

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

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

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

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

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

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

**Wednesday, August 10, 2022 @ 8:30AM**

**Thursday, August 11, 2022 @ 8:30AM**

**Friday, August 12, 2022 @ 8:30AM**

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

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

**WEDNESDAY, AUGUST 10, 2022**

- I. **OPEN SESSION, Michelle Murray RPh, Presiding**
  - a. Roll Call
  - b. Agenda Review and Approval *Action Necessary*
  
- II. **EXECUTIVE SESSION – NOT OPEN TO THE PUBLIC, pursuant to ORS 192.660(1)(2)(f)(i)(L), ORS 192.690(1) ORS 676.165, ORS 676.175.**
  - a. Employee Performance Review
  - b. Legal Advice
  - c. Deliberation on Disciplinary Cases and Investigations
  - d. Contested Case Deliberation \*if applicable
  
- III. **OPEN SESSION – PUBLIC MAY ATTEND** – At the conclusion of Executive Session, the board may convene Open Session to review scheduled agenda items as time permits.

Adjourn

*Action Necessary*

**THURSDAY, AUGUST 11, 2022**

- I. **OPEN SESSION, Michelle Murray RPh, Presiding**

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

a. Roll Call

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

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

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

**IV. GENERAL ADMINISTRATION**

a. Discussion Items

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

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

Adjourn *Action Necessary*

**FRIDAY, AUGUST 12, 2022**

**I. OPEN SESSION, Michelle Murray RPh, Presiding**

a. Roll Call

**II. GENERAL ADMINISTRATION**

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

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

- Board & staff Reports

**2022 Board Meeting Dates**

- October 12-14, 2022\* Portland
- November 10, 2022 Portland (Strategic Planning)
- December 14-16, 2022 Portland

**2023 Board Meeting Dates**

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

**Rulemaking Hearing Dates**

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

- November 22, 2022

**Conferences/Meetings – Schnabel**

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

**IV. APPROVE CONSENT AGENDA\***

*Action Necessary*

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

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

**V. PUBLIC COMMENT**

Adjourn

*Action Necessary*

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

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

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

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

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

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

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

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

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

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

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

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

- 4
- |    |                            |  |
|----|----------------------------|--|
| 5  | 855-019-0122(1)(a)         | Renewal of Licensure as a Pharmacist                           |
| 6  | 855-019-0170(1)(b) and (2) | Reinstatement of License                                       |
| 7  | 855-025-0011(1)(b)         | Licensure: Renewal or Reinstatement- Pharmacy Technician       |
| 8  | 855-025-0015(2)(b)         | Licensure: Renewal or Reinstatement- Certified Oregon Pharmacy |
| 9  |                            | Technician   |
| 10 | 855-031-0016(1)(a)         | Renewal of Licensure as an Intern                              |

11

12 Division ~~21~~135

13 CONTINUING PHARMACY EDUCATION

14  
15 **855-024135-0001**

16 **Continuing Pharmacy Education: Definitions**

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

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

28  
29 **(3) "Board-approved program" means a structured continuing pharmacy education which has been**  
30 **reviewed and approved by the board.**

31  
32 **(4) "Certificate of completion" means a certificate or other official document issued to a participant**  
33 **certifying the successful completion of a continuing pharmacy education program.**

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

43  
44 **(26) "Contact hour" means fifty- ~~sixty~~ minutes of continuing pharmacy education.**

45  
46 **(7) "CPE Monitor" means the electronic tracking service of the ACPE and the National Association of**  
47 **Boards of Pharmacy (NABP) for monitoring continuing pharmacy education that Pharmacists, Interns,**  
48 **Certified Oregon Pharmacy Technicians and Pharmacy Technicians receive from participating**  
49 **providers;**

50  
51 **(68) "Cultural competence" means the lifelong process of examining the values and beliefs and**  
52 **developing and applying an inclusive approach to health care practice in a manner that recognizes the**  
53 **content and complexities of provider-patient communication and interaction and preserves the dignity**  
54 **of individuals, families, and communities.**

55  
56 (a) Cultural competence applies to all patients.

57  
58 (b) Culturally competent providers do not make assumptions on the basis of an individual's actual or  
59 perceived abilities, disabilities or traits whether inherent, genetic or developmental including: race,  
60 color, spiritual beliefs, creed, age, tribal affiliation, national origin, immigration or refugee status, marital

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

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

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

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

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

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

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

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

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

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

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

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

94  
95 **(b) Legal aspects of healthcare;**

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

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

100  
101 **(e) General topics related to pharmacy.**

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

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

106  
107 **(b) The program is:**

108

- 109 **(A) A structured CPE discussion, workshop or demonstration;**  
110  
111 **(B) A structured CPE question and answer session; or**  
112  
113 **(C) An accredited or board-approved program; or**  
114  
115 **(D) Approved as an AMA Category 1 program. Licensees may earn a maximum of 10 hours of CPE for**  
116 **AMA Category 1 programs per renewal cycle; or**  
117

118 **POLICY DISCUSSION:** Technicians & Interns  
119

- 120 **(E) An Oregon Board of Pharmacy meeting. Licensees may earn a maximum of 2 hours of CPE per**  
121 **renewal cycle.**  
122

123 **POLICY DISCUSSION:** Board-approved CPE & Maximum  
124

- 125 **(3) Time spent in the following activities may not be included in the calculation of CPE credit:**  
126

127 **(a) Welcoming remarks;**  
128

129 **(b) Time spent for meals or social functions;**  
130

131 **(c) Business sessions (e.g. voting, treasury report, strategic plan);**  
132

133 **(d) Unstructured discussion, workshops, and demonstrations;**  
134

135 **(e) Unstructured question and answer sessions;**  
136

137 **(f) Degree programs;**  
138

139 **(g) Non-ACPE approved certificate programs;**  
140

141 **(h) Licensing or certification examinations;**  
142

143 **(i) Skills training programs;**  
144

145 **(j) Software training programs;**  
146

147 **(k) Learning assessments;**  
148

149 **(l) Program evaluations; and**  
150

151 **(m) Attending CPE programs for which credit was not granted by the provider.**  
152

- 153 **(4) For each accredited or board-approved program, the licensee must retain a certificate of**  
154 **completion for each completed program that includes:**  
155

156 **(a) Licensee name;**

157 **(b) Title, activity date, and activity number of the program;**  
158

159 **(c) Topic designation (e.g. law, patient safety, pain);**  
160

161 **(d) Name of the program provider;**  
162

163 **(e) Number of contact hours earned by topic designation; and**  
164

165 **(f) Statement of credit granted to the participant.**  
166

167 **(5) For each accredited or board-approved program, the licensee must ensure that licensee program**  
168 **completion CPE credit was recorded in the CPE Monitor or a certificate of completion is uploaded to**  
169 **the licensee’s Oregon Board of Pharmacy e-Gov profile prior to submission of the license renewal.**  
170

171 Statutory/Other Authority: ORS 689.205

172 Statutes/Other Implemented: **ORS 689.255**, ORS 689.285, **ORS 689.490**  
173

174

175

176 **855-135-0030**

177 **Continuing Pharmacy Education Programs: Applications for Approval**  
178

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

181 **(a) Program provider or sponsor name;**  
182

183 **(b) Program name;**  
184

185 **(c) Program topic designation(s);**  
186

187 **(d) Licensee type(s);**  
188

189 **(e) Total number of contact hours offered by topic designation;**  
190

191 **(f) Description of program goal(s) and learning objective(s);**  
192

193 **(g) Program format (e.g. interactive discussion, panel, speaker);**  
194

195 **(h) Name and qualification(s) of each instructor;**  
196

197 **(i) Date(s) and location(s) of program;**  
198

199 **(j) Learning assessment; and**  
200

201 **(k) Program evaluation.**  
202



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

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

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

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

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

213

214

215

216 **855-135-0040**

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

218

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

223

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

227

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

229

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

231

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

236

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

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

239

240

241 **855-021-0005 135-0050**

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

243

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

247

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

249

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

298

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

301

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

305

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

309

310 Statutory/Other Authority: ORS 689.205 & ORS 676.850

311 Statutes/Other Implemented: ORS 689.285, **ORS 689.486**, ORS 413.450, ORS 413.590 & 2021 HB 2078

312

313

314 **855-021-0007135-0060**

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

316

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

320

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

323

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

325

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

328

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

332

333 **POLICY DISCUSSION:** Interns and ACCME

334

335 Statutory/Other Authority: ORS 689.205

336 Statutes/Other Implemented: **ORS 413.450, ORS 689.151, ORS 689.255**, ORS 689.285, ORS 676.850, ~~ORS~~  
337 ~~413.450 & ORS 689.151~~

338

339

340 **855-021-0009135-0070**

341 **Continuing Pharmacy Education: Requirements for ~~Pharmacy Technician or Certified Oregon~~**  
342 **Pharmacy Technician or Pharmacy Technician License Renewal**

343

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

- 347 (a) Two hours of ~~continuing pharmacy education~~ CPE in pharmacy law;  
348  
349 (b) Two hours of ~~continuing pharmacy education~~ CPE in patient safety or medication error prevention;  
350  
351 (c) Two hours of ~~continuing pharmacy education~~ CPE in cultural competency either approved by the  
352 Oregon Health Authority under ORS 413.450 or any cultural competency effective July 1, 2023; and  
353  
354 (d) Fourteen additional hours of ~~continuing pharmacy education or documented onsite training~~  
355 approved by the board CPE in subjects pertinent to pharmacy per OAR 855-135-0010(1)(a)-(e).  
356

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

361  
362 **(3) Certified Oregon Pharmacy Technicians and Pharmacy Technicians must register with the CPE**  
363 **Monitor for tracking completed ACPE credit hours.**  
364

365 **(4) For each ACPE-approved program, the licensee must ensure that licensee program completion CPE**  
366 **credit was recorded in the CPE Monitor.**  
367

368 **(5) For each board-approved or ACCME approved program, the licensee must ensure that licensee**  
369 **program completion CPE credit was recorded in the CPE Monitor or uploaded to the licensee's Oregon**  
370 **Board of Pharmacy e-Gov profile prior to submission of the license renewal.**  
371

372 **POLICY DISCUSSION:** COPT/PT and ACCME  
373

374 ~~(36)~~ A ~~Pharmacy Technician or Certified Oregon Pharmacy Technician~~ or Pharmacy Technician must  
375 retain documentation of completed ~~continuing pharmacy education~~ CPE for six years and must provide  
376 this documentation if requested by the board.  
377

378 ~~(47)~~ ~~Continuing pharmacy education~~ CPE credit accumulated in excess of the required 20 contact hours  
379 for biennial license renewal cannot be carried forward.  
380

381 ~~(58)~~ If a license renewal is submitted after June 30th of the license renewal cycle, ~~continuing pharmacy~~  
382 ~~education~~ CPE must be completed prior to submission of the license renewal.  
383

384 ~~(69)~~ Section (1)(a)(b) and (d) do not apply to a Pharmacy Technician applying for the first renewal of  
385 their license prior to July 1, 2023. Section (1)(c) is required.  
386

387 Statutory/Other Authority: ORS 689.205

388 Statutes/Other Implemented: ORS 689.285, ORS 689.486, ORS 413.450 & ORS 676.850  
389  
390  
391  
392  
393  
394

395 **855-021-0010**

396 **Continuing Pharmacy Education Programs**

397

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

400

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

403

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

406

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

410

411 (a) Name of provider or sponsor;

412

413 (b) Type of program offered;

414

415 (c) Description of subject matter;

416

417 (d) Number of contact hours offered;

418

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

421

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

423

424 (g) Dates and location of program;

425

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

428

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

432

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

435

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

443 (8) Pharmacists or Certified Oregon Pharmacy Technicians taking post graduate studies applicable to  
444 graduate or professional degrees may submit the course syllabus and evidence of satisfactory  
445 completion of the course for continuing education credit approval by the board.  
446

447 (9) The board may approve up to 26 contact hours of CE credit for pharmacists who have successfully  
448 completed nationally certified Disease State Management courses.  
449

450 (10) Board members or staff may attend CE programs for the purpose of evaluating content, format and  
451 appropriateness of material for Continuing Pharmacy Education credit. Subsequent programs by CE  
452 providers whose current programs are deemed deficient by on-site evaluation may be required to  
453 obtain prior approval by the board. The board will provide feedback to CE providers regarding evaluated  
454 CE presentations.  
455

456 Statutory/Other Authority: ORS 689.205

457 Statutes/Other Implemented: ORS 689.285  
458

459

460

#### 855-135-0080

### Continuing Pharmacy Education: Requirements for Licensees Licensed in Other Health Professions

462

463 **A Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician who is licensed**  
464 **to practice another health profession must meet the same CPE requirements in the same manner as**  
465 **all other board licensees and must otherwise comply with this chapter.**  
466

467 Statutory/Other Authority: ORS 689.205

468 Statutes/Other Implemented: ORS 689.255, ORS 689.285, ORS 689.490  
469

470

471

#### 855-021-0045135-0085

### Continuing Pharmacy Education: Notification of Biennial License Renewal

472

473  
474 The board will send a biennial renewal notice to be issued to all licensed ~~p~~Pharmacists, ~~i~~Interns, ~~and~~  
475 Certified Oregon Pharmacy Technicians, **and Pharmacy Technicians** at least 60 days prior to the license  
476 expiration date that states the biennial license fee, ~~continuing pharmacy education~~ **CPE** requirements  
477 and other information necessary for renewal.  
478

479

479 Statutory/Other Authority: ORS 689.205

480 Statutes/Other Implemented: **ORS 689.255**, ORS 689.275 & ORS 689.486, **ORS 689.490**  
481

482

483

#### 855-021-0050135-0090

### Continuing Pharmacy Education: Audits

484

485  
486 **(1)** The biennial renewal application must be submitted to the board with the appropriate fee and the  
487 licensee must attest that they have satisfactorily completed the ~~continuing pharmacy education~~ **CPE**  
488 requirements **prior to submission of the license renewal.**  
489

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

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

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

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

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

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

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

519  
520  
521 Statutory/Other Authority: ORS 689.205

522 Statutes/Other Implemented: ORS 689.275

523

524 **POLICY DISCUSSION:** Implementation with licensure cycles



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

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

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

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

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

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

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

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

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

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

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

1  
2  
3



Division 6  
DEFINITIONS

**855-006-0005**

**Definitions**

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

**QUOTAS**

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

**(a) Prescriptions filled;**

**(b) Services rendered to patients;**

**(c) Programs offered to patients; and**

**(d) Revenue obtained.**

**Statutory/Other Authority: 689.205**

**Statutes/Other Implemented:**

Division 41  
OPERATION OF PHARMACIES

**855-041-00XX**

**Outlet (RP & IP): Prohibited Practices**

**A Drug Outlet Pharmacy may not:**

**QUOTAS**

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

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

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

55  
56 **POLICY DISCUSSION:** Quotas

57  
58 **Statutory/Other Authority:**  
59 **Statutes/Other Implemented:**

60  
61  
62 **855-041-1010**

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

64  
65 **Each pharmacy must:**

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

70  
71 (2) ~~A resident pharmacy that~~ **Report** terminat**inges** or allow**ings** a Board licensee to resign in lieu of  
72 termination ~~must report the termination or resignation~~ to the Board within 10 working days.

73  
74 **STAFFING: PLAN**

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

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

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

84  
85 **STAFFING: PLAN**

86 **LUNCH/BREAKS**

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

89  
90 **Statutory/Other Authority:** ORS 689.205

91 **Statutes/Other Implemented:** ORS 689.151, 689.155 & 689.305

92  
93  
94  
95  
96  
97

98 **855-041-1018**  
99 **Outlet (RP & IP): General Requirements**

100  
101 A drug outlet pharmacy must:

- 102  
103 (1) Ensure each prescription is dispensed in compliance with OAR 855-019, OAR 855-025, OAR 855-031  
104 and OAR 855-041;  
105  
106 (2) Comply with all applicable federal and state laws and rules;

107  
108 **WORKSPACE**

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

111  
112 **POLICY DISCUSSION:** Workspace

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

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

119  
120 **RPH: AUTONOMY**

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

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

- 126  
127 (a) Monitor, evaluate, document the quality and appropriateness of patient care;  
128  
129 (b) Improve patient care; and  
130  
131 (c) Identify, resolve and establish the root cause of dispensing and DUR errors and prevent their  
132 reoccurrence.

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

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

136  
137  
138 **855-041-00XX**

139 **Outlet: Breaks**

140  
141 **LUNCH/BREAKS**

142 **(1) A registrant may not require a Pharmacist, Intern, Certified Oregon Pharmacy Technician or**  
143 **Pharmacy Technician to work longer than 12 continuous hours per workday, inclusive of breaks**  
144 **required under (2). A Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

191

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

194  
195 **POLICY DISCUSSION:** Breaks, # of hours, full closure  
196

197 **Statutory/Other Authority:**  
198 **Statutes/Other Implemented:**

199  
200  
201 **855-041-1040**  
202 **Outlet (RP & IP): Policies and Procedures**  
203

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

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

- 211 (a) Security;  
212  
213 (b) Operation, testing and maintenance of pharmacy systems and equipment;  
214  
215 (c) Sanitation;  
216  
217 (d) Storage of drugs;  
218  
219 (e) Dispensing;  
220  
221 (f) Pharmacist supervision, direction and control of non-Pharmacists;  
222  
223 (g) Documenting the date, time and identification of the licensee and the specific activity or function of  
224 the person performing each step in the dispensing process;  
225  
226 (h) Utilization of Certified Oregon Pharmacy Technicians or Pharmacy Technicians;  
227  
228 (i) Certified Oregon Pharmacy Technician or Pharmacy Technician final verification, if utilized;  
229  
230 (j) Drug and/or device procurement;  
231  
232 (k) Receiving of drugs and/or devices;  
233  
234 (l) Delivery of drugs and/or devices;  
235  
236 (m) Utilization of Oregon licensed Pharmacist (i.e. DUR, Counseling);  
237  
238 (n) Recordkeeping;  
239

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

250 **STAFFING: PLAN**

251 **LUNCH/BREAKS**

252 **(t) Staffing plan to include the temporary absence of the Pharmacist;**  
253

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

255 Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.508 & 2022 HB 4034  
256  
257

258 **855-041-1170**

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

261 The State Board of Pharmacy may impose one or more of the following penalties which includes:  
262 suspend, revoke, or restrict the license of an outlet or may impose a civil penalty upon the outlet upon  
263 the following grounds:  
264

265 (1) Unprofessional conduct as defined in OAR 855-006-0020;  
266

267 (2) Advertising or soliciting that may jeopardize the health, safety, or welfare of the patient including,  
268 but not be limited to, advertising or soliciting that:  
269

270 (a) Is false, fraudulent, deceptive, or misleading; or  
271

272 (b) Makes any claim regarding a professional service or product or the cost or price thereof which  
273 cannot be substantiated by the licensee.  
274

275 (3) Failure to provide a working environment that protects the health, safety and welfare of a patient  
276 which includes but is not limited to:  
277

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

281 **LUNCH/BREAKS**

282 **(b)** Appropriate opportunities for uninterrupted rest periods and meal breaks.  
283

284 (c) Adequate time for a pharmacist to complete professional duties and responsibilities including, but  
285 not limited to:  
286

287 (A) Drug Utilization Review;

- 288 (B) Immunization;  
289  
290 (C) Counseling;  
291  
292 (D) Verification of the accuracy of a prescription; and  
293  
294 (E) All other duties and responsibilities of a pharmacist as specified in ~~Division~~ **ORAR 855-019** of this  
295 chapter of rules.  
296

297 **QUOTAS**

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

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

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

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

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

313  
314 **POLICY DISCUSSION:** New

315  
316 **RPH: AUTONOMY**

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

318  
319 **POLICY DISCUSSION:** Pharmacist Agency

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

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

324 Statutes/Other Implemented: ORS 689.155

325

326

327

Division ~~19~~ **115**

328

PHARMACISTS

329

330 ~~855-019-0200~~ **855-115-0200**

331 **Pharmacist: General Responsibilities**

332 • **NOTE:** The rule package shown below is currently under board review and changes made to that  
333 package will also have an impact on Division 115.

334 ○ Div 006/019/115 – RPH Procedural Rule Review

335

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

343

344 **RPH: AUTONOMY**

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

347

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

350

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

353

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

358

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

360

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

362

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

364

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

367

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

369

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

371

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

373

374 **(eh) Conduct Medication Therapy Management;**

375

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

378

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

380

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

382

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



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

386

387 (~~i~~n) Receive Oral receipt of a new, refill or transferred of a prescription orally; and

388

389 (~~j~~o) Perform ~~V~~verification of the work performed by those under their supervision ; and

390

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

393

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

396

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

399

400 (b) Prescribe a drug or device; or

401

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

403

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

406

407 **RPH: AUTONOMY**

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

409

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

411

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

413

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

415

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

417

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

419

420 **(A) Accurately;**

421

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

423

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

425

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

427

428 **(E) For a legitimate medical purpose.**

429

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

431 **(eg)** Ensure each Intern, Certified Oregon Pharmacy Technician and Pharmacy Technician only assists in  
432 the practice of pharmacy under the supervision, direction, and control of a Pharmacist;

433  
434 **(eh)** Ensure non-Pharmacist personnel only perform duties they are licensed and trained to perform.  
435

436 **(ei)** Know the identity of each Intern under their supervision, and Certified Oregon Pharmacy Technician  
437 and Pharmacy Technician under their supervision, direction and control at all times;

438  
439 **(ej)** Ensure that the supervision of non-Pharmacist personnel does not exceed their capacity When  
440 supervising an Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician, determine how  
441 many licensed individuals the Pharmacist is capable of supervising, directing and controlling based on  
442 the **workload and** services being provided.

443  
444 **(k)** Ensure there is not more staff on duty than they have determined in (4)(i).

445 **(l)** Ensure there is sufficient staff to provide services in a safe and timely manner. A pharmacist must  
446 shut down touchpoints and non-dispensing services if the pharmacist determines, in their reasonable  
447 professional judgment, that there is insufficient staff to provide services in a safe and timely manner.

448  
449 **POLICY DISCUSSION:** RPH Autonomy

450  
451 **(fm)** Ensure Review, adhere to, and enforce the drug outlet written **policies and** procedures, for use of  
452 Certified Oregon Pharmacy Technicians and Pharmacy Technicians as required by OAR 855-025-0035;

453 **The review must:**

454  
455 **(A)** Occur upon employment and with each update; and

456  
457 **(B)** Be documented and records retained by the outlet; and

458  
459 **(gk)** Ensure the security of the pharmacy area including:

460  
461 (A) Providing adequate safeguards against theft or diversion of prescription drugs, and records for such  
462 drugs;

463  
464 (B) Ensuring that all records and inventories are maintained in accordance with state and federal laws  
465 and rules;

466  
467 **TECHNICIAN: ACCESS**

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

469  
470 **STAFFING: PLAN**

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

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

477

- 478 (a) The Pharmacist utilizes reasonable professional judgment to determine that a Certified Oregon  
479 Pharmacy Technician or Pharmacy Technician may perform final verification;  
480  
481 (b) The Certified Oregon Pharmacy Technician or Pharmacy Technician does not use discretion in  
482 conducting final verification;  
483  
484 (c) The Pharmacist delegating final verification is supervising the Certified Oregon Pharmacy Technician  
485 or Pharmacy Technician; and  
486  
487 (d) Ensure the Certified Oregon Pharmacy Technician or Pharmacy Technician is performing a physical  
488 final verification.  
489  
490 (6) A Pharmacist may permit and Intern under their direction and supervision to perform any task listed  
491 in OAR 855-019-0200(3), except that an Intern may not:

- 492  
493 (a) Perform the duties of a Pharmacist until after the Intern has successfully completed their first  
494 academic year, and only after successful completion of coursework corresponding to those duties;  
495  
496 (b) Prescribe a drug or device; or  
497  
498 (c) Perform final verification or verification as defined in OAR 855-006-0005.  
499

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

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

503  
504

505 **855-019-0300 855-115-0086**

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

507

- 508 • **NOTE:** The rule package shown below is currently under board review and changes made to that  
509 package will also have an impact on Division 115.  
510 ○ Div 006/019/115 – RPH Procedural Rule Review  
511

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

514

515 ~~(2)~~ In order to be a **Pharmacist-in-Charge (PIC)**, a Pharmacist must have:

516

517 (a) Completed at least ~~one year~~ **2000 hours** of pharmacy practice; or

518

519 (b) Completed a board approved **provided** PIC training course either before the appointment or within  
520 30 days after the appointment. ~~With the approval of the board, this course may be employer provided~~  
521 ~~and may qualify for continuing education credit.~~

522

523 **POLICY DISCUSSION:** Requirements, repeat training

524

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

526

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

530

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

532

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

536

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

538

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

540

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

542

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

546

547 **RPH: AUTONOMY**

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

549

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

552

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

554

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

556

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

558

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

561

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

563

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

565

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

567

568 **STAFFING: PLAN**

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

571

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

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

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

622

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

625

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

627

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

629

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

631

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

634

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

637

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

641

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

644

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

648

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

651

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

653

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

655

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

658

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

660

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

664

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

667

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

671  
672 (d) Conducting an annual inventory of all controlled drugs as required by OAR 855-080;

673  
674 (e) Performing a quarterly inventory reconciliation of all Schedule II controlled drugs.

675  
676 (f) Ensuring that all pharmacy staff have been trained appropriately for the practice site. Such training  
677 should include an annual review of the PIC Self-Inspection Report;

678  
679 (g) Implementing a quality assurance plan for the pharmacy.

680  
681 (h) The records and forms required by this section must be filed in the pharmacy, made available to the  
682 board for inspection upon request, and must be retained for three years.

683  
684 (6) The PIC, along with other licensed pharmacy personnel, must ensure that the pharmacy is in  
685 compliance with all state and federal laws and rules governing the practice of pharmacy and that all  
686 controlled substance records and inventories are maintained in accordance with all state and federal  
687 laws and rules.

688  
689 Statutory/Other Authority: ORS 689.205  
690 Statutes/Other Implemented: ORS 689.151 & ORS 689.155

691  
692  
693  
694 Division 125

695 CERTIFIED OREGON PHARMACY TECHNICIANS AND PHARMACY TECHNICIANS

696  
697  
698  
699 **855-025-0023-855-125-0070**

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

- 702  
703 • **NOTE:** The rule package shown below is currently under board review and changes made to that  
704 package will also have an impact on Division 125.  
705 ○ Div 025/125 – COPT/PT Procedural Rule Review

706  
707 (1) A **Each** Certified Oregon Pharmacy Technician ~~or~~ **and** Pharmacy Technician is responsible for their  
708 own actions; however, this does not absolve the Pharmacist and the pharmacy from responsibility for  
709 the Certified Oregon Pharmacy Technician or Pharmacy Technician's actions.

710  
711 ~~(2)~~ (3) A Certified Oregon Pharmacy Technician or Pharmacy Technician may not engage in the practice of  
712 pharmacy as defined in ORS 689.005.

