregon licensed Pharmacist or Intern has:

(1) Provided counseling when required under OAR 855-115-0145 or when requested by the patient or patient's agent; and

(2) Documented the interaction.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155 & ORS 689.527

Commented [BE17]: Policy Discussion:
Some state rules require a pharmacist to be available to counsel in real time.

- Do you want pharmacist available for consultation in real time?

OR

- If not, can delete

855-041-1015
Operation of Pharmacy (Both Retail and Institutional Drug Outlets)
(1) Supervision. A pharmacy may only be operated when a pharmacist licensed to practice in this state is present. This means that the pharmacist must be physically present in the pharmacy or institutional facility.

Commented [BE18]: Policy Discussion:
Depends on previous board policy discussion if discussion is needed.

- Can only a licensee stock and destock the PPL?

ORS 689.486 (7) A person licensed to perform the duties of a pharmacy technician may perform the duties of a pharmacy technician only under the supervision, direction and control of a pharmacist.

Commented [BE19]: Policy Discussion:

- Is this needed?
  - Additional language to clarify that drug integrity must be maintained during transfer?

OR

- Do we rely on what is in Division 41?

OAR 855-041-1035
Minimum Equipment Requirements
(1) Each retail drug outlet and institutional drug outlet must have the following:
(d) Appropriate equipment to maintain the proper storage of drugs; ...

Commented [BE20]: Policy Discussion:
Does the board want to continue to permit drugs from PPL to be removed and placed back into pharmacy stock?

Commented [BE21]: Policy discussion:

- Do you want to keep these requirements?

OR

- Delete?

855-115-0145
Counseling
(1) For each prescription, the pharmacist must determine the manner and amount of counseling that is reasonable and necessary under the circumstance to promote safe an ...

855-143-0220
Outlet: Non-Prescription Drugs and Supplies

If non-prescription drugs and related supplies are placed in the PPL, the PPL and its PPL Affiliated Pharmacy must ensure that only an Oregon licensed Pharmacist verifies non-prescription drugs and related supplies that will be placed in the PPL.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155 & ORS 689.527

855-143-0225
Outlet: Controlled Substances

Controlled substances may not be stored in the PPL.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155 & ORS 689.527

~~855-143-0345~~
~~Dispensing: General Requirements~~

~~The PPL Affiliated Pharmacy must:~~
~~(1) Ensure each prescription, prescription refill, and drug order is correctly dispensed by the PPL in accordance with the prescribing practitioner's authorization; and~~

~~(2) Ensure the PPL dispenses prescriptions accurately and to the correct party.~~

~~Statutory/Other Authority: ORS 689.205~~
~~Statutes/Other Implemented: ORS 689.155 & ORS 689.527~~

855-143-0500
Policies and Procedures

~~(1) The Oregon licensed PIC of the PPL Affiliated Pharmacy and the PPL Affiliated The Pharmacy drug outlet is accountable for establishing, maintaining, and enforcing written policies and procedures for the PPL. The written policies and procedures must be maintained at the PPL Affiliated Pharmacy and must be available to the board upon request.~~

~~(2) The written policies and procedures must include at a minimum the responsibilities of the PPL Affiliated Pharmacy and each PPL including;~~

~~(a) Security;~~

~~(b) Operation, testing and maintenance of the PPL;~~

~~(c) Sanitation and cleaning;~~

~~(d) Storage of drugs;~~

Commented [BE22]: Policy Discussion:
Does the board want to delete this section?

Commented [BE23]: Policy Discussion:
Depending on direction from previous conversation, confirm and apply here.

Commented [BE24]: Policy Discussion:
- Consider deletion?
  - Ensure requirements are clearly in rule

Currently in rules:
855-041-1040
Outlet: Policies and Procedures
(1) The drug outlet pharmacy and its Pharmacist in Charge is accountable for establishing, maintaining, and enforcing written policies and procedures for the drug outlet pharmacy in compliance with federal and state regulations. The written policies and procedures must be maintained at the drug outlet pharmacy and must be available to the board upon request.
(2) The written policies and procedures must include at a minimum the responsibilities of the drug outlet pharmacy including;
(a) Security;
(b) Operation, testing and maintenance of pharmacy systems and equipment;
(c) Sanitation;
(d) Storage of drugs;
(e) Dispensing;
(f) Pharmacist supervision, direction and control of non-Pharmacists;
(g) Documenting the date, time and identification of the licensee and the specific activity or function of the person performing each step in the dispensing process;
(h) Utilization of Certified Oregon Pharmacy Technicians or Pharmacy Technicians;
(i) Certified Oregon Pharmacy Technician or Pharmacy Technician final verification and/or vaccination, if utilized;
(j) Drug and/or device procurement;
(k) Receiving of drugs and/or devices;
(l) Disposal of drugs and/or devices including hazardous and pharmaceutical waste;
(m) Delivery of drugs and/or devices;
(n) Utilization of Oregon licensed Pharmacist (i.e. DUR, Counseling);
(o) Recordkeeping;
(p) Patient confidentiality;
(q) Continuous quality improvement;
(r) Plan for discontinuing and recovering services in the event of a pharmacy closure;
(s) Training: initial and ongoing; and
(t) Interpretation, translation and prescription reader services.

~~(e) Stocking and destocking;~~

~~(f) Dispensing;~~

~~(g) Preventing duplicate dispensing;~~

~~(h) Oregon licensed Pharmacist supervision, direction and control of and licensed personnel accessing the PPL;~~

~~(i) Documenting the identity, function, location, date and time of the licensed personnel accessing the PPL;~~

~~(j) Utilization of Oregon licensed Pharmacist (i.e. Counseling);~~

~~(k) Recordkeeping;~~

~~(l) Patient consent and confidentiality;~~

~~(m) On-site inspection by an Oregon licensed Pharmacist;~~

~~(n) Continuous quality improvement;~~

~~(o) Plan for discontinuing and recovering services if PPL disruption occurs;~~

~~(p) Training: initial and ongoing; and~~

~~(q) Interpretation, translation and prescription reader services.~~

~~(3) If compounded preparations are compounded at the PPL Affiliated Pharmacy and placed in the PPL the policies and procedures must meet the requirements of OAR 855-045.~~

~~(4) A PL Affiliated Pharmacy that provides prescription and non-prescription drugs, devices, and related supplies through a PPL must review its written policies and procedures every 12 months, revise them if necessary, and document the review.~~

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155 & ORS 689.527

855-143-0550
Records: General Requirements

(1) The recordkeeping requirements OAR 855-143 are in addition to the requirements of other recordkeeping rules of the board. Unless otherwise specified, all records and documentation required by these rules, must be retained for three years and made available to the board for inspection upon request. Records must be stored onsite for at least one year and may be stored, after one year, in a secured off-site location if retrievable within three business days. Records and documentation may be written, electronic or a combination of the two.

~~(2) All required records for the Drug Outlet PPL must be maintained by the PPL Affiliated Pharmacy.~~

(3) Records retained ~~by the PPL Affiliated Pharmacy~~ must include, but are not limited to:

(a) Date, time and identification of each individual and activity or function performed on the PPL;

(b) Oregon licensed Pharmacist physical inspection of the PPL;

(c) Audiovisual communication system testing;

(d) Licensee training on the proper use of the PPL;

(e) Still image capture and store and forward images must be retained according to (1);

(f) Data and surveillance system data must be retained for 30 days except when a PPL Affiliated Pharmacy becomes aware of an incident that requires review of surveillance data, the PPL Affiliated Pharmacy must retain the data related to that incident for 6 months from the date of review; and

(g) Any errors or irregularities identified by the quality improvement program.

(4) Records of dispensing from a PPL must include the:

(a) Physical location of the PPL;

(b) Identification of the patient or patient's agent retrieving the prescription, non-prescription drugs, and supplies;

(c) A digital image of the individual to whom the prescription was dispensed.

(d) Date and time of transaction;

(e) Each prescription number, patient name, prescriber name, drug name, strength, dosage form and quantity;

(f) Each non-prescription drug and supply name, UPC or NDC number, and quantity; and

Commented [BE25]: Policy Discussion:
What additional, if any, specific records need to be maintained for lockers?
- Prescriptions
- PPL Access
- Surveillance

Any parameters the board want to keep from this section?

OAR 855-041-1040 (2)(g), requires outlet to implement policy and procedures to documenting the date, time and identification of the licensee and the specific activity or function of the person performing each step in the dispensing process;

(g) Name of Oregon licensed Pharmacist or Oregon licensed Intern who provided counseling to the patient or patient's agent, if required, documentation that the counseling was performed or that the Pharmacist or Intern accepted the patient or patient's agent request not to be counseled.

(5) Records of stocking and destocking of prescriptions into or from a PPL must include the:

(a) Date and time;

(b) Each prescription number, patient name, prescriber name, drug name, strength, dosage form and quantity;

(c) Each non-prescription drug and supply name, UPC or NDC number, and quantity;

(d) Name and Oregon license number of the person stocking or destocking prescription, non-prescription drugs and supplies from the system; and

(e) Identity of the Oregon licensed Pharmacist who verifies that the system has been accurately stocked or destocked.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155, ORS 689.508 & ORS 689.527

855-143-0600
Prohibited Practices: General

A PPL may not:

(1) Allow unlicensed personnel, Oregon licensed Pharmacy Technicians or Certified Oregon Pharmacy Technicians to ask questions of a patient or patient's agent which screen and/or limit interaction with the Oregon licensed Pharmacist;

(2) Utilize a person to dispense or deliver a prescription and non-prescription drugs, devices, and related supplies directly to the patient;

(3) Dispense drugs that require further manipulation prior to administration or dispensing (e.g. reconstitution, compounding, vaccines); and

(4) Store or dispense controlled substances.

Statutory/Other Authority: ORS 475.035, ORS 689.205, ORS 689.305 & ORS 689.315
Statutes/Other Implemented: ORS 689.155 & ORS 689.527

Commented [BE26]: Policy Discussion:
The majority of this rule is accounted for in other sections and appears to be duplicative.
- Do you want to keep elements of this rule?

OR
- Delete?

~~855-143-0602~~
~~Prohibited Practices: Disclosure of Patient Information~~

~~A Retail Drug Outlet PPL may not:~~

~~(1) Allow a licensee or registrant of the board who obtains any patient information to disclose that information to a third party without the consent of the patient except as provided in (2) of this rule.~~

~~(2) A licensee may disclose patient information:~~

~~(a) To the board;~~

~~(b) To a practitioner, Oregon licensed Pharmacist, Intern, Pharmacy Technician, or Certified Oregon Pharmacy Technician, if disclosure is authorized by an Oregon licensed Pharmacist who reasonably believes that disclosure is necessary to protect the patient's health or well-being; or~~

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

~~(d) As permitted pursuant to federal and state patient confidentiality laws; or~~

~~(e) To the patient or to persons as authorized by the patient.~~

~~(3) Allow a licensee or registrant of the board to access or obtain any patient information unless it is accessed or obtained for the purpose of patient care.~~

~~Statutory/Other Authority: ORS 475.035, ORS 689.205, ORS 689.305 & ORS 689.315~~
~~Statutes/Other Implemented: ORS 689.155 & ORS 689.527~~

855-143-0650
Grounds for Discipline

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

(1) Any of the grounds listed in ORS 689.405.

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

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

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

Statutory/Other Authority: ORS 689.151, ORS 689.155, ORS 689.205 & ORS 689.225
Statutes/Other Implemented: ORS 689.155, ORS 689.405 & ORS 689.527

Commented [BE27]:
855-104-0015
Responsibilities: Confidentiality
(1) No licensee or registrant of the board who obtains any patient information may disclose that information to a third-party without the consent of the patient except as provided in (2)(a)-(e) of this rule.
(2) A licensee or registrant may disclose patient information:
(a) To the board;
(b) To a practitioner, Pharmacist, Intern, Certified Oregon Pharmacy Technician, Pharmacy Technician or registrant, if disclosure is authorized by a Pharmacist and disclosure is necessary to protect the patient's health or well-being; or
(c) To a third-party when disclosure is authorized or required by law; or
(d) As permitted pursuant to federal and state patient confidentiality laws; or
(e) To the patient or to persons as authorized by the patient.
(3) A licensee or registrant of the board may not access or obtain any patient information unless it is accessed or obtained for the purpose of patient care or as allowed in (2)(a)-(e) of this rule

Commented [BE28]: Policy Discussion:
Staff propose to delete unless the board wants specific violations.

ORS 689.405 Grounds for discipline; investigation; procedure as contested case. (1) The State Board of Pharmacy may refuse to issue or renew, or may suspend, revoke or restrict the license of any person or the certificate of registration of any drug outlet upon one or more of the following grounds:
(a) Unprofessional conduct as that term is defined by the rules of the board.
(b) Repeated or gross negligence.
(c) Incapacity of a nature that prevents a person from engaging in the activity for which the person is licensed with reasonable skill, competence and safety to the public.
(d) Impairment as defined in ORS 676.303.
(e) Subject to subsection (4) of this section, being found guilty by the board of a violation of subparagraph (B) of this paragraph, or by a court of competent jurisdiction of one or more of the following:
(A) A felony, as defined by the laws of this state; or
(B) Violations of the pharmacy or drug laws of this state or rules pertaining thereto, or of statutes, rules or regulations of any other state, or of the federal government.
(f) Fraud or intentional misrepresentation by a licensee or registrant in securing or attempting to secure the issuance or renewal of a license.
(g) Engaging or aiding and abetting an individual to engage in the practice of pharmacy without a license, or falsely using the title of pharmacist.
(h) Aiding and abetting an individual in performing the duties of a pharmacy technician without licensing.
(i) Being found by the board to be in violation of any of the provisions of ORS 435.010 to 435.130, 453.025, 453.045, 475.035 to 475.190, 475.744, 475.752 to 475.980 or this ...

83rd OREGON LEGISLATIVE ASSEMBLY--2025 Regular Session

Enrolled
Senate Bill 236

Printed pursuant to Senate Interim Rule 213.28 by order of the President of the Senate in conformance with presession filing rules, indicating neither advocacy nor opposition on the part of the President (at the request of Joint Interim Committee on Addiction and Community Safety Response)

CHAPTER .....

AN ACT

Relating to controlled substances; creating new provisions; amending ORS 137.532, 414.766, 423.478, 475.005, 475.188, 475.245, 475.752, 475.898, 475.900, 475.907, 475.924, 475.934 and 689.005 and sections 2, 7, 8, 35, 36, 52, 54, 76 and 81, chapter 70, Oregon Laws 2024; repealing section 8, chapter 292, Oregon Laws 2025 (Enrolled Senate Bill 610); and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SEPARATE STATUTES FOR FENTANYL OFFENSES

SECTION 1. Sections 2, 3, 4, 5 and 6 of this 2025 Act are added to and made a part of ORS 475.806 to 475.894.

SECTION 2. (1) It is unlawful for any person knowingly or intentionally to possess fentanyl, or any substituted derivative of fentanyl as defined by the rules of the State Board of Pharmacy, unless the fentanyl or derivative was obtained directly from, or pursuant to a valid prescription or order of, a practitioner while acting in the course of professional practice, or except as otherwise authorized by ORS 475.005 to 475.285 and 475.752 to 475.980.

(2)(a) Unlawful possession of fentanyl is a drug enforcement misdemeanor punishable as described in section 35, chapter 70, Oregon Laws 2024.

(b) Notwithstanding paragraph (a) of this subsection, unlawful possession of fentanyl is a Class A misdemeanor if the person possesses one gram or more or five or more user units of a mixture or substance containing a detectable amount of fentanyl, or any substituted derivative of fentanyl as defined by the rules of the State Board of Pharmacy.

(c) Notwithstanding paragraphs (a) and (b) of this subsection, unlawful possession of fentanyl is a Class C felony if:

(A) The possession is a commercial drug offense under ORS 475.900 (1)(b); or

(B) The person possesses a substantial quantity under ORS 475.900 (3)(b).

SECTION 3. (1) Except as authorized by ORS 475.005 to 475.285 and 475.752 to 475.980, it is unlawful for any person to deliver fentanyl, or any substituted derivative of fentanyl as defined by the rules of the State Board of Pharmacy.

(2) Unlawful delivery of fentanyl is a Class B felony.

(3) Notwithstanding subsection (2) of this section, unlawful delivery of fentanyl is a Class A felony if the delivery is to a person under 18 years of age.

SECTION 4. (1) Except as authorized by ORS 475.005 to 475.285 and 475.752 to 475.980, it is unlawful for any person to deliver fentanyl, or any substituted derivative of fentanyl as defined by the rules of the State Board of Pharmacy, within 1,000 feet of the real property comprising a public or private elementary, secondary or career school attended primarily by minors.

(2) Unlawful delivery of fentanyl within 1,000 feet of a school is a Class A felony.

SECTION 5. (1) Except as authorized by ORS 475.005 to 475.285 and 475.752 to 475.980, it is unlawful for any person to manufacture fentanyl, or any substituted derivative of fentanyl as defined by the rules of the State Board of Pharmacy.

(2) Unlawful manufacture of fentanyl is a Class B felony.

SECTION 6. (1) Except as authorized by ORS 475.005 to 475.285 and 475.752 to 475.980, it is unlawful for any person to manufacture fentanyl, or any substituted derivative of fentanyl as defined by the rules of the State Board of Pharmacy, within 1,000 feet of the real property comprising a public or private elementary, secondary or career school attended primarily by minors.

(2) Unlawful manufacture of fentanyl within 1,000 feet of a school is a Class A felony.

SECTION 7. ORS 475.752, as amended by sections 28 and 39, chapter 70, Oregon Laws 2024, is amended to read:

475.752. (1) Except as authorized by ORS 475.005 to 475.285 and 475.752 to 475.980, it is unlawful for any person to manufacture or deliver a controlled substance. Any person who violates this subsection with respect to:

(a) A controlled substance in Schedule I, is guilty of a Class A felony, except as otherwise provided in ORS 475.886 and 475.890.

(b) A controlled substance in Schedule II, is guilty of a Class B felony, except as otherwise provided in ORS 475.878, 475.880, 475.882, 475.904 and 475.906 **and sections 3, 4 and 6 of this 2025 Act**.

(c) A controlled substance in Schedule III, is guilty of a Class C felony, except as otherwise provided in ORS 475.904 and 475.906.

(d) A controlled substance in Schedule IV, is guilty of a Class B misdemeanor.

(e) A controlled substance in Schedule V, is guilty of a Class C misdemeanor.

(2) Except as authorized in ORS 475.005 to 475.285 and 475.752 to 475.980, it is unlawful for any person to create or deliver a counterfeit substance. Any person who violates this subsection with respect to:

(a) A counterfeit substance in Schedule I, is guilty of a Class A felony.

(b) A counterfeit substance in Schedule II, is guilty of a Class B felony.

(c) A counterfeit substance in Schedule III, is guilty of a Class C felony.

(d) A counterfeit substance in Schedule IV, is guilty of a Class B misdemeanor.

(e) A counterfeit substance in Schedule V, is guilty of a Class C misdemeanor.

(3) It is unlawful for any person knowingly or intentionally to possess a controlled substance unless the substance was obtained directly from, or pursuant to a valid prescription or order of, a practitioner while acting in the course of professional practice, or except as otherwise authorized by ORS 475.005 to 475.285 and 475.752 to 475.980. Any person who violates this subsection with respect to:

(a) A controlled substance in Schedule I, is guilty of a drug enforcement misdemeanor punishable as described in section 35, chapter 70, Oregon Laws 2024, except as otherwise provided in ORS 475.854, 475.874 and 475.894 and subsection (7) of this section.

(b) A controlled substance in Schedule II, is guilty of a drug enforcement misdemeanor punishable as described in section 35, chapter 70, Oregon Laws 2024, except as otherwise provided in ORS 475.814, 475.824, 475.834 or 475.884 **or section 2 of this 2025 Act** or subsection (8) of this section.

(c) A controlled substance in Schedule III, is guilty of a drug enforcement misdemeanor punishable as described in section 35, chapter 70, Oregon Laws 2024.

(d) A controlled substance in Schedule IV, is guilty of a drug enforcement misdemeanor punishable as described in section 35, chapter 70, Oregon Laws 2024.

(e) A controlled substance in Schedule V, is guilty of a violation.

(4) It is an affirmative defense in any prosecution under this section for manufacture, possession or delivery of the plant of the genus Lophophora commonly known as peyote that the peyote is being used or is intended for use:

(a) In connection with the good faith practice of a religious belief;

(b) As directly associated with a religious practice; and

(c) In a manner that is not dangerous to the health of the user or others who are in the proximity of the user.

(5) The affirmative defense created in subsection (4) of this section is not available to any person who has possessed or delivered the peyote while incarcerated in a correctional facility in this state.

(6)(a) Notwithstanding subsection (1) of this section, a person who unlawfully manufactures or delivers a controlled substance in Schedule IV and who thereby causes death to another person is guilty of a Class C felony.

(b) For purposes of this subsection, causation is established when the controlled substance plays a substantial role in the death of the other person.

(7) Notwithstanding subsection (3)(a) of this section:

(a) Unlawful possession of a controlled substance in Schedule I is a Class A misdemeanor if the person possesses:

(A) Forty or more user units of a mixture or substance containing a detectable amount of lysergic acid diethylamide; or

(B) Twelve grams or more of a mixture or substance containing a detectable amount of psilocybin or psilocin.

(b) Unlawful possession of a controlled substance in Schedule I is a Class B felony if:

(A) The possession is a commercial drug offense under ORS 475.900 (1)(b); or

(B) The person possesses a substantial quantity under ORS 475.900 (3)(b).

(8) Notwithstanding subsection (3)(b) of this section**,**[*:*]

[*(a) Unlawful possession of a controlled substance in Schedule II is a Class A misdemeanor if the person possesses one gram or more or five or more user units of a mixture or substance containing a detectable amount of fentanyl, or any substituted derivative of fentanyl as defined by the rules of the State Board of Pharmacy.*]

[*(b)*] unlawful possession of a controlled substance in Schedule II is a Class C felony if:

[*(A)*] **(a)** The possession is a commercial drug offense under ORS 475.900 (1)(b); or

[*(B)*] **(b)** The person possesses a substantial quantity under ORS 475.900 (3)(b).

SECTION 8. ORS 475.900, as amended by section 25, chapter 70, Oregon Laws 2024, is amended to read:

475.900. (1) A violation of ORS 475.752, 475.806 to 475.894, 475.904 or 475.906 shall be classified as crime category 8 of the sentencing guidelines grid of the Oregon Criminal Justice Commission if:

(a) The violation constitutes delivery or manufacture of a controlled substance and involves substantial quantities of a controlled substance. For purposes of this paragraph, the following amounts constitute substantial quantities of the following controlled substances:

(A) Five grams or more of a mixture or substance containing a detectable amount of heroin;

(B) Five grams or more or 25 or more user units of a mixture or substance containing a detectable amount of fentanyl, or any substituted derivative of fentanyl as defined by the rules of the State Board of Pharmacy;

(C) Ten grams or more of a mixture or substance containing a detectable amount of cocaine;

(D) Ten grams or more of a mixture or substance containing a detectable amount of methamphetamine, its salts, isomers or salts of its isomers;

(E) Two hundred or more user units of a mixture or substance containing a detectable amount of lysergic acid diethylamide;

(F) Sixty grams or more of a mixture or substance containing a detectable amount of psilocybin or psilocin; or

(G) Five grams or more or 25 or more pills, tablets or capsules of a mixture or substance containing a detectable amount of:

(i) 3,4-methylenedioxyamphetamine;

(ii) 3,4-methylenedioxymethamphetamine; or

(iii) 3,4-methylenedioxy-N-ethylamphetamine.

(b) The violation constitutes possession, delivery or manufacture of a controlled substance and the possession, delivery or manufacture is a commercial drug offense. A possession, delivery or manufacture is a commercial drug offense for purposes of this subsection if it is accompanied by at least three of the following factors:

(A) The delivery was of heroin, fentanyl, cocaine, methamphetamine, lysergic acid diethylamide, psilocybin or psilocin and was for consideration;

(B) The offender was in possession of $300 or more in cash;

(C) The offender was unlawfully in possession of a firearm or other weapon as described in ORS 166.270 (2), or the offender used, attempted to use or threatened to use a deadly or dangerous weapon as defined in ORS 161.015, or the offender was in possession of a firearm or other deadly or dangerous weapon as defined in ORS 161.015 for the purpose of using it in connection with a controlled substance offense;

(D) The offender was in possession of materials being used for the packaging of controlled substances such as scales, wrapping or foil, other than the material being used to contain the substance that is the subject of the offense;

(E) The offender was in possession of drug transaction records or customer lists;

(F) The offender was in possession of stolen property;

(G) Modification of structures by painting, wiring, plumbing or lighting to facilitate a controlled substance offense;

(H) The offender was in possession of manufacturing paraphernalia, including recipes, precursor chemicals, laboratory equipment, lighting, ventilating or power generating equipment;

(I) The offender was using public lands for the manufacture of controlled substances;

(J) The offender had constructed fortifications or had taken security measures with the potential of injuring persons; or

(K) The offender was in possession of controlled substances in an amount greater than:

(i) Three grams or more of a mixture or substance containing a detectable amount of heroin;

(ii) Three grams or more or 15 or more user units of a mixture or substance containing a detectable amount of fentanyl, or any substituted derivative of fentanyl as defined by the rules of the State Board of Pharmacy;

(iii) Eight grams or more of a mixture or substance containing a detectable amount of cocaine;

(iv) Eight grams or more of a mixture or substance containing a detectable amount of methamphetamine;

(v) Twenty or more user units of a mixture or substance containing a detectable amount of lysergic acid diethylamide;

(vi) Ten grams or more of a mixture or substance containing a detectable amount of psilocybin or psilocin; or

(vii) Four grams or more or 20 or more pills, tablets or capsules of a mixture or substance containing a detectable amount of:

(I) 3,4-methylenedioxyamphetamine;

(II) 3,4-methylenedioxymethamphetamine; or

(III) 3,4-methylenedioxy-N-ethylamphetamine.

(c) The violation constitutes a violation of ORS 475.848, 475.852, 475.868, 475.872, 475.878, 475.882, 475.888, 475.892 or 475.904 **or section 4 or 6 of this 2025 Act**.

(d) The violation constitutes manufacturing methamphetamine and the manufacturing consists of:

(A) A chemical reaction involving one or more precursor substances for the purpose of manufacturing methamphetamine; or

(B) Grinding, soaking or otherwise breaking down a precursor substance for the purpose of manufacturing methamphetamine.

