Oregon Board of Pharmacy
BOARD MEETING AGENDA
Meeting Location: Conference Call
June 9-10, 2021

Public Attendance by Phone: 877-873-8017 Participant code: 139360#

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, June 9, 2021 @ 8:30AM
Thursday, June 10, 2021 @ 8:30AM

Due to the COVID-19 State of Emergency and Governor Brown's Executive Order 21-10, the Board will meet via teleconference and the public may attend by phone.

- All Board meetings except Executive Session 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 Karen MacLean by **12:00PM on 6/9/2021**.

≈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 Karen MacLean or by calling 971-673-0001 with at least 48 hours' notice. ≈

WEDNESDAY, June 9, 2021

I. OPEN SESSION, Shannon Beaman RPh, Presiding
- a. Roll Call
- b. Agenda Review and Approval *Action Necessary*

PUBLIC COMMENT –

- There will be an opportunity for public comment
- The Board will not deliberate any issues or requests during Public Comment such as formal requests, issues currently under investigation or requests pending before the Board
- To sign-up to provide public comment, email Karen MacLean by **12:00PM on 6/9/2021**

II. EXECUTIVE SESSION – NOT OPEN TO THE PUBLIC, pursuant to ORS 676.165, ORS 676.175, ORS 192.660 (1)(2)(f)(L).
- a. Legal Advice pursuant to ORS 192.660(2)(f)

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.
- a. New Compliance Officer, Erin Richmond
- b. New Board Member, Richard Joyce

IV. GENERAL ADMINISTRATION

a. Rules

i. Review Rulemaking Hearing Report & Comments – *Melvin* ***#A***

ii. Consider Adoption of Rules

1.	Div 001/041 – Procedural Rules **#B**	*Action Necessary*
2.	Div 006/050 – Definitions **#B1**	*Action Necessary*
3.	Div 007 - Public Health Emergency **#B2**	*Action Necessary*
4.	Div 019/021/025/031- Cultural Competency CE **#B3**	*Action Necessary*
5.	Div 041 – Operation of a Pharmacy (Epinephrine) **#B4**	*Action Necessary*
6.	Div 041/043/044 Limited English Proficiency (LEP) **#B5**	*Action Necessary*
7.	Div 041- Drug Take Back **#B6**	*Action Necessary*
8.	Div 020 – Pharmacist Prescriptive Authority **#B7**	*Action Necessary*
9.	Draft Protocols	
10.	Div 080 – Controlled Substances **#B8**	*Action Necessary*
11.	Div 110 – Fees **#B9**	*Action Necessary*

iii. Consider Adoption of Temporary Rules – none

iv. Rulemaking Policy Discussion Items –

1. Div 006/007/041/065 USP, Labeling, Drug Storage, Repackaging – *Davis* **#C**

v. Rules Advisory Committee Update – *Davis*

b. Appearance – Oregon Veterinary Medical Examining Board (OVMEB) approx. 12:00PM – *Efremoff* **#D-D1**

b. Discussion Items:

vi. FDA – Memorandum of Understanding – *Schnabel* **#1**
vii. PharmCon Contraception CE Program Review - *Davis*
viii. Public Health and Pharmacy Formulary Advisory Committee – None
ix. COVID-19 Update – *Schnabel*
x. Strategic Plan Update – *Schnabel*
- Technicians
- Technology
- Licensing
- Regulation
- Communication

xi. Legislative Update – *Schnabel*

1. HB/SB Activity Report – *Schnabel*

xii. Financial/Budget Report – *MacLean* #**E-E2**

V. ANNUAL BOARD BUSINESS MEETING

i. Update on Board appointments/reappointments – *Schnabel*

1. Shannon Beaman, Pharmacist reappointment
2. Richard Joyce, Technician appointment

ii. Election of New Officers - *Schnabel* *Action Necessary*

iii. Review other Committee/Council appointments – *MacLean* **#E3**

1. Council on Naturopathic Physicians Formulary **#E3a-E4** *Action Necessary*
2. Rural Health Coordinating Council **#E5-E8** *Action Necessary*

iv. Approval of ACPE Accredited schools & colleges of pharmacy – *Davis* **#F** *Action Necessary*

1. Approval of ACPE Accredited providers of continuing education – *Davis* *Action Necessary*

2. Bd. Best Practices Key Performance Measure review – *MacLean* **#G** *Action Necessary*

3. Recognition of outgoing Board Member Tim Logan – *Beaman*

VI. ISSUES AND ACTIVITIES* (*Items in this section may occur anytime during the meeting as time allows*)

i. Reports:

1. Board President/Members
2. Executive Director
3. Compliance Director
4. Administrative Director
5. Licensing Manager
6. Pharmacist Consultant
7. Operations Policy Analyst
8. Office Manager

ii. Board Meeting Dates

- August 11-13, 2021* Portland
- October 13-14, 2021 Portland
- November 17-18, 2021 Portland (Strategic Planning)
- December 8-9, 2021 Portland

2022 Board Meeting Dates

- February 9-11, 2022* Portland
- April 13-14, 2022 Portland
- June 8-9, 2022 Portland
- August 10-12, 2022* Portland
- October 12-13, 2022 Portland
- November 9-10, 2022 TBA (Strategic Planning)
- December 14-15, 2022 Portland

*Note: 3-day meeting

iii. 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 23, 2021
- May 24, 2022
- November 22, 2022

iv. Conferences/Meetings - *Schnabel*

PAST MEETINGS

1. OSHP Annual Seminar (virtual) – April 29, 2021
   Staff member Davis and staff member Schnabel presented a law update for the OSHP Annual Seminar.
2. 117th annual NABP Meeting (virtual) – May 13-14,2021
   Board member Ayoub was the delegate, and staff member Schnabel was the alternate.

FUTURE MEETINGS

1. District 6/7/8 NABP Meeting (Carefree, AZ) – August 29 - September 1, 2021
2. OSPA Annual Meeting (Portland, OR) – October 2, 2021

VII. 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. NAPLEX Scores - None
b. MPJE Scores – None
c. License/Registration Ratification March 23, 2021- May 31, 2021 **# CONSENT – 1**
d. Board Meeting Minutes – April 7-8, 2021 **# CONSENT – 2**
e. Pharmacy Technician Extensions – March 26, 2021-May 31, 2021 **# CONSENT – 3**

PUBLIC COMMENT –

- The Board will not deliberate any issues or requests during Public Comment such as formal requests, issues currently under investigation or requests pending before the Board.

Adjourn *Action Necessary*

THURSDAY, June 10, 2021

I. OPEN SESSION, Shannon Beaman RPh, Presiding
   d. Roll Call

II. EXECUTIVE SESSION – NOT OPEN TO THE PUBLIC, pursuant to ORS 676.165, ORS 676.175, ORS 192.660 (1)(2)(f)(L).
   a. Deliberation on Disciplinary Cases and Investigations

III. CONTESTED CASE DELIBERATION – NOT OPEN TO THE PUBLIC pursuant to ORS 192.690(1)

IV. EXECUTIVE SESSION – NOT OPEN TO THE PUBLIC, pursuant to ORS 192.660(2)(i) for Employee Performance Review.

V. OPEN SESSION – PUBLIC MAY ATTEND (resume approx. @4:00PM)

Motions related to Disciplinary Actions – *Efremoff* *Action Necessary*

Adjourn *Action Necessary*

Oregon
Kate Brown, Governor

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

Date: May 27, 2021
To: Oregon Board of Pharmacy
From: Rachel Melvin, Hearings Officer

Subject: Hearings Officer's Report on Rulemaking Hearing

Hearing Date: May 26, 2021

Hearing Location: Conference Call due to Public Health Emergency

Title of Proposed Rules:

- Division 001 – Procedural Rules
- Division 006/050 - Definitions
- Division 007 – Intern ratio
- Divisions 019/021/025/031 – Cultural Competency CE
- Division 041- Epinephrine
- Division 041/043/044 – Limited English Proficiency (LEP) Informational Insert
- Division 041 - Drug Take Back
- Division 020 – Pharmacist Prescriptive Authority – Protocols
- Division 080 – Controlled Substances
- Division 110 – related to Fees

The rulemaking hearing on the proposed rules was convened at 9:30AM. There were three oral comments provided during the hearing and eight written comments were submitted to pharmacy.rulemaking@oregon.gov. The hearing adjourned at 10:27AM. The hearing was recorded, and copies of the proposed rules were available for attendees via the board website.

The following Board members participated via teleconference included Board President Beaman, Board Vice President Ayoub, Board members DeBarmore, Murray, and Vipperman.

Board staff members, Schnabel, Davis and MacLean.

Summary of Oral Testimony

RULES PROPOSED: Proactive Procedural Rule Review
AMEND: 855-001-0040, 855-041-1160, 855-041-6220

No comments.

RULES PROPOSED: Definitions
AMEND: 855-006-0005
REPEAL: 855-050-0035, 855-050-0045, 855-050-0070

No comments.

RULES PROPOSED: Public Health Emergency (Intern ratio)
AMEND: 855-007-0080

No comments.

RULES PROPOSED: Cultural Competency CE
AMEND: 855-019-0122, 855-019-0170, 855-019-0205, 855-019-0300, 855-021-0005, 855-021-0010, 855-021-0045, 855-021-0050, 855-025-0015, 855-025-0020, 855-025-0060, 855-031-0005, 855-031-0010, 855-031-0020

ADOPT: 855-021-0001, 855-021-0007, 855-021-0009, 855-031-0016

REPEAL: 855-021-0016, 855-021-0025, 855-021-0030,855-021-0055

No comments.

RULES PROPOSED: Epinephrine
AMEND: 855-041-2320

No comments.

RULES PROPOSED: Limited English Proficiency (LEP) Informational Insert
AMEND: 855-041-1001, 855-041-1132, 855-043-0002, 855-043-0436, 855-043-0541, 855-044-0005, 855-044-0061

Kristen Beiers-Jones, RN OHSU
State that pharmacists should do everything they can to improve patient safety and that the proposed rule will not clarify. She stated that she did not know what "Reasonably fit" means and is concerned pharmacists will choose to use insert vs. labels. She stated that insert is not nearly as safe and that real estate on container is at a premium. Flagging, fold over labels, and bigger bottles are an option and supplemental insert cannot be a substitute for labels. Stated that she wants "if it fits on bottle in English, then it should fit on the bottle in the patient's language.

Cheryl Coon, RAC Member
Stated that the proposed rules conflict with the language of the statute. Not permissible under Oregon law. Legislation was clear that informational insert may only be in addition to the label and that there was extensive testimony- conclusion of sponsors was that using informational

insert. There is a process where there are so many instructions that this would need to be worked out ORS 689.505 provision that says that labeling requirements may be changed or an exemption and must be done by special permit. Clear standard in best interest of public health and safety. Pharmacists should not be able to make personal conclusion that the directions will not fit on the label.

Sophie Krensky- nursing student at OHSU
Stated that completely appropriate for a complex titration regimen and reasonable is subjective- since these rules have a cost burden then pharmacy would utilize insert in lieu of a dual language label. Translated labels and dual translated labels are the standard/expectation.

RULES PROPOSED: Drug Take Back
AMEND: 855-041-1045, 855-041-1046

No comments.

RULES PROPOSED: Pharmacist Prescriptive Authority – Protocols
AMEND: 855-020-0110, 855-020-0120, 855-020-0200, 855-020-0300

No comments.

RULES PROPOSED: Controlled Substances
AMEND: 855-080-0015, 855-080-0020, 855-080-0021, 855-080-0022, 855-080-0023, 855-080-0024, 855-080-0026, 855- 080-0028, 855-080-0031, 855-080-0065, 855-080-0070, 855-080-0075, 855-080-0080, 855-080-0085

ADOPT: 855-080-0041

REPEAL: 855-080-0050, 855-080-0055, 855-080-0095, 855-080-0105

No comments.

RULES PROPOSED: Fees
AMEND: 855-110-0005, 855-110-0007

No comments.

All written comments received by the public comment deadline date of 5/26/2021 at 4:30PM **have been provided in their entirety** to the Board. Comments were received in response to the April 16, 2021 Notice of Proposed Rulemaking (sent via email, and USPS mail to all Rulemaking interested parties as well as posted on the Board's website).

CVSHealth

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

May 24, 2021

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

Re: Proposed Rules of Division 001 Related to Procedural Rules

Dear Executive Director Schnabel:

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

CVS Health has concerns with this rule as currently proposed. We request the language be amended to require photographs and recordings be kept to the minimum necessary for investigations and that personal identifying information (PII) and protected health information (PHI) only be recorded if required for a specific investigation. An additional concern is the lack of exclusion for Patient Safety Work Product (PSWP), which includes patient safety event reports. CVS Health, and many other pharmacies, report through an Agency for Healthcare Research and Quality listed Patient Safety Organization (PSO) to enhance the patient safety and quality improvement activities. Confidentiality and privilege protections are provided for patient safety and quality improvement information through the Patient Safety Quality Improvement Act of 2005 (Patient Safety Act). We additionally request exceptions for this information to not be photographed, recorded or required to be produced upon inspection. Furthermore, we request language be added to not allow personal devices of the Compliance Officer be used for video and audio recording. Finally, we ask the Board to add language, in accordance with the NABP Model Act, Section 16, that requires Compliance Officers to secure photographs and recordings taken during the inspection as confidential and privileged. Without this proposed revision, proprietary information that may be copied or recorded during an inspection may be subject to a public records request.

Suggested Language
855-001-0040
Inspections

(2) The Compliance Officer is authorized and must be permitted to perform the following to determine compliance with ORS 475, ORS 689, and OAR 855 and board orders including, but not limited to,
(a) Inspecting conditions, structures, equipment, materials, and methods for compliance;
(b) Inspecting all drugs and devices;
(c) Taking photographs, recording video and audio if:
(A) Photographs and recordings are kept to the minimum necessary for all investigations;
(B) Personal identifying information or protected health information are only obtained when required for a specific investigation;
(C) All patient safety work product, including patient safety event reports, that are protected under the Patient Safety Quality Improvement Act of 2005 are not photographed or recorded;
(D) Personal devices of the Compliance Officer are not used; and

CVSHealth

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

(E) All photographs and recordings are securely stored remaining confidential and privileged.;
(d) Reviewing, verifying and making copies of records and documents required by ORS 475, ORS 689 and OAR 855

(4) All licensees and employees must fully comply and cooperate with all questions and requests made by the Compliance Officer at the time of inspection, except for those related to Patient Safety Work Product protected under the Patient Safety Quality Improvement Act of 2005.

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

Sincerely,

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

From:	Sandra Guckian
To:	PHARMACY RULEMAKING * BOP
Subject:	Comments on Changes to Rule: 855-007-0080
Date:	Friday, May 21, 2021 6:52:54 AM

Dear Rachel:

NACDS is in support of the proposed amendments to 855-007-0080 – Emergency Immunization and Drug Distribution that will allow immunizing pharmacists to supervise additional interns at immunization clinics. We agree that allowing immunizing pharmacists to supervise as many Oregon-licensed immunizing interns that a pharmacist determines, in their own professional judgment, will increase the number of individuals being vaccinated and maintain public health and safety.

Thank you for your consideration of our comments. If you have questions, please do not hesitate to contact me.

Kind regards,
Sandra

Sandra Kay Guckian, IOM, MS, RPh
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www.facebook.com/NACDS.org
www.twitter.com/@NACDS

4/22/2021

Testimony regarding:

Removes limitation on epinephrine dispensed to an entity

855-041-2320 Epinephrine

I am writing on behalf of myself (RPh 7034), as well as Consonus Pharmacy. We are very thankful that the Board is considering removal of the quantity limit on dispensing of epinephrine under this rule. This is a big step forward, but leaves challenges for the future. While we are in favor of the proposed changes, we feel that they don't go far enough to support long term care pharmacy and patients.

Here are some challenges that we face as long term care pharmacies:

1) RCF/ALF facilities are not licensed to have e-kits.
2) ALFs do have to have licensed staff, though not as much as a nursing home.
3) The OHA class for "trainees" is a classroom class (at least that's what it says on the webpage). It seems onerous to require a nurse or other professional already trained to give injections to attend an in-person class as if they weren't trained.
4) The online class is only for those who wish to help administer an epi-pen to a patient that already has a prescription for one.
5) In phase 1 of COVID vaccination we had dentists, EMTs and nurses helping out with vaccinations in ALFs.
6) The current OBOP rules are really for non-licensed people, not for dentists, EMTs and nurses.
7) ALF/RCF facilities do not have a house physician, so it is difficult to get a prescription written for the facility to have epi-pens.
8) ALF/RCF facilities would fall under the "entities" classification for the rule, but this requires that there be a prescription.

OHA has recently created a protocol that solves #7 above, but it may revoke the protocol when the pandemic emergency is over. This will leave us unable to provide epinephrine auto-injectors to RCF/ALF facilities because of the prescription requirement for us to dispense to an "entity". It is likely that COVID vaccination will need to continue, but we won't be able to provide the most important anaphylaxis medication.

What we are hoping to accomplish would be to get an OBOP rule that would do the following:

1) Waive the training requirement for anyone that is already able to give shots.
2) Since vaccinating in long term care is related to a specific facility, the pharmacy would be able to dispense to the facility, not to an individual nurse/dentist/EMT, etc. This is currently allowed, but it requires a prescription. This requirement is currently met by the OHA protocol, but it is likely limited in duration.

Thank you

Eric Lintner, RPh, BCPS

Testimony for Rulemaking Ch 855
May 26, 2021

Members of the Board of Pharmacy
Executive Director Joe Schnabel, Oregon Board of Pharmacy

Dear Board Members and Director Schnabel,

Thank you for the opportunity to comment on proposed rules to implement SB 698 (2019), now codified at ORS 689.564. I was pleased to serve as a member of the Board's RAC on this rulemaking. During 44 years of legal practice, I served for a decade as a Senior Assistant Attorney General in the Oregon Department of Justice, advising state agencies on, among other matters, rulemaking, and legislative interpretation. I am also part of the small group of proponents for SB 698 who worked closely with Senator Monnes Anderson, Rep. Alonso Leon and Rep. Mitch Greenlick on the bill that ultimately was passed.

The Board's rulemaking notice of April 16, 2021, states that the proposed rules are needed to "clarify the definition and requirements for an informational insert when applicable for prescription drugs dispensed directly to Limited English Proficiency (LEP) patients." The Board's draft meeting minutes (April 2021) state that "It appears that the intent [of SB 698] was to allow information inserts in specific situations, such as when directions for use were lengthy and could not fit on the container label."
Draft Minutes, p. 12.

ISSUE RAISED BY THE PROPOSED RULES

Does the Board have authority to promulgate a broad rule to permit the use of informational inserts instead of translated labels for instructions for the safe administration of prescription drugs?

DISCUSSION

I. The Board lacks authority to allow the use of informational inserts, instead of translated labels, based on a standard that instructions "will not reasonably fit on the label."

A. The statute is clear that informational inserts may be added to but may not be substituted for, translated labels.

The Legislature's intent, that informational inserts may be added but cannot serve as a substitute for translated labels, is clearly articulated in ORS 689.564, which provides:

(1) The State Board of Pharmacy shall adopt rules to require that, if a patient is of limited English proficiency and the prescribing practitioner, patient or an authorized representative of the patient so requests, a prescription drug dispensed by a pharmacy

bear a label in both English and in the language requested **and**, if authorized by the board by rule, include an informational insert in both English and the language requested. The rules adopted under this section must:
…

(c) Determine for which prescription drugs it is appropriate to include an informational insert **in addition** to the label. In adopting rules under this paragraph, the board shall consider the complexity and length of the directions for use of the prescription drug." (Emphasis added.)

ORS 689.564 authorizes the Board to determine when it is appropriate to include an informational insert in addition to the label; nothing in the law permits the Board to allow information inserts in place of labels, regardless of the complexity or length of the directions for use. It is, of course, well-accepted that administrative rules may not conflict with statute. *Planned Parenthood Assoc. v. Department of Human Resources*, 297 Ore. 562, 574 (1984).[1]

B. Legislative history does not support the use of informational inserts as an alternative to translated labels

Although the law is clear on its face, it is also noteworthy that informational inserts, in place of translated labels, is an issue that was extensively discussed during the negotiations and hearings on SB 698. Some folks advocated for informational inserts rather than translated labels, but the Oregon Legislature ultimately concluded that informational inserts were not a substitute for placing the key information directly on the label itself, both in English and in a language the patient could read. The legislative history of the law on this specific issue includes the following:

Rep. Alonso Leon, the primary House sponsor, testified and submitted a table, in which she stated explained legislative intent generally as well as the -3 amendment that was incorporated into the final legislation:

"We know that some medications directions are lengthy, and the instructions are currently provided separately, in those cases the translation **can also be** in supplemental materials as determined by the Board of Pharmacy." (Emphasis added). Testimony and submission of Rep. Alonso Leon.

[1] In *Planned Parenthood*, the Department of Human Resources tried to impose limitations on state-funded abortions based on factors other than those listed in the statute. The Oregon Supreme Court held "… the Division's authority to determine the types and extent of medical services to be made available in the program is limited by the policies expressed in the enabling act. That statute states explicitly that the aim of the program is to provide services on the basis of need to individuals in the program and directs how need is to be determined. Under ORS 414.042(1) the only factors to be considered in determining such need are the requirements and needs of the individual, his or her income, the responsibility of his or her spouse, parent or guardian and individual circumstances. The rule at issue here is inconsistent with that directive. It arbitrarily limits the number of elective abortions a woman in the program may receive without regard to any of the factors that the enabling legislation requires the Division to consider. We, therefore, declare the rule to be invalid as being outside the authority of the Division."

Rep. Alonso Leon clearly intended to make sure that it was well-understood that, unlike the then-current situation, in which information about drug administration was often provided in supplemental materials, the intent of the new legislation was to ensure that while instructions could also be in supplemental materials, they could not be solely in supplemental materials.

Alicia Temple of the Oregon Law Center testified at the House Health Care Committee concerning amendments to SB 698:

> The amendments to SB 698 in the Senate and the -3 have considered some of the implementation concerns expressed by pharmacists. Advocates have worked with the Board of Pharmacy to make key changes while still maintaining the most important parts of the bill. This includes ensuring that the translation remains on the label for any information that would be on the label in English. Testimony of Alicia Temple, on behalf of The Oregon Law Center, May 9, 2019.

Lauren Kaplan, an Oregon psychiatric nurse practitioner, specifically emphasized in her testimony before the Senate Health Care Committee the importance of placing critical instructions on the label itself, rather than on informational inserts:

> Prescription container labels are the primary source of medication information used by patients and the least likely to get lost because they are affixed to the medication. Testimony of Lauren Kaplan, March 6, 2019.

Kate Ballard, an Oregon nurse, also emphasized the critical difference between inserts and the label on the bottle as she testified on whether Oregon should follow California's lead:

> The California law also allows pharmacies to just translate the supplemental documents, instead of the labels. This would completely undermine the effectiveness of SB 698. The reality is that many patients have upwards of 5 medications, plus kids with medications of their own. It is not realistic to expect a patient to keep track of 5+ instruction packets every time they get a refill of their medication, and then expect them to match the correct packet with the correct medication. If it is not on the label, the safety of Oregonians will continue to be at risk. Testimony of Kate Ballard, March 9, 2019.

Oregon Pharmacist Marius Ibuye testified before the Senate Committee on Health Care:

> I want to emphasize 2 key aspects of SB 698: First, that while some have suggested that medication information be translated on a paper handout— we have not incorporated this idea because we know from experience that the paper handouts are kept separate from the medications and frequently get lost, they do not include patient-specific directions and thus, this approach will not improve patient safety. Second, SB 698 requires dual translation so that both patients, pharmacists, providers, and caregivers can all understand the medication directions.

C. The Legislature has provided a process for the Board of Pharmacy to authorize variations in labelling requirements

Although the language in ORS 689.564 makes clear that an informational insert may not be substituted for a translated label for providing critical instructions, the Legislature has provided limited authority for the Board of Pharmacy to allow variations generally with regard to prescription drug labelling requirements. ORS 689.505 provides:

> Labeling requirements regarding any drug may be changed or exemption therefrom granted by the State Board of Pharmacy in the form of a special permit if the board determines that a change or exemption is in the best interest of public health and safety.

The standard "in the best interest of public health and safety" is well-understood in Oregon law and capable of being administered by the Board. This is the sole available approach under Oregon law.

In contrast, the proposed rules employ a vague term, undefined in rules or statute: "will not reasonably fit on the label." Even if ORS Ch 689 were not so clear with regard to what information must be on translated labels, the proposed rule would allow substitution of an informational insert based on an unacceptably imprecise standard. The proposed rules do not define "will not reasonably fit", nor do proposed rules provide a process for making that determination, nor who is vested with that responsibility. Certainly, individual pharmacists should not be permitted to make their own determination on an *ad hoc* basis of what will not reasonably fit on a label, with no standards to guide them or insure uniformity in their decisions.

II. Recommendation

If the Board desires to provide relief in situations in which the Board concludes that a translated label cannot alone contain all necessary information, the Board should develop rules covering the definition, criteria, and process the Board will use for applications for and consideration of special permits, as authorized in ORS 689.505.

Respectfully submitted,
Cheryl Coon

Dear Rachel Melvin,

Thank you for allowing me to present oral comments today regarding SB698. I would like to submit a copy of these comments in writing.

My name is Kristen Beiers-Jones, I use she, her pronouns and I am an assistant professor of clinical nursing at Oregon health and science University. Thank you for the opportunity to comment on proposed rules to implement SB 698. My students and I, along with many community advocates and equity-committed legislators, helped to pass SB698 in 2019. It was a long journey to pass this critical medical safety, health equity and cost savings bill. The pivotal moment to get this bill passed was a meeting called by Sen Monnes Anderson and Representative Alsonso Leon who asked us to sit down with representatives of the Board of Pharmacy and hammer out our differences. What we learned at that meeting is that we were all on the same page. We were allies. Pharmacists believed the same thing we did---namely that pharmacists should do everything they can to make sure their patients understand how to take their medications.