713  
714 ~~(2)~~ (3) A Certified Oregon Pharmacy Technician ~~or~~ **and** Pharmacy Technician must:

715

- 716 (a) Comply with all state and federal laws and rules governing the practice of pharmacy;  
717  
718 (b) Only assist in the practice of pharmacy under the supervision, direction, and control of a Pharmacist;  
719  
720 (c) Know the identity of the Pharmacist who is providing supervision, direction and control at all times;  
721  
722 (d) Only work within the scope of duties permitted by their license;  
723  
724 **(e) Only work within the scope of duties permitted by the Pharmacist providing supervision, direction**  
725 **and control;**  
726  
727 (ef) Only perform duties they are trained to perform; and  
728  
729 **(g) Appropriately perform the tasks permitted;**  
730  
731 **TECHNICIAN: ACCESS**  
732 **(h) Only access the pharmacy area when a Pharmacist is on duty;**  
733  
734 **(i) Be clearly identified as a Certified Oregon Pharmacy Technician or Pharmacy Technician in all**  
735 **interactions and communications (e.g., nametag, phone interaction, chart notations);**  
736  
737 **(j) Review and adhere to drug outlet written policies and procedures. The review must:**  
738  
739 **(A) Occur upon employment and with each update; and**  
740  
741 **(B) Be documented and records retained by the outlet; and**  
742  
743 **(k) Dispense and deliver prescriptions accurately and to the correct party.**  
744  
745 (4) A Certified Oregon Pharmacy Technician or Pharmacy Technician may perform final verification of  
746 the drug and dosage, device or product when:  
747  
748 (a) The Pharmacist utilizes reasonable professional judgment to determine that a Certified Oregon  
749 Pharmacy Technician or Pharmacy Technician may perform final verification;  
750  
751 (b) No discretion is needed;  
752  
753 (c) The Pharmacist delegating final verification is supervising the Certified Oregon Pharmacy Technician  
754 or Pharmacy Technician; and  
755  
756 (d) The Certified Oregon Pharmacy Technician or Pharmacy Technician is performing a physical final  
757 verification.  
758  
759 Statutory/Other Authority: ORS 689.205, 2022 HB 4034  
760 Statutes/Other Implemented: ORS 689.155, 2022 HB 4034  
761  
762  
763



764 **855-025-0040125-0080**  
765 **Certified Oregon Pharmacy Technician and Pharmacy Technician: Tasks and Guidelines**  
766 **Responsibilities: Permitted Practices**  
767

- 768 • **NOTE:** The rule package shown below is currently under board review and changes made to that  
769 package will also have an impact on Division 125.  
770 ○ Div 025/125 – COPT/PT Procedural Rule Review  
771

772  
773 **855-025-0040-855-125-0080**  
774 **Certified Oregon Pharmacy Technician and Pharmacy Technician: Tasks and Guidelines**  
775 **Responsibilities: Permitted Practices**  
776

777 **PERSONNEL: TASKS**

778 **(1) Non-licensed pharmacy personnel may perform any function that does not constitute the practice**  
779 **of pharmacy as defined in ORS 689 or assistance in the practice of pharmacy** enter non-prescription  
780 information into a computer record system and may perform clerical duties such as filing prescriptions,  
781 delivery, housekeeping, and general record keeping, but the responsibility for the accuracy of the non-  
782 licensed pharmacy personnel's work lies with the Pharmacist.  
783

784 (2) Only persons licensed with the board as a Certified Oregon Pharmacy Technicians or Pharmacy  
785 Technicians, acting in compliance with all applicable statutes and rules and under the supervision of a  
786 Pharmacist, may assist in the practice of pharmacy by the following:  
787

788 **TECHNICIANS: TASKS**

789 **(a) May only assist in the practice of pharmacy as authorized by the rules of the board and as**  
790 **permitted by the Pharmacist providing supervision, direction, and control.**  
791

792 **(b) Must ensure that work is verified by a Pharmacist if independent judgment is utilized when**  
793 **assisting in the practice of pharmacy.**  
794

795 **(c) May perform final verification as allowed under OAR 855-125-0070(5).**  
796

797 (a) Packing, pouring or placing in a container for dispensing, sale, distribution, transfer possession of,  
798 any drug, medicine, poison, or chemical which, under the laws of the United States or the State of  
799 Oregon, may be sold or dispensed only on the prescription of a practitioner authorized by law to  
800 prescribe drugs, medicines, poisons, or chemicals.  
801

802 (b) Reconstituting prescription medications. The supervising Pharmacist must verify the accuracy in all  
803 instances.  
804

805 (c) Affixing required labels upon any container of drugs, medicines, poisons, or chemicals sold or  
806 dispensed upon prescription of a practitioner authorized by law to prescribe those drugs, medicines,  
807 poisons, or chemicals.  
808

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

811 affect patient care. The supervising Pharmacist must verify prescription information entered into the  
812 computer and is responsible for all aspects of the data and data entry.  
813  
814 (e) Initiating or accepting oral or electronic refill authorization from a practitioner or practitioner's  
815 agent, provided that nothing about the prescription is changed, and record the medical practitioner's  
816 name and medical practitioner's agent's name, if any;  
817  
818 (f) Prepackaging and labeling of multi-dose and unit-dose packages of medication. The Pharmacist must  
819 establish the procedures, including selection of containers, labels and lot numbers, and must verify the  
820 accuracy of the finished task.  
821  
822 (g) Picking doses for unit-dose cart fill for a hospital or for a nursing home patient. The Pharmacist must  
823 verify the accuracy of the finished task unless the requirements of OAR 855-025-0023(4) are met.  
824  
825 (h) Checking nursing units in a hospital or nursing home for nonjudgmental tasks such as sanitation and  
826 out-of-date medication. Any problems or concerns shall be documented and initialed by a Pharmacist.  
827  
828 (i) Recording patient or medication information in computer systems for later verification by the  
829 Pharmacist.  
830  
831 (j) Bulk Compounding; Solutions for small-volume injectables, sterile irrigating solutions, products  
832 prepared in relatively large volume for internal or external use by patients, and reagents or other  
833 products for the pharmacy or other departments of a hospital. The supervising Pharmacist must verify  
834 the accuracy in all instances.  
835  
836 (k) Preparation of parenteral products as follows:  
837  
838 (A) Performing functions involving reconstitution of single or multiple dosage units that are to be  
839 administered to a given patient as a unit. The supervising Pharmacist must verify the accuracy in all  
840 instances.  
841  
842 (B) Performing functions involving the addition of one manufacturer's single dose or multiple unit doses  
843 of the same product to another manufacturer's prepared unit to be administered to a patient. The  
844 supervising Pharmacist must verify the accuracy in all instances.  
845  
846 (l) Performing related activities approved in writing by the board.  
847  
848 (3) In order to protect the public, safety, health and welfare, Certified Oregon Pharmacy Technicians or  
849 Pharmacy Technicians shall not:  
850  
851 (a) Communicate or accept by oral communication a new or transferred prescription of any nature;  
852  
853 (b) Receive or transfer a prescription to another pharmacy without the prior verification of a Pharmacist.  
854  
855 (c) Provide a prescription or medication to a patient without a Pharmacist's verification of the accuracy  
856 of the dispensed prescription;  
857  
858 (d) Counsel a patient on medications or perform a drug utilization review;

859 (e) Perform any task that requires the reasonable professional judgment of a Pharmacist; or

860

861 (f) Engage in the practice of pharmacy as defined in ORS 689.

862

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

864 Statutes/Other Implemented: ORS 689.155 & 2022 HB 4034

865

866

867 ~~855-025-0040~~ 855-125-0090

868 **Prohibited Practices**

869

870 • **NOTE:** The rule package shown below is currently under board review and changes made to that  
871 package will also have an impact on Division 125.

872 ○ Div 025/125 – COPT/PT Procedural Rule Review

873

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

875

876 **TECHNICIANS: TASKS**

877 **(1) Engage in the practice of pharmacy as defined in ORS 689, except as permitted in OAR 855-125-**  
878 **0070(5).**

879

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

882

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

884

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

887

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

889

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

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

892

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

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

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

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

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

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

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

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

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

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

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11  
12

----- LICENSING (2<sup>nd</sup> REVIEW) -----

Division ~~19~~115  
PHARMACISTS

~~855-019-0100~~ 855-115-0001

~~Applicability~~

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

13 (2) Where so indicated, these rules also apply to an intern who is licensed in Oregon.  
14

15 (3) Any pharmacist who engages in the **Only persons licensed with the board as a Pharmacist may**  
16 practice of pharmacy in Oregon **and** must be licensed by the Board in accordance with the following **act**  
17 **in compliance with statutes and** rules.  
18

19 (4) A pharmacist who is located in another state and who engages in the practice of pharmacy for a  
20 patient, drug outlet or healthcare facility in Oregon, must be licensed by the Board in accordance with  
21 the following rules, except that a pharmacist working in an out-of-state pharmacy, who only performs  
22 the professional tasks of interpretation, evaluation, DUR, counseling and verification associated with  
23 their dispensing of a drug to a patient in Oregon, is not required to be licensed by the Board unless they  
24 are the pharmacist-in-charge (PIC).  
25

26 (5) The Board may waive any requirement of this rule if, in the Board's judgment, a waiver will further  
27 public health or safety. A waiver granted under this section shall only be effective when issued in  
28 writing.  
29

30 Statutory/Other Authority: ORS 689.205

31 Statutes/Other Implemented: ORS 689.151, 689.155 & 689.255  
32

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

#### 34 **Definitions**

35 **Note:** Placeholder- No definitions specific to Division 115 at this time.  
36  
37

38 In this Division of Rules:

39 (1) "Clinical Pharmacy Agreement" means an agreement between a pharmacist or pharmacy and a  
40 health care organization or a physician that permits the pharmacist to engage in the practice of clinical  
41 pharmacy for the benefit of the patients of the health care organization or physician.  
42

43 (2) "Collaborative Drug Therapy Management (CDTM)" has the same meaning as defined in OAR 855-  
44 006-0005.  
45

46 (3) "Counseling" means an oral or other appropriate communication process between a pharmacist and  
47 a patient or a patient's agent in which the pharmacist obtains information from the patient or patient's  
48 agent, and, where appropriate, the patient's pharmacy records, assesses that information and provides  
49 the patient or patient's agent with professional advice regarding the safe and effective use of the drug  
50 or device for the purpose of assuring therapeutic appropriateness.  
51

52 (4) "Drug Regimen Review (DRR)" means the process conducted by a pharmacist who is consulting for a  
53 long-term care facility or other institution, either prior to dispensing or at a later time, with the goal of  
54 ensuring that optimal patient outcomes are achieved from the drug therapy.  
55

56 (5) "Drug Utilization Review (DUR)" has the same meaning as defined in OAR 855-006-0005.  
57

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

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

63  
64 (a) The health science discipline in which, in conjunction with the patient's other practitioners, a  
65 pharmacist provides patient care to optimize medication therapy and to promote disease prevention  
66 and the patient's health and wellness;

67  
68 (b) The provision of patient care services, including but not limited to post-diagnostic disease state  
69 management services; and

70  
71 (c) The practice of pharmacy by a pharmacist pursuant to a clinical pharmacy agreement.  
72

73 (8) "Practice of Pharmacy" is as defined in ORS 689.005.  
74

75 Statutory/Other Authority: ORS 689.205

76 Statutes/Other Implemented: ORS 689.005, 689.151 & 689.155  
77

78  
79 **855-115-0010**

80 **Licensure: Qualifications: General**

81  
82 **(1) Before licensure as a Pharmacist, an applicant must meet the qualifications required that are**  
83 **applicable to their method of licensure;**

84  
85 **(a) Examination or Score Transfer in OAR 855-115-0020; or**

86  
87 **(b) Reciprocity in OAR 855-115-0025.**

88  
89 **(2) Foreign pharmacy graduates must also meet the requirements of OAR 855-115-0013 prior to**  
90 **applying for a Pharmacist license.**

91  
92 Statutory/Other Authority:

93 Statutes/Other Implemented:  
94

95  
96 ~~855-019-0150~~ **855-115-0013**

97 **Licensure: Qualifications: RPH- Foreign Pharmacy Graduates**

98  
99 (1) Foreign Pharmacy Graduates applying for licensure in Oregon must meet the following requirements:

100  
101 **(a) If residing in the United States, proof of citizenship, legal permanent residency or qualifying visa, as**  
102 **required by 8 USC 1621 (06/25/2022) Provide a copy of a valid visa permitting full time employment;**  
103

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

106

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

110

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

114

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

118

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

121

122 **(a) Outside the United States; or**

123

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

127

128 **(b) Before obtaining the FPGEC certification.**

129

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

132

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

136

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

139

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

142

143 Statutory/Other Authority: ORS 689.205

144 Statutes/Other Implemented: ORS 689.151 & ORS 689.255

145

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

147 **Licensure: Qualifications: RPH- Examination or Score Transfer**

148

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

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

155  
156 ~~(A) a~~A degree will be **has been** conferred; and

157  
158 **(B) The applicant has completed a minimum of 1440 hours of School-based Rotational Internships as**  
159 **that term is defined in OAR 855-120-0005.**

160  
161 (b) Pass the North American Pharmacist Licensure Examination (NAPLEX) exam, ~~with a score of not less~~  
162 ~~than 75. This score **A passing result** is valid for only one year unless the board grants an extension. A~~  
163 ~~candidate who does not attain this score **pass** may retake the exam after a minimum of 45 days with a~~  
164 ~~limit of three attempts in a 12 month period, not to exceed a lifetime maximum of 5 **failed attempts**~~  
165 ~~times;~~

166  
167 (c) Pass the **Oregon** Multistate Pharmacy Jurisprudence Examination (MPJE) exam. **A passing result is**  
168 **valid for 1 year** ~~The applicant may not take the MPJE until they have graduated from a school or college~~  
169 ~~of pharmacy. A candidate who does not attain this score **pass** may retake the exam after a minimum of~~  
170 ~~30 days with a limit of three attempts in a 12 month period, not to exceed a lifetime maximum of 5~~  
171 **failed attempts.** ~~The MPJE score is valid for 6 months unless extended by the board;~~

172  
173 (d) Complete an application for licensure, provide the board with a valid e-mail address, and a  
174 fingerprint card or other documentation required to conduct a criminal background check; and

175  
176 ~~(ed)~~ Complete one hour of continuing pharmacy education in pain management, provided by the Pain  
177 Management Commission of the Oregon Health Authority.

178  
179 ~~(2) A license, once obtained, will expire on June 30 in odd-numbered years and must be renewed~~  
180 ~~biennially.~~

181  
182 **(2) An applicant who has obtained their professional degree outside the United States is not eligible**  
183 **for licensure via examination or score transfer until they have met the requirements of OAR 855-115-**  
184 **0013.**

185  
186 **(3) An applicant applying via score transfer must request the National Association of Boards of**  
187 **Pharmacy to transfer their NAPLEX score to Oregon.**

188  
189 Statutory/Other Authority: ORS 689.205

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

191  
192  
193 **855-019-0140**

194 **NAPLEX Score Transfer**

195  
196 (1) An applicant for score transfer must be a graduate of a school or college of pharmacy approved by  
197 the Board and must have passed the NAPLEX or equivalent examination with a score of at least 75.



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

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

- 203  
204 (a) Oregon Score Transfer Application;  
205  
206 (b) A passport regulation photograph;  
207  
208 (c) A copy of a birth certificate, US passport or naturalization documents, or a foreign passport endorsed  
209 with a US visa permitting full time employment;  
210  
211 (d) Evidence of successful completion of all graduation requirements from a school or college of  
212 pharmacy approved by the Board.

213  
214 Statutory/Other Authority: ORS 689.205  
215 Statutes/Other Implemented: ORS 689.151 & 689.265  
216

217  
218 ~~855-019-0130~~ **855-115-0019**

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

220  
221 (1) An applicant for licensure as a pharmacist by reciprocity must meet the requirements of ORS 689.265  
222 and the following requirements:

- 223  
224 (a) Be a graduate of a **board-approved** school or college of pharmacy approved by the Board;  
225  
226 (b) Have passed the NAPLEX or equivalent examination with a score of not less than 75;  
227  
228 (c) Have passed the **Oregon MPJE**, with a score of not less than 75; **A passing result is valid for 1 year. A**  
229 **candidate who does not pass may retake the exam after a minimum of 30 days with a limit of three**  
230 **attempts in a 12 month period, not to exceed a lifetime maximum of 5 failed attempts;**  
231  
232 (d) Be licensed and in good standing in the state from which the applicant bases the reciprocity  
233 application; **Provide proof that each Pharmacist license granted to the applicant is not suspended,**  
234 **revoked, canceled or otherwise completely restricted from the practice of pharmacy for any reason**  
235 **except nonrenewal or the failure to obtain required continuing education credits in any state where**  
236 **the applicant is licensed but not engaged in the practice of pharmacy.**

- 237  
238 (e) Have either:  
239  
240 (A) Been engaged in the practice of pharmacy for period of at least one year including a minimum of  
241 1440 hours of work experience as a licensed pharmacist. Evidence supporting this work experience  
242 shall **must** be provided at time of application; or  
243

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

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

252  
253 ~~(3)~~ (2) An applicant who has obtained their professional degree outside the United States **and jurisdiction**  
254 is not eligible for licensure by reciprocity until they have met the requirements of OAR 855-019-  
255 ~~0150~~**115-0013**.

256 Statutory/Other Authority: ORS 689.205

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

259

260

261 **855-115-0020**

262 **Licensure: Application- Pharmacist**

263

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

265

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

267

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

269

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

271

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

273

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

275

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

277

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

279

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

282

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

284

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

287

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

289

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

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

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

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

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

306  
307 **Statutory/Other Authority:**  
308 **Statutes/Other Implemented:**

309  
310  
311 **855-019-0122 855-115-0030**

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

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

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

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

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

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

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

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

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

333  
334  
335 **855-019-0170**  
336 **Reinstatement of License**

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

338

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

341

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

343

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

346

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

351

352 **(d) If their license has been lapsed for more than five years, pass the NAPLEX. A passing result is valid**  
353 **for one year. A candidate who does not pass may retake the exam after a minimum of 45 days with a**  
354 **limit of three attempts in a 12 month period, not to exceed a lifetime maximum of 5 failed attempts**

355 Complete an application for licensure provide the board with a valid e-mail address, and a fingerprint  
356 card or other documentation required to conduct a criminal background check.

357

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

359

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

365

366 **POLICY DISCUSSION:** Good standing

367

368 **855-019-0171**

369 **Reinstatement of a Revoked or Surrendered License**

370

371 **(34)** A person whose pharmacist license has been **suspended**, revoked or **restricted** surrendered shall  
372 **have has** the right, at reasonable intervals, to petition to the ~~B~~board ~~in writing~~ for reinstatement of such  
373 license **pursuant to ORS 689.445**. The written petition to the Board shall be made **and** in conjunction  
374 with the application process identified in OAR 855-019-0120 **115-0020**.

375

376 Statutory/Other Authority: ORS 689.205

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

378

379 **855-115-0040**

380 **Licensure: Lapse**

381

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

- 384 **(a) Lapse of a license is not discipline.**  
385  
386 **(b) The board has jurisdiction to proceed with any investigation or any action or disciplinary**  
387 **proceeding against the licensee.**  
388  
389 **(c) A person may not practice pharmacy if the license is lapsed.**  
390  
391 **(d) A person may apply for renewal or reinstatement according to OAR 855-115-0030.**  
392  
393 **(2) If a person requests lapse prior to the expiration date of the license, the following applies:**  
394  
395 **(a) The license remains in effect until the board accepts the lapse.**  
396  
397 **(b) If the board accepts the lapse, the board will notify the licensee of the date the license terminates.**  
398  
399 **(c) The board will not accept the lapse if an investigation of or disciplinary action against the licensee**  
400 **is pending.**  
401  
402 **(d) The licensee must return the license to the board within 10 days of the board accepting the lapse.**  
403

404 **Statutory/Other Authority: ORS 689.205**  
405 **Statutes/Other Implemented: ORS 689.153**

406  
407  
408 **855-115-0043**

409 **Licensure: Retirement**

- 410  
411 **(1) A Pharmacist may request that the board accept the retirement of their license if the Pharmacist is**  
412 **in good standing, has been licensed as a Pharmacist for at least 20 years and is retired from the**  
413 **practice of pharmacy.**  
414  
415 **(a) Retirement of a license is not discipline;**  
416  
417 **(b) The board has jurisdiction to proceed with any investigation or any action or disciplinary**  
418 **proceeding against the licensee.**  
419  
420 **(c) A person may not practice pharmacy if the license is retired.**  
421  
422 **(d) A person may apply for renewal or reinstatement according to OAR 855-115-0030.**  
423  
424 **(2) If a person requests retirement prior to the expiration date of the license, the following applies:**  
425  
426 **(a) The license remains in effect until the board accepts the retirement.**  
427  
428 **(b) If the board accepts the retirement, the board will notify the licensee of the date the license**  
429 **terminates.**  
430

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

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

436  
437 Statutory/Other Authority: ORS 689.205  
438 Statutes/Other Implemented: ORS 689.153

439  
440  
441 **855-115-0046**

442 Licensure: Voluntary Surrender

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

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

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

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

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

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

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

462  
463 Statutory/Other Authority: ORS 689.205  
464 Statutes/Other Implemented: ORS 689.153

465  
466  
467 **855-031-0045 855-115-0055**

468 School and Preceptor Registration and Responsibilities-Registration: Pharmacist Preceptor

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

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

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

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

478 (4) The preceptor may report to the board voluntarily, the progress and aptitude of an intern under the  
479 preceptor's supervision, or must do so upon request of the board.

480  
481 (5) The preceptor ~~must be~~ **is** responsible for supervision of the majority of the intern's SRI hours and  
482 must provide the intern with internship experiences, which in the preceptor's judgment will increase the  
483 intern's competency in the practice of pharmacy.

484  
485 (6) Before supervising an intern in an SRI program, a preceptor must complete any training program  
486 required by the school of pharmacy.

487  
488 (7) A preceptor must advise each school of pharmacy when they are supervising students from more  
489 than one school at the same time. This applies to both in-state and out-of-state schools or colleges of  
490 pharmacy.

491  
492 (8) A preceptor must verify that their intern is currently licensed with the board.

493  
494 (9) A pharmacist acting as a preceptor in a federal facility is not required to be licensed as a pharmacist  
495 in Oregon, but is required to be licensed as a preceptor with the board.

496  
497 (10) The school of pharmacy must maintain a record of each intern's SRIs. This record must be made  
498 available to the board upon request.

499  
500 (11) A school of pharmacy located in Oregon must submit a report on their experiential education  
501 program to the board at the end of each academic year. This report must include the names of students  
502 who successfully completed the program and graduated from the school. The school must maintain a list  
503 of preceptors and SRI sites, in and out-of-state, approved by the school and must make this list available  
504 to the board upon request.

505  
506 (12) All records related to a student must be available for three years after the student graduates.

507  
508 Statutory/Other Authority: ORS 689.151 & ORS 689.205

509 Statutes/Other Implemented: ORS 689.255

510

511

512 **855-019-0123 855-115-0060**

513 **Liability Limitations for Volunteers Registration: Resident Volunteer Pharmacist**

514

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

518

519 (2) A no cost registration may be issued by the **B**board upon receipt of a completed application.  
520 Registration requires submission of a signed form provided by the **B**board in accordance with ORS  
521 676.345(2).

522

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



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

527  
528 (5) Pharmacists providing care under the provisions of ORS 676.340 and ORS 676.345 remain subject to  
529 the ~~B~~board complaint investigation process articulated in ORS 676.175.

530  
531 Statutory/Other Authority: ORS 676.340 & ORS 689.205  
532 Statutes/Other Implemented: ORS 676.340 & ORS 676.345

533  
534 **855-115-1165**

535 **Notification: Non-Resident Volunteer Pharmacist**

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

538  
539  
540 **855-019-0125**

541 **Coaching from Board and Staff**

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

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

549  
550 ~~Statutory/Other Authority: ORS 689.205~~  
551 ~~Statutes/Other Implemented: ORS 689.151~~

552  
553  
554 **~~855-019-0160~~ 855-115-00XX**

555 **Nuclear Pharmacists**

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

558  
559 In order to qualify under these rules as a nuclear pharmacist, a pharmacist shall:

560  
561 (1) Meet minimal standards of training and experience in the handling of radioactive materials in  
562 accordance with the requirements of the Radiation Protection Services of the Department of Human  
563 Services; and

564  
565 (2) Be a pharmacist licensed to practice in Oregon; and

566  
567 (3) Submit to the Board of Pharmacy either:

568  
569 (a) Evidence of current certification in nuclear pharmacy by the Board of Pharmaceutical Specialties; or

570  
571 (b) Evidence that they meet both the following:



572 (A) Certification of a minimum of six month on-the-job training under the supervision of a qualified  
573 nuclear pharmacist in a nuclear pharmacy providing radiopharmaceutical services; and  
574

575 (B) Certification of completion of a nuclear pharmacy training program in a college of pharmacy or a  
576 nuclear pharmacy training program approved by the ~~B~~board.  
577

578 (4) Receive a letter of notification from the ~~B~~board that the evidence submitted by the pharmacist  
579 meets the above requirements and has been accepted by the ~~B~~board.  
580

581 Statutory/Other Authority: ORS 689.205

582 Statutes/Other Implemented: ORS 689.151  
583

584 **855-019-0310**

585 **Grounds for Discipline**  
586

587 ~~The State Board of Pharmacy may suspend, revoke, or restrict the license of a pharmacist or intern or~~  
588 ~~may impose a civil penalty upon the pharmacist or intern upon the following grounds:~~  
589

590 ~~(1) Unprofessional conduct as defined in OAR 855-006-0020;~~  
591

592 ~~(2) Repeated or gross negligence;~~  
593

594 ~~(3) Impairment, which means an inability to practice with reasonable competence and safety due to the~~  
595 ~~habitual or excessive use of drugs or alcohol, other chemical dependency or a mental health condition;~~  
596

597 ~~(4) Being found guilty by the Board of a violation of the pharmacy or drug laws of this state or rules~~  
598 ~~pertaining thereto or of statutes, rules or regulations of any other state or of the federal government;~~  
599

600 ~~(5) Being found guilty by a court of competent jurisdiction of a felony as defined by the laws of this~~  
601 ~~state;~~  
602

603 ~~(6) Being found guilty by a court of competent jurisdiction of a violation of the pharmacy or drug laws of~~  
604 ~~this state or rules pertaining thereto or of statutes, rules or regulations of any other state or of the~~  
605 ~~federal government;~~  
606

607 ~~(7) Fraud or intentional misrepresentation in securing or attempting to secure the issuance or renewal~~  
608 ~~of a license to practice pharmacy or a drug outlet registration;~~  
609

610 ~~(8) Permitting an individual to engage in the practice of pharmacy without a license or falsely using the~~  
611 ~~title of pharmacist;~~  
612

613 ~~(9) Aiding and abetting an individual to engage in the practice of pharmacy without a license or falsely~~  
614 ~~using the title of pharmacist;~~  
615

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

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

621

622 Statutory/Other Authority: ORS 689.205

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

624

625 ----- RESPONSIBILITIES (1<sup>ST</sup> REVIEW) -----

626

627 Division 19

628 PHARMACISTS

629

630 **855-019-0110**

631 **Definitions**

632

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

638

639 Division 41

640 OPERATION OF PHARMACIES

641

642 **855-041-1001**

643 **Definitions**

644

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

650

651 Division 6

652 DEFINITIONS

653

654 **855-006-0005**

655 **Definitions**

656

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

658

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

661

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

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

668  
669 (A) Over-utilization or under-utilization;

670  
671 (B) Therapeutic duplication;

672  
673 (C) Drug-disease contraindications;

674  
675 (D) Drug-drug interactions;

676  
677 (E) Incorrect drug dosage;

678  
679 (F) Incorrect duration of treatment;

680  
681 (G) Drug-allergy interactions; and

682  
683 (H) Clinical drug abuse or misuse.