(e) The violation constitutes a violation of ORS 475.906 (1) or (2) that is not described in ORS 475.907.

(2) A violation of ORS 475.752 or 475.806 to 475.894 shall be classified as crime category 7 of the sentencing guidelines grid of the Oregon Criminal Justice Commission if the violation constitutes delivery for consideration of heroin, cocaine, fentanyl, methamphetamine or 3,4-methylenedioxyamphetamine, 3,4-methylenedioxymethamphetamine or 3,4-methylenedioxy-N-ethylamphetamine and:

(a) The person knows, or reasonably should have known, that the delivery is occurring within 500 feet of the real property comprising a treatment facility;

(b) The person knows, or reasonably should have known, that the delivery is occurring within 500 feet of the real property comprising a temporary residence shelter; or

(c) The delivery occurs within 30 feet of the real property comprising a public park.

(3) A violation of ORS 475.752 or 475.806 to 475.894 shall be classified as crime category 6 of the sentencing guidelines grid of the Oregon Criminal Justice Commission if:

(a) The violation constitutes delivery of heroin, cocaine, fentanyl, methamphetamine or 3,4-methylenedioxyamphetamine, 3,4-methylenedioxymethamphetamine or 3,4-methylenedioxy-N-ethylamphetamine and is for consideration.

(b) The violation constitutes possession of substantial quantities of a controlled substance. For purposes of this paragraph, the following amounts constitute substantial quantities of the following controlled substances:

(A) Five grams or more of a mixture or substance containing a detectable amount of heroin;

(B) Five grams or more or 25 or more user units of a mixture or substance containing a detectable amount of fentanyl, or any substituted derivative of fentanyl as defined by the rules of the State Board of Pharmacy;

(C) Ten grams or more of a mixture or substance containing a detectable amount of cocaine;

(D) Ten grams or more of a mixture or substance containing a detectable amount of methamphetamine;

(E) Two hundred or more user units of a mixture or substance containing a detectable amount of lysergic acid diethylamide;

(F) Sixty grams or more of a mixture or substance containing a detectable amount of psilocybin or psilocin; or

(G) Five grams or more or 25 or more pills, tablets or capsules of a mixture or substance containing a detectable amount of:

(i) 3,4-methylenedioxyamphetamine;

(ii) 3,4-methylenedioxymethamphetamine; or

(iii) 3,4-methylenedioxy-N-ethylamphetamine.

(4) A violation of ORS 475.752 or 475.806 to 475.894 shall be classified as crime category 5 of the sentencing guidelines grid of the Oregon Criminal Justice Commission if the violation constitutes delivery of heroin, cocaine, fentanyl, methamphetamine or 3,4-methylenedioxyamphetamine, 3,4-methylenedioxymethamphetamine or 3,4-methylenedioxy-N-ethylamphetamine and:

(a) The person knows, or reasonably should have known, that the delivery is occurring within 500 feet of the real property comprising a treatment facility;

(b) The person knows, or reasonably should have known, that the delivery is occurring within 500 feet of the real property comprising a temporary residence shelter; or

(c) The delivery occurs within 30 feet of the real property comprising a public park.

(5) Any felony violation of ORS 475.752 or 475.806 to 475.894 not contained in subsections (1) to (4) of this section shall be classified as crime category 4 of the sentencing guidelines grid of the

Oregon Criminal Justice Commission if the violation involves delivery or manufacture of a controlled substance.

(6) In order to prove a commercial drug offense, the state shall plead in the accusatory instrument sufficient factors of a commercial drug offense under subsection (1) of this section. The state has the burden of proving each factor beyond a reasonable doubt.

(7) As used in this section:

(a) "Mixture or substance" means any mixture or substance, whether or not the mixture or substance is in an ingestible or marketable form at the time of the offense.

(b) "Public park" means a park operated by the state, a county, a city or a park and recreation district.

(c) "Temporary residence shelter" means a building that provides shelter on a temporary basis for individuals and families who lack permanent housing.

(d) "Treatment facility" has the meaning given that term in ORS 430.306.

SECTION 9. ORS 475.907 is amended to read:

475.907. (1) When a person is convicted of the unlawful delivery of cocaine, methamphetamine, heroin**, fentanyl** or ecstasy to a person under 18 years of age, the court shall sentence the person to a term of incarceration ranging from 34 months to 72 months, depending on the person's criminal history.

(2) The sentence described in subsection (1) of this section does not apply to a person who is less than three years older than the person under 18 years of age to whom the controlled substance was delivered, unless the person has a previous conviction for delivery of cocaine, methamphetamine, heroin**, fentanyl** or ecstasy to a person under 18 years of age.

SECTION 10. ORS 475.924 is amended to read:

475.924. As used in ORS [*164.061,*] 475.907, 475.924 and 475.925:

(1) "Controlled substance" means:

(a) Cocaine;

(b) Methamphetamine;

(c) Heroin; [*or*]

(d) Fentanyl; or

[*(d)*] **(e)** Ecstasy.

(2) "Ecstasy" means:

(a) 3,4-methylenedioxymethamphetamine;

(b) 3,4-methylenedioxyamphetamine; or

(c) 3,4-methylenedioxy-N-ethylamphetamine.

(3) "Mixture or substance" means any mixture or substance, whether or not the mixture or substance is in an ingestible or marketable form at the time of the offense.

SECTION 11. ORS 475.934 is amended to read:

475.934. (1) When a court sentences a person convicted of a crime listed in subsection (2) of this section, the court may not impose a sentence of optional probation or grant a downward dispositional departure or a downward durational departure under the rules of the Oregon Criminal Justice Commission if the person has a previous conviction for any of the crimes listed in subsection (2) of this section.

(2) The crimes to which subsection (1) of this section applies are:

(a) Manufacture or delivery of a controlled substance under ORS 475.752 (1);

(b) Creation or delivery of a counterfeit substance under ORS 475.752 (2);

(c) Manufacture or delivery of heroin under ORS 475.846, 475.848, 475.850 or 475.852;

(d) Manufacture or delivery of fentanyl under section 3, 4, 5 or 6 of this 2025 Act;

[*(d)*] **(e)** Manufacture or delivery of 3,4-methylenedioxymethamphetamine under ORS 475.866, 475.868, 475.870 or 475.872;

[*(e)*] **(f)** Manufacture or delivery of cocaine under ORS 475.876, 475.878, 475.880 or 475.882;

[*(f)*] **(g)** Manufacture or delivery of methamphetamine under ORS 475.886, 475.888, 475.890 or 475.892;

[*(g)*] **(h)** Manufacture or delivery of a controlled substance within 1,000 feet of a school under ORS 475.904;

[*(h)*] **(i)** Delivery of a controlled substance to a person under 18 years of age under ORS 475.906; and

[*(i)*] **(j)** Possession of a precursor substance with intent to manufacture a controlled substance under ORS 475.967.

(3)(a) For a crime committed on or after November 1, 1989, a conviction is considered to have occurred upon the pronouncement in open court of sentence. However, when sentences are imposed for two or more convictions arising out of the same conduct or criminal episode, none of the convictions is considered to have occurred prior to any of the other convictions arising out of the same conduct or criminal episode.

(b) For a crime committed prior to November 1, 1989, a conviction is considered to have occurred upon the pronouncement in open court of a sentence or upon the pronouncement in open court of the suspended imposition of a sentence.

(4) For purposes of this section, previous convictions must be proven pursuant to ORS 137.079.

(5) As used in this section, "previous conviction" includes convictions entered in any other state or federal court for comparable offenses.

SECTION 12. ORS 475.898 is amended to read:

475.898. (1) A person who contacts emergency medical services or a law enforcement agency to obtain medical assistance for another person who needs medical assistance due to a drug-related overdose is immune from arrest**,** [*or*] prosecution **or the imposition of a civil penalty** for an offense listed in subsection (3) of this section if the evidence of the offense was obtained because the person contacted emergency medical services or a law enforcement agency.

(2) A person who is in need of medical assistance due to a drug-related overdose is immune from arrest**,** [*or*] prosecution **or the imposition of a civil penalty** for an offense listed in subsection (3) of this section if the evidence of the offense was obtained because any person contacted emergency medical services or a law enforcement agency to obtain medical assistance for the person.

(3) The immunity conferred under subsections (1) and (2) of this section applies to arrest**,** [*and*] prosecution **and the imposition of a civil penalty** for:

(a) Frequenting a place where controlled substances are used as described in ORS 167.222;

(b) Possession of a controlled substance as described in ORS 475.752;

(c) Unlawful possession of hydrocodone as described in ORS 475.814;

(d) Unlawful possession of methadone as described in ORS 475.824;

(e) Unlawful possession of oxycodone as described in ORS 475.834;

(f) Unlawful possession of heroin as described in ORS 475.854;

(g) Unlawful possession of fentanyl as described in section 2 of this 2025 Act;

[*(g)*] **(h)** Unlawful possession of 3,4-methylenedioxymethamphetamine as described in ORS 475.874;

[*(h)*] **(i)** Unlawful possession of cocaine as described in ORS 475.884;

[*(i)*] **(j)** Unlawful possession of methamphetamine as described in ORS 475.894;

[*(j)*] **(k)** Unlawfully possessing a prescription drug as described in ORS 689.527 (6); and

[*(k)*] **(L)** Unlawful possession of drug paraphernalia with intent to sell or deliver as described in ORS 475.525.

(4)(a) A person may not be arrested for violating, or found to be in violation of, the conditions of the person's pretrial release, probation, post-prison supervision or parole if the violation involves:

(A) The possession or use of a controlled substance or frequenting a place where controlled substances are used; and

(B) The evidence of the violation was obtained because the person contacted emergency medical services or a law enforcement agency to obtain medical assistance for another person who needed medical assistance due to a drug-related overdose.

(b) A person may not be arrested for violating, or found to be in violation of, the conditions of the person's pretrial release, probation, post-prison supervision or parole if the violation involves:

(A) The possession or use of a controlled substance or frequenting a place where controlled substances are used; and

(B) The evidence of the violation was obtained because the person was in need of medical assistance due to a drug-related overdose and any person contacted emergency medical services or a law enforcement agency to obtain medical assistance for the person.

(5)(a) A person may not be arrested on an outstanding warrant for any of the offenses listed in subsection (3) of this section, or on an outstanding warrant for a violation, other than commission of a new crime, of the conditions of the person's probation, post-prison supervision or parole for conduct that would constitute an offense listed in subsection (3) of this section, if the location of the person was obtained because the person contacted emergency medical services or a law enforcement agency to obtain medical assistance for another person who needed medical assistance due to a drug-related overdose.

(b) A person may not be arrested on an outstanding warrant for any of the offenses listed in subsection (3) of this section, or on an outstanding warrant for a violation, other than commission of a new crime, of the conditions of the person's probation, post-prison supervision or parole for conduct that would constitute an offense listed in subsection (3) of this section, if the location of the person was obtained because the person was in need of medical assistance due to a drug-related overdose and any person contacted emergency medical services or a law enforcement agency to obtain medical assistance for the person.

(c) This subsection does not apply to outstanding federal warrants or outstanding warrants issued from other states.

(6) The immunity from arrest and prosecution described in this section is not grounds for the suppression of evidence relating to a criminal offense other than the offenses listed in subsection (3) of this section.

(7) As used in this section:

(a) "Controlled substance" has the meaning given that term in ORS 475.005.

(b) "Drug-related overdose" means an acute condition, including mania, hysteria, extreme physical illness, coma or death, resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, that a person would reasonably believe to be a condition that requires medical attention.

SECTION 13. ORS 475.245, as amended by section 53, chapter 70, Oregon Laws 2024, is amended to read:

475.245. (1)(a) Whenever a person is charged with an offense listed in subsection (5) of this section, the court, with the consent of the district attorney and the person, may defer further proceedings and place the person on probation. The terms of the probation shall be defined by a probation agreement.

(b) A probation agreement carries the understanding that if the defendant fulfills the terms of the agreement, the criminal charges filed against the defendant will be dismissed with prejudice.

(c) The agreement must contain a waiver of the following rights of the defendant with respect to each criminal charge:

(A) The right to a speedy trial and trial by jury;

(B) The right to present evidence on the defendant's behalf;

(C) The right to confront and cross-examine witnesses against the defendant;

(D) The right to contest evidence presented against the defendant, including the right to object to hearsay evidence; and

(E) The right to appeal from a judgment of conviction resulting from an adjudication of guilt entered under subsection (2) of this section, unless the appeal is based on an allegation that the sentence exceeds the maximum allowed by law or constitutes cruel and unusual punishment.

(d) The agreement must include a requirement that the defendant pay any restitution owed to the victim as determined by the court, and any fees for court-appointed counsel ordered by the court under ORS 135.050.

(e) The agreement may not contain a requirement that the defendant enter a plea of guilty or no contest on any charge in the accusatory instrument.

(f) Entering into a probation agreement does not constitute an admission of guilt and is not sufficient to warrant a finding or adjudication of guilt by a court.

(g) Police reports or other documents associated with the criminal charges in a court file other than the probation agreement may not be admitted into evidence, and do not establish a factual basis for finding the defendant guilty, unless the court resumes criminal proceedings [*and enters an adjudication of guilt*] under subsection (2) of this section.

(2) Upon violation of a term or condition of the probation agreement, the court may**:**

(a) Impose sanctions of up to a total of 30 days of imprisonment[*,*]**;** or

(b) Resume the criminal proceedings [*and may find the defendant guilty of the offenses in the accusatory instrument*] in accordance with the waiver of rights in the probation agreement. The defendant may not contest the sufficiency of the evidence establishing the defendant's guilt of the offenses in the accusatory instrument.

(3) Upon fulfillment of the terms and conditions of the probation agreement, the court shall discharge the person and dismiss the proceedings against the person. Discharge and dismissal under this section shall be without adjudication of guilt and is not a conviction for purposes of this section or for purposes of disqualifications or disabilities imposed by law upon conviction of a crime. There may be only one discharge and dismissal under this section with respect to any person.

(4) In the event that the period of probation under this section expires, but the terms and conditions of the probation agreement have not been fulfilled and no probation violation proceeding was initiated prior to the expiration of the period of probation, the court may not discharge the person and dismiss the proceedings against the person. The court shall instead issue an order requiring the person to appear and to show cause why the court should not enter an adjudication of guilt as described in subsection (2) of this section due to the failure of the person to fulfill the terms and conditions of the probation agreement prior to expiration of the period of probation. At the hearing on the order to show cause, after considering any evidence or argument from the district attorney and the person, the court may:

(a) If the court finds that the person has fulfilled the terms and conditions of the probation agreement, discharge the person and dismiss the proceedings against the person as described in subsection (3) of this section;

[*(a)*] **(b)** Order a new period of probation to allow the person to fulfill the terms and conditions of the probation agreement; or

[*(b) Enter an adjudication of guilt as described in subsection (2) of this section.*]

(c) Resume the criminal proceedings in accordance with the waiver of rights in the probation agreement. If the court proceeds under this paragraph, the person may not contest the sufficiency of the evidence establishing the person's guilt of the offenses in the accusatory instrument.

(5) This section applies to the following offenses:

(a) Possession of a controlled substance under ORS 475.752 (3), 475.814, 475.824, 475.834, 475.854, 475.874, 475.884 or 475.894 **or section 2 of this 2025 Act**;

(b) Unlawfully possessing a prescription drug under ORS 689.527 (6);

(c) Unlawfully possessing marijuana plants, usable marijuana, cannabinoid products, cannabinoid concentrates or cannabinoid extracts as described in ORS 475C.337 or 475C.341, if the offense is a misdemeanor or felony;

(d) Endangering the welfare of a minor under ORS 163.575 (1)(b);

(e) Frequenting a place where controlled substances are used under ORS 167.222; and

(f) A property offense that is motivated by a dependence on a controlled substance or a marijuana item as defined in ORS 475C.009.

SECTION 14. ORS 423.478, as amended by section 2, chapter 58, Oregon Laws 2024, and section 47, chapter 70, Oregon Laws 2024, is amended to read:

423.478. (1) The Department of Corrections shall:

(a) Operate prisons for offenders sentenced to terms of incarceration for more than 12 months;

(b) Provide central information and data services sufficient to:

(A) Allow tracking of offenders; and

(B) Permit analysis of correlations between sanctions, supervision, services and programs, and future criminal conduct; and

(c) Provide interstate compact administration and jail inspections.

(2) Subject to ORS 423.483, each county, in partnership with the department, shall assume responsibility for community-based supervision, sanctions and services for offenders convicted of felonies, designated drug-related misdemeanors or designated person misdemeanors, or persons who have entered into a probation agreement on a drug enforcement misdemeanor pursuant to section 52, chapter 70, Oregon Laws 2024, who are:

(a) On parole;

(b) On probation;

(c) On post-prison supervision;

(d) Sentenced, on or after January 1, 1997, to 12 months or less incarceration;

(e) Sanctioned, on or after January 1, 1997, by a court or the State Board of Parole and Post-Prison Supervision to 12 months or less incarceration for violation of a condition of parole, probation or post-prison supervision; or

(f) On conditional release under ORS 420A.206.

(3) Notwithstanding the fact that the court has sentenced a person to a term of incarceration, when an offender is committed to the custody of the supervisory authority of a county under ORS 137.124 (2) or (4), the supervisory authority may execute the sentence by imposing sanctions other than incarceration if deemed appropriate by the supervisory authority. If the supervisory authority releases a person from custody under this subsection and the person is required to report as a sex offender under ORS 163A.010, the supervisory authority, as a condition of release, shall order the person to report to the Department of State Police, a city police department or a county sheriff's office or to the supervising agency, if any:

(a) When the person is released;

(b) Within 10 days of a change of residence;

(c) Once each year within 10 days of the person's birth date;

(d) Within 10 days of the first day the person works at, carries on a vocation at or attends an institution of higher education; and

(e) Within 10 days of a change in work, vocation or attendance status at an institution of higher education.

(4) As used in this section:

(a) "Attends," "institution of higher education," "works" and "carries on a vocation" have the meanings given those terms in ORS 163A.005.

(b) "Designated drug-related misdemeanor" means:

(A) Unlawful possession of a Schedule I controlled substance under ORS 475.752 (3)(a);

(B) Unlawful possession of a Schedule II controlled substance under ORS 475.752 (3)(b);

(C) Unlawful possession of a Schedule III controlled substance under ORS 475.752 (3)(c);

(D) Unlawful possession of a Schedule IV controlled substance under ORS 475.752 (3)(d);

(E) Unlawful possession of a Schedule I controlled substance under ORS 475.752 (7)(a);

(F) Unlawful possession of fentanyl under [*ORS 475.752 (8)(a)*] **section 2 (2)(a) of this 2025 Act**;

(G) Unlawful possession of fentanyl under section 2 (2)(b) of this 2025 Act;

[*(G)*] **(H)** Unlawful possession of hydrocodone under ORS 475.814 (2)(a);

[*(H)*] **(I)** Unlawful possession of hydrocodone under ORS 475.814 (2)(b);

[*(I)*] **(J)** Unlawful possession of methadone under ORS 475.824 (2)(a);

[*(J)*] **(K)** Unlawful possession of methadone under ORS 475.824 (2)(b);
[*(K)*] **(L)** Unlawful possession of oxycodone under ORS 475.834 (2)(a);
[*(L)*] **(M)** Unlawful possession of oxycodone under ORS 475.834 (2)(b);
[*(M)*] **(N)** Unlawful possession of heroin under ORS 475.854 (2)(a);
[*(N)*] **(O)** Unlawful possession of heroin under ORS 475.854 (2)(b);
[*(O)*] **(P)** Unlawful possession of 3,4-methylenedioxymethamphetamine under ORS 475.874 (2)(a);
[*(P)*] **(Q)** Unlawful possession of 3,4-methylenedioxymethamphetamine under ORS 475.874 (2)(b);
[*(Q)*] **(R)** Unlawful possession of cocaine under ORS 475.884 (2)(a);
[*(R)*] **(S)** Unlawful possession of cocaine under ORS 475.884 (2)(b);
[*(S)*] **(T)** Unlawful possession of methamphetamine under ORS 475.894 (2)(a);
[*(T)*] **(U)** Unlawful possession of methamphetamine under ORS 475.894 (2)(b); or
[*(U)*] **(V)** Interfering with public transportation under ORS 166.116 (1)(e).

(c) "Designated person misdemeanor" means:

(A) Assault in the fourth degree constituting domestic violence if the judgment document is as described in ORS 163.160 (4);

(B) Menacing constituting domestic violence if the judgment document is as described in ORS 163.190 (3); or

(C) Sexual abuse in the third degree under ORS 163.415.

SECTION 15. Section 35, chapter 70, Oregon Laws 2024, is amended to read:

Sec. 35. (1) Unlawful possession of a controlled substance constituting a drug enforcement misdemeanor under ORS 475.752 (3)(a), (b), (c) or (d), 475.814 (2)(a), 475.824 (2)(a), 475.834 (2)(a), 475.854 (2)(a), 475.874 (2)(a), 475.884 (2)(a) or 475.894 (2)(a) **or section 2 (2)(a) of this 2025 Act** is punishable as described in this section.

(2)(a) When imposing a sentence for the crime described in this section:

(A) The court may decide to not suspend the imposition or execution of any part of the sentence, and impose a term of incarceration in accordance with ORS 137.010 (7) of up to 180 days, only upon the request of the defendant.

(B) If the defendant has not requested to be sentenced under subparagraph (A) of this paragraph, or if the court has decided not to sentence the defendant under subparagraph (A) of this paragraph, the court shall suspend the imposition of any sentence of incarceration and, notwithstanding ORS 137.010 (4), impose a sentence of supervised probation of a definite period of up to 18 months.

(b) When imposing a sentence of probation under this section, the court may not order as a condition of probation that the defendant serve a sentence of incarceration or confinement in the county jail.

(c) Notwithstanding ORS 135.050, 137.010 (7), 161.635 and 161.665, the court may not include in the judgment of conviction for the crime described in this section a requirement that the defendant pay a fine, cost, assessment or attorney fee.

(d) ORS 137.540 (2)(a) does not apply to sentences imposed under this section.

(3)(a) Structured, intermediate sanctions as described in ORS 137.593 may be imposed in accordance with rules adopted under ORS 137.595 when a condition of a term of probation imposed under this section has been violated.

(b) Upon a finding that the person on probation has violated a condition of probation imposed under this section, the court may impose a sanction, which may include days in jail.

(c) The total amount of jail that a person may receive pursuant to structured, intermediate sanctions, or a court-imposed sanctions, on a probation imposed under this section is 30 days. Any term of incarceration imposed as a sanction must allow for early release to a treatment facility.

(d) The court may extend the length of a probation sentence imposed under this section if the person on probation consents to the extension. The total term of probation may not exceed five years.

(4)(a) Notwithstanding ORS 137.545 (5)(a)(B) and 137.593, upon the court's revocation of a sentence of probation imposed under this section, the court may impose as a revocation sentence up to 180 days' incarceration. For any sentence of incarceration imposed under this paragraph, the

court shall authorize early release to an inpatient or outpatient drug and alcohol treatment program as described in paragraph (b) of this subsection.

(b) Upon imposing a revocation sentence of incarceration under this subsection, the court shall commit the person to the custody of the supervisory authority under ORS 137.124. The county community corrections agency shall monitor when an inpatient or outpatient drug and alcohol treatment program becomes available for the person and shall notify the person when a program is available. In order to be released early to the program, the person must enter into a revocation release agreement subject to such conditions as determined by the county community corrections agency. If the person violates the terms of the revocation release agreement, the county community corrections agency may cause the person to return to jail to serve the remainder of the incarceration sentence originally imposed.

(c) When a person has been released to an inpatient or outpatient drug and alcohol treatment program under paragraph (b) of this subsection, each day that the person is in the community and subject to the revocation release agreement shall count toward the total term of incarceration imposed as a revocation sentence.

(d) When imposing a revocation sentence of incarceration under this section, the court shall order, and may not deny, that the person receive credit for time served for any day that the person was previously incarcerated on the charge.

SECTION 16. The amendments to ORS 475.907 by section 9 of this 2025 Act apply to conduct occurring on or after the effective date of this 2025 Act.

OPIOID USE DISORDER MEDICATIONS GRANT PROGRAM CHANGES

SECTION 17. Section 81, chapter 70, Oregon Laws 2024, is amended to read:

Sec. 81. As used in sections 81 to 86 [*of this 2024 Act*]**, chapter 70, Oregon Laws 2024**:

(1) "Commission" means the Oregon Criminal Justice Commission.

(2) "Local correctional facility" has the meaning given that term in ORS 169.005 **and also means any facility operated by a county supervisory authority, as defined in ORS 144.087, including facilities for providing corrections supervision services or custodial services**.

(3) "Tribal correctional facility" means a jail or prison in Oregon that is operated by a federally recognized tribe and confines persons for more than 36 hours.

OPIOID USE DISORDER MEDICATION PRESCRIPTION CHANGES

SECTION 18. Section 7, chapter 70, Oregon Laws 2024, is amended to read:

Sec. 7. [*(1) As used in this section:*]

[*(a) "Early refill" means:*]

[*(A) Up to three refills of a current prescription for a medication that a patient has lost or that has been stolen or destroyed; or*]

[*(B) One refill in a 12-month period of a medication for which the previous prescription expired in the prior 12-month period.*]

[*(b) "Refill" means a supply of a medication consistent with the amount specified in the most recent prescription for the medication.*]

[*(2)*] **(1)** A pharmacist may prescribe**,** [*and*] dispense **and administer** to a patient[*, to the extent permitted by federal law, an early refill of a*] medication for the treatment of opioid use disorder in accordance with [*subsection (3) of this section.*]**:**

(a) A statewide drug therapy management protocol developed, in consultation with a physician with a background in addiction medicine, by the Public Health and Pharmacy Formulary Advisory Committee convened under ORS 689.649 and adopted by State Board of Pharmacy rule pursuant to ORS 689.645; or

(b) A collaborative drug therapy management agreement.