I know the board is trying to help pharmacists follow the law through clarifying rules. However, this proposed rule will not help pharmacists follow the law. The law is clear that supplemental inserts may not be a substitute for a label. This proposed rule suggests that pharmacists have discretion to decide when to not use a label. What is preventing a pharmacy from saying "I don't think this label reasonably fits on the bottle, I will just send home an insert". What does "reasonably fit" mean? This rule opens the door for pharmacists to provide inequitable service, providing a label to an English speaker, but not to somebody who does not speak English. It allows a pharmacist to take a path of least resistance and bypass the dual language label process that the law mandates and can be found frequently discussed in the legislative hearings.

A long time ago some smart people decided that safe practice was to put prescription directions directly on the pill bottle where they would NEVER be misplaced. I believe everyone listening today has the privilege of having our medication labels right there on the bottle. And I believe that everyone knows that a supplemental insert that is not affixed to the bottle is not nearly as safe. We have repeated often---"if it appears on the bottle in English, then it should appear on the bottle in the translated language."

We know that real estate on the container is at a premium. Dual-language labels affixed to the prescription containers takes more of that real estate and requires some innovative solutions. This is NOT an insurmountable problem. We demonstrated possible solutions at the hearings of the Senate and House committees on health care. These solutions included flagging and fold-over labels as well as bigger bottles for those patients who need dual labels. I am sure there are other solutions in this high tech world we live in.

One more point---I did not know about this proposed rule until just 2 days ago when one of my remarkable nursing students discovered this hearing. With more notice, we would have had many others here to testify on behalf of Oregonians who have limited English proficiency. But I know that, as a nurse who spends much time in the homes of immigrants and refugees trying to help them manage their complex medication regimens, that I speak for and with them when I tell you that the suggestion implied by this rule, that supplemental inserts can be a substitute for a label is absolutely wrong. I have seen a young mother from Burma who did not read English arrive home from the hospital with a bag of medications for her and her children.

These were dangerous medications and I sleep better at night knowing that soon, these pill bottles will have labels on them that she can read and thus safely give to her children. I cannot imagine anybody would think it safe practice to send her home with a bag of medications AND a stack of translated supplemental inserts that she is expected to match to each bottle every time she gives the medicine to each of her ill children.

I know the board of pharmacy has been our ally in these efforts to right the inequitable and unsafe practices for people with limited English. I know you want to prevent medication errors by using the safe practice of providing directions on the label. And I sure hope you will not accept a rule that allows pharmacists to replace inserts for labels. Inserts must be a solution of last resort. I propose a modification to the rule that states “if it fits on the bottle in English, then fit it on the bottle in the dual translation”.

Thank you so much for your work with this. I was incredibly heartened to see…right on the front page of the Board of Pharmacy website your stand against racial injustice and your commitment to “take steps to promote diversity, equity, inclusion and racial justice”. I applaud your huge steps towards equity by supporting the implementation of SB698. I now hope that the rules you create are the same for English and non-English patients.

May 26, 2021
To: Rachel Melvin, Rules Coordinator
Members of the Board of Pharmacy
Executive Director Joe Schnabel, Oregon Board of Pharmacy
From: Anna Christina Macari, Student, OHSU School of Nursing Class of 2021
Re: Proposed rules on LEP inserts

Dear Board Members and Director Schnabel,

Thank you for the opportunity to comment on proposed rules to implement SB 698 (2019), now codified at ORS 689.564. I am unable to attend today's meeting, but I would like to comment on the proposed rules regarding informational inserts as an alternative to translated labels for patients with Limited English Proficiency (LEP). As a nursing student having worked with patients from Ethiopian and Eritrean refugee communities, I am acutely aware of the health disparities they face in this country and the challenges of managing chronic health conditions with LEP. Implementation of ORS 689.594 has the potential to change the way these patients interact with a complex health care system.

I am concerned that the proposed rules permitting the use of informational inserts instead of translated labels when instructions "will not reasonably fit on the label." Managing chronic conditions often means managing multiple prescriptions; if patients are unable to read their pill bottles, they will be unable to effectively implement the instructions provided on the inserts. Translation of crucial instructions, such as those already listed on the label in English, is essential to providing safe and quality care.

I am unable to attend today's meeting because I am accompanying a client from Eritrea to an appointment with a diabetic educator and pharmacist. This client has multiple medications for multiple chronic conditions, but he has been unable to effectively self-manage his conditions because he is unable to read the labels on his pill bottle or produce an informational insert. This challenge can have dire consequences for his health. I hope the Board will reconsider this proposed rule and ensure that all labels for patients with LEP contain instructions in their native language.

Sincerely,

Anna Christina Macari

May 26, 2021

To: Rachel Melvin, OBOP Rules Coordinator

From: Kate Newhall, Student, OHSU School of Nursing Class of 2022

Re: Proposed ruled on LEP inserts

Thank you for the opportunity to provide comments on proposed rules on LEP inserts to go along with prescription labels as required by SB 698 (2019). I appreciate the Board's continued work on implementing this important legislation, but do have a few concerns to share. My comments are primarily centered on ensuring prescription information is readily accessible to all and LEP patients in particular are easily able to refer back to critical medication in a language they understand.

I am currently a third year nursing student at OHSU School of Nursing, class of 2022. While I was not involved in the original passage of SB 698, I am very aware of the work and research that was put in by nursing students and faculty to pass this landmark legislation. I also immediately saw the need for such a provision in my clinical rotations – patients who take many medications to manage chronic health conditions, yet are unable to read their prescription labels at home. They are unable to reference back to critical prescription information once they are away from clinicians and translators to help. This frequently leads to patient confusion and increases the risks of medication errors. I think this is an important new law that will help countless of Oregonians and help avoid medication errors – a goal I know is shared by nurses and pharmacists alike.

My concern with the proposed rule is in 855-041-1132(4), 855-043-0436(4) and 855-044-0061(5) and who makes the determination that directions "will not reasonably fit on the label affixed to the prescription container" and when an insert should be used. Ideally, full translations would always stay affixed to the bottle and exceptions would be limited. I think its important to ensure the final rules don't make it easier to use an informational insert when an affixed label may actually be possible. Most importantly, I think the statute directs the Board to identify which specific medications merit inclusion of informational insert *in addition* to the affixed label. In 689.564(1)(c), the Board is directed to:

> "*Determine for which prescription* drugs it is appropriate to include an informational insert *in addition* to the label. In adopting rules under this paragraph, the board shall consider the complexity and length of the directions for use of the prescription drug." (emphasis added)

I don't think the Board has the latitude to allow individual pharmacists to determine what does or doesn't fit on the label as is currently contemplated in the proposed rule. This feels like a very subjective standard that could lead to different interpretations and applications across the state, to the detriment of patients. I feel like the Board could also consider exemptions on a case by case basis as allowed by 689.505(1)(b), which allows for "special permits" to be granted by the Board from labeling requirements. I realize this is a more overarching statute on general labeling provisions, but could provide an option to explore for LEP affixed labels and informational inserts.

I also worry about the subsequent provision in each rule that would require an in-language label be affixed to the prescription bottle when an informational insert is being used isn't as strong as it could be

(ORS 855-041-1132(5), 855-043-0436(5) and 855-044-0061(6)). I believe this language should also include a requirement to clearly tie the affixed label to the specific informational insert to which it refers. Ideally, both the insert and affixed label would include the name of the patient and medication it refers to. In the field we see a great need to keep prescription information attached the prescription bottle. Once separated, they can be easily confused with other medications – especially when there are many medication to manage.

Somewhat unrelated to the current rule proposal, I want to flag another important point on SB 698 implementing rules. I noticed in reviewing the legislation and subsequent rules, one provision of the original legislation seems to have been overlooked in rule making: there don't appear to be rules to implement ORS 689.564(5) and the posting requirement. This may not be specifically related to this rule-making, but I think it is a critical component of the original legislation that should not be overlooked. I encourage the Board to promptly initiate this rule making so pharmacists have clear guidance on the posting requirement and a model poster to post.

Last, while I do not speak for the School of Nursing, I do encourage the Board to work with the legislative advocates at the School of Nursing around implementing this very important law. Students and supervising faculty are very knowledgable about the law, the needs that they see in the LEP community and valuable thoughts on the posting requirement. In particularly, I refer you to Kristen Beier-Jones who has been the supervising faculty in advocating for the legislation.

Thank you for the opportunity to provide these comments. I am happy to discuss any in more detail or answer questions.

With kind regards,

Kate Newhall
newhallk@ohsu.edu
503-302-4895

May 26, 2021
To: Rachel Melvin, OBOP Rules Coordinator
From: Sophie Krensky, Student, OHSU School of Nursing Class of 2021
Re: Proposed ruled on LEP inserts

Good morning all, my name is Sophie Krensky, my pronouns are she/her, I'm a nursing student at OHSU and have been working with patients with limited English proficiency from the Ethopian and Eritrean refugee communities here in Portland. I've seen firsthand how challenging English-only materials and labels can be for our clients, and I'm thrilled with the renewed effort to implement SB 698.

Seeing the proposed rules, however, I am concerned. The rule would seemingly allow inserts to be used in lieu of labels when dual language directions for use "will not reasonably fit on the label." This is perfectly appropriate in cases where even directions in English do not fit on a label, like the complex titration regimen of a cystic fibrosis drug. This is an example where an insert would be appropriate for an English-speaking patient or a patient with limited English proficiency, ideally with robust patient education.

But the word "reasonable" is subjective; with new rules that have both the element of some cost burden and a learning curve for pharmacies, I fear that it may be interpreted that the most "reasonable" course of action for LEP patients' prescriptions is to provide them inserts instead of dual language labels in all cases, not just those rare, unusual ones.

I can tell you that when I ask my patients with LEP to look at their prescriptions, they appear in a plastic bag pulled from a closet and there is not an insert to be found. It's already an uphill battle to help them interpret and feel confident in the medication directions that are on the bottle itself, and I fear that an insert, even one in Tigrinya or Amharic, will end up in the trash can unread.

An insert in lieu of a dual language label may appear "reasonable," but I can assure you that it's not a reasonable solution for our clients. What is most reasonable for them is also what is most intuitive: medication directions, in their language and the language of their provider, on the bottle that contains that medication. Anything short of that runs contrary to the spirit of the law, and it would be a shame to stop just short of the robust implementation that this law initially envisioned at this stage. I urge you to reconsider this proposed rule in a way that makes it clear that translated labels are the standard expectation, not the exception.

Division 001/041– Procedural Rules / Operation of Pharmacies (Inspections / Record Storage)

Filing Caption (max 15 words):

Proactive procedural rule review

Need for Rules:

Procedural rules revisions to ensure clarity, transparency and promote patient safety.

Fiscal Impact:

None anticipated

Documents Relied Upon:

None

Rules Summary:

Procedural rules revisions to ensure clarity, transparency and promote patient safety.

855-001-0040

Inspections

(1) ~~The Board or its authorized representative~~ **A Compliance Officer is a board authorized representative** ~~may enter~~ and ~~shall~~ **must** be ~~allowed~~ **permitted** entry to any drug outlet ~~where drugs are stored, and the premises where the records associated with those drugs are stored~~, to conduct inspections at **all** reasonable **hours**. ~~times in a reasonable manner for the purpose of:~~

~~(a) Inspecting, copying, and verifying the correctness of records, reports, or other documents required to be kept under the Uniform Controlled Substances Act, the Oregon Pharmacy Act and these rules including, but not limited to, shipping records identifying the name of each carrier used and the date and quantity of each shipment, and storage records identifying the name of each warehouse used and the date and quantity of each;~~

~~(b) Inspecting within reasonable limits and a reasonable manner all pertinent equipment, finished and unfinished drugs and other substances or materials, containers, and labeling found at the drug outlet;~~

~~(c) Making a physical inventory of all drugs on hand at the premises;~~

~~(d) Collecting samples of drugs or ingredients;~~

~~(e) Checking of records and information on distribution of drugs by the registrants as they relate to total distribution of the registrant;~~

~~(f) All other things appropriate for verification of the records, reports, documents referred to above or otherwise bearing on the provisions of the Uniform Controlled Substances Act, the Oregon Pharmacy Act and these rules.~~

~~(2) The inspections hereunder may be conducted in connection with applications for initial or renewal registration or modification or amendment thereof and at such other times where the Board or its authorized representative determines that there is reasonable basis for concluding that inspection is necessitated in order to ensure that there is compliance with the Uniform Controlled Substances Act, the Oregon Pharmacy Act and these rules.~~

(2) The Compliance Officer is authorized and must be permitted to perform the following to determine compliance with ORS 475, ORS 689, and OAR 855 and board orders including but not limited to:

(a) Inspecting conditions, structures, equipment, materials, and methods for compliance;

(b) Inspecting all drugs and devices;

(c) Taking photographs, recording video and audio; and

(d) Reviewing, verifying and making copies of records and documents.

(3) All records and documents required by ORS 475, ORS 689, and OAR 855:

(a) Must be stored on-site for 12 months and must be provided to the board immediately upon request at the time of inspection;
(b) May be stored in a secured off-site location after 12 months of on-site storage and must be provided to the board upon request within three business days; and
(c) May be in written or electronic format.
(4) All licensees and employees must fully comply and cooperate with all questions and requests made by the Compliance Officer at the time of inspection.

(~~3~~5) Refusal to allow inspection is grounds for **discipline** ~~denial, suspension, or revocation of a registration~~.

Statutory/Other Authority: ORS 475.125 & ORS 689.205
Statutes/Other Implemented**:** ORS 689.155

855-041-1160

~~Prescription~~ Records ~~and Retention~~

(1) Definitions. The following definitions apply to this rule:

(a) An "original prescription" is a prescription maintained in the same physical manner in which a pharmacy first receives the prescription. For example, for a prescription received by the pharmacy in writing on a prescription form, the original prescription consists of the original writing on the prescription form. For a prescription received by the pharmacy orally over the telephone, the original consists of the writing or electronic record that reflects receipt of the oral prescription.

(b) "Filing" and "file" mean the storage of the original prescription in such a manner that the original prescription is safeguarded and readily retrievable.

(2) Every pharmacy and pharmacist-in-charge of a pharmacy must ensure that original prescriptions are properly filed in compliance with this rule.

~~(3) All original prescriptions shall be filed for a minimum of three years from the date of first dispensing and shall at all times be open for inspection by the prescriber, and the Board of Pharmacy or its duly authorized agent.~~

(4) After 120 days, the paper prescription may be destroyed and filed in an electronic form if:

(a) The electronic form shows the exact and legible image of the original prescription;

(b) Notes of clarifications of and changes to the prescription are directly associated with the electronic form of the prescriptions; and

(c) The prescription is not for a controlled substance.

(5) This rule is not intended to alter or supersede the recordkeeping requirements of any other federal or Oregon statute or rule, including but not limited to ORS 689.508, OAR 855-041-1120, and rules related to records for prescriptions for controlled substances.

(6) ~~Unless specified otherwise, all records and documentation required by OAR 855 division 041 must be retained for three years and made available to the Board for inspection upon request.~~ **All records and documents required by ORS 475, ORS 689, and OAR 855:**

(a) ~~Records m~~**M**ust be stored on-site for a~~t least one year~~ **12 months and must be provided to the board immediately upon request.**

(b) ~~and m~~**M**ay be stored in a secured off-site location **after 12 months of on-site storage** ~~if retrievable within~~ **and must be provided to the board upon request within** three business days~~.~~ **and**

(c) ~~Records and documentation~~ **M**~~m~~ay be **in** written~~,~~ or electronic ~~or a combination of the two~~ **format**.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.151, **ORS** 689.155 & **ORS** 689.508

855-041-6220
Records

(1) ~~Unless specified otherwise, all records and documentation required by these rules, OAR 855-041-6000 through 855-041-6999 must be retained for three years and made available to the Board for inspection upon request.~~ **All** ~~R~~**r**ecords **and documents required by ORS 475, ORS 689, and OAR 855:**

(a) ~~m~~**M**ust be stored on-site for a~~t least one year~~ **12 months and must be provided to the board immediately upon request.**

(b) ~~and m~~**M**ay be stored in a secured off-site location **after 12 months of on-site storage** ~~if retrievable within~~ **and must be provided to the board upon request within** three business days**; and**

(c) ~~Records and documentation~~ ~~m~~**M**ay be written~~,~~ **or** electronic ~~or a combination of the two~~ **format**.

(2) The PIC must ensure maintenance of written or electronic records and ~~reports~~ **documents** as necessary to ensure patient health, safety and welfare. Records must include:

(a) Patient profiles and drug administration records;

(b) Reports of suspected adverse drug reactions;

(c) Inspections of drug storage areas;

(d) Annual controlled substance inventories;

(e) Controlled drug accountability reports;

(f) Collaborative Drug Therapy agreements;

(g) Current hospital drug formulary;

(h) Any other records and reports required by state and federal laws and regulations.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.155 & **ORS** 689.508

Division 006– Definitions (Prescription Drug)

Filing Caption (max 15 words)**:**

Defines prescription drug

Need for Rules:

The revision to the proposed rules are a result of the board's 2020-2024 Strategic Plan to proactively review and update rules to ensure clarity, transparency and promote patient safety.

Fiscal Impact:

None

Documents Relied Upon:

None

Rules Summary:

By repealing Division 050, the definition of "prescription drug" will need to be retained. Division 006- Definitions will now include the definition of "prescription drug."

855-006-0005
Definitions

As used in OAR chapter 855:

(1) "Board" means the Oregon Board of Pharmacy unless otherwise specified or required by the context.

(2) "Certified Oregon Pharmacy Technician" means a person licensed by the State Board of Pharmacy who assists the pharmacist in the practice of pharmacy pursuant to rules of the ~~B~~**b**oard and has completed the specialized education program pursuant to OAR 855-025-0005. Persons used solely for clerical duties, such as recordkeeping, cashiering, bookkeeping and delivery of medications released by the pharmacist are not considered pharmacy technicians.

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

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

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

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

(5) "Compounding" means the preparation, mixing, assembling, packaging, or labeling of a drug or device:

(a) As the result of a practitioner's prescription drug order, or initiative based on the relationship between the practitioner, the pharmacist and the patient, in the course of professional practice; or

(b) For the purpose of, or as an incident to, research, teaching, or chemical analysis and not for sale or dispensing; or

(c) The preparation of drugs or devices in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns.

(6) "Confidential Information" means any patient information obtained by a pharmacist or pharmacy.

(7) "Consulting Pharmacist" means a pharmacist that provides a consulting service regarding a patient medication, therapy management, drug storage and management, security, education, or any other pharmaceutical service.

(8) The "Container" is the device that holds the drug and that is or may be in direct contact with the drug.

(9) "Dispensing or Dispense" means the preparation and delivery of a prescription drug pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

(10) "Interpretation and evaluation of prescription orders" means the review of the order for therapeutic and legal correctness. Therapeutic review includes identification of the prescription drug ordered, its applicability and its relationship to the other known medications used by the patient and determination of whether or not the dose and time interval of administration are within accepted limits of safety. The legal review for correctness of the prescription order includes a determination that the order is valid and has not been altered, is not a forgery, is prescribed for a legitimate medical purpose, contains all information required by federal and state law, and is within the practitioner's scope of practice.

(11) "Labeling" means the process of preparing and affixing of a label to any drug container exclusive, however, of the labeling by a manufacturer, packer or distributor of a non-prescription drug or commercially packaged legend drug or device.

(12) "Monitoring of therapeutic response or adverse effect of drug therapy" means the follow up of the therapeutic or adverse effect of medication upon a patient, including direct consultation with the patient or his agent and review of patient records, as to result and side effect, and the analysis of possible interactions with other medications that may be in the medication regimen of the patient. This section shall not be construed to prohibit monitoring by practitioners or their agents.

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

(14) "Nationally Certified Exam" means an exam that is approved by the ~~B~~board which demonstrates successful completion of a Specialized Education Program. The exam must be reliable, psychometrically sound, legally defensible and valid.

(15) "Non-legend drug" means a drug which does not require dispensing by prescription and which is not restricted to use by practitioners only.

(16) "Offering or performing of those acts, services, operations or transactions necessary in the conduct, operation, management and control of pharmacy" means, among other things:

(a) The creation and retention of accurate and complete patient records;

(b) Assuming authority and responsibility for product selection of drugs and devices;

(c) Developing and maintaining a safe practice setting for the pharmacist, for pharmacy staff and for the general public;

(d) Maintaining confidentiality of patient information.

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

(18) Participation in Drug Selection and Drug Utilization Review:

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

(b) "Drug utilization review" means evaluating prescription drug order in light of the information currently provided to the pharmacist by the patient or the patient's agent and in light of the information contained in the patient's record for the purpose of promoting therapeutic appropriateness by

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

(A) Over-utilization or under-utilization;

(B) Therapeutic duplication;

(C) Drug-disease contraindications;

(D) Drug-drug interactions;

(E) Incorrect drug dosage;

(F) Incorrect duration of treatment;

(G) Drug-allergy interactions; and

(H) Clinical drug abuse or misuse.

(19) "Pharmaceutical Care" means the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life. These outcomes include:

(a) Cure of a disease;

(b) Elimination or reduction of a patient's symptomatology;

(c) Arrest or slowing of a disease process; or

(d) Prevention of a disease or symptomatology.

(20) "Pharmacy Technician" means a person licensed by the State Board of Pharmacy who assists the pharmacist in the practice of pharmacy pursuant to rules of the ~~B~~**b**oard but has not completed the specialized education program pursuant to OAR 855-025-0012.

(21) “Practice of clinical pharmacy” means:

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

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

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

(22) “Practice of pharmacy” is as defined in ORS 689.005.

(23) “Prescription drug” or “legend drug” is as defined in ORS 689.005 and:

(a) Required by federal law, prior to being dispensed or delivered, to be labeled with “Rx only”; or

(b) Required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by practitioners only.

(2~~3~~**4**) "Prescription released by the pharmacist” means, a prescription which has been reviewed by the pharmacist that does not require further pharmacist intervention such as reconstitution or counseling.

(2~~4~~**5**) “Prohibited conduct” means conduct by a licensee that:

(a) Constitutes a criminal act against a patient or client; or

(b) Constitutes a criminal act that creates a risk of harm to a patient or client.

(2~~5~~**6**) "Proper and safe storage of drugs and devices and maintenance of proper records therefore" means housing drugs and devices under conditions and circumstances that:

(a) Assure retention of their purity and potency;

(b) Avoid confusion due to similarity of appearance, packaging, labeling or for any other reason;

(c) Assure security and minimize the risk of their loss through accident or theft;

(d) Accurately account for and record their receipt, retention, dispensing, distribution or destruction;

(e) Protect the health, safety and welfare of the pharmacist, pharmacy staff and the general public from harmful exposure to hazardous substances.

(2~~6~~**7**) “Quality Assurance Plan” is a written set of procedures to ensure that a pharmacy has a planned and systematic process for the monitoring and evaluation of the quality and appropriateness of pharmacy services and for identifying and resolving problems.

(2~~7~~**8**) "Responsibility for advising, when necessary or when regulated, of therapeutic values, content, hazards and use of drugs and devices" means advice directly to the patient, either verbally or in writing as required by these rules or federal regulation, of the possible therapeutic response to the medication, the names of the chemicals in the medication, the possible side effects of major importance, and the methods of use or administration of a medication.

(2~~8~~**9**) "Specialized Education Program" means;

(a) A program providing education for persons desiring licensure as pharmacy technicians that is approved by the board and offered by an accredited college or university that grants a two-year degree upon successful completion of the program; or

(b) A structured program approved by the board and designed to educate pharmacy technicians in one or more specific issues of patient health and safety that is offered by:

(A) An organization recognized by the board as representing pharmacists or pharmacy technicians;

(B) An employer recognized by the board as representing pharmacists or pharmacy technicians; or

(C) A trade association recognized by the board as representing pharmacies.

(~~29~~**30**) "Supervision by a pharmacist" means being stationed within the same work area as the pharmacy technician or certified Oregon pharmacy technician being supervised, coupled with the ability to control and be responsible for the pharmacy technician or certified Oregon pharmacy technician's action. During the declared public health emergency timeframe related to the 2020 COVID-19 pandemic, “supervision by a pharmacist” means pharmacist monitoring of a pharmacy technician or intern being supervised, coupled with the ability to control and be responsible for the technician or interns actions and for the following remote processing functions only: prescription or order entry, other data entry, and insurance processing of prescriptions and medication orders.

(3~~0~~**1**) "Therapeutic substitution" means the act of dispensing a drug product with a different chemical structure for the drug product prescribed under circumstances where the prescriber has not given clear and conscious direction for substitution of the particular drug for the one which may later be ordered.

(3~~1~~**2**) "Verification" means the confirmation by the pharmacist of the correctness, exactness, accuracy and completeness of the acts, tasks, or functions performed by an intern or a pharmacy technician or a certified Oregon pharmacy technician.

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

Division 050– Restriction on Retail Sales

Filing Caption (max 15 words): Proactive procedural rule review

Need for Rules:

The revision to the proposed rules are a result of the board's 2020-2024 Strategic Plan to proactively review and update rules to ensure clarity, transparency and promote patient safety.

Fiscal Impact:

None

Documents Relied Upon:

None

Rules Summary:

Division 050 is no longer relevant for current pharmacy practice.

~~Division 50~~
~~RESTRICTION ON RETAIL SALES~~

~~**855-050-0035**~~
~~**Over-the-Counter Drug Restrictions**~~

~~(1) The following items shall be sold only by or under the direct supervision of a licensed pharmacist in registered pharmacies. They need not bear the store name and address, if in original container, need not be registered, but must be properly labeled. They shall not be available by self-service, but stored in or immediately adjacent to the prescription department. Items bearing prescription legend are excepted and may be sold only on prescription:~~

~~(a) Ammoniated Mercury ointment, five percent;~~

~~(b) Sulfa drugs — Alone or in combination;~~

~~(c) Blue Ointment.~~

~~(2) The following items shall be sold only by a licensed pharmacist(s) in registered pharmacies, must bear the store name and address, must be properly labeled with adequate warning, must be registered in Official Poison Register, and the purchaser must provide acceptable identification, providing the preparations do not bear prescription legend, in which case they may be sold only on prescription:~~

~~(a) Arsenic and its preparations;~~

~~(b) Corrosive sublimate;~~

~~(c) Cyanides and preparations, including hydrocyanic acid;~~

~~(d) Hydrochloric acid and any preparation containing free or chemically unneutralized hydrochloric acid (HC1) in a concentration of ten percent or more;~~

(e) Nitric acid or any preparation containing free or chemically unneutralized nitric acid (HNO3) in a concentration of five percent or more;

(f) Sulphuric acid and any preparation containing free or chemically unneutralized sulphuric acid (H2S04) in a concentration of ten percent or more;

(g) Solution of ammonia, U.S.P. 28 percent;

(h) Carbolic acid.