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

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

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

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

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

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

709  
710 **Statutory/Other Authority:**  
711 **Statutes/Other Implemented:**

712

713 Division 19 115  
714 PHARMACISTS

715  
716 **855-115-0200**

717 **Pharmacist: General Responsibilities**

718  
719 ORS 689.025 states that "the practice of pharmacy in the State of Oregon is declared a health care  
720 professional practice affecting the public health, safety and welfare". Pharmacy practice is a dynamic  
721 patient-oriented health service that applies a scientific body of knowledge to improve and promote  
722 patient health by means of appropriate drug use, drug-related therapy, and communication for clinical  
723 and consultative purposes. A Pharmacist licensed to practice pharmacy by the board has the duty to use  
724 that degree of care, skill, diligence and reasonable professional judgment that is exercised by an  
725 ordinarily careful Pharmacist in the same or similar circumstances.

726  
727 (1) A **Each** Pharmacist is responsible for their own actions; however, this does not absolve the ~~pharmacy~~  
728 **drug outlet** from responsibility for the Pharmacist's actions.

729  
730 (2) A **Each** Pharmacist and **each pharmacy drug outlet** are responsible for the actions of **each** Interns,  
731 Certified Oregon Pharmacy Technicians, Pharmacy Technicians **and non-licensed pharmacy personnel.**

732  
733 (3) **With the exception of healthcare providers working within the scope of their licensure, Only a**  
734 **Pharmacist, may is permitted to:**

735  
736 **(a) Practice pharmacy as defined in ORS 689.005; to include the provision of patient care services.**  
737 **Activities that require reasonable professional judgment of a Pharmacist include but are not limited to:**  
738 **to include the provision of patient care services. Activities that only a Pharmacist is permitted to do**  
739 **require reasonable professional judgment of a Pharmacist include but are not limited to:**

740  
741 **(b) Identify, evaluate and interpret a prescription;**

742  
743 **(ac) Conduct a Drug Utilization Review or Drug Regimen Review;**

744  
745 **(d) Consult with any prescriber, other healthcare professional or authorized agent;**

746  
747 **(be) Counseling a patient or the patient's agent regarding a prescription, either prior to or after**  
748 **dispensing, or regarding any medical information contained in the patient's record or chart.**

749  
750 **(c) Drug Regimen Review;**

751  
752 **(f) Advise on therapeutic values, content, hazards and use of drugs and devices;**

753  
754 **(g) Interpret the clinical data in a patient record system or patient chart.**

755  
756 **(dh) Conduct Medication Therapy Management;**

757  
758 **(ei) Provide Collaborative Drug Therapy Management or other post-diagnostic disease state**  
759 **management, pursuant to a valid agreement;**

- 760 (fj) Practice pursuant to Statewide Drug Therapy Management Protocols;  
761  
762 (gk) Prescribing a drug or device, as authorized by statutes and rules;  
763  
764 **(l) Administer a drug or device;**  
765  
766 ~~(hm) Ordering, interpreting and monitoring of a laboratory test~~ **within the scope of clinical pharmacy as**  
767 **authorized under ORS 689;**  
768  
769 ~~(in) Receive Oral receipt of a new, refill or transferred of a prescription orally; and~~  
770  
771 ~~(jo) Perform verification of the work performed by those under their supervision ; and~~  
772  
773 **(p) Delegate tasks to other healthcare providers who are appropriately trained and authorized to**  
774 **perform the delegated tasks.**  
775  
776 **(4) A Pharmacist may permit an Intern under their supervision to perform any task listed in (3), except**  
777 **that an Intern may not:**  
778  
779 **(a) Perform the duties of a Pharmacist until after the Intern has successfully completed their first**  
780 **academic year, and only after successful completion of coursework corresponding to those duties;**  
781  
782 **(b) Prescribe a drug or device; or**  
783  
784 **(c) Perform final verification or verification as defined in OAR 855-006-0005.**  
785  
786 **POLICY DISCUSSION:** 1<sup>st</sup> academic year, Exceptions  
787  
788 **(5) A Pharmacist may not permit a Certified Oregon Pharmacy Technician or Pharmacy Technician**  
789 **under their supervision, direction and control to perform any task listed in OAR 855-019-0200(3).**  
790  
791 **(46) A Pharmacist must:**  
792  
793 **(a) Comply with all state and federal laws and rules governing the practice of pharmacy;**  
794  
795 **(b) Control each aspect of the practice of pharmacy;**  
796  
797 **(c) Ensure each prescription contains all the elements required in OAR 855-041, or OAR 855-141.**  
798  
799 **(d) Ensure the patient record contains the elements required in OAR 855-041 or OAR 855-141.**  
800  
801 **(e) Ensure prescriptions, prescription refills, and drug orders are dispensed:**  
802  
803 **(A) Accurately;**  
804  
805 **(B) To the correct party;**  
806

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

808

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

810

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

812

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

814

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

817

818 ~~(eh)~~ Ensure non-Pharmacist personnel only perform duties they are licensed and trained to perform.

819

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

822

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

827

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

830 **The review must:**

831

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

833

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

835

836 ~~(gl)~~ Ensure the security of the pharmacy area including:

837

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

840

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

843

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

845

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

847

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

851

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

- 854 (b) The Certified Oregon Pharmacy Technician or Pharmacy Technician does not use discretion in  
855 conducting final verification;  
856  
857 (c) The Pharmacist delegating final verification is supervising the Certified Oregon Pharmacy Technician  
858 or Pharmacy Technician; and  
859  
860 (d) Ensure the Certified Oregon Pharmacy Technician or Pharmacy Technician is performing a physical  
861 final verification.  
862

863 Statutory/Other Authority: ORS 689.205 & 2022 HB 4034  
864 Statutes/Other Implemented: ORS 689.025, ORS 689.151, ORS 689.155, ORS 689.645, ORS 689.682, ORS  
865 689.689 & 2022 HB 4034  
866

867  
868 **855-115-0072**

869 **Responsibilities: Confidentiality**  
870

871 **(1) No licensee of the board who obtains any patient information may disclose that information to a**  
872 **third-party without the consent of the patient except as provided in except as provided in (a)-(e) of**  
873 **this rule.**  
874

875 **(2) A licensee may disclose patient information:**  
876

877 **(a) To the board;**  
878

879 **(b) To a practitioner, Oregon licensed Pharmacist, Intern, Certified Oregon Pharmacy Technician or**  
880 **Pharmacy Technician, if disclosure is authorized by a Pharmacist and disclosure is necessary to protect**  
881 **the patient's health or well-being; or**  
882

883 **(c) To a third-party when disclosure is authorized or required by law; or**  
884

885 **(d) As permitted pursuant to federal and state patient confidentiality laws or;**  
886

887 **(e) To the patient or to persons as authorized by the patient.**  
888

889 **(2) A licensee or registrant of the board may not access or obtain any patient information unless it is**  
890 **accessed or obtained for the purpose of patient care or as allowed in (1)(a)-(e) of this rule.**  
891

892 **Statutory/Other Authority: ORS 689.205, ORS 689.305, ORS 689.315**

893 **Statutes/Other Implemented: ORS 689.155**  
894

895  
896 **~~855-019-0205~~ **855-115-0074****

897 **Responsibilities: Duty to Report**  
898

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

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

903

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

907

908 **(a) 1 business day:**

909

910 **(A) Confirmed significant drug loss; or**

911

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

913

914 **(b) 10 days if they:**

915

916 **(a) Are convicted of a misdemeanor or a felony; or**

917

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

919

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

922

923 **(c) 10 working days if they:**

924

925 **(4A) A pharmacist who has Have reasonable cause to believe that another licensee (of the board or any**  
926 **other Health Professional Regulatory Board) has engaged in prohibited or unprofessional conduct as**  
927 **these terms are defined in OAR 855-006-0005, must report that conduct to the board responsible for**  
928 **the licensee who is believed to have engaged in the conduct. The reporting pharmacist must report the**  
929 **conduct without undue delay, but in no event later than 10 working days after the pharmacist learns of**  
930 **the conduct unless federal laws relating to confidentiality or the protection of health information**  
931 **prohibit disclosure. to that licensee's board; or**

932

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

934

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

936

937 **(A) Legal name;**

938

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

940

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

942

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

944

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

946

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



948 **(G) Employer.**

949

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

952

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

956

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

959

960 Statutory/Other Authority: ORS 689.205

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

962

963

964 **855-115-0076**

965 **Responsibilities: Training**

966

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

968

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

971

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

973

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

975

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

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

978

979

980 **855-019-0210**

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

982

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

985

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

989

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

991

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

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

1000 (b) Ensuring that the prescription contains all the information specified in Division 41 of this chapter of  
1001 rules including the legible name and contact phone number of the prescribing practitioner for  
1002 verification purposes.  
1003

1004 (3) A pharmacist may refuse to dispense a prescription to any person who lacks proper identification.  
1005

1006 (4) Oral Prescription: Upon receipt of an oral prescription, the pharmacist shall promptly reduce the oral  
1007 prescription to writing or create a permanent electronic record by recording:  
1008

1009 (a) The date when the oral prescription was received;  
1010

1011 (b) The name of the patient for whom, or the owner of the animal for which, the drug is to be dispensed;  
1012

1013 (c) The full name and, in the case of controlled substances, the address and the DEA registration  
1014 number, of the practitioner, or other number as authorized under rules adopted by reference under  
1015 Division 80 of this chapter of rules;  
1016 (d) If the oral prescription is for an animal, the species of the animal for which the drug is prescribed;  
1017

1018 (e) The name, strength, dosage form of the substance, quantity prescribed;  
1019

1020 (f) The direction for use;  
1021

1022 (g) The total number of refills authorized by the prescribing practitioner;  
1023

1024 (h) The written signature or initials or electronic identifier of the receiving pharmacist or intern and the  
1025 identity of the person transmitting the prescription;  
1026

1027 (i) The written or electronic record of the oral prescription must be retained on file as required by  
1028 Division 41 of this chapter of rules, and in the case of controlled substances, under rules adopted by  
1029 reference in Division 80 of this chapter of rules.  
1030

1031 (5) Facsimile Prescription: Upon receipt of a facsimile prescription, the pharmacist must be confident  
1032 that the prescription was sent by an authorized practitioner or practitioner's agent, and they must verify  
1033 that:  
1034 (a) The facsimile contains all the information specified in division 41 and division 80 of this chapter of  
1035 rules; and  
1036

1037 (b) The facsimile prescription is not for a Schedule II controlled substance unless so permitted under  
1038 federal regulations or division 80 of this chapter of rules; and  
1039

- 1040 (c) If the facsimile prescription is for a controlled substance, the prescription contains an original,  
1041 manually signed signature of the prescriber. In this rule, manually signed specifically excludes a  
1042 signature stamp or any form of digital signature unless permitted under federal regulations.  
1043  
1044 (6) Electronic Prescription: Before filling a prescription that has been received electronically, the  
1045 pharmacist must be confident that:  
1046  
1047 (a) The prescription was originated by an authorized practitioner or practitioner's agent;  
1048  
1049 (b) The prescription contains all the information specified in Division 41 of this chapter of rules.  
1050  
1051 (c) The prescription is not for a controlled substance unless permitted by federal regulations.  
1052  
1053 (7) The pharmacist must ensure that a written prescription that is hand-carried or mailed into the  
1054 pharmacy contains an original manually signed signature of the prescribing practitioner or practitioner's  
1055 agent.  
1056  
1057 (8) Computer Transfer of Prescription Information between Pharmacies: A pharmacist that transmits or  
1058 receives prescription information to or from another pharmacy electronically must ensure as  
1059 appropriate:  
1060  
1061 (a) The accurate transfer of prescription information between pharmacies;  
1062  
1063 (b) The creation of an original prescription or image of an original prescription containing all the  
1064 information constituting the prescription and its relevant refill history in a manner that ensures accuracy  
1065 and accountability and that the pharmacist will use in verifying the prescription;  
1066  
1067 (c) The prescription is invalidated at the sending pharmacy; and  
1068  
1069 (d) Compliance with all relevant state and federal laws and rules regarding the transfer of controlled  
1070 substance prescriptions.

1071  
1072 Statutory/Other Authority: ORS 689.205  
1073 Statutes/Other Implemented: ORS 689.151, 689.155 & 689.508  
1074  
1075

1076 **855-019-0220 855-115-0080**

1077 **Drug Utilization Review (DUR)**

1078  
1079 **(1) A Pharmacist must complete a drug utilization review (DUR) by reviewing the patient record prior**  
1080 **to dispensing each prescription drug or device for the purpose of identifying the following:**

1081  
1082 **(a) Over-utilization or under-utilization;**

1083  
1084 **(b) Therapeutic duplication;**

1085  
1086 **(c) Drug-disease contraindications;**

- 1087 **(d) Drug-drug interactions;**  
1088  
1089 **(e) Incorrect drug dosage or formulation;**  
1090  
1091 **(f) Inappropriate duration of treatment;**  
1092  
1093 **(g) Drug-allergy interactions; and**  
1094  
1095 **(h) Drug abuse or misuse.**  
1096  
1097 **(2) Upon recognizing a concern with any of the items in (1)(a)-(h), the Pharmacist must take steps to**  
1098 **mitigate or resolve the problem which includes but is not limited to consulting with the prescriber and**  
1099 **documenting the resolution.**  
1100

1101 (1) A pharmacist shall maintain a record for each patient that contains easily retrievable information  
1102 necessary for the pharmacist to perform a DUR and to identify previously dispensed drugs at the time a  
1103 prescription or drug order is presented for dispensing or preparing for administration. The pharmacist  
1104 shall make a reasonable effort to obtain, record, and maintain the following information:

1105  
1106 (a) Full name of the patient for whom the drug is prescribed;

1107  
1108 (b) Address and telephone number of the patient;

1109  
1110 (c) Patient's gender, age or date of birth;

1111  
1112 (d) Chronic medical conditions and disease states of the patient;

1113  
1114 (e) A list of all drugs or devices the patient is currently obtaining at that pharmacy showing the name of  
1115 the drug or device, strength of the drug, the quantity and date received, and the name of the prescribing  
1116 practitioner;

1117  
1118 (f) Known allergies, adverse drug reactions, and drug idiosyncrasies;

1119  
1120 (g) Pharmacist comments relevant to the individual's drug therapy, including any other information  
1121 specific to that patient or drug; and

1122  
1123 (h) Additional information, which may relate to DUR, or for the monitoring of the patient as appropriate.

1124  
1125 (2) Patient records shall be maintained for at least three years.

1126  
1127 (3) The pharmacist or intern shall perform a DUR prior to dispensing or preparing for administration any  
1128 prescription or refill.

1129  
1130 Statutory/Other Authority: ORS 689.205

1131 Statutes/Other Implemented: ORS 689.151 & 689.155

1132

1133

1134 ~~855-019-0230~~ 855-115-0082

1135 **Counseling**

1136

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

1139

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

1143

1144 **(b) Whenever the drug or device has not been previously dispensed to the patient;**

1145

1146 **(c) Whenever there has been a change in the dose, formulation, or directions;**

1147

1148 **(d) Whenever the prescription has been transferred to the drug outlet by oral, written or electronic**  
1149 **means; and**

1150

1151 **(e) For any refill that the Pharmacist deems counseling is necessary.**

1152

1153 **POLICY DISCUSSION:** New/CT/Refill, Transfer

1154

1155 **(2) When counseling is not required by state or federal law or rule or deemed necessary by a**  
1156 **pharmacist, a non-Pharmacist licensee may offer the patient the ability to speak with the Pharmacist**  
1157 **for advice or consultation.**

1158

1159 **(3) A Pharmacist is not required to counsel a patient or patient's agent when the patient or patient's**  
1160 **agent refuses such consultation. If refused:**

1161

1162 ~~(a)~~ Only the ~~p~~Pharmacist or intern may accept a patient's or patient's agent's request not to be  
1163 counseled.

1164

1165 **(b) If, in their professional judgment, the pharmacist or intern believes that the patient's safety may be**  
1166 **affected, the ~~p~~Pharmacist or intern may choose not to release the prescription until counseling has**  
1167 **been completed;**

1168

1169 **POLICY DISCUSSION:** Patient safety

1170

1171 ~~(c4)~~ Effective July 1, 2008, ~~t~~The ~~p~~Pharmacist or intern that provides counseling or accepts the request  
1172 not to be counseled shall must document the **provision or declination of counseling** interaction;

1173

1174 ~~(d5)~~ A ~~p~~Pharmacist shall must not allow non-pharmacist personnel **a prescription to be released from**  
1175 **the drug outlet when a prescription that requires counseling is required, prior to the counseling or**  
1176 **acceptance of** the request not to be counseled;

1177

1178 ~~(e6)~~ For a prescription delivered outside of the ~~pharmacy~~ **drug outlet**, the ~~p~~Pharmacist shall must offer  
1179 in writing, to provide ~~direct~~ counseling and information about the drug, including information on how to  
1180 contact the pharmacist;

1181 **POLICY DISCUSSION:** Oral counseling exception

1182

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

1187

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

1189

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

1191

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

1193

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

1195

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

1197

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

1200

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

1202

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

1204

1205 **(h) Refill information;**

1206

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

1208

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

1211

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

1213

1214 (~~29~~)-Counseling on a refill prescription **may include, but is not limited to, the following elements:**

1215 ~~Shall be such as a reasonable and prudent pharmacist would provide including but not limited to~~  
1216 ~~changes in strength or directions.~~

1217

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

1219

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

1221

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

1223

1224 **(d) Adherence.**

1225

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

1227

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

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

1233  
1234 **POLICY DISCUSSION:** Requirement

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

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

1241  
1242 Statutory/Other Authority: ORS 689.205

1243 Statutes/Other Implemented: ORS 689.151 & 689.155

1244

1245

1246 **855-019-0300 855-115-0086**

1247 **Duties of a Pharmacist-in-Charge: Qualifications, Limitations, and Duties**

1248

1249 (1) In accordance with OAR 855-041 and OAR 855-139, a pharmacy must, at all times have one  
1250 Pharmacist in Charge (PIC) who is normally present in the pharmacy on a regular basis.

1251

1252 (21) In order to be a **Pharmacist-in-Charge (PIC)**, a Pharmacist must have:

1253

1254 (a) Completed at least one year **2000 hours** of pharmacy practice; or

1255

1256 (b) Completed a board approved **provided** PIC training course either before the appointment or within  
1257 30 days after the appointment. ~~With the approval of the board, this course may be employer provided~~  
1258 ~~and may qualify for continuing education credit.~~

1259

1260 **POLICY DISCUSSION:** Requirements, Repeat training

1261

1262 **(c) Be employed by the outlet; and**

1263

1264 **(d) Be actively engaged in pharmacy activities at the drug outlet and be physically present at the drug**  
1265 **outlet for a sufficient amount of time as needed to effectively supervise drug outlet activities, be**  
1266 **responsible for the daily operation of the drug outlet, and ensure drug outlet compliance.**

1267

1268 **POLICY DISCUSSION:** Resident vs. non-resident, Hour minimum

1269

1270 (32) A Pharmacist may not be designated PIC of more than three pharmacies without prior written  
1271 approval by the board. If such approval is given, the Pharmacist must comply with the requirements in  
1272 sub-section (4)(e) of this rule. **The following drug outlet types do not count towards this limit:**

1273

1274 **(a) Pharmacy Prescription Kiosk in OAR 855-141**

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

1276

1277 **(43)** The PIC must perform all of the following the duties and responsibilities:

1278

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

1282

1283 **POLICY DISCUSSION:** PIC vs Outlet

1284

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

1286

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

1289

1290 **(d)** Establish and maintain records governing the practice of pharmacy in coordination with the outlet;

1291

1292 **(e)** Ensure compliance with all federal and state laws and rules governing the practice of pharmacy;

1293

1294 **(f)** Assess and approve personnel who may access the areas where drugs and records are stored;

1295

1296 **(g)** Ensure personnel with access to the areas where drugs and records are stored are trained and  
1297 records retained;

1298

1299 **POLICY DISCUSSION:** Security of pharmacy, prescription areas, open vs closed

1300

1301 **(h)** Ensure personnel that require licensure have been granted and maintain licensure with the board;

1302

1303 **(i)** Ensure licensed personnel work within the duties permitted by their licensure;

1304

1305 **(j)** Ensure non-licensed personnel only perform work that does not require licensure;

1306

1307 **(k)** Develop a staffing plan to ensure personnel staffing levels are adequate for the workload volume  
1308 and patient care services offered. The staffing plan must consider the:

1309

1310 **(A)** Volume of prescriptions handled by staff to include:

1311

1312 **(i)** Prescriptions filled, dispensed, and sold;

1313

1314 **(ii)** Prescriptions placed on hold;

1315

1316 **(iii)** Prescriptions returned to stock; and

1317

1318 **(iv)** Any other prescription related metrics developed by the Pharmacist-in-charge.

1319

1320 **(B)** Volume of discretionary services provided by staff to include;

1321



- 1322 **(i) Vaccinations offered and provided;**  
1323  
1324 **(ii) Prescribing services offered and provided (e.g., hormonal contraceptive, statewide drug therapy**  
1325 **management protocols or formulary drugs and devices)**  
1326  
1327 **(iii) CDTM services offered and provided;**  
1328  
1329 **(iv) MTM offered and provided; and**  
1330  
1331 **(v) Laboratory testing offered and provided;**  
1332  
1333 **(C) Security needs of the drug outlet and staff;**  
1334  
1335 **(D) Need to close or open certain touchpoints (e.g. drive-thru, registers, etc.);**  
1336  
1337 **(E) On-duty pharmacist's autonomy to close or open touchpoints;**  
1338  
1339 **(F) Number of staff and level of staff competency; and**  
1340  
1341 **(G) Need to increase staffing to operate the drug outlet in a safe and effective manner.**  
1342  
1343 **(l) Ensure meeting quotas, targets or similar measures do not compromise patient safety;**  
1344  
1345 **(m) Ensure the drug outlet contains the reference material and equipment needed;**  
1346  
1347 **(n) Enforce a continuous quality improvement program for dispensing services;**  
1348  
1349 **(o) Submit a plan of correction for observations noted on an inspection within the time allowed by the**  
1350 **board;**  
1351  
1352 ~~(bp) The new PIC must c~~ **Complete an inspection on the PIC Annual Self-Inspection Form **by July 1 each****  
1353 **year and** within 15 days of becoming PIC. The completed self-inspection forms must be signed and  
1354 dated by the PIC and maintained for three years from the date of completion; ~~Such training should~~  
1355 ~~include an annual review of the PIC Self-Inspection Report;~~  
1356  
1357 **(g) Complete and document a controlled substance inventory with discrepancy reconciliation as**  
1358 **follows:**  
1359  
1360 **(A) Within 15 days of a change in PIC, an inventory of all controlled drugs as required by OAR 855-080;**  
1361  
1362 **(B) Annually (within 367 days) for all controlled drugs as required by OAR 855-080;**  
1363  
1364 **(C) Monthly (within 31 days) for Schedule II controlled drugs.**  
1365  
1366 **POLICY DISCUSSION:** Frequency schedule II  
1367

1368 **(r) Ensure the drug outlet reports data as required by the Oregon Health Authority for PDMP, ALERT,**  
1369 **Death with Dignity and communicable diseases.**

1370

1371 **(s) Notify the board of ceasing to be the PIC within 15 days of the occurrence, on a form provided by**  
1372 **the board.**

1373

1374 (c) The PIC may not authorize non-Pharmacist employees to have unsupervised access to the pharmacy,  
1375 except in the case of hospitals that do not have a 24-hour pharmacy where access may be granted as  
1376 specified in OAR 855-041-0120;

1377

1378 (d) In a hospital only, the PIC is responsible for providing education and training to the nurse supervisor  
1379 who has been designated to have access to the pharmacy department in the absence of a Pharmacist;

1380

1381 (e) A Pharmacist designated as PIC for more than one pharmacy must personally conduct and document  
1382 a quarterly compliance audit at each location. This audit must be on the Quarterly PIC Compliance Audit  
1383 Form provided by the board;

1384

1385 (f) If a discrepancy is noted on a board inspection, the PIC must submit a plan of correction within 30  
1386 days of receiving notice.

1387

1388 (A) 15 days of receiving a deficiency notice; or

1389

1390 (B) 30 days of receiving a non-compliance notice.

1391

1392 (g) The records and forms required by this section must be filed in the pharmacy, made available to the  
1393 board for inspection upon request, and must be retained for three years.

1394

1395 (5) The PIC is responsible for ensuring that the following activities are correctly completed:

1396

1397 (a) An inventory of all controlled substances must be taken within 15 days before or after the effective  
1398 date of change of PIC, and must be dated and signed by the new PIC. This inventory must be maintained  
1399 in the pharmacy for three years and in accordance with all federal laws and regulations;

1400

1401 (b) Verifying, on employment and as appropriate, but not less than annually, the licensure of all  
1402 pharmacy personnel who are required to be licensed by the board;

1403

1404 (c) Conducting an annual inspection of the pharmacy using the PIC Annual Self-Inspection Form provided  
1405 by the board, by February 1 each year. The completed self-inspection forms must be signed and dated  
1406 by the PIC and maintained for three years from the date of completion;

1407

1408 (d) Conducting an annual inventory of all controlled drugs as required by OAR 855-080;

1409

1410 (e) Performing a quarterly inventory reconciliation of all Schedule II controlled drugs.

1411

1412 (f) Ensuring that all pharmacy staff have been trained appropriately for the practice site. Such training  
1413 should include an annual review of the PIC Self-Inspection Report;

1414

1415 ~~(g) Implementing a quality assurance plan for the pharmacy.~~

1416

1417 ~~(h) The records and forms required by this section must be filed in the pharmacy, made available to the~~  
1418 ~~board for inspection upon request, and must be retained for three years.~~

1419

1420 ~~(6) The PIC, along with other licensed pharmacy personnel, must ensure that the pharmacy is in~~  
1421 ~~compliance with all state and federal laws and rules governing the practice of pharmacy and that all~~  
1422 ~~controlled substance records and inventories are maintained in accordance with all state and federal~~  
1423 ~~laws and rules.~~

1424

1425 Statutory/Other Authority: ORS 689.205

1426 Statutes/Other Implemented: ORS 689.151 & ORS 689.155

1427

PROPOSED

**Division 031/120: Interns (Procedural Rule Review)**

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

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

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

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

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

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

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

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

**Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why):** Proposed rule amendments include relocating and reorganizing existing rules from Division 031 to Division 120 in alignment with the board’s strategy to systematically organize all Divisions. Amendments include revising titles, clarifying requirements for applicability, definitions, general qualifications, licensure requirements, license renewal, license reinstatement, license termination, and general responsibilities.

1  
2 Division 6  
3 DEFINITIONS

4  
5 **(x) “Board-approved school or college of pharmacy” means an ACPE accredited, accredited with**  
6 **probation, pre-candidate or candidate status (v. 6/2022) or with Canadian Council for Accreditation of**  
7 **Pharmacy Programs (CCAPP) accredited pharmacy program (v. 6/2022) with a curriculum taught in**  
8 **English;**

9  
10 **(X) “Intern” means a person who is enrolled in or has completed a course of study at a school or**  
11 **college of pharmacy approved by the board and who is licensed with the board as an Intern.**

12

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

15  
16 **(X) "Preceptor" means a Pharmacist or a person licensed by the board to supervise the internship**  
17 **training of a licensed Intern.**

18  
19 **POLICY DISCUSSION:** Non-RPH preceptor, training

20  
21  
22 **Division ~~31~~120**  
23 **INTERNS**

24  
25 **855-120-0001**  
26 **Applicability**

27  
28 **(1) This Division applies to any individual who is enrolled in or has completed a Bachelor or Doctor of**  
29 **Pharmacy at a board-approved school or college of pharmacy or holds a certificate from the Foreign**  
30 **Pharmacy Graduate Equivalency Committee (FPGEC), and who acts as Intern under the supervision of**  
31 **an Oregon licensed Pharmacist.**

32  
33 **(2) Persons licensed with the Board as an Intern may perform the functions of a Pharmacist at the**  
34 **discretion and under the supervision of a Pharmacist and must act in compliance with all applicable**  
35 **statutes and rules.**

36  
37 **POLICY DISCUSSION:** Functions, Exclusions, Criteria, Education

38  
39 **Statutory/Other Authority: 689.205**  
40 **Statutes/Other Implemented: 689.225**

41  
42  
43 **~~855-031-0005~~ 855-120-0005**  
44 **Definitions**

45  
46 **Note:** Placeholder- No definitions specific to Division 120 at this time.