[*(3) A pharmacist who prescribes and dispenses early refills under this section shall:*]

[*(a) Complete a patient assessment to determine whether the prescription is appropriate;*]

[*(b) Document the patient visit and include notations regarding evidence of the patient's previous prescription from the patient's licensed health care provider, information relating to the patient's treatment and other relevant information; and*]

[*(c) Notify the patient's primary care provider, and the licensed health care provider who made the previous prescription, of the pharmacist's dispensing of early refills, to the extent permitted by state and federal law.*]

[*(4) Notations in a record documenting evidence of a patient's previous prescription under subsection (3)(b) of this section constitute verification of a valid prescription.*]

[*(5) The State Board of Pharmacy shall adopt rules to carry out this section, including but not limited to rules to allow a:*]

[*(a) Pharmacist to apply for and obtain a registration number from the Drug Enforcement Administration of the United States Department of Justice as a mid-level practitioner; and*]

[*(b) Pharmacy to store on the premises medications for the treatment of opioid use disorder.*]

[*(6) In adopting rules to carry out this section, the board shall consult with the Public Health and Pharmacy Formulary Advisory Committee described in ORS 689.649.*]

(2) A pharmacist may register with the Drug Enforcement Administration of the United States Department of Justice as a mid-level practitioner for the purpose of prescribing, dispensing and administering a controlled substance in Schedule II, III, IV or V that is a medication for the treatment of opioid use disorder.

(3) The board may adopt rules to carry out this section.

SECTION 19. Section 8, chapter 70, Oregon Laws 2024, is amended to read:

Sec. 8. (1) As used in this section, "**pharmacy** prescription [*drug*] locker" means a mechanical device that serves as an extension of a retail drug outlet's will call or point of sale area in which completed patient-specific prescription drugs, devices and related supplies and nonprescription drugs, devices and related supplies are stored for pickup.

[*(2) A prescription drug locker located within this state and at the same physical address as the retail drug outlet with which the prescription drug locker is associated:*]

[*(a) Is considered part of the retail drug outlet and is not required to obtain a license or registration from the State Board of Pharmacy; and*]

[*(b) Is not required to obtain a registration from the Drug Enforcement Administration of the United States Department of Justice.*]

[*(3) A prescription drug locker located within this state but at a physical address other than the physical address of the retail drug outlet with which the prescription drug locker is associated is considered a remote dispensing site pharmacy and must obtain a registration from the Drug Enforcement Administration in order to dispense controlled substances.*]

(2) A retail drug outlet may operate one or more pharmacy prescription lockers located within this state that need not be at the same physical address as the retail drug outlet. A pharmacy prescription locker operated pursuant to this section is considered part of the retail drug outlet, and a separate license or registration from the State Board of Pharmacy is not required.

[*(4)*] **(3)** The board may adopt rules to carry out this section.

SECTION 20. Section 2, chapter 70, Oregon Laws 2024, is amended to read:

Sec. 2. (1) As used in this section:

(a) "Group health insurance" has the meaning given that term in ORS 731.098.

(b) "Health benefit plan" has the meaning given that term in ORS 743B.005.

(c) "Substance use disorder" has the meaning given that term in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

(d) "Utilization review" has the meaning given that term in ORS 743B.001.

(2) Notwithstanding any provision of ORS 743A.168, an issuer of group health insurance or an individual health benefit plan, other than a health plan that is subject to 42 U.S.C. 18011:

(a) May not impose a requirement for prior authorization or any other form of utilization review for the reimbursement of a covered medication approved by the United States Food and Drug Administration that is prescribed for the purpose of treating a substance use disorder, including but not limited to opioid addiction and opioid withdrawal.

(b) Shall reimburse the cost of refills of medications described in paragraph (a) of this subsection if dispensed by a licensed health care professional who is legally authorized to dispense such medications[*, including early refills described in section 7 of this 2024 Act*].

(3) Subsection (2) of this section applies to any form of buprenorphine, including but not limited to sublingual, tablet or injectable forms.

(4) This section does not prohibit prior authorization or other utilization review for opioids or opiates prescribed for a purpose other than medication-assisted treatment or the treatment of opiate abuse or addiction.

(5) This section does not prohibit utilization review for the purpose of:

(a) Auditing claims for improper payments, fraud or abuse; or

(b) Reasonable periodic redeterminations about the need for continuing care.

(6) Coverage under this section may be subject to the same terms and conditions that apply to other benefits under the plan except for utilization review as provided in subsection (2) of this section.

(7) This section is exempt from ORS 743A.001.

SECTION 21. ORS 414.766, as amended by section 4, chapter 70, Oregon Laws 2024, is amended to read:

414.766. (1) Notwithstanding ORS 414.065 and 414.690, a coordinated care organization must provide behavioral health services to its members that include but are not limited to all of the following:

(a) For a member who is experiencing a behavioral health crisis:

(A) A behavioral health assessment; and

(B) Services that are medically necessary to transition the member to a lower level of care;

(b) At least the minimum level of services that are medically necessary to treat a member's underlying behavioral health condition rather than a mere amelioration of current symptoms, such as suicidal ideation or psychosis, as determined in a behavioral health assessment of the member or specified in the member's care plan;

(c) Treatment of co-occurring behavioral health disorders or medical conditions in a coordinated manner;

(d) Treatment at the least intensive and least restrictive level of care that is safe and effective and meets the needs of the individual's condition;

(e) For all level of care placement decisions, placement at the level of care consistent with a member's score or assessment using the relevant level of care placement criteria and guidelines;

(f) If the level of placement described in paragraph (e) of this subsection is not available, placement at the next higher level of care;

(g) Treatment to maintain functioning or prevent deterioration;

(h) Treatment for an appropriate duration based on the individual's particular needs;

(i) Treatment appropriate to the unique needs of children and adolescents;

(j) Treatment appropriate to the unique needs of older adults;

(k) Treatment that is culturally and linguistically appropriate;

(L) Treatment that is appropriate to the unique needs of gay, lesbian, bisexual and transgender individuals and individuals of any other minority gender identity or sexual orientation;

(m) Coordinated care and case management as defined by the Department of Consumer and Business Services by rule;

(n) Mental health wellness appointments as prescribed by the Oregon Health Authority by rule; and

(o) Medications and refills of medications prescribed for the treatment of opioid use disorder and any co-occurring substance use disorder or mental health condition, including [*early refills as de-*

scribed in] **medications and refills of medications prescribed pursuant to** section 7, chapter 70, Oregon Laws 2024.

(2) If there is a disagreement about the level of care required by subsection (1)(e) or (f) of this section, a coordinated care organization shall provide to the behavioral health treatment provider full details of the coordinated care organization's scoring or assessment, to the extent permitted by the federal Health Insurance Portability and Accountability Act privacy regulations, 45 C.F.R. parts 160 and 164, ORS 192.553 to 192.581 or other state or federal laws limiting the disclosure of health information.

(3) The Oregon Health Authority shall adopt by rule a list of behavioral health services that may not be subject to prior authorization.

SECTION 21a. ORS 475.005, as amended by section 24, chapter 70, Oregon Laws 2024, and section 98, chapter 73, Oregon Laws 2024, is amended to read:

475.005. As used in ORS 475.005 to 475.285 and 475.752 to 475.980, unless the context requires otherwise:

(1) "Abuse" means the repetitive excessive use of a drug short of dependence, without legal or medical supervision, which may have a detrimental effect on the individual or society.

(2) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by:

(a) A practitioner or an authorized agent thereof; or

(b) The patient or research subject at the direction of the practitioner.

(3) "Administration" means the Drug Enforcement Administration of the United States Department of Justice, or its successor agency.

(4) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor or dispenser. It does not include a common or contract carrier, public warehouseman or employee of the carrier or warehouseman.

(5) "Board" means the State Board of Pharmacy.

(6) "Controlled substance":

(a) Means a drug or its immediate precursor classified in Schedules I through V under the federal Controlled Substances Act, 21 U.S.C. 811 to 812, as modified under ORS 475.035. The use of the term "precursor" in this paragraph does not control and is not controlled by the use of the term "precursor" in ORS 475.752 to 475.980.

(b) Does not include:

(A) The plant Cannabis family Cannabaceae;

(B) Any part of the plant Cannabis family Cannabaceae, whether growing or not;

(C) Resin extracted from any part of the plant Cannabis family Cannabaceae;

(D) The seeds of the plant Cannabis family Cannabaceae;

(E) Any compound, manufacture, salt, derivative, mixture or preparation of a plant, part of a plant, resin or seed described in this paragraph; or

(F) Psilocybin or psilocin, but only if and to the extent that a person manufactures, delivers, or possesses psilocybin, psilocin, or psilocybin products in accordance with the provisions of ORS 475A.210 to 475A.722 and rules adopted under ORS 475A.210 to 475A.722.

(7) "Counterfeit substance" means a controlled substance or its container or labeling, which, without authorization, bears the trademark, trade name, or other identifying mark, imprint, number or device, or any likeness thereof, of a manufacturer, distributor or dispenser other than the person who in fact manufactured, delivered or dispensed the substance.

(8) "Deliver" or "delivery" means the actual, constructive or attempted transfer of, or possession with the intent to transfer, other than by administering or dispensing, from one person to another, a controlled substance, whether or not there is an agency relationship.

(9) "Device" means instruments, apparatus or contrivances, including their components, parts or accessories, intended:

(a) For use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or animals; or

(b) To affect the structure of any function of the body of humans or animals.

(10) "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, and includes the prescribing, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.

(11) "Dispenser" means a practitioner who dispenses.

(12) "Distributor" means a person who delivers.

(13) "Drug" means:

(a) Substances recognized as drugs in the official United States Pharmacopoeia, official Homeopathic Pharmacopoeia of the United States or official National Formulary, or any supplement to any of them;

(b) Substances intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or animals;

(c) Substances (other than food) intended to affect the structure or any function of the body of humans or animals; and

(d) Substances intended for use as a component of any article specified in paragraph (a), (b) or (c) of this subsection; however, the term does not include devices or their components, parts or accessories.

(14) "Electronically transmitted" or "electronic transmission" means a communication sent or received through technological apparatuses, including computer terminals or other equipment or mechanisms linked by telephone or microwave relays, or any similar apparatus having electrical, digital, magnetic, wireless, optical, electromagnetic or similar capabilities.

(15) "Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a controlled substance, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container, except that this term does not include the preparation or compounding of a controlled substance:

(a) By a practitioner as an incident to administering or dispensing of a controlled substance in the course of professional practice; or

(b) By a practitioner, or by an authorized agent under the practitioner's supervision, for the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale.

(16) "Person" includes a government subdivision or agency, business trust, estate, trust or any other legal entity.

(17)**(a)** "Practitioner" means **a** physician, dentist, veterinarian, scientific investigator, licensed nurse practitioner, physician associate or other person licensed, registered or otherwise permitted by law to dispense, conduct research with respect to or to administer a controlled substance in the course of professional practice or research in this state [*but does not include a pharmacist or a pharmacy*].

(b) "Practitioner" does not include a pharmacist or pharmacy for purposes of the prescription, dispensation or administration of a controlled substance that is not:

(A) Listed in Schedule II, III, IV or V; and

(B) A medication for the treatment of opioid use disorder.

(18) "Prescription" means a written, oral or electronically transmitted direction, given by a practitioner for the preparation and use of a drug. When the context requires, "prescription" also means the drug prepared under such written, oral or electronically transmitted direction. Any label affixed to a drug prepared under written, oral or electronically transmitted direction shall prominently display a warning that the removal thereof is prohibited by law.

(19) "Production" includes the manufacture, planting, cultivation, growing or harvesting of a controlled substance.

(20) "Research" means an activity conducted by the person registered with the federal Drug Enforcement Administration pursuant to a protocol approved by the United States Food and Drug Administration.

(21) "Ultimate user" means a person who lawfully possesses a controlled substance for the use of the person or for the use of a member of the household of the person or for administering to an animal owned by the person or by a member of the household of the person.

(22) "Usable quantity" means:

(a) An amount of a controlled substance that is sufficient to physically weigh independent of its packaging and that does not fall below the uncertainty of the measuring scale; or

(b) An amount of a controlled substance that has not been deemed unweighable, as determined by a Department of State Police forensic laboratory, due to the circumstances of the controlled substance.

(23) "Within 30 feet," "within 500 feet" and "within 1,000 feet" mean a straight line measurement in a radius extending for the specified number of feet or less in every direction from a specified location or from any point on the boundary line of a specified unit of property.

SECTION 21b. ORS 475.188 is amended to read:

475.188. (1)**(a)** Prescription drug orders may be transmitted by electronic means from a practitioner authorized to prescribe drugs directly to the dispensing pharmacist.

(b) A prescription drug order for medication for the treatment of opioid use disorder that is issued by a practitioner who is a pharmacist may be electronically transmitted to a dispensing pharmacist in accordance with the requirements of this section if the prescribing pharmacist is not the dispensing pharmacist.

(2) All prescription drug orders communicated by way of electronic transmission [*shall*] **must**:

(a) Be transmitted only by an authorized practitioner;

(b) Be transmitted directly to a pharmacist in a pharmacy of the patient's choice with no intervening person having access to the prescription drug order;

(c) Specify the prescribing practitioner's telephone number for verbal confirmation, the time and date of transmission, the identity of the pharmacy intended to receive the transmission and all other information required for a prescription by federal or state law; and

(d) Be traceable to the prescribing practitioner by an electronic signature or other secure method of validation.

(3) An electronic transmission of a prescription drug order [*shall*] **must** be stored by electronic means or reduced promptly to writing, filed by the pharmacy and retained in conformity with the requirements of ORS 475.165.

(4) The dispensing pharmacist shall exercise professional judgment regarding the accuracy, validity and authenticity of an electronically transmitted prescription drug order.

(5) All equipment for transmission, storage or receipt of electronically transmitted prescription drug orders [*shall*] **must** be maintained to protect against unauthorized access.

(6) A pharmacist, pharmacy or pharmacy department [*shall*] **may** not enter into an agreement with a practitioner or health care facility concerning the provision of any electronic transmission equipment or apparatus that would adversely affect a patient's freedom to select the pharmacy or pharmacy department of the patient's choice.

(7) A pharmacist, pharmacy or pharmacy department [*shall*] **may** not provide any electronic equipment or apparatus to a practitioner or health care facility for the purpose of providing an incentive to the practitioner or health care facility to refer patients to a particular pharmacy or pharmacy department.

(8) There [*shall be no*] **may not be an** additional charge to the patient because the prescription drug order was electronically transmitted.

(9) Nothing in this section shall be construed as authorizing the electronic transmission of a prescription drug order when a written prescription is required under ORS 127.815, 137.473, 169.750 or 453.025.

SECTION 22. ORS 689.005, as amended by section 5, chapter 17, Oregon Laws 2024, and section 9, chapter 70, Oregon Laws 2024, is amended to read:

689.005. As used in this chapter:

(1) “Administer” means the direct application of a drug or device whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by:

(a) A practitioner or the practitioner’s authorized agent; or

(b) The patient or research subject at the direction of the practitioner.

(2) “Approved continuing pharmacy education program” means those seminars, classes, meetings, workshops and other educational programs on the subject of pharmacy approved by the State Board of Pharmacy.

(3) “Clinical pharmacy agreement” means an agreement between a pharmacist or pharmacy and a health care organization or a physician as defined in ORS 677.010 or a naturopathic physician as defined in ORS 685.010 that permits the pharmacist to engage in the practice of clinical pharmacy for the benefit of the patients of the health care organization, physician or naturopathic physician.

(4) “Continuing pharmacy education” means:

(a) Professional, pharmaceutical post-graduate education in the general areas of socio-economic and legal aspects of health care;

(b) The properties and actions of drugs and dosage forms; and

(c) The etiology, characteristics and therapeutics of the disease state.

(5) “Continuing pharmacy education unit” means the unit of measurement of credits for approved continuing education courses and programs.

(6) “Deliver” or “delivery” means the actual, constructive or attempted transfer of a drug or device other than by administration from one person to another, whether or not for a consideration.

(7) “Device” means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent or other similar or related article, including any component part or accessory, which is required under federal or state law to be prescribed by a practitioner and dispensed by a pharmacist.

(8) “Dispense” or “dispensing” means the preparation and delivery of a prescription drug pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

(9) “Distribute” means the delivery of a drug other than by administering or dispensing.

(10) “Drug” means:

(a) Articles recognized as drugs in the official United States Pharmacopoeia, official National Formulary, official Homeopathic Pharmacopoeia, other drug compendium or any supplement to any of them;

(b) Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in a human or other animal;

(c) Articles, other than food, intended to affect the structure or any function of the body of humans or other animals; and

(d) Articles intended for use as a component of any articles specified in paragraph (a), (b) or (c) of this subsection.

(11) “Drug order” means a written order, in a hospital or other inpatient care facility, for an ultimate user of any drug or device issued and signed by a practitioner, or an order transmitted by other means of communication from a practitioner, that is immediately reduced to writing by a pharmacist, licensed nurse or other practitioner.

(12) “Drug outlet” means a pharmacy, nursing home, shelter home, convalescent home, extended care facility, drug abuse treatment center, penal institution, hospital, family planning clinic, student health center, retail store, wholesaler, manufacturer, mail-order vendor or other establishment with facilities located within or out of this state that is engaged in dispensing, delivery or distribution of drugs within this state.

(13) “Drug room” means a secure and lockable location within an inpatient care facility that does not have a licensed pharmacy.

(14) “Electronically transmitted” or “electronic transmission” means a communication sent or received through technological apparatuses, including computer terminals or other equipment or mechanisms linked by telephone or microwave relays, or similar apparatus having electrical, digital, magnetic, wireless, optical, electromagnetic or similar capabilities.

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

(16) "Institutional drug outlet" means hospitals and inpatient care facilities where medications are dispensed to another health care professional for administration to patients served by the hospitals or facilities.

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

(18) "Internship" means a professional experiential program approved by the board under the supervision of a licensed pharmacist registered with the board as a preceptor.

(19) "Labeling" means the process of preparing and affixing of a label to any drug container exclusive, however, of the labeling by a manufacturer, packer or distributor of a nonprescription drug or commercially packaged legend drug or device.

(20) "Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a device or a drug, either directly or indirectly by extraction from substances of natural origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis and includes any packaging or repackaging of the substances or labeling or relabeling of its container, except that this term does not include the preparation or compounding of a drug by an individual for their own use or the preparation, compounding, packaging or labeling of a drug:

(a) By a practitioner as an incident to administering or dispensing of a drug in the course of professional practice; or

(b) By a practitioner or by the practitioner's authorization under supervision of the practitioner for the purpose of or as an incident to research, teaching or chemical analysis and not for sale.

(21) "Manufacturer" means a person engaged in the manufacture of drugs.

(22) "Nonprescription drug outlet" means a business or other establishment that is open to the general public for the sale or nonprofit distribution of nonprescription drugs and is registered under ORS 689.305.

(23) "Nonprescription drugs" means drugs that may be sold without a prescription and that are prepackaged for use by the consumer and labeled in accordance with the requirements of the statutes and regulations of this state and the federal government.

(24) "Person" means an individual, corporation, partnership, association or other legal entity.

(25) "Pharmacist" means an individual licensed by this state to engage in the practice of pharmacy or to engage in the practice of clinical pharmacy.

(26) "Pharmacy" means a place that meets the requirements of rules of the board, is licensed and approved by the board where the practice of pharmacy may lawfully occur and includes apothecaries, drug stores, dispensaries, hospital outpatient pharmacies, pharmacy departments and prescription laboratories but does not include a place used by a manufacturer or wholesaler.

(27) "Pharmacy technician" means a person licensed by the board who assists in the practice of pharmacy pursuant to rules of the board.

(28) "Practice of clinical pharmacy" means:

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

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

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

(29) "Practice of pharmacy" means:

(a) The interpretation and evaluation of prescription orders;

(b) The compounding, dispensing and labeling of drugs and devices, except labeling by a manufacturer, packer or distributor of nonprescription drugs and commercially packaged legend drugs and devices;

(c) The prescribing and administering of vaccines and immunizations and the providing of patient care services pursuant to ORS 689.645;

(d) The administering of drugs and devices to the extent permitted under ORS 689.655;

(e) The participation in drug selection and drug utilization reviews;

(f) The proper and safe storage of drugs and devices and the maintenance of proper records regarding the safe storage of drugs and devices;

(g) The responsibility for advising, where necessary or where regulated, of therapeutic values, content, hazards and use of drugs and devices;

(h) The monitoring of therapeutic response or adverse effect to drug therapy;

(i) The optimizing of drug therapy through the practice of clinical pharmacy;

(j) Patient care services, including medication therapy management and comprehensive medication review;

(k) The offering or performing of those acts, services, operations or transactions necessary in the conduct, operation, management and control of pharmacy;

(L) The prescribing and administering of injectable hormonal contraceptives and the prescribing and dispensing of self-administered hormonal contraceptives pursuant to ORS 689.689;

(m) The prescribing and dispensing of emergency refills of insulin and associated insulin-related devices and supplies pursuant to ORS 689.696;

(n) The prescribing, dispensing and administering of preexposure prophylactic antiretroviral therapies and post-exposure prophylactic antiretroviral therapies, pursuant to ORS 689.704 and rules adopted by the board under ORS 689.645 and 689.704;

(o) The delegation of tasks to other health care providers who are appropriately trained and authorized to perform the delegated tasks;

(p) The prescribing**,** [*and*] dispensing **and administering** of [*early refills of*] medication for the treatment of opioid use disorder pursuant to section 7, chapter 70, Oregon Laws 2024**, or rules adopted under section 7, chapter 70, Oregon Laws 2024**; and

(q) The testing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the prescribing, dispensing and administering of treatment for SARS-CoV-2 pursuant to section 4, chapter 17, Oregon Laws 2024, and rules adopted by the board pursuant to section 4, chapter 17, Oregon Laws 2024.

(30) "Practitioner" means a person licensed and operating within the scope of such license to prescribe, dispense, conduct research with respect to or administer drugs in the course of professional practice or research:

(a) In this state; or

(b) In another state or territory of the United States if the person does not reside in Oregon and is registered under the federal Controlled Substances Act.

(31) "Preceptor" means a pharmacist or a person licensed by the board to supervise the internship training of a licensed intern.

(32) "Prescription drug" or "legend drug" means a drug that is:

(a) Required by federal law, prior to being dispensed or delivered, to be labeled with either of the following statements:

(A) "Caution: Federal law prohibits dispensing without prescription"; or

(B) "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian"; or

(b) Required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by practitioners only.

(33) "Prescription" or "prescription drug order" means a written, oral or electronically transmitted direction, given by a practitioner authorized to prescribe drugs, for the preparation and use of a drug. When the context requires, "prescription" also means the drug prepared under such written, oral or electronically transmitted direction.

(34) "Retail drug outlet" means a place used for the conduct of the retail sale, administering or dispensing or compounding of drugs or chemicals or for the administering or dispensing of prescriptions and licensed by the board as a place where the practice of pharmacy may lawfully occur.

(35) "Self-administered hormonal contraceptive" means a drug composed of a hormone or a combination of hormones that is approved by the United States Food and Drug Administration to prevent pregnancy and that the patient to whom the drug is prescribed may administer to oneself. "Self-administered hormonal contraceptive" includes, but is not limited to, hormonal contraceptive patches and hormonal contraceptive pills.

(36) "Third-party logistics provider" means an entity that:

(a) Provides or coordinates warehousing of, or other logistics services for, a product in interstate commerce on behalf of a manufacturer, wholesale distributor or dispenser of the product; and

(b) Does not take ownership of, or have responsibility to direct the sale or disposition of, the product.

(37) "Unit dose" means a sealed single-unit container so designed that the contents are administered to the patient as a single dose, direct from the container. Each unit dose container must bear a separate label, be labeled with the name and strength of the medication, the name of the manufacturer or distributor, an identifying lot number and, if applicable, the expiration date of the medication.

(38) "Wholesale distributor drug outlet" means a person, other than a manufacturer, manufacturer's colicensed partner, third-party logistics provider or repackager, as defined in 21 U.S.C. 360eee(16), that is engaged in wholesale distribution, as defined in 21 U.S.C. 353(e)(4).

SECTION 23. ORS 689.005, as amended by sections 5 and 6, chapter 17, Oregon Laws 2024, and section 9, chapter 70, Oregon Laws 2024, is amended to read:

689.005. As used in this chapter:

(1) "Administer" means the direct application of a drug or device whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by:

(a) A practitioner or the practitioner's authorized agent; or

(b) The patient or research subject at the direction of the practitioner.

(2) "Approved continuing pharmacy education program" means those seminars, classes, meetings, workshops and other educational programs on the subject of pharmacy approved by the State Board of Pharmacy.

(3) "Clinical pharmacy agreement" means an agreement between a pharmacist or pharmacy and a health care organization or a physician as defined in ORS 677.010 or a naturopathic physician as defined in ORS 685.010 that permits the pharmacist to engage in the practice of clinical pharmacy for the benefit of the patients of the health care organization, physician or naturopathic physician.

(4) "Continuing pharmacy education" means:

(a) Professional, pharmaceutical post-graduate education in the general areas of socio-economic and legal aspects of health care;

(b) The properties and actions of drugs and dosage forms; and

(c) The etiology, characteristics and therapeutics of the disease state.

(5) "Continuing pharmacy education unit" means the unit of measurement of credits for approved continuing education courses and programs.

(6) "Deliver" or "delivery" means the actual, constructive or attempted transfer of a drug or device other than by administration from one person to another, whether or not for a consideration.

(7) "Device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent or other similar or related article, including any component part or accessory, which is required under federal or state law to be prescribed by a practitioner and dispensed by a pharmacist.

(8) "Dispense" or "dispensing" means the preparation and delivery of a prescription drug pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

(9) "Distribute" means the delivery of a drug other than by administering or dispensing.

(10) "Drug" means:

(a) Articles recognized as drugs in the official United States Pharmacopoeia, official National Formulary, official Homeopathic Pharmacopoeia, other drug compendium or any supplement to any of them;

(b) Articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in a human or other animal;

(c) Articles, other than food, intended to affect the structure or any function of the body of humans or other animals; and

(d) Articles intended for use as a component of any articles specified in paragraph (a), (b) or (c) of this subsection.

(11) "Drug order" means a written order, in a hospital or other inpatient care facility, for an ultimate user of any drug or device issued and signed by a practitioner, or an order transmitted by other means of communication from a practitioner, that is immediately reduced to writing by a pharmacist, licensed nurse or other practitioner.

(12) "Drug outlet" means a pharmacy, nursing home, shelter home, convalescent home, extended care facility, drug abuse treatment center, penal institution, hospital, family planning clinic, student health center, retail store, wholesaler, manufacturer, mail-order vendor or other establishment with facilities located within or out of this state that is engaged in dispensing, delivery or distribution of drugs within this state.

(13) "Drug room" means a secure and lockable location within an inpatient care facility that does not have a licensed pharmacy.

(14) "Electronically transmitted" or "electronic transmission" means a communication sent or received through technological apparatuses, including computer terminals or other equipment or mechanisms linked by telephone or microwave relays, or similar apparatus having electrical, digital, magnetic, wireless, optical, electromagnetic or similar capabilities.