Statutory/Other Authority: ORS 689

855-050-0045

Organic Silver Salts

(1) May be sold only by licensed pharmacists in registered pharmacies.

(2) Solutions must be freshly prepared, unless stabilized.

(3) Must be adequately labeled, to include name and address of store, date of preparation, and percentage content.

Statutory/Other Authority: ORS 689

855-050-0070

Prescription Drugs

(1) The following are prescription drugs:

(a) Drugs required by federal law to be labeled with either of the following statements:

(A) "Caution: Federal law prohibits dispensing without prescription"

(B) "Caution: Federal law restricts this drug to be used by or on the order of a licensed veterinarian"; or

(C) "Rx only"

(b) Drugs designated as prescription drugs by the Oregon Board of Pharmacy

(2) The Oregon Board of Pharmacy designates the following drugs as prescription drugs:

(a) Preparations containing codeine or salts of codeine

(b) Preparations containing opium/paregoric

(3) No person shall sell, give away, barter, transfer, purchase, receive or possess prescription drugs except upon the prescription of a practitioner.

(4) The following are exempt from the prohibition of section (3) of this rule:

(a) Manufacturers

(b) Wholesalers;

~~(c) Institutional and retail drug outlets;~~

~~(d) Practitioners.~~

~~(5) Individuals who purchase, receive, or possess a prescription drug for the purpose of administration or delivery to a patient are exempt from the prohibition against purchasing, receiving, or possessing prescription drugs contained in section (3) of this rule and ORS 689.765(6).~~

~~**Statutory/Other Authority:** ORS 689.205~~
~~**Statutes/Other Implemented:** ORS 689.155 & 689.765~~

Division 007: Public Health Emergency (Intern Ratio in Immunization Clinic)

Filing Caption (max 15 words):

Will allow immunizing pharmacist supervision of additional interns at immunization clinics

Need for Rules:

During a declared public health emergency the intern to immunizing pharmacist ratio of 2:1 is amended. High demand for vaccinations may exceed supply of pharmacist and intern vaccinators under the previous ratio. Increasing the intern to immunizing pharmacist ratio may improve the supply of vaccinators and facilitate increased vaccination capacity in the interest of public health.

Fiscal Impact:

None anticipated

Documents Relied Upon:

None

Rules Summary:

During a declared public health emergency, there may be high demand for immunizing pharmacists and interns to provide vaccinations. By allowing pharmacist vaccinators to supervise as many Oregon-licensed immunizing interns as that pharmacist determines, in their own professional judgement, will maintain public health and safety, the number of persons who are vaccinated may be increased.

855-007-0080
Emergency Immunization and Drug Distribution

When a public health emergency has been declared, the following principles and procedures shall apply to the distribution, dispensing and administration of vaccines or drugs:

(1) The distribution of vaccines and drugs is to be in accordance with instructions provided by OSPHD.

(2) LHDs are authorized to distribute SNS or state stockpile drugs to designated Treatment Centers (TC) or health-care providers designated by the State Public Health Director or a local health administrator.

(3) A TC may include but is not limited to:

(a) A LHD;

(b) A clinician;

(c) A community health clinic;

(d) An independent or chain pharmacy;

(e) A hospital or other health-care facility;

(f) A temporary pharmacy;

(g) A mobile pharmacy; or

(h) A tribal health-care facility.

(4) A TC may possess, distribute, dispense and administer vaccines and drugs if these rules are in effect.

(5) A health-care provider, designated by the local health administrator, at a TC shall be responsible for administration, distribution and tracking of vaccines and drugs in accordance with procedures established by OSPHD.

(6) A health-care provider may, if permitted under that provider's scope of practice and these rules, distribute, dispense and administer vaccines and drugs.

(7) An Individual Data Collection Form (IDCF) shall be filled out for each person receiving a vaccine or drug at a TC or from a health-care provider, and this IDCF shall be treated as a valid prescription and retained as follows:

(a) An IDCF initiated at a pharmacy or other licensed health-care facility shall be filed and retained for three years;

(b) An IDCF initiated at a facility that is not a licensed health-care facility or at a temporary or mobile pharmacy shall be sent to OSPHD at the end of the state of emergency except that where the temporary or mobile facility has been established under the authority of OAR 855-007-0100 all records shall be filed and retained in accordance with 855-007-0110.

(8) Community Partner: A Community Partner means any entity that is authorized by OSPHD or OBOP to:

(a) Purchase and store vaccines or drugs prior to a pandemic event;

(b) Store vaccines or drugs in a Board registered facility or at a tribal site;

(c) Take possession of the vaccines or drugs and distribute to critical infrastructure and key resources when so directed by OSPHD in accordance with OSPHD protocols and procedures.

(d) A Community Partner shall:

(A) Distribute all drugs within 72 hours of removal from the storage site;

(B) Store all drugs in accordance with manufacture's guidelines;

(C) Record all distributions on a Distribution Log that shall include:

(i) The name and age of the person receiving the drugs;

(ii) The name, strength and quantity of the drugs;

(iii) The date and the time of the distribution.

(e) The Distribution Log shall be treated as a valid prescription and stored or otherwise disposed of as specified in 855-007-0110;

(9) This authority for LHDs, TCs, health-care providers and Community Partners to possess drugs shall extend beyond the declared emergency until procedures issued by OSPHD for the return or destruction of unused drugs have been completed.

(10) A pharmacist may administer a vaccine to a person who is at least three years of age or older.

(11) For immunization clinics, an immunizing pharmacist may supervise as many Oregon-licensed immunizing interns as that pharmacist determines, in their own professional judgment, will maintain public health and safety.

Statutory/Other Authority: ORS 401.065, ORS 433.441, ORS 689.205

Statutes/Other Implemented: ORS 689.155, ORS 689.645

Division 019– Pharmacists (Cultural Competency CE)

Filing Caption (15 word limit)**:** 2019 HB 2011 directs licensees when renewing to obtain cultural competency CE

Need for Rules: Revisions to Division 019 are necessary to incorporate continuing education requirement directives set forth in 2019 HB 2011, related to cultural competency.

Fiscal Impact:

In Oregon, it is estimated that 8,896 pharmacists will be impacted by these new requirements. The cultural competency CE could cost $0-60 per renewal cycle depending on the CE course(s) completed.

Documents relied upon include:

OHA Cultural Competence Continuing Education (CCCE)

2019 HB 2011 and related statutes

ORS 676.850 Authority of regulatory boards to require cultural competency continuing education; documentation of participation; rules

ORS 413.450 Continuing education in cultural competency

Rules Summary:

Revisions to Division 019 are necessary to incorporate continuing education requirement directives set forth in 2019 HB 2011, related to cultural competency.

The additional revisions to Division 019 are in alignment with the board's 2020-2024 Strategic Plan to proactively review & update rules to ensure clarity, transparency and promote patient safety.

Division 19

~~LICENSING OF~~ PHARMACISTS

855-019-0122

Renewal of Licensure as a Pharmacist

(1) An application for renewal of a pharmacist license must include documentation of:

(a) Completion of continuing **pharmacy** education requirements as ~~prescribed~~ **outlined** in ~~chapter 855, division 21~~ **OAR 855-021**; and

(b) Payment of the biennial license fee ~~as prescribed~~ **required** in OAR 855-110.

(2) A pharmacist will be subject to an annual criminal background check.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151

855-019-0170

Reinstatement of License

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

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

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

(c) If their license has been lapsed for more than one year, pass the MPJE with a score of not less than 75; and

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

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

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.151 & **ORS** 689.275

855-019-0205

Duty to Report

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

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

(3) A pharmacist must report to the ~~B~~**b**oard within 10 days if they:

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

(b) If they are arrested for a felony.

(4) A pharmacist who has reasonable cause to believe that another licensee (of the ~~B~~**b**oard or any other Health Professional Regulatory Board) has engaged in prohibited or unprofessional conduct as these terms are defined in OAR 855-006-0005, must report that conduct to the board responsible for the licensee who is believed to have engaged in the conduct. The reporting pharmacist ~~shall~~**must** report the conduct without undue delay, but in no event later

than 10 working days after the pharmacist learns of the conduct unless federal laws relating to confidentiality or the protection of health information prohibit disclosure.

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

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

(7) A pharmacist must notify the ~~B~~**b**oard in writing, within 15 days, of any change in e-mail address, employment location or residence address.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: **ORS** 689.151, **ORS** 689.155 & **ORS** 689.455

855-019-0300
Duties of a Pharmacist-in-Charge

(1) In accordance with Division 41 of this chapter of rules, a pharmacy must, at all times have one Pharmacist-in-Charge (PIC) employed 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 ~~B~~**b**oard approved PIC training course either before the appointment or within 30 days after the appointment. With the approval of the ~~B~~**b**oard, this course may be employer provided and may qualify for continuing education credit.

(3) A pharmacist may not be designated PIC of more than two pharmacies without prior written approval by the ~~B~~**b**oard. If such approval is given, the pharmacist must comply with the requirements in sub-section (4)(e) of this rule.

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

(a) When a change of PIC occurs, both outgoing and incoming PICs must report the change to the ~~B~~**b**oard within 15 days of the occurrence, on a form provided by the ~~B~~**b**oard;

(b) The new PIC must complete an inspection on the PIC Annual Self-Inspection Form, within 15 days of becoming PIC;

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

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

(e) A pharmacist designated as PIC for more than one pharmacy ~~shall~~**must** personally conduct and document a quarterly compliance audit at each location. This audit ~~shall~~**must** be on the Quarterly PIC Compliance Audit Form provided by the ~~B~~**b**oard;

(f) If a discrepancy is noted on a ~~B~~**b**oard inspection, the PIC must submit a plan of correction within 30 days of receiving notice.

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

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

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

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

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

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

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

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

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

(h) The records and forms required by this section must be filed in the pharmacy, made available to the ~~B~~**b**oard for inspection upon request, and must be retained for three years.

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

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.151 & **ORS** 689.155

Division 021– Continuing Pharmacy Education (Cultural Competency CE)

Filing Caption (15 word limit)**:**

2019 HB 2011 directs licensees when renewing to obtain cultural competency CE

Need for Rules:

Revisions to Division 021 are necessary to incorporate continuing education requirement directives set forth in 2019 HB 2011, related to cultural competency.

Fiscal Impact:

In Oregon, it is estimated that 8,896 pharmacists, 6,186 Certified Oregon Pharmacy Technicians, and 794 Interns will be impacted by these new requirements. The cultural competency CE could cost $0-60 per renewal cycle depending on the CE course(s) completed.

Documents relied upon include:

OHA Cultural Competence Continuing Education (CCCE)

2019 HB 2011 and related statutes

ORS 676.850 Authority of regulatory boards to require cultural competency continuing education; documentation of participation; rules

ORS 413.450 Continuing education in cultural competency

Rules Summary:

Revisions to Division 021 are necessary to incorporate continuing education requirement directives set forth in 2019 HB 2011, related to cultural competency.

The additional revisions to Division 021 are in alignment with the board's 2020-2024 Strategic Plan to proactively review & update rules to ensure clarity, transparency and promote patient safety.

Division 21

CONTINUING PHARMACY EDUCATION

855-021-0001

Definitions

(1) "Continuing Pharmacy Education" or "CPE" means classes of post graduate studies, informal study group participation, institutes, seminars, lectures, conferences, workshops, extension study, correspondence courses, teaching, planned and professional meetings, self-study courses, cassette or audio visual tape/slides or materials, and other self-instruction units applicable to the practice of pharmacy.

(2) “Contact hour” means fifty minutes of continuing pharmacy education.

(3) “Patient safety” means systems, procedures and processes that ensure that the correct patient receives the correct drug in the correct dose and is counseled appropriately.

(4) “Medication error prevention” means systems, procedures and processes to prevent and avoid adverse events and to ensure that the correct patient receives the correct drug in the correct dose.

(5) "Pain management education program" means a specific one-hour web-based program developed by the Oregon Pain Commission, in addition to six accredited hours of continuing education in pain management, end of life care or a combination of both.

(6) “Cultural competence” means the lifelong process of examining the values and beliefs and developing and applying an inclusive approach to health care practice in a manner that recognizes the content and complexities of provider-patient communication and interaction and preserves the dignity of individuals, families, and communities.

(a) Cultural competence applies to all patients.

(b) Culturally competent providers do not make assumptions on the basis of an individual’s actual or perceived abilities, disabilities or traits whether inherent, genetic or developmental including: race, color, spiritual beliefs, creed, age, tribal affiliation, national origin, immigration or refugee status, marital status, socio-economic status, veteran’s status, sexual orientation, gender identity, gender expression, gender transition status, level of formal education, physical or mental disability, medical condition or any consideration recognized under federal, state and local law.

Statutory/Other Authority: ORS 689.205, ORS 676.850

Statutes/Other Implemented: ORS 689.285, ORS 689.486, ORS 413.450, ORS 413.590

855-021-0005

Continuing Pharmacy Education Required for Pharmacist License Renewal

(1) During the period from July 1 through June 30 of each biennial license renewal cycle, ~~each~~ a pharmacist must have satisfactorily completed ~~three (3)~~ **30 hours of** continuing pharmacy education ~~units (CEU's) in an approved continuing pharmacy education program prior to submission of the license renewal. Ten contact hours equals 1 CEU. Fifty minutes equals 1 contact hour~~. These hours must include:

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

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

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

(d) Twenty-four additional hours of continuing pharmacy education.

(2) Prior to the second license renewal, a pharmacist licensed under these rules must complete seven hours of continuing education in pain management as detailed in the following sub-sections.

(a) A one-hour pain management course, specific to Oregon, provided by the Pain Management Commission of the Oregon Health Authority; and

(b) A minimum of six hours of continuing education in pain management. This requirement may be fulfilled by any combination of continuing education coursework focusing on pain management including but not limited to the treatment of terminally ill and dying patients, and those with chronic, non-malignant pain.

(c) The pain management continuing education required under this rule may count towards the required 30 continuing pharmacy education contact hours.

(3) Section (1) does not apply to pharmacists applying for the first renewal of their license, if they have not been licensed by the board for at least one year prior to July 1 of the renewal period.

(4) A pharmacist must retain documentation of completed continuing pharmacy education for six years and must provide this documentation if requested by the board.

(5) Continuing pharmacy education credit accumulated in excess of the required 30 contact hours for biennial license renewal cannot be carried forward.

Statutory/Other Authority: ORS 689.205, **ORS 676.850**
Statutes/Other Implemented: ORS 689.285 **ORS 413.450**, **ORS 413.590**

855-021-0007

Continuing Pharmacy Education Required for Intern License Renewal

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

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

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.285, ORS 676.850, **ORS 413.450, ORS 689.151**

855-021-0009

Continuing Pharmacy Education Required for Certified Oregon Pharmacy Technician License Renewal

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

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

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

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

(d) Fourteen additional hours of continuing pharmacy education or documented onsite training approved by the board.

(2) Section (1) does not apply to a Certified Oregon Pharmacy Technician applying for the first renewal of their license, if they have not been licensed by the board for at least one year prior to July 1 of the renewal period.

(3) A Certified Oregon Pharmacy Technician must retain documentation of completed continuing pharmacy education for six years and must provide this documentation if requested by the board.

(4) Continuing pharmacy education credit accumulated in excess of the required 20 contact hours for biennial license renewal cannot be carried forward.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.285, ORS 689.486, ORS 413.450, ORS 676.850

855-021-0010

Continuing Pharmacy Education **Programs**

~~(1) In this rule the terms below have the meanings given: As used in OAR 855-021:~~

~~(a) "Patient Safety" means procedures and processes that ensure that the correct patient receives the correct drug in the correct dose, and is counseled appropriately.~~

~~(b) "Medication error prevention" means procedures and processes to prevent and avoid adverse events and to ensure that the correct patient receives the correct drug in the correct dose.~~

~~(2) A continuing pharmacy education program means classes of post graduate studies, informal study group participation, institutes, seminars, lectures, conferences, workshops, extension study, correspondence courses, teaching, planned and professional meetings, self study courses, cassette or audio visual tape/slides or materials, and other self instruction units:~~

(~~a~~**1**) A **continuing pharmacy education** program ~~shall~~**must** consist of therapeutics, or pharmacy and drug law or other aspects of health care **applicable to the practice of pharmacy**. ~~A minimum of at least two hours of continuing education credit must be earned in the area of pharmacy and drug law. A minimum of two hours of continuing education credit must be earned in the area of patient safety or medication error prevention.~~

(~~b~~**2**) Programs ~~shall~~**must** provide for examinations or other methods of evaluation to assure satisfactory completion by participants.

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

(~~3~~**4**) Continuing pharmacy education programs ~~shall~~**must** be approved by the Board of Pharmacy. Application for approval ~~shall~~**must**be made on and in accordance with forms established by the **b**~~B~~oard. The forms ~~shall~~**must** require information relating to:

(a) Name of provider or sponsor;

(b) Type of program offered;

(c) Description of subject matter;

(d) Number of contact hours offered;

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

(f) Method of determining satisfactory completion of program;

(g) Dates and location of program;

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

(~~4~~**5**) CE programs are not required to carry approval of American Council on Pharmaceutical Education (ACPE). Programs presented by providers approved by the American Council on Pharmacy Education (ACPE) are ~~generally~~ accepted~~, however, the Board reserves the right to determine the number of hours allowed or to disapprove such programs~~.

(~~5~~**6**) Providers ~~shall~~**must** provide attendees with proof of attendance that shows the date and number of contact hours provided. Providers must maintain attendance lists for three years.

~~(6) Continuing pharmacy education credit accumulated in excess of the required 30 contact hours for biennial license renewal cannot be carried forward.~~

(7) A maximum of **1**~~2~~0 contact hours ~~(2.0 CEU)~~ may be earned in any licensing cycle by preparing and presenting CE programs. Pharmacists **and Certified Oregon Pharmacy Technicians** presenting CE programs may earn one contact hour ~~(0.1 CEU)~~ for preparation time of one hour or more, plus credit for the actual contact hour time of the presentation. A pharmacist **or Certified Oregon Pharmacy Technicians** must show content of the course, and a description of the intended audience (e.g., pharmacists, technicians, physicians, nurses). Public service programs, such as presentations to school children or service clubs, are not eligible for continuing education credit.

(8) Pharmacists **or Certified Oregon Pharmacy Technicians** taking post graduate studies applicable to graduate or professional degrees may submit the course syllabus and evidence of satisfactory completion of the course for continuing education credit approval by the **b**~~B~~oard.

(9) The **b**~~B~~oard may approve up to 26 contact hours of CE credit for pharmacists who have successfully completed nationally certified Disease State Management courses.

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

~~**855-021-0016**~~

~~Continuing Education in Pain Management~~

~~(1) A pharmacist licensed under these rules must complete seven hours of continuing education in pain management as detailed in the following sub-sections. This is a one-time requirement:~~

~~(a) A one-hour pain management course, specific to Oregon, provided by the Pain Management Commission of the Oregon Health Authority; and~~

~~(b) A minimum of six hours of continuing education in pain management. This requirement may be fulfilled by any combination of continuing education coursework focusing on pain management including but not limited to the treatment of terminally ill and dying patients, and those with chronic, non-malignant pain.~~

~~(2) A pharmacist must complete the required continuing education within 24 months of their first license renewal.~~

~~(3) A pharmacist must retain for three years, documentation showing they have met the requirement of this rule, and must provide this documentation if requested by the Board.~~

~~(4) The pain management continuing education required under this rule shall count towards the 3.0 continuing pharmacy education units required under OAR 855-021-0005, in the license cycle in which the pain management continuing education is completed.~~

~~**855-021-0025**~~

~~**Continuing Pharmacy Education — Reciprocity**~~

~~A pharmacist reciprocating into Oregon will not be required to submit proof of continuing pharmacy education during the initial license cycle.~~

~~**855-021-0030**~~

~~**Continuing Pharmacy Education — Non-Resident — Dual Licensees**~~

~~(1) Any Oregon licensed pharmacist residing in another state shall, in order to receive Oregon license renewal, meet Oregon requirements for continuing pharmacy education.~~

~~(2) The Board shall accept for CE credit programs for out of state pharmacists that have been approved by that state's Board of Pharmacy.~~

~~(3) Upon request, the Board may certify to another state's licensing authority the status of a licensee's continuing education participation in Oregon.~~

~~(4) The Board may request certification from another state's licensing authority regarding the status of an applicant's continuing education.~~

855-021-0045

Notification of ~~Annual~~ Biennial License Renewal

(1) The ~~B~~**b**oard will ~~develop an appropriate~~ **send a** biennial renewal notice to be issued to all licensed pharmacists**, interns, and Certified Oregon Pharmacy Technicians at least 60 days** prior to ~~May 1 of each odd numbered year~~ **the license expiration date that states the biennial license fee, continuing pharmacy education requirements and other information necessary for renewal.**

~~(2) The notice will state the biennial pharmacist license fee and the continuing pharmacy education fee due for license renewal.~~

~~(3) The notice will include the continuing pharmacy education time requirement and any other information considered pertinent for the licensee's understanding of the renewal requirements.~~

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented**:** ORS 689.275**, ORS 689.486**

855-021-0050

~~Renewal Application~~ Continuing Pharmacy Education Audits

(1) The biennial renewal application must be submitted to the **b**~~B~~oard with the appropriate fee and the ~~pharmacist~~ **licensee** must attest that ~~he/she~~ **they** has~~ve~~ satisfactorily completed the continuing pharmacy education requirements.

(2) The Board may randomly select and audit applications for renewal to verify completion of ~~the CE programs~~ **continuing pharmacy education by pharmacists, interns and Certified Oregon Pharmacy Technicians or documented onsite training by Certified Oregon Pharmacy Technicians** reported on the application for renewal.

(a) Pharmacists whose applications for renewal are selected for audit must provide documentation of completion of the ~~CE~~ **continuing pharmacy education** programs reported. A pharmacist who fails to provide the requested documentation to the **b**~~B~~oard or who fails to complete the biennial ~~CE~~ **continuing pharmacy education** requirement may be disciplined for unprofessional conduct.

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

(c) Certified Oregon Pharmacy Technicians whose applications for renewal are selected for audit must provide documentation of completion of the continuing pharmacy education or documented onsite training reported. A Certified Oregon Pharmacy Technician who fails to provide the requested documentation to the board or who fails to

complete the biennial continuing education requirement may be disciplined for unprofessional conduct.

(3) The board may utilize the National Association of Boards of Pharmacy CPE Monitor service when auditing licensees.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.275

~~**855-021-0055**~~
~~**Reinstatement**~~

~~(1) Any person petitioning for reinstatement of a pharmacist license as provided within ORS 689.445 shall produce certification of the continuing education requirements of all years in which the license has been inactive prior to restoration of the license.~~

~~(2) Retired pharmacists who wish to reinstate their license should refer to OAR 855-019-0170(2).~~

Division 025– Pharmacy Technicians/Certified Oregon Pharmacy Technicians (Cultural Competency CE)

Filing Caption (15 word limit)**:** 2019 HB 2011 directs licensees when renewing to obtain cultural competency CE

Need for Rules: Revisions to Division 025 are necessary to incorporate continuing education requirement directives set forth in 2019 HB 2011, related to cultural competency.

Fiscal Impact:

In Oregon, it is estimated that 6,186 Certified Oregon Pharmacy Technicians will be impacted by these new requirements. The cultural competency CE could cost $0-60 per renewal cycle depending on the CE course(s) completed.

Documents relied upon include:

OHA Cultural Competence Continuing Education (CCCE)

2019 HB 2011 and related statutes

ORS 676.850 Authority of regulatory boards to require cultural competency continuing education; documentation of participation; rules

ORS 413.450 Continuing education in cultural competency

Rules Summary:

Revisions to Division 025 are necessary to incorporate continuing education requirement directives set forth in 2019 HB 2011, related to cultural competency.

The additional revisions to Division 025 are in alignment with the board's 2020-2024 Strategic Plan to proactively review & update rules to ensure clarity, transparency and promote patient safety.

Division 25
PHARMACY TECHNICIANS AND CERTIFIED OREGON PHARMACY TECHNICIANS

855-025-0015
Renewal of Licensure as a Certified Oregon Pharmacy Technician

(1) A person who has taken and passed a national pharmacy technician certification examination listed in OAR 855-025-0012(1)(a)–(b) may use the following title, and is referred to in these rules as, and is licensed as a "Certified Oregon Pharmacy Technician."

(2) An applicant for renewal of a Certified Oregon Pharmacy Technician license must:

(a) Pay the biennial license fee ~~prescribed~~ **required** in OAR 855-110.

(b) **Completion of continuing pharmacy education requirements as directed in OAR 855-021;** ~~Satisfactorily complete a minimum of 20 continuing pharmacy educating hours during the period from July 1 through June 30, of each license renewal cycle. These hours must include:~~

~~(A) Two hours of continuing pharmacy education in pharmacy law;~~

~~(B) Two hours of continuing pharmacy education in patient safety or error prevention; and~~

~~(C) Sixteen other hours of continuing pharmacy education or documented onsite training approved by the Board.~~

~~(c) OAR 855-025-0015(2)(b) does not apply to a Certified Oregon Pharmacy Technician applying for the first renewal of their license, if they have not been licensed by the Board for at least one year prior to July 1 of the renewal period.~~

(**c**~~d~~) Be subject to an annual criminal background check.

~~(3) The Board may randomly select and audit applications for renewal to verify completion of continuing education or documented onsite training reported on the application for renewal. A Certified Oregon Pharmacy Technician whose application for renewal is selected for audit must provide documentation of completion of the continuing pharmacy education reported.~~

(4) ~~Effective January 1, 2015, n~~**Continued** national certification is not required to renew a license as a Certified Oregon Pharmacy Technician.