47  
48 (1) An "intern" means any person who:

49  
50 (a) Is enrolled in a course of study and is in good academic standing at a school or college of pharmacy  
51 that is approved by the Oregon Board of Pharmacy; or

52  
53 (b) Is a graduate of a school or college of pharmacy that is approved by the board; or

54  
55 (c) Is a foreign pharmacy graduate and holds a certificate from the Foreign Pharmacy Graduate  
56 Equivalency Committee (FPGEC); and

57  
58 (d) Is licensed with the board as an intern.

59

60 (2) A "preceptor" means a pharmacist or a person licensed by the board to supervise the internship  
61 training of an intern.

62

63 (3) "Internship" means a professional experiential program or work experience.

64

65 (a) "Traditional Pharmacy practice Internship (TPI)" means experience toward achieving competency in  
66 the practice of pharmacy for which no academic credit is granted to the intern.

67

68 (b) "School-based Rotational Internship (SRI)" means experience toward achieving competency in the  
69 practice of pharmacy in programs developed and administered by a school of pharmacy.

70

71 (c) "Other Internship" means experience toward achieving competency in the practice of pharmacy,  
72 other than in an internship as defined in (a) or (b), in a program approved by a school of pharmacy or  
73 the board.

74

75 **POLICY DISCUSSION:** TPI, SRI, Other internship

76

77 (4) "School of pharmacy": In this division of rules, "school of pharmacy" means a school or college of  
78 pharmacy that is approved by the board.

79

80 Statutory/Other Authority: ORS 689.151 & ORS 689.205

81 Statutes/Other Implemented: ORS 689.255

82

83

84 **855-120-0010**

85 **Licensure: Qualifications**

86

87 **To qualify for licensure as an Intern, an applicant must provide proof that they:**

88

89 **(1) Are enrolled in a Doctor of Pharmacy program at a board-approved school or college of pharmacy;**  
90 **or**

91

92 **POLICY DISCUSSION:** Registered, Enrolled, Admitted

93

94 **(2) Graduated from a Bachelor or Doctor of Pharmacy from a board-approved school or college of**  
95 **pharmacy for the purpose of obtaining the qualifications to apply for a Pharmacist license; or**

96

97 **POLICY DISCUSSION:** Purpose

98

99 **(3) Graduated from a Bachelor or Doctor of Pharmacy program from a foreign school or college of**  
100 **pharmacy and are pursuing an Intern license for the purpose of obtaining the qualifications to apply**  
101 **for a Pharmacist license:**

102

103 **POLICY DISCUSSION:** Purpose

104

105 **(a) If residing in the United States, proof of citizenship, legal permanent residency or qualifying visa,**  
106 **as required by 8 USC 1621 (06/25/2022); and**

107

108 **(b) Provide a copy of the original certificate issued by the NABP Foreign Pharmacy Graduate**  
109 **Examination Committee (FPGEC).**

110  
111 **(4) Graduates from a Canadian Council for Accreditation of Pharmacy Programs (CCAPP) accredited**  
112 **pharmacy program with a curriculum taught in English are exempt from (a)-(b).**

113  
114 **Statutory/Other Authority: ORS 689.205**

115 **Statutes/Other Implemented: ORS 689.151 & ORS 689.255**

116  
117  
118 **855-031-0050**

119 **Eligibility for Exams — Foreign Pharmacy Graduates**

120  
121 In addition to the other requirements of this Division, a foreign pharmacy graduate must complete 1440  
122 internship hours before applying to take the Multistate Pharmacy Jurisprudence Examination (MPJE)  
123 and before applying for licensure as a pharmacist as specified in OAR 855-019-0150. Evidence of  
124 completing this requirement must be provided to the board by the applicant and must be authenticated  
125 by each preceptor.

126  
127 **Statutory/Other Authority: ORS 689.151 & ORS 689.205**

128 **Statutes/Other Implemented: ORS 689.255**

129  
130  
131 **855-031-0010 855-120-0020**

132 **Licensure: Intern License Application- Intern**

133  
134 **(1) An applications for licensure as an iIntern may be obtained from accessed on the board website.**

135  
136 **(a) Failure to completely, accurately and honestly answer all questions on the application form for**  
137 **licensure or renewal of licensure is grounds for discipline;**

138  
139 **(b) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result**  
140 **in denial of the application.**

141  
142 **(2) The board may issue a license to a qualified intern applicant after the receipt of:**

143  
144 **(a) Documentation required in OAR 855-120-0010; and**

145  
146 **(a**b**) A completed application including;**

147  
148 **(b**A**) Payment of the fee prescribed in OAR 855-110;**

149  
150 **(e**B**) A current, passport regulation size photograph (full front, head to shoulders);**

151  
152 **(C) Personal identification or proof of identity;**

153  
154 **(d**D**) Furnish documentation required to conduct a A completed national fingerprint-based background**  
155 **check; and**

156 **(E) A completed moral turpitude statement or a written description and documentation regarding all**  
157 **conduct that is required to be disclosed.**

158  
159 **(3) Penalties may be imposed for:**

160  
161 **(a) Failure to completely and accurately answer each question on the application for licensure or**  
162 **renewal of licensure;**

163  
164 **(b) Failure to disclose any requested information on the application or requests resulting from the**  
165 **application;**

166  
167 **(c) Any other grounds found in ORS 689.405.**

168  
169 **(4) An application submitted to the board that is not complete within 90 days from applicant**  
170 **submission will be expired. Once expired, an applicant who wishes to continue with the application**  
171 **process must reapply by submitting a new application, along with all documentation, and all fees.**  
172 **While a new application and documentation is required, the board may still consider information that**  
173 **was provided in previous applications.**

174  
175 **(5) The license of an Intern expires November 30 following the second anniversary of issue and may**  
176 **be renewed twice.**

177  
178 **POLICY DISCUSSION:** Length, Maximum

179  
180 **(6) The license of a Graduate Intern expires one year following the anniversary of issue and may not**  
181 **be renewed.**

182  
183 (e) Confirmation from a school of pharmacy that the applicant is enrolled in a course of study, except for  
184 foreign pharmacy graduates who must:

185  
186 (A) Provide a copy of a valid visa permitting full-time employment;

187  
188 (B) Provide a copy of the original certificate issued by the Foreign Pharmacy Graduate Equivalency  
189 Examination Committee; and

190  
191 (C) Provide evidence that they have passed the Test of English as a Foreign Language (TOEFL) Internet-  
192 based Test (IBT)-

193  
194 (3) The board may issue an intern license after processing the application, however unless the applicant  
195 is a foreign graduate or an applicant for licensure by reciprocity, it is not valid until the intern has started  
196 a course of study. The initial license is valid until the last day of November following the second  
197 anniversary of issue unless terminated automatically by any one of the following events. Renewed  
198 licenses are valid for two years unless terminated automatically by any one of the following events:

199  
200 (a) Licensure to practice pharmacy is granted in any state; or  
201



202 (b) The licensee, other than a foreign pharmacy graduate or an applicant for licensure by reciprocity,  
203 fails to maintain enrollment or active registration in a pharmacy degree program for a period greater  
204 than one year; or

205  
206 (c) The licensee, other than a foreign pharmacy graduate or an applicant for licensure by reciprocity, has  
207 been graduated from a school of pharmacy for 12 months;

208  
209 (d) The intern is dismissed, terminated or expelled by the school of pharmacy, or withdraws from the  
210 program.

211  
212 (4) An intern must surrender their license to the board within 30 days of one of the above events.

213  
214 (5) Notwithstanding the requirements of section (3) above, upon written request the board may waive  
215 any of the requirements of this rule if a waiver will further public health and safety. A waiver granted  
216 under this section must only be effective when it is issued in writing.

217  
218 Statutory/Other Authority: ORS 689.205  
219 Statutes/Other Implemented: ORS 689.151

220

221

222 **855-031-0016 855-120-0030**

223 **Licensure: Renewal or Reinstatement Applications of Licensure as an Intern**

224

225 (1) **When** An applying ~~ing~~ for renewal of an intern license, **an applicant** must include documentation  
226 of:

227

228 (a) Completion of continuing pharmacy education requirements as directed in OAR 855-021; and

229

230 (b) Payment of the **biennial** license fee required in OAR 855-110.

231

232 **(b) Complete the continuing pharmacy education requirements as directed in OAR 855-021;**

233

234 (c) An intern will ~~b~~Be subject to an annual criminal background check.; **and**

235

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

238

239 **(2) An Intern who fails to renew their license by the expiration date and whose license has been**  
240 **lapsed for one year or less may apply to renew their license.**

241

242 **(3) An Intern or who fails to renew their license by the expiration date and whose license has been**  
243 **lapsed for greater than one year may apply to reinstate their license as follows:**

244

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

246

247 **(b) Provide certification of completion of the continuing pharmacy education requirement in OAR 855-**  
248 **021 for all years in which the license was lapsed.**

249

250 **(4) A person whose Intern license has been suspended, revoked or restricted has the right, at**  
251 **reasonable intervals, to petition to the Board in writing for reinstatement of such license pursuant to**  
252 **ORS 689.445 and in conjunction with the application process identified in OAR 855-120-0020.**  
253

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

255 **Statutes/Other Implemented: ORS 689.151, ORS 689.275, ORS 689.445**

256

257

258 **855-120-0040**

259 **Licensure: Lapse**

260

261 **(1) An Intern may let their license lapse by failing to renew or request that the board accept**  
262 **the lapse of their license prior to the expiration date.**

263

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

265

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

268

269 **(c) A person may not practice as an Intern if the license is lapsed.**

270

271 **(d) A person may apply for renewal or reinstatement according to OAR 855-120-0030.**

272

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

274

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

276

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

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

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

281

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

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

284

285

286 **855-115-0046**

287 **Licensure: Voluntary Surrender**

288

289 **An Intern may request that the board accept the voluntary surrender of their license.**

290

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

292

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

294

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

298  
299 **(4) The licensee must cease practicing pharmacy from the date the license terminates.**

300  
301 **(5) A voluntarily surrendered license may not be renewed. A former licensee who wants to obtain a**  
302 **license must apply for reinstatement per OAR 855-115-0030 unless the final order prohibits the**  
303 **licensee from doing so.**

304  
305 **(6) The board has jurisdiction to proceed with any investigation or any action or disciplinary**  
306 **proceeding against the licensee.**

307  
308 **Statutory/Other Authority: ORS 689.205**  
309 **Statutes/Other Implemented: ORS 689.153**

310  
311  
312 **855-120-00XX**  
313 **Grounds for Discipline**

314  
315 **The State Board of Pharmacy may suspend, revoke, or restrict the license of an Intern or may impose**  
316 **a civil penalty upon the Intern upon the following grounds:**

317  
318 **(1) Continuing to practice as an Intern when one of the following has occurred:**

319  
320 **(a) Prior to graduation, failing to maintain enrollment in a Doctor of Pharmacy degree program for a**  
321 **period greater than 12 months; or**

322  
323 **POLICY DISCUSSION:** Length

324  
325 **(b) Prior to graduation, failing to maintain good academic standing in a Doctor of Pharmacy degree**  
326 **program for a period greater than 12 months; or**

327  
328 **POLICY DISCUSSION:** Good academic standing, length

329  
330 **(b) Failing to meet the qualifications for licensure in OAR 855-120-0010; or**

331  
332 **(c) Failing to maintain an active Intern license; or**

333  
334 **(d) Practicing or assisting in the practice of pharmacy without an Intern or other appropriate license**  
335 **from the Board; or**

336  
337 **(e) Any other grounds found in ORS 689.405.**

338  
339 **(2) Failure to notify the board within 15 days of any change in their enrollment or pursuit of a**  
340 **Pharmacist license that might affect their eligibility to work as an Intern.**

341  
342

343 **855-031-0010**

344 **Intern License Application**

345

346 (1) Applications for licensure as an intern may be obtained from the board website.

347

348 (a) Failure to completely, accurately and honestly answer all questions on the application form for  
349 licensure or renewal of licensure is grounds for discipline;

350

351 (b) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result  
352 in denial of the application.

353

354 (2) The board may issue a license to a qualified intern after the receipt of:

355

356 (a) A completed application;

357

358 (b) Payment of the fee prescribed in OAR 855-110;

359

360 (c) A current, passport regulation size photograph (full front, head to shoulders);

361

362 (d) Furnish documentation required to conduct a national fingerprint-based background check; and

363

364 (e) Confirmation from a school of pharmacy that the applicant is enrolled in a course of study, except for  
365 foreign pharmacy graduates who must:

366

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

368

369 (B) Provide a copy of the original certificate issued by the Foreign Pharmacy Graduate Equivalency  
370 Examination Committee; and

371

372 (C) Provide evidence that they have passed the Test of English as a Foreign Language (TOEFL) Internet-  
373 based Test (IBT).

374

375 (3) The board may issue an intern license after processing the application, however unless the applicant  
376 is a foreign graduate or an applicant for licensure by reciprocity, it is not valid until the intern has started  
377 a course of study. The initial license is valid until the last day of November following the second  
378 anniversary of issue unless terminated automatically by any one of the following events. Renewed  
379 licenses are valid for two years unless terminated automatically by any one of the following events:

380

381 (a) Licensure to practice pharmacy is granted in any state; or

382

383 (b) The licensee, other than a foreign pharmacy graduate or an applicant for licensure by reciprocity,  
384 fails to maintain enrollment or active registration in a pharmacy degree program for a period greater  
385 than one year; or

386

387 (c) The licensee, other than a foreign pharmacy graduate or an applicant for licensure by reciprocity, has  
388 been graduated from a school of pharmacy for 12 months;

389

390 (d) The intern is dismissed, terminated or expelled by the school of pharmacy, or withdraws from the  
391 program.

392  
393 (4) An intern must surrender their license to the board within 30 days of one of the above events.  
394

395 (5) Notwithstanding the requirements of section (3) above, upon written request the board may waive  
396 any of the requirements of this rule if a waiver will further public health and safety. A waiver granted  
397 under this section must only be effective when it is issued in writing.  
398

399 [Publications: Publications referenced are available from the agency.]  
400

401 **855-031-0055**

402 **Eligibility for Exams and Pharmacist Licensure**  
403

404 (1) An intern is eligible to take the North American Pharmacist Licensure Examination (NAPLEX) and the  
405 MPJE, upon graduation and notification to the board by the school of pharmacy that their degree, with  
406 not less than 1440 hours of SRI, has been conferred.  
407

408 (2) Upon meeting all requirements for pharmacist licensure, and before practicing pharmacy in the State  
409 of Oregon, a person must:

410  
411 (a) Complete an application for licensure including providing any fingerprint card or other  
412 documentation required by the board to conduct a criminal background check;

413  
414 (b) Pay the license fee as prescribed in OAR 855-110; and  
415

416 (c) Obtain a license, which will expire on June 30 in odd numbered years.  
417

418 Statutory/Other Authority: ORS 689.205

419 Statutes/Other Implemented: ~~ORS 689.135, ORS 689.207, ORS 689.225 & ORS 689.275~~

**Division 025/125: Technicians (Procedural Rule Review)**

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

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

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

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

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

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

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

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

**Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why):** Proposed rule amendments include relocating and reorganizing existing rules from Division 025 to Division 125 in alignment with the board’s strategy to systematically organize all Divisions. Amendments include revising titles, clarifying division applicability, definitions, general qualifications, licensure requirements, license renewal, license reinstatement, license surrender, license termination, general responsibilities, prohibited practices and grounds for discipline.

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10

Division 125  
CERTIFIED OREGON PHARMACY TECHNICIANS AND PHARMACY TECHNICIANS

**855-025-0001-125-0001**

**Purpose and Scope Applicability**

The purpose of the Pharmacy Technician (PT) license is to provide an opportunity for an individual to obtain competency in the role as a Pharmacy Technician. This license will allow an individual time to take and pass a national pharmacy technician certification examination, which is required to be eligible

11 for licensure as a Certified Oregon Pharmacy Technician (CPT). These rules facilitate the initial licensure  
12 of a nationally certified Pharmacy Technician seeking licensure in Oregon.

13  
14 **(1) This Division applies to any individual who assists a Pharmacist in the practice of pharmacy.**

15  
16 **(2) Only persons licensed with the board as a Certified Oregon Pharmacy Technician or Pharmacy  
17 Technician may assist a Pharmacist in the practice of pharmacy and must act in compliance with  
18 statutes and rules under the supervision, direction, and control of a Pharmacist.**

19  
20 **(3) Only persons licensed with the board as a Certified Oregon Pharmacy Technician or Pharmacy  
21 Technician may perform final verification when delegated to do so by a pharmacist and done in  
22 compliance with all applicable statutes and rules and under the supervision, direction, and control of  
23 that Pharmacist.**

24  
25 **(4) Only a person licensed as a Certified Oregon Pharmacy Technician may use the titles “Certified  
26 Oregon Pharmacy Technician” and “COPT”.**

27  
28 Statutory/Other Authority: ORS 689.205

29 Statutes/Other Implemented: ORS 689.225 & ORS 689.486

30  
31  
32 **855-125-0005**

33 **Definitions**

34 **Note:** Placeholder- No definitions specific to Division 125 at this time.

35  
36  
37 **855-025-0005 125-0010**

38 **Licensure: Qualifications - ~~Pharmacy Technician or~~ Certified Oregon Pharmacy Technician or Pharmacy  
39 Technician**

40  
41 (1) To qualify for licensure as a ~~Pharmacy Technician or~~ Certified Oregon Pharmacy Technician or  
42 Pharmacy Technician, an applicant must demonstrate that the applicant is at least 18 years of age and  
43 has completed high school (or equivalent).

44  
45 (2) To qualify for licensure as a Certified Oregon Pharmacy Technician, the applicant must also  
46 demonstrate that the applicant has taken and passed a national pharmacy technician certification  
47 examination offered by:

48  
49 (a) Pharmacy Technician Certification Board (PTCB); or

50  
51 (b) National Healthcareer Association (NHA).

52  
53 ~~(3) No person whose license has been denied, revoked, suspended or restricted by any healthcare  
54 professional regulatory board may be licensed as a Pharmacy Technician or Certified Oregon Pharmacy  
55 Technician unless the board determines that licensure will pose no danger to patients or to the public  
56 interest.~~

57  
58 Statutory/Other Authority: ORS 689.205

59 Statutes/Other Implemented: ORS 689.225 & ORS 689.486

60

61

62 **855-025-0010125-0020**

63 **Licensure: Application- Certified Oregon Pharmacy Technician or Pharmacy Technician**

64

65 (1) An application for licensure as a **Certified Oregon Pharmacy Technician or Pharmacy Technician** may  
66 be accessed on the board website.

67

68 ~~(2) Failure to completely, accurately and honestly answer all questions on the application for licensure  
69 or renewal of licensure is grounds for discipline;~~

70

71 ~~(3) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result  
72 in denial of the application.~~

73

74 **(4~~2~~)** The board may issue a license to a qualified applicant after the receipt of:

75

76 (a) A completed application **including**;

77

78 ~~(bA)~~ Payment of the fee prescribed in OAR 855-110;

79

80 ~~(eB)~~ A current, passport regulation size photograph (full front, head to shoulders);

81

82 ~~(dC)~~ Personal identification or proof of identity; ~~and~~

83

84 ~~(eD)~~ A completed national fingerprint-based background check; **and**

85

86 **(E) A completed moral turpitude statement or a written description and documentation regarding all  
87 conduct that is required to be disclosed.**

88

89 **(b) An applicant for a Certified Oregon Pharmacy Technician license, must provide a passing result  
90 from PTCB or NHA on a national pharmacy technician certification examination.**

91

92 **(3) Penalties may be imposed for:**

93

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

96

97 **(b) Failure to disclose any requested information on the application or requests resulting from the  
98 application;**

99

100 **(c) Any other grounds found in ORS 689.405 or ORS 689.490.**

101

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



107 (5) The license of a **Certified Oregon Pharmacy Technician or** Pharmacy Technician expires June 30 in  
108 even numbered years and may be renewed biennially.

109  
110 Statutory/Other Authority: ORS 689.205  
111 Statutes/Other Implemented: ORS 689.225 & ORS 689.486  
112

113  
114 **855-025-0012**  
115 ~~Licensure: Application- Certified Oregon Pharmacy Technician~~  
116

117 ~~(1) An application for licensure as a Certified Oregon Pharmacy Technician may be accessed on the~~  
118 ~~board website.~~

119  
120 ~~(2) Failure to completely, accurately and honestly answer all questions on the application for licensure~~  
121 ~~or renewal of licensure is grounds for discipline.~~

122  
123 ~~(3) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result~~  
124 ~~in denial of the application.~~

125  
126 ~~(4) The board may issue a license to a qualified applicant after the receipt of:~~

127  
128 ~~(a) A completed application;~~

129  
130 ~~(b) Payment of the fee prescribed in OAR 855-110;~~

131  
132 ~~(c) A current, passport regulation size photograph (full front, head to shoulders);~~

133  
134 ~~(d) Personal identification or proof of identity;~~

135  
136 ~~(e) A completed national fingerprint-based background check; and~~

137  
138 ~~(f) Proof that the applicant has taken and passed a national pharmacy technician certification offered by~~  
139 ~~the PTCB or the NHA.~~

140  
141 ~~(5) The license of a Certified Oregon Pharmacy Technician expires June 30 in even numbered years and~~  
142 ~~may be renewed biennially.~~

143  
144 Statutory/Other Authority: ORS 689.205  
145 Statutes/Other Implemented: ORS 689.225 & ORS 689.486  
146

147  
148 **855-025-0011, 125-0030**  
149 **Licensure: Renewal or Reinstatement Applications- Certified Oregon Pharmacy Technician or**  
150 **Pharmacy Technician**

151  
152 (1) An applicant for renewal of a **Certified Oregon Pharmacy Technician or** Pharmacy Technician license  
153 must:  
154

- 155 (a) Pay the biennial license fee required in OAR 855-110.  
156  
157 (b) Complete the continuing pharmacy education requirements as directed in OAR 855-021;  
158  
159 (c) Be subject to an annual criminal background check; and  
160  
161 **(d) Provide a completed moral turpitude statement or a written description and documentation**  
162 **regarding all conduct that is required to be disclosed.**  
163  
164 (2) A **Certified Oregon Pharmacy Technician or** Pharmacy Technician who fails to renew their license by  
165 the expiration date and whose license has been lapsed for one year or less may apply to renew their  
166 license and must pay a late fee required in OAR 855-110.  
167  
168 (3) A **Certified Oregon Pharmacy Technician or** Pharmacy Technician or who fails to renew their license  
169 by the expiration date and whose license has been lapsed for greater than one year may apply to  
170 reinstate their license as follows:  
171  
172 (a) Must apply per OAR 855-**125-0020**; and  
173  
174 (b) Provide certification of completion of 10 continuing education hours earned in the prior 12 months.  
175 These hours may not be counted toward a future renewal; and must include:  
176  
177 (A) One hour of continuing pharmacy education in pharmacy law;  
178  
179 (B) One hour of continuing pharmacy education in patient safety or error prevention; and  
180  
181 (C) One hour of continuing pharmacy education in cultural competency either approved by the Oregon  
182 Health Authority under ORS 413.450 or any cultural competency CPE; and  
183  
184 (D) Seven other hours of pharmacy technician-specific continuing education.  
185  
186 **(4) Penalties may be imposed for:**  
187  
188 **(a) Failure to completely and accurately answer each question on the application for licensure or**  
189 **renewal of licensure;**  
190  
191 **(b) Failure to disclose any requested information on the application or requests resulting from the**  
192 **application;**  
193  
194 **(c) Any other grounds found in ORS 689.405 or ORS 689.490.**  
195  
196 **(5) Continued national certification is not required to renew a license as a Certified Oregon Pharmacy**  
197 **Technician.**  
198  
199 **(6) Any person whose Certified Oregon Pharmacy Technician or Pharmacy Technician license has been**  
200 **suspended, revoked or restricted has the right, at reasonable intervals, to petition the board for**  
201 **reinstatement of such license pursuant to ORS 689.445 and in conjunction with the application**  
202 **process identified in OAR 855-125-0020.**

203 Statutory/Other Authority: ORS 689.205  
204 Statutes/Other Implemented: ORS 689.225, ORS 689.445, ORS 689.486 & ORS 413.450

205  
206

207 **855-025-0015**

208 **Licensure: Renewal or Reinstatement – Certified Oregon Pharmacy Technician**

209

210 (1) A person who has taken and passed a national pharmacy technician certification examination listed  
211 in OAR 855-025-0012(1)(a)–(b) may use the following title, and is referred to in these rules as, and is  
212 licensed as a “Certified Oregon Pharmacy Technician.”

213

214 (2) An applicant for renewal of a Certified Oregon Pharmacy Technician license must:

215

216 (a) Pay the biennial license fee required in OAR 855-110;

217

218 (b) Complete the continuing pharmacy education requirements as directed in OAR 855-021; and

219

220 (c) Be subject to an annual criminal background check.

221

222 (3) Continued national certification is not required to renew a license as a Certified Oregon Pharmacy  
223 Technician.

224

225 (4) A Certified Oregon Pharmacy Technician who fails to renew their license by the expiration date and  
226 whose license has been lapsed for one year or less may renew their license and must pay a late fee  
227 required in OAR 855-110.

228

229 (5) A Certified Oregon Pharmacy Technician who fails to renew their license by the expiration date and  
230 whose license has been lapsed for greater than one year may apply to reinstate their license as follows:

231

232 (a) Must apply per OAR 855-025-0010; and

233

234 (b) Provide certification of completion of 10 continuing education hours earned in the prior 12 months.  
235 These hours may not be counted toward a future renewal; and must include:

236

237 (A) One hour of continuing pharmacy education in pharmacy law;

238

239 (B) One hour of continuing pharmacy education in patient safety or error prevention; and

240

241 (C) One hour of continuing pharmacy education in cultural competency either approved by the Oregon  
242 Health Authority under ORS 413.450 or any cultural competency CPE; and

243

244 (D) Seven other hours of pharmacy technician-specific continuing education.