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

(16) "Institutional drug outlet" means hospitals and inpatient care facilities where medications are dispensed to another health care professional for administration to patients served by the hospitals or facilities.

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

(18) "Internship" means a professional experiential program approved by the board under the supervision of a licensed pharmacist registered with the board as a preceptor.

(19) "Labeling" means the process of preparing and affixing of a label to any drug container exclusive, however, of the labeling by a manufacturer, packer or distributor of a nonprescription drug or commercially packaged legend drug or device.

(20) "Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a device or a drug, either directly or indirectly by extraction from substances of natural origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis and includes any packaging or repackaging of the substances or labeling or relabeling of its container, except that this term does not include the preparation or compounding of a drug by an individual for their own use or the preparation, compounding, packaging or labeling of a drug:

(a) By a practitioner as an incident to administering or dispensing of a drug in the course of professional practice; or

(b) By a practitioner or by the practitioner's authorization under supervision of the practitioner for the purpose of or as an incident to research, teaching or chemical analysis and not for sale.

(21) "Manufacturer" means a person engaged in the manufacture of drugs.

(22) "Nonprescription drug outlet" means a business or other establishment that is open to the general public for the sale or nonprofit distribution of nonprescription drugs and is registered under ORS 689.305.

(23) "Nonprescription drugs" means drugs that may be sold without a prescription and that are prepackaged for use by the consumer and labeled in accordance with the requirements of the statutes and regulations of this state and the federal government.

(24) "Person" means an individual, corporation, partnership, association or other legal entity.

(25) "Pharmacist" means an individual licensed by this state to engage in the practice of pharmacy or to engage in the practice of clinical pharmacy.

(26) "Pharmacy" means a place that meets the requirements of rules of the board, is licensed and approved by the board where the practice of pharmacy may lawfully occur and includes apothecaries, drug stores, dispensaries, hospital outpatient pharmacies, pharmacy departments and prescription laboratories but does not include a place used by a manufacturer or wholesaler.

(27) "Pharmacy technician" means a person licensed by the board who assists in the practice of pharmacy pursuant to rules of the board.

(28) "Practice of clinical pharmacy" means:

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

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

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

(29) "Practice of pharmacy" means:

(a) The interpretation and evaluation of prescription orders;

(b) The compounding, dispensing and labeling of drugs and devices, except labeling by a manufacturer, packer or distributor of nonprescription drugs and commercially packaged legend drugs and devices;

(c) The prescribing and administering of vaccines and immunizations and the providing of patient care services pursuant to ORS 689.645;

(d) The administering of drugs and devices to the extent permitted under ORS 689.655;

(e) The participation in drug selection and drug utilization reviews;

(f) The proper and safe storage of drugs and devices and the maintenance of proper records regarding the safe storage of drugs and devices;

(g) The responsibility for advising, where necessary or where regulated, of therapeutic values, content, hazards and use of drugs and devices;

(h) The monitoring of therapeutic response or adverse effect to drug therapy;

(i) The optimizing of drug therapy through the practice of clinical pharmacy;

(j) Patient care services, including medication therapy management and comprehensive medication review;

(k) The offering or performing of those acts, services, operations or transactions necessary in the conduct, operation, management and control of pharmacy;

(L) The prescribing and administering of injectable hormonal contraceptives and the prescribing and dispensing of self-administered hormonal contraceptives pursuant to ORS 689.689;

(m) The prescribing and dispensing of emergency refills of insulin and associated insulin-related devices and supplies pursuant to ORS 689.696;

(n) The prescribing, dispensing and administering of preexposure prophylactic antiretroviral therapies and post-exposure prophylactic antiretroviral therapies, pursuant to ORS 689.704 and rules adopted by the board under ORS 689.645 and 689.704;

(o) The delegation of tasks to other health care providers who are appropriately trained and authorized to perform the delegated tasks; and

(p) The prescribing**,** [*and*] dispensing **and administering** of [*early refills of*] medication for the treatment of opioid use disorder pursuant to section 7, chapter 70, Oregon Laws 2024**, or rules adopted under section 7, chapter 70, Oregon Laws 2024**.

(30) "Practitioner" means a person licensed and operating within the scope of such license to prescribe, dispense, conduct research with respect to or administer drugs in the course of professional practice or research:

(a) In this state; or

(b) In another state or territory of the United States if the person does not reside in Oregon and is registered under the federal Controlled Substances Act.

(31) "Preceptor" means a pharmacist or a person licensed by the board to supervise the internship training of a licensed intern.

(32) "Prescription drug" or "legend drug" means a drug that is:

(a) Required by federal law, prior to being dispensed or delivered, to be labeled with either of the following statements:

(A) "Caution: Federal law prohibits dispensing without prescription"; or

(B) "Caution: Federal law restricts this drug to use by or on the order of a licensed veterinarian"; or

(b) Required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by practitioners only.

(33) "Prescription" or "prescription drug order" means a written, oral or electronically transmitted direction, given by a practitioner authorized to prescribe drugs, for the preparation and use of a drug. When the context requires, "prescription" also means the drug prepared under such written, oral or electronically transmitted direction.

(34) "Retail drug outlet" means a place used for the conduct of the retail sale, administering or dispensing or compounding of drugs or chemicals or for the administering or dispensing of prescriptions and licensed by the board as a place where the practice of pharmacy may lawfully occur.

(35) "Self-administered hormonal contraceptive" means a drug composed of a hormone or a combination of hormones that is approved by the United States Food and Drug Administration to prevent pregnancy and that the patient to whom the drug is prescribed may administer to oneself. "Self-administered hormonal contraceptive" includes, but is not limited to, hormonal contraceptive patches and hormonal contraceptive pills.

(36) "Third-party logistics provider" means an entity that:

(a) Provides or coordinates warehousing of, or other logistics services for, a product in interstate commerce on behalf of a manufacturer, wholesale distributor or dispenser of the product; and

(b) Does not take ownership of, or have responsibility to direct the sale or disposition of, the product.

(37) "Unit dose" means a sealed single-unit container so designed that the contents are administered to the patient as a single dose, direct from the container. Each unit dose container must bear a separate label, be labeled with the name and strength of the medication, the name of the manufacturer or distributor, an identifying lot number and, if applicable, the expiration date of the medication.

(38) "Wholesale distributor drug outlet" means a person, other than a manufacturer, manufacturer's colicensed partner, third-party logistics provider or repackager, as defined in 21 U.S.C. 360eee(16), that is engaged in wholesale distribution, as defined in 21 U.S.C. 353(e)(4).

OTHER HOUSE BILL 4002 (2024) MODIFICATIONS

SECTION 24. Section 36, chapter 70, Oregon Laws 2024, is amended to read:

Sec. 36. (1) Law enforcement agencies in this state are encouraged to, in lieu of citation or arrest, or after citation or arrest but before referral to the district attorney, refer a person to a deflection program when the person is suspected of committing, or has been cited or arrested for, unlawful possession of a controlled substance constituting a drug enforcement misdemeanor under section 35**,** [*of this 2024 Act*] **chapter 70, Oregon Laws 2024**.

(2) District attorneys in this state are encouraged to divert for assessment, treatment and other services, in lieu of conviction, cases involving unlawful possession of a controlled substance consti-

tuting a drug enforcement misdemeanor under section 35**,** [*of this 2024 Act*] **chapter 70, Oregon Laws 2024**.

(3) If a deflection program is established, the program coordinator shall be responsible for providing notification that a person has completed the program to those entities responsible for sealing records under section 54**,** [*of this 2024 Act*] **chapter 70, Oregon Laws 2024**, including but not limited to [*law enforcement agencies, district attorneys and courts*] **a law enforcement agency, the district attorney and, if requested by the court, the circuit court**.

(4) As used in this section, "deflection program" has the meaning given that term in section 37**,** [*of this 2024 Act*] **chapter 70, Oregon Laws 2024**.

SECTION 25. Section 52, chapter 70, Oregon Laws 2024, is amended to read:

Sec. 52. (1)(a) When a person is charged with unlawful possession of a controlled substance under ORS 475.752 (3)(a), (b), (c) or (d), 475.814 (2)(a), 475.824 (2)(a), 475.834 (2)(a), 475.854 (2)(a), 475.874 (2)(a), 475.884 (2)(a) or 475.894 (2)(a) **or section 2 (2)(a) of this 2025 Act** constituting a drug enforcement misdemeanor as described in section 35 [*of this 2024 Act*]**, chapter 70, Oregon Laws 2024**, the person is eligible to enter, and subject to paragraphs (b) and (c) of this subsection may request to enter, into a probation agreement as described in this section.

(b) The district attorney may object to the defendant's entry into a probation agreement under this section. After hearing the reasons for the objection, the court may deny the person's entry if the probation agreement would not serve the needs of the person or the protection and welfare of the community.

(c) A person may request to enter into a probation agreement under this section no later than 30 days after the person's first appearance, unless the court authorizes a later date for good cause shown. For purposes of this paragraph, the filing of a demurrer, a motion to suppress or a motion for an omnibus hearing does not constitute good cause.

(d) When a person enters into a probation agreement under this section, the court shall defer further proceedings on the charge described in paragraph (a) of this subsection and place the person on probation. The terms of the probation shall be defined by a probation agreement.

(e) A person may enter into a probation agreement under this section on the charge described in paragraph (a) of this subsection regardless of whether the person is charged with other offenses within the same charging instrument or as part of a separate charging instrument, but the proceedings on the other offenses continue in the normal course and are not deferred.

(2)(a) A probation agreement described in this section carries the understanding that if the defendant fulfills the terms of the agreement, the charge described in subsection (1)(a) of this section that is the subject of the agreement will be dismissed with prejudice.

(b) The initial term of probation shall be 12 months, subject to early termination by the court. The terms of the probation shall include the general conditions of probation described in ORS 137.540 (1) and a requirement that the defendant complete a substance abuse evaluation and any treatment recommended by the evaluator. The court may impose sanctions of up to a total of 30 days of imprisonment upon finding that the person has violated the conditions of probation. Structured, intermediate sanctions as described in ORS 137.593 may be imposed in accordance with rules adopted under ORS 137.595 when the conditions of a term of probation described in this section have been violated.

(c) The agreement must contain a waiver of the following rights of the defendant with respect to each criminal charge:

(A) The right to a speedy trial and trial by jury;

(B) The right to present evidence on the defendant's behalf;

(C) The right to confront and cross-examine witnesses against the defendant;

(D) The right to contest evidence presented against the defendant, including the right to object to hearsay evidence; and

(E) The right to appeal from a judgment of conviction resulting from an adjudication of guilt entered under subsection (3) of this section, unless the appeal is based on an allegation that the sentence exceeds the maximum allowed by law or constitutes cruel and unusual punishment.

(d) The agreement may not contain a requirement that the defendant enter a plea of guilty or no contest on any charge in the accusatory instrument.

(e) The fact that a person has entered into a probation agreement under this section does not constitute an admission of guilt and is not sufficient to warrant a finding or adjudication of guilt by a court.

(f) Police reports or other documents associated with the criminal charges in a court file other than the probation agreement may not be admitted into evidence, and do not establish a factual basis for finding the defendant guilty, unless the court resumes criminal proceedings [*and enters an adjudication of guilt*] under subsection (3) of this section.

(3) Upon violation of a term or condition of the probation agreement, the court may**:**

(a) Impose a sanction**;** or [*may*]

(b) Resume the criminal proceedings [*and may find the defendant guilty of the charge that is the subject of the agreement*] in accordance with the waiver of rights in the agreement. The defendant may not contest the sufficiency of the evidence establishing the defendant's guilt of the offenses in the accusatory instrument.

(4) Upon the conclusion or early termination of the probation period, if the court has received notice from the district attorney or a supervising officer that the person has fulfilled the terms and conditions of the probation agreement, the court shall discharge the person and dismiss the charge that is the subject of the agreement. Discharge and dismissal under this section shall be without adjudication of guilt and is not a conviction for purposes of this section or for purposes of disqualifications or disabilities imposed by law upon conviction of a crime.

(5) In the event that the period of probation under this section expires, but the court has not received notice that the terms and conditions of the probation agreement have been fulfilled and no probation violation proceeding was initiated prior to the expiration of the period of probation, the court may not discharge the person and dismiss the proceedings against the person. The court shall instead issue an order requiring the person to appear and to show cause why the court should not enter an adjudication of guilt as described in subsection (3) of this section due to the failure of the person to fulfill the terms and conditions of the probation agreement prior to expiration of the period of probation. At the hearing on the order to show cause, after considering any evidence or argument from the district attorney and the person, the court may:

(a) If the court finds that the person has fulfilled the terms and conditions of the probation agreement, discharge the person and dismiss the charge that is the subject of the agreement as described in subsection (4) of this section;

[*(a)*] **(b)** Order a new period of probation to allow the person to fulfill the terms and conditions of the probation agreement; or

[*(b) Enter an adjudication of guilt as described in subsection (3) of this section.*]

(c) Resume the criminal proceedings in accordance with the waiver of rights in the probation agreement. If the court proceeds under this paragraph, the person may not contest the sufficiency of the evidence establishing the person's guilt of the offenses in the accusatory instrument.

SECTION 26. Section 54, chapter 70, Oregon Laws 2024, is amended to read:

Sec. 54. (1) Within 60 days of receiving verification from a deflection program coordinator that a person has completed a deflection program, after being referred to the program due to the alleged commission of unlawful possession of a controlled substance constituting a drug enforcement misdemeanor as described in section 35**,** [*of this 2024 Act*] **chapter 70, Oregon Laws 2024**, a law enforcement agency or district attorney shall seal all records related to the person's participation in the program, the alleged conduct that resulted in the referral to the program and, if applicable, the citation for the offense **and related criminal history records**, and a court shall seal all electronic records that may have been created concerning the offense. Records sealed under this subsection are not subject to disclosure under ORS 192.311 to 192.478 or any other law.

(2) After two years have elapsed from the date [*that a person is cited*] **of an offense** for unlawful possession of a controlled substance constituting a drug enforcement misdemeanor as described in

section 35**,** [*of this 2024 Act*] **chapter 70, Oregon Laws 2024**, and if no further prosecutorial action on the citation **for the offense** has occurred, within 60 days after the conclusion of the two-year time period **from the date of the offense**, any law enforcement agency or district attorney that possesses records related to the citation, **including related criminal history records,** and any court that possesses electronic records related to the citation, shall seal the records. Records sealed under this subsection are not subject to disclosure under ORS 192.311 to 192.478 or any other law.

(3)(a) Notwithstanding ORS 137.225, when a person successfully completes a probation agreement and the court discharges the person and dismisses the proceedings against the person under section 52 (4)**,** [*of this 2024 Act*] **chapter 70, Oregon Laws 2024**, the court shall, within 90 days after the dismissal, enter an order sealing all records related to the arrest or citation and the criminal proceedings. **The court may enter an order sealing all records related to any other charges that were dismissed or removed from the charging instrument, other than records related to a diversion-related arrest or citation, if no other convictions exist in the case.** The clerk of the court shall forward a copy of the order, or a certified copy if requested, to such agencies as directed by the court.

(b) Notwithstanding ORS 137.225 **and subsection (4) of this section**, when the court receives notice that a defendant has successfully completed a term of probation for unlawful possession of a controlled substance constituting a drug enforcement misdemeanor as described in section 35**,** [*of this 2024 Act*] **chapter 70, Oregon Laws 2024**, the court shall, within 90 days after the notification, enter an order sealing all records related to the arrest or citation and the criminal proceedings. **The court may enter an order sealing all records related to any other charges that were dismissed or removed from the charging instrument, other than records related to a diversion-related arrest or citation, if no other convictions exist in the case.** The clerk of the court shall forward a copy of the order, or a certified copy if requested, to such agencies as directed by the court.

(c) Notwithstanding ORS 137.225, when a person is acquitted of unlawful possession of a controlled substance constituting a drug enforcement misdemeanor as described in section 35, chapter 70, Oregon Laws 2024, the court shall, within 90 days after the acquittal, enter an order sealing all records related to the arrest or citation and the criminal proceedings. The court may enter an order sealing all records related to any other charges that were dismissed or removed from the charging instrument, other than records related to a diversion-related arrest or citation, if no other convictions exist in the case. The clerk of the court shall forward a copy of the order, or a certified copy if requested, to such agencies as directed by the court.

(4)(a) Notwithstanding ORS 137.225, **and except as provided in paragraph (b) of this subsection,** after three years have passed from the date of entry of judgment of conviction for unlawful possession of a controlled substance constituting a drug enforcement misdemeanor as described in section 35**,** [*of this 2024 Act*] **chapter 70, Oregon Laws 2024**, the court shall, within 60 days after the [*three year*] **three-year** period has concluded, enter an order sealing all records related to the arrest or citation, charges and conviction. **The court may enter an order sealing all records related to any other charges that were dismissed or removed from the charging instrument, other than records related to a diversion-related arrest or citation, if no other convictions exist in the case.** The clerk of the court shall forward a copy of the order, or a certified copy if requested, to such agencies as directed by the court.

(b) If the court issues a warrant on a case with a conviction for unlawful possession of a controlled substance constituting a drug enforcement misdemeanor as described in section 35, chapter 70, Oregon Laws 2024, the time period between the issuance of the warrant and the date on which the person reappears in court on the case and the warrant is no longer active does not count towards the three-year time period described in paragraph (a) of this subsection.

[*(b)*] **(c)** Notwithstanding ORS 137.225, after three years have passed since the dismissal of [*a*] **an** unlawful possession of a controlled substance **offense** constituting a drug enforcement

misdemeanor as described in section 35**,** [*of this 2024 Act*] **chapter 70, Oregon Laws 2024**, if the court has not sealed records of the offense under subsection (2) or (3) of this section, the court shall, within 60 days after the [*three year*] **three-year** period has concluded, enter an order sealing all records related to the arrest or citation and any criminal proceedings. **The court may enter an order sealing all records related to any other charges that were dismissed or removed from the charging instrument, other than records related to a diversion-related arrest or citation, if no other convictions exist in the case.** The clerk of the court shall forward a copy of the order, or a certified copy if requested, to such agencies as directed by the court.

(5) If a case involves records related to two or more unlawful possession of a controlled substance offenses constituting a drug enforcement misdemeanor as described in section 35, chapter 70, Oregon Laws 2024, and the records related to each offense are eligible for sealing under this section at different times, the court may not enter an order sealing records related to any drug enforcement misdemeanor in the case until all records related to drug enforcement misdemeanors in the case are eligible to be sealed.

(6) The court may not enter an order under this section sealing records related to unlawful possession of a controlled substance constituting a drug enforcement misdemeanor as described in section 35, chapter 70, Oregon Laws 2024, while a case has an active warrant.

(7)(a) Notwithstanding subsections (1) to (5) of this section and any other statute authorizing a court to enter an order sealing records related to unlawful possession of a controlled substance constituting a drug enforcement misdemeanor as described in section 35, chapter 70, Oregon Laws 2024, if a case includes records other than those related to unlawful possession of a controlled substance constituting a drug enforcement misdemeanor, the court may not enter an order sealing records related to unlawful possession of a controlled substance constituting a drug enforcement misdemeanor in the case until the court enters an order setting aside or expunging all other records in the case.

(b) When a court enters an order setting aside or expunging all records in a case other than records pertaining to unlawful possession of a controlled substance constituting a drug enforcement misdemeanor as described in section 35, chapter 70, Oregon Laws 2024, under any statute authorizing such an order:

(A) If all records related to unlawful possession of a controlled substance constituting a drug enforcement misdemeanor in the case are eligible for sealing under this section, the court may enter an order sealing all records in the case under one order.

(B) Notwithstanding subsections (1) to (5) of this section, if the records related to unlawful possession of a controlled substance constituting a drug enforcement misdemeanor are not eligible for sealing under this section, the court may enter an order sealing the records if the court finds that the sealing would be in the best interests of the person who is the subject of the records and the public.

[*(5)(a)*] **(8)(a)** The State Court Administrator shall develop a standardized form for obtaining the information necessary for all entities to seal records as required by [*subsections (3) and (4) of*] this section.

(b) When a person [*enters into a probation agreement under section 52 of this 2024 Act, or is convicted of*] **is charged with** unlawful possession of a controlled substance constituting a drug enforcement misdemeanor as described in section 35**,** [*of this 2024 Act*] **chapter 70, Oregon Laws 2024**, the district attorney and the defense attorney shall ensure that a copy of the form described in paragraph (a) of this subsection is completed and submitted to the court.

(9) As used in this section, "diversion-related arrest or citation" means an arrest or citation for driving while under the influence of intoxicants for a charge that was dismissed as the result of the person's successful completion of a diversion agreement described in ORS 813.200.

SECTION 27. Section 76, chapter 70, Oregon Laws 2024, is amended to read:

Sec. 76. (1) As used in this section, "deflection program" means a collaborative program between law enforcement agencies and behavioral health entities that assists individuals who may

have substance use disorder, another behavioral health disorder or co-occurring disorders, to create community-based pathways to treatment, recovery support services, housing, case management or other services.

(2) The Oregon Behavioral Health Deflection Program is established within the Improving People's Access to Community-based Treatment, Supports and Services Grant Review Committee established under ORS 430.234. The program consists of grants awarded by the committee to counties and federally recognized tribal governments to fund deflection programs.

(3)(a) The purpose of the program described in this section is to:

(A) Address the need for more deflection programs to assist individuals whose behavioral health conditions, including substance use disorder, lead to interactions with law enforcement, incarceration, conviction and other engagement with the criminal justice system.

(B) Track and report data concerning deflection program outcomes in order to determine the best practices for deflection programs within this state.

(b) ORS 430.230 to 430.236 do not apply to the program described in this section.

(4)(a) The committee shall develop a grant application process for awarding grants under this section.

(b) An application for a grant under this section may be submitted by a county or the designee of a county, or by a tribal government or designee of a tribal government. Only one application per county may be submitted, but the application may request funding multiple programs within a county.

(c) Prior to submitting an application for a grant under this section, the applicant shall coordinate with all partners of the development and administration of the proposed deflection program to ensure that the partners have the resources necessary to implement the deflection program. The partners shall include at least a district attorney, a law enforcement agency, a community mental health program established under ORS 430.620 and a provider from a Behavioral Health Resource Network established under ORS 430.389. Partners may also include a treatment provider, a local mental health authority, a tribal government, a peer support organization, a court or a local government body.

(d) An application for a grant under this section must contain:

(A) A description of the coordination with program partners required by paragraph (c) of this subsection that has occurred;

(B) A description of the individuals who would be eligible for the program and what qualifies as a successful outcome, formulated in cooperation with the program partners described in paragraph (c) of this subsection;

(C) A description of how the program for which the applicant is seeking funding is culturally and linguistically responsive, trauma-informed and evidence-based;

(D) A description of a plan to address language access barriers when communicating program referral options and program procedures to non-English speaking individuals; and

(E) A description of how the program coordinator will communicate with program partners concerning persons participating in the program and any other matter necessary for the administration of the program.

(5) To be eligible for funding under this section, a deflection program:

(a) Must be coordinated by or in consultation with a community mental health program, a local mental health authority or a federally recognized tribal government;

(b) Must have a coordinator with the following program coordinator duties:

(A) Convening deflection program partners as needed for the operation of the program;

(B) Managing grant program funds awarded under this section; and

(C) Tracking and reporting data required by the Oregon Criminal Justice Commission under section 37**,** [*of this 2024 Act*] **chapter 70, Oregon Laws 2024**;

(c) Must involve the partners described in subsection (4)(c) of this section; and

(d) May involve a partnership with one or more of the following entities:

(A) A first responder agency other than a law enforcement agency;

(B) A community provider;

(C) A treatment provider;

(D) A community-based organization;

(E) A case management provider;

(F) A recovery support services provider; or

(G) Any other individual or entity deemed necessary by the program coordinator to carry out the purposes of the deflection program, including individuals with lived experience with substance use disorder, a behavioral health disorder or co-occurring disorders.

(6) During a grant application period established by the committee, the maximum proportion of grant funds available to an applicant shall be determined as follows:

(a) The proportion of grant funds available to an applicant other than a tribal government shall be determined [*based on the county formula share employed by the Oversight and Accountability Council established under ORS 430.388*] **by a formula established by the commission**, but an applicant may not receive less than $150,000.

(b) The committee shall determine the proportion of funds available to an applicant that is a federally recognized tribal government.

(7)(a) Grant funds awarded under this section may be used for:

(A) Deflection program expenses including but not limited to law enforcement employees, deputy district attorneys and behavioral health treatment workers, including peer navigators and mobile crisis and support services workers.

(B) Behavioral health workforce development.

(C) Capital construction of behavioral health treatment infrastructure.

(b) Notwithstanding paragraph (a) of this subsection, the committee may award planning grants for the development of deflection programs.

(c) The committee may allocate up to three percent of program funds to support grantee data collection and analysis or evaluation of outcome measures.

(8) The Oregon Criminal Justice Commission shall provide staff support to the grant program.

(9) The committee and the commission may adopt rules to carry out the provisions of this section.

SECTION 27a. If Senate Bill 610 becomes law, section 8, chapter 292, Oregon Laws 2025 (Enrolled Senate Bill 610) (amending section 76, chapter 70, Oregon Laws 2024), is repealed.

PRE-PLEA SPECIALTY COURT PROBATION AGREEMENTS

SECTION 28. ORS 137.532 is amended to read:

137.532. (1)(a) Whenever a person is charged with a misdemeanor or a Class C felony, other than driving while under the influence of intoxicants, and has been formally accepted into a specialty court, the court, with the consent of the district attorney and the person, may defer further proceedings and place the person on probation. The terms of the probation shall be defined by a probation agreement.

(b) A probation agreement carries the understanding that if the defendant fulfills the terms of the agreement, the criminal charges filed against the defendant will be dismissed with prejudice.

(c) The agreement must contain a waiver of the following rights of the defendant with respect to each criminal charge:

(A) The right to a speedy trial and trial by jury;

(B) The right to present evidence on the defendant's behalf;

(C) The right to confront and cross-examine witnesses against the defendant;

(D) The right to contest evidence presented against the defendant, including the right to object to hearsay evidence; and

(E) The right to appeal from a judgment of conviction resulting from an adjudication of guilt entered under subsection (2) of this section, unless the appeal is based on an allegation that the sentence exceeds the maximum allowed by law or constitutes cruel and unusual punishment.

(d) The agreement must include a requirement that the defendant pay any restitution owed to the victim as determined by the court, and any fees for court-appointed counsel ordered by the court under ORS 135.050.