(5) A Certified Oregon Pharmacy Technician who fails to renew his or her license by the expiration date and whose license has been lapsed for less than one year may renew his or her license as follows:

(a) Complete the renewal process;

(b) Pay the biennial license fee as prescribed in OAR 855-110;

(c) Pay a delinquent fee; and

(d) Complete the required continuing **pharmacy** education pursuant to OAR 855-~~025-0015(2)(b).~~**021**.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.225 & 689.486

855-025-0020
~~**Recordkeeping Responsibilities of Pharmacy Technicians and Certified Oregon Pharmacy Technicians**~~

Duty to Report

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

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

(3) A Pharmacy Technician or Certified Oregon Pharmacy Technician must report to the ~~B~~**b**oard within 10 days if they:

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

(b) If they are arrested for a felony.

(4) A Pharmacy Technician or Certified Oregon Pharmacy Technician who has reasonable cause to believe that another licensee (of the ~~B~~**b**oard or any other Health Professional Regulatory Board) has engaged in prohibited or unprofessional conduct as these terms are defined in OAR 855-006-0005, must report that conduct to the board responsible for the licensee who is believed to have engaged in the conduct. The reporting Pharmacy Technician or Certified Oregon Pharmacy Technician ~~shall~~**must** report the conduct without undue delay, but in no event later than 10 working days after the reporting Pharmacy Technician or Certified Oregon Pharmacy Technician learns of the conduct unless federal laws relating to confidentiality or the protection of health information prohibit disclosure.

(5) A Pharmacy Technician or Certified Oregon Pharmacy Technician who reports to a ~~B~~**b**oard in good faith as required by section (4) of this rule is immune from civil liability for making the report.

(6) A Pharmacy Technician or Certified Oregon Pharmacy Technician who has reasonable grounds to believe that prescription drugs or records have been lost or stolen, or any violation of these rules has occurred, must notify the ~~B~~**b**oard within 1 day.

(7) A Pharmacy Technician or Certified Oregon Pharmacy Technician must notify the ~~B~~**b**oard in writing, within 15 days, of any change in email address, employment location or residence address except that a Pharmacy Technician who is employed at more than one pharmacy need only report the name and address of the pharmacy at which the technician normally works the most hours.

~~(8) A Certified Oregon Pharmacy Technician must obtain certificates of completion that show the date and number of hours earned to document continuing pharmacy education credit earned and must keep the certificates of completion for three years from the date of the program.~~

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155 & ~~Ch. 536 OL 2009~~**ORS 689.486**

855-025-0060
Reinstatement of a Certified Oregon Pharmacy Technician License

(1) A Certified Oregon Pharmacy Technician who fails to renew their license by the deadline and whose license has been lapsed for greater than one year may reinstate their license as follows:

(a) Complete a new application for licensure and provide the ~~B~~**b**oard with a valid e-mail address;

(b) Pay the biennial license fee as prescribed in OAR 855-110;

(c) Submit to a national fingerprint background check; and

(d) Provide certification of completion of 10 continuing education hours. These hours may not be counted toward renewal; and must include:

(A) One hour of continuing pharmacy education in pharmacy law;

(B) One hour of continuing pharmacy education in patient safety or error prevention; and

(C) One hour of continuing pharmacy education in cultural competency either approved by the Oregon Health Authority under ORS 413.450 or any cultural competency CPE; and

(~~C~~**D**) ~~Eight~~ **Seven** other hours of pharmacy technician-specific continuing education.

(2) A Certified Oregon Pharmacy Technician whose license has been lapsed greater than five years must:

(a) Re-take and pass a national pharmacy technician certification examination offered by:

(A) The Pharmacy Technician Certification Board (PTCB); or

(B) National Healthcareer Association (NHA).

(b) Satisfy reinstatement requirements pursuant to OAR 855-025-0060(1).

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.225,ORS 413.450, & ORS 689.486

Division 031– Interns (Cultural Competency CE)

Filing Caption (15 word limit)**:** 2019 HB 2011 directs licensees when renewing to obtain cultural competency CE

Need for Rules: Revisions to Division 031 are necessary to incorporate continuing education requirement directives set forth in 2019 HB 2011, related to cultural competency.

Fiscal Impact:

In Oregon, it is estimated that 794 Interns will be impacted by these new requirements. The cultural competency CE could cost $0-60 per renewal cycle depending on the CE course(s) completed.

Documents relied upon include:

OHA Cultural Competence Continuing Education (CCCE)

2019 HB 2011 and related statutes

ORS 676.850 Authority of regulatory boards to require cultural competency continuing education; documentation of participation; rules

ORS 413.450 Continuing education in cultural competency

Rules Summary:

Revisions to Division 031 are necessary to incorporate continuing education requirement directives set forth in 2019 HB 2011, related to cultural competency.

The additional revisions to Division 031 are in alignment with the board's 2020-2024 Strategic Plan to proactively review & update rules to ensure clarity, transparency and promote patient safety.

Division 31
INTERNS~~HIP REGULATIONS~~

855-031-0005
Definitions

(1) An "intern" means any person who:

(a) Is enrolled in a course of study and is in good academic standing at a school or college of pharmacy that is approved by the Oregon Board of Pharmacy ~~(Board)~~; or

(b) Is a graduate of a school or college of pharmacy that is approved by the ~~B~~**b**oard; or

(c) Is a foreign pharmacy graduate and holds a certificate from the Foreign Pharmacy Graduate Equivalency Committee (FPGEC); and

(d) Is licensed with the ~~B~~**b**oard as an intern.

(2) A "preceptor" means a pharmacist or a person licensed by the ~~B~~**b**oard to supervise the internship training of an intern.

(3) "Internship" means a professional experiential program or work experience.

(a) "Traditional Pharmacy-practice Internship (TPI)" means experience toward achieving competency in the practice of pharmacy for which no academic credit is granted to the intern.

(b) "School-based Rotational Internship (SRI)" means experience toward achieving competency in the practice of pharmacy in programs developed and administered by a school of pharmacy.

(c) "Other Internship" means experience toward achieving competency in the practice of pharmacy, other than in an internship as defined in (a) or (b), in a program approved by a school of pharmacy or the ~~B~~**b**oard.

(4) “School of pharmacy”: In this division of rules, “school of pharmacy” means a school or college of pharmacy that is approved by the ~~B~~**b**oard.

Statutory/Other Authority: ORS 689.151 & **ORS** 689.205
Statutes/Other Implemented: **ORS** 689.255

855-031-0010
Intern License Application

(1) Applications for licensure as an intern may be obtained from ~~the Board office or from~~ the ~~B~~**b**oard website.

(a) Failure to completely, accurately and honestly answer all questions on the application form for licensure or renewal of licensure is grounds for discipline;

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

(2) The ~~B~~**b**oard may issue a license to a qualified intern after the receipt of:

(a) A completed application;

(b) Payment of the fee prescribed in OAR 855-110;

(c) A current, passport regulation size photograph (full front, head to shoulders);

(d) Furnish documentation required to conduct a national fingerprint-based background check; and

(e) Confirmation from a school of pharmacy that the applicant is enrolled in a course of study, except for foreign pharmacy graduates who must:

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

(B) Provide a copy of the original certificate issued by the Foreign Pharmacy Graduate Equivalency Examination Committee; and

(C) Provide evidence that they have passed the Test of English as a Foreign Language (TOEFL) Internet-based Test (IBT).

(3) The ~~B~~**b**oard may issue an intern license after processing the application, however unless the applicant is a foreign graduate or an applicant for licensure by reciprocity, it is not valid until the intern has started a course of study. The initial license is valid until the last day of November following the second anniversary of issue unless terminated automatically by any one of the following events. Renewed licenses are valid for two years unless terminated automatically by any one of the following events:

(a) Licensure to practice pharmacy is granted in any state; or

(b) The licensee, other than a foreign pharmacy graduate or an applicant for licensure by reciprocity, fails to maintain enrollment or active registration in a pharmacy degree program for a period greater than one year; or

(c) The licensee, other than a foreign pharmacy graduate or an applicant for licensure by reciprocity, has been graduated from a school of pharmacy for 12 months;

(d) The intern is dismissed, terminated or expelled by the school of pharmacy, or withdraws from the program.

(4) An intern must surrender their license to the ~~B~~**b**oard within 30 days of one of the above events.

(5) Notwithstanding the requirements of section (3) above, upon written request the ~~B~~**b**oard may waive any of the requirements of this rule if a waiver will further public health and safety. A waiver granted under this section ~~shall~~**must** only be effective when it is issued in writing.

[Publications: Publications referenced are available from the agency.]

Statutory/Other Authority: ORS 689.151 & ORS 689.205
Statutes/Other Implemented: ORS 689.207, ORS 689.255 & ORS 689.455

855-031-0016

Renewal of Licensure as an Intern

(1) An application for renewal of an intern license must include documentation of:

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

(b) Payment of the license fee required in OAR 855-110.

(2) An intern will be subject to an annual criminal background check.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.151

855-031-0020
Intern Requirements and Responsibilities

(1) A licensed intern may practice in any one or a combination of the following approved internship experience areas:

(a) Traditional Pharmacy-practice Internship (TPI): an intern may not work in a TPI until after satisfactorily completing the first academic year in a school of pharmacy. An intern working in a TPI must be supervised by a licensed pharmacist or pharmacist preceptor;

(b) School-based Rotational Internship (SRI): an intern must be supervised by a licensed pharmacist or other person approved by a school of pharmacy to obtain credit for SRI hours;

(c) Other Internship.

(2) An intern may not work more than 48 hours per week in SRIs and must comply with all supervision and ratio requirements.

(3) An intern must verify that their preceptor is currently licensed with the ~~B~~**b**oard.

(4) An intern may not work in the practice of pharmacy unless supervised by a licensed pharmacist, except when an intern is working in a federal facility, however, to obtain credit for SRI experience in a federal facility located in Oregon, the intern must be licensed with the ~~B~~**b**oard.

(5) An intern who is working in a pharmacy or other place of business must conspicuously display their intern license in the pharmacy or place of business and must be clearly identified as an intern at all times.

(6) An intern may perform only the duties listed in Division 025 of this Chapter before completion of the first academic year in a school of pharmacy.

(7) An intern may, after successful completion of their first academic year, perform the duties of an intern listed in Division 019 of this Chapter, but only after successful completion of coursework corresponding to those duties at their school of pharmacy and only with the permission of their supervising pharmacist.

(8) An intern is responsible for his or her own actions and must comply with all ~~B~~**b**oard regulations.

(9) An intern must notify the ~~B~~**b**oard within 15 days of any change in their academic status that might affect their eligibility to work as an intern.

(10) An intern must notify the ~~B~~**b**oard in writing within 15 days of a change in permanent residence and TPI site.

(11) An intern must report to the ~~B~~**b**oard within 10 days if they are:

(a) Convicted of a misdemeanor or a felony; or

(b) Arrested for a felony.

(12) An intern who has reasonable cause to believe that another licensee (of the ~~B~~**b**oard or any other Health Professional Regulatory Board) has engaged in prohibited or unprofessional conduct as these terms are defined in OAR 855-006-0005, must report that conduct to the board responsible for the licensee who is believed to have engaged in the conduct. The intern ~~shall~~**must** report the conduct without undue delay, but in no event later than 10 working days

after the intern learns of the conduct unless federal laws relating to confidentiality or the protection of health information prohibit disclosure.

(13) If needed by an intern for compliance with another ~~B~~**b**oard's requirement, an intern must maintain written or electronic records that support the number of TPI hours claimed by an intern and have those hours certified by a preceptor.

(14) An intern may make a voluntary report to the ~~B~~**b**oard on any preceptor's aptitude and professionalism in performing the duties of a preceptor. An intern must make such a report upon request by the ~~B~~**b**oard.

Statutory/Other Authority: ORS 689.151 & **ORS** 689.205
Statutes/Other Implemented: ORS 689.255 & ~~2009 OL Ch. 536~~ **ORS**

855-031-0026
Ratio & Supervision

(1) A pharmacist may not supervise more than one intern at a time at a TPI site who performs the duties of an intern as listed in OAR 855-019-0200(3)(g). A pharmacist may supervise more than one intern if only one intern performs the duties of an intern as listed in OAR 855-019-0200(3)(g) and if other interns supervised by the pharmacist perform the duties listed in OAR 855-025-0040.

(2) A preceptor may not supervise more than two interns simultaneously during a shift at an SRI site where patient specific recommendations for care or medications are provided without prior written authorization of the ~~B~~**b**oard. Through the 2020-2021 academic year, a preceptor may monitor as many interns as they believe in their professional judgement is appropriate to achieve desired experiential outcomes for non-direct patient care learning opportunities only, while also preserving and assuring patient safety. The preceptor must retain documentation of all interns monitored during this timeframe.

(3) With the written approval of a school of pharmacy, and when in their professional judgment it is appropriate, a preceptor may supervise up to 10 interns at public-health outreach programs such as informational health fairs that provide general information but not direct patient care.

(4) For immunization clinics, an immunizing pharmacist may supervise up to two immunizing interns.

(5) A licensed preceptor may delegate the preceptor responsibilities to another licensed pharmacist or preceptor.

(6) The majority of an intern's overall experience must be with a licensed pharmacist preceptor.

Statutory/Other Authority: ORS 689.151 & ORS 689.205
Statutes/Other Implemented**:** ORS 689.255

855-031-0030
Out-of-State Internship Experience

(1) In order for an Oregon intern to obtain credit for SRI experiences outside the State of Oregon, an intern must:

(a) Be licensed as required by state laws and rules in the state in which they will practice;

(b) Meet or exceed the minimum SRI requirements of the ~~B~~**b**oard;

(2) In order for an out-of-state intern to practice in the State of Oregon, the intern must meet all requirements of these rules.

Statutory/Other Authority: ORS 689.151 & **ORS** 689.205
Statutes/Other Implemented: **ORS** 689.255

855-031-0045
School and Preceptor Registration and Responsibilities

(1) A preceptor license may be issued by the ~~B~~**b**oard upon receipt of a completed application.

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

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

(4) The preceptor may report to the ~~B~~**b**oard voluntarily, the progress and aptitude of an intern under the preceptor's supervision, or must do so upon request of the ~~B~~**b**oard.

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

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

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

(8) A preceptor must verify that their intern is currently licensed with the ~~B~~**b**oard.

(9) A pharmacist acting as a preceptor in a federal facility is not required to be licensed as a pharmacist in Oregon, but is required to be licensed as a preceptor with the ~~B~~**b**oard.

(10) The school of pharmacy must maintain a record of each intern's SRIs. This record must be made available to the ~~B~~**b**oard upon request.

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

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

Statutory/Other Authority: ORS 689.151 & **ORS** 689.205
Statutes/Other Implemented**:** ORS 689.255

855-031-0050
Eligibility for Exams — Foreign Pharmacy Graduates

In addition to the other requirements of this Division, a foreign pharmacy graduate must complete 1440 internship hours before applying to take the Multistate Pharmacy Jurisprudence Examination (MPJE) and before applying for licensure as a pharmacist as specified in OAR 855-019-0150. Evidence of completing this requirement must be provided to the ~~B~~**b**oard by the applicant and must be authenticated by each preceptor.

Statutory/Other Authority: ORS 689.151 & **ORS** 689.205
Statutes/Other Implemented: **ORS** 689.255

855-031-0055
Eligibility for Exams and Pharmacist Licensure

(1) An intern is eligible to take the North American Pharmacist Licensure Examination (NAPLEX) and the MPJE, upon graduation and notification to the ~~B~~**b**oard by the school of pharmacy that their degree, with not less than 1440 hours of SRI, has been conferred.

(2) Upon meeting all requirements for pharmacist licensure, and before practicing pharmacy in the State of Oregon, a person must:

(a) Complete an application for licensure including providing any fingerprint card or other documentation required by the ~~B~~**b**oard to conduct a criminal background check;

(b) Pay the license fee as prescribed in OAR 855-110; and

(c) Obtain a license, which will expire on June 30 in odd numbered years.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.135, **ORS** 689.207, **ORS** 689.225 & **ORS** 689.275

Division 041: Operation of Pharmacies (Epinephrine)

Filing Caption (max 15 words):

Removes limitation on epinephrine dispensed to an entity

Need for Rules:

Appropriate medical treatment for severe allergic reactions must be immediately available in the event that an acute anaphylactic reaction occurs following administration of a vaccine.

Fiscal Impact:

None anticipated

Documents Relied Upon:

CDC Interim Considerations: Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination

Rules Summary:

This rule removes the limit of the number of epinephrine devices that may be dispensed to an entity. Appropriate medical treatment for severe allergic reactions must be immediately available in the event that an acute anaphylactic reaction occurs following administration of a vaccine.

855-041-2320
Epinephrine

(1) A pharmacist may fill an order for epinephrine to be used by trainees to treat an anaphylactic reaction. Trainees must be 18 years of age or older and must have responsibility for or contact with at least one (1) other person as a result of the trainee's occupation or volunteer status, such as, but not limited to, a camp counselor, scout leader, forest ranger, school employee, tour guide or chaperone.

(2) Individuals must successfully complete a training program approved by the Oregon Health Authority, Public Health Division. Upon successful completion, the trainee will receive the following certificates:

(a) Statement of Completion; and

(b) Authorization to Obtain Epinephrine.

(3) Acquisition of epinephrine from a pharmacy to be used for the treatment of allergic emergencies may occur in the following manners:

(a) A pharmacist may dispense epinephrine to a trainee upon presentation of the Statement of Completion and Authorization to Obtain Epinephrine certificate to a pharmacy when:

(A) A pharmacist may generate a prescription for, and dispense an emergency supply of epinephrine for not more than one adult and one child dose package, as specified by the supervising professional whose name, signature, and license number appear on the Authorization to Obtain Epinephrine certificate.

(B) The pharmacist who generates the hardcopy prescription for epinephrine in this manner shall reduce the prescription to writing, and file the prescription in a manner appropriate for a non-controlled substance.

(C) Once the pharmacist generates the epinephrine prescription, the pharmacist shall write in the appropriate space provided on the Authorization to Obtain Epinephrine certificate the date and the number of doses dispensed, and return the certificate to the trainee.

(D) The Statement of Completion and the Authorization to Obtain Epinephrine certificate may be used to obtain epinephrine up to four (4) times within three (3) years from the date of the initial training.

(E) Both the Statement of Completion and the Authorization to Obtain Epinephrine certificate expire three (3) years from the date of the trainee's last Oregon Health Authority approved allergy response training.

(F) Upon completion of the training, the trainee will receive a new Statement of Completion and Authorization to Obtain Epinephrine certificate, with a valid duration of three (3) years.

(b) A pharmacist may dispense epinephrine to an entity when:

(A) The epinephrine is acquired by a valid prescription presented to the pharmacy;

(B) The prescription identifies the entity as the patient for the purpose of prescribing~~;~~ **and labeling the prescription.**

~~(i) The pharmacist shall use the name of the entity as the patient for the purpose of labeling the prescription.~~

~~(ii) The prescription shall be limited to one adult and one child dose package per trained employee per location.~~

~~(C) For the purpose of this rule, an entity conducts business at a single physical location.~~

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155 & ORS 433.825

Division 041, 043 & 044 – Operation of Pharmacies/Practitioner Dispensing/Charitable Pharmacies (LEP: Informational Inserts)

Filing Caption (15 word limit)**:**

Clarifies the definition and requirements for an informational insert

Need for Rules:

These rules are intended to clarify the definition and requirements for an informational insert when applicable for prescription drugs dispensed directly to Limited English Proficiency (LEP) patients. The requirements apply to pharmacies and dispensing drug outlets.

Fiscal Impact:

The clarification of the definition and requirements for an informational insert may have a fiscal impact to Oregon registered pharmacies and dispensing drug outlets. Additional costs for informational inserts may be included in the original estimates to comply with the directives of 2019 SB 698. The estimated costs for pharmacies to comply with the rules effective 1/1/2021 ranged from $1-5M depending on the number of locations affected.

Documents relied upon include:

ORS 689.505 Labeling requirements; rules

Rules Summary:

Address directives of 2019 SB 698, which requires accessibility services for limited English proficiency (LEP) patients. These rules are intended to clarify the definition and requirements for an informational insert when applicable for prescription drugs dispensed directly to LEP patients. These requirements apply to pharmacies and dispensing drug outlets, including non-resident pharmacies.

855-041-1001
Definitions

(1) "Biological product" means, with respect to the prevention, treatment or cure of a disease or condition of human beings, a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component, blood derivative, allergenic product, protein other than a chemically synthesized polypeptide, analogous products or arsphenamine or any other trivalent organic arsenic compound.

(2) "Biosimilar product" means a biological product licensed by the United States Food and Drug Administration pursuant to 42 ~~U.S.C.~~ 262(k)(3)(A)(i) **(12/26/2020)**.

(3) "Drug room" is a drug storage area registered with the Board which is secure and lockable.

(4) "Informational insert" is an auxiliary document that is provided to the patient when directions for use by the patient required under OAR 855-041-1130 do not fit on the label affixed to the prescription container.

(4**5**) "Interchangeable" means, in reference to a biological product, that the United States Food and Drug Administration has determined that a biosimilar product meets the safety standards set forth in 42 U~~.~~S~~.~~C~~.~~ 262(k)(4) **(12/26/2020)**.

(6) "Limited English proficiency" means not fluent in the English language.

(~~5~~**7**) "Reference biological product" means the biological product licensed pursuant to 42 U~~.~~S~~.~~C~~.~~ 262(a) **(12/26/2020)** against which a biological product is evaluated in an application submitted to the United States Food and Drug Administration for licensure of a biological product as a biosimilar product or for determination that a biosimilar product is interchangeable.

Statutory/Other Authority: ORS 689.205 & 689.522
Statutes/Other Implemented: ORS 689.155 ~~& 342 &~~ **ORS** 689.522**, & ORS 689.564**

855-041-1132
Limited English Proficiency and Accessibility

(1) Upon request of a prescriber, patient or a patient's agent, each drug dispensed by a pharmacy for a patient's self-administration must bear a label in both English and the language requested for an individual with limited English proficiency~~, defined as a person who is not fluent in the English language~~. This does not apply to a drug outlet dispensing a drug intended for administration by a healthcare worker.

(2) When dispensing a drug under (1), a pharmacy must provide **a prescription** label~~s~~ and**, when needed, an** informational insert~~s~~ in both English and one of the following languages:

(a) Spanish;

(b) Russian;

(c) Somali;

(d) Arabic;

(e) Chinese (simplified);

(f) Vietnamese;

(g) Farsi;

(h) Korean;

(i) Romanian;

(j) Swahili;

(k) Burmese;

(l) Nepali;

(m) Amharic; and

(n) Pashtu.

(3) The board must reassess and update (2) as necessary and at least every ten years.

(4) An informational insert must only be used when the directions for use by the patient required under OAR 855-041-1130 will not reasonably fit on the label affixed to the prescription container.

(5) When an informational insert is provided, the prescription label affixed to the prescription container must state in both English and the language requested by the patient that an informational insert is being used.

(6) At a minimum, the informational insert must include the:

(a) directions for use by the patient in both English and the language requested;

(b) identifying number;

(c) name of patient;

(d) name of drug and strength; and

(e) dispensing date.

Statutory/Other Authority: ORS 689.564
Statutes/Other Implemented: ORS 689.205

855-043-0002
Definitions

In this division of rules:

(1) "Administer" means the direct application of a drug or device whether by injection, inhalation, ingestion, or any other means, to the body of a patient by:

(a) A practitioner or the practitioner's authorized agent; or

(b) The patient at the direction of the practitioner.

(2) "Dispense" or "Dispensing" means the preparation and delivery of a prescription drug pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

(3) "Formulary" means a list of drugs or classes of drugs, or a list of disease states, health conditions or preventative measures such as immunization or birth control approved by the Board or by the Department of Human Services (DHS).

(4) "Health Officer" means a physician licensed by the Oregon Medical Board or the Oregon Board of Naturopathic Medicine and employed by or under contract with a county or district health department or DHS.

(5) "Informational insert" is an auxiliary document that is provided to the patient when directions for use by the patient required under OAR 855-041-1130 do not fit on the label affixed to the prescription container.

(6) "Limited English proficiency" means not fluent in the English language.

(~~5~~**7**) "Supervising Physician Dispensing Outlet" (SPDO) means any clinic, office, health care center, treatment center, or other establishment from which a physician assistant dispenses drugs, but that is not otherwise registered with the Board in the category of Retail Drug Outlet.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155, **& ORS 689.564**

855-043-0436
Supervising Physician Dispensing Outlet - Limited English Proficiency and Accessibility

(1) Upon request of a patient or a patient's agent, each drug dispensed by a drug outlet for a patient's self-administration must bear a label in both English and the language requested for an individual with limited English proficiency, defined as a person who is not fluent in the English language. This does not apply to a drug outlet dispensing a drug intended for administration by a healthcare worker.

(2) When dispensing a drug under (1), a pharmacy must provide **a prescription** label~~s~~ and**, when needed, an** informational insert~~s~~ in both English and one of the following languages:

(a) Spanish;

(b) Russian;

(c) Somali;

(d) Arabic;

(e) Chinese (simplified);

(f) Vietnamese;

(g) Farsi;

(h) Korean;

(i) Romanian;

(j) Swahili;

(k) Burmese;

(l) Nepali;

(m) Amharic; and

(n) Pashtu.

(3) The board must reassess and update (2) as necessary and at least every ten years.

(4) An informational insert must only be used when the directions for use by the patient required under OAR 855-041-1130 will not reasonably fit on the label affixed to the prescription container.

(5) When an informational insert is provided, the prescription label affixed to the prescription container must state in the language requested by the patient that an informational insert is being used.

(6) At a minimum, the informational insert, must include the:

(a) directions for use by the patient;

(b) identifying number;

(c) name of patient;

(d) name of drug and strength; and

(e) dispensing date.

Statutory/Other Authority: ORS 689.564
Statutes/Other Implemented: ORS 689.205

855-043-0541
Dispensing Practitioner Drug Outlet - Limited English Proficiency and Accessibility

(1) Upon request of a patient or a patient's agent, each drug dispensed by a drug outlet for a patient's self-administration must bear a label in both English and the language requested for an individual with limited English proficiency, defined as a person who is not fluent in the English language. This does not apply to a drug outlet dispensing a drug intended for administration by a healthcare worker.