245

246 **855-125-0040**

247 **Licensure: Lapse**

248

249 **(1) A Certified Oregon Pharmacy Technician or Pharmacy Technician may let their license lapse by**  
250 **failing to renew or request that the board accept the lapse of their license prior to the expiration date.**

- 251 **(a) Lapse of a license is not discipline.**  
252  
253 **(b) The board has jurisdiction to proceed with any investigation or any action or disciplinary**  
254 **proceeding against the licensee.**  
255  
256 **(c) A person may not assist in the practice of pharmacy if the license is lapsed.**  
257  
258 **(d) A person may apply for renewal or reinstatement according to OAR 855-125-0030.**  
259  
260 **(2) If a person requests lapse prior to the expiration date of the license, the following applies:**  
261  
262 **(a) The license remains in effect until the board accepts the lapse.**  
263  
264 **(b) If the board accepts the lapse, the board will notify the licensee of the date the license terminates.**  
265  
266 **(c) The board will not accept the lapse if an investigation of, or disciplinary action against the licensee**  
267 **is pending.**  
268  
269 **(d) The licensee must return the license to the board within 10 days of the board accepting the lapse.**  
270

271 **Statutory/Other Authority: ORS 689.205**  
272 **Statutes/Other Implemented: ORS 689.153**

273  
274  
275 **855-125-0046**

276 **Licensure: Voluntary Surrender**

277  
278 **A Certified Oregon Pharmacy Technician or Pharmacy Technician may request that the board accept**  
279 **the voluntary surrender of their license.**

280  
281 **(1) A voluntary surrender of a license is discipline.**

282  
283 **(2) The license remains in effect until the board accepts the surrender.**

284  
285 **(3) If the board accepts a request for voluntary surrender, the board will issue a final order**  
286 **terminating the license, signed by the licensee and a board representative. The termination date is the**  
287 **date the licensee is sent the executed final order.**

288  
289 **(4) The licensee must cease assisting in the practice of pharmacy from the date the license terminates.**

290  
291 **(5) A voluntarily surrendered license may not be renewed. A former licensee who wants to obtain a**  
292 **license must apply for reinstatement per OAR 855-125-0030 unless the final order prohibits the**  
293 **licensee from doing so.**

294  
295 **(6) The board has jurisdiction to proceed with any investigation, action or disciplinary proceeding**  
296 **against the licensee.**

297  
298 **Statutory/Other Authority: ORS 689.205**

299 Statutes/Other Implemented: ORS 689.153

300

301

302 **855-025-0023**125-0070

303 ~~Certified Oregon Pharmacy Technician and Pharmacy Technician: General Responsibilities: General-~~

304 Certified Oregon Pharmacy Technician and Pharmacy Technician

305

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

309

310 ~~(32)~~ A Certified Oregon Pharmacy Technician or Pharmacy Technician may not engage in the practice of  
311 pharmacy as defined in ORS 689.005.

312

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

314

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

316

317 (b) Only assist in the practice of pharmacy under the supervision, direction, and control of a Pharmacist;

318

319 (c) Know the identity of the Pharmacist who is providing supervision, direction and control at all times;

320

321 (d) Only work within the scope of duties permitted by their license;

322

323 **(e) Only work within the scope of duties permitted by the Pharmacist providing supervision, direction**  
324 **and control;**

325

326 (ef) Only perform duties they are trained to perform; ~~and~~

327

328 **(g) Appropriately perform the tasks permitted;**

329

330 ~~(fh)~~ Only access the pharmacy area when a Pharmacist is on duty;

331

332 **POLICY DISCUSSION:** Pharmacy Area Access

333

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

336

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

338

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

340

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

342

343 **(B) Be documented and records retained by the outlet and licensee; and**

344

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

346

- 347 (4) A Certified Oregon Pharmacy Technician or Pharmacy Technician may perform final verification of  
348 the drug and dosage, device or product when:  
349  
350 (a) The Pharmacist utilizes reasonable professional judgment to determine that a Certified Oregon  
351 Pharmacy Technician or Pharmacy Technician may perform final verification;  
352  
353 (b) No discretion is needed;  
354  
355 (c) The Pharmacist delegating final verification is supervising the Certified Oregon Pharmacy Technician  
356 or Pharmacy Technician; and  
357  
358 (d) The Certified Oregon Pharmacy Technician or Pharmacy Technician is performing a physical final  
359 verification.

360 Statutory/Other Authority: ORS 689.205, 2022 HB 4034  
361 Statutes/Other Implemented: ORS 689.155, 2022 HB 4034  
362

363  
364

365 **855-025-0030125-0072**

366 **Responsibilities: Confidentiality**

367

368 ~~(1)~~ No licensee of the Board who obtains any patient information shall ~~may~~ disclose that information  
369 to a third-party without the consent of the patient except as provided in section two **except as provided**  
370 **in (a)-(e)** of this rule.

371

372 ~~(1)~~ A licensee may disclose patient information:

373

374 (a) To the Board;

375

376 (b) To a practitioner, Pharmacist, **Intern, Pharmacy Technician, or Certified Oregon Pharmacy Technician**  
377 **or Pharmacy Technician**, if disclosure is authorized by a Pharmacist ~~who reasonably believes that~~ **and**  
378 disclosure is necessary to protect the patient's health or well-being; or

379

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

381

382 (d) As permitted pursuant to federal and state patient confidentiality laws ~~or~~;

383

384 **(e) To the patient or to persons as authorized by the patient.**

385

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

388

389 Statutory/Other Authority: ORS 689.205, **ORS 689.305, ORS 689.315**

390 Statutes/Other Implemented: ORS 689.155

391

392

393

394

395 **855-025-0020/125-0074**

396 **Responsibilities: Duty to Report**

397

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

400

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

403

404 **(3) Unless state or federal laws relating to confidentiality or the protection of health information**  
405 **prohibit disclosure, each** A Pharmacy Technician or Certified Oregon Pharmacy Technician **and**  
406 **Pharmacy Technician** must report to the board **without undue delay, but** within

407

408 **(a) 10 days if they:**

409

410 **(aA) Are convicted of a misdemeanor or a felony; or**

411

412 **(bB) If they are arrested for a felony; or**

413

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

416

417 **(b) 10 working days if they:**

418

419 **(4A) A Pharmacy Technician or Certified Oregon Pharmacy Technician who has** **Have** reasonable cause  
420 to believe that another licensee (of the board or any other Health Professional Regulatory Board) has  
421 engaged in prohibited or unprofessional conduct as these terms are defined in OAR 855-006-0005, must  
422 report that conduct to the board responsible for the licensee who is believed to have engaged in the  
423 conduct. The reporting Pharmacy Technician or Certified Oregon Pharmacy Technician must report the  
424 conduct without undue delay, but in no event later than 10 working days after the reporting Pharmacy  
425 Technician or Certified Oregon Pharmacy Technician learns of the conduct unless federal laws relating to  
426 confidentiality or the protection of health information prohibit disclosure. **to that licensee's board; or**

427

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

429

430 **(c) 15 days, any change in:**

431

432 **(A) Legal name;**

433

434 **(B) Name used when assisting in the practice of pharmacy;**

435

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

437

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

439

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

441

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

443 **(G) Employer.**

444

445 (5) A Pharmacy Technician or Certified Oregon Pharmacy Technician **or Pharmacy Technician** who  
446 reports to a board in good faith as required by **ORS 676.150** section (4) of this rule is immune from civil  
447 liability for making the report.

448

449 (6) A Pharmacy Technician or Certified Oregon Pharmacy Technician who has reasonable grounds to  
450 believe that prescription drugs or records have been lost or stolen, or any violation of these rules has  
451 occurred, must notify the board within 1 day.

452

453 (7) A Pharmacy Technician or Certified Oregon Pharmacy Technician must notify the board in writing,  
454 within 15 days, of any change in email address, employment location or residence address except that a  
455 Pharmacy Technician who is employed at more than one pharmacy need only report the name and  
456 address of the pharmacy at which the technician normally works the most hours.

457

458 Statutory/Other Authority: ORS 689.205

459 Statutes/Other Implemented: **ORS 676.150**, ORS 689.155, **ORS 689.455**, & ORS 689.486

460

461

462

463 **855-125-0076**

464 **Responsibilities: Training**

465

466 **Certified Oregon Pharmacy Technicians and Pharmacy Technicians must:**

467

468 **(1) Complete and document initial training that includes on-the-job and related education that is**  
469 **commensurate with the tasks that the Certified Oregon Pharmacy Technician or Pharmacy Technician**  
470 **will perform, prior to the performance of those tasks.**

471

472 **(2) Complete ongoing training to ensure continued competency in tasks that are performed.**

473

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

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

476

477

478 **855-025-0025**

479 **Use of Pharmacy Technicians and Certified Oregon Pharmacy Technicians**

480

481 (1) A Pharmacist or pharmacy may use Pharmacy Technicians or Certified Oregon Pharmacy Technicians  
482 only as authorized by the rules of the Board.

483

484 (2) Pharmacy Technicians or Certified Oregon Pharmacy Technicians must be supervised by a  
485 Pharmacist.

486

487 (3) Pharmacists, Pharmacist Interns, Pharmacy Technicians and Certified Oregon Pharmacy Technicians  
488 must be clearly identified as such to the public.

489



490 (4) Work performed by Pharmacy Technicians and Certified Oregon Pharmacy Technicians assisting the  
491 Pharmacist to prepare medications must be verified by a Pharmacist prior to release for patient use.  
492 Verification must be documented, available and consistent with the standard of practice.  
493

494 (5) The pharmacist in charge must prepare and maintain in the pharmacy written procedures that  
495 describe the tasks performed by Pharmacy Technicians or Certified Oregon Pharmacy Technicians, and  
496 the methods of verification and documentation of work performed by Pharmacy Technicians or Certified  
497 Oregon Pharmacy Technicians. Written procedures must be available for inspection by the Board or its  
498 representatives. The pharmacist in charge must review written procedures annually and document that  
499 review on the annual pharmacist in charge inspection sheet.  
500

501 (6) Training:

502  
503 (a) The pharmacist in charge must outline, and each Pharmacy Technician or Certified Oregon Pharmacy  
504 Technician must complete initial training that includes on the job and related education that is  
505 commensurate with the tasks that the Pharmacy Technician or Certified Oregon Pharmacy Technician  
506 will perform, prior to the performance of those tasks.  
507

508 (b) The pharmacist in charge must ensure the continuing competency of Pharmacy Technicians or  
509 Certified Oregon Pharmacy Technicians.

510 (c) The pharmacist in charge must document initial training of each Pharmacy Technician or Certified  
511 Oregon Pharmacy Technician and make that documentation available to the Board or its representatives  
512 upon request.  
513

514 (7) Upon written request, the Board may waive any of the requirements of this rule upon a showing that  
515 a waiver will further public health or safety or the health or safety of a patient or other person. A waiver  
516 granted under this section is effective only when issued by the Board in writing.  
517

518 Statutory/Other Authority: ORS 689.205

519 Statutes/Other Implemented: ORS 689.155  
520  
521  
522

523 **855-025-0035**

524 **Pharmacy and Pharmacist Responsibility for Supervising Pharmacy Technicians and Certified Oregon**  
525 **Pharmacy Technicians**  
526

527 (1) The supervising Pharmacist and the pharmacist in charge are responsible for the actions of Pharmacy  
528 Technicians or Certified Oregon Pharmacy Technicians. The use of Pharmacy Technicians or Certified  
529 Oregon Pharmacy Technicians to perform tasks not included in written procedures maintained by the  
530 pharmacy constitutes unprofessional conduct on the part of the supervising Pharmacist and the  
531 pharmacist in charge.  
532

533 (2) The pharmacy must maintain on file and post the current license of each Pharmacy Technician or  
534 Certified Oregon Pharmacy Technician.  
535

536 (3) Before allowing any person to work as a Pharmacy Technician or Certified Oregon Pharmacy  
537 Technician, the pharmacy and Pharmacist shall verify that the person is currently licensed as a Pharmacy  
538 Technician or Certified Oregon Pharmacy Technician.

539  
540 (4) Prior to performing the duties of a Pharmacy Technician or Certified Oregon Pharmacy Technician, a  
541 person must provide to the Pharmacist or pharmacist in charge a copy of the person's current Pharmacy  
542 Technician license or current Certified Oregon Pharmacy Technician license.

543  
544 Statutory/Other Authority: ORS 689.205  
545 Statutes/Other Implemented: ORS 689.155

546  
547  
548  
549 **855-025-0040125-0080**

550 **Certified Oregon Pharmacy Technician and Pharmacy Technician: Tasks and Guidelines**  
551 **Responsibilities: Permitted Practices**

552  
553 (1) Non-licensed pharmacy personnel may **perform any function that does not constitute the practice**  
554 **of pharmacy as defined in ORS 689 or assistance in the practice of pharmacy** enter non-prescription  
555 information into a computer record system and may perform clerical duties such as filing prescriptions,  
556 delivery, housekeeping, and general record keeping, but the responsibility for the accuracy of the non-  
557 licensed pharmacy personnel's work lies with the Pharmacist.

558  
559 **POLICY DISCUSSION:** Housekeeping, other activities unrelated to the practice of pharmacy

560  
561 (2) Only persons licensed with the board as a Certified Oregon Pharmacy Technicians or Pharmacy  
562 Technicians, acting in compliance with all applicable statutes and rules and under the supervision of a  
563 Pharmacist, may assist in the practice of pharmacy by the following:

564  
565 **(a) May only assist in the practice of pharmacy as authorized by the rules of the board and as**  
566 **permitted by the Pharmacist providing supervision, direction, and control.**

567  
568 **(b) Must ensure that work is verified by a Pharmacist if independent judgment is utilized when**  
569 **assisting in the practice of pharmacy.**

570  
571 **(c) May perform final verification as allowed under OAR 855-125-0070(5).**

572  
573 (a) Packing, pouring or placing in a container for dispensing, sale, distribution, transfer possession of,  
574 any drug, medicine, poison, or chemical which, under the laws of the United States or the State of  
575 Oregon, may be sold or dispensed only on the prescription of a practitioner authorized by law to  
576 prescribe drugs, medicines, poisons, or chemicals.

577  
578 (b) Reconstituting prescription medications. The supervising Pharmacist must verify the accuracy in all  
579 instances.

580  
581 (c) Affixing required labels upon any container of drugs, medicines, poisons, or chemicals sold or  
582 dispensed upon prescription of a practitioner authorized by law to prescribe those drugs, medicines,  
583 poisons, or chemicals.

584 (d) Entering information into the pharmacy computer. The Certified Oregon Pharmacy Technician or  
585 Pharmacy Technician shall not make any decisions that require the exercise of judgment and that could  
586 affect patient care. The supervising Pharmacist must verify prescription information entered into the  
587 computer and is responsible for all aspects of the data and data entry.

588  
589 (e) Initiating or accepting oral or electronic refill authorization from a practitioner or practitioner's  
590 agent, provided that nothing about the prescription is changed, and record the medical practitioner's  
591 name and medical practitioner's agent's name, if any;

592  
593 (f) Prepackaging and labeling of multi-dose and unit-dose packages of medication. The Pharmacist must  
594 establish the procedures, including selection of containers, labels and lot numbers, and must verify the  
595 accuracy of the finished task.

596  
597 (g) Picking doses for unit dose cart fill for a hospital or for a nursing home patient. The Pharmacist must  
598 verify the accuracy of the finished task unless the requirements of OAR 855-025-0023(4) are met.

599  
600 (h) Checking nursing units in a hospital or nursing home for nonjudgmental tasks such as sanitation and  
601 out of date medication. Any problems or concerns shall be documented and initialed by a Pharmacist.

602  
603 (i) Recording patient or medication information in computer systems for later verification by the  
604 Pharmacist.

605  
606 (j) Bulk Compounding; Solutions for small volume injectables, sterile irrigating solutions, products  
607 prepared in relatively large volume for internal or external use by patients, and reagents or other  
608 products for the pharmacy or other departments of a hospital. The supervising Pharmacist must verify  
609 the accuracy in all instances.

610  
611 (k) Preparation of parenteral products as follows:

612  
613 (A) Performing functions involving reconstitution of single or multiple dosage units that are to be  
614 administered to a given patient as a unit. The supervising Pharmacist must verify the accuracy in all  
615 instances.

616  
617 (B) Performing functions involving the addition of one manufacturer's single dose or multiple unit doses  
618 of the same product to another manufacturer's prepared unit to be administered to a patient. The  
619 supervising Pharmacist must verify the accuracy in all instances.

620  
621 (l) Performing related activities approved in writing by the board.

622  
623 (3) In order to protect the public, safety, health and welfare, Certified Oregon Pharmacy Technicians or  
624 Pharmacy Technicians shall not:

625  
626 (a) Communicate or accept by oral communication a new or transferred prescription of any nature;

627  
628 (b) Receive or transfer a prescription to another pharmacy without the prior verification of a Pharmacist.

629  
630 (c) Provide a prescription or medication to a patient without a Pharmacist's verification of the accuracy  
631 of the dispensed prescription;

- 632 (d) Counsel a patient on medications or perform a drug utilization review;  
633  
634 (e) Perform any task that requires the reasonable professional judgment of a Pharmacist; or  
635  
636 (f) Engage in the practice of pharmacy as defined in ORS 689.  
637

638  
639 **855-125-0090**

640 **Prohibited Practices**

641  
642 **Certified Oregon Pharmacy Technicians and Pharmacy Technicians may not:**

643  
644 **(1) Engage in the practice of pharmacy as defined in ORS 689, except as permitted in OAR 855-125-**  
645 **0070(5).**

646  
647 **(2) Assist in the practice of pharmacy unless permitted by the Pharmacist who is supervising,**  
648 **directing, and controlling the Certified Oregon Pharmacy Technician or Pharmacy Technician.**

649  
650 **(3) Perform any task that requires independent judgment without Pharmacist verification;**

651  
652 **(4) Perform any task that is not verifiable by a Pharmacist including but not limited to any task listed**  
653 **in OAR 855-019-0200(2); or**

654  
655 **(5) Ask questions of a patient or patient's agent which screen or limit interaction with the Pharmacist;**

656  
657 **Statutory/Other Authority: ORS 689.205**

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

659  
660  
661  
662 **855-025-0050**

663 **Grounds for Discipline of Pharmacy Technicians and Certified Oregon Pharmacy Technicians**

664  
665 The State Board of Pharmacy may refuse to issue or renew; or may suspend, revoke, or restrict the  
666 license of a Pharmacy Technician or Certified Oregon Pharmacy Technician; or may impose a civil  
667 penalty upon a Pharmacy Technician or Certified Oregon Pharmacy Technician upon the following  
668 grounds including but not limited to:

669  
670 (1) Unprofessional conduct as defined in OAR 855-006-0020;

671  
672 (2) Repeated or gross negligence in performing the duties of a Pharmacy Technician or Certified Oregon  
673 Pharmacy Technician;

674  
675 (3) Impairment, which means an inability to assist in the practice of pharmacy with reasonable  
676 competence and safety due to the habitual or excessive use of drugs or alcohol, other chemical  
677 dependency or a mental health condition;

678

- 679 (4) Being found guilty by the Board of a violation of the pharmacy or drug laws of this state or rules  
680 pertaining thereto or of statutes, rules or regulations of any other state or of the federal government;  
681
- 682 (5) Being found guilty by a court of competent jurisdiction of a felony as defined by the laws of this  
683 state;  
684
- 685 (6) Being found guilty by a court of competent jurisdiction of a violation of the pharmacy or drug laws of  
686 this state or rules pertaining thereto or of statutes, rules or regulations of any other state or of the  
687 federal government;  
688
- 689 (7) Fraud or intentional misrepresentation in securing or attempting to secure the issuance or renewal  
690 of a Pharmacy Technician or Certified Oregon Pharmacy Technician license;  
691
- 692 (8) Allowing an individual to engage in the duties of a Pharmacist, Pharmacy Technician or Certified  
693 Oregon Pharmacy Technician without a license or to use falsely the title of Pharmacist, Pharmacy  
694 Technician or Certified Oregon Pharmacy Technician;  
695
- 696 (9) Being found by the Board to be in violation of any violation of any of the provisions of ORS 435.010  
697 to 435.130, 453.025, 453.045, 475.035 to 475.190, 475.805 to 475.995 or 689.005 to 689.995 or the  
698 rules adopted pursuant thereto;  
699
- 700 (10) Failure to appropriately perform the duties of a Pharmacy Technician or Certified Oregon Pharmacy  
701 Technician as outlined in OAR 855-025-0040 while assisting a Pharmacist in the practice of pharmacy as  
702 defined in ORS 689.005;  
703
- 704 (11) Any act or practice relating to performing the duties of a Pharmacy Technician or Certified Oregon  
705 Pharmacy Technician which is prohibited by state or federal law or regulation; or  
706
- 707 (12) Any conduct or practice by a Pharmacy Technician, Certified Oregon Pharmacy Technician or  
708 pharmacy that the Board determines is contrary to the accepted standards of practice.  
709
- 710 Statutory/Other Authority: ORS 689.205  
711 Statutes/Other Implemented: ORS 689.151 & 689.405

**Division 019/141: Pharmacists/Pharmacy Prescription Kiosk (PPK)**

**Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency’s intended action max 15 words):** Establishes new registration for Pharmacy Prescription Kiosk

**Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule):** Proposed rules that establish a new registration type for Pharmacy Prescription Kiosk. Adds new Division 141 which contains requirements for the operation of a Pharmacy Prescription Kiosk by a PPK Affiliated Pharmacy.

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

**Racial Equity statement per ORS 183.335(2)(b)(F) (identifying how adoption of rule might impact one group of people differently than others):** TBD

**Fiscal & Economic Impact per ORS 183.335(2)(b)(E):** Board staff will seek stakeholder/public input.

**Cost of Compliance (OBOP/Other State Agencies/Units of Local Government/Public, Effect on Small Businesses):** TBD

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

**Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G):** A RAC was not consulted for the development of these rules. The board held a technology forum during the August 2020 board meeting where vendors presented information and resources for the board’s consideration prior to drafting proposed rules.

**Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why):** Proposed rules establish a new drug outlet type of Pharmacy Prescription Kiosks (PPK) and permit a pharmacy to operate a PPK by a PPK Affiliated Pharmacy.

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**Division 019  
PHARMACISTS**

**855-019-0300**

**Duties of a Pharmacist-in-Charge**

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

(2) In order to be a PIC, a Pharmacist must have:

(a) Completed at least one year of pharmacy practice; or

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

18 (3) A Pharmacist may not be designated PIC of more than three pharmacies without prior written  
19 approval by the board. If such approval is given, the Pharmacist must comply with the requirements in  
20 sub-section (4)(e) of this rule. **Pharmacy Prescription Kiosks in OAR 855-141** and Pharmacy Prescription  
21 Lockers in OAR 855-143 do not count toward this limit.

22

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

24

25 (a) When a change of PIC occurs, both the outgoing and incoming PICs must report the change to the  
26 board within 15 days of the occurrence, on a form provided by the board;

27

28 (b) The new PIC must complete an inspection on the PIC Annual Self-Inspection Form, within 15 days of  
29 becoming PIC;

30

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

34

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

37

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

41

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

43

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

45

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

47

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

50

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

52

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

56

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

59

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

63

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

65

- 66 (e) Performing a quarterly inventory reconciliation of all Schedule II controlled drugs.  
67  
68 (f) Ensuring that all pharmacy staff have been trained appropriately for the practice site. Such training  
69 should include an annual review of the PIC Self-Inspection Report;  
70  
71 (g) Implementing a quality assurance plan for the pharmacy.  
72  
73 (h) The records and forms required by this section must be filed in the pharmacy, made available to the  
74 board for inspection upon request, and must be retained for three years.  
75  
76 (6) The PIC, along with other licensed pharmacy personnel, must ensure that the pharmacy is in  
77 compliance with all state and federal laws and rules governing the practice of pharmacy and that all  
78 controlled substance records and inventories are maintained in accordance with all state and federal  
79 laws and rules.

80  
81 Statutory/Other Authority: ORS 689.205  
82 Statutes/Other Implemented: ORS 689.151, ORS 689.155  
83

84  
85 **Division 141**  
86 **PHARMACY PRESCRIPTION KIOSK**  
87

88 **855-141-0001**  
89 **Purpose and Scope**  
90

91 **The purpose of OAR 855-141 is to provide minimum requirements for the operation of a Pharmacy**  
92 **Prescription Kiosk (PPK) by a PPK Affiliated Pharmacy.**  
93

94 **Statutory/Other Authority: ORS 689.205**  
95 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**  
96

97  
98 **855-141-0005**  
99 **Definitions**  
100

101 **The following words and terms, when used in OAR 855-141, have the following meanings, unless the**  
102 **context clearly indicates otherwise. Any term not defined in this section has the definition set out in**  
103 **OAR 855-006.**  
104

105 **(1) "Pharmacy Prescription Kiosk Affiliated Pharmacy" or "PPK Affiliated Pharmacy" means a Retail**  
106 **Drug Outlet Pharmacy registered in Oregon that operates a Pharmacy Prescription Kiosk.**  
107

108 **(2) "Pharmacy Prescription Kiosk" or "PPK" means an Oregon location registered as a Retail Drug**  
109 **Outlet Pharmacy Prescription Kiosk using a mechanical system that stores and dispenses patient-**  
110 **specific prescription and non-prescription drugs, devices, and related supplies.**  
111



112 **(3) “Telepharmacy system” means a system of telecommunications technologies that enables**  
113 **documenting and recording of the delivery of pharmacy services at a remote location by an electronic**  
114 **method.**

115  
116 **Statutory/Other Authority: ORS 689.205**  
117 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

118  
119  
120 **855-141-0010**  
121 **Registration: General**

122  
123 **(1) Each PPK located in Oregon must be registered as a Retail Drug Outlet PPK.**

124  
125 **(2) A controlled substance registration will not be issued for a Retail Drug Outlet PPK.**

126  
127 **(3) A Retail Drug Outlet PPK application must specify the PPK Affiliated Pharmacy and cannot operate**  
128 **without a PPK Affiliated Pharmacy that is registered by the board as a Retail Drug Outlet Pharmacy.**

129  
130 **(4) Each registration renewal application must be accompanied by the annual fee and must contain**  
131 **the same information required in OAR 855-141-0015(2) and additional information requested by the**  
132 **board.**

133  
134 **(5) The initial and annual registration fee for a PPK is set out in OAR 855-110.**

135  
136 **(6) A Retail Drug Outlet PPK registration expires March 31, annually. If the annual registration fee in**  
137 **OAR 855-110 is not paid by March 31 of the current year, a late fee as set out in OAR 855-110 must be**  
138 **included with the application for registration renewal.**

139  
140 **(7) The registration is not transferable.**

141  
142 **(8) The registration fee cannot be prorated.**

143  
144 **(9) A PPK may not operate until a certificate of registration has been issued by the board.**

145  
146 **(10) The PPK Affiliated Pharmacy registration and the PPK registration must be on display at both the**  
147 **PPK Affiliated Pharmacy and at the PPK.**

148  
149 **Statutory/Other Authority: ORS 689.205**  
150 **Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.225, ORS 689.305 & ORS 689.527**

151  
152  
153 **855-141-0015**  
154 **Registration: Application**

155  
156 **(1) An application for registration of a PPK may be accessed on the board website.**

157  
158 **(2) The board may issue a license to a qualified applicant after the receipt of:**

159

160 **(a) A completed application including;**  
161  
162 **(A) Payment of the fee prescribed in OAR 855-110;**  
163  
164 **(B) A floor plan drawn to scale with the location of the:**  
165  
166 **(i) PPK within the building;**  
167  
168 **(ii) Surveillance system cameras; and**  
169  
170 **(iii) Alarm system panel; and**  
171  
172 **(C) A detailed explanation and supporting documentation relating to the PPK Affiliated Pharmacy**  
173 **regarding all conduct that is required to be disclosed; and**  
174  
175 **(D) The PPK Affiliated Pharmacy name, Retail Drug Outlet registration number and Pharmacist-in-**  
176 **Charge.**  
177  
178 **(b) Indicate the owner, trustee, receiver, or other person applying for the registration. When an**  
179 **applicant is not the owner of the pharmacy, the application must indicate the owner and the**  
180 **applicant's affiliation with the owner:**  
181  
182 **(A) If the owner is a partnership or other multiple owners, the names of the partners or persons**  
183 **holding the five largest interests must be indicated on the application; and**  
184  
185 **(B) If the owner is a corporation, the name filed must be the same as filed with the Secretary of State.**  
186 **The name of the corporation, the names of the corporation officers and the names of the**  
187 **stockholders, if applicable, who own the five largest interests must be indicated on the application.**  
188  
189 **(3) Upon request by the board, the applicant must furnish such information as required by the board**  
190 **regarding the partners, stockholders, or other persons not named in the application.**  
191  
192 **(4) A registration may be denied for any of the following:**  
193  
194 **(a) Failure to completely, accurately and honestly answer all questions on the application for**  
195 **registration or renewal of registration;**  
196  
197 **(b) Failure to disclose any requested information on the application or requests resulting from the**  
198 **application; or**  
199  
200 **(c) Any other grounds found in ORS 689.405.**  
201  
202 **(5) An application submitted to the board that is not complete within 90 days from applicant**  
203 **submission will be expired. Once expired, an applicant who wishes to continue with the application**  
204 **process must reapply by submitting a new application, along with all documentation, and all fees.**  
205 **While a new application and documentation is required, the board may still consider information that**  
206 **was provided in previous applications.**

207 (6) The certificate of registration for a PPK must be issued prior to opening.