(e) The agreement may not contain a requirement that the defendant enter a plea of guilty or no contest on any charge in the accusatory instrument.

(f) Entering into a probation agreement does not constitute an admission of guilt and is not sufficient to warrant a finding or adjudication of guilt by a court.

(g) Police reports or other documents associated with the criminal charges in a court file other than the probation agreement may not be admitted into evidence, and do not establish a factual basis for finding the defendant guilty, unless the court resumes criminal proceedings and enters an adjudication of guilt under subsection (2) of this section.

(2) Upon violation of a term or condition of the probation agreement, the court may resume the criminal proceedings [*and may find the defendant guilty of the offenses in the accusatory instrument*] in accordance with the waiver of rights in the probation agreement. The defendant may not contest the sufficiency of the evidence establishing the defendant's guilt of the offenses in the accusatory instrument.

(3) Upon fulfillment of the terms and conditions of the probation agreement, the court shall discharge the person and dismiss the proceedings against the person. Discharge and dismissal under this section shall be without adjudication of guilt and is not a conviction for purposes of this section or for purposes of disqualifications or disabilities imposed by law upon conviction of a crime. There may be only one discharge and dismissal under this section with respect to any person.

(4) In the event that the period of probation under this section expires, but the terms and conditions of the probation agreement have not been fulfilled and no probation violation proceeding was initiated prior to the expiration of the period of probation, the court may not discharge the person and dismiss the proceedings against the person. The court shall instead issue an order requiring the person to appear and to show cause why the court should not enter an adjudication of guilt as described in subsection (2) of this section due to the failure of the person to fulfill the terms and conditions of the probation agreement prior to expiration of the period of probation. At the hearing on the order to show cause, after considering any evidence or argument from the district attorney and the person, the court may:

(a) If the court finds that the person has fulfilled the terms and conditions of the probation agreement, discharge the person and dismiss the proceedings against the person as described in subsection (3) of this section;

[*(a)*] **(b)** Order a new period of probation to allow the person to fulfill the terms and conditions of the probation agreement; or

[*(b) Enter an adjudication of guilt as described in subsection (2) of this section.*]

(c) Resume the criminal proceedings in accordance with the waiver of rights in the probation agreement. If the court proceeds under this paragraph, the person may not contest the sufficiency of the evidence establishing the person's guilt of the offenses in the accusatory instrument.

(5) Nothing in this section is intended to restrict a person's participation in a specialty court or conditional discharge under ORS 475.245.

(6) As used in this section, "specialty court" has the meaning given that term in ORS 137.680.

CAPTIONS

SECTION 29. The unit captions used in this 2025 Act are provided only for the convenience of the reader and do not become part of the statutory law of this state or express any legislative intent in the enactment of this 2025 Act.

EMERGENCY CLAUSE

SECTION 30. **This 2025 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect on its passage.**

Passed by Senate June 10, 2025

Repassed by Senate June 25, 2025

.....
Obadiah Rutledge, Secretary of Senate

.....
Rob Wagner, President of Senate

Passed by House June 24, 2025

.....
Julie Fahey, Speaker of House

Received by Governor:

.....M.,....., 2025

Approved:

.....M.,....., 2025

.....
Tina Kotek, Governor

Filed in Office of Secretary of State:

.....M.,....., 2025

.....
Tobias Read, Secretary of State

Divisions: 006/041/043/045/183: Drug Compounding

Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency's intended action max 15 words): Creates new Division 183 for Drug Compounding; Repeals Division 45

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Creates a new Division 183 for Drug Compounding. Adds additional general requirements for Drug Outlet Pharmacies, Dispensing Practitioner Drug Outlets (DPDO), Correctional Facilities (CF) and Community Health Clinics (CHC) related to dispensing compounded drugs in Divisions 041 and 043. These rules apply to the preparation and dispensing of compounded drugs from a Drug Outlet. These rules do not apply to the preparation and direct administration of compounded drugs by a healthcare provider. Proposes to repeal Division 45.

Documents Relied Upon per ORS 183.335(2)(b)(D): *Please note staff will need to amend most of the gray box and will verify correct rule version and standards adopted by reference revisions when applicable.

USP Chapters: USP Compounding Compendium

Designated Person Responsibilities: ASHP List

2024 HB 4010

- USP <795> Adding Flavor to Conventionally Manufactured Nonsterile Products (v. 11/2022)

- USP <795> FAQs #21 (v. 11/2023)

Sterile Compounding Technology:

- ISMP Guidelines for Sterile Compounding and the Safe Use of Sterile Compounding Technology (2016 and 2022)

- Pedersen CA, Schneider PJ, Ganio MC, Scheckelhoff DJ. ASHP National Survey of Pharmacy Practice in Hospital Settings: Dispensing and Administration-2020. Am J Health Syst Pharm. 2021 Jun 7;78(12):1074-1093. DOI: 10.1093/ajhp/zxab120. PMID: 33754638; PMCID: PMC8083667.

- Moniz TT, Chu S, Tom C, Lutz P, Arnold A, Gura KM, Patterson A. Sterile Product Compounding Using an I.V. Compounding Workflow Management System at a Pediatric Hospital. Am J Health Syst Pharm. 2014 Aug 1;71(15):1311-7. DOI: 10.2146/ajhp130649. PMID: 25027539.

- Speth SL, Fields DB, Schlemmer CB, Harrison C. Optimizing I.V. Work-Flow. Am J Health Syst Pharm. 2013; 70(23):2076,2078-80. DOI: 10.2146/ajhp120738

- Deng Y, Lin AC, Hingl J, Huang G, Altaye M, Maynard H, Mayhaus D, Penm J. Risk factors for I.V. Compounding Errors When Using an Automated Workflow Management System. Am J Health Syst Pharm. 2016 Jun 15;73(12):887-93. DOI: 10.2146/ajhp150278. PMID: 27261239.

- NV: NAC 639.67017 Use of automated compounding devices.

Sterile Compounding Accreditation: PCAB/ACHC, NABP, TJC

Standard Operating Procedures: ASHP List 795 797

Compounded Drug Recalls: CA Law 4126.9. Recall of Nonsterile Compounded Drugs; 4127.8. Pharmacies that Compound Sterile Drug Products; Recalls; Requirements

Requirements For Use by a Veterinarian: Compounding Animal Drugs from Bulk Drug Substances Guidance for Industry (August 2022), Index of Legally Marketed Unapproved New Animal Drugs for Minor Species

Essential Copies: Compounded Drug Products That Are Essentially Copies of a Commercially Available Drug Product Under Section 503A of the Federal Food, Drug, and Cosmetic Act Guidance for Industry (January 2018), FDA drug shortages database, ASHP drug shortages database

Compounding Workgroup Meeting Minutes
(Workgroup consisted of 2 RPH-IP, 2 RPH-RP, 1 CPT-IP, 1 CPT-RP all who were Compounders, 1 public member, & Board members Beaman and Patel)
2.21.2023 Workgroup Mtg Minutes

4.18.2023 Workgroup Mtg Minutes

5.16.2023 Workgroup Mtg Minutes

6.20.2023 Workgroup Mtg Minutes

7.18.2023 Workgroup Mtg Minutes

Racial Equity statement per ORS 183.335(2)(b)(F) (identifying how adoption of rule might impact one group of people differently than others): The proposed new rules and existing rule amendments are not expected to affect racial equity in this state.

Fiscal & Economic Impact per ORS 183.335(2)(b)(E): On 8/4/2023 board staff sent out an email notification via GovDelivery to 19,647 licensee and registrant subscribers and 3,882 rulemaking interested party subscribers requesting fiscal and economic impact of the proposed rules. A Workgroup was utilized in the development of the proposed rules. Workgroup members provided estimated fiscal and economic impact of the proposed rules on 05/16/2023 and 07/18/2023. All Workgroup and board meetings where proposed rules were discussed were noticed to the public and public comment was requested. The board noticed the proposed rules for rulemaking hearing on 6/16/2023; however, the board was seeking public comment only and did not intend to adopt the rules in August 2023. The public had an opportunity to provide estimated fiscal impact information during the public comment period from 6/16/2023 – 7/26/2023.

To comply, Drug Outlet pharmacies, DPDOs, CFs and CHCs who engage in compounding will need to pay for access to the USP Compounding Compendium which is estimated to cost $250 per year per user.

-The board received estimated fiscal impact statements from six different licensee/registrant/stakeholders who provided a wide range of estimated costs that could potentially cost their organizations/patients/customers anywhere from $1.00 to $10 Million to comply with the proposed rules.

- Related to sterile compounding technology- Compounding Workgroup members stated that in their experience, barcoding and imaging technology procurement, implementation, ongoing maintenance,

and training is estimated to cost between $30,000 - $130,000 initially and $50,000 annually. This type of technology is typically customized, requires specialized training and requires extra staff to operate.

- Related to sterile compounding accreditation/certification through PCAB/ACHC, NABP and TJC- Compounding Workgroup members stated in their experience, the estimated cost is between $4,500 to $17,500 depending on the vendor for a three-year accreditation/certification.

Interested parties will have an additional opportunity to provide fiscal and economic impact statements during future rulemaking.

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

(1) The proposed new rules and existing rule amendments will have no additional economic impact on state agencies, units of local government, or the public.

(2)(a) The proposed new rules and existing amendments apply to licensees and registrants of the Oregon Board of Pharmacy. Approximately 30% of Drug Outlet Pharmacy (RP &IP) registrants identify as a small business.

(b) The rulemaking imposes the same mandatory reporting, recordkeeping or other administrative requirements on small businesses.

(c) In order to comply, Drug Outlet pharmacies, DPDOs, CFs and CHCs who identify as a small business and engage in compounding will need to pay for access to the USP Compounding Compendium which is estimated to cost $250 per year per user.

Describe how small businesses were involved in development of the rules ORS 183.335: Licensees and registrants identify as small businesses were sent an email notice of proposed rulemaking via GovDelivery and had an opportunity to provide public comment when the proposed rules were noticed for rulemaking hearing on 6/16/2023. On 08/04/2023 the board sent out an email communication via GovDelivery to licensees and registrants requesting fiscal impact information on the proposed rules and small businesses had an opportunity to provide estimated fiscal information.

Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G): No, a RAC was not consulted. The board directed staff to convene a Drug Compounding Workgroup consisting of Subject Matter Experts who had expertise related to drug compounding to assist with the development of proposed rules/amendments. The Compounding Workgroup held meetings on 2/21/2023, 4/18/2023, 5/16/2023, 6/20/2023 and 7/18/2023 and provided expertise and information that board staff utilized to draft proposed rules related to drug compounding.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why):

Proposed new rules and existing rule amendments are a result of the board's 2022-2026 Strategic Plan to proactively review and update rules to ensure clarity, transparency and promote patient safety. USP 795 (v. 11/1/2022) and USP 797 (v. 11/1/2022) become enforceable on 11/1/2023. Board rules related to compounding must be updated to reflect the new standards.

OAR 855-041-1018 - Proposed amendments add compliance requirements related to dispensing compounded preparations and radiopharmaceutical prescriptions.

OAR 855-043-0545 - Proposed amendment adds compliance requirements for a DPDO who dispenses compounded preparations.

OAR 855-043-0630 - Proposed amendments include revising "shall" to "must" and adds that a correctional facility must ensure that compounded preparations are dispensed in compliance with OAR 855-183.

OAR 855-043-0740 - Proposed amendment adds that a CHC must ensure that compounded preparations are dispensed in compliance with OAR 855-183

OAR 855-045-0200 – Repeals rule

OAR 855-045-0210 – Repeals rule

OAR 855-045-0220 – Repeals rule

OAR 855-045-0240 – Repeals rule

OAR 855-045-0270 – Repeals rule

OAR 855-183-0001 - Proposed rule revises and relocates existing rule OAR 855-045-0200 to OAR 855-183-0001 related to applicability.

OAR 855-183-0005 - Proposed rule revises and relocates rule OAR 855-006-0005(11) to OAR 855-183-0005 and adds new language related to compounding definitions.

OAR 855-183-0010 - Proposed new rule adds general designation requirements for each Drug Outlet that practices drug compounding.

OAR 855-183-0050 - Proposed rule revises and relocates existing rule OAR 855-045-0220 to OAR 855-183-0050 related to personnel requirements.

OAR 855-183-0200 - Proposed rule revises and relocates existing rule OAR 855-045-0200(3) to OAR 855-183-0200 and adds general requirements for drug compounding.

OAR 855-183-0205 - Proposed new rule adds compounding technology requirements related to Automated Compounding Devices (ACDs).

OAR 855-183-0370 - Proposed new rule adds delivery requirements for each Drug Outlet Pharmacy who ships or delivers compounded preparations.

OAR 855-183-0400 - Proposed rule revises and relocates existing rule OAR 855-045-0240 to OAR 855-183-0400 related to labeling requirements for compounded non-sterile preparations (CNSPs).

OAR 855-183-0410 - Proposed rule revises and relocates existing rule OAR 855-045-0240 to OAR 855-183-0410 related to labeling requirements for compounded sterile preparations.

OAR 855-183-0420 - Proposed new rule adds labeling requirements for Compounded Non-Sterile Preparations (CNSPs) and Compounded Sterile Preparations (CSPs) for future use.

OAR 855-183-0450 - Proposed new rule adds drug disposal requirements for hazardous and infectious waste.

OAR 855-183-0500 - Proposed rule revises and relocates existing rule OAR 855-045-0220 to OAR 855-183-0500 related to policies and procedures for registrants who practice drug compounding.

OAR 855-183-0520 - Proposed new rule adds requirements for compounded drug recalls.

OAR 855-183-0550 - Proposed rule revises and relocates existing rule OAR 855-045-0270 to OAR 855-183-0550 related to general records requirements.

OAR 855-183-0560 - Proposed rule revises and relocates existing rule OAR 855-045-0270(2) to OAR 855-183-0560 related to master formulation records (MFR) for compounded non-sterile preparations.

OAR 855-183-0565 - Proposed rule revises and relocates existing rule OAR 855-045-0270(2) to OAR 855-183-0565 related to master formulation records (MFR) for compounded sterile preparations.

OAR 855-183-0570 - Proposed rule revises and relocates existing rule OAR 855-045-0270(3) to OAR 855-183-0570 related to requirements for compounding records for compounded non-sterile preparations.

OAR 855-183-0575 - Proposed rule revises and relocates existing rule OAR 855-045-0270(3) to OAR 855-183-0575 related to requirements for compounding records for compounded sterile preparations.

OAR 855-183-0600 - Proposed new rule adds prohibited practices related to compounded drug preparation.

OAR 855-183-0700 - Proposed new rule adds requirements for compounding services related to preparation according to FDA approved labeling.

OAR 855-183-0710 - Proposed new rule adds requirements for compounding services related to copies of an approved drug.

OAR 855-183-0730 - Proposed new rule adds requirements for compounding services related to use by a veterinarian.

NOTES:

- **Timeline of Events**
    - The Compounding workgroup held meetings on 2/8/2023, 4/18/2023, 5/16/2023, 6/20/2023, 7/18/2023 – all recordings and meeting summaries are on the board website.

    - **April 2023 bd mtg:** The board adopted Temporary rule OAR 855-045-0205 (mailing #B) "As an alternative to the requirements in OAR 855-045-0200(3)(a) and (3)(b) registrants may comply 45 with any or all standards contained in:
      (a) USP <795> Pharmaceutical Compounding—Non-Sterile Preparations (11/1/2022).

(b) USP <797> Pharmaceutical Compounding—Sterile Preparations (11/1/2022)."

- **June 9, 2023 bd mtg:** The board was unable to review the proposed Compounding rules due to time limits, staff asked the board to consider sending the proposed Compounding rules to the July rulemaking hearing (mailing #C5, page 182) to seek public comment to meet the USP November 2023 deadline. Staff wanted the opportunity to send it out for comment, use the feedback from public comments to amend the draft rules for the board to review during the August board meeting.
  - From the Bd Mtg Minutes "Board staff requested the board consider sending this rule package through rulemaking for the sole purpose of public comment. USP <795> and <797> become effective 11/1/2023 and staff would like to complete the rulemaking process by this date. Board staff indicated that the board would have a full review of this rule package at the August 2023 meeting where the board could send the rule package to a special September rulemaking hearing and motion to adopt at the October 2023 meeting, effective 11/1/2023."
    - Motion carried with Murray, Doyle, Beaman, Chinn, DeBarmore, Hemmings, and Vipperman in favor, Joyce abstained, and Patel opposed

- **July 26, 2023:** Rulemaking hearing was held, 1 person provided oral testimony during the hearing, 20 people/organizations submitted written comments which were provided to the board in their entirety prior to the August 2023 board meeting

- **August 10, 2023 bd mtg:** The board's 1st review of rules (mailing #D1)
  - **The board was provided a mailing with the written comments provided inserted into the margin of the rules for ease of navigation**
  - The board reviewed proposed Compounding rules OAR 855-006-0005 Definitions, OAR 855-041-1018, OAR 855-043-0545, OAR 855-043-0630, OAR 855-043-0740, OAR 855-183-0001, OAR 855-183-0005 and OAR 855-183-0010 (mailing #D1, page 258 on agenda)
  - Board reviewed **Compounding Presentation**
  - The board permanently adopted the Temporary rule from April 2023 for OAR 855-045-0205 related to USP <795> NSP (v. 11/1/20202) and USP <797> SP (v. 11/1/2022) (mailing #D7)

- **September 27, 2023 Rulemaking Hearing**
  - USP <795> and USP <797> OAR 855-045-0205 Compliance with New Standards
    - As an alternative to the requirements in OAR 855-045-0200(3)(a) and (3)(b) registrants may comply with any or all standards contained in:
    - (1) USP <795> Pharmaceutical Compounding-Non-Sterile Preparations (11/1/2022).
    - (2) USP <797> Pharmaceutical Compounding-Sterile Preparations (11/1/2022).

- **December 2023 bd mtg:** The board reviewed OAR 855-183-0050 through the beginning of OAR 855-183-0200

- **February 2024 bd mtg:** The board reviewed a portion of OAR 855-183-0200

- **April 2024 bd mtg:** The board reviewed OAR 855-183-0200 through OAR 855-183-0700

- **May 2, 2025**: New USP version effective date

- **June 2024 bd mtg:** The board reviewed OAR 855-183-0710 and OAR 855-183-0730
  - The board reviewed Compounding Quality Act (specifically slide #10)

- **June 6, 2024:** 2024 HB 4010 effective

- **August 7, 2025 bd mtg:** The board reviewed OAR 855-183-0001, OAR 855-183-0005, OAR 855-183-0010, OAR 855-183-0050, OAR 855-183-0200, OAR 855-183-0205, OAR 855-183-0520, OAR 855-183-0550

Division 183
DRUG COMPOUNDING

855-183-0001
Applicability

(1) Any person, including any business entity, located in or outside Oregon that engages in the practice of compounding a drug for dispensing, delivery or distribution in Oregon must register with the board as a drug outlet and comply with board regulations.

(2) These rules apply to sterile and non-sterile compounding of a drug for humans and animals.

(3) Entities that are registered with FDA as an outsourcing facility under section 503B of the Federal Food, Drug, and Cosmetic Act in 21 USC 353b (04/10/2023) must register with the board as a manufacturer in OAR 855-060.

[Publications: Publications referenced are available for review at the agency or from the United States Pharmacopoeia.]

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0005
Definitions

(1) Phrases or definitions used in OAR 855-183 are the same as included in the USP standard adopted by reference unless otherwise specified.

(2)"Compounding" means the process of combining, admixing, diluting, pooling, reconstituting, or otherwise altering a drug product or bulk drug substance to create a new preparation.

(a) For non-sterile preparations, compounding does not include reconstituting according to the manufacturers labeling.

(b) For sterile preparations, compounding includes repackaging.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0010
Designation

Each Drug Outlet must maintain an accurate status of compounding services, indicating whether they perform sterile compounding, non-sterile compounding or both, in the board's online registration system.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0050
Personnel

(1) All personnel who prepare and supervise the preparation of a compound must complete appropriate training and demonstrate knowledge and competency as required by the USP standards applicable prior to independently engaging in compounding.

(2) Training must be conducted by qualified individuals on a continuing basis and with sufficient frequency required by applicable USP standards to ensure that compounding personnel maintain required skills necessary to perform their assigned tasks and to comply with operations and policies and procedures.

(3) The training must be documented and records retained according to OAR 855-183-0550.

(4) Each Drug Outlet must ensure:

(a) For non-sterile compounding, personnel in the compounding area are authorized to be in the area by the person providing supervision when compounding activities are occurring.

(b) For sterile compounding, personnel in the compounding area are authorized by the person providing supervision to be in the area.

(c) An annual self-inspection is completed using the Compounding Self-Inspection Form provided by the board, by July 1 and within 15 days of appointing a new PIC. The completed self-inspection forms must be signed and dated by the PIC and retained for three years from the date of completion

[Publications: Publications referenced are available for review at the agency or from the United States Pharmacopoeia.]

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0200
Requirements: General

Effective XX/XX/20XX:

(1) All drug compounding must adhere to standards of the current edition of the United States Pharmacopeia (USP) and the National Formulary (NF) including:

(a) USP <795> Pharmaceutical Compounding- Non-Sterile Preparations (11/01/2022) and all chapters referenced therein, including but not limited to Chapters 7 (05/01/2020), 51 (05/01/2018), 659 (04/01/2021), 797 (11/01/2022), 800 (07/01/2020), 1112 (2013), 1163 (12/01/2020), and 1231 (12/01/2021);

(b) USP <797> Pharmaceutical Compounding—Sterile Preparations (11/01/2022) and all chapters referenced therein, including but not limited to Chapters 7 (05/01/2020), 51 (05/01/2018), 71 (2013), 85 (05/01/2018), 659 (04/01/2021), 788 (05/01/2013), 789 (08/01/2015), 800 (07/01/2020), 825 (12/01/2020), 1066 (08/01/2015), 1085 (12/01/2020), 1113 (2013), 1116 (2013), 1163 (12/01/2020), 1197 (05/01/2021), 1207 (08/01/2016), 1223 (05/01/2018), 1225 (08/01/2017), 1228.1 (08/01/2016), 1228.4 (11/01/2019), 1229 (08/01/2022), 1229.1 (2013), 1229.4 (05/01/2018), 1229.5 (08/01/2022), 1229.8 (05/01/2018), and 1229.9 (08/01/2016);

(c) USP <800> Hazardous Drugs—Handling in Healthcare Settings (07/01/2020) and all chapters referenced therein, including but not limited to Chapters 795 (11/01/2022), and 797 (11/01/2022);

(d) USP <825> Radiopharmaceuticals - Preparation, Compounding, Dispensing, and Repackaging (12/01/2020) and all chapters referenced therein, including but not limited to Chapters 71 (2013), 85 (05/01/2018), 659 (04/01/2021), 823 (2013), 1066 (08/01/2015), 1072 (2013), 1113 (2013), 1116 (2013), and 1163 (12/01/2020); and

(2) Verification of compounded non-sterile preparations (CNSPs) and compounded sterile preparations (CSPs) may utilize a system that incorporates:

(a) Barcoding to verify ingredients; and

(b) Imaging or gravimetrics to verify ingredient quantity and finished volumes.

(3) It is recommended that verification of CNSPs and CSPs not rely solely on the verification of components after they have been added to the final container. This includes methods such as proxy verification and the syringe pull-back method.

(4) Beginning Month, Day, Year a Drug Outlet that prepares CSPs from non-sterile ingredients must maintain current:

(a) Compounding Pharmacy Accreditation through the Pharmacy Compounding Accreditation Board (PCAB) provided by the Accreditation Commission for Health Care (ACHC);

(b) Compounding Pharmacy Accreditation through the National Association of Boards of Pharmacy (NABP); or

(c) Medication Compounding Certification through The Joint Commission.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0205
Technology: Automated Compounding Devices (ACDs)

(1) For the purposes of this rule, an "automated compounding device" is a device that compounds, measures, and/or packages a specified quantity of individual components in a predetermined sequence for a sterile preparation.

(2) A Drug Outlet Pharmacy, hospital with a drug room, DPDO, CF or CHC may use an Automated Compounding Device (ACD) to:

(a) Assist with the compounding of a CSP; or

(b) Produce a final CSP.

(3) If a Drug Outlet Pharmacy, DPDO, CF or CHC uses an ACD as described in (1), the outlet must establish and maintain written policies and procedures, in addition to the policies and procedures established and maintained pursuant to OAR 855-183-0500, that address:

(a) The qualifications and training that a person must have to operate the ACD;

(b) The routine maintenance and cleaning required to be performed on the ACD which, at a minimum, satisfies the requirements for maintenance and cleaning established by the manufacturer of the ACD; and

(c) The testing required to be performed on the ACD to ensure that the ACD is measuring and dispensing the components of the compounded drug product and preparing the final compounded drug product within tolerances of not more than plus or minus 5 percent.

(4) If a Drug Outlet Pharmacy, DPDO, CF or CHC uses an ACD to assist with the compounding of a drug product for parenteral nutrition, the Drug Outlet Pharmacy, DPDO, CF or CHC must establish safe maximum limits for each additive that may be used in compounding such a drug product. The outlet must ensure that:

(a) The ACD will not allow compounding the drug product for parenteral nutrition if a maximum limit for an additive will be exceeded until a Pharmacist, after consultation with the prescribing practitioner, makes changes to or validates the correctness of the prescription or chart order; or

(b) If an ACD cannot be programmed to not allow the compounding process as described in (a):

(A) The ACD is equipped with an audible alarm or some other mechanism that will alert the Pharmacist if a maximum limit for an additive has been exceeded; and

(B) The Drug Outlet Pharmacy, DPDO, CF or CHC has written policies and procedures to prevent the continuation of the compounding process once a maximum limit for an additive has been exceeded until a Pharmacist, after consultation with the prescribing practitioner, makes changes to or validates the correctness of the prescription or chart order.

(5) If the Drug Outlet Pharmacy, DPDO, CF or CHC uses a computerized order entry system in conjunction with the ACD, the pharmacy must ensure that the computerized order entry system will cease processing the order if a maximum limit for an additive will be exceeded until a Pharmacist, after consultation with the prescribing practitioner, makes changes to or validates the correctness of the prescription or chart order.

(6) A Drug Outlet Pharmacy, DPDO, CF or CHC must make and maintain records that evidence compliance by the outlet with the policies and procedures required by this section.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0400
Labeling: Compounded Non-Sterile Preparations (CNSPs)

Effective XX/XX/20XX:

In addition to the labeling requirements specified in USP <795> (11/01/2022), OAR 855-041, OAR 855-043, and OAR 855-139, the label of a CNSP must prominently and legibly contain the following, at a minimum:

(1) The strength of each active ingredient;

(2) The route of administration;

(3) Indication that the preparation is compounded.