(2) When dispensing a drug under (1), a pharmacy must provide **a prescription** labels and**, when needed, an** informational inserts in both English and one of the following languages:

(a) Spanish;

(b) Russian;

(c) Somali;

(d) Arabic;

(e) Chinese (simplified);

(f) Vietnamese;

(g) Farsi;

(h) Korean;

(i) Romanian;

(j) Swahili;

(k) Burmese;

(l) Nepali;

(m) Amharic; and

(n) Pashtu.

(3) The board must reassess and update (2) as necessary and at least every ten years.

Statutory/Other Authority: ORS 689.564
Statutes/Other Implemented: ORS 689.205

855-044-0005
Definitions

(1) “Charitable Pharmacy” means a facility registered with the Oregon Board of Pharmacy for the purpose of receiving and distributing donated drugs.

(2) “Informational insert” is an auxiliary document that is provided to the patient when directions for use by the patient required under OAR 855-041-1130 do not fit on the label affixed to the prescription container.

(3) “Limited English proficiency” means not fluent in the English language.

(~~2~~**4**) “Point-of-Contact” means an individual designated by a charitable pharmacy who serves as the primary contact person for the charitable pharmacy and who is responsible for managing the charitable pharmacy at that location.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.772**, &** ~~&~~ **ORS** 689.774, **& ORS 689.564**

855-044-0061
Charitable Pharmacies - Limited English Proficiency and Accessibility

(1) Upon request of a prescriber, patient or a patient's agent, each drug dispensed by a pharmacy for a patient's self-administration must bear a label in both English and the language requested for an individual with limited English proficiency, defined as a person who is not fluent in the English language. This does not apply to a drug outlet dispensing a drug intended for administration by a healthcare worker.

(2) When dispensing a drug under (1), a pharmacy must provide **a prescription** label~~s~~ and**, when needed, an** informational insert~~s~~ in both English and one of the following languages:

(a) Spanish;

(b) Russian;

(c) Somali;

(d) Arabic;

(e) Chinese (simplified);

(f) Vietnamese;

(g) Farsi;

(h) Korean;

(i) Romanian;

(j) Swahili;

(k) Burmese;

(l) Nepali;

(m) Amharic; and

(n) Pashtu.

(3) The board must reassess and update (2) as necessary and at least every ten years.

(4) A pharmacy that dispenses prescriptions for a patient's self-administration must post signage to provide notification of the right to free, competent oral interpretation and translation services for patients who are of limited English proficiency, in compliance with federal and state regulations.

(5) An informational insert must only be used when the directions for use by the patient required under OAR 855-041-1130 will not reasonably fit on the label affixed to the prescription container.

(6) When an informational insert is provided, the prescription label affixed to the prescription container must state in the language requested by the patient that an informational insert is being used.

(7) At a minimum, the informational insert, must include the:

(a) directions for use by the patient;

(b) identifying number;

(c) name of patient;

(d) name of drug and strength; and

(e) dispensing date.

Statutory/Other Authority: ORS 689.564
Statutes/Other Implemented: ORS 689.205

Division 041- Operation of Pharmacies (Drug Take Back)

Filing Caption (15 word limit)**:**

Clarifies requirements for pharmacies related to Drug Take Back Programs

Need for Rules:

To address directives of 2019 HB 3273 which directs Department of Environmental Quality (DEQ) to adopt any rules necessary for the effective administration of ORS 459A.200 to 459A.266. DEQ requested OBOP to assist DEQ in adopting rules under ORS 459A.200 to 459A.266.

Fiscal Impact:

None anticipated

Documents relied upon include:

2019 HB 3273 and related statutes

ORS 459A.200 to 459A.266 Drug Take Back Program

Rules Summary:

Amends rules related to returned drugs and devices and secure and responsible drug disposal to align with the directives of 2019 HB 3273.

855-041-1045
Returned Drugs and Devices

(1) Pharmacists, ~~pharmacies,~~ pharmacy technicians, ~~and~~ certified pharmacy technicians **and interns** may **not** ~~only~~ accept the return of controlled substances ~~upon receiving a waiver from the Board of Pharmacy~~.

(2) Pharmacists, pharmacies, pharmacy technicians, ~~and~~ certified pharmacy technicians **and interns** may accept the return of drugs or devices as defined by ORS 689.005 once the drugs or devices have been removed from the pharmacy only if;

(a) The drugs or devices are accepted for destruction or disposal and;

(b) The drugs or devices were dispensed in error, were defective, adulterated, misbranded, dispensed beyond their expiration date, were unable to be delivered to the patient, or are subject of a drug or device recall; or

(c) After consultation, a pharmacist determines that, in the pharmacist's professional judgment, harm could result to the public or a patient if the drugs or devices were not accepted for return.

(3) Not withstanding ~~section~~ **(**2**)** of this rule, drugs or devices previously dispensed or distributed may be returned and redispensed or redistributed provided all the following conditions are met:

(a) The drug is in an unopened, tamper-evident unit;

(b) The drugs or devices have remained at all times in control of a person trained and knowledgeable in the storage and administration of drugs in long term care facilities or supervised living groups using the services of a consultant pharmacist;

(c) The drug or device has not been adulterated or misbranded and has been stored ~~under~~ **according to** ~~conditions meeting United States Pharmacopeia standards~~ **the manufacturer recommendations**.

~~(4) Upon written request, the Board may waive any of the requirements of this rule if a waiver will further public health or safety or the health and safety of a patient. A waiver granted under this section shall only be effective when it is issued by the Board in writing.~~

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.305

855-041-1046
Secure and Responsible Drug Disposal

(1) A pharmacy **that operates a drug take back collection program or that participates in a drug take-back program under ORS 459A.200 to ORS 459A.266 as an authorized collector must be** registered with the DEA as an authorized collector ~~may~~ **to** collect controlled and non-controlled drugs for destruction ~~in accordance with all applicable federal laws~~.

(2) A pharmacy that operates **as** a ~~drug take back collection program~~ **Drug Enforcement Agency (DEA) authorized collector** ~~shall~~ **must** notify the **b**~~B~~oard ~~in writing prior to~~ **within 30 days of** initiating **or terminating** the program and ~~shall~~ **must** establish and enforce policies and procedures, including but not limited to:

(a) Provision of **a** secure location of the collection receptacle **inside the retail drug outlet**, which ~~must be~~ **is** accessible to the public**, within view of the pharmacy counter** and ~~cannot be~~ **must not** ~~placed~~ **be located** behind the pharmacy counter; and

(b) Provision of adequate security measures, including proper installation and maintenance of **the** collection receptacle, tracking of liners, **documentation** and key accountability; and

(c) Personnel training and accountability.

(3) **A pharmacy must inform consumers to directly deposit drugs into the collection receptacle.** Pharmacy personnel ~~shall~~ **must** not count, sort, inventory, or otherwise handle drugs collected.

(4) A pharmacy ~~shall~~ **must** not dispose of ~~quarantined, recalled or outdated~~ drugs from pharmacy stock in a collection receptacle.

(5) The liner must be inserted and removed from a locked collection receptacle only by or under the supervision of two employees of the pharmacy. Upon removal, the liner must be immediately sealed,

and the pharmacy employees must document their participation in the insertion and removal of each liner from a collection receptacle on a log. Sealed liners must not be opened, analyzed or penetrated at any time by the pharmacy or pharmacy personnel.

(6) Liners that have been removed from a collection receptacle and immediately sealed must be directly transferred, or otherwise stored in a secured, locked location in the pharmacy for no longer than 14 days prior to be transferred, by two pharmacy personnel to a registered drug distribution agent (such as registered UPS, FedEx or USPS) or a reverse wholesaler registered with the DEA and the board.

(7) Any tampering with a collection receptacle, liner or theft of deposited drugs must be reported to the board in writing within one day of discovery.

(~~5~~**8**) A pharmacy ~~shall~~ **must** maintain **all drug** disposal records for a minimum of 3 years.

(9) Authorized collectors are required to comply with the following federal and state laws:

(a) ORS 459A.200, ORS 459A.203, ORS 459A.206, ORS 459A.209, ORS 459A.212, ORS 459A.215, ORS 459A.218, ORS 459A.221, ORS 459A.224, ORS 459A.227, ORS 459A.230, ORS 459A.233, ORS 459A.236, ORS 459A.239, ORS 459A.242, ORS 459A.245, ORS 459A.248, ORS 459A.251, ORS 459A.254, ORS 459A.257, ORS 459A.260, ORS 459A.263, and ORS 459A.266;

(b) OAR 340-098-0000, OAR 340-098-0010, OAR 340-098-0300, OAR 340-098-0350, OAR 340-098-0370, and OAR 340-098-0390;

(c) 21 CFR 1317.30 (04/01/2020), 21 CFR 1317.35 (04/01/2020), 21 CFR 1317.40 (04/01/2020), 21 CFR 1317.55 (04/01/2020), 21 CFR 1317.60 (04/01/2020), 21 CFR 1317.65 (04/01/2020), 21 CFR 1317.70 (04/01/2020), 21 CFR 1317.75 (04/01/2020), 21 CFR 1317.80 (04/01/2020), and 21 CFR 1317.85 (04/01/2020); and

(d) 21 USC 822 (04/01/2021), 21 USC 822a (04/01/2021).

Statutory/Other Authority: ORS 689.205 **& ORS 459A.266**

Statutes/Other Implemented: ORS 689.305, **ORS 459A.203, ORS 459A.215, & ORS 495A.218**

Division 020– Pharmacist Prescriptive Authority

Filing Caption (max 15 words)**:**

Compendia updated to incorporate recent Public Health and Pharmacy Formulary Advisory Committee (PHPFAC) recommendations.

Need for Rules:

Appropriately references and reflects current standards incorporated in statewide drug therapy management protocols by reference, amends and repeals outdated regulations. Additional revisions to the proposed rules are a result of input from the Public Health and Pharmacy Formulary Advisory Committee.

Documents relied upon include:

Statewide drug therapy management protocols

ORS 689.645 and ORS 689.649

Fiscal Impact:

None anticipated

Rules Summary:

Updates all protocols in the protocol compendia. Adds one new item to the formulary compendia

Division 20
PHARMACIST PRESCRIPTIVE AUTHORITY

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

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

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

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

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

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

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

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

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

855-020-0110
Prescribing Practices

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

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

(a) Patient inclusion and exclusion criteria;

(b) Explicit medical referral criteria;

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

~~(d) Prescribing drugs and devices pursuant to the formulary and protocol compendia;~~

(~~e~~**d**) Patient education; and

(~~f~~**e**) Provider notification**; and**~~.~~

(f) Maintaining confidentiality.

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

(4) For each drug or device the pharmacist prescribes, the pharmacist must:

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

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

(c) Implement the care plan, to include appropriate treatment goals, monitoring parameters, and follow-up; and

(d) Provide notification~~, preferably via an interoperable information technology system,~~ to the patient's identified primary care provider or other care providers when applicable, within five business days following the prescribing of a Compendia drug or device.

(5) The pharmacist shall maintain all records associated with prescribing and other related activities performed for a minimum of 10 years, and a copy must be made available to the patient and provider upon request. Pharmacy records must be retained and made available to the Board for inspection upon request. Records must be stored onsite for at least one year and then may be stored in a secure off-site location if retrievable within three business days. Records and documentation may be written, electronic or a combination of the two.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.645 & ORS 689.649

855-020-0120
Prescribing Prohibited Practices

~~The responsibility and authority to prescribe pursuant to the Formulary and Protocol Compendia is upon the pharmacist.~~

(1) A pharmacist ~~shall~~ **may** not prescribe a drug or device to self or ~~immediate family members~~ **a spouse, domestic partner, parent, guardian, sibling, child, aunt, uncle, grandchild and grandparent, including foster, in-law, and step relationships or other individual for whom a pharmacist's personal or emotional involvement may render the pharmacist unable to exercise detached professional judgment in prescribing pursuant to the Formulary and Protocol Compendia.**

(2) An intern may not prescribe a drug or device.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.645 & ORS 689.649

855-020-0200

Formulary Compendium

A pharmacist may prescribe, according to **rules** ~~regulations~~ ~~outlined~~ in this Division, an FDA-approved drug and device listed in the following compendium, pursuant to a diagnosis by a health care practitioner who has prescriptive authority and who is qualified to make the diagnosis. The diagnosis must be documented.

Devices and supplies:
(1) Diabetic blood sugar testing supplies;
(2) Injection supplies;
(3) Nebulizers and associated supplies;
(4) Inhalation spacers;
(5) Peak flow meters;
(6) International Normalized Ratio (INR) testing supplies;
(7) Enteral nutrition supplies; ~~and~~
(8) Ostomy products and supplies**; and**
(9) Non-invasive blood pressure monitors

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.645 & ORS 689.649

855-020-0300
Protocol Compendium

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

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

~~(a) A pharmacist may prescribe any non-controlled medication to extend a patient's prescription therapy to avoid interruption of treatment; and~~

~~(b) In such cases, a pharmacist shall only prescribe a drug quantity sufficient for the circumstances, not to exceed a 60-day supply, and no more than two extensions in a 12-month period per medication.~~

(2) Conditions

(a) Cough and cold symptom management

(A) Pseudoephedrine **(v. 06/2021)** ~~products for patients 18 years of age and older, verified by positive identification, not to exceed 3.6 grams or a 60-count quantity per prescription, whichever is less, or a total of three prescriptions in a 12-month period. Pharmacist must review PDMP prior to issuing prescription and retain documentation of PDMP review~~;

(B) Benzonatate **(v. 06/2021)**~~, for the treatment of cough, not to exceed a 7-day supply~~;

(C) Short-acting beta agonists **(v. 06/2021)**~~, not to exceed 1 inhaler with or without a spacer, or 1 box of nebulizer ampules, per year~~; **and**

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

(b) Vulvovaginal candidiasis (VVC) Protocol (v. **06/2021**~~August 2020~~)

(3) Preventative care

(a) Emergency Contraception **(v. 06/2021)**~~, not including abortifacients.~~**;**

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

(c) Tobacco Cessation, NRT (Nicotine Replacement Therapy) and Non-NRT Protocol (v. ~~**August 2020**~~ **06/2021**)~~.~~**;** ~~A pharmacist is permitted to provide patient care services pursuant to this protocol only upon documented completion of a minimum of 2 hours of tobacco cessation continuing education.~~

(d) Travel Medications Protocol (v. ~~**August 2020**~~ **06/2021**)~~.~~**;** ~~A pharmacist who meets criteria to immunize pursuant to OAR 855-019-0270 is permitted to provide patient care services pursuant to this protocol only upon documented completion of: minimum of 4 hour certificate for pharmacy-based travel medicine services intended for the pharmacist (one-time requirement), and minimum of 1 hour of travel medication continuing education every 24 months.~~

(e) HIV Post-exposure Prophylaxis (PEP) Protocol (v. ~~**August 2020**~~ **06/2021**)~~.~~**; and** ~~A pharmacist is permitted provide patient care services pursuant to this protocol only upon documented completion of a comprehensive training program for the prescribing and dispensing of HIV prevention medications, to include related trauma-informed care.~~

(f) HIV Pre-exposure Prophylaxis (PrEP) Protocol (v. ~~**December 2020**~~ **06/2021**). ~~A pharmacist is permitted provide patient care services pursuant to this protocol only upon documented completion of a comprehensive training program for the prescribing and dispensing of HIV prevention medications, to include related trauma-informed care.~~

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

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.645 & ORS 689.649

Division 080– Controlled Substances

Filing Caption (max 15 words)**:**

Proactive rule review incorporating standards by reference

Need for Rules:

The proposed revisions are to clarify the date of incorporated standards of reference, as discussed in with the current Oregon Attorney General's Administrative Law Manual and Uniform and Model Rules of Procedure under the Administrative Procedures Act (07/2019) and to amend and repeal outdated regulations. The revision to the proposed rules are a result of the board's 2020-2024 Strategic Plan to proactively review and update rules to ensure clarity, transparency and promote patient safety.

Fiscal Impact:

None

Documents relied upon include:

RELATED FEDERAL STATUTES/RULES:

- 21 CFR (04/01/2020)
- 21 USC (04/01/2021)

RELATED OREGON STATUTES:

- ORS 475.035 Authority to control schedule; rules
- ORS 475.055 Publishing of schedules
- ORS 183.337 Procedure for agency adoption of federal rules.

Rules Summary:

Rules revisions to ensure clarity, transparency and promote patient safety

Division 80
SCHEDULE OF CONTROLLED SUBSTANCES

855-080-0015
Definitions

As used in these rules:

(1) "Act" means the Uniform Controlled Substances Act, ORS Chapter 475, and rules thereunder;

(2) "CFR" means Code of Federal Regulations;

~~(3) The term "registration" or variants thereof means the annual registration required of manufacturers, distributors and dispensers of controlled substances under ORS 475.125, and the term "registrants" or variants thereof refers to persons so registered; provided that where~~

~~references of this nature are used in CFR sections referred to in these rules, the reference is to the registration requirements and registrants under the Federal Controlled Substances Act, and Title 21, CFR.~~

(**3**)(~~4~~) "USC" means United States Code;

(4) "Emergency Situations" means those situations in which the prescribing practitioner who authorizes an oral prescription of a controlled substance listed in schedule II of the Federal Controlled Substances Act determines that:

(a) Immediate administration of the controlled substance is necessary, for proper treatment of the intended ultimate user; and

(b) No appropriate alternative treatment is available, including administration of a drug which is not a controlled substance under schedule II of the Act, and

(c) It is not reasonably possible for the prescribing practitioner to provide a written prescription to be presented to the person dispensing the substance, prior to the dispensing.

(5) Terms not defined in this rule have the definitions set forth in ORS 475.005.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 475.035 &**, ORS** 475.940**, ORS 475.185**

855-080-0020
Schedules

Pursuant to ORS 475.005(6) those drugs and their immediate precursors classified in Schedules I through V under the Federal Controlled Substances Act, 21 U~~.~~S~~.~~C~~. Sections~~ 811 ~~to~~ **(04/01/2021), 21 USC** 812 **(04/01/2021)** and as amended by the Board pursuant to ORS 475.035 are the controlled substances for purposes of regulation and control under the Act. Those schedules are set out in OAR 855-080-0021 through 855-080-0026.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 475.035

855-080-0021
Schedule I

(1) Schedule I consists of the drugs and other substances, by whatever official, common, usual, chemical, or brand name designated, listed in 21 CFR ~~part~~ 1308.11~~,~~ **(04/01/2020)**, and unless specifically ~~excepted~~ **exempt** or unless listed in another schedule, any quantity of the following substances, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

(a) 1,4-butanediol;

(b) Gamma-butyrolactone

(c) Methamphetamine, except as listed in OAR 855-080-0022;

(d) Dichloro-N-(2-(dimethylamino)cyclohexyl)-N-methylbenzamide (U-47700)

(e) 4-chloro-N-[1-[2-(4-nitrophenyl)ethyl]piperidin-2-ylidene]benzenesulfonamide (W-18) and positional isomers thereof, and any substituted derivative of W-18 and its positional isomers, and their salts, by any substitution on the piperidine ring (including replacement of all or part of the nitrophenylethyl group), any substitution on or replacement of the sulfonamide, or any combination of the above that are not FDA approved drugs, unless specifically excepted or when in the possession of an FDA registered manufacturer or a registered research facility, or a person for the purpose of sale to an FDA registered manufacturer or a registered research facility.

(f) Substituted derivatives of cathinone and methcathinone that are not listed in OARs 855-080-0022 through 0026 (Schedules II through V) or are not FDA approved drugs, including but not limited to,

(A) Methylmethcathinone (Mephedrone);

(B) Methylenedioxypyrovalerone (MDPV);

(C) Methylenedioxymethylcathinone (Methylone);

(D) 2-Methylamino-3',4'-(methylenedioxy)-butyrophenone (Butylone);

(E) Fluoromethcathinone (Flephedrone);

(F) 4-Methoxymethcathinone (Methedrone).

(2) Schedule I also includes any compounds in the following structural classes (2a–2k) and their salts, that are not FDA approved drugs, unless specifically excepted or when in the possession of an FDA registered manufacturer or a registered research facility, or a person for the purpose of sale to an FDA registered manufacturer or a registered research facility:

(a) Naphthoylindoles: Any compound containing a 3-(1-naphthoyl)indole structure with substitution at the nitrogen atom of the indole ring whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent. Examples of this structural class include but are not limited to: JWH-015, JWH-018, JWH-019, JWH-073, JWH-081, JWH-122, JWH-200, JWH-210, AM-1220, MAM-2201 and AM-2201;

(b) Phenylacetylindoles: Any compound containing a 3-phenylacetylindole structure with substitution at the nitrogen atom of the indole ring whether or not further substituted in the indole ring to any extent, whether or not substituted in the phenyl ring to any extent. Examples of this structural class include but are not limited to: JWH-167, JWH -201, JWH-203, JWH-250, JWH-251, JWH-302 and RCS-8;

(c) Benzoylindoles: Any compound containing a 3-(benzoyl)indole structure with substitution at the nitrogen atom of the indole ring whether or not further substituted in the indole ring to any extent and whether or not substituted in the phenyl ring to any extent. Examples of this structural class include but are not limited to: RCS-4, AM-694, AM-1241, and AM-2233;

(d) Cyclohexylphenols: Any compound containing a 2-(3-hydroxycyclohexyl)phenol structure with substitution at the 5-position of the phenolic ring whether or not substituted in the

cyclohexyl ring to any extent. Examples of this structural class include but are not limited to: CP 47,497 and its C8 homologue (cannabicyclohexanol);

(e) Naphthylmethylindoles: Any compound containing a 1H-indol-3-yl-(1-naphthyl)methane structure with substitution at the nitrogen atom of the indole ring whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent;

(f) Naphthoylpyrroles: Any compound containing a 3-(1-naphthoyl)pyrrole structure with substitution at the nitrogen atom of the pyrrole ring whether or not further substituted in the pyrrole ring to any extent and whether or not substituted in the naphthyl ring to any extent;

(g) Naphthylmethylindenes: Any compound containing a 1-(1-naphthylmethyl) indene structure with substitution at the 3-position of the indene ring whether or not further substituted in the indene ring to any extent and whether or not substituted in the naphthyl ring to any extent;

(h) Cyclopropanoylindoles: Any compound containing an 3-(cyclopropylmethanoyl)indole structure with substitution at the nitrogen atom of the indole ring, whether or not further substituted in the indole ring to any extent and whether or not substituted in the cyclopropyl ring to any extent. Examples of this structural class include but are not limited to: UR-144, XLR-11 and A-796,260;

(i) Adamantoylindoles: Any compound containing a 3-(1-adamantoyl)indole structure with substitution at the nitrogen atom of the indole ring, whether or not further substituted in the indole ring to any extent and whether or not substituted in the adamantyl ring to any extent. Examples of this structural class include but are not limited to: AM-1248 and AB-001;

(j) Adamantylindolecarboxamides: Any compound containing an N-adamantyl-1-indole-3-carboxamide with substitution at the nitrogen atom of the indole ring, whether or not further substituted in the indole ring to any extent and whether or not substituted in the adamantyl ring to any extent. Examples of this structural class include but are not limited to: STS-135 and 2NE1; and

(k) Adamantylindazolecarboxamides: Any compound containing an N-adamantyl-1-indazole-3-carboxamide with substitution at the nitrogen atom of the indazole ring, whether or not further substituted in the indazole ring to any extent and whether or not substituted in the adamantyl ring to any extent. Examples of this structural class include but are not limited to: AKB48.

(3) Schedule I also includes any other cannabinoid receptor agonist that is not listed in OARs 855-080-0022 through 0026 (Schedules II through V) or is not an FDA approved drug.

(4) Schedule I also includes any substituted derivatives of fentanyl that are not listed in OARs 855-080-0022 through 0026 (Schedules II through V) or are not FDA approved drugs, and are derived from fentanyl by any substitution on or replacement of the phenethyl group, any substitution on the piperidine ring, any substitution on or replacement of the propanamide group, any substitution on the phenyl group, or any combination of the above.

(5) Schedule I also includes any compounds in the following structural classes (a – b), and their salts, that are not listed in OARs 855-080-0022 through 0026 (Schedules II through V) or FDA approved drugs, unless specifically excepted or when in the possession of an FDA registered

manufacturer or a registered research facility, or a person for the purpose of sale to an FDA registered manufacturer or a registered research facility:

(a) Benzodiazepine class: A fused 1,4-diazepine and benzene ring structure with a phenyl connected to the diazepine ring, with any substitution(s) or replacement(s) on the 1,4-diazepine or benzene ring, any substitution(s) on the phenyl ring, or any combination thereof. Examples of this structural class include but are not limited to: Clonazolam, Flualprazolam

(b) Thienodiazepine class: A fused 1,4-diazepine and thiophene ring structure with a phenyl connected to the 1,-4-diazepine ring, with any substitution(s) or replacement(s) on the 1,4-diazepine or thiophene ring, any substitution(s) on the phenyl ring, or any combination thereof. Examples of this structural class include but are not limited to: Etizolam

(6) Exceptions. The following are exceptions to subsection (1) of this rule:

(a) 1, 4-butanediol and gamma-butyrolactone when in the possession of a person for the purpose of its sale to a legitimate manufacturer of industrial products and the person is in compliance with the Drug Enforcement Administration requirements for List I Chemicals;

(b) 1, 4-butanediol and gamma-butyrolactone when in the possession of a person for the purpose of the legitimate manufacture of industrial products;

(c) Marijuana and delta-9-tetrahydrocannabinol (THC).

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 475.035, **ORS** 475.059**5 & ORS** 475.065, ~~2017 OL Ch. 021~~

855-080-0022
Schedule II

Schedule II consists of the drugs and other substances by whatever official, common, usual, chemical, or brand name designated, listed in 21 CFR ~~part~~ 1308.12 **(04/01/2020)** and any quantity of methamphetamine, when in the form of a FDA approved product containing methamphetamine, its salts, isomers and salts of its isomers as an active ingredient for the purposes of currently accepted medical use.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented**:** ORS 475.035, **ORS** 475.059**5, ORS** 475.065 & ~~2017 OL Ch. 021~~

855-080-0023
Schedule III

Schedule III consists of the drugs and other substances by whatever official, common, usual, chemical, or brand name designated, listed in 21 CFR ~~part~~ 1308.13 **(04/01/2020)**; and

(1) Products containing pseudoephedrine or the salts of pseudoephedrine as an active ingredient.