208

209 (7) The registration for a PPK expires March 31 in each year and may be renewed annually.

210

211 Statutory/Other Authority: ORS 475.035 & ORS 689.205

212 Statutes/Other Implemented: ORS 689.155, ORS 689.305 & ORS 689.527

213

214

215 **855-141-0020**

216 **Registration: Change of Physical Address or Location**

217

218 (1) A change of physical address of the PPK requires:

219

220 (a) Submission of a new PPK application a minimum of 15 days prior to occurrence;

221

222 (b) Registration fee;

223

224 (c) Approval of the board; and

225

226 (d) Issuance of a new certificate of registration.

227

228 (2) A change of location at the same physical address of the PPK requires the submission of an  
229 updated floor plan drawn to scale a minimum of 15 days prior to the change with the new location of  
230 the:

231

232 (a) PPK within the building;

233

234 (b) Surveillance system cameras; and

235

236 (c) Alarm system panel.

237

238 Statutory/Other Authority: ORS 475.035 & ORS 689.205

239 Statutes/Other Implemented: ORS 689.155, ORS 689.305 & ORS 689.527

240

241

242

243 **855-141-0030**

244 **Non-Resident PPK Affiliated Pharmacies**

245

246 (1) For the purpose of these rules, a non-resident pharmacy includes a PPK Affiliated Pharmacy  
247 located outside of Oregon and providing pharmacy services under OAR 855-141 with a PPK located in  
248 Oregon.

249

250 (2) Each non-resident PPK Affiliated Pharmacy must be registered with the Oregon Board of Pharmacy  
251 as a Retail Drug Outlet Pharmacy.

252

253 (3) To qualify for registration under these rules, every non-resident PPK Affiliated Pharmacy must be  
254 registered and in good standing with the Board of Pharmacy in the pharmacy's state of residence.

255 (4) The Pharmacist-in-Charge (PIC) of the non-resident PPK Affiliated Pharmacy is the PIC for each PPK.

256

257 (5) The PIC is responsible for ensuring that the PPK PIC self-inspection form is correctly completed  
258 prior to February 1 each year.

259

260 (6) The PIC must comply with the requirements of OAR 855-019-0300.

261

262 Statutory/Other Authority: ORS 689.205

263 Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.225 & ORS 689.527

264

265

266 **855-141-0050**

267 **Personnel**

268

269 (1) A PPK must have a PIC at all times.

270

271 (2) Prior to utilizing a PPK, the Pharmacist, Intern, Certified Oregon Pharmacy Technician and  
272 Pharmacy Technician must have completed a training program on the proper use of the PPK.

273

274 Statutory/Other Authority: ORS 689.205

275 Statutes/Other Implemented: ORS 689.151, ORS 689.155 & ORS 689.527

276

277

278 **855-141-0100**

279 **Security**

280

281 (1) The PPK Affiliated Pharmacy, the PPK, PIC of the PPK Affiliated Pharmacy and each Pharmacist  
282 supervising the PPK is responsible for the security of the PPK including provisions for adequate  
283 safeguards against loss, theft or diversion of prescription and non-prescription drugs, devices, and  
284 related supplies, and records for such drugs, devices and related supplies.

285

286 (2) The PPK Affiliated Pharmacy must ensure the PPK:

287

288 (a) Is placed in a secure indoor location that is climate controlled and protected from the elements;

289

290 (b) Is securely fastened to a permanent structure so that it cannot be removed;

291

292 (c) Stores prescription and non-prescription drugs, devices, and related supplies in compliance with  
293 the provisions of OAR 855-141-0125;

294

295 (3) The PPK must be secured to prevent access when:

296

297 (a) There is no Pharmacist supervising and authorizing access in real-time to the PPK; or

298

299 (b) There is no Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician  
300 employed by the PPK Affiliated Pharmacy present at the PPK; or

301

302 (c) Any component of the PPK is not functioning.

303 (4) A record must be maintained with the name and Oregon license number of each person accessing  
304 the PPK.

305  
306 (5) An Intern, Certified Oregon Pharmacy Technician, and Pharmacy Technician may only access the  
307 PPK when a Pharmacist is supervising the licensee and has authorized access to the PPK in real-time.

308  
309 (6) Unlicensed personnel (e.g. service or repair personnel) may only access the PPK when escorted and  
310 continuously observed by a licensee who is authorized by the Pharmacist who is supervising and  
311 authorizing access to the PPK in real-time.

312  
313 (7) Minimum security methods must include a properly functioning:

314  
315 (a) Alarm system at the PPK and real-time notification to a Pharmacist from the PPK Affiliated  
316 Pharmacy if unauthorized access occurs;

317  
318 (b) Electronic entry system that is controlled by a Pharmacist and records the:

319  
320 (A) Identification of the Pharmacist authorizing each access and securing the PPK;

321  
322 (B) Identification of the Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy  
323 Technician accessing and securing the PPK; and

324  
325 (C) Date and time of each activity; and

326  
327 (c) Surveillance system that utilizes continuously accessible and recorded video between the PPK  
328 Affiliated Pharmacy and the PPK. The system must provide a clear view of the entire PPK including its  
329 access points.

330  
331 Statutory/Other Authority: ORS 689.205  
332 Statutes/Other Implemented: ORS 689.155 & ORS 689.527

333  
334  
335 855-141-0120  
336 Drug: Procurement

337  
338 A PPK may only receive prescription and non-prescription drugs, devices, and related supplies from  
339 the PPK Affiliated Pharmacy.

340  
341 Statutory/Other Authority: ORS 475.035 & ORS 689.205  
342 Statutes/Other Implemented: ORS 689.155 & ORS 689.527

343  
344  
345 855-141-0125  
346 Drug: Storage

347  
348 (1) A PPK must maintain proper storage of all drugs. This includes, but is not limited to the following:

349  
350 (a) All drugs must be stored according to manufacturer's published or USP guidelines.

351 **(b) All drugs must be stored in appropriate conditions of temperature, light, humidity, sanitation,**  
352 **ventilation, and space.**  
353  
354 **(c) Appropriate storage conditions must be provided for, including during transfers between facilities**  
355 **and to patients.**  
356  
357 **(d) A PPK must quarantine drugs which are outdated, adulterated, misbranded or suspect.**  
358  
359 **(2) A PPK must store all drugs at the proper temperature according to manufacturer’s published**  
360 **guidelines (pursuant to FDA package insert or USP guidelines).**  
361  
362 **(a) All drug refrigeration systems must:**  
363  
364 **(A) Maintain refrigerated products between 2 to 8 °C (35.6 to 46.4°F); frozen products between -25 to**  
365 **-10 °C (-13 to 14 °F); or as specified by the manufacturer.**  
366  
367 **(B) Utilize a centrally placed, accurate, and calibrated thermometer;**  
368  
369 **(C) Be dedicated to pharmaceuticals only;**  
370  
371 **(D) Be measured continuously and documented either manually twice daily to include minimum,**  
372 **maximum and current temperatures; or with an automated system capable of creating a producible**  
373 **history of temperature readings.**  
374  
375 **(b) A PPK must adhere to a monitoring plan, which includes, but is not limited to:**  
376  
377 **(A) Documentation of training of all personnel;**  
378  
379 **(B) Maintenance of manufacturer recommended calibration of thermometers;**  
380  
381 **(C) Maintenance of records of temperature logs for a minimum of three years;**  
382  
383 **(D) Documentation of excursion detail, including, but not limited to, event date and name of**  
384 **persons(s) involved in excursion responses;**  
385  
386 **(E) Documentation of action(s) taken, including decision to quarantine product for destruction, or**  
387 **determination by a Pharmacist that it is safe for continued use. This documentation must include**  
388 **details of the information source;**  
389  
390 **(F) A written emergency action plan;**  
391  
392 **(G) Routine preventative maintenance and evaluation of refrigeration equipment and monitoring**  
393 **equipment; and**  
394  
395 **(H) Documentation and review of temperature recordings at least once every 28 days by the**  
396 **Pharmacist at the time of in person physical inspection.**  
397

398 **Statutory/Other Authority: ORS 689.205 & ORS 689.325**  
399 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

400  
401

402 **855-141-0130**  
403 **Drug: Loss**

404  
405

**A PPK and its PPK Affiliated Pharmacy must:**

406  
407

**(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.**

408  
409

**(2) Ensure that confirmed significant drug loss or any loss related to suspected drug theft is reported to the board within one business day.**

410  
411

**Statutory/Other Authority: ORS 689.205, ORS 689.305 & ORS 689.315**  
414 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

415  
416

417 **855-141-0145**  
418 **Outlet: Closure**

419  
420

**A PPK Affiliated Pharmacy must notify the board a minimum of 15 days prior to discontinuing operation of a PPK. Notification must include the:**

421  
422

**(1) Final disposition of drugs stored in the PPK including:**

423  
424

**(a) Name and location where the drugs are transferred;**

425  
426

**(b) Name and location where destruction occurred; and**

427  
428

**(c) Name and location of the site that will store all records;**

429  
430

**(2) Provide the board with:**

431  
432

**(a) Oregon Board of Pharmacy state license(s); and**

433  
434

**(b) Signed statement giving the effective date of closure.**

435  
436

**Statutory/Other Authority: ORS 689.205**  
438 **Statutes/Other Implemented: ORS 689.155, ORS 689.305 & ORS 689.527**

439  
440

441 **855-141-0150**  
442 **Outlet: Sanitation**

443  
444

**A PPK and its PPK Affiliated Pharmacy must ensure the PPK is kept clean.**

445

446 **Statutory/Other Authority: ORS 689.305**  
447 **Statutes/Other Implemented: ORS 689.305 & ORS 689.527**

448  
449

450 **855-141-0155**

451 **Outlet: Minimum Equipment Requirements**

452

453 **(1) Each Oregon PPK must have the following:**

454

455 **(a) Appropriate equipment and supplies as required by Oregon Revised Statutes, Oregon**  
456 **Administrative Rules, United States Code, Code of Federal Regulations, and standards adopted by**  
457 **reference (e.g. USP) based on services offered by the PPK outlet;**

458

459 **(b) Appropriate equipment to maintain the proper storage of drugs;**

460

461 **(c) Signage in a location easily seen by the public at the PPK where prescription and non-prescription**  
462 **drugs, devices, and related supplies are dispensed:**

463

464 **(A) Stating "The (insert name of PPK Affiliated Pharmacy) may be able to substitute a less expensive**  
465 **drug which is therapeutically equivalent to the one prescribed by your doctor unless you do not**  
466 **approve." The printing on this sign must be in block letters not less than one inch in height.**

467

468 **(B) Providing notification in each of the languages required in OAR 855-141-0410 of the right to free,**  
469 **competent oral interpretation and translation services, including translated prescription labels, for**  
470 **patients who are of limited English proficiency, in compliance with federal and state regulations if the**  
471 **pharmacy dispenses prescriptions for a patient's self-administration;**

472

473 **(C) Stating "This location is a Pharmacy Prescription Kiosk, supervised by a Pharmacist from (insert**  
474 **name of PPK Affiliated Pharmacy, address, and telephone number)." The printing on the sign must be**  
475 **in block letters not less than one inch in height; and**

476

477 **(D) Providing notification of accurate hours of operation at the PPK; and**

478

479 **(d) Additional equipment and supplies that are determined as necessary by the PPK Affiliated**  
480 **Pharmacy or PIC.**

481

482 **(e) As an alternative to posting the required signage, PPK's that utilize an electronic video monitor**  
483 **that the patient is required to acknowledge prior to retrieving medication from the PPK may display**  
484 **the information required by sub-paragraphs (1)(c)(A) - (D) electronically.**

485

486 **(2) Failure to have, use and maintain required equipment constitutes unprofessional conduct under**  
487 **ORS 689.405(1)(a).**

488

489 **Statutory/Other Authority: ORS 689.205 & ORS 689.654**

490 **Statutes/Other Implemented: ORS 689.155, ORS 689.515, ORS 689.654 & ORS 689.527**

491

492

493



494 **855-141-0200**

495 **Outlet: General Requirements**

496

497 **(1) The PPK Affiliated Pharmacy and its PIC are responsible for all operations and enforcing all policies**  
498 **and procedures of the PPK.**

499

500 **(2) A PPK Affiliated Pharmacy may operate more than one PPK.**

501

502 **(3) A PPK Affiliated Pharmacy must be less than 120 miles apart via the shortest surface street route**  
503 **from the PPK.**

504

505 **(4) A PPK and its PPK Affiliated Pharmacy must:**

506

507 **(a) Have the same owner; or**

508

509 **(b) Have a written contract that specifies:**

510

511 **(A) The services to be provided by each licensee and registrant;**

512

513 **(B) The responsibilities of each licensee and registrant; and**

514

515 **(C) The accountabilities of each licensee and registrant;**

516

517 **(c) Ensure prescription and non-prescription drugs, devices, and related supplies are dispensed in**  
518 **compliance with OAR 855-019, OAR 855-025, OAR 855-031, OAR 855-041 and OAR 855-141;**

519

520 **(d) Ensure that the PPK Affiliated Pharmacy prevents duplicate dispensing of a prescription;**

521

522 **(e) Comply with all applicable federal and state laws and rules;**

523

524 **(f) Ensure that there is an PIC who is responsible for all operations and enforcing all policies and**  
525 **procedures of the PPK;**

526

527 **(f) Designate in writing the Pharmacists, Interns, Pharmacy Technicians and Certified Oregon**  
528 **Pharmacy Technicians authorized to access the PPK;**

529

530 **(g) Utilize complete chain of custody tracking;**

531

532 **(h) Train the Pharmacists, Interns, Pharmacy Technicians and Certified Oregon Pharmacy Technicians**  
533 **in the operation of the telepharmacy system and PPK and document the training;**

534

535 **(i) Develop, implement and enforce a continuous quality improvement program for dispensing**  
536 **services from a PPK designed to objectively and systematically;**

537

538 **(A) Monitor, evaluate, document the quality and appropriateness of patient care;**

539

540 **(B) Improve patient care; and**

541

542 (C) Identify, resolve and establish the root cause of dispensing and DUR errors and prevent their  
543 reoccurrence;

544  
545 (j) Provide a telephone number that a patient, patient’s agent or prescriber may use to contact the  
546 Pharmacist from the PPK Affiliated Pharmacy; and

547  
548 (k) Develop, implement and enforce a process for an in person physical inspection of the PPK by a  
549 Pharmacist at least once every 28 days or more frequently as deemed necessary by the PIC of the PPK  
550 Affiliated Pharmacy. The inspection must utilize the PPK self-inspection form, be documented, and  
551 records retained.

552  
553 Statutory/Other Authority: ORS 689.205

554 Statutes/Other Implemented: ORS 689.155 & ORS 689.527

555  
556  
557 855-141-0205

558 Outlet: Technology

559  
560 A PPK and its PPK Affiliated Pharmacy must:

561  
562 (1) Utilize a shared telepharmacy system and have appropriate technology or interface to allow access  
563 to information required to dispense prescription and non-prescription drugs, devices, and related  
564 supplies and counsel the patient or patient’s agent;

565  
566 (2) Utilize barcode, radio-frequency identification or quick response code technology for stocking,  
567 destocking and dispensing at the PPK;

568  
569 (3) Test the telepharmacy system and PPK and verify the unit is operable and functioning in all aspects  
570 in accordance with minimum acceptable system or unit design specifications before dispensing  
571 prescription and non-prescription drugs, devices, and related supplies and after an upgrade or change  
572 is made to the system. The PPK Affiliated Pharmacy must make the results of such testing available to  
573 the board upon request; and

574  
575 (4) Develop, implement and enforce a plan for routine maintenance of the telepharmacy system and  
576 PPK.

577  
578 (5) Develop, implement and enforce a plan for responding to and recovering from an interruption of  
579 service where the PPK is not fully operational and functioning.

580  
581 (6) For verification of prescriptions, use still image capture or store and forward with a camera that is  
582 of sufficient quality and resolution so that the Pharmacist from the PPK Affiliated Pharmacy can  
583 visually identify each:

584  
585 (a) Source container including manufacturer, name, strength, lot, and expiration;

586  
587 (c) Dispensed product including the imprint and physical characteristics if applicable;

588  
589 (d) Completed prescription container including the label; and

590 (7) Utilize barcode, radio-frequency identification or quick response code technology to record  
591 information in (6) if available;

592

593 Statutory/Other Authority: ORS 689.205

594 Statutes/Other Implemented: ORS 689.155 & ORS 689.527

595

596

597 **855-141-0210**

598 **Outlet: Supervision**

599

600 A PPK and its PPK Affiliated Pharmacy must:

601

602 (1) Ensure prescription and non-prescription drugs, devices, and related supplies are only dispensed at  
603 the PPK if a Pharmacist is available for patient consultation and the PPK is fully operational.

604

605 (2) Ensure that stocking and destocking of prescription and non-prescription drugs, devices, and  
606 related supplies in a PPK is completed under the supervision, direction, and control of a Pharmacist.

607

608 (3) Ensure that a Pharmacist verifies and documents that:

609

610 (a) All prescription and non-prescription drugs, devices, and related supplies were correctly stocked  
611 into the PPK;

612

613 (b) All prescription and non-prescription drugs, devices, and related supplies destocked from the PPK  
614 were returned to the PPK Affiliated Pharmacy;

615

616 (c) Proper storage conditions were maintained during transfer per OAR 855-141-0125; and

617

618 (d) Records are maintained per OAR 855-141-0550.

619

620 (4) Drugs and devices destocked from a PPK that satisfy the requirements of this section may be  
621 returned to stock at the PPK Affiliated Pharmacy.

622

623 Statutory/Other Authority: ORS 689.205 & ORS 689.225

624 Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.305 & ORS 689.527

625

626

627 **855-141-0215**

628 **Outlet: Pharmacist Utilization**

629

630 A PPK and its PPK Affiliated Pharmacy must ensure that a prescription drug or device is not released  
631 from the PPK until the Pharmacist or Intern has:

632

633 (1) Provided counseling when required under OAR 855-019-0230 or when requested by the patient or  
634 patient's agent; and

635

636 (2) Documented the interaction.

637

638 **Statutory/Other Authority: ORS 689.205**  
639 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

640  
641

642 **855-141-0225**  
643 **Outlet: Controlled Substances**

644  
645 **Controlled substances may not be stored in the PPK.**

646  
647

647 **Statutory/Other Authority: ORS 689.205**  
648 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

649  
650

651 **855-141-0300**  
652 **Prescription: General Requirements**

653  
654

654 **(1) Prescriptions, prescription refills, and drug orders must be correctly dispensed in accordance with**  
655 **the prescribing practitioner's authorization. When a prescription is transmitted orally, it must be**  
656 **transmitted to the Pharmacist from the PPK Affiliated Pharmacy and both the receiving pharmacist's**  
657 **name or initials and the name of the person transmitting must be noted on the prescription.**

658  
659

659 **(2) Each PPK Affiliated Pharmacy must document the following information for each prescription:**

660  
661

661 **(a) The name and date of birth of the patient for whom the drug is prescribed, unless for an animal.**

662  
663

663 **(b) If for an animal, the name of the patient, name the owner and the species of the animal.**

664  
665

665 **(c) The full name, address, and contact phone number of the practitioner.**

666  
667

667 **(d) The name, strength, dosage forms of the substance, quantity prescribed and, if different from the**  
668 **quantity prescribed, the quantity dispensed;**

669  
670

670 **(e) The directions for use, if given by the practitioner; and**

671  
672

672 **(f) The date of filling, and the total number of refills authorized by the prescribing practitioner.**

673  
674

674 **(3) In accordance with ORS 689.515(3), a practitioner may specify in writing, by a telephonic**  
675 **communication or by electronic transmission that there may be no substitution for the specified**  
676 **brand name drug in a prescription.**

677  
678

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

680  
681

681 **(A) No substitution;**

682  
683

683 **(B) N.S.;**

684  
685

685 **(C) Brand medically necessary;**

686 **(D) Brand necessary;**

687

688 **(E) Medically necessary;**

689

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

691

692 **(G) Words with similar meaning.**

693

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

698

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

700

701 **(4) A PPK or Pharmacist filling a prescription or order for a biological product may not substitute a**  
702 **biosimilar product for the prescribed biological product unless:**

703

704 **(a) The biosimilar product has been determined by the United States Food and Drug Administration to**  
705 **be interchangeable with the prescribed biological product;**

706

707 **(b) The prescribing practitioner has not designated on the prescription that substitution is prohibited;**

708

709 **(c) The patient for whom the biological product is prescribed is informed of the substitution prior to**  
710 **dispensing the biosimilar product;**

711

712 **(d) The PPK Affiliated Pharmacy or Pharmacist provides written, electronic or telephonic notification**  
713 **of the substitution to the prescribing practitioner or the prescribing practitioner's staff within three**  
714 **business days of dispensing the biosimilar product; and**

715

716 **(5) The PPK must dispense prescriptions accurately and to the correct party.**

717

718 **Statutory/Other Authority: ORS 689.205 & ORS 689.522**

719 **Statutes/Other Implemented: ORS 689.505, ORS 689.515 & ORS 689.522**

720

721

722 **855-141-0305**

723 **Prescription: Tamper-resistant**

724

725 **When the use of a tamper-resistant prescription is required by any federal or state law or rule, the**  
726 **term "tamper-resistant" has the meaning as defined in OAR 855-006-0015.**

727

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

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

730

731

732

733 **855-141-0310**

734 **Prescription: Verification of Authenticity**

735

736 Alteration of a written prescription, other than by a Pharmacist's or practitioner's authorization, in  
737 any manner constitutes an invalid order unless verified with the prescriber.

738

739 Statutory/Other Authority: ORS 689.205

740 Statutes/Other Implemented: ORS 689.151 & ORS 689.155

741

742

743 **855-141-0315**

744 **Prescription: Refills**

745

746 (1) Where refill authority is given other than by the original prescription, documentation that such  
747 refill authorization was given, the date of authorization, and name of the authorizing prescriber or the  
748 prescriber's agent must be recorded. This documentation must be readily retrievable.

749

750 (2) If the practitioner is not available and in the reasonable professional judgment of the Pharmacist  
751 from the PPK Affiliated Pharmacy an emergency need for the refill of a prescription drug has been  
752 demonstrated, the Pharmacist may authorize the kiosk to prepare for pharmacist verification a  
753 sufficient quantity of the drug consistent with the dosage regimen, to last until a practitioner can be  
754 contacted for authorization, but not to exceed a 72-hour supply. The practitioner must be promptly  
755 notified of the emergency refill.

756

757 **POLICY DISCUSSION:** Emergency Supplies

758

759 (3) Each refilling of a prescription must be accurately documented, readily retrievable, and uniformly  
760 maintained for three years by the PPK Affiliated Pharmacy. This record must include;

761

762 (a) Date, time and identification of each individual and activity or function performed;

763

764 (b) Name of the patient;

765

766 (c) Name of the medication;

767

768 (d) Date of refill; and

769

770 (e) Quantity dispensed.

771

772 (4) Refill quantities may be combined into a single filling if the prescription is not for a  
773 psychotherapeutic drug and the prescriber is notified of the change.

774

775 (5) A kiosk may only dispense a prescription refill upon request of the patient or patient's agent. A  
776 request specific to each prescription medication is required.

777

778 (6) A prescription must be refilled in context with the approximate dosage schedule unless specifically  
779 authorized by the prescriber.

780

781 **Statutory/Other Authority: ORS 689.205**  
782 **Statutes/Other Implemented: ORS 689.505 & ORS 689.515**

783  
784

785 **855-141-0320**  
786 **Prescription: Expiration**

787

788 **This section of rule addresses the expiration date of the prescription and not the expiration date of**  
789 **the drug.**

790

791 **(1) After one year from date of issue, a prescription for a non-controlled substance becomes invalid**  
792 **and must be re-authorized by the prescriber.**

793

794 **(2) When “PRN” is used as a prescription refill designation:**

795

796 **(a) The abbreviation means that the prescription can be refilled in proper context for a period of one**  
797 **year.**

798

799 **(b) In conjunction with a definite time period, or a specific number of refills, the prescription can be**  
800 **refilled in proper context for a period not to exceed one year.**

801

802 **Statutory/Other Authority: ORS 689.205**  
803 **Statutes/Other Implemented: ORS 689.505 & ORS 689.515**

804

805

806 **855-141-0325**  
807 **Prescription: Transfers**

808

809 **(1) Prescriptions may be transferred between pharmacies for the purpose of an initial or refill**  
810 **dispensing provided that:**

811

812 **(a) The prescription is invalidated at the sending pharmacy; and**

813

814 **(b) The receiving pharmacy obtains all the information constituting the prescription and its relevant**  
815 **refill history in a manner that ensures accuracy and accountability.**

816

817 **(2) Prescriptions for controlled substances can only be transferred one time.**

818

819 **(3) Pharmacies using the same electronic prescription database are not required to transfer**  
820 **prescriptions for dispensing purposes.**

821

822 **(4) An Oregon registered pharmacy must transfer a prescription:**

823

824 **(a) To a pharmacy requesting a transfer on behalf of the patient or patient's agent unless the transfer**  
825 **would compromise patient safety or violate state or federal laws or rules; and**

826

827 **(b) By the end of the next business day of the request.**

828

829 **Statutory/Other Authority: ORS 689.205**  
830 **Statutes/Other Implemented: ORS 689.155**

831  
832

833 **855-141-0345**  
834 **Dispensing: General Requirements**

835  
836

**The PPK Affiliated Pharmacy must:**

837

838 **(1) Ensure each prescription, prescription refill, and drug order is correctly dispensed from the PPK in**  
839 **accordance with the prescribing practitioner's authorization; and**

840

841 **(2) Ensure the PPK dispenses prescriptions accurately and to the correct party.**

842

843 **Statutory/Other Authority: ORS 689.205**  
844 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

845  
846

847 **855-141-0350**  
848 **Dispensing: Containers**

849

850 **Each PPK must dispense a drug in a new container that complies with the current provisions of the**  
851 **Poison Prevention Packaging Act in 16 CFR 1700 (01/01/2021), 16 CFR 1701 (01/01/2021), and 16 CFR**  
852 **1702 (01/01/2021).**

853

854 **[Publications: Publications referenced are available from the agency.]**

855

856 **Statutory/Other Authority: ORS 689.205**  
857 **Statutes/Other Implemented: ORS 689.155**

858  
859

860 **855-141-0400**  
861 **Labeling: General Requirements**

862

863 **Prescriptions must be labeled with the following information:**

864

865 **(1) Name and address of the PPK.**

866

867 **(2) Date;**

868

869 **(3) Identifying number;**

870

871 **(4) Name of patient;**

872

873 **(5) Name of drug, strength, and quantity dispensed; when a generic name is used, the label must also**  
874 **contain the identifier of the manufacturer or distributor;**

875

876 **(6) Directions for use by the patient;**



877 (7) Name of practitioner;

878

879 (8) Such other and further accessory cautionary information as required for patient safety;

880

881 (9) An expiration date after which the patient should not use the drug or medicine. Expiration dates  
882 on prescriptions must be the same as that on the original container or one year from the date the  
883 drug was originally dispensed and placed in the new container, whichever date is earlier. Any drug  
884 expiring before the expected length of time for course of therapy must not be dispensed.