(4) Handling, storage or drug-specific instructions, cautionary information, and warnings as necessary or appropriate for proper use and patient safety.

(5) Compounding facility name and contact information if the CNSP is to be sent outside of the facility or healthcare system in which it was compounded.

[Publications: Publications referenced are available for review at the agency or from the United States Pharmacopoeia.]

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0410
Labeling: Compounded Sterile Preparations (CSPs)

Effective XX/XX/20XX:

In addition to the labeling requirements specified in in USP <797> (11/01/2022), OAR 855-041, OAR 855-043 and OAR 855-139, the label of a CSP must prominently and legibly contain the following, at a minimum:

(1) The strength of each active ingredient, to include the identity of the base solution for a sterile parenteral preparation;

(2) The route of administration;

(3) Rate of infusion or titration parameters, for a sterile parenteral preparation;

(4) Indication that the preparation is compounded.

(5) Handling, storage or drug specific instructions, cautionary information, and warnings as necessary or appropriate for proper use and patient safety.

(6) Compounding facility name and contact information if the CSP is to be sent outside of the facility or healthcare system in which it was compounded.

[Publications: Publications referenced are available for review at the agency or from the United States Pharmacopoeia.]

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0420
Labeling: Batch Preparation

Effective XX/XX/20XX:

The label of a CNSP and CSP that is prepared in anticipation of a patient-specific prescription must contain the following:

(1) The name, strength or concentration, and quantity of each active ingredient used in the compounded drug preparation;

(2) The total quantity or volume of the compounded drug preparation;

(3) Internal lot number;

(4) The assigned beyond-use date (BUD);

(5) Indication that the preparation is compounded; and

(6) Handling, storage or drug specific instructions, cautionary information, and warnings as necessary.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0450
Disposal

Effective XX/XX/20XX:

The Drug Outlet Pharmacy, DPDO, CF and CHC must ensure the disposal of hazardous pharmaceutical waste is in accordance with applicable state and federal laws and USP <800> Hazardous Drugs – Handling in Healthcare Settings (07/01/2020).

[Publications: Publications referenced are available for review at the agency or from the United States Pharmacopoeia.]

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0500
Policies & Procedures

Effective XX/XX/20XX:

Each Drug Outlet Pharmacy, DPDO, CF and CHC must establish, maintain and enforce policies and procedures in accordance with the standards required in OAR 855-183-0200 for all aspects of the compounding operation according to the type of compounding performed (e.g., CNSP, CSP Type 1, 2 or 3) and must include written procedures for:

(1) Personnel qualifications, to include training and ongoing competency assessment;

(2) Hand hygiene;

(3) Garbing;

(4) Engineering and environmental controls, to include equipment certification and calibration, air and surface sampling, and viable particles;

(5) Cleaning activities, to include sanitizing and disinfecting, including those compounding personnel and other staff responsible for cleaning;

(6) Components, to include selection, receipt, handling, storage and disposal;

(7) Creating master formulation records, with documented approval by a Pharmacist for a Drug Outlet Pharmacy or prescriber with prescribing and dispensing privileges for a DPDO, CF or CHC;

(8) Creating compounding records;

(9) Establishing BUDs;

(10) Labeling;

(11) Continuous quality assurance program and quality controls, to include:

(a) Release testing, end-product evaluation, and quantitative/qualitative testing;

(b) Complaint handling process;

(c) Adverse event and error reporting process;

(d) Recall procedure; and

(12) Completed compounded preparations, to include handling, packaging, storage and transport.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0520
Recalls

Effective XX/XX/20XX:

(1) Each Drug Outlet Pharmacy, DPDO, CF and CHC that determines a recall is warranted must immediately issue a recall and immediately initiate communication with each recipient Drug Outlet, prescriber and patient receiving the recalled drug that was dispensed or intended for use in this state and document each attempt. Initial communication must be completed:

(a) Within 12 hours of the recall if use or exposure to the recalled compounded drug will cause serious adverse health consequences or death. If confirmation that the recipient received the communication cannot be established within this timeframe, the outlet must make two additional attempts to provide communication within 24 hours of the initial attempt.

(b) Within 36 hours of the recall if use or exposure to the recalled compounded drug might cause temporary or medically reversible adverse health consequences or where the probability of serious adverse health consequences is remote. If confirmation that the recipient received the communication cannot be established within this timeframe, the outlet must make two additional attempts to provide communication within 24 hours of the initial attempt.

(2) If the recalled drug is not likely to cause adverse health consequences, the recipient Drug Outlet, prescriber or patient receiving the recalled drug that was dispensed or intended for use in this state, must be notified within 72 hours of the recall and the outlet must document the notification.

(3) In the event that all attempts to inform the recipient are unsuccessful in (1), the outlet must send notification via certified mail.

(4) A Drug Outlet Pharmacy, DPDO, CF or CHC that has been advised that a patient has been harmed by using a compounded product potentially attributable to the outlet must report the event to MedWatch within 72 hours of the outlet being advised.

(5) The board must be notified of a recall in (1) on a form provided by the board within 10 business days of issuing the recall.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0550
Records: General Requirements

Effective XX/XX/20XX:

In addition to record-keeping and reporting requirements of OAR 855-XX, the following records must be maintained:

(1) All dispensing of CNSP and CSPs.

(2) Any other records required to conform to and demonstrate compliance with USP standards and federal law.

(3) Required records include, but are not limited to:

(a) Standard operating procedures, including documented annual review;

(b) Personnel training according to the type of compounding performed, competency assessment and qualification records, and corrective actions for any failures. The outlet must maintain a training record for each person, including temporary personnel, who compound preparations or supervise the preparation of compounds.

(c) Engineering and environmental control records, including equipment, calibration, certification, environmental air and surface monitoring procedures and results, as well as documentation of any corrective actions taken; and

(d) Cleaning, sanitizing and disinfecting of all compounding areas and equipment.

(e) Receipt, handling, storage and disposal of components;

(f) Master formulation records for all:

(A) CNSPs;

(B) CSPs prepared for more than one patient;

(C) CSPs prepared from a non-sterile ingredient;

(g) Compounding records for all:

(A) CNSPs;

(B) CSPs; and

(C) Immediate-use CSPs prepared for more than one patient; and

(h) Release testing, end-product evaluation and quantitative/qualitative testing.

(4) Information related to complaints and adverse events including corrective actions taken.

(5) Results of investigations including corrective actions taken and recalls.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

Continue Here during October 2025 Bd Mtg:

855-183-0560
Records: Master Formulation Records (MFR) for CNSP

Effective XX/XX/20XX:

In addition to the MFR requirements specified in USP <795> (11/01/2022), the MFR for a CNSP must contain the following, at a minimum:

(1) Appropriate calculations to determine and verify quantities and concentrations of components and strength or activity of the Active Pharmaceutical Ingredients (APIs);

(2) Compatibility and stability information, including USP or other available references;

(3) Appropriate ancillary instructions, such as storage instructions or cautionary statements, including hazardous drug warning labels where appropriate;

(4) Other information needed to describe the compounding process and ensure repeatability; and

(5) Any other information required by the outlet's policies and procedures.

[Publications: Publications referenced are available for review at the agency or from the United States Pharmacopoeia.]

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0565
Records: Master Formulation Records (MFR) for CSP

Effective XX/XX/20XX:

If a MFR is required for a CSP in USP <797> (11/01/2022), the MFR for a CSP must contain the requirements specified in the standard and the following, at a minimum:

(1) Appropriate calculations to determine and verify quantities and concentrations of components, and if performing non-sterile to sterile compounding the strength or activity of the APIs;

(2) Compatibility and stability information, including USP or other available references;

(3) Quality control procedures that include the expected results and limits of tolerability for quantitative results;

(4) Appropriate ancillary instructions, such as storage instructions or cautionary statements, including hazardous drug warning labels where appropriate; and

(5) Any other information required by the outlet's policies and procedures.

[Publications: Publications referenced are available for review at the agency or from the United States Pharmacopoeia.]

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0570
Records: Compounding Records (CR) for CNSP

Effective XX/XX/20XX:

In addition to the CR requirements specified in USP <795> (11/01/2022), the CR for a CNSP must contain the following, at a minimum:

(1) A pharmacist or prescriber with prescribing and dispensing privileges, must perform and document verification that each of the following are correct:

(a) Formula;

(b) Calculations to determine and verify quantities and/or concentrations of components and strength or activity of each API;

(c) Quantities;

(d) Compounding technique; and

(e) Accurate preparation of the CNSP.

(2) Final yield;

(3) Documentation of any quality control issue and any adverse reaction or preparation problem, including those reported by the patient, caregiver, or other person, to include corrective actions for any failure;

(4) Records of dispensing or transfer of all compounded preparations; and

(5) Any other information required by the outlet's policies and procedures.

[Publications: Publications referenced are available for review at the agency or from the United States Pharmacopoeia.]

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0575
Records: Compounding Records (CR) for CSP

Effective XX/XX/20XX:

In addition to the CR requirements specified in USP <797> (11/01/2022), the CR for a CSP must contain the following, at a minimum:

(1) Pharmacist or prescriber with prescribing and dispensing privileges performance and must perform and documented verification that each of the following are correct:

(a) Formula;

(b) Calculations to determine and verify quantities and/or concentrations of components and strength or activity of each API;

(c) Quantities;

(d) Compounding technique; and

(e) Accurate preparation of the CSP.

(2) Final yield;

(3) Documentation of any quality control issue and any adverse reaction or preparation problem, including those reported by the patient, caregiver, or other person, to include corrective actions for any failure;

(4) Records of dispensing or transfer of all compounded preparations; and

(5) Any other information required by the outlet's policies and procedures.

[Publications: Publications referenced are available for review at the agency or from the United States Pharmacopoeia.]

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0600
Prohibited Practices

Effective XX/XX/20XX:

The following practices are prohibited in the compounding of a drug preparation:

(1) Carpet in compounding area; and

(2) Animal in the compounding area.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-183-0700
Preparation According to FDA Labeling

Effective XX/XX/20XX:

Compounding does not include:

(1) Mixing, reconstituting, or other such acts that are performed in accordance with directions contained in FDA-approved labeling or supplemental materials provided by the product's manufacturer.

(2) Preparing a conventionally manufactured sterile product in accordance with the directions in the manufacturer's FDA-approved labeling when the:
(a) Product is prepared as a single dose for an individual patient; and

(b) Labeling includes information for the diluent, the resultant strength, the container closure system and BUD.

(3) Docking and activation of a proprietary bag and vial system in accordance with the FDA-approved labeling for immediate administration to an individual patient.

(4) 2024 HB 4010, ORS 689 "The addition of flavoring to a drug intended for dispensation may not be considered compounding if the flavoring:

(a) Is inert, nonallergenic and has no effect other than imparting a flavor to the drug or modifying the flavor of the drug; and

(b) Does not constitute more than five percent of the total volume of the drug"

[Publications: Publications referenced are available for review at the agency or from the United States Pharmacopoeia.]

Statutory/Other Authority: ORS 689.205, 2024 HB 4010
Statutes/Other Implemented: ORS 689.155, 2024 HB 4010

855-183-0730
Service: For Use by a Veterinarian

Effective XX/XX/20XX:

(1) This rule only applies to drugs compounded by a Drug Outlet Pharmacy intended for non-food producing animals as defined by the FDA use by licensed veterinarians.

(2) A Drug Outlet Pharmacy may compound drugs intended for non-food producing animal use:

(a) Based on a patient-specific prescription from a licensed veterinarian.

(b) For in-office use (e.g., office stock) by a licensed veterinarian.

(3) The compounded preparations must not be distributed by an entity other than the Drug Outlet Pharmacy that compounded such veterinary drug preparations.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

Division 6
DEFINITIONS

855-006-0005 *current version as of 7/2025
Definitions

~~(11) "Compounding" means the preparation, mixing, assembling, packaging, or labeling of a drug or device:~~

~~(a) As the result of a practitioner's prescription drug order, or initiative based on the relationship between the practitioner, the Pharmacist and the patient, in the course of professional practice; or~~

~~(b) For the purpose of, or as an incident to, research, teaching, or chemical analysis and not for sale or dispensing; or~~

~~(c) The preparation of drugs or devices in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns.~~

(11) "Compounding" means the process of combining, admixing, diluting, pooling, reconstituting, or otherwise altering a drug product or bulk drug substance to create a new preparation.

(a) For non-sterile preparations, compounding does not include reconstituting according to the manufacturers labeling.

(b) For sterile preparations, compounding includes repackaging.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.005, ORS 689.151, ORS 689.155 & ORS 689.703

Division 41
OPERATION OF PHARMACIES

855-041-1018 *current version on our books as of 7/2025
Outlet: General Requirements

A Drug Outlet Pharmacy must:

(1) Ensure each:

(a) Prescription is dispensed in compliance with OAR 855-041, OAR 855-115, OAR 855-120, OAR 855-125, OAR 855-139, OAR 855-141 and OAR 855-143;

(b) Controlled substance is dispensed in compliance with OAR 855-080;

(c) Compounded preparation is dispensed in compliance with OAR 855-~~045~~**183**; and

(d) Radiopharmaceutical is dispensed in compliance with OAR 855-042.

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

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

(4) Ensure each licensed and non-licensed individual only perform duties they are licensed and trained to perform.

(5) Be responsible for the actions of each licensed and non-licensed individual.

(6) Establish, maintain and enforce the drug outlet written procedures required in OAR 855-041-1040.

(7) Comply with the Pharmacist's determination in OAR 855-115-0120(1)(k);

(8) Develop, implement and enforce a continuous quality improvement program for dispensing services from a Drug Outlet Pharmacy designed to objectively and systematically:

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

(b) Improve patient care; and

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

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

Division 43
PRACTITIONER DISPENSING

855-043-0545 *current version on our books as of 7/2025
Dispensing Practitioner Drug Outlets - Dispensing and Drug Delivery

(1) Prescription drugs must be personally dispensed by the practitioner unless otherwise authorized by the practitioner's licensing board.

(2) Drugs dispensed from the DPDO must be dispensed in compliance with the requirements of the practitioner's licensing board.

(3) A DPDO must comply with all requirements of State or federal law.

(4) A DPDO must dispense a drug in a new container that complies with the current provisions of the Poison Prevention Packaging Act in 16 CFR 1700 (v. 01/01/2024), 16 CFR 1701 (v. 01/01/2024) and 16 CFR 1702 (v. 01/01/2024).

(5) Dispensed drugs must be packaged by the DPDO, a pharmacy, or a manufacturer registered with the board.

(6) A DPDO may not accept the return of drugs from a previously dispensed prescription and must maintain a list of sites in Oregon where drugs may be disposed.

(7) A DPDO may deliver or mail prescription to the patient if:

(a) Proper drug storage conditions are maintained; and

(b) The DPDO offers in writing, to provide direct counseling, information on how to contact the practitioner, and information about the drug, including, but not limited to:

(A) Drug name, class and indications;

(B) Proper use and storage;

(C) Common side effects;

(D) Precautions and contraindications; and

(E) Significant drug interactions.

(8) The DPDO must ensure that all prescriptions, prescription refills, and drug orders are correctly dispensed in accordance with the prescribing practitioner's authorization and any other requirement of State or federal law.

(9) **Unless an exemption applies,** e~~E~~ach authorized dispenser of a prescription drug product for which a Medication Guide is required must provide the Medication Guide directly to each patient or patient's agent when the product is dispensed~~, unless an exemption applies~~.

(10) The DPDO must ensure that compounded preparations are dispensed in compliance with OAR 855-183.

[Publications: Publications referenced are available for review at the agency.]

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155 & ORS 689.305

855-043-0630 *Current version on our books as of 7/2025

Correctional Facility **(CF)** - Drug Delivery and Control

(1) Policies and Procedures: The Pharmacist and the practitioner representing the facility are responsible for establishing written policies and procedures for medication management including, but not limited to, drug procurement, dispensing, administration, labeling, medication counseling, drug utilization review, medication records, parenterals, emergency and nonroutine dispensing procedures, stop orders, over-the-counter drugs, security, storage and disposal of drugs within the facility. Policies and procedures must be reviewed and updated annually by the Pharmacist and the practitioner, maintained in the facility; and be made available to the board for inspection. The facility must submit to the board for approval, the name of any employee Pharmacist or a written agreement between the Pharmacist and the facility regarding drug policies and procedures. The facility must notify the board of any change of Pharmacist within 15 days of the change.

(2) Dispensing: Prescription drugs must be dispensed by a Pharmacist or by a practitioner authorized to dispense in either an individual container, medication card, or in a unit dose system. **The Correctional Facility (CF) must ensure that compounded preparations are dispensed in compliance with OAR 855-183.**

(3) Unit Dose Dispensing System. The "Unit Dose Dispensing System" is that drug distribution system which is pharmacy based and which uses unit dose packaging in a manner which removes traditional drug stock from patient care areas and enables the selection and distribution of unit dose packaging to be pharmacy based and controlled:

(a) A unit dose dispensing system must:

(A) By nature of the system;

(i) Provide for separation of medications by patient name and location; and

(ii) Provide for separating medications by day of administration.

(B) By means of an individual patient medication record:

(i) Record the drug and dosing regimen of those drugs dispensed by the pharmacy;

(ii) Record the actual doses dispensed and returned to the pharmacy;

(iii) Record the date of the original order and the date the order is discontinued;

(iv) Provide a means for the Pharmacist to verify the prescriber's original order;

(v) Provide a means for the Pharmacist to certify the accuracy of the selected medication before the dose is delivered for administration to the patient; and

(vi) Provide a mechanism to easily identify those drugs dispensed by pharmacy that are controlled substances.

(b) Each CF utilizing a unit dose dispensing system must establish written policies specifying the categories of drugs which will or will not be dispensed under the unit dose distribution system. Such policies must be available in the pharmacy for inspection by the board:

(A) Proper utilization of the unit dose system requires that, in as far as is practicable, all medications be in unit dose packaging when dispensed.

(B) Controlled substances may be included in the unit dose system if the methods of including such drugs in the system are in compliance with applicable federal and state laws and rules.

(C) Drugs not dispensed in unit dose packaging must be labeled in accordance with (4).

(c) The Pharmacist must certify the accuracy of the selected unit dose packages before the dose is delivered for administration to the patient.

(d) All medication must be stored in a locked area or locked cart.

(4) Labeling: Except as described in SB 450 (2023), prescription drugs dispensed in individual containers or medication cards must be labeled with the following information:

(a) Name and identifying number of the patient/inmate;

(b) Name, strength, and quantity of the drug dispensed. If the drug does not have a brand name, then the generic name of the drug and the drug manufacturer must be stated;

(c) Name of the prescriber;

(d) Initials of the dispenser and the date of dispensing;

(e) Directions for use;

(f) Auxiliary labels and cautionary statements as required;

(g) Manufacturer's expiration date, or an earlier date if preferable; and

(h) Name of the pharmacy.

(5) Patient counseling:

(a) Upon receipt of a prescription drug order and following review by the Pharmacist of the patient's record, the Pharmacist must initiate and provide oral counseling to the patient or to the patient's agent or care giver in all ambulatory care settings and for discharge medications in institutions:

(A) Upon request; or

(B) On matters which a reasonable and prudent Pharmacist would deem significant; or

(C) Whenever the drug prescribed has not previously been dispensed to the patient; or

(D) Whenever the patient's medication record shows the drug has not been previously dispensed to the patient in the same dosage, form, strength or with the same written directions.

(b) When counseling is provided it must include information that a reasonable and prudent Pharmacist would deem necessary to provide for the safe and effective use of the drug. Such information may include the following:

(A) The name and description of the drug;

(B) The dosage form, dose, route of administration, and duration of drug therapy;

(C) The intended use of the drug and expected actions;

(D) Special directions and precautions for preparation, administration, and use by the patient;

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

(F) The possible dangers of taking the drug with alcohol, or taking the drug and then operating a motor vehicle or other hazardous machinery;

(G) Techniques for self-monitoring drug therapy;

(H) Proper storage;

(I) Prescription refill information;

(J) Action to be taken in the event of a missed dose; and

(K) Pharmacist comments relevant to the patient's drug therapy, including any other information peculiar to the specific patient or drug.

(c) Patient counseling must be in person whenever practicable. Whenever the prescription is delivered outside the confines of the pharmacy by mail or other third party delivery, counseling must be in writing and by free access to the Pharmacist by phone.

(d) Subsections (a) and (b) of this section must not apply to those prescription drug orders for inpatients in hospitals or institutions where the drug is to be administered by a nurse or other individual authorized to administer drugs.

(e) Notwithstanding the requirements set forth in subsection (a), a Pharmacist is not required to provide oral counseling when a patient refuses the Pharmacist 's attempt to counsel, or when the Pharmacist, on a case by case basis and in the exercise of professional judgment, determines that another form of counseling would be more effective.

(f) Board rules for patient counseling must be observed for **each inmate/**patient~~/inmates~~ who self-administer**s** or who ~~are~~ **is** ~~given~~ **dispensed** prescription drugs when they are released from the CF.

(6) Administration: Drugs must be administered to **each** inmate/patient~~s~~ by a practitioner or nurse, or by an unlicensed person who has been trained to administer drugs as defined by the Oregon State Board of Nursing in OAR 851-045-0060. Drugs selected by **a** registered nurses from ~~manufacturer's or Pharmacist's~~ **a** bulk drug containers **as defined in OAR 855-043-0610** must not be administered by **an** unlicensed persons, except under certain emergency and nonroutine situations as described in the facility's policies and procedures.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155 & 2023 SB 450

855-043-0740 *current version on our books as of 7/2025
Community Health Clinic (CHC) - Dispensing and Drug Delivery

(1) A drug may only be dispensed by a practitioner who has been given dispensing privileges by their licensing Board or by a Registered Nurse.

(2) A Registered Nurse may only provide over-the-counter drugs pursuant to established CHC protocols.

(3) A Registered Nurse may only dispense a drug listed in, or for a condition listed in, the formulary.

(4) Nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by a practitioner who has been given dispensing privileges by their licensing Board, or by a Registered Nurse, prior to being delivered or transferred to the patient.

(5) The CHC will provide appropriate drug information for medications dispensed to a patient, which can be provided by the Registered Nurse or practitioner at the time of dispensing.

(6) A CHC must dispense a drug in a new container that complies with the current provisions of the Poison Prevention Packaging Act in 16 CFR 1700 (v. 01/01/2024), 16 CFR 1701 (v. 01/01/2024) and 16 CFR 1702 (v. 01/01/2024).

(7) Dispensed drugs must be packaged by the practitioner, Registered Nurse, a pharmacy; or a manufacturer registered with the board.

(8) A CHC may not accept the return of drugs from a previously dispensed prescription and must maintain a list of sites in Oregon where drugs may be disposed.

(9) A CHC must have access to the most current issue of at least one pharmaceutical reference with current, properly filed supplements and updates appropriate to and based on the standards of practice for the setting.

(10) A CHC may deliver or mail prescription to the patient if:

(a) Proper drug storage conditions are maintained; and

(b) The CHC offers in writing, to provide direct counseling, information on how to contact the practitioner, and information about the drug, including, but not limited to:

(A) Drug name, class and indications;

(B) Proper use and storage;

(C) Common side effects;

(D) Precautions and contraindications; and

(E) Significant drug interactions.

(11) The CHC must ensure that all prescriptions, prescription refills, and drug orders are correctly dispensed in accordance with the prescribing practitioner's authorization and any other requirement of State or federal law.

(12) The CHC must ensure that compounded preparations are dispensed in compliance with OAR 855-183.

(12~~3~~3) **Unless an exemption applies, e**~~E~~ach authorized dispenser of a prescription drug product for which a Medication Guide is required must provide the Medication Guide directly to each patient or patient's agent when the product is dispensed~~, unless an exemption applies~~.

[Publications: Publications referenced are available for review at the agency.]

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.305

*If the Board permanently adopts Division 183, the following rules in Div 045 would be permanently repealed

~~855-045-0200~~
~~Application~~

~~(1) Any person, including any business entity, located in or outside Oregon that engages in the practice of compounding a drug for use or distribution in Oregon must register with the board as a drug outlet and comply with board regulations.~~

~~(2) These rules apply to sterile and non-sterile compounding of a drug.~~

~~(3) All drug compounding must adhere to standards of the current edition of the United States Pharmacopeia (USP) and the National Formulary (NF) including:~~

~~(a) USP <795> Pharmaceutical Compounding- Non-Sterile Preparations (05/01/2020 v. 2014);~~

~~(b) USP <797> Pharmaceutical Compounding—Sterile Preparations (05/01/2020 v. 2008);~~

~~(c) USP <800> Hazardous Drugs—Handling in Healthcare Settings (07/01/2020 v. 2020);~~

~~(d) USP <825> Radiopharmaceuticals—Preparation, Compounding, Dispensing, and Repackaging (01/01/2024); and~~

~~(e) All Chapters of USP and USP-NF related to the compounding practices at any location. This includes, but is not limited to Chapters 7 (09/01/2023), 51 (05/01/2018), 71 (2013), 85 (05/01/2018),151 (05/01/2017), 659 (04/01/2021), 660 (10/01/2023), 671 (12/01/2020), 695 (2013), 731 (11/01/2020), 821 (05/01/2017), 823 (2013), 1066 (08/01/2015), 1072 (2013), 1116 (2013), 1151 (05/01/2021), 1160 (12/01/2020), 1163 (12/01/2020), 1176 (05/01/2019), 1191 (05/01/2018), 1211 (03/01/2019), 1229.5 (08/01/2022), 1231 (12/01/2021), and 1821 (05/01/2017).~~

~~[Publications: Publications referenced are available for review at the agency or from the United States Pharmacopoeia.]~~

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

~~855-045-0205~~
~~Compliance with New Standards~~

~~As an alternative to the requirements in OAR 855-045-0200(3)(a) and (3)(b) registrants may comply with any or all standards contained in:~~

~~(1) USP <795> Pharmaceutical Compounding—Non-Sterile Preparations (11/1/2023).~~

~~(2) USP <797> Pharmaceutical Compounding—Sterile Preparations (11/1/2023).~~

[Publications: Publications referenced are available for review at the agency or from the United States Pharmacopoeia.]
Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-045-0210
Registration

(1) A non-resident drug outlet that distributes a non-patient specific compounded drug into Oregon must be registered with the FDA as a 503B Outsourcing Facility and must register with the Board as a manufacturer drug outlet.