(2) Products containing ephedrine or the salts of ephedrine as an active ingredient.

(3) Products containing phenylpropanolamine or the salts of phenylpropanolamine as an active ingredient.

Statutory/Other Authority: ORS 689.205 **& ORS 475.973**
Statutes/Other Implemented: ORS 475.035

855-080-0024
Schedule IV

Schedule IV consists of:

(1) The drugs and other substances, by whatever official, common, usual, chemical, or brand name designated, listed in 21 CFR ~~part~~ 1308.14 **(04/01/2020)**, unless specifically excepted or listed in another schedule**.** ~~:and~~

~~(2) Products containing carisoprodol or the salts of carisoprodol as an active ingredient.~~

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented**:** ORS 475.035

855-080-0026
Schedule V

Schedule V consists of the drugs and other substances, by whatever official, common, usual, chemical, or brand name designated, listed in 21 CFR ~~part~~ 1308.15 **(04/01/2020)**.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 475.035

855-080-0028

Excluded Substances

~~The following~~ d**D**rugs and their generic equivalents **listed in 21 CFR 1308.22 (04/01/2020)** are ~~excepted~~ **excluded** from the schedules in OAR 855-080-0021 through 855-080-0026.

~~(1) Benzedrex inhaler (Propylhexedrine).~~

~~(2) Vicks – Vapor inhaler (Levmetamfetamine).~~

Statutory/Other Authority: ORS 689.205 **& ORS 689.155**
Statutes/Other Implemented: ~~ORS 689.155~~**ORS 475.035**

855-080-0031
Registration Requirements

~~Manufacturers, distributors, and pharmacies or other drug outlets are required to register with the Board under the Uniform Controlled Substances Act.~~

Every person who manufactures, delivers or dispenses any controlled substance within this state or who proposes to engage in the manufacture, delivery or dispensing of any controlled substance within this state, must obtain a controlled substance registration annually issued by the State Board of Pharmacy.

Statutory/Other Authority: ORS 689.155 & **ORS** 689.205
Statutes/Other Implemented: ORS 475.125

855-080-0041

Exemption to Registration

(1) The following persons are not required to register to manufacture, dispense or deliver controlled substances and may lawfully possess controlled substances under ORS 475.005 to ORS 475.285 and ORS 475.752 to ORS 475.980:

(a) An agent or employee of any registered manufacturer, distributor or dispenser of any controlled substance if the agent or employee is acting in the usual course of business or employment.

(b) A common or contract carrier or warehouseman, or an employee thereof, whose possession of any controlled substance is in the usual course of business or employment.

(c) An ultimate user or a person in possession of any controlled substance pursuant to a lawful order of a practitioner or in lawful possession of a Schedule V substance, unless otherwise prohibited.

(d) A practitioner otherwise licensed under the laws of this state and authorized to dispense or administer a controlled substance by the licensing authority.

(e) A person providing proof of a valid DEA registration certificate pursuant to ORS 475.135(3) conducting research with controlled substances in Sections I through V within this state.

Statutory/Other Authority: ORS 689.155 & ORS 689.205
Statutes/Other Implemented: ORS 475.125 & ORS 475.135

~~**855-080-0050**~~
~~**Separate Registration for Places of Business**~~

~~A separate registration is required for each principal place of business where controlled substances are manufactured or from which controlled substances are distributed or dispensed.~~

~~**855-080-0055**~~
~~**Separate Registration for Independent Activities**~~

~~The manufacturing and distributing of controlled substances are deemed activities independent of each other. A separate registration is required for each activity; however, a person registered to manufacture may distribute or dispense any controlled substance which they are registered to manufacture, provided that, unless specifically exempted, they comply with all requirements and duties prescribed by statute and rules for persons registered to distribute or dispense as applicable.~~

855-080-0065

Security

(1) **All a**pplicants and registrants ~~registered persons~~ **as applicable to the registration** classification**,** ~~for registration and registrants~~ must comply with the security requirements of 21 CFR 1301.01 **(04/01/2020)**, 21 CFR 1301.02 **(04/01/2020)**, **21 CFR** 1301.71 **(04/01/2020), 21 CFR 1301.72 (04/01/2020), 21 CFR 1301.73 (04/01/2020), 21 CFR 1301.74 (04/01/2020), 21 CFR 1301.75 (04/01/2020), 21 CFR** 1301.76 **(04/01/2020)**, **21 CFR** ~~through~~ **1301.**~~76~~**7 (04/01/2020),** ~~and~~ **21 CFR** 1301.90 ~~through1301~~**(04/01/2020), 21 CFR 1301.91 (04/01/2020), 21 CFR 1301.92 (04/01/2020)**, ~~through~~ **and 21 CFR** 1301.93~~,~~ **(04/01/2020).** ~~which apply to their registration classification. The requirements of 21 CFR 1301.75 and 1301.76 relating to "practitioners" are applicable to applicants and registrants who are drug dispensers.~~

(2) The security requirements of ~~subsection one~~ **(1)** of this rule apply to all "controlled substances," as defined in these rules, ~~except~~ **including** ephedrine, pseudoephedrine and phenylpropanolamine.

(3) Applicants and registrants must guard against theft and diversion of ephedrine, pseudoephedrine and phenylpropanolamine.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 475.135 **& ORS 475.125**

855-080-0070

Records and Inventory

(1) All **registrants** ~~registered persons~~ **must** ~~shall~~, as applicable to the registration classification, keep records and maintain inventories in **compliance** ~~conformance~~ with 21 U~~.~~S~~.~~C ~~Section~~ 827~~;~~ ~~21CFR~~ **(04/01/2021)**; **21 CFR 1304.01 (04/01/2020), 21 CFR** 1304.02 **(04/01/2020)**, ~~through 1304.11;~~**21 CFR 1304.**~~21 through~~**03 (04/01/2020), 21 CFR 1304.04 (04/01/2020), 21 CFR 1304.05 (04/01/2020), 21 CFR 1304.06 (04/01/2020); 21 CFR 1304.11 (04/01/2020); 21 CFR 1304.21 (04/01/2020), 21 CFR 1304.22 (04/01/2020), 21 CFR 1304.23 (04/01/2020), 21 CFR 1304.24 (04/01/2020), 21 CFR 1304.25 (04/01/2020), 21 CFR** 1304.26~~;~~ **(04/01/2020)**; **21 CFR** 1304.31 ~~through~~**(04/01/2020),**~~through~~ **21 CFR 1304.32 (04/01/2020), 21 CFR** 1304.33~~;~~ **(04/01/2020)**.

(2) ~~except that a~~**A** written inventory of all controlled substances ~~shall~~**must** be taken by registrants annually within 365~~5~~**7** days of the last written inventory.

(3) All such records ~~shall~~**must** be maintained for a period of three years.

Statutory/Other Authority: ORS 475.035 & **ORS** 689.205
Statutes/Other Implemented: ORS 475.165

855-080-0075
Order~~**s**~~ **for Schedule I and II Controlled Substances** ~~Forms~~

Controlled substances in Schedules I and II ~~shall~~ **must** be distributed by a registrant to another registrant only pursuant to an order form **or electronic order** in ~~conformance~~ **compliance** with 21 U~~.~~S~~.~~C~~.~~ ~~Section~~ 828 **(04/01/2021)** and 21 CFR 1305.01 **(04/01/2020),** ~~through~~ **21 CFR 1305.**~~29~~**02 (04/01/2020), 21 CFR 1305.03 (04/01/2020), 21 CFR 1305.04 (04/01/2020), 21 CFR 1305.05 (04/01/2020), 21 CFR 1305.06 (04/01/2020), 21 CFR 1305.07 (04/01/2020); 21 CFR 1305.11 (04/01/2020), 21 CFR 1305.12 (04/01/2020), 21 CFR 1305.13 (04/01/2020), 21 CFR 1305.14 (04/01/2020), 21 CFR 1305.15 (04/01/2020), 21 CFR 1305.16 (04/01/2020), 21 CFR 1305.17 (04/01/2020), 21 CFR 1305.18 (04/01/2020), 21 CFR 1305.19 (04/01/2020), 21 CFR 1305.20 (04/01/2020); 21 CFR 1305.21 (04/01/2020), 21 CFR 1305.22 (04/01/2020), 21 CFR 1305.23 (04/01/2020), 21 CFR 1305.24 (04/01/2020), 21 CFR 1305.25 (04/01/2020), 21 CFR 1305.26 (04/01/2020), 21 CFR 1305.27 (04/01/2020), 21 CFR 1305.28 (04/01/2020), and 21 CFR 1305.29 (04/01/2020)**.

Statutory/Other Authority: ~~ORS 475 &~~ **ORS** 689**.205**
Statutes/Other Implemented: ORS 475.175

855-080-0080
Special Exceptions

~~The provisions of 21 CFR 1307.11 through 1307.13 are applicable under the Act.~~ **The board adopts the exceptions to registration found in 21 CFR 1307.11 (04/01/2020) and 21 CFR 1307.13 (04/01/2020).**

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 475.035

855-080-0085
Prescription Requirements

(1) ~~Except as provided in sections (2) and (3) of this rule,~~ **Registrants, practitioners and pharmacists as specified therein in the issuance, preparation, labeling dispensing, recordkeeping and filing of prescriptions for controlled substances must comply with** the provisions of 21 CFR 1306.01 **(04/01/2020),** ~~through~~ **21 CFR 1306.02 (04/01/2020), 21 CFR 1306.03 (04/01/2020), 21 CFR 1306.04 (04/01/2020), 21 CFR 1306.05 (04/01/2020), 21 CFR 1306.06 (04/01/2020), 21 CFR 1306.07 (04/01/2020), 21 CFR 1306.08 (04/01/2020), 21 CFR 1306.09 (04/01/2020); 21 CFR 1306.11 (04/01/2020), 21 CFR 1306.12 (04/01/2020), 21 CFR 1306.13 (04/01/2020), 21 CFR 1306.14 (04/01/2020), 21 CFR 1306.15 (04/01/2020); 21 CFR**

1306.21 (04/01/2020), 21 CFR 1306.22 (04/01/2020); 21 CFR 1306.23 (04/01/2020), 21 CFR 1306.24 (04/01/2020), 21 CFR 1306.25 (04/01/2020), 21 CFR 1306.26 (04/01/2020), 21 CFR 1306.27 **(04/01/2020);** and **21 CFR** 1304.03(d) **(04/01/2020).** ~~shall be complied with by the registrants, practitioners and pharmacists as specified therein in the issuance, preparation, labeling dispensing, recordkeeping and filing of prescriptions for controlled substances. An electronic prescription is permitted for any substance listed in OAR 855-080-0022 through 855-080-0026 when so permitted by federal regulations.~~

~~(2) The provisions of 21 CFR 1306.11(a) under section (1) of this rule are amended by deleting "which is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act."~~

~~(3) The provisions of 21 CFR 1306.21 through 1306.27 under section (1) of this rule shall be deemed to apply also to controlled substances listed in Schedule V.~~

~~(4) Controlled substances in Schedules III, IV, and V which are prescription drugs determined by the Board pursuant to ORS 475.185(3) are those prescription drugs as determined under the Federal Food, Drug, and Cosmetic Act. Such drugs are "Legend Drugs" and bear the legend "Caution: Federal law prohibits dispensing without a prescription", or an equivalent legend. In addition, any preparation containing any amount of codeine or its salts, opium, or paregoric in Schedules III, IV, or V is a prescription drug as determined by the Board pursuant to ORS 475.185(3).~~

~~(5) "Emergency Situations" as referred to in ORS 475.185(2) mean the same as specified in 21 CFR 290.10.~~

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 475.185 & **ORS** 475.188

~~855-080-0095~~
~~Verification of Research Registration~~

~~Persons conducting research with controlled substances in Sections I through V within this state who are not otherwise exempt from registration pursuant to ORS 475.125(3), may, upon furnishing the Board a copy of a current federal registration certificate issued for such a purpose, pursuant to ORS 475.135, receive written verification of such submission from the Board's Executive Director.~~

855-080-0100
Animal Euthanasia

(1) The following requirements shall be met in order for a humane society or animal control agency to be registered or registration renewed to allow the purchase, possession and administration of sodium pentobarbital and sedative and analgesic medications for euthanizing injured, sick, homeless or unwanted domestic pets and other animals:

(a) Registration. Registration as an animal euthanasia drug outlet is limited to animal control agencies and humane societies for the purpose of purchasing, possessing, or administering sodium pentobarbital and sedative and analgesic medications to euthanize animals. The outlet must identify and provide to the Oregon Board of Pharmacy via application, a designated

representative who will serve as the primary contact person responsible for managing the outlet operations. The outlet shall notify the Board within 15 days of any change in designated representative. Registration requires submission of an application, and a certificate of registration will be issued upon approval. All registrations and renewals shall be accompanied by an annual fee defined in Division 110 of this Chapter.

(b) Drug Storage. All supplies of sodium pentobarbital and sedative and analgesic medications shall be acquired from an Oregon registered distributor, and kept in a locked cabinet. An assigned person designated in writing shall be responsible for the security of the sodium pentobarbital and sedative and analgesic medications. Such designated person shall allow access to and withdrawal of the drug only to a person certified by the Oregon State Veterinary Medical Examining Board to administer sodium pentobarbital and sedative and analgesic medications;

(c) Records. The following records shall be made at the time of the occurrence and shall be maintained for a minimum of three years, available for inspection by the Board of Pharmacy and its agents:

(A) A record of the withdrawal of sodium pentobarbital and sedative and analgesic medications, signed by the person who takes possession of the sodium pentobarbital and sedative and analgesic medications for administration;

(B) A record of the weight, species of animal and dosage of each drug administered for euthanasia signed by the person who administers the drug and by the designated person responsible for security;

(C) A record of all wastage of each drug signed by the person administering the each drug and the designated person responsible for security; and

(D) A weekly record of verification of the amount of each drug on hand, minus the amounts withdrawn for administration, signed by the designated person responsible for security;

(E) A record of disposal of any expired or unwanted sodium pentobarbital and sedative and analgesic medications. Disposal shall be in conformance with federal regulations.

(F) Complete the annual Self-Inspection form by February 1 each year, and retain for Board inspection.

(d) Audits. The registrant shall submit to random audits of records and analysis of prepared solutions by the Drug Enforcement Administration (DEA), and Board of Pharmacy or its agents.

(2) The outlet shall notify the Board of Pharmacy in the event of a significant drug loss or violation related to drug theft within one (1) business day.

(3) At the time a Report of Theft or Loss of Controlled Substances (DEA Form 106) is sent to the DEA, a copy shall be sent to the Board of Pharmacy.

(4) The Board of Pharmacy will suspend or revoke the registration of an animal euthanasia drug outlet which allows a person to administer sodium pentobarbital or sedative and analgesic medications who is not certified by the Oregon State Veterinary Medical Examining Board to administer such drug.

Statutory/Other Authority: ORS 475.095, ORS 475.190 & ORS 689.205
Statutes/Other Implemented: ORS 689.151 & ORS 689.155

~~**855-080-0105**~~
~~**Disposal of Drugs**~~

~~(1) Drugs that are outdated, damaged, deteriorated, misbranded, or adulterated shall be quarantined and physically separated from other drugs until they are destroyed or returned to their supplier.~~

~~(2) Controlled substances which are expired, deteriorated or unwanted shall be disposed of in conformance with 21 CFR 1317.~~

~~(3) Expired, deteriorated, discontinued, or unwanted controlled substances in a long-term care facility shall be destroyed and the destruction jointly witnessed on the premises by any two of the following:~~

~~(a) The consultant pharmacist or registered nurse designee.~~

~~(b) The Director of Nursing Services or supervising nurse designee~~

~~(c) The administrator of the facility or an administrative designee~~

~~(d) A Registered Nurse employed by the facility~~

~~(4) The destruction shall be documented and signed by the witnesses and the document retained at the facility for a period of at least three years. Copies of the document shall be sent to the consultant pharmacist. Any destruction of controlled substances deviating from this procedure must be approved by the Board prior to implementation.~~

~~(5) Upon written request, the Board may waive any of the requirements of this rule if a waiver will further public health or safety or the health and safety of a patient. A waiver granted under this section shall only be effective when it is issued by the Board in writing.~~

Division 110– Fees

Filing Caption (max 15 words)**:**
Implement amended late fee expiration dates for licensees and registrants

Need for Rules:
To align late fees for specific Oregon licensees and registrants to match the expiration date.

Fiscal Impact:
This rule amendment has a fiscal impact for specific Oregon licensees and registrants as well as the agency. This rule amendment could potentially result in a savings to licensees and registrants. The agency anticipates a potential revenue reduction of approximately $90,000-$95,000 biennially due to a decrease in late fees paid by licensees and registrants.

Documents Relied Upon:
None

Rules Summary:
Upgrading the agency licensing software eliminated the need for manual processing of license/registration renewals. The late fees for specific license/registration types can be amended to match the expiration date.

DIVISION 110 FEES

855-110-0005
Licensing Fees

(1) Pharmacist license examination (NAPLEX) and re-examination fee - $50.

(2) Pharmacist jurisprudence (MPJE) re-examination fee - $25.

(3) Pharmacist licensing by reciprocity fee - $250.

(4) Pharmacist licensing by score transfer fee - $250.

(5) Intern license fee. Expires November 30 every two years - $100.

(6) Pharmacist:

(a) Biennial license fee. Expires June 30 each odd numbered year. The biennial license fee is - $250. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **received** after ~~May 31~~ **June 30**) - $50.

(b) Electronic Prescription Monitoring Fund fee. Due by June 30 biennially - $50. (This is a mandatory fee, required by ORS 431.972 that must be paid with the pharmacist license renewal fee).

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

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

(8) Pharmacy Technician license fee - $100.

(9) Certified Oregon Pharmacy Technician:

(a) Biennial license fee. Expires June 30 each even numbered year - $100. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **received** after ~~May 31~~ **June 30**) $20.

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

Statutory/Other Authority: ORS 689.205, **ORS** 291.055 & **ORS** 183.705
Statutes/Other Implemented: ORS 689.135, **ORS** 431**A**.~~972~~ **.880** & **ORS** 676.410

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

(1) Community Health Clinic. Expires March 31 annually - $100. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **received** after ~~February 28~~ **March 31**) - $25.

(2) Drug Distribution Agent. Expires September 30 annually - $400. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **received** after ~~August 31~~ **September 30**) - $100.

(3) Drug Room (including correctional facility). Expires March 31 annually - $100. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **received** after ~~February 28~~ **March 31**) - $75.

(4) Manufacturers (including Manufacturer Class I, Manufacturer Class II and Manufacturer Class III). Expires September 30 annually - $525. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **received** after ~~August 31~~ **September 30**) - $100.

(5) Medical Device, Equipment & Gas Class C. Expires January 31 annually - $75. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **received** after ~~December~~ **January** 31) - $25.

(6) Nonprescription Class A. Expires January 31 annually - $75. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **received** after ~~December~~ **January** 31) - $25.

(7) Nonprescription Class B. Expires January 31 annually - $75. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **after** ~~December~~ **January** 31) - $25.

(8) Nonprescription Class D. Expires January 31 annually - $100. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **after** ~~December~~ **January** 31) - $25.

(9) Prophylactic and/or Contraceptive Wholesaler and/or Manufacturer - $50. Expires December 31 annually.

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

(11) Retail, Institutional, or Consulting/"Drugless" Pharmacy Drug Outlet. Expires March 31 annually - $225. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **received** after ~~February 28~~ **March 31**) - $75.

(12) Wholesalers (including Wholesaler Class I, Wholesaler Class II and Wholesaler Class III). Expires September 30 annually - $525. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **received** after ~~August 31~~ **September 30**) - $100.

(13) Remote Dispensing Machine or Remote Distribution Facility. Expires March 31 annually - $120. Due by ~~February 28~~ **March 31** annually.

(14) Charitable Pharmacy. Expires March 31 annually - $75. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **received** after ~~February 28~~ **March 31**) - $25.

(15) Home Dialysis. Expires March 31 annually - $225. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **received** after ~~February 28~~ **March 31**) - $75.

(16) Supervising Physician Dispensing Outlet. Expires March 31 annually - $175. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **received** after ~~February 28~~ **March 31**) - $75.

(17) Dispensing Practitioner Drug Outlet. Expires March 31 annually - $100. ~~Delinquent~~ **Late** renewal fee (~~postmarked~~ **received** after ~~February 28~~ **March 31**) — $25.

Stat. Auth.: ORS 689.205 & **ORS** 291.055
Stats. Implemented: ORS 689.135, **ORS** 689.774 & **ORS** 289.305

Division 006/007/041/045/065– Definitions/Public Health Emergency/Operation of Pharmacies /Pharmacy Drug Compounding/Wholesale Drug Outlets (USP/Drug Storage/Labeling/Repackaging)

Need for Rules:
The proposed revisions are to clarify the date of incorporated standards of reference, as discussed in with the current Oregon Attorney General's Administrative Law Manual and Uniform and Model Rules of Procedure under the Administrative Procedures Act (07/2019).

Each year the Board will adopt the updated USP-NF standards and USCs. The board is tasked with verifying that every USP-NF standard and USC is current and referenced appropriately.

Fiscal Impact:
None anticipated

Documents Relied Upon:
USP-NF: https://www.uspnf.com/
HOMEOPATHIC PHARMACOPOEIA OF THE UNITED STATES (HPUS) (v. 20XX): https://www.hpus.com/
RELATED FEDERAL STATUTES/RULES: 21 USC (XX/XX/XXXX)

Rules Summary:
Procedural rules revisions to ensure clarity, transparency and promote patient safety.

Division 6
DEFINITIONS
855-006-0005
Definitions

As used in OAR chapter 855:

(1) "Adulterated" has the same meaning as set forth in 21 USC 351 (v. XX/XX/XXXX).

(~~1~~2) "Board" means the Oregon Board of Pharmacy unless otherwise specified or required by the context.

(~~2~~3) "Certified Oregon Pharmacy Technician" means a person licensed by the State Board of Pharmacy who assists the pharmacist in the practice of pharmacy pursuant to rules of the Board and has completed the specialized education program pursuant to OAR 855-025-0005. Persons used solely for clerical duties, such as recordkeeping, cashiering, bookkeeping and delivery of medications released by the pharmacist are not considered pharmacy technicians.

(~~3~~4) "Clinical Pharmacy Agreement" means an agreement between a pharmacist or pharmacy and a health care organization or a physician that permits the pharmacist to engage in the practice of clinical pharmacy for the benefit of the patients of the health care organization or physician.

(4~~5~~5) "Collaborative Drug Therapy Management" means the participation by a pharmacist in the management of drug therapy pursuant to a written protocol that includes information specific to the dosage, frequency, duration and route of administration of the drug, authorized by a practitioner and initiated upon a prescription order for an individual patient and:

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

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

(5~~6~~6) "Compounding" means the preparation, mixing, assembling, packaging, or labeling of a drug or device:

(a) As the result of a practitioner's prescription drug order, or initiative based on the relationship between the practitioner, the pharmacist and the patient, in the course of professional practice; or

(b) For the purpose of, or as an incident to, research, teaching, or chemical analysis and not for sale or dispensing; or

(c) The preparation of drugs or devices in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns.

(6~~7~~7) "Confidential Information" means any patient information obtained by a pharmacist or pharmacy.

(7~~8~~8) "Consulting Pharmacist" means a pharmacist that provides a consulting service regarding a patient medication, therapy management, drug storage and management, security, education, or any other pharmaceutical service.

(8~~9~~9) The "Container" is the device that holds the drug and that is or may be in direct contact with the drug.

(9~~10~~10) "Dispensing or Dispense" means the preparation and delivery of a prescription drug pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

(10~~11~~11) "Interpretation and evaluation of prescription orders" means the review of the order for therapeutic and legal correctness. Therapeutic review includes identification of the prescription drug ordered, its applicability and its relationship to the other known medications used by the patient and determination of whether or not the dose and time interval of administration are within accepted limits of safety. The legal review for correctness of the prescription order includes a determination that the order is valid and has not been altered, is not a forgery, is prescribed for a legitimate medical purpose,

contains all information required by federal and state law, and is within the practitioner's scope of practice.

(~~11~~**12**) "Labeling" means the process of preparing and affixing of a label to any drug container exclusive, however, of the labeling by a manufacturer, packer or distributor of a non-prescription drug or commercially packaged legend drug or device.

(13) "Misbranded" has the same definition as set forth in 21 USC 352 (v. XX/XX/XXXX).

(~~12~~**14**) "Monitoring of therapeutic response or adverse effect of drug therapy" means the follow up of the therapeutic or adverse effect of medication upon a patient, including direct consultation with the patient or his agent and review of patient records, as to result and side effect, and the analysis of possible interactions with other medications that may be in the medication regimen of the patient. This section shall not be construed to prohibit monitoring by practitioners or their agents.

(~~13~~**15**) "Medication Therapy Management (MTM)" means a distinct service or group of services that is intended to optimize therapeutic outcomes for individual patients. Medication Therapy Management services are independent of, but can occur in conjunction with, the provision of a medication product.

(~~14~~**16**) "Nationally Certified Exam" means an exam that is approved by the Board which demonstrates successful completion of a Specialized Education Program. The exam must be reliable, psychometrically sound, legally defensible and valid.

(~~15~~**17**) "Non-legend drug" means a drug which does not require dispensing by prescription and which is not restricted to use by practitioners only.

(~~16~~**18**) "Offering or performing of those acts, services, operations or transactions necessary in the conduct, operation, management and control of pharmacy" means, among other things:

(a) The creation and retention of accurate and complete patient records;

(b) Assuming authority and responsibility for product selection of drugs and devices;

(c) Developing and maintaining a safe practice setting for the pharmacist, for pharmacy staff and for the general public;

(d) Maintaining confidentiality of patient information.

(19) "Official compendium" means the official United States Pharmacopeia <USP>, official National Formulary <NF> (USP 43-NF38 v. 2021), official Homeopathic Pharmacopoeia of the United States <HPUS> (v.2021), or any supplement to any of these.