885

886 (10) Any dispensed prescription medication, other than those in unit dose or unit of use packaging,  
887 must be labeled with its physical description, including any identification code that may appear on  
888 tablets and capsules; and

889

890 (11) Name, address and telephone number of the PPK Affiliated Pharmacy.

891

892 Statutory/Other Authority: ORS 689.205

893 Statutes/Other Implemented: ORS 689.505 & ORS 689.515

894

895

896

897 **855-141-0405**

898 **Labeling: Prescription Reader Accessibility**

899

900 (1) A PPK must notify each person to whom a prescription drug is dispensed that a prescription reader  
901 is available to the person upon request; a prescription reader is a device designed to audibly convey  
902 labeling information.

903

904 (2) If a person informs the PPK Affiliated Pharmacy that the person identifies as a person who is blind,  
905 the pharmacy must provide to the person a prescription reader that is available to the person for at  
906 least the duration of the prescription, must confirm it is appropriate to address the person's visual  
907 impairment, and must ensure that prescription labels are compatible with the prescription reader.  
908 This requirement does not apply to an institutional drug outlet, dispensing a drug intended for  
909 administration by a healthcare provider.

910

911 (3) The PPK Affiliated Pharmacy must ensure a Pharmacist verifies and documents that the correct  
912 electronic label was placed on each prescription container and that the audio information produced  
913 by the prescription reader is accurate prior to dispensing the prescription.

914

915 Statutory/Other Authority: ORS 689.205

916 Statutes/Other Implemented: ORS 689.561

917

918

919

920 **855-141-0410**

921 **Labeling: Limited English Proficiency and Accessibility**

922

923 (1) Upon request of a prescriber, patient or a patient's agent, each drug dispensed by the PPK for a  
924 patient's self-administration must bear a label in both English and the language requested for an

925 **individual with limited English proficiency, defined as a person who is not fluent in the English**  
926 **language. This does not apply to a drug outlet dispensing a drug intended for administration by a**  
927 **healthcare worker.**

928  
929 **(2) When dispensing a drug under (1), the PPK must provide labels and informational inserts in both**  
930 **English and one of the following languages:**

931  
932 **(a) Spanish;**

933

934 **(b) Russian;**

935

936 **(c) Somali;**

937

938 **(d) Arabic;**

939

940 **(e) Chinese (simplified);**

941

942 **(f) Vietnamese;**

943

944 **(g) Farsi;**

945

946 **(h) Korean;**

947

948 **(i) Romanian;**

949

950 **(j) Swahili;**

951

952 **(k) Burmese;**

953

954 **(l) Nepali;**

955

956 **(m) Amharic; and**

957

958 **(n) Pashtu.**

959

960 **(3) The board must reassess and update (2) as necessary and at least every ten years.**

961

962 **Statutory/Other Authority: ORS 689.564**

963 **Statutes/Other Implemented: ORS 689.205**

964

965

966 **855-141-0450**

967 **Drugs and Devices: Disposal**

968

969 **Drugs and devices that are outdated, damaged, deteriorated, misbranded, or adulterated must be**  
970 **quarantined and physically separated from other drugs until they are destroyed or returned to their**  
971 **supplier.**

972

973 **Statutory/Other Authority: ORS 475.035, ORS 689.205, ORS 689.305 & ORS 689.315**

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

975

976

977 **855-141-0455**

978 **Drug and Devices: Return**

979

980 **A PPK or PPK Affiliated Pharmacy may accept the return of a drug or device as defined by ORS 689.005**  
981 **once the drug or device have been dispensed from the PPK if they were dispensed in error, were**  
982 **defective, adulterated, misbranded, dispensed beyond their expiration date, or are subject of a drug**  
983 **or device recall only if:**

984

985 **(1) A Pharmacist has approved the return;**

986

987 **(2) The drugs or devices are accepted for destruction or disposal; and**

988

989 **(3) A Pharmacist verifies the destruction or disposal.**

990

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

992 **Statutes/Other Implemented: ORS 689.305**

993

994

995 **855-141-0500**

996 **Policies and Procedures**

997

998 **(1) The PIC of the PPK Affiliated Pharmacy and the PPK Affiliated Pharmacy drug outlet is accountable**  
999 **for establishing, maintaining, and enforcing written policies and procedures for the PPK. The written**  
1000 **policies and procedures must be maintained at the PPK Affiliated Pharmacy and must be available to**  
1001 **the board upon request.**

1002

1003 **(2) The written policies and procedures must include at a minimum the responsibilities of the PPK**  
1004 **Affiliated Pharmacy and each PPK including;**

1005

1006 **(a) Security;**

1007

1008 **(b) Operation, testing and maintenance of the telepharmacy system and the PPK;**

1009

1010 **(c) Sanitation and cleaning;**

1011

1012 **(d) Storage of drugs;**

1013

1014 **(e) Stocking and destocking;**

1015

1016 **(f) Dispensing;**

1017

1018 **(g) Preventing duplicate dispensing;**

1019

1020 **(h) Pharmacist supervision, direction and control of and licensed personnel accessing the PPK;**

1021 (i) Documenting the identity, function, location, date and time of licensees engaging in telepharmacy  
1022 and licensed personnel accessing the PPK;

1023  
1024 (j) Utilization of Interns, Certified Oregon Pharmacy Technicians or Pharmacy Technicians;

1025  
1026 (k) Utilization of Pharmacist (e.g. Counseling);

1027  
1028 (l) Drug and/or device procurement

1029  
1030 (m) Receiving of drugs and/or devices;

1031  
1032 (n) Delivery of drugs and/or devices;

1033  
1034 (o) Recordkeeping;

1035  
1036 (p) Patient confidentiality;

1037  
1038 (q) On-site inspection by a Pharmacist;

1039  
1040 (r) Continuous quality improvement;

1041  
1042 (s) Plan for discontinuing and recovering services if PPK disruption occurs;

1043  
1044 (t) Training: initial and ongoing; and

1045  
1046 (u) Interpretation, translation and prescription reader services.

1047  
1048 (4) A PPK Affiliated Pharmacy that provides prescription and non-prescription drugs, devices, and  
1049 related supplies through a PPK must review its written policies and procedures every 12 months,  
1050 revise them if necessary, and document the review.

1051  
1052 Statutory/Other Authority: ORS 689.205

1053 Statutes/Other Implemented: ORS 689.155 & ORS 689.527

1054

1055

1056 **855-141-0550**

1057 **Records: General Requirements**

1058

1059 (1) The recordkeeping requirements OAR 855-141 are in addition to the requirements of other  
1060 recordkeeping rules of the board. Unless otherwise specified, all records and documentation required  
1061 by these rules, must be retained for three years and made available to the board for inspection upon  
1062 request. Records must be stored onsite for at least one year and may be stored, after one year, in a  
1063 secured off-site location if retrievable within three business days. Records and documentation may be  
1064 written, electronic or a combination of the two.

1065

1066 (2) All required records for the PPK must be maintained by the PPK Affiliated Pharmacy.

1067

1068 (3) Records retained by the PPK Affiliated Pharmacy must include, but are not limited to:

- 1069 **(a) Date, time and identification of each individual and activity or function performed via the PPK;**  
1070  
1071 **(b) Pharmacist physical inspection of the PPK;**  
1072  
1073 **(c) Telepharmacy system testing;**  
1074  
1075 **(d) Licensee training on the proper use of the PPK;**  
1076  
1077 **(e) Still image capture and store and forward images must be retained according to (1);**  
1078  
1079 **(f) Data and surveillance system data must be retained for 6 months; and**  
1080  
1081 **(g) Any errors or irregularities identified by the quality improvement program.**  
1082  
1083 **(4) Records of dispensing from a PPK must include the:**  
1084  
1085 **(a) Physical location of the PPK;**  
1086  
1087 **(b) Identification of the patient or patient’s agent retrieving the prescription, non-prescription drugs,**  
1088 **and supplies;**  
1089  
1090 **(c) A digital image of the individual to whom the prescription was dispensed.**  
1091  
1092 **(d) Date and time of transaction;**  
1093  
1094 **(e) Each prescription number, patient name, prescriber name, drug name, strength, dosage form and**  
1095 **quantity;**  
1096  
1097 **(f) Each non-prescription drug and supply name, UPC or NDC number, and quantity; and**  
1098  
1099 **(g) Name of Pharmacist or Intern who provided counseling to the patient or patient’s agent, if**  
1100 **required, documentation that the counseling was performed or that the Pharmacist or Intern**  
1101 **accepted the patient or patient’s agent request not to be counseled.**  
1102  
1103 **(5) Records of stocking and destocking of prescriptions into or from a PPK must include the:**  
1104  
1105 **(a) Date and time;**  
1106  
1107 **(b) Each prescription number, patient name, prescriber name, drug name, strength, dosage form and**  
1108 **quantity;**  
1109  
1110 **(c) Each non-prescription drug and supply name, UPC or NDC number, and quantity;**  
1111  
1112 **(d) Name and Oregon license number of the person stocking or destocking prescription, non-**  
1113 **prescription drugs and supplies from the system; and**  
1114  
1115 **(e) Identity of the Pharmacist who verifies that the system has been accurately stocked or destocked.**  
1116

1117 **Statutory/Other Authority: ORS 689.205**  
1118 **Statutes/Other Implemented: ORS 689.155, ORS 689.508 & ORS 689.527**

1119  
1120  
1121 **855-141-0555**  
1122 **Records: Patient**

1123  
1124 **A patient record system must be maintained by the PPK Affiliated Pharmacy for all patients for whom**  
1125 **a prescription drug is dispensed. The patient record system must provide information necessary for**  
1126 **the dispensing Pharmacist to identify previously dispensed drugs at the time a prescription is**  
1127 **presented for dispensing. The pharmacist must make a reasonable effort to obtain, record, and**  
1128 **maintain the following information:**

1129  
1130 **(1) Full name of the patient for whom the drug is intended;**

1131  
1132 **(2) Address and telephone number of the patient;**

1133  
1134 **(3) Patient's age or date of birth;**

1135  
1136 **(4) Patient's gender;**

1137  
1138 **(5) Patient's preferred language for communication and prescription labeling;**

1139  
1140 **(6) Chronic medical conditions;**

1141  
1142 **(7) A list of all prescription drug orders obtained by the patient at the pharmacy maintaining the**  
1143 **patient record showing the name of the drug or device, prescription number, name and strength of**  
1144 **the drug, the quantity and date received, and the name of the prescriber;**

1145  
1146 **(8) Known allergies, drug reactions, and drug idiosyncrasies; and**

1147  
1148 **(9) If deemed relevant in the Pharmacist's reasonable professional judgment:**

1149  
1150 **(a) Pharmacist comments relevant to the individual's drug therapy, including any other information**  
1151 **peculiar to the specific patient or drug; and**

1152  
1153 **(b) Additional information such as chronic conditions or disease states of the patient, the patient's**  
1154 **current weight, and the identity of any other drugs, including over-the-counter drugs, or devices**  
1155 **currently being used by the patient which may relate to prospective drug review.**

1156  
1157 **Statutory/Other Authority: ORS 689.205**  
1158 **Statutes/Other Implemented: ORS 689.151, ORS 689.155 & ORS 689.508**

1159  
1160  
1161 **855-141-0600**  
1162 **Prohibited Practices: General**

1163  
1164 **A PPK may not:**

1165 **(1) Allow unlicensed personnel, Certified Oregon Pharmacy Technicians or Pharmacy Technicians to**  
1166 **ask questions of a patient or patient's agent which screen and/or limit interaction with the**  
1167 **Pharmacist;**

1168  
1169 **(2) Utilize a person to dispense or deliver a prescription and non-prescription drug, device, and any**  
1170 **related supply directly to the patient from the PPK;**

1171  
1172 **(3) Dispense drugs that require further manipulation prior to administration or dispensing (e.g.**  
1173 **reconstitution, compounding, vaccines); and**

1174  
1175 **(4) Store or dispense controlled substances.**

1176  
1177 **Statutory/Other Authority: ORS 475.035, ORS 689.205, ORS 689.305 & ORS 689.315**  
1178 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

1179  
1180  
1181 **855-141-0602**

1182 **Prohibited Practices: Disclosure of Patient Information**

1183  
1184 **A PPK may not:**

1185  
1186 **(1) Allow a licensee or registrant of the board who obtains any patient information to disclose that**  
1187 **information to a third party without the consent of the patient except as provided in (a)-(e) of this**  
1188 **rule. A licensee may disclose patient information:**

1189  
1190 **(a) To the board;**

1191  
1192 **(b) To a practitioner, Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy**  
1193 **Technician, if disclosure is authorized by a Pharmacist who reasonably believes that disclosure is**  
1194 **necessary to protect the patient's health or wellbeing; or**

1195  
1196 **(c) To a third party when disclosure is authorized or required by law; or**

1197  
1198 **(d) As permitted pursuant to federal and state patient confidentiality laws; or**

1199  
1200 **(e) To the patient or to persons as authorized by the patient.**

1201  
1202 **(2) Allow a licensee or registrant of the board to access or obtain any patient information unless it is**  
1203 **accessed or obtained for the purpose of patient care except as provided in (1)(a)-(e) of this rule.**

1204  
1205 **Statutory/Other Authority: ORS 475.035, ORS 689.205, ORS 689.305 & ORS 689.315**  
1206 **Statutes/Other Implemented: ORS 689.155 & ORS 689.527**

1207  
1208  
1209  
1210  
1211

1212 **855-141-0650**

1213 **Grounds for Discipline**

1214

1215 **The State Board of Pharmacy may impose one or more of the following penalties which includes:**  
1216 **suspend, revoke, or restrict the license of an outlet or may impose a civil penalty upon the outlet**  
1217 **upon the following grounds:**

1218

1219 **(1) Any of the grounds listed in ORS 689.405.**

1220

1221 **(2) Advertising or soliciting that may jeopardize the health, safety, or welfare of the patient including,**  
1222 **but not be limited to, advertising or soliciting that:**

1223

1224 **(a) Is false, fraudulent, deceptive, or misleading; or**

1225

1226 **(b) Makes any claim regarding a professional service or product or the cost or price thereof which**  
1227 **cannot be substantiated by the licensee.**

1228

1229 **Statutory/Other Authority: ORS 689.151, ORS 689.155, ORS 689.205 & ORS 689.225**

1230 **Statutes/Other Implemented: ORS 689.155, ORS 689.405 & ORS 689.527**

1231

1232



## Divisions 019/041/139 – Demographics

**Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency's intended action max 15 words):** Modifies patient records requirements to include patient's sex assigned at birth current gender identification, and current chosen name.

**Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule):** Modifies patient records requirements regarding gender, sex, and name.

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

- Providing Inclusive Care and Services for the Transgender and Gender Diverse Community: A Pharmacy Resource Guide [March 2021](#)
- [Omnibus Reconciliation Act of 1990](#) (OBRA 90)

**Resources**

- Redfern, Jan S., Jann, Michael W. "The evolving role of pharmacists in transgender health care." Transgender health 4.1 (2019): 118-130. <https://www.liebertpub.com/doi/epdf/10.1089/trgh.2018.0038>
- Cleveland Clinic: [Why Deadnaming is Harmful](#)
- EPIC: [More Inclusive Care for Transgender Patients Using Epic](#)

**Racial Equity statement per ORS 183.335(2)(b)(F) (identifying how adoption of rule might impact one group of people differently than others):** To be determined

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

**OBOP/Other State Agencies/Units of Local Government/Public:** No anticipated fiscal impact is expected for the agency, other state agencies, units of local government or the public.

**Cost of Compliance (including small businesses):** To be determined

**Number/Type:** To be determined

**Reporting, Recordkeeping and Administrative Activities Cost:** To be determined

**Professional Services, Equipment/ Supplies, Labor Cost:** To be determined

**Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G):** No, A RAC was not consulted, proposed rules are also designed to provide more inclusive care for transgender and gender diverse patients.

**Rules Summary per ORS 183.335(2)(a)(B) (Indicates the change to the rule and why):** Procedural rule review modifying patient records requirements to provide pharmacists with hormonal history and anatomy for accurate drug dosing and interaction screening. Also provides pharmacies with the ability to identify patients by their chosen name and gender identification.

1  
2  
3

**POLICY DISCUSSION:** Name, Gender, Sex

4 Division 19  
5 PHARMACISTS

6  
7 855-019-0220

8 Drug Utilization Review (DUR)

9

10 **NOTE:** Revisions to this rule are also included in the Div 019/115 RPH Procedural Rule Review package

11

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

16

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

18

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

20

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

22

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

24

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

28

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

30

31 (g) Pharmacist comments relevant to the individual's drug therapy, including any other information  
32 specific to that patient or drug; and

33

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

35

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

37

38 (3) The pharmacist or intern shall perform a DUR prior to dispensing or preparing for administration any  
39 prescription or refill.

40

41 Statutory/Other Authority: ORS 689.205

42 Statutes/Other Implemented: ORS 689.151, 689.155

43

44

45

46 855-019-0290

47 Immunization Record Keeping and Reporting

48

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

51

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

56  
57 (a) The name, address, gender and date of birth of the patient;

58  
59 (b) The date of administration of the vaccine;

60  
61 (c) The NDC number of the vaccine, or other acceptable standardized vaccine code set;

62  
63 (d) The address of the pharmacy where vaccine was administered unless automatically embedded in the  
64 electronic report provided to the OHA ALERT Immunization System;

65  
66 (e) The phone number of the patient when available;

67  
68 (f) The dose amount, manufacturer, site of administration, lot number and expiration date of the  
69 vaccine when available;

70  
71 (3) A pharmacist who administers any vaccine will keep documentation of current CPR training. This  
72 documentation will be kept on site and available for inspection.

73  
74 (4) A pharmacist who administers any vaccine will follow storage and handling guidance from the  
75 vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).

76  
77 (5) For the purpose of participation in the Oregon Vaccines for Children program,

78  
79 (a) The vaccine eligibility code for each dose must be reported to the ALERT Immunization Information  
80 System in the manner prescribed by OHA, and

81  
82 (b) The pharmacist is recognized as a prescriber.

83  
84 (6) If providing state or federal vaccines during a pandemic as determined by the CDC, the event and  
85 priority code as specified by OHA must be provided upon request in the manner prescribed by OHA.

86  
87 Statutory/Other Authority: ORS 689.205

88 Statutes/Other Implemented: ORS 689.151, 689.155, 689.645

89  
90

91 Division 41  
92 OPERATION OF PHARMACIES

93  
94 855-041-1165

95 Records: Patient

96  
97 **NOTE:** Base language below is effective 9/1/2022 and includes amendments adopted at the June 2022  
98 board meeting.

99

100 A patient record system shall be maintained by pharmacies for all patients for whom prescription drug  
101 orders are dispensed. The patient record system must provide for readily retrievable information  
102 necessary for the dispensing pharmacist to identify previously dispensed drugs at the time a prescription  
103 drug order is presented for dispensing. The pharmacist must make a reasonable effort to obtain, record,  
104 and maintain the following information:

- 105
- 106 (1) Full name of the patient for whom the drug is intended;
  - 107
  - 108 (2) Address and telephone number of the patient;
  - 109
  - 110 (3) Patient's date of birth;
  - 111
  - 112 (4) Patient's gender;
  - 113
  - 114 (5) Patient's preferred language for communication and prescription labeling;
  - 115
  - 116 (6) Chronic medical conditions;
  - 117
  - 118 (7) A list of all prescription drug orders obtained by the patient at the pharmacy maintaining the patient  
119 record showing the name of the drug or device, prescription number, name and strength of the drug,  
120 the quantity and date received, and the name of the prescriber;
  - 121
  - 122 (8) Known allergies, drug reactions, and drug idiosyncrasies; and
  - 123
  - 124 (9) If deemed relevant in the pharmacist's reasonable professional judgment:
    - 125
    - 126 (a) Pharmacist comments relevant to the individual's drug therapy, including any other information  
127 peculiar to the specific patient or drug; and
    - 128
    - 129 (b) Additional information such as chronic conditions or disease states of the patient, the patient's  
130 current weight, and the identity of any other drugs, including over-the-counter drugs, or devices  
131 currently being used by the patient which may relate to prospective drug review.

132

133 Statutory/Other Authority: ORS 689.205  
134 Statutes/Other Implemented: ORS 689.151, 689.155 & 689.508

135

136

137 855-041-6510

138 In-patient Drug Profile

139

140 (1) Each pharmacist must ensure that a drug order for a patient requiring continuous drug therapy is  
141 entered into the patient's drug profile. The profile must contain:

- 142
- 143 (a) The patient's name, location and important clinical data such as age, height, weight, sex, chronic  
144 disease states, problem list and allergies;
  - 145
  - 146 (b) The drug name, strength, dosage form, route of administration and directions for administration;

147

- 148 (c) The drug therapy start and end date as applicable;  
149  
150 (d) The name or ID of the pharmacist responsible for entry or verification of the drug order.  
151  
152 (2) Prior to the drug being released for access by the nurse, a pharmacist must enter the drug order into  
153 a drug profile and perform a DUR except when:  
154  
155 (a) The drug is being dispensed from an after-hours cabinet in the absence of a pharmacist;  
156  
157 (b) The drug is from an emergency drug kit; or  
158  
159 (c) A system override is being used by a LIP or nurse to treat the emergency needs of a patient. Subject  
160 to a prescriber's order, a sufficient quantity to meet the emergency needs of the patient may be used  
161 until a pharmacist is available to review and confirm the drug order.  
162  
163 (3) The pharmacist must continue to monitor the appropriateness of the patient's drug utilization  
164 throughout the patient's stay in the hospital.  
165

166 Statutory/Other Authority: ORS 689.205  
167 Statutes/Other Implemented: ORS 689.155  
168

169  
170 Division 139  
171 REMOTE DISPENSING SITE PHARMACY  
172

173 855-139-0555

174 Records: Patient  
175

176 **NOTE:** Base language below is effective 9/1/2022 and includes amendments adopted at the June 2022  
177 board meeting.  
178

179 A patient record system must be maintained by pharmacies for all patients for whom a prescription drug  
180 is dispensed. The patient record system must provide information necessary for the dispensing Oregon  
181 licensed Pharmacist to identify previously dispensed drugs at the time a prescription is presented for  
182 dispensing. The pharmacist must make a reasonable effort to obtain, record, and maintain the following  
183 information:  
184

- 185 (1) Full name of the patient for whom the drug is intended;  
186  
187 (2) Address and telephone number of the patient;  
188  
189 (3) Patient's date of birth;  
190  
191 (4) Patient's gender;  
192  
193 (5) Patient's preferred language for communication and prescription labeling;  
194  
195 (6) Chronic medical conditions;

196 (7) A list of all prescription drug orders obtained by the patient at the pharmacy maintaining the patient  
197 record showing the name of the drug or device, prescription number, name and strength of the drug,  
198 the quantity and date received, and the name of the prescriber;

199  
200 (8) Known allergies, drug reactions, and drug idiosyncrasies; and

201  
202 (9) If deemed relevant in the pharmacist's professional judgment:

203  
204 (a) Oregon licensed Pharmacist comments relevant to the individual's drug therapy, including any other  
205 information peculiar to the specific patient or drug; and

206  
207 (b) Additional information such as chronic conditions or disease states of the patient, the patient's  
208 current weight, and the identity of any other drugs, including over-the-counter drugs, or devices  
209 currently being used by the patient which may relate to prospective drug review.

210  
211 Statutory/Other Authority: ORS 689.205

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

# SBAR: Request to add promethazine/codeine and pregabalin to PDMP

**S**

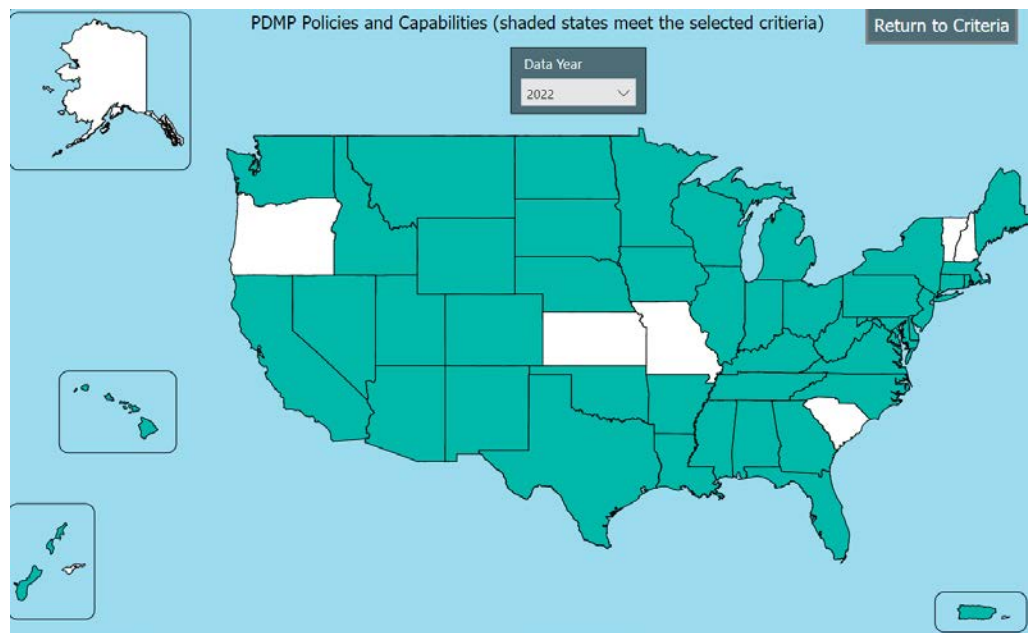
**Situation:**

- Promethazine with codeine and pregabalin are schedule V medications that are not reported to the Oregon PDMP.
- Promethazine with codeine is indicated for cough, is frequently abused, sought by fraudulent means, and a target of pharmacy robberies.
  - 2 major pharmacy chains no longer stock promethazine with codeine- Walmart (effective 11/19/2021) and Rite Aid (effective 8/1/2022).
  - The board has received requests from licensees requesting promethazine with codeine be added to the PDMP.
- Pregabalin is indicated for a variety of neurological conditions (e.g. seizures, pain, anxiety), is misused to potentiate the ‘high’ of other substances – similar to gabapentin (another gabapentinoid), and carries a risk of respiratory failure when used in combination with opioids or other central nervous system depressants.

**B**

**Background:**

- In 2009, SB 355 established the PDMP.
- In 2011, pharmacies began uploading schedules II-IV to the PDMP
- In 2020, gabapentin and naloxone were added to the PDMP
- In 2018, Oregon’s Secretary of State Recommended that OHA take the following actions to more effectively operate the PDMP within existing state statutes and rules:
  - “12. Allow for additional information to be collected by the PDMP. This should include:
    - a. prescriptions for Schedule V controlled substances and other drugs of concern;”
- Oregon is 1 of 7 states that does not require schedule V medications be included in PDMP reports.