(2) A resident drug outlet that distributes a non-patient specific human compounded drug within or outside of Oregon must register with the FDA as a 503B Outsourcing Facility and must register with the Board as a manufacturer drug outlet.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155

855-045-0220
Personnel and Responsibilities

(1) All personnel who prepare and supervise the preparation of a compound must complete appropriate training and be capable and qualified to perform assigned duties.

(2) The Pharmacist-in-Charge (PIC) and the drug outlet must establish, maintain and enforce policies and procedures in accordance with the standards required in OAR 855-045-0200(3) for all aspects of the compounding operation according to the type of compounding performed and must include written procedures for:

(a) Personnel qualifications, to include training, evaluation and requalification;

(b) Hand hygiene;

(c) Garbing;

(d) Engineering and environmental controls, to include equipment certification and calibration, air and surface sampling, and viable particles;

(e) Cleaning activities, to include sanitizing and disinfecting, including those compounding personnel and other staff responsible for cleaning;

(f) Components, to include selection, handling, and storage;

(g) Creating master formulation records, with documented pharmacist approval;

(h) Creating compounding records;

~~(i) Establishing beyond-use dates (BUDs);~~

~~(j) Continuous quality assurance program and quality controls, to include release testing, end-product evaluation, and quantitative/qualitative testing;~~

~~(k) Completed compounded preparations, to include handling, packaging, storage and transport;~~

~~(l) Adverse event reporting process and recall procedure. The recall procedure must include notification to the board within 10 working days in the event of a patient-level recall of a compounded drug.~~

~~(3) The Pharmacist-in-Charge (PIC) must annually complete a self-inspection using the board's Compounding Self-Inspection Form by July 1 and retain for board inspection.~~

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

~~855-045-0240~~
~~Labeling of Compounded Drugs~~

~~In addition to the labeling requirements specified in OAR 855-041, the label of a compounded drug dispensed or distributed must contain the following, at a minimum:~~

~~(1) The generic or official name of each active ingredient;~~

~~(2) The strength or concentration of each active ingredient, to include primary solution for a sterile parenteral preparation;~~

~~(3) The dosage form and route of administration;~~

~~(4) Rate of infusion, for a sterile parenteral preparation;~~

~~(5) The total quantity of the drug product;~~

~~(6) A beyond-use date (BUD), compliant with standards required in OAR 855-045-0200(3); and~~

~~(7) Handling, storage or drug specific instructions, cautionary information, and warnings as necessary or appropriate for proper use and patient safety.~~

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

~~855-045-0270~~
~~Records~~

~~(1) All records must be maintained in written or electronic format, stored in an organized manner, retained for a minimum of three years and be made readily available for inspection by the Board. Records must be stored onsite for at least one year and then may be stored in a secure off-site location if then retrievable within three business days. Required records include, but are not limited to:~~

~~(a) Standard operating procedures, including documented annual review;~~
~~(b) Personnel training according to the type of compounding performed, including competency assessment, and qualification records, including corrective actions for any failures, including gloved fingertip and thumb sampling test and aseptic manipulation validation. The pharmacy must maintain a training record for each person, including temporary personnel, who compound preparations. At a minimum, the record must contain:~~

~~(A) Name and signature of the person receiving the training;~~

~~(B) Documentation of initial and continuing competency evaluation, to include dates and results of required elements outlined in the outlet's policies and procedures; and~~

~~(C) Name and signature of the pharmacist who is designated as responsible for validation of the completion of all training.~~

~~(c) Engineering and environmental control records, including equipment, calibration, certification, environmental air and surface monitoring procedures and results, as well as documentation of any corrective actions taken; and~~

~~(d) Cleaning and disinfecting of all compounding areas and equipment.~~

~~(2) Master formulation records, including as appropriate:~~

~~(a) The name, strength and dosage form of the preparation;~~

~~(b) Physical description of the final preparation;~~

~~(c) Ingredient identities and amounts;~~

~~(d) Complete instructions for preparing the product, including equipment, supplies, and a description of the compounding steps;~~

~~(e) Calculations needed to determine and verify quantities of components and doses of ingredients;~~

~~(f) Compatibility and stability information, including references;~~

~~(g) Beyond-use date (BUD) assignment and storage requirements, including reference source;~~

~~(h) Sterilization method utilized, when applicable. Methods include steam, dry heat, radiation and filtration;~~

~~(i) Quality control procedures and expected results; and~~

~~(j) Appropriate ancillary instructions, such as storage instructions or cautionary statements, including hazardous drug warning labels where appropriate.~~

~~(3) Each compounded product must be documented and the unique compounding record must include, but is not limited to, the following:~~

~~(a) Drug name, strength, and dosage form of the preparation;~~

~~(b) Physical description of the final preparation, when dispensed to a patient for self-administration;~~

~~(c) Master formulation record reference for the preparation, when applicable;~~

~~(d) Quantity prepared;~~

~~(e) Date and time prepared;~~

~~(f) Pharmacy unique lot number;~~

~~(g) Name, quantity, and manufacturers' lot numbers and expiration dates for all ingredients used to prepare compounded product, to include the name of the base, diluent, or primary excipient;~~

~~(h) Beyond-use date;~~

~~(i) Pharmacist documented verification of order accuracy;~~

~~(j) Identity of all personnel involved in each step of the process;~~

~~(k) Documentation of the proper weight and measurement of each ingredient;~~

~~(l) Pharmacist documented verification of compounded product accuracy including the correct formula, calculations, and the correct measurements and drugs used;~~

~~(m) Total quantity compounded;~~

~~(n) Beyond-use date assignment and storage requirements, including reference source, if differs from master formulation record;~~

~~(o) Documentation of any quality control issue and any adverse reaction or preparation problem, including those reported by the patient, caregiver, or other person, to include corrective actions for any failure;~~

~~(p) Records of dispensing or transfer of all compounded preparations; and~~

~~(q) Any other information required by the pharmacy's policies and procedures.~~

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

SBAR: Approval Request – Retire Pharmacist licenses

S	**Situation:** During the 2025 renewal period, 82 Pharmacists submitted requests to retire their licenses. 81 Pharmacists were evaluated and confirmed to be in good standing and licensed as Pharmacists for at least 20 years.
B	**Background:** On March 1, 2024, the Board adopted rules that revised the process for retiring a pharmacist license. Under these rules, a request to retire a license now requires formal acceptance by the Board. ***Related OAR(s):*** **855-115-0045 –** Licensure: Retire (1) A Pharmacist may request that the board retire their license if the Pharmacist is in good standing, has been licensed as a Pharmacist for at least 20 years and is no longer practicing pharmacy. (a) A retired license is not considered discipline. (b) The board has continuing authority under ORS 689.153. (c) A person must not practice pharmacy if the license is retired. (d) A person may apply for renewal or reinstatement according to OAR 855-115-0035. (2) If a Pharmacist requests to retire their license prior to the expiration date of the license, the following applies: (a) The license remains in effect until the board accepts the request to retire the license. (b) If the board accepts the request to retire the license, the board will notify the licensee of the date the license is no longer active. (c) The board will not accept the request to retire the license if an investigation of or disciplinary action against the licensee is pending.
A	**Assessment:** The evaluation of all requests to retire a Pharmacist license occurred in late August, after the licenses lapsed on June 30, 2025. Board staff updated the status of the licenses to “Retired” in the licensing database and began notifying the licensees. 28 of the 82 pharmacists were notified that their license status had changed from “Lapsed” to “Retired.” Prior to completing the notification process, staff re-reviewed the requirements and the approved Staff Delegated Authority (SDA). It was determined that the notifications were issued prematurely, as the existing SDA item— *“Approve voluntary registration and license lapse requests not connected to any pending investigation or disciplinary action. Work with compliance to appropriately lapse registration with pending investigation or disciplinary action.”* —does not apply to the acceptance of a request to retire a pharmacist license. Board review and acceptance is required. Board staff has updated the internal process to align with the rule: • Each request will be reviewed and evaluated at the time of submission.

	• A list of requests to retire a Pharmacist license will be prepared for review and approval at the next applicable Board meeting.
R	**Recommendation:** **Vote to ratify** the approvals to retire pharmacist licenses received during the 2025 renewal cycle. • Direct staff to notify all requestors that the Board has accepted their request to retire their license. • Schedule a future discussion on whether to add approval of Pharmacist license retirements—when all qualifications are met—to the Staff Delegated Authority for ratification at a subsequent Board meeting.

Board review 10/2025

State of Oregon
Oregon Board of Pharmacy
Request to Retire Pharmacist License - 2025

License Number	Pharmacist Name	City	State	Issue Date	Years Licensed In Oregon
RPH-0005000	MARK J. HYMAN	PORTLAND	OR	09/14/1965	60
RPH-0005050	GERALD G ROOD	WARREN	OR	04/08/1966	59
RPH-0005255	DOUGLAS H. RUDE	BEND	OR	06/13/1968	57
RPH-0005732	ELAINE M FOWLER	AGUILA	AZ	12/05/1972	53
RPH-0005934	MICHAEL F BRECKINRIDGE	BETHEL	CT	02/27/1974	51
RPH-0006122	CHRISTINE A. KOVACH	HAPPY VALLEY	OR	08/26/1975	50
RPH-0006146	CARL F HEISEL	PORTLAND	OR	09/10/1975	50
RPH-0006186	MICHAEL H. BRONSON	ROUND ROCK	TX	12/02/1975	50
RPH-0006289	ROBERT L WHITE	WASHOUGAL	WA	09/08/1976	49
RPH-0006305	DOUGLAS L GORDON	SAN DIEGO	CA	11/01/1976	49
RPH-0006326	ANDREW WALTER KOSTECHKA	MILWAUKIE	OR	01/19/1977	48
RPH-0006424	ROBERT STEVEN KELLAR	ORO VALLEY	AZ	11/14/1977	48
RPH-0006434	PAUL DOUGLAS TAMURA	TIGARD	OR	11/15/1977	48
RPH-0006520	JAMES REED HANSEN	PORTLAND	OR	07/06/1978	47
RPH-0006620	RICHARD JAMES ROSE	Tigard	OR	03/02/1979	46
RPH-0006700	LINDA LEE GLEESON	LA GRANDE	OR	10/03/1979	46
RPH-0006725	MARILANI CHING	PORTLAND	OR	11/19/1979	46
RPH-0006845	REGINA ALICE BOECK	MEDFORD	OR	08/07/1980	45
RPH-0006848	RAYMOND P. GROTZINGER	PORTLAND	OR	08/07/1980	45
RPH-0006859	LORENE A SCHUBKEGEL	GILBERT	AZ	08/11/1980	45
RPH-0006872	PAMELA JEAN JOHNSON	SANTA BARBARA	CA	09/04/1980	45
RPH-0006891	SALLY G LOGAN	PORTLAND	OR	11/06/1980	45
RPH-0006927	STEVEN E KNUDSON	SHERIDAN	WY	03/03/1981	44
RPH-0007027	WILFRID S LIN	PORTLAND	OR	10/29/1981	44
RPH-0007032	DEBRA J RENNER-MACDONALD	PARK CITY	UT	10/30/1981	44
RPH-0007045	M LEAH GROTZINGER	PORTLAND	OR	11/05/1981	44

State of Oregon
Oregon Board of Pharmacy
Ratification of Retired Pharmacist Licenses 2025

License Number	Pharmacist Name	City	State	Issue Date	Years Licensed In Oregon
RPH-0007081	DAVID ERWIN IDE	GRESHAM	OR	04/29/1982	43
RPH-0007172	KAREN DEE NIFFENEGGER	VANCOUVER	WA	12/03/1982	43
RPH-0007265	ROBYN RICHMOND WINDEN	TIGARD	OR	10/26/1983	42
RPH-0007297	JOHN R O'CONNELL	SANTA ROSA	CA	03/09/1984	41
RPH-0007381	NANCY R. HANKS SHEELEY	WEST LINN	OR	10/03/1984	41
RPH-0007384	CLIFFORD GERARD GALVIN	DAMASCUS	OR	11/05/1984	41
RPH-0007399	KELLY ANN SCOTT	BEND	OR	11/08/1984	41
RPH-0007408	MARY ALICE HAYWARD	VANCOUVER	WA	01/24/1985	40
RPH-0007421	PAMELA JOYCE WHITE	WASHOUGAL	WA	03/13/1985	40
RPH-0007505	MICHELLE A. MURRAY	PORTLAND	OR	03/18/1986	39
RPH-0007524	LYDIA SUSANNE DAVIS	BEAVERTON	OR	05/07/1986	39
RPH-0007525	KENNETH EARL BOWMAN	SAN DIEGO	CA	07/01/1986	39
RPH-0007543	SALLY HUMBLE BOOSTER	BEND	OR	08/20/1986	39
RPH-0007589	DALE RAY SHAW	TUCSON	AZ	11/19/1986	39
RPH-0007623	DEREK S. ANDRUS	PORTLAND	OR	04/15/1987	38
RPH-0007650	GERALD P ZOOK	EUGENE	OR	07/23/1987	38
RPH-0007663	ROBERT YANCEY	VANCOUVER	WA	08/19/1987	38
RPH-0007709	PHIL H. CHASE	FEDERAL WAY	WA	12/17/1987	38
RPH-0007710	LINDA MARIE AMADOR	MODESTO	CA	01/04/1988	38
RPH-0007813	KURT ALBERT SCHLUTER	OREGON CITY	OR	11/16/1988	37
RPH-0007814	PEGGY FEY-CHI SHIH	SAMMAMISH	WA	11/16/1988	37
RPH-0007845	LINDA DAWN HOWREY	PORTLAND	OR	03/15/1989	36
RPH-0007884	GERARD P. GLASSO	EUGENE	OR	07/19/1989	36
RPH-0007893	JOHN D. HYDE	PARKER	CO	07/28/1989	36
RPH-0007932	RANDY BAHM	ROCHESTER	WA	10/19/1989	36
RPH-0007950	JUNE A. FRYER	GRANTS PASS	OR	12/20/1989	36

State of Oregon
Oregon Board of Pharmacy
Ratification of Retired Pharmacist Licenses 2025

License Number	Pharmacist Name	City	State	Issue Date	Years Licensed In Oregon
RPH-0008005	E. MICHAEL CANTON	NEW BRAUNFELS	TX	05/16/1990	35
RPH-0008077	KATHERINE NEOM KALNS	SAN ANTONIO	TX	10/05/1990	35
RPH-0008281	MICHAEL D ELLIS	HILLSBORO	OR	03/18/1992	33
RPH-0008290	LINDA M AARE-NARITS	MILWAUKIE	OR	03/18/1992	33
RPH-0008381	LOUISE A SCHUMANN	EUGENE	OR	09/23/1992	33
RPH-0008538	JENEAN RUTH SOLOMON	SHERIDAN	WY	09/29/1993	32
RPH-0008588	LINDA KAY BAULT	ALBANY	OR	03/01/1994	31
RPH-0008591	USSAH MANYRATH	TIGARD	OR	03/01/1994	31
RPH-0008651	TRACEY L MOORE	SPOKANE VALLEY	WA	07/27/1994	31
RPH-0008665	STEPHEN P WOOD	SEATTLE	WA	08/01/1994	31
RPH-0008726	LAURIE D BABIRACKI SHORB	KLAMATH FALLS	OR	11/16/1994	31
RPH-0008727	PATRICIA LINN GILPIN	MCMINNVILLE	OR	11/16/1994	31
RPH-0008744	RALPH L CURDIE	SIOUX FALLS	SD	12/14/1994	31
RPH-0008789	ANN L ZWEBER	TUCSON	AZ	04/19/1995	30
RPH-0008826	PENNY M PASTORI	VANCOUVER	WA	07/31/1995	30
RPH-0008834	MONIKA MARIE ADAMS MILLER	BEAVERTON	OR	08/01/1995	30
RPH-0009000	MERRIE KAY ALZOLA	WASHOUGAL	WA	07/12/1996	29
RPH-0009020	SU YAN HAR	ROSEBURG	OR	07/31/1996	29
RPH-0009310	MARIE ANN MOREKEN	KLAMATH FALLS	OR	01/22/1998	27
RPH-0009415	JOHN WALLACE CHANDLER	PORTLAND	OR	07/16/1998	27
RPH-0009721	CESAR AUGUSTO LEON ALZOLA	WASHOUGAL	WA	10/01/1999	26
RPH-0009723	JOHN THOMAS MCNULTY	STAYTON	OR	10/04/1999	26
RPH-0009847	JONATHAN JAY YODER	INDEPENDENCE	OR	08/11/2000	25
RPH-0009935	MARIE-JOSEE DION	HILLSBORO	OR	01/19/2001	24
RPH-0010059	GLORIA NUGENT VIRNIG	SALEM	OR	09/24/2001	24
RPH-0010061	DARCY LYNN MILLER	MADRAS	OR	09/27/2001	24

State of Oregon
Oregon Board of Pharmacy
Ratification of Retired Pharmacist Licenses 2025

License Number	Pharmacist Name	City	State	Issue Date	Years Licensed In Oregon
RPH-0010068	TODD NICK ZUFELT	SPARKS	NV	10/12/2001	24
RPH-0010109	SANDRA LEIGH LOGAN	BEAVERTON	OR	01/09/2002	23
RPH-0010308	G DANIEL TO	MAPLE VALLEY	WA	08/18/2003	22

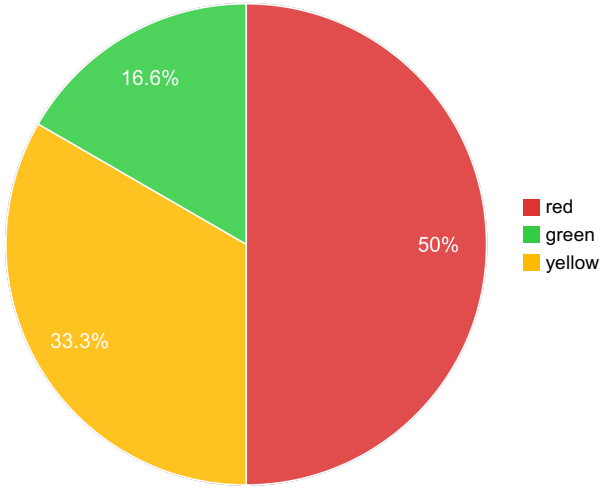
Board of Pharmacy

Annual Performance Progress Report

Reporting Year 2025

Published: 10/1/2025 5:21:58 PM

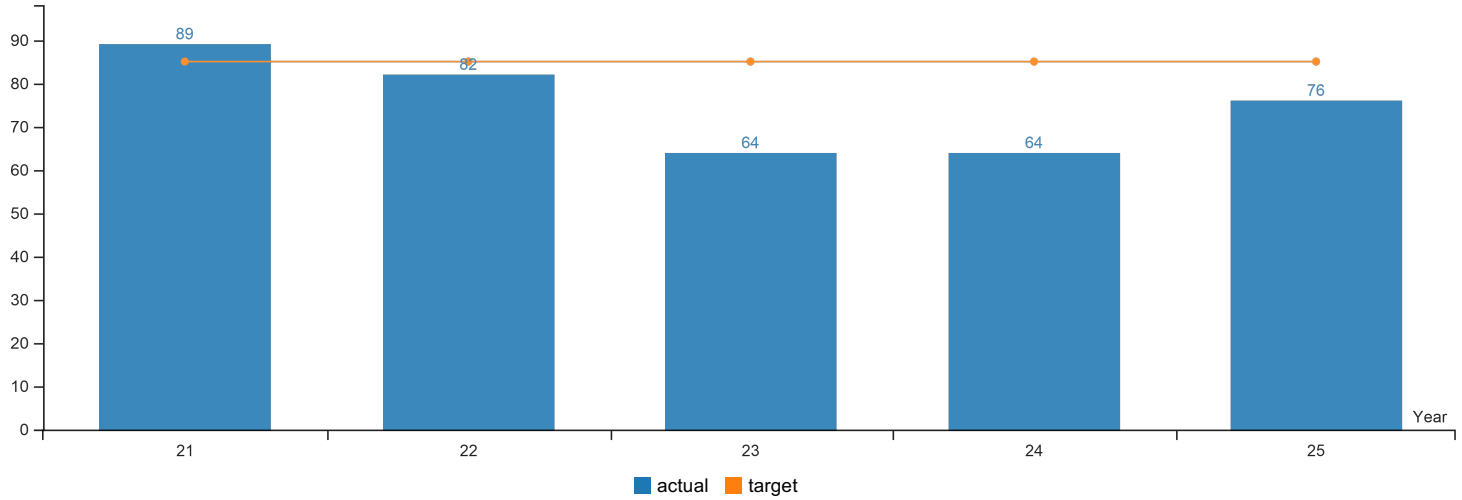
KPM #	Approved Key Performance Measures (KPMs)
1	Percent of inspected pharmacies that are in compliance annually. -
2	Percentage of individual and facility licenses that are issued within 30 days. -
3	Percent of pharmacies inspected every two years. -
4	Average number of days to complete an investigation from complaint to board presentation. -
5	Customer Service - Percent of customers rating their satisfaction with the agency's customer service as "Good" or "Excellent" : Overall Customer Service, Timeliness, Accuracy, Helpfulness, Expertise, and Availability of Information.
6	Board Best Practices - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	16.67%	33.33%	50%

KPM #1	Percent of inspected pharmacies that are in compliance annually. -
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2021	2022	2023	2024	2025
Percentage of Pharmacies that are in compliance annually.					
Actual	89%	82%	64%	64%	76%
Target	85%	85%	85%	85%	85%

How Are We Doing

Regulatory compliance is paramount to ensuring patient safety. Our new inspection process, implemented in late 2023 and fully effective in 2024, was redesigned to enhance the efficiency of our communications and clarity in our expectations, thereby promoting increased compliance. The resulting improvement in compliance from 2023 to 2024 demonstrates the success of these efforts and indicates that we are effectively assisting licensees and registrants in upholding patient safety standards. Based on this trend, we anticipate further progress in 2025.

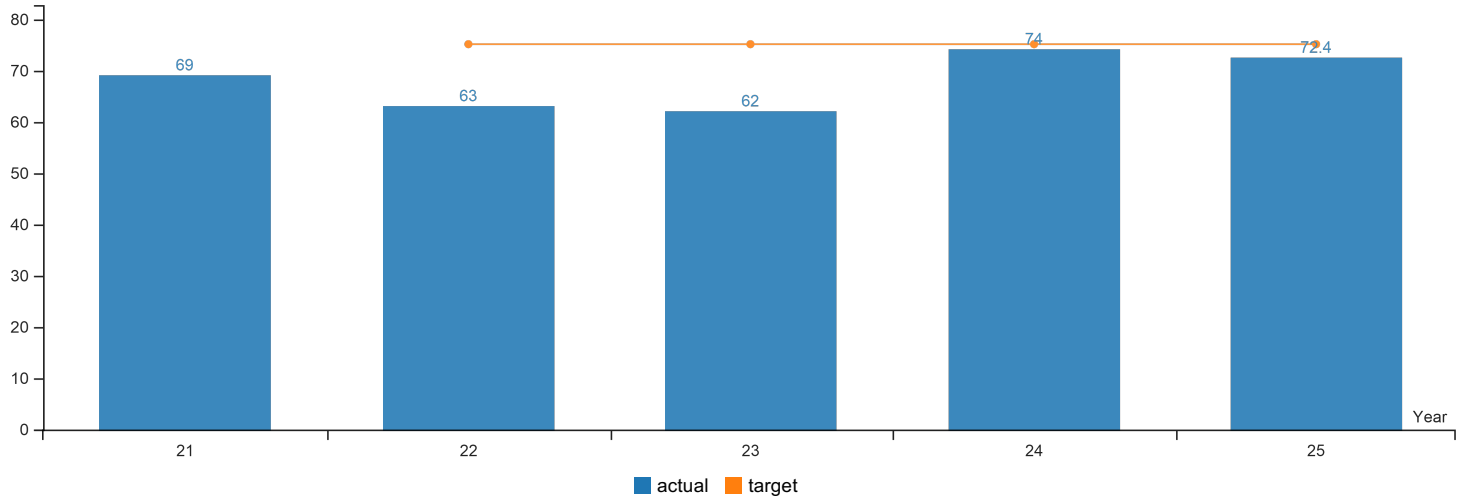
Response Needed	118
No Response Needed	209
Total:	**327**

Factors Affecting Results

The Board continually works to improve regulatory compliance. A new inspection process was implemented in late 2023 and fully effective in 2024, with a focus on enhancing the efficiency of our communications and clarity in our expectations. The resulting improvement in compliance may be attributed to these efforts, which more effectively guide pharmacies in meeting regulatory standards.

KPM #2	Percentage of individual and facility licenses that are issued within 30 days. -
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2021	2022	2023	2024	2025
Percentage of individual and facility licenses that are issued within 30 days.					
Actual	69%	63%	62%	74%	72.40%
Target		75%	75%	75%	75%

How Are We Doing

In 2024, a total of 3,321 licenses were issued, representing a 0.9% increase from 2023. Although on-time issuance within the 30-day target fell to 72.4% (a decrease of 1.6%), the agency significantly reduced the average processing time for individual licenses by 10 days. This improvement was achieved despite an increase in facility license processing time, from 42 to 45 days.

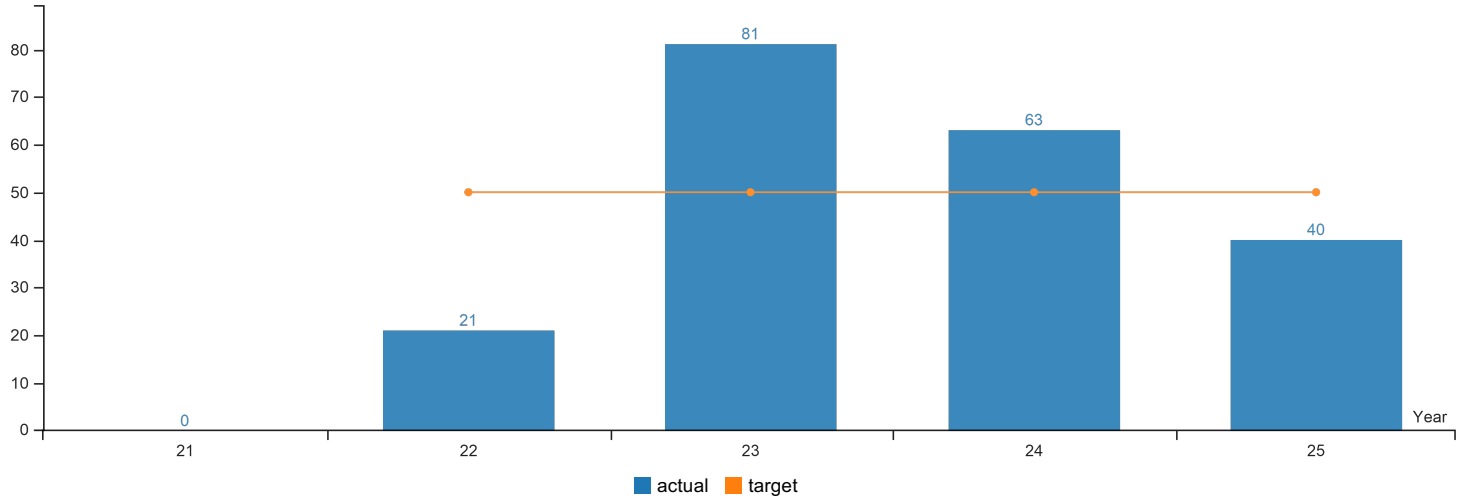
Factors Affecting Results

Application Complexity: Delays are caused by receiving incomplete applications, which require extensive staff follow-up, and by complex applications involving out-of-state discipline or criminal background checks. These complex situations often require investigation, preparation, and presentation for Board review.