(~~17~~**20**) "Oral Counseling" means an oral communication process between a pharmacist and a patient or a patient's agent in which the pharmacist obtains information from the patient (or agent) and the

patient's pharmacy records, assesses that information and provides the patient (or agent) with professional advice regarding the safe and effective use of the prescription drug for the purpose of assuring therapeutic appropriateness.

(~~18~~**21**) Participation in Drug Selection and Drug Utilization Review:

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

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

(A) Over-utilization or under-utilization;

(B) Therapeutic duplication;

(C) Drug-disease contraindications;

(D) Drug-drug interactions;

(E) Incorrect drug dosage;

(F) Incorrect duration of treatment;

(G) Drug-allergy interactions; and

(H) Clinical drug abuse or misuse.

(~~19~~**22**) "Pharmaceutical Care" means the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life. These outcomes include:

(a) Cure of a disease;

(b) Elimination or reduction of a patient's symptomatology;

(c) Arrest or slowing of a disease process; or

(d) Prevention of a disease or symptomatology.

(~~20~~**23**) "Pharmacy Technician" means a person licensed by the State Board of Pharmacy who assists the pharmacist in the practice of pharmacy pursuant to rules of the Board but has not completed the specialized education program pursuant to OAR 855-025-0012.

(~~21~~**24**) “Practice of clinical pharmacy” means:

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

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

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

(~~22~~**25**) “Practice of pharmacy” is as defined in ORS 689.005.

(~~23~~**26**) "Prescription released by the pharmacist” means, a prescription which has been reviewed by the pharmacist that does not require further pharmacist intervention such as reconstitution or counseling.

(~~24~~**27**) “Prohibited conduct” means conduct by a licensee that:

(a) Constitutes a criminal act against a patient or client; or

(b) Constitutes a criminal act that creates a risk of harm to a patient or client.

(~~25~~**28**) "Proper and safe storage of drugs and devices and maintenance of proper records therefore" means housing drugs and devices under conditions and circumstances that:

(a) Assure retention of their purity and potency;

(b) Avoid confusion due to similarity of appearance, packaging, labeling or for any other reason;

(c) Assure security and minimize the risk of their loss through accident or theft;

(d) Accurately account for and record their receipt, retention, dispensing, distribution or destruction;

(e) Protect the health, safety and welfare of the pharmacist, pharmacy staff and the general public from harmful exposure to hazardous substances.

(~~26~~**29**) “Quality Assurance Plan” is a written set of procedures to ensure that a pharmacy has a planned and systematic process for the monitoring and evaluation of the quality and appropriateness of pharmacy services and for identifying and resolving problems.

(~~27~~**30**) "Responsibility for advising, when necessary or when regulated, of therapeutic values, content, hazards and use of drugs and devices" means advice directly to the patient, either verbally or in writing as required by these rules or federal regulation, of the possible therapeutic response to the medication, the names of the chemicals in the medication, the possible side effects of major importance, and the methods of use or administration of a medication.

(~~28~~**31**) "Specialized Education Program" means;

(a) A program providing education for persons desiring licensure as pharmacy technicians that is approved by the board and offered by an accredited college or university that grants a two-year degree upon successful completion of the program; or

(b) A structured program approved by the board and designed to educate pharmacy technicians in one or more specific issues of patient health and safety that is offered by:

(A) An organization recognized by the board as representing pharmacists or pharmacy technicians;

(B) An employer recognized by the board as representing pharmacists or pharmacy technicians; or

(C) A trade association recognized by the board as representing pharmacies.

(~~29~~**32**) "Supervision by a pharmacist" means being stationed within the same work area as the pharmacy technician or certified Oregon pharmacy technician being supervised, coupled with the ability to control and be responsible for the pharmacy technician or certified Oregon pharmacy technician's action. During the declared public health emergency timeframe related to the 2020 COVID-19 pandemic, “supervision by a pharmacist” means pharmacist monitoring of a pharmacy technician or intern being supervised, coupled with the ability to control and be responsible for the technician or interns actions and for the following remote processing functions only: prescription or order entry, other data entry, and insurance processing of prescriptions and medication orders.

(~~30~~**33**) "Therapeutic substitution" means the act of dispensing a drug product with a different chemical structure for the drug product prescribed under circumstances where the prescriber has not given clear and conscious direction for substitution of the particular drug for the one which may later be ordered.

(~~31~~**34**) "Verification" means the confirmation by the pharmacist of the correctness, exactness, accuracy and completeness of the acts, tasks, or functions performed by an intern or a pharmacy technician or a certified Oregon pharmacy technician.

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

Division 7
PUBLIC HEALTH EMERGENCY
855-007-0120
Damage to a Pharmacy and Drug Integrity

(1) If a pharmacy prescription department sustains damage, whether by flood or otherwise, the entire drug inventory, including any prescriptions that are awaiting pickup, is unfit for dispensing, shall be classified as adulterated and must be destroyed unless, ~~in the pharmacist's professional judgment~~, ~~any items are~~ **the drugs are** deemed safe for dispensing **according to OAR 855-041-1036**. Any incident of this nature must be reported to the Board within three working days.

(2) If a pharmacy loses power that affects temperature or humidity controls such that ~~USP standards for~~ **the** proper storage of drugs **according to OAR 855-041-1036** **has**~~ve~~ been violated, such drugs shall be classified as adulterated and may not be dispensed.

~~NOTE: for those drugs labeled for storage at "controlled room temperature," the acceptable range of temperature is 68° to 77°F with allowances for brief deviations between 59° to 86°F~~.

(3) Controlled substances damaged, lost or stolen shall be documented and reported to the DEA and the Board on DEA Form 41 or DEA Form 106 as appropriate.

(4) A pharmacy that is required to temporarily close or relocate due to an emergency must report this event to the Board within three working days.

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

Division 41
OPERATION OF PHARMACIES (AMBULATORY AND RESIDENTIAL DRUG OUTLETS)
855-041-1001
Definitions

(1) "Biological product" means, with respect to the prevention, treatment or cure of a disease or condition of human beings, a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component, blood derivative, allergenic product, protein other than a chemically synthesized polypeptide, analogous products or arsphenamine or any other trivalent organic arsenic compound.

(2) "Biosimilar product" means a biological product licensed by the United States Food and Drug Administration pursuant to 42 U.S.C. 262(k)(3)(A)(i).

(3) "Drug room" is a drug storage area registered with the Board which is secure and lockable.

(4) "Interchangeable" means, in reference to a biological product, that the United States Food and Drug Administration has determined that a biosimilar product meets the safety standards set forth in 42 U.S.C. 262(k)(4).

(5) "Reference biological product" means the biological product licensed pursuant to 42 U.S.C. 262(a) against which a biological product is evaluated in an application submitted to the United States Food and Drug Administration for licensure of a biological product as a biosimilar product or for determination that a biosimilar product is interchangeable.

(6) "Repackage" means the act of taking a drug from the container in which it was distributed by the manufacturer and placing it into a different container without further manipulation of the drug.

(7) "Temperature excursion" means an event in which a drug is exposed to a temperature outside of the manufacturers recommended storage conditions.

Statutory/Other Authority: ORS 689.205, ORS 689.522
Statutes/Other Implemented: ORS 689.155, 689.522, ORS 689.564

855-041-1035
Minimum Equipment Requirements (Both Retail and Institutional Drug Outlets)

The following items are ~~The minimum equipment~~ require**d**~~dment to open and operate~~ **for** ~~a~~ retail ~~drug outlet~~ and institutional drug outlet**s.** ~~in the state of Oregon shall consist of not less than including, but not limited to the following:~~

(1) The most current issue of at least one pharmaceutical reference with current, properly filed supplements and updates appropriate to and based on the standards of practice for the setting.

(2) Current and properly filed Oregon Revised Statutes, Chapters 689, and 475; current and properly filed Oregon Administrative Rules, chapter 855; and a minimum of three years of the Board of Pharmacy quarterly newsletters maintained in house or other readily retrievable means.

(3) Official Poison and Exempt Narcotic Register if poisons and exempt narcotics are sold or distributed.

(4) ~~Suitable refrigeration.~~ **Equipment to maintain the proper storage of drugs.**

(5) A sink with running hot and cold water.

(6) Equipment and supplies appropriate to and based on the standards of practice for the setting as determined by the Pharmacy and Pharmacist-in-Charge.

(7) Failure to have and use equipment necessary to your practice setting constitutes unprofessional conduct for purposes of ORS 689.405(1)(a).

(8) If an outlet files original prescriptions electronically, then the outlet must have a computer and software capable of storing and accessing electronically filed original prescriptions.

(9) A pharmacy that dispenses prescriptions for a patient's self-administration must post signage to provide notification of the right to free, competent oral interpretation and translation services for patients who are of limited English proficiency, in compliance with federal and state regulations.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.508 & ORS 689.155

855-041-1036
Proper Storage of Drugs

~~(1) A pharmacy must maintain proper storage of all drugs. This includes, but is not limited to the following:~~

~~(a) All drugs must be stored according to manufacturer's published or USP guidelines.~~

~~(b) All drugs must be stored in appropriate conditions of temperature, light, humidity, sanitation, ventilation, and space.~~

~~(c) Appropriate storage conditions must be provided for, including during transfers between facilities and to patients.~~

~~(d) A pharmacy must quarantine drugs which are outdated, adulterated, misbranded or suspect. Cold Storage and Monitoring.~~

~~(2) A pharmacy must store all drugs at the proper temperature according to manufacturer's published guidelines (pursuant to FDA package insert or USP guidelines).~~

~~(a) All drug refrigeration systems must:~~

~~(A) Maintain refrigerated products between 2 to 8 °C (35 to 46 °F); frozen products between -25 to -10 °C (-13 to 14 °F); or as specified by the manufacturer.~~

~~(B) Utilize a centrally placed, accurate, and calibrated thermometer;~~

~~(C) Be dedicated to pharmaceuticals only; and~~

~~(D) Be measured continuously and documented either manually twice daily to include minimum, maximum and current temperatures; or with an automated system capable of creating a producible history of temperature readings.~~

~~(b) A pharmacy must adhere to a monitoring plan, which includes, but is not limited to:~~

~~(A) Documentation of training of all personnel;~~

~~(B) Maintenance of manufacturer recommended calibration of thermometers;~~

~~(C) Maintenance of records of temperature logs for a minimum of three years;~~

~~(D) Documentation of excursion detail, including, but not limited to, event date and name of persons(s) involved in excursion responses;~~

~~(E) Documentation of action(s) taken, including decision to quarantine product for destruction, or determination that it is safe for continued use. This documentation must include details of the information source;~~

~~(F) A written emergency action plan; and~~

~~(G) Routine preventative maintenance and evaluation of refrigeration equipment and monitoring equipment.~~

~~(3) Vaccine Drug Storage:~~

~~(a) A pharmacy that stores vaccines must comply with section two of this rule and the following:~~

~~(A) Vaccines must be stored in the temperature stable sections of the refrigerator;~~

~~(B) A centrally placed and accurate buffered probe thermometer, such as glycol or glass beads, calibrated within a plus or minus 0.5 °C variance must be utilized;~~

~~(C) Each freezer and refrigerator compartment must have its own exterior door and independent thermostat control;~~

~~(D) A system of continuous temperature monitoring with automated data logging and physical confirmation must be utilized. Documentation of the temperature of each active storage unit must be~~

~~logged at least twice daily, data must be downloaded weekly, and system validations must be conducted quarterly; and~~

~~(E) Must adhere to a written quality assurance process to avoid temperature excursions.~~

~~(4) A retail drug outlet may store drugs in another location that is registered as a Drug Room and meets all Pharmacy drug storage and security requirements.~~

(1) A pharmacy must store each drug according to the manufacturer's storage requirements for temperature, light, humidity, sanitation, ventilation, and space.

(2) If the drug's manufacturer does not include a storage requirement, the drug must be stored as outlined in an official compendium, to ensure that the drug identity, strength, quality, and purity are not adversely affected.

(3) Each pharmacy must:

(a) Unless the manufacturer specifies differently, maintain drug required to be stored at controlled room temperature between 20-25 °C (68 to 77 °F); refrigerated products between 2 to 8 °C (35.6 to 46.4 °F); frozen products between -25 to -10 °C (-13 to 14 °F);

(b) Utilize continuous temperature monitoring device(s) that have a buffered probe (glycol, glass beads, or similar), are centrally located, accurate, calibrated within a plus or minus 0.5°C variance and record the temperature of each drug storage area at least every 15 minutes;

(c) Review all temperature records twice daily for proper drug storage for temperature excursions, long-term trends, or recurring problems. Date, time and identity of the reviewer must be documented;

(d) Utilize a system that notifies a pharmacist of each temperature excursion in real time;

(e) Ensure drug storage refrigerators and freezers are dedicated to drugs only and utilize refrigerator or freezer compartments with its own exterior door and independent thermostat control;

(f) Position drugs in refrigerators and freezers leaving space between the drugs, walls, ceiling, floor, and door to promote air circulation. If using a household grade unit, drugs may not be stored in any part of the unit that does not provide stable temperatures or sufficient air flow, such as directly under cooling vents, in deli, fruit, or vegetable drawers, or on refrigerator door shelves;

(g) Maintain proper drug storage conditions during transfers between facilities and delivery to patients;

(h) Ensure that drugs stored outside of the manufacturer's drug storage requirements are physically separated from other drugs until the manufacturer determines the drug is safe and effective for continued use, returned to the supplier, or destroyed;

(i) Test and document at least every 3 months that all steps of the temperature monitoring system(s) for each storage area are recording temperature accurately and issuing appropriate alerts;

(j) Establish, maintain, and enforce a written quality assurance process to prevent, identify, and appropriately respond to temperature excursions;

(k) Establish, maintain, and enforce a written action plan to assure proper drug storage in the event of an emergency (ie. power outage or natural disaster) that includes identification of backup storage and a procedure for transfer of product between units or facilities;

(L) Document the training of all pharmacy personnel for the temperature monitoring system(s), quality assurance process and plan to assure proper drug storage in the event of an emergency;

(m) Recalibrate temperature monitoring device(s) at least once every 24 months or per manufacturer specifications, whichever is more frequent;

(n) Document the following for each temperature excursion:

(i) Date of temperature excursion;

(ii) Start and end time;

(iii) Minimum and maximum temperatures reached;

(iv) List of each drug involved in the temperature excursion including the drug name, quantity, National Drug Code, lot number, expiration date, manufacturer, and the date(s) of previous temperature excursions experienced by the drug(s);

(v) Name of person(s) involved in temperature excursion event discovery and response; and

(vi) Action(s) taken, including decision to quarantine product for return or destruction, or determination that it is safe for use

(o) Before a drug that has experienced a temperature excursion is dispensed, the following items must be documented:

(A) Drug manufacturer information utilized indicating each drug is safe for use;

(B) Name of the representative providing the information;

(C) Manufacturer contact phone number;

(D) Copy of information provided by manufacturer;

(E) Date and time information was obtained from manufacturer;

(F) Reference number associated with manufacturer contact; and

(G) In the absence of (B) and (C) a drug manufacturer online reference that applies to the specific temperature excursion, documentation of this reference must be maintained.

(p) Maintain all records required by OAR 855-041-1036 for a minimum of three years;

Statutory/Other Authority: ORS 689.205 & **ORS** 689.325
Statutes/Other Implemented: ORS 689.155

855-041-1040
Drug Outlet Procedures

Each drug outlet is accountable for establishing, maintaining, and enforcing their written procedures for:

(1) Securing their legend drugs and the area in which they are prepared, compounded, stored or repackaged;

(2) Performing mandatory prospective drug utilization reviews; on all prescriptions both new and refilled;

(3) Verifying the accuracy of all completed prescriptions and medical orders before they leave the pharmacy's secured legend area;

(4) Documenting the identification of the pharmacist responsible for the verification of each dispensed medication;

(5) Ensuring the delivery of each completed prescription to the correct party;

(6) Providing appropriate confidential professional advice concerning medications to patients or their agents;

(7) Prescribing services and maintenance of records for prescribing pharmacist;

(8) Ensuring that all who work in the pharmacy are appropriately licensed and adequately trained to perform their duties;

(9) Establishing and maintaining a Continuous Quality Assurance Program; ~~and~~

(10) Providing oral interpretation and translation services for any patient who is of limited English proficiency, and prescription readers for a visually impaired patient as required by OAR 855-041-1131 and OAR 855-041-1132~~.~~**; and**

(11) Ensuring drugs and devices are stored as required by OAR 855-041-1036.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.151, ORS 689.155 & ORS 689.508

855-041-1130

Retail Drug Outlet Pharmacy Prescription Labeling

(1) Prescriptions must be labeled with the following information:

(a) Name, address and telephone number of the pharmacy;

(b) Date **of dispensing**;

(c) Identifying number;

(d) Name of patient;

(e) Name of drug, strength, and quantity dispensed; when a generic name is used, the label must also contain the identifier of the manufacturer or distributor;

(f) Directions for use by the patient;

(g) Name of practitioner;

(h) Required precautionary information regarding controlled substances;

(i) Such other and further accessory cautionary information as required for patient safety;

(j) An expiration date after which the patient should not use the drug or medicine. Expiration dates on prescriptions must be the same as that on the original container **or one year from the date the drug was originally dispensed and placed in the new container, whichever date is earlier** ~~unless, in the pharmacist's professional judgment, a shorter expiration date is warranted~~. Any drug expiring before the **expected length of time for** course of therapy ~~ends~~ must not be dispensed. ~~bearing an expiration date shall not be dispensed beyond the said expiration date of the drug; and~~

(k) Any dispensed prescription medication, other than those in unit dose or unit of use packaging, shall be labeled with its physical description, including any identification code that may appear on tablets and capsules.

~~(l) Upon written request and for good cause, the Board may waive any of the requirements of this rule. A waiver granted under this section shall only be effective when it is issued by the Board in writing.~~

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

855-041-1135

~~Defines~~ Labeling and Container Requirements for Repackage**d** Drugs

(1) Each pharmacy record keeping system must identify all pharmacy personnel involved in repackaging including the pharmacist who verified the repackaged drug.

(~~1~~**2**) **Oral solid d**~~D~~Drug~~s~~ products ~~p~~repackaged by a pharmacy **into unit-dose packaging** ~~for later own use dispensing on prescription shall~~ must:

(a) **Utilize a unit-dose container–closure system that meets the testing requirements under USP <671> Containers—Performance Testing (12/01/2020) for either Class A or Class B containers and meets or exceeds the original container's specification for light resistance;** ~~in a container meeting USP standards and labeled to identify at a minimum:~~

(b) Be labeled to identify at a minimum:

(~~a~~**A**) Brand name~~,~~ or generic name ~~and manufacturer~~;

(~~b~~**B**) Strength;

(~~c~~**C**) **Manufacturer and** ~~l~~**l**ot number **or an internal pharmacy code that references manufacturer and lot number**; **and**

(~~d~~**D**) ~~Manufacturer's expiration date, or any earlier date which, in the pharmacist's professional judgment, is preferable.~~ **Expirat**ion date. **The expiration date used for the repackaged product must not exceed:**

(i) 6 months from the date of repackaging; or

(ii) the manufacturer's expiration date; or

(iii) 25% of the time between the date of repackaging and the expiration date shown on the manufacturer's bulk article container of the drug being repackaged, whichever is earlier.

(3) Oral solid drug products repackaged by a pharmacy into multiple-unit packaging must:

(a) Utilize an equivalent container–closure system that is at least as protective as, or more protective than, the original system, complies with criteria established for equivalency and meets or exceeds the original container's specification for light resistance;

(b) Be labeled to identify at a minimum:

(A) Brand name or generic name;

(B) Strength;

(C) Manufacturer and lot number or an internal pharmacy code that references manufacturer and lot number;

(D) Expiration date. The expiration date used for the repackaged product must not exceed the manufacturer's expiration date or one year from the date the drug was placed in the new container, whichever date is earlier;

(~~2~~) ~~An internal control number which references manufacturer and lot number may be utilized.~~

Statutory/Other Authority: ORS 689**.205**
Statutes/Other Implemented: **ORS 689.155**

855-041-6270
Institutional Drug Outlet Pharmacy Prescription Labeling

(1) Each pharmacy record keeping system must identify **all pharmacy personnel involved in the repackaging** ~~and document~~ **including** the pharmacist who verifie**d**~~s~~ the **repackaged** drug.

(2) Each ~~pre-packed~~ **repackaged** drug, ~~including a unit-dosed drug,~~ prepared by the pharmacy and intended for use within the facility **must** ~~shall~~ be in an appropriate container with a label **that meets the requirements of OAR 855-041-1135 and includes**:

(a) The brand or generic name and expiration date;

(b) The manufacturer and lot number, or an internal pharmacy code that references manufacturer and lot number;

(c) The strength of the drug.

(3) In-patient: Each drug dispensed to an in-patient other than in a unit-dose or manufacturer's unit-of-use packaging must be labeled with the following information:

(a) Name and location of patient;

(b) Name and strength of drug;

(c) Route of administration, when necessary for clarification;

(d) Manufacturer and lot number, or internal pharmacy code;

(e) Auxiliary labels as needed, and

(f) Expiration date.

(4) A drug that is ~~to be sent with~~ **provided** ~~the patient upon discharge~~ **for outpatient use must be dispensed by a retail drug outlet**. ~~labeled in accordance with ORS 689.505(5) and other rules in this Division. Drug counseling information must be provided to the patient or patient's agent.~~

~~(5) A label for an outpatient prescription must comply with ORS 689.505(5) and other rules in this Division.~~

(6) ~~New bar coding or electronic label:~~ When a new barcode or electronic label is used to identify a drug the pharmacist must verify and document the accuracy of the identification with all electronic verification systems prior to distribution.

(7) When~~ever~~ a drug is added to a parenteral solution under the direct supervision of a pharmacist, the admixture must be labeled with a distinctive supplementary label that ~~contains~~ **includes the**

(a) ~~The n~~**N**ame, quantity and concentration of the drug added and the primary solution;

(b) ~~The d~~**D**ate and time of addition;

(c) ~~The e~~**E**xpiration date;

(d) ~~The s~~**S**cheduled time for administration;

(e) ~~The i~~**I**nfusion rate, when applicable;

(f) ~~The n~~**N**ame or initials of person performing admixture;

(g) ~~The i~~**I**dentification of the pharmacy where the admixture was performed; and

(h) ~~The n~~**N**ame or initials of the verifying pharmacist.

(8) The label applied at a secondary storage or remote storage area by a nurse or physician must include: the patient name or patient identifier, quantity and concentration of the drug added and the primary IV solution; the date and time of addition and the initials of the nurse or physician adding the drug.

Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 689.155 & **ORS** 689.505

Division 45
DRUG COMPOUNDING
855-045-0200
Application

(1) Any person, including any business entity, located in or outside Oregon that engages in the practice of compounding a drug for use or distribution in Oregon shall register with the Board as a drug outlet and comply with Board regulations.

(2) These rules apply to sterile and non-sterile compounding of a drug.

(3) All drug compounding must adhere to standards of the current edition of the United States Pharmacopeia **(USP) and the National Formulary (USP–NF)** including ~~**Chapters:**~~

(a) USP <795**> Pharmaceutical Compounding- Non Sterile Preparations** (~~**USP <795>**~~**05/01/2020 v. 2014**)~~,~~

(b) USP <797**> Pharmaceutical Compounding—Sterile Preparations** (~~**USP <797>**~~ **05/01/2020 v.2008**) ~~and~~

(c) USP <800**> Hazardous Drugs—Handling in Healthcare Settings** (~~**USP <800>**~~ **07/01/2020 v. 2020**)~~,~~

(d) USP <825> Radiopharmaceuticals—Preparation, Compounding, Dispensing, and Repackaging (12/01/2020 v. 2020)

(e) ~~as well as~~ all Chapters of USP and USP-NF related to the compounding practices at any location. This includes, but is not limited to Chapters 7 **(05/01/2020)**, **51 (05/01/2018)**, 71 **(2013)**, 85 **(05/01/2018)**, 151 **(05/01/2017)**, 659 **(04/01/2021)**, **660 (05/01/2015), 671 (12/01/2020), 695 (2013),** 731 **(11/01/2020)**, **821 (05/01/2017)**, 823 **(2013),** ~~**825,**~~ **1066 (08/01/2015),** 1072 **(2013)**, 1116 **(2013)**, **1151 (05/01/2021)**, 1160 **(12/01/2020)**, 1163 **(12/01/2020)**, **1176 (05/01/2019), 1191 (05/01/2018),** 1211 **(03/01/2019),** ~~and~~ 1229.5 **(08/01/2016)**~~.~~ **, 1231 (08/01/2018), and 1821 (05/01/2017).**

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

855-045-0220
Personnel and Responsibilities

(1) All personnel who prepare and supervise the preparation of a compound must complete appropriate training and be capable and qualified to perform assigned duties.

(2) The Pharmacist-in-Charge (PIC) and the drug outlet shall establish, maintain and enforce policies and procedures in accordance with the standards **required** in **OAR 855-045-0200(3)**~~USP Chapters~~ for all

aspects of the compounding operation according to the type of compounding performed and shall include written procedures for:

(a) Personnel qualifications, to include training, evaluation and requalification;

(b) Hand hygiene;

(c) Garbing;

(d) Engineering and environmental controls, to include equipment certification and calibration, air and surface sampling, and viable particles;

(e) Cleaning activities, to include sanitizing and disinfecting, including those compounding personnel and other staff responsible for cleaning;

(f) Components, to include selection, handling, and storage;

(g) Creating master formulation records, with documented pharmacist approval;

(h) Creating compounding records;

(i) Establishing beyond-use dates (BUDs);

(j) Continuous quality assurance program and quality controls, to include release testing, end-product evaluation, and quantitative/qualitative testing;

(k) Completed compounded preparations, to include handling, packaging, storage and transport;

(l) Adverse event reporting process and recall procedure. The recall procedure must include notification to the Board within 10 working days in the event of a patient-level recall of a compounded drug.

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

855-045-0240
Labeling **of Compounded Drugs**

In addition to the labeling requirements specified in **OAR 855-** ~~Division~~ 041, the label of a compounded drug dispensed or distributed must contain the following, at a minimum:

(1) The generic or official name of each active ingredient;

(2) The strength or concentration of each active ingredient, to include primary solution for a sterile parenteral preparation;

(3) The dosage form and route of administration;

(4) Rate of infusion, for a sterile parenteral preparation;

(5) The total quantity of the drug product;

(6) A **beyond-use date (**BUD**)**, compliant with ~~current USP-~~standards **required** in **OAR 855-045-0200(3)**; and

(7) Handling, storage or drug specific instructions, cautionary information, and warnings as necessary or appropriate for proper use and patient safety.