• Figure 1- <https://www.pdmpassist.org/Policies/Maps/PDMPPolicies>

Related Resources

- Drug Enforcement Administration / US Department of Justice

	<ul style="list-style-type: none"> <li>○ <a href="#">Two Washington Men and an Oregon Man Charged with Conspiracy to Obtain Controlled Substances by Fraud</a></li> <li>○ <a href="#">Florida-Based Pharmaceutical President Indicted in Counterfeit Promethazine-Codeine Drug Trafficking Conspiracy</a></li> <li>○ <a href="#">14 Charged With Writing Fake Prescriptions To Make “Lean”</a></li> <li>○ <a href="#">Nine Indicted in Counterfeit Promethazine-Codeine Drug Trafficking Conspiracy</a></li> <li>○ <a href="#">Chicago Woman Sentenced for Obtaining Promethazine with Codeine by Fraud</a></li> <li>• Oregon Secretary of State Audit <ul style="list-style-type: none"> <li>○ Report 2018-40 <a href="#">OHA Health Authority Constraints on Oregon's Prescription Drug Monitoring Program Limit the State's Ability to Help Address Opioid Misuse and Abuse</a></li> <li>○ Report 2022-07 <a href="#">Recommendation Follow-up Report: Oregon Health Authority Some Constraints Still Remain in Oregon’s Prescription Drug Monitoring Program</a></li> </ul> </li> <li>• US Food and Drug Administration <ul style="list-style-type: none"> <li>○ <a href="#">FDA warns about serious breathing problems with seizure and nerve pain medicines gabapentin (Neurontin, Gralise, Horizant) and pregabalin (Lyrica, Lyrica CR)</a></li> </ul> </li> <li>• Other Articles <ul style="list-style-type: none"> <li>○ <a href="#">How Gabapentin Differs From Pregabalin</a>. Pharmacy Times. September 2015.</li> <li>○ Evoy KE, Sadrameli S, Contreras J, Covvey JR, Peckham AM, Morrison MD. <a href="#">Abuse and Misuse of Pregabalin and Gabapentin: A Systematic Review Update</a>. Drugs. 2021 Jan;81(1):125-156. doi: 10.1007/s40265-020-01432-7. PMID: 33215352.</li> </ul> </li> </ul> <p><u>Related Statutes and Rules:</u></p> <ul style="list-style-type: none"> <li>• <a href="#">ORS 431A.855(1)(a)</a> The Oregon Health Authority, in consultation with the Prescription Monitoring Program Advisory Commission, to establish and maintain a prescription monitoring program for monitoring and reporting of: <p>(A) Prescription drugs dispensed by pharmacies licensed by the State Board of Pharmacy that are classified in <u>schedules II through IV</u> under the federal Controlled Substances Act, 21 U.S.C. 811 and 812, as modified by the board by rule under ORS 475.035;</p> <p>(B) Prescribed <u>gabapentin</u> and naloxone dispensed by pharmacies; and</p> <p>(C) <u>Other drugs</u> identified by rules adopted by the authority.</p> <p>(b)(A) To fulfill the requirements of this subsection, the authority shall establish, maintain and operate an electronic system to monitor and report drugs described in paragraph (a) of this subsection that are dispensed by prescription.</p> </li> <li>• <a href="#">OAR 333-023</a></li> </ul>
<b>A</b>	<p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Promethazine with Codeine is known to be diverted and abused for recreational purposes.</li> <li>• Pregabalin is known to be misused and when taken in combination with CNS depressants can result in serious breathing problems.</li> <li>• Board to discuss if adding promethazine with codeine and pregabalin to the PDMP is in the best interest of the public health and safety.</li> <li>• Board will need to provide direction to board staff to write an official communication to the Oregon PDMP program requesting the addition.</li> </ul>
<b>R</b>	<p><b>Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Board discussion</li> </ul>

Board Review Date: 8/12/2022



**Oregon Board of Pharmacy**  
**Budget Report: April 2022 (Month 10)**

**Revenue:**

Through April, revenue is \$3,227,592 (-5.3%) **under** budget

**Expenditures:**

Through April, **total expenditures** are \$3,601,887 (0.9%) **under** budget

**Personal services** are \$2,608,242 (-3.6%) **over** budget

**Services and Supplies** are \$993,645 (12.0%) **under** budget

**Special Payments** are \$0 (100%) **under** budget

**Revenues less Expenditures:**    (\$374,295)

**Cash Balance:**

Cash balance through April is \$4,114,763 which represents (10.19) months of operating expense)

Note: This the above is a snap-shot of the biennium to date through April 2022. It does not include projections for the remainder of the biennium.

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**End of biennium projected cash balance** is \$4,981,149, which represents (13.21) months of operating expense\*)

**Cash balance target** is \$2,262,083, (6.0 months of operating expense)

\*Note: The end of biennium projected cash balance is calculated based on the biennium to date plus the remaining months projections for 2021-23.

<b>Oregon Board of Pharmacy</b>			
<b>Total All Funds - LAB 2021-2023</b>			
Actuals through APRIL 2022			
	LAB	ACTUAL+PROJ	VARIANCE
<b>BEGINNING CASH BALANCE</b>	<b>3,679,852</b>	<b>4,714,145</b>	<b>0.00</b>
<b>REVENUE</b>			
50 GENERAL FUND			
205 OTHER BUSINESS LICENSES	8,716,500.00	8,979,757.25	(263,257.25)
210 OTHER NONBUSINESS LICENSES AND FEES	192,995.00	277,129.25	(84,134.25)
505 FINES AND FORFEITS	410,000.00	384,875.68	25,124.32
605 INTEREST AND INVESTMENTS	131,250.00	57,139.66	74,110.34
975 OTHER REVENUE	84,335.00	59,552.31	24,782.69
<b>TOTAL REVENUE</b>	<b>9,535,080.00</b>	<b>9,758,454.15</b>	<b>(223,374.15)</b>
<b>TRANSFERS</b>			
1107 TRANSFER IN FROM DAS	-	-	-
<b>TOTAL TRANSFER IN</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
2010 TRANSFER OUT TO OTHER FUNDS	-	-	-
2443 TRANSFER OUT TO OREGON HEALTH AUTHORITY	443,120.00	443,120.00	-
<b>TOTAL TRANSFER OUT</b>	<b>443,120.00</b>	<b>443,120.00</b>	<b>0.00</b>
<b>PERSONAL SERVICES</b>			
3110 CLASS/UNCLASS SALARY & PER DIEM	4,283,003.00	4,244,398.19	38,604.81
3160 TEMPORARY APPOINTMENTS	27,306.00	-	27,306.00
3170 OVERTIME PAYMENTS	-	1,946.49	(1,946.49)
3180 SHIFT DIFFERENTIAL	-	-	-
3190 ALL OTHER DIFFERENTIAL	198,616.00	170,934.96	27,681.04
3210 ERB ASSESSMENT	1,276.00	1,245.60	30.40
3220 PUBLIC EMPLOYEES' RETIREMENT SYSTEM	760,737.00	781,373.66	(20,636.66)
3221 PENSION BOND CONTRIBUTION	236,241.00	241,676.30	(5,435.30)
3230 SOCIAL SECURITY TAX	334,236.00	329,559.32	4,676.68
3240 UNEMPLOYMENT ASSESSMENT	-	-	-
3250 WORKERS' COMPENSATION ASSESSMENT	1,012.00	948.63	63.37
3260 MASS TRANSIT	27,053.00	26,237.77	815.23
3270 FLEXIBLE BENEFITS	841,104.00	773,890.10	67,213.90
3435 Personal Services Budget Adj.	-	-	-
<b>TOTAL PERSONAL SERVICES</b>	<b>6,710,584.00</b>	<b>6,572,211.02</b>	<b>138,372.98</b>
<b>SERVICES AND SUPPLIES</b>			
4100 INSTATE TRAVEL	115,894.00	18,300.28	97,593.72
4125 OUT-OF-STATE TRAVEL	17,024.00	1,032.87	15,991.13
4150 EMPLOYEE TRAINING	22,320.00	15,097.77	7,222.23
4175 OFFICE EXPENSES	134,566.00	66,586.60	67,979.40
4200 TELECOMM/TECH SVC AND SUPPLIES	50,930.00	59,356.28	(8,426.28)
4225 STATE GOVERNMENT SERVICE CHARGES	202,541.00	202,541.00	-
4250 DATA PROCESSING	318,678.00	356,435.67	(37,757.67)
4275 PUBLICITY & PUBLICATIONS	43,329.00	14,656.38	28,672.62
4300 PROFESSIONAL SERVICES	339,713.00	239,714.22	99,998.78
4315 IT PROFESSIONAL SERVICES	134,467.00	48,830.00	85,637.00
4325 ATTORNEY GENERAL LEGAL FEES	621,835.00	553,058.88	68,776.12
4375 EMPLOYEE RECRUITMENT AND DEVELOPMENT	681.00	-	681.00
4400 DUES AND SUBSCRIPTIONS	5,418.00	3,515.00	1,903.00
4425 FACILITIES RENT & TAXES	229,042.00	270,143.19	(41,101.19)
4475 FACILITIES MAINTENANCE	55.00	1,851.13	(1,796.13)
4525 MEDICAL SUPPLIES AND SERVICES	1,202.00	1,000.00	202.00
4575 AGENCY PROGRAM RELATED SVCS & SUPP	250,479.00	194,009.97	56,469.03
4650 OTHER SERVICES AND SUPPLIES	411,285.00	403,863.72	7,421.28
4700 EXPENDABLE PROPERTY \$250-\$5000	14,108.00	10,000.00	4,108.00
4715 IT EXPENDABLE PROPERTY	45,228.00	16,126.86	29,101.14
<b>TOTAL SERVICES &amp; SUPPLIES</b>	<b>2,958,795.00</b>	<b>2,476,119.82</b>	<b>482,675.18</b>
<b>Capital Outlay</b>			
5600 DATA PROCESSING HARDWARE	8,981.00	-	8,981.00
5900 OTHER CAPITAL OUTLAY	-	-	-
<b>Total Capital Outlay</b>	<b>8,981.00</b>	<b>0.00</b>	<b>8,981.00</b>
<b>Special Payments</b>			
6085 OTHER SPECIAL PAYMENTS	12,982.00	-	12,982.00
<b>Total Special Payments</b>	<b>12,982.00</b>	<b>0.00</b>	<b>12,982.00</b>
<b>TOTAL EXPENDITURES</b>	<b>9,691,342.00</b>	<b>9,048,330.84</b>	<b>643,011.16</b>
<b>PROJECTED BIENNIAL ENDING CASH BALANCE</b>	<b>3,080,470</b>	<b>4,981,149</b>	
End of biennium projected cash balance in months		13.21	
Cash balance target of 6.0 months (working capital)		2,262,083	

**Oregon Board of Pharmacy**  
**Budget Report: May 2022 (Month 11)**

**Revenue:**

Through May, revenue is \$3,456,096 (-17.1%) **under** budget

**Expenditures:**

Through May, **total expenditures** are \$3,908,437 (12%) **under** budget

**Personal services** are \$2,867,892 (6.8%) **under** budget

**Services and Supplies** are \$1,040,545 (30.7%) **under** budget

**Special Payments** are \$0 (100%) **under** budget

**Revenues less Expenditures:**    (\$452,341)

**Cash Balance:**

Cash balance through May is \$4,049,283 which represents (10.03) months of operating expense)

Note: This the above is a snap-shot of the biennium to date through May 2022. It does not include projections for the remainder of the biennium.

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**End of biennium projected cash balance** is \$4,962,103, which represents (13.27) months of operating expense\*)

**Cash balance target** is \$2,242,764, (6.0 months of operating expense)

\*Note: The end of biennium projected cash balance is calculated based on the biennium to date plus the remaining months projections for 2021-23.

<b>Oregon Board of Pharmacy</b>			
<b>Total All Funds - LAB 2021-2023</b>			
Actuals through MAY 2022			
	LAB	ACTUAL+PROJ	VARIANCE
<b>BEGINNING CASH BALANCE</b>	<b>3,679,852</b>	<b>4,714,145</b>	<b>0.00</b>
<b>REVENUE</b>			
50 GENERAL FUND			
205 OTHER BUSINESS LICENSES	8,716,500.00	8,880,235.25	(163,735.25)
210 OTHER NONBUSINESS LICENSES AND FEES	192,995.00	283,871.75	(90,876.75)
505 FINES AND FORFEITS	410,000.00	381,363.18	28,636.82
605 INTEREST AND INVESTMENTS	131,250.00	57,690.65	73,559.35
975 OTHER REVENUE	84,335.00	58,972.31	25,362.69
<b>TOTAL REVENUE</b>	<b>9,535,080.00</b>	<b>9,662,133.14</b>	<b>(127,053.14)</b>
<b>TRANSFERS</b>			
1107 TRANSFER IN FROM DAS	-	-	-
<b>TOTAL TRANSFER IN</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
2010 TRANSFER OUT TO OTHER FUNDS	-	-	-
2443 TRANSFER OUT TO OREGON HEALTH AUTHORITY	443,120.00	443,120.00	-
<b>TOTAL TRANSFER OUT</b>	<b>443,120.00</b>	<b>443,120.00</b>	<b>0.00</b>
<b>PERSONAL SERVICES</b>			
3110 CLASS/UNCLASS SALARY & PER DIEM	4,283,003.00	4,211,165.12	71,837.88
3160 TEMPORARY APPOINTMENTS	27,306.00	-	27,306.00
3170 OVERTIME PAYMENTS	-	3,583.77	(3,583.77)
3180 SHIFT DIFFERENTIAL	-	-	-
3190 ALL OTHER DIFFERENTIAL	198,616.00	171,719.96	26,896.04
3210 ERB ASSESSMENT	1,276.00	1,243.20	32.80
3220 PUBLIC EMPLOYEES' RETIREMENT SYSTEM	760,737.00	773,477.00	(12,740.00)
3221 PENSION BOND CONTRIBUTION	236,241.00	239,580.83	(3,339.83)
3230 SOCIAL SECURITY TAX	334,236.00	326,567.10	7,668.90
3240 UNEMPLOYMENT ASSESSMENT	-	86.40	(86.40)
3250 WORKERS' COMPENSATION ASSESSMENT	1,012.00	942.73	69.27
3260 MASS TRANSIT	27,053.00	26,020.85	1,032.15
3270 FLEXIBLE BENEFITS	841,104.00	770,806.21	70,297.79
3435 Personal Services Budget Adj.	-	-	-
<b>TOTAL PERSONAL SERVICES</b>	<b>6,710,584.00</b>	<b>6,525,193.17</b>	<b>185,390.83</b>
<b>SERVICES AND SUPPLIES</b>			
4100 INSTATE TRAVEL	115,894.00	18,132.28	97,761.72
4125 OUT-OF-STATE TRAVEL	17,024.00	1,032.87	15,991.13
4150 EMPLOYEE TRAINING	22,320.00	15,097.77	7,222.23
4175 OFFICE EXPENSES	134,566.00	71,518.65	63,047.35
4200 TELECOMM/TECH SVC AND SUPPLIES	50,930.00	57,635.69	(6,705.69)
4225 STATE GOVERNMENT SERVICE CHARGES	202,541.00	202,541.00	-
4250 DATA PROCESSING	318,678.00	354,020.71	(35,342.71)
4275 PUBLICITY & PUBLICATIONS	43,329.00	13,956.38	29,372.62
4300 PROFESSIONAL SERVICES	339,713.00	231,754.02	107,958.98
4315 IT PROFESSIONAL SERVICES	134,467.00	48,830.00	85,637.00
4325 ATTORNEY GENERAL LEGAL FEES	621,835.00	528,058.88	93,776.12
4375 EMPLOYEE RECRUITMENT AND DEVELOPMENT	681.00	-	681.00
4400 DUES AND SUBSCRIPTIONS	5,418.00	3,315.00	2,103.00
4425 FACILITIES RENT & TAXES	229,042.00	270,143.19	(41,101.19)
4475 FACILITIES MAINTENANCE	55.00	1,851.13	(1,796.13)
4525 MEDICAL SUPPLIES AND SERVICES	1,202.00	1,000.00	202.00
4575 AGENCY PROGRAM RELATED SVCS & SUPP	250,479.00	198,398.11	52,080.89
4650 OTHER SERVICES AND SUPPLIES	411,285.00	402,902.98	8,382.02
4700 EXPENDABLE PROPERTY \$250-\$5000	14,108.00	10,000.00	4,108.00
4715 IT EXPENDABLE PROPERTY	45,228.00	15,673.24	29,554.76
<b>TOTAL SERVICES &amp; SUPPLIES</b>	<b>2,958,795.00</b>	<b>2,445,861.90</b>	<b>512,933.10</b>
<b>Capital Outlay</b>			
5600 DATA PROCESSING HARDWARE	8,981.00	-	8,981.00
5900 OTHER CAPITAL OUTLAY	-	-	-
<b>Total Capital Outlay</b>	<b>8,981.00</b>	<b>0.00</b>	<b>8,981.00</b>
<b>Special Payments</b>			
6085 OTHER SPECIAL PAYMENTS	12,982.00	-	12,982.00
<b>Total Special Payments</b>	<b>12,982.00</b>	<b>0.00</b>	<b>12,982.00</b>
<b>TOTAL EXPENDITURES</b>	<b>9,691,342.00</b>	<b>8,971,055.07</b>	<b>720,286.93</b>
<b>PROJECTED BIENNIAL ENDING CASH BALANCE</b>	<b>3,080,470</b>	<b>4,962,103</b>	
End of biennium projected cash balance in months		13.27	
Cash balance target of 6.0 months (working capital)		2,242,764	



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Office for Civil Rights**

**Guidance to Nation’s Retail Pharmacies: Obligations under Federal Civil Rights Laws to Ensure Access to Comprehensive Reproductive Health Care Services**

Pharmacies—and the pharmacists they employ—play a critical role in the American health care system. This has never been more apparent than the efforts taken to administer vaccines during the COVID-19 pandemic, for which your continued partnership has been crucial.<sup>1</sup> As our nation faces another significant health care crisis, this guidance is to remind the roughly 60,000 retail pharmacies in the United States<sup>2</sup> of the unique role pharmacies play in ensuring access to comprehensive reproductive health care services. This guidance covers the nondiscrimination obligations of pharmacies under federal civil rights laws.

Under Section 1557 of the Affordable Care Act (Section 1557), 42 U.S.C. § 18116, and its implementing regulation, 45 C.F.R. part 92, recipients of federal financial assistance are prohibited from excluding an individual from participation in, denying them the benefits of, or otherwise subjecting them to discrimination on the basis of sex and disability, among other bases, in their health programs and activities.<sup>3</sup> Under Section 504 of the Rehabilitation Act of 1973 (Section 504), 29 U.S.C. 794, recipients of federal financial assistance are prohibited from discriminating in all programs and activities, on the basis of disability. Pharmacies, therefore, may not discriminate against pharmacy customers on the bases prohibited by Section 1557 and Section 504—including with regard to supplying medications; making determinations regarding the suitability of a prescribed medication for a patient; or advising patients about medications and how to take them.

The United States has the highest maternal mortality rate among developed nations; though most maternal deaths in the United States are preventable, they have been rising over the last two decades.<sup>4</sup> Maternal deaths are especially high among Black women and Native American

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<sup>1</sup> See, e.g., *The Federal Retail Pharmacy Program for COVID-19 Vaccination*, U.S. Dep’t of Health & Human Servs., Ctrs. for Disease Control & Prevention (last updated June 24, 2022), <https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html>.

<sup>2</sup> IQVIA, *U.S. National Pharmacy Market Summary 2021: Market Insights Report* (2021), [https://www.onekeydata.com/downloads/reports/2021\\_US\\_Pharmacy\\_Market\\_Report.pdf](https://www.onekeydata.com/downloads/reports/2021_US_Pharmacy_Market_Report.pdf).

<sup>3</sup> Covered entities should also note that Title IX of the Education Amendments of 1972 (Title IX), 20 U.S.C. § 1681 *et seq.*, prohibits discrimination on the basis of sex in education programs and activities of recipients of federal financial assistance. Pharmacies that are affiliated with a covered education program or activity are also subject to Title IX nondiscrimination requirements. See also 45 C.F.R. part 86 (HHS Title IX implementing regulations).

<sup>4</sup> Roosa Tikkanen et al., *Issue Brief: Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries*, Commonwealth Fund (Nov. 18, 2020),

women—regardless of their income or education levels.<sup>5</sup> The Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization*, No. 19-1392, 2022 WL 2276808 (U.S. June 24, 2022), will exacerbate these inequities and disparities for women across the country. Further, the early loss of pregnancy (before 13 completed weeks) is extremely common, experienced by about 10 percent of those who know they are pregnant.<sup>6</sup> The Department is committed to improving maternal health—including for individuals who experience miscarriages—and vigorous enforcement of our civil rights laws is one way in which we plan to do so.

Pharmacies are often the most accessible health care provider for millions of Americans, with most Americans living within five miles of a pharmacy.<sup>7</sup> It is estimated that more than 131 million people (66 percent of adults) in the United States use prescription medication,<sup>8</sup> and therefore come into contact with pharmacies. Of the 7.6 billion retail prescription drugs filled by pharmacies in 2019, 44 percent were paid for either by Medicare or Medicaid health coverage.<sup>9</sup> As recipients of federal financial assistance, including Medicare and Medicaid payments, pharmacies are prohibited from discriminating on the basis of race, color, national origin, sex, age, and disability in their programs and activities under a range of federal civil rights laws.

Among its civil rights enforcement responsibilities, the Department of Health and Human Services’ (HHS or Department) Office for Civil Rights (OCR) is responsible for protecting the rights of women and pregnant people in their ability to access care that is free from discrimination. This includes their ability to access reproductive health care, including prescription medication from their pharmacy, free from discrimination. A recent study by the Centers for Disease Control and Prevention showed that nearly 25 percent of women aged 15–49 in the United States who use contraception use some form of prescribed method (e.g., oral contraception pill, contraceptive ring).<sup>10</sup>

Furthermore, discrimination against pregnant people on the basis of their pregnancy or related conditions (examples below) is a form of sex discrimination. Such discrimination can have significant health consequences from denial of medication or treatment which can have negative health impacts on a patient. Under federal civil rights law, pregnancy discrimination

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<https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>.

<sup>5</sup> Emily Petersen et al., *Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016*, 68 *Morbidity & Mortality Wkly. Rep.* 762 (2019), <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6835a3-H.pdf>.

<sup>6</sup> *FAQs: Early Pregnancy Loss*, Am. Coll. of Obstetricians & Gynecologists (last updated Jan. 2022), <https://www.acog.org/womens-health/faqs/early-pregnancy-loss>.

<sup>7</sup> *Federal Retail Pharmacy Program*, U.S. Dep’t of Health & Human Servs., Ctrs. for Disease Control & Prevention (last updated June 24, 2022), <https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html>.

<sup>8</sup> *Prescription Drugs*, Georgetown Univ., Health Pol’y Inst., <https://hpi.georgetown.edu/rxdrugs> (last visited June 29, 2022).

<sup>9</sup> *Number of Retail Prescription Drugs Filled at Pharmacies by Payer*, Kaiser Fam. Found., <https://www.kff.org/health-costs/state-indicator/total-retail-rx-drugs/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D> (last visited June 29, 2022).

<sup>10</sup> Kimberly Daniels & Joyce C. Abma, U.S. Dep’t of Health & Human Servs., Ctrs. for Disease Control & Prevention, Nat’l Ctr. for Health Stats., *Data Brief: Current Contraceptive Status Among Women Aged 15-49: United States, 2015-2017* (2018), <https://www.cdc.gov/nchs/data/databriefs/db327-h.pdf>.

includes discrimination based on current pregnancy, past pregnancy, potential or intended pregnancy, and medical conditions related to pregnancy or childbirth.<sup>11</sup>

### Examples:

- An individual experiences an early pregnancy loss (first-trimester miscarriage) and their health care provider prescribes pretreatment with mifepristone followed by treatment with misoprostol to assist with the passing of the miscarriage.<sup>12</sup> If a pharmacy refuses to fill the individual's prescription—including medications needed to manage a miscarriage or complications from pregnancy loss, because these medications can also be used to terminate a pregnancy—the pharmacy may be discriminating on the basis of sex.
- An individual experiences severe and chronic stomach ulcers, such that their condition meets the definition of a disability under civil rights laws. Their gastroenterologist prescribes misoprostol to decrease risk of serious complications associated with ulcers. If the pharmacy refuses to fill the individual's prescription or does not stock misoprostol because of its alternate uses, it may be discriminating on the basis of disability.
- An individual with a bleeding disorder is scheduled for a surgical abortion and their health care provider prescribes hemoglobin or hematocrit to reduce the risk of hemorrhage after the procedure. If a pharmacy refuses to fill the individual's prescription because it becomes aware that the medication is being taken as a life-saving preventive measure related to a scheduled surgical abortion, the pharmacy may be discriminating on the basis of sex.
- An individual presents to a hospital emergency department with chills, fever, and vaginal bleeding. The treating physician diagnoses a miscarriage complicated by a uterine infection (known medically as a septic abortion) and orders an antibiotic. If the hospital pharmacy refuses to provide the antibiotic required for treatment because of concern that subsequent care may include uterine evacuation (via medical or surgical abortion), the pharmacy may be discriminating on the basis of sex.
- An individual who has been undergoing fertility treatments receives a positive pregnancy test. After the individual expresses concern with symptoms associated with an ectopic pregnancy,<sup>13</sup> their medical provider performs an ultrasound to determine where the pregnancy is developing. The ultrasound indicates the fertilized egg is growing in a fallopian tube. The medical provider orders methotrexate to halt the pregnancy. If a pharmacy refuses

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<sup>11</sup> Covered entities should also note that, while pregnancy itself is not a disability, medical issues resulting from pregnancy can qualify as a disability under Section 504 of the Rehabilitation Act of 1973 (Section 504), 29 U.S.C. § 794, which prohibits discrimination on the basis of disability in programs and activities of recipients of federal financial assistance. *Webster v. U.S. Dep't of Energy*, 267 F. Supp. 3d 246, 267 (D.D.C. 2017).

<sup>12</sup> Am. Coll. of Obstetricians and Gynecologists, *Practice Bulletin: Pregnancy Loss* (2018), <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2018/11/early-pregnancy-loss>.

<sup>13</sup> An ectopic pregnancy is a pregnancy that occurs when fertilized egg grows outside of the uterus. *FAQs: Ectopic Pregnancy*, Am. Coll. of Obstetricians and Gynecologists (last updated Feb. 2018), <https://www.acog.org/womens-health/faqs/ectopic-pregnancy>.



to fill the prescription because it will halt the growing of cells and end the pregnancy, it may be discriminating on the basis of sex.

- An individual with rheumatoid arthritis, such that their condition meets the definition of a disability under civil rights laws, is prescribed methotrexate by their physician's assistant as a standard immunosuppressive treatment. If the pharmacy refuses to fill the individual's prescription or does not stock methotrexate because of its alternate uses, it may be discriminating on the basis of disability.
- An individual presents a prescription for an emergency contraceptive at their local pharmacy after a sexual assault to prevent pregnancy. If the pharmacy otherwise provides contraceptives (e.g., external and internal condoms) but refuses to fill the emergency contraceptive prescription because it can prevent ovulation or block fertilization, the pharmacy may be discriminating on the basis of sex.
- An individual's health care provider sends the individual's prescription for hormonal contraception (e.g., oral contraceptive pill, emergency contraception, a patch placed on the skin, a contraceptive ring, or any other FDA-approved contraceptive product) to a pharmacy. If the pharmacy otherwise provides contraceptives (e.g., external and internal condoms) but refuses to fill a certain type of contraceptive because it may prevent a pregnancy, the pharmacy may be discriminating on the basis of sex.

In addition to the aforementioned civil rights laws, OCR also enforces the Church Amendments, codified at 42 U.S.C. § 300a-7, which protect health care personnel from discrimination related to their employment because they refused to perform or assist in the performance of abortion or sterilization because of their religious beliefs or moral convictions. It also protects health care personnel from discrimination related to their employment because they performed or assisted in the performance of abortion or sterilization. This guidance does not address how the Church Amendments would apply in a given case. OCR will evaluate and apply the Church Amendments on a case-by-case basis. To learn more about OCR's enforcement of this statutory protection, see HHS's Guidance on Nondiscrimination Protections under the Church Amendments.

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