Staffing Constraints: Staffing limitations were a critical factor, particularly in late 2024, when available full-time licensing staff was reduced by 50% due to vacancies and protected leave. Despite relying on temporary staff, the volume of applications exceeded capacity, which contributed to the increased average processing time for facilities. The Licensing Department remains dedicated to enhancing communication and refining internal workflows for efficiency. Looking forward, the agency postulates that upgrading to a more contemporary software platform, which is currently being pursued, will help substantially mitigate these challenges and improve processing efficiency.

KPM #3	Percent of pharmacies inspected every two years. -
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2021	2022	2023	2024	2025
Percent of pharmacies inspected every 2 years.					
Actual		21%	81%	63%	40%
Target		50%	50%	50%	50%

How Are We Doing

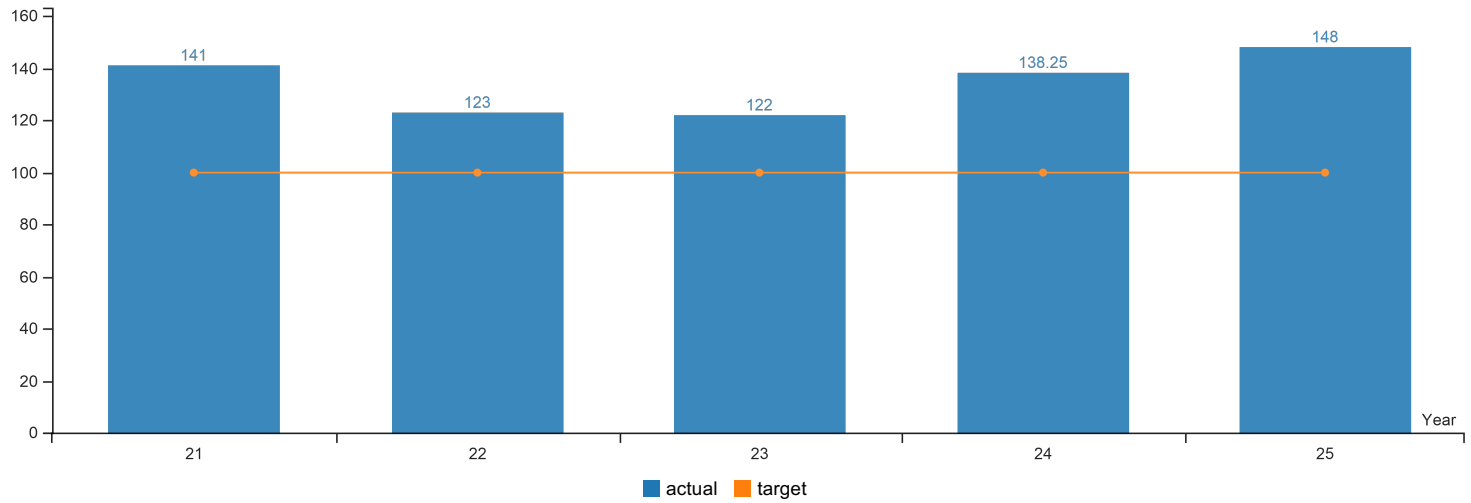
This measure assesses the Board's ability to meet its goal of inspecting all pharmacies on a two-year cycle, with an incremental target of inspecting 50% of them annually. In 2024, the Board completed 327 of the 808 targeted inspections (totaling 40%). While this represents a solid effort, it falls short of the 50% annual target, resulting in an 80% compliance rate with this metric.

Factors Affecting Results

The Board’s goal is to inspect all pharmacies on a two-year cycle. While the annual target is to complete 50% of these inspections, the number may slightly vary to respond to and accommodate the agency’s evolving needs. In 2024, we completed 40% of inspections and successfully completed the residual 60% in 2025. This ensured the goal for the two-year cycle was met and positions us to repeat this achievement during the next cycle.

KPM #4	Average number of days to complete an investigation from complaint to board presentation. -
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



Report Year	2021	2022	2023	2024	2025
Number of days to process complete investigation from complaint to Board presentation.					
Actual	141	123	122	138.25	148
Target	100	100	100	100	100

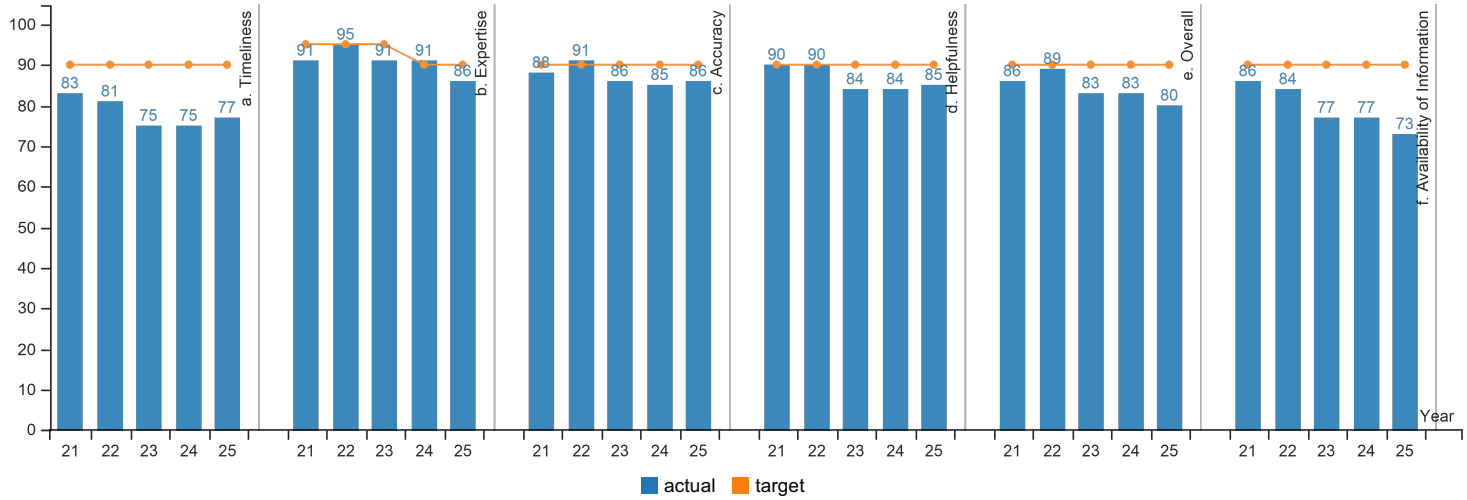
How Are We Doing

Although the agency did not meet its 2024 target, we are continuously dedicated to enhancing our investigative and administrative processes. The Compliance Department strives to complete investigations promptly and submit timely reports to the Board. This entails meticulously gathering all relevant information, such as prescription records, statements, and witness interviews. This information is then presented to the Board to ensure it is equipped to make informed decisions and take appropriate action, thereby promoting public health, safety and welfare.

Factors Affecting Results

The agency continues to face significant challenges due to its high investigatory workload. Over the past three years, the number of new cases per year has risen substantially, and has remained over 1,000 since 2022. This has created a backlog that was further intensified by five key staff vacancies in the Compliance Department in 2024. Beyond a certain threshold, we've observed an inverse relationship between caseload and processing efficiency. This is primarily due to the time associated with manually tracking cases, processing correspondence, and allocating resources for the strategic triaging of cases; this impact, in part, could be substantially mitigated by an upgrade to a more contemporary software platform, which the agency is currently pursuing.

KPM #5	Customer Service - Percent of customers rating their satisfaction with the agency's customer service as "Good" or "Excellent" : Overall Customer Service, Timeliness, Accuracy, Helpfulness, Expertise, and Availability of Information.
	Data Collection Period: Jan 01 - Dec 31



Report Year	2021	2022	2023	2024	2025
a. Timeliness					
Actual	83%	81%	75%	75%	77%
Target	90%	90%	90%	90%	90%
b. Expertise					
Actual	91%	95%	91%	91%	86%
Target	95%	95%	95%	90%	90%
c. Accuracy					
Actual	88%	91%	86%	85%	86%
Target	90%	90%	90%	90%	90%
d. Helpfulness					
Actual	90%	90%	84%	84%	85%
Target	90%	90%	90%	90%	90%
e. Overall					
Actual	86%	89%	83%	83%	80%
Target	90%	90%	90%	90%	90%
f. Availability of Information					
Actual	86%	84%	77%	77%	73%
Target	90%	90%	90%	90%	90%

How Are We Doing

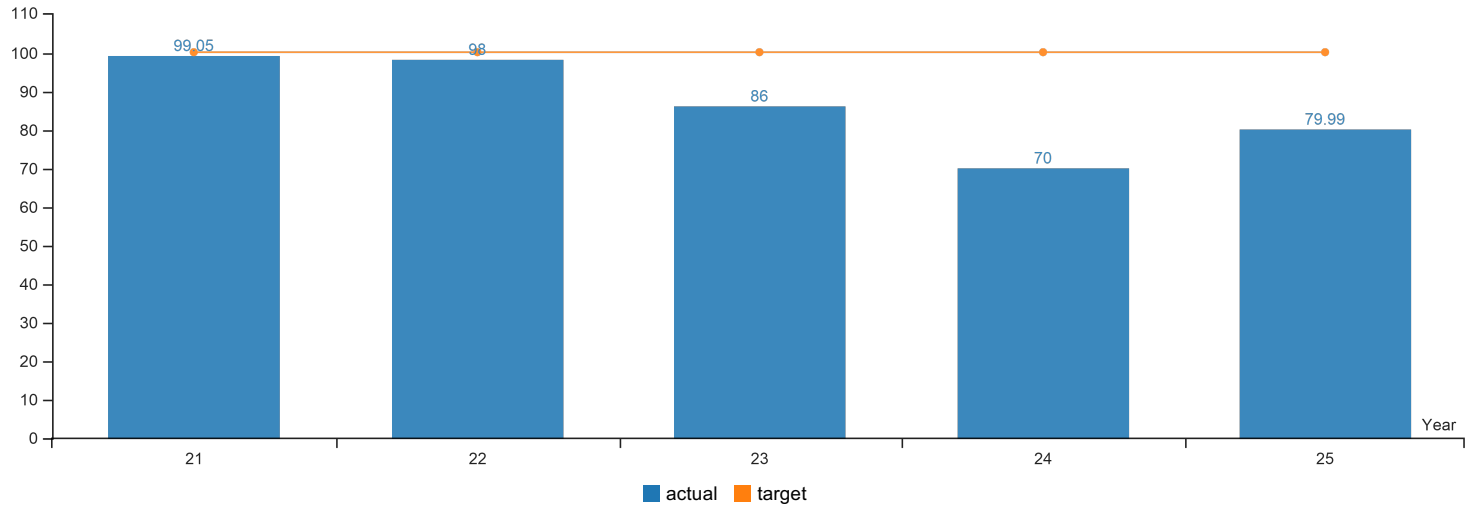
The overall average customer satisfaction score of 81.3% is a 4.4% decrease from 2023. The figures represent the percentage of customers rating their satisfaction with the agency’s customer service as either "Good" or "Excellent."

Factors Affecting Results

Staffing limitations were a critical factor, particularly in late 2024, when available full-time licensing staff was reduced by 50% due to vacancies and protected leave. Despite relying on temporary staff, the volume of applications and inquiries exceeded capacity, which likely contributed to the observed results. The agency remains committed to continuous quality improvement and is working to address these operational constraints to uphold its commitment to serving Oregonians.

KPM #6	Board Best Practices - Percent of total best practices met by the Board.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2021	2022	2023	2024	2025
Is the Board following Best Practices?					
Actual	99.05%	98%	86%	70%	79.99%
Target	100%	100%	100%	100%	100%

How Are We Doing

This measure demonstrates that we are meeting management best practices with respect to governance oversight by our Board. The criteria being evaluated includes Executive Director performance expectations and feedback, strategic management and policy development, and fiscal oversight and board management. The Oregon Board of Pharmacy engages in an ongoing strategic planning process that addresses several of the issues evaluated in this measure. Board members discuss oversight and governance activities during Board meetings. The Board President and Executive Director regularly meet, and discuss pertinent agency matters as appropriate. With conisistency and clarity provided by the new Executive Director, the Board anticipates further progress towards meeting the target in the future.

Factors Affecting Results

This year, seven of the nine board member positions completed the board best practices survey for this measure. One board member resigned, and one board member's term ended prior to the survey being launched.

The Board discussed the process, the approved Key Performance Measures, and the timeline for the survey, and reviewed the prior year results during the June 2025 board meeting. The Board Best Practices survey was conducted in July 2025, and the Board reviewed the results during the August 2025 board meeting.

The Executive Director communicated that the survey results could be attributed to confusion due to staff and board member turnover, including in the Executive Director position, and that this impacted the board members' evaluation. Board members expressed that it was difficult to recall and assess the best practices due to having two Executive Directors during 2024. With a new permanent Executive Director in place, we anticipate that the resulting consistency and clarity will lead to improved results for the next survey in 2026.

Oregon Board of Pharmacy

Budget Report: June 2025 (Month 12)

Revenue:

Through June, revenue is $10,287,484 (9.7%) **over** budget

Expenditures:

Through June, **total expenditures** are $10,037,858 (11.4%) **under** budget

Personal services are $7,170,214 (10.4%) **under** budget

Services and Supplies are $2,867,643 (15.9%) **under** budget

Special Payments are $0 (100%) **under** budget

Revenues less Expenditures: $249,626

Cash Balance:

Cash balance through June is $2,737,533 which represents (5.80) months of operating expense)

Note: This the above is a snap-shot of the biennium to date through June 2025. It does not include projections for the remainder of the biennium.

End of biennium projected cash balance is $4,996,363, which represents (11.85) months of operating expense*)

Cash balance target is $2,529,848, (6.0 months of operating expense)

*Note: The end of biennium projected cash balance is calculated based on the biennium to date plus the remaining months projections for 2023-25.

Oregon Board of Pharmacy				
Total All Funds - LAB 2023-2025				
Actuals through June 2025				
		LAB	**ACTUAL+PROJ**	**VARIANCE**
	BEGINNING CASH BALANCE	**3,679,852**	**4,819,712**	
REVENUE				
50	GENERAL FUND			
205	OTHER BUSINESS LICENSES	9,290,005.00	9,295,533.99	5,528.99
210	OTHER NONBUSINESS LICENSES AND FEES	306,570.00	278,312.12	(28,257.88)
505	FINES AND FORFEITS	287,760.00	272,263.02	(15,496.98)
605	INTEREST AND INVESTMENTS	50,000.00	452,816.70	402,816.70
975	OTHER REVENUE	63,975.00	66,110.44	2,135.44
	TOTAL REVENUE	**9,998,310.00**	**10,365,036.28**	**366,726.28**
TRANSFERS				
1107	TRANSFER IN FROM DAS	-	-	-
	TOTAL TRANSFER IN	**0.00**	**0.00**	**0.00**
2010	TRANSFER OUT TO OTHER FUNDS	-	-	-
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	617,120.00	68,992.00	548,128.00
	TOTAL TRANSFER OUT	**617,120.00**	**68,992.00**	**548,128.00**
PERSONAL SERVICES				
3110	CLASS/UNCLASS SALARY & PER DIEM	5,186,716.00	4,668,758.15	517,957.85
3115	BOARD MEMBER STIPEND	90,426.00	63,267.00	27,159.00
3160	TEMPORARY APPOINTMENTS	28,453.00	1,747.76	26,705.24
3170	OVERTIME PAYMENTS	-	5,751.02	(5,751.02)
3180	SHIFT DIFFERENTIAL	-	-	-
3190	ALL OTHER DIFFERENTIAL	206,958.00	208,535.26	(1,577.26)
3210	ERB ASSESSMENT	1,254.00	1,172.16	81.84
3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	959,821.00	862,591.40	97,229.60
3221	PENSION BOND CONTRIBUTION	245,891.00	223,016.68	22,874.32
3230	SOCIAL SECURITY TAX	397,679.00	362,933.23	34,745.77
3240	UNEMPLOYMENT ASSESSMENT	-	-	-
3241	PAID LEAVE OREGON	19,235.00	18,268.77	966.23
3250	WORKERS' COMPENSATION ASSESSMENT	1,089.00	776.37	312.63
3260	MASS TRANSIT	33,735.00	29,386.53	4,348.47
3270	FLEXIBLE BENEFITS	940,852.00	805,545.93	135,306.07
3435	Personal Services Budget Adj.	(44,046.00)	-	(44,046.00)
	TOTAL PERSONAL SERVICES	**8,068,063.00**	**7,251,750.26**	**816,312.74**
SERVICES AND SUPPLIES				
4100	INSTATE TRAVEL	121,406.00	102,129.58	19,276.42
4125	OUT-OF-STATE TRAVEL	17,739.00	2,978.88	14,760.12
4150	EMPLOYEE TRAINING	26,485.00	55,944.06	(29,459.06)
4175	OFFICE EXPENSES	144,282.00	99,539.48	44,742.52
4200	TELECOMM/TECH SVC AND SUPPLIES	60,655.00	53,129.42	7,525.58
4225	STATE GOVERNMENT SERVICE CHARGES	265,996.00	277,710.80	(11,714.80)
4250	DATA PROCESSING	333,018.00	385,409.90	(52,391.90)
4275	PUBLICITY & PUBLICATIONS	45,627.00	24,363.60	21,263.40
4300	PROFESSIONAL SERVICES	369,608.00	242,911.88	126,696.12
4315	IT PROFESSIONAL SERVICES	169,185.00	5,060.00	164,125.00
4325	ATTORNEY GENERAL LEGAL FEES	687,079.00	572,423.82	114,655.18
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	1,188.00	-	1,188.00
4400	DUES AND SUBSCRIPTIONS	6,124.00	4,546.98	1,577.02
4425	FACILITIES RENT & TAXES	328,585.00	324,159.48	4,425.52
4475	FACILITIES MAINTENANCE	57.00	12.50	44.50
4525	MEDICAL SUPPLIES AND SERVICES	1,252.00	-	1,252.00
4575	AGENCY PROGRAM RELATED SVCS & SUPP	260,999.00	209,655.70	51,343.30
4650	OTHER SERVICES AND SUPPLIES	418,953.00	495,741.20	(76,788.20)
4700	EXPENDABLE PROPERTY $250-$5000	17,571.00	-	17,571.00
4715	IT EXPENDABLE PROPERTY	47,128.00	11,925.83	35,202.17
	TOTAL SERVICES & SUPPLIES	**3,322,937.00**	**2,867,643.11**	**455,293.89**
Capital Outlay				
5600	DATA PROCESSING HARDWARE	-	-	-
5900	OTHER CAPITAL OUTLAY	-	-	-
	Total Capital Outlay	**0.00**	**0.00**	**0.00**
Special Payments				
6085	OTHER SPECIAL PAYMENTS	-	-	-
	Total Special Payments	**0.00**	**0.00**	**0.00**
	TOTAL EXPENDITURES	**11,391,000.00**	**10,119,393.37**	**1,271,606.63**
	PROJECTED BIENNIAL ENDING CASH BALANCE	**1,670,042**	**4,996,363**	
	End of biennium projected cash balance in months		11.85	
	Cash balance target of 6.0 months (working capital)		2,529,848	

Oregon Board of Pharmacy

Budget Report: Month 13, 2025

Revenue:

Through Month 13, revenue is $10,287,484 (9.7%) **over** budget

Expenditures:

Through Month 13, **total expenditures** are $10,037,858 (11.4%) **under** budget

Personal services are $7,170,214 (10.4%) **under** budget

Services and Supplies are $2,867,643 (15.9%) **under** budget

Special Payments are $0 (100%) **under** budget

Revenues less Expenditures: $249,626

Cash Balance:

Cash balance through Month 13 is $2,737,533 which represents (5.8) months of operating expense)

Note: This the above is a snap-shot of the biennium to date through Month 13, 2025.

End of biennium projected cash balance is $4,632,408, which represents (10.91) months of operating expense*)

Cash balance target is $2,547,163, (6.0 months of operating expense)

*Note: The end of biennium projected cash balance is calculated based on the biennium to date plus the remaining months projections for 2023-25.

Oregon Board of Pharmacy				
Total All Funds - LAB 2023-2025				
Actuals through Month 13 2025				
		LAB	**ACTUAL+PROJ**	**VARIANCE**
	BEGINNING CASH BALANCE	**3,679,852**	**4,819,712**	
REVENUE				
50	GENERAL FUND			
205	OTHER BUSINESS LICENSES	9,290,005.00	9,539,435.50	249,430.50
210	OTHER NONBUSINESS LICENSES AND FEES	306,570.00	282,461.19	(24,108.81)
505	FINES AND FORFEITS	287,760.00	266,142.92	(21,617.08)
605	INTEREST AND INVESTMENTS	50,000.00	452,816.70	402,816.70
975	OTHER REVENUE	63,975.00	66,221.88	2,246.88
	TOTAL REVENUE	**9,998,310.00**	**10,607,078.19**	**608,768.19**
TRANSFERS				
1107	TRANSFER IN FROM DAS	-	-	-
	TOTAL TRANSFER IN	**0.00**	**0.00**	**0.00**
2010	TRANSFER OUT TO OTHER FUNDS	-	-	-
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	617,120.00	605,732.20	11,387.80
	TOTAL TRANSFER OUT	**617,120.00**	**605,732.20**	**11,387.80**
PERSONAL SERVICES				
3110	CLASS/UNCLASS SALARY & PER DIEM	5,186,716.00	4,668,758.15	517,957.85
3115	BOARD MEMBER STIPEND	90,426.00	63,267.00	27,159.00
3160	TEMPORARY APPOINTMENTS	28,453.00	1,747.76	26,705.24
3170	OVERTIME PAYMENTS	-	5,751.02	(5,751.02)
3180	SHIFT DIFFERENTIAL	-	-	-
3190	ALL OTHER DIFFERENTIAL	206,958.00	208,535.26	(1,577.26)
3210	ERB ASSESSMENT	1,254.00	1,172.16	81.84
3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	959,821.00	862,591.40	97,229.60
3221	PENSION BOND CONTRIBUTION	245,891.00	223,016.68	22,874.32
3230	SOCIAL SECURITY TAX	397,679.00	362,933.23	34,745.77
3240	UNEMPLOYMENT ASSESSMENT	-	-	-
3241	PAID LEAVE OREGON	19,235.00	18,268.77	966.23
3250	WORKERS' COMPENSATION ASSESSMENT	1,089.00	776.37	312.63
3260	MASS TRANSIT	33,735.00	29,386.53	4,348.47
3270	FLEXIBLE BENEFITS	940,852.00	805,545.93	135,306.07
3435	Personal Services Budget Adj.	(44,046.00)	-	(44,046.00)
	TOTAL PERSONAL SERVICES	**8,068,063.00**	**7,251,750.26**	**816,312.74**
SERVICES AND SUPPLIES				
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4125	OUT-OF-STATE TRAVEL	17,739.00	2,978.88	14,760.12
4150	EMPLOYEE TRAINING	26,485.00	55,674.06	(29,189.06)
4175	OFFICE EXPENSES	144,282.00	108,761.65	35,520.35
4200	TELECOMM/TECH SVC AND SUPPLIES	60,655.00	57,322.70	3,332.30
4225	STATE GOVERNMENT SERVICE CHARGES	265,996.00	277,710.80	(11,714.80)
4250	DATA PROCESSING	333,018.00	387,223.81	(54,205.81)
4275	PUBLICITY & PUBLICATIONS	45,627.00	24,418.20	21,208.80
4300	PROFESSIONAL SERVICES	369,608.00	244,164.18	125,443.82
4315	IT PROFESSIONAL SERVICES	169,185.00	5,100.00	164,085.00
4325	ATTORNEY GENERAL LEGAL FEES	687,079.00	599,593.82	87,485.18
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	1,188.00	-	1,188.00
4400	DUES AND SUBSCRIPTIONS	6,124.00	4,546.98	1,577.02
4425	FACILITIES RENT & TAXES	328,585.00	324,159.48	4,425.52
4475	FACILITIES MAINTENANCE	57.00	12.50	44.50
4525	MEDICAL SUPPLIES AND SERVICES	1,252.00	-	1,252.00
4575	AGENCY PROGRAM RELATED SVCS & SUPP	260,999.00	221,225.42	39,773.58
4650	OTHER SERVICES AND SUPPLIES	418,953.00	506,993.43	(88,040.43)
4700	EXPENDABLE PROPERTY $250-$5000	17,571.00	-	17,571.00
4715	IT EXPENDABLE PROPERTY	47,128.00	11,925.83	35,202.17
	TOTAL SERVICES & SUPPLIES	**3,322,937.00**	**2,936,899.75**	**386,037.25**
Capital Outlay				
5600	DATA PROCESSING HARDWARE	-	-	-
5900	OTHER CAPITAL OUTLAY	-	-	-
	Total Capital Outlay	**0.00**	**0.00**	**0.00**
Special Payments				
6085	OTHER SPECIAL PAYMENTS	-	-	-
	Total Special Payments	**0.00**	**0.00**	**0.00**
	TOTAL EXPENDITURES	**11,391,000.00**	**10,188,650.01**	**1,202,349.99**
	PROJECTED BIENNIAL ENDING CASH BALANCE	**1,670,042**	**4,632,408**	
	End of biennium projected cash balance in months		10.91	
	Cash balance target of 6.0 months (working capital)		2,547,163	