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

Division 65
WHOLESALE DRUG OUTLETS
855-065-0005
Definitions

(1) “Affiliate” means a business entity that has a relationship, or is an authorized trading partner, with a second business entity if, directly or indirectly:

(a) One business entity controls, or has the power to control, the other business entity; or

(b) A third party controls, or has the power to control, both of the business entities.

(2) "Authorized Distributor of Record" means a wholesale distributor with whom a manufacturer has established an ongoing relationship to distribute the manufacturer's prescription drug. An ongoing relationship is deemed to exist between such wholesale distributor and a manufacturer when the wholesale distributor, including any affiliated group of the wholesale distributor, as defined in Section 1504 of the Internal Revenue Code, complies with either or both of the following:

(a) The wholesale distributor has a written agreement currently in effect with the manufacturer evidencing such ongoing relationship; or

(b) The wholesale distributor is listed on the manufacturer's current list of authorized distributors of record, which is updated by the manufacturer no less than monthly.

(3) "Broker" means a person engaged in the marketing, offering, or contracting for wholesale distribution and sale of a drug into, within, or out of Oregon and who does not take physical possession of the brokered substance.

(4) "Chain Pharmacy Warehouse" means a physical location for drugs that acts as a central warehouse and performs intra company sales or transfers of drugs to a group of chain pharmacies that have the same common ownership and control.

(5) "Closed Door Pharmacy" means a pharmacy that provides pharmaceutical services to a defined and exclusive group of patients and is not open for dispensing to the general patient population and cannot be registered as a wholesale distributor.

(6) "Co-Manufacturing Partner" means a pharmaceutical manufacturer that has entered into an agreement with another pharmaceutical manufacturer to engage in a business activity or occupation related to the manufacture or distribution of a prescription drug.

(7) "Designated Representative" means an individual designated by each wholesale distributor registered by the Board who will serve as the primary contact person for the wholesale distributor with the Board and who is responsible for managing the company's operations at that registered location.

(8) "Drug Sample" means a unit of a drug that is intended to promote the sale of the drug, but which is not itself for sale.

(9) “Illegitimate Product” means a product for which credible evidence shows that the product is:

(a) Counterfeit, diverted, or stolen;

(b) Intentionally adulterated such that the product would result in serious adverse health consequences or death to humans;

(c) The subject of a fraudulent transaction; or

(d) Otherwise unfit for distribution such that the product would be reasonably likely to result in serious adverse health consequences or death.

(10) "Intra Company Transfer" means the transfer of any drug between a division, subsidiary, parent, and an affiliated or related company under the common ownership and control of a corporate entity.

(11) "Manufacturer" means anyone, including a manufacturer's co-manufacturing partner, who is engaged in manufacturing, preparing, propagating, compounding, processing, packaging, repackaging, or labeling of a drug, except when the process is part of a shared pharmacy service agreement as defined in OAR 855-006-0005.

(12) "Pedigree" for the purpose of this Division consists of:

(a) “Transaction History,” which means a statement in paper or electronic form, including the transaction information for each prior transaction going back to the manufacturer of the product.

(b) “Transaction Information,” which must include, but is not limited to:

(A) The proprietary or established name or names of the product;

(B) The strength and dosage form of the product;

(C) The National Drug Code number of the product;

(D) The container size;

(E) The number of containers;

(F) The lot number of the product;

(G) The date of the transaction;

(H) The date of the shipment, if more than 24 hours after the date of the transaction;

(I) The business name and address of the person from whom ownership is being transferred; and

(J) The business name and address of the person to whom ownership is being transferred.

(c) “Transaction Statement,” which is a statement, in paper or electronic form, that the entity transferring ownership in a transaction is compliant with Food and Drug Administration (FDA) regulations set forth by the Drug Quality and Security Act and includes but is not limited to:

(A) Confirmation that the entity is authorized or registered as required under the Drug Supply Chain Security Act;

(B) Acknowledgement that product is received from an authorized or registered entity, as required under the Drug Supply Chain Security Act;

(C) Confirmation of receipt of transaction information and of transaction statement from the prior owner of the product, as required under the Drug Supply Chain Security Act;

(D) Verification that a suspect or illegitimate product was not knowingly shipped;

(E) Confirmation that systems and processes are in place to comply with verification requirements under the Drug Supply Chain Security Act;

(F) Confirmation that false transaction information was not knowingly provided; and

(G) Confirmation that transaction history was not knowingly altered.

(13) "Prescription Drug" means any drug required by law to be dispensed only by a prescription.

(14) “Quarantine” means the storage or identification of a product, to prevent distribution or transfer of the product, in a physically separate area clearly identified for such use or through other procedures.

~~(15) "Repackage" means repackaging or otherwise changing the container, wrapper, or labeling to further the distribution of a prescription drug excluding that completed by the pharmacist responsible for dispensing the product to a patient.~~

~~(16) “Repackager” means a person who owns or operates an establishment that repacks and relabels a product or package for:~~

~~(a) Further sale; or~~

~~(b) Distribution without a further transaction.~~

(~~17~~**15**) “Suspect Product” means a product for which there is reason to believe that such product is:

(a) Potentially counterfeit, diverted, or stolen;

(b) Potentially intentionally adulterated such that the product would result in serious adverse health consequences or death to humans;

(c) Potentially the subject of a fraudulent transaction; or

(d) Otherwise unfit for distribution such that the product would result in serious adverse health consequences or death.

(~~18~~**16**) “Trading Partner” means:

(a) A manufacturer, repackager, wholesale distributor, or dispenser from whom a manufacturer, repackager, wholesale distributor, or dispenser accepts direct ownership of a product or to whom a manufacturer, repackager, wholesale distributor, or dispenser transfers direct ownership of a product; or

(b) A third-party logistics provider from whom a manufacturer, repackager, wholesale distributor, or dispenser accepts direct possession of a product or to whom a manufacturer, repackager, wholesale distributor, or dispenser transfers direct possession of a product.

(~~19~~**17**) “Validate” means to verify that each transaction listed on the pedigree and other accompanying documentation has occurred and is accurately recorded.

(~~20~~**18**) "Wholesale Distribution" means distribution of a drug to a person other than a consumer or patient, but does not include:

(a) Delivery by a retail pharmacy of a prescription drug to a patient or patient's agent pursuant to the lawful order of a licensed practitioner.

(b) The sale of minimal quantities of a prescription drug by retail or institutional pharmacies to licensed practitioners for office use.

(c) The sale, purchase, or trade of a drug or an offer to sell, purchase, or trade a drug which may include:

(A) Emergency medical reasons;

(B) Drug or devices used during a federal or state declared emergency; or

(C) The transfer of a drug by a pharmacy to another pharmacy to alleviate a temporary shortage.

(d) Intra company transfer of drugs as defined in these rules.

(e) The lawful distribution of a drug sample by a manufacturer's or a distributor's representative.

(f) The distribution of a drug or an offer to distribute a drug by a charitable organization to a non-profit affiliate of the organization to the extent permitted by law.

(g) The purchase or acquisition of a drug by a hospital or other health care entity that is a member of a group purchasing organization, for the hospital's or health care entity's own use, from the group purchasing organization or from other hospitals or health care entities that are members of the organization or under common control.

(h) The transfer of a prescription drug between pharmacies pursuant to a shared pharmacy service agreement as defined in OAR 855-006-0005.

(i) The distribution by a manufacturer, as part of a prescription assistance program, of a drug intended for a specific patient, to a person authorized to prescribe, administer or dispense prescription drugs.

(j) The sale, purchase, or trade of blood and blood components intended for transfusion.

(k) Drug returns, when conducted in accordance with state and federal laws and regulations. A drug return includes the sale or transfer from a dispenser, retail pharmacy, or chain pharmacy warehouse of expired, damaged, returned or recalled drugs to the original manufacturer, wholesale distributor, or to a reverse wholesaler, and the returns of saleable drugs to the original manufacturer or wholesaler.

(l) The sale, transfer, merger or consolidation of all or part of the business of a pharmacy from or with another pharmacy.

(m) The distribution of drugs by a manufacturer registered under division 60 of this chapter of rules of its own products to a person other than a patient.

(~~21~~**19**) "Wholesale Distributor" means any entity engaged in the wholesale distribution of drugs. The term "Wholesale Distributor" includes but is not limited to, own-label distributors; private-label distributors; warehouses, including manufacturers' and distributors' warehouses; drug wholesalers or distributors; retail pharmacies that conduct wholesale distribution; and chain pharmacy warehouses that conduct wholesale distribution.

(~~22~~**20**) "Wholesaler" means any wholesale distributor:

(a) "Class I Wholesaler" for the purpose of these rules means any person operating or maintaining a wholesale distribution center, wholesale business or any other business in which prescription drugs, including controlled drugs, devices containing prescription drugs, medicinal chemicals, or poisons are sold, dispensed, stocked, exposed or offered for sale at wholesale to a pharmacy or other legally licensed drug outlets or persons and is required to comply with all pedigree requirements;

(b) "Class II Wholesaler" means any person operating or maintaining a wholesale distribution center, wholesale business or any other business in which any non-prescription drugs are stored, or offered for sale or distribution at wholesale to a drug outlet or practitioner legally authorized to resell, distribute, dispense or administer.

(c) “Class III Wholesaler” means any person operating or maintaining a wholesale distribution center, wholesale business or any other business in which any of the products in paragraphs (A)-(F) below are stored, or offered for sale or distribution at wholesale to a drug outlet or practitioner legally authorized to resell, distribute, dispense or administer and is exempted from Federal recordkeeping requirements:

(A) Drugs distributed exclusively for veterinary use. If any prescription drugs not intended for veterinary use are offered for sale, the wholesaler must register as a Class I wholesaler;

(B) Prescription devices that do not contain a prescription drug;

(C) Drugs or devices possessed by a state or local government agency, or non-profit relief organization approved by the Board;

(D) Oxygen USP and medical gases;

(E) Intravenous drugs; by which formulation, are intended for the replenishment of fluids, electrolytes or calories;

(F) Medical convenience kits which includes any non controlled drug product or biological product, assembled in kit form.

1059 Statutory/Other Authority: ORS 689.205
1060 Statutes/Other Implemented: ORS 689.155

FOOD AND DRUG ADMINISTRATION (FDA) MEMORANDUM OF UNDERSTANDING (MOU) ON COMPOUNDED HUMAN DRUG PRODUCTS

6/9/2021

What is the FDA MOU?

Related to Section 503A of the Federal Food, Drug, and Cosmetic Act, the MOU acts as an agreement between the state boards of pharmacy and FDA to collect information about the distribution of inordinate amounts of compounded human drugs, as well as complaints about compounders. The MOU better positions regulators to address patient safety and improve communication between FDA and boards.

NABP Information Sharing Network

FDA worked with NABP to develop a standard MOU for use by the state boards of pharmacy to aid with their compliance of section 503A(b)(3)(B)(i) of the Food, Drug and Cosmetic Act.

As part of the MOU, boards must identify pharmacies that are compounding human drug products and distributing inordinate amounts of such products interstate and report those pharmacies to FDA.

Boards can use the NABP Information Sharing Network, accessible via e-Profile Connect, to meet the obligations outlined in the FDA MOU on compounded human drug products.

NABP Information Sharing Network

Signing the MOU **does not require boards to enter data into the network**.

Boards are encouraged to use the Information Sharing Network to create a uniform and streamlined reporting process with FDA.

Boards can rely exclusively on the data reported through the network and easily transmit data to FDA electronically.

What is an “Inordinate Amount”?

- If the MOU is signed by Oregon, greater than 50% distribution of compounded products interstate by a 503A compounding pharmacy is considered an “inordinate amount”
- If the MOU is **not** signed by Oregon, greater than 5% distribution of compounded products interstate by a 503A compounding pharmacy is considered an “inordinate amount”

What is an “Inordinate Amount”?

“For purposes of this MOU, a pharmacy has distributed an inordinate amount of compounded human drug products interstate if the number of prescription orders for compounded human drug products that the pharmacy distributed interstate during any calendar year is greater than 50 percent of the sum of:

(i) the number of prescription orders for compounded human drug products that the pharmacy sent out of (or caused to be sent out of) the facility in which the drug products were compounded during that same calendar year; plus

(ii) the number of prescription orders for compounded human drug products that were dispensed (e.g., picked up by a patient) at the facility in which they were compounded during that same calendar year.”

What Specific Information Needs to be Reported?

- **Pharmacies** that are compounding human drug products **and distributing inordinate amounts interstate**, including their compounding data
- Complaints of **serious adverse experiences or quality issues** relating to human drug products **compounded by pharmacies and distributed interstate**
- Complaints of **adverse experiences or quality issues** relating to human drug products **compounded by a physician and distributed interstate**
- **Information relating to the distribution interstate of any amount** of human drug products **compounded by physicians**

What Pharmacy Complaint Information is Reported to FDA?

1. Name and contact information of the complainant, if available

   Note: Oregon law prohibits sharing the identity of the complainant, so it is **not available**

2. Name and address of pharmacy that is the subject of complaint

3. Description of complaint, including description of any compounded human drug product that is the subject of complaint

4. The board's assessment of whether the complaint was substantiated, if available

5. Description of any actions the board has taken to address the complaint

Deadline for Signing the MOU

- FDA is providing a period of one year, which concludes on October 27, 2021, for states to consider signing the MOU before it intends to enforce the 5% limit in section 503A of the FD&C Act in states that have not signed the MOU.
- NABP has asked for a delay in this deadline due to the COVID-19 pandemic challenges faced by boards of pharmacy.

Policy Discussion for the Board

Should Oregon Sign the FDA MOU, if allowable under Oregon law?

If yes, this would require:

- Utilizing the NABP network to assist in determining whether any 503A compounding pharmacy in Oregon is distributing “inordinate amounts” interstate
- Sharing complaint information with the FDA, **not including the identity of the complainant**, involving a serious adverse drug experience or serious product quality issue related to human drug products compounded by a pharmacy and distributed outside the state

Questions?

SBAR: Oregon Veterinary Medical Examining Board (OVMEB) Dispensing Practitioner Drug Outlet (DPDO) Registration Exemption Extension Request

S	**Situation:** • OVMEB is requesting an Extension to DPDO Registration Exemption.
B	**Background:** • **OAR 855-043-0510(12)** The Board may grant a time-limited waiver exempting DPDO registration when a practitioner licensing board submits a request to the Board with a plan to annually inspect the dispensing facility to the standards of the Board. • June 2018 Board Meeting: • OVMEB members Dr. Emilio DeBess, Dr. Allison Lamb, and Executive Director Lori Makinen appeared. • The OVMEB members discussed their request to have dispensing veterinarians exempt from OBOP DPDO registration. • OVMEB stated they have new facility registration and inspection regulations for veterinary compliance. • The OVMEB has two employees for these new processes, 1 inspector and 1 investigator allotted. • They have approximately 700 registered facilities and their plan is to inspect as often as feasible, but not less than once every three years and probably closer to once every 1.5 years. • OVMEB stated they have 68 clinics that have American Animal Hospital Association (AHHA) accreditation which are currently excluded from proactive inspections, because they have to meet a series of standards and have strict guidelines they have to follow in the areas of dispensing, controlled substances, etc.; these locations will be inspected pursuant to a complaint. • They also discussed the ability for OVMEB inspections to clearly address drug acquisition, storage, labeling and recordkeeping and be willing to use the OBOP DPDO self-inspection form as a foundation for those aspects. • The members of each board discussed additional similarities and differences in OBOP and OVMEB facility oversight rules. • The Board motioned to accept the Oregon Veterinary Medical Examining Board proposal to exclude veterinary dispensing locations from Dispensing Practitioner Drug Outlet registration via exemption for 3 years of OAR 855-043-0510(2) and was unanimously carried.
A	**Assessment:** • Board requested the following information: • Written request to Board of Pharmacy to extend DPDO registration exemption.

	o Please include how Board requirements are accounted for: ▪ How OVMB rules meet DPDO standards: • Drug Security • Drug Acquisition • Drug Storage • Drug Dispensing and Delivery • Labeling • Drug Disposal • Record keeping o Please include how Board requirements for Inspections are met? • Provide any changes to the process from what was previously presented. • Provide information related to the following questions based on the past 3 years: o How many locations were inspected? o What types of outlets were inspected? o What timeframe were these outlets inspected in? o Did you adopt rules that are in alignment with BOP DPDO rules? ▪ If so please provide. o Did you create and utilize a self-inspection form? ▪ If so please provide. o What were the results of the inspections? ▪ How many outlets were in compliance? ▪ What actions were taken if an outlet was not in compliance? o Should all outlets be inspected even the nationally certified ones? ▪ Additional information as to why AHHA facilities are not inspected? • Provide details of who inspects this location, the inspection process and documentation. • Address 2019 SOS Audit findings. • OVMEB Response and Request to Board: Mailing #D1
R	**Recommendation:** • Accept OVMEB's request for DPDO registration exemption for veterinary dispensing locations via OAR 855-043-0510(2) for 3 years.

Date: 6/9/2021

Oregon
Kate Brown, Governor

Oregon Veterinary Medical Examining Board
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www.oregon.gov/ovmeb

May 28, 2021

Oregon Board of Pharmacy

Joe Schnabel, Executive Director
Brianne Efremoff, Compliance Director *Via email: Brianne.efremoff@oregon.gov*

RE: OVMEB Request for Extension of DPDO Registration Exemption

Dear Members of the Board, Director Schnabel, and Ms. Efremoff:

The Oregon Veterinary Medical Examining Board (OVMEB) originally came before you in June 2018 to request its first DPDO registration exemption, which was granted for a three-year period, expiring June 2021. OVMEB is now requesting an extension of that exemption and provides the following information in support of that request.

On May 18, 2020, the OVMEB adopted OAR 875-015-0040, Minimum Standards for Veterinary Medical Facilities and Veterinary Practice, which requires compliance with the DPDO requirements regarding drug security, acquisition, storage, dispensing and delivery, labeling, disposal, and record keeping. OAR 875-015-0040, attached, was modeled after, and corresponds with, the Board of Pharmacy DPDO requirements. These rules apply to all facilities.

All licensed facilities are required to submit a completed pharmacy self-inspection checklist annually. The OVMEB is prepared to follow up the annual submission with an on-site pharmacy inspection by the OVMEB. These on-site inspections will begin as soon as the current COVID health emergency has ended. During the on-site inspection the OVMEB inspector will perform a pharmacy inspection and review any self-reported non-compliance issues with the managing veterinarian. The OVMEB inspector will provide the facility with an on-site pharmacy inspection follow up report indicating any non-compliance issues noted during the inspection. The follow up report will require that the managing veterinarian correct any non-compliant items noted in the report, explain how those deficiencies were corrected, and provide the date corrected.

Following the adoption of OAR 875-015-0040 in May 2020, the OVMEB sent the pharmacy self-inspection checklist for 2020-21 to all licensed facilities requiring them to complete and return the completed checklist by July 31, 2020. After some delays in receiving returns, review of these checklists was completed by OVMEB staff by March 2021. On-site facility inspections were not conducted by the OVMEB inspector during 2020-21 due to COVID safety requirements.

All facilities, including American Animal Hospital Association (AAHA), mobile, and house call only facilities, completed and submitted, a pharmacy self-inspection form for 20-21, attached.

OVMEB Inspection Report				
Year	**Required Inspections Completed**	**Repeat Inspections Completed (Change of Ownership Inspections)**	**Inspections completed on facilities that have since closed**	**Total facilities**
7/1/20 - 6/30/21	644	6	43	687

Total facilities	**% checklists returned**	**% reported full compliance**	**Do not dispense**	**Do not have written drug policies or procedures**	**Not keeping drug log**	**Prescriptions not kept in locked/secure area**	**2 or more areas of non-compliance**
687	100%	612 (89%)	5 (.72%)	29 (4.2%)	6 (.87%)	8 (.12%)	27 (3.9%)*

*27 facilities reported two or more areas of non-compliance which included: Policies; Dispensing Log; Secure Drug Storage; Expired Medications not Separated; Suitable Container; Prescriptions based on VCPR; Drug Records Kept for 3 Years; Drug Storage are not Temperature Controlled / monitored; Prescription Labels; Controlled substances cautionary information.

100% (687/687) of facilities completed and returned the pharmacy self-inspection checklist for 2020-21.

The process for the 2021-22 fiscal year was initiated on May 16, 2021, with an email to all facilities notifying the Managing Veterinarian that the completed 2021-22 pharmacy self-inspection checklist is due no later than July 31, 2021. Each facility received a checklist which specifically addressed any non-compliance issues the facility reported on the 2020-21 pharmacy checklist self-reported to the OVMEB. The 2021-22 checklist requests a response as to why a rule either did not apply to their facility or how and when a specific non-compliance issue was corrected and by whom. The OVMEB will follow up, verifying that all facilities have submitted a completed pharmacy self-inspection checklist for 2021-22, review all completed checklists submitted, send a follow up pharmacy inspection report to the facility manager which will require the managing veterinarian return a response indicating how and when any non-compliance items they self-report in 2021-22 have been corrected. The OVMEB will follow up during the 2021-22 fiscal year with an on-site pharmacy inspection by the OVMEB. A report will be issued to the facility following the on-site facility inspection requiring the managing veterinarian respond to the report indicating how a non-compliant issue was corrected, the date corrected and by whom.

Changes to Process Since First Exemption Request

- All facilities are subject to OAR 875-015-00150.

- American Animal Hospital Association (AAHA) accredited facilities are now included in the pharmacy inspection requirements and must submit the annual pharmacy self-inspection checklist and submit to annual on-site inspections by the OVMEB.

- OVMEB rules allow for donation, administration, and dispensing of expired, non-controlled substance medications by licensed facilities, as long as the client is informed and there is no charge for the medication. The rules also allow for shelters and low income clients to have access to affordable veterinary care and treatment.

- OVMEB does not currently consider pet foods marketed as "prescription only" foods as prescription medications or drugs unless the food actually contains a medication that would otherwise require a prescription to obtain them.

In 2019, the Secretary of State's Audit Division conducted an audit of OVMEB and made three recommendations in its audit report titled "The Oregon Veterinary Medical Examining Board's Monitoring of Controlled Substances Needs to be Strengthened." Please see the attached response of November 19, 2019, submitted by then Executive Director Lori Makinen, as to the status of the Board's actions taken in response to the audit. Director Makinen later filed a progress report in 2020, also attached.

Since the audit response and progress report were submitted, the OVMEB has taken the following steps on each of the recommendations:

Recommendation 1: To take action to ensure administrative rules allow the board to inspect veterinary facilities to monitor the use of controlled substances, ensuring inspections comply with required Drug Enforcement Agency documentation.

Actions taken: As previously mentioned, the Board has adopted OAR 875-015-0040 and amended existing rules to require compliance regarding veterinary drugs and biologicals. The new rule incorporates and mirrors the monitoring requirements of the Board of Pharmacy Drug Practitioner Dispensing Outlet (DPDO) program. The adopted rules include monitoring for compliance with both Board of Pharmacy, and DEA requirements of all facilities on an annual basis.

In July 2020, the OVMEB required all licensed facilities to complete and submit the pharmacy self-inspection checklist to the OVMEB. The OVMEB has verified that all facilities have returned the completed checklist and has completed an initial review of the

returned checklist for each facility. All non-compliance issues were documented. The OVMEB expected to follow up during the 2020 fiscal year and perform an on-site pharmacy inspection of all facilities in order to review the completed checklist and address any non-compliance issues. However, COVID halted on-site facility inspections which have not yet resumed.

The 2021-22 plan is to require all facilities to submit their completed pharmacy self-inspection checklist no later than July 31, 2021. The OVMEB has requested a response to any non-compliance issues noted during the 2020 review to be submitted with the completed 2021 checklist and will follow up the 2021 pharmacy self-inspection with a review of the completed inspection form and issuance of an inspection follow-up report to each facility. The follow up report will require a response to any non-compliance issues noted in 2021 including an explanation of why a particular rule does not apply to their practice or an explanation as to how and when any previously noted non-compliance issues were corrected. The OVMEB will conduct annual on-site facility inspections to ensure compliance with the requirements of OAR 875-015-0040. These inspections will begin as soon as allowed under the COVID guidelines.

Recommendation 2: To complete the implementation of administrative rules and begin conducting background checks on all new and renewing veterinary and certified veterinary technician licenses.

Actions taken: On January 1, 2020, the OVMEB began conducting background checks on all applicants for internship and licensure. At its April 24, 2021 Board meeting, the Board approved a plan to complete background checks on all existing licensees over the next four years to ensure that all licensees have had an initial background check conducted and documented. All background results will be presented to the Executive Director for review. Background checks that reveal background history that is substantially related to the practice of veterinary medicine will be further reviewed by the Board, and the licensee may be required to respond to any concerns. Following the completion of the full licensee background check, the OVMEB will begin conducting random background checks on between 10%-25% of all renewing licensee applications annually.

Recommendation 3: For the board to work with the Oregon Health Authority and the state legislature to require veterinarians to participate in the state PDMP. Veterinarians are exempt from participation in Oregon's Prescription Drug Monitoring Program (PDMP). Their inclusion would contribute to a more complete database of opioid prescribers and could provide useful information to the Oregon Health Authority.

Actions taken: The OVMEB discussed the PDMP participation issue during its February 19, 2021 Board meeting, when reviewing and discussing the 2019 Secretary of State's Audit, its recommendations, and the Board's November 2019 response. The Board ratified these documents. The primary issue of non-participation by veterinarians in the PDMP has to do with

veterinarians not being required to adhere to HIPAA. No other action has been taken on this recommendation.

Based upon the above progress and board actions taken, we respectfully request another extension of the DPDO registration exemption.

Sincerely,

Cassandra C. McLeod-Skinner, J.D.
Interim Executive Director, OVMEB

Dr. Emilio DeBess, DVM, MPH
President, OVMEB

Oregon Board of Pharmacy

Budget Report: February 2021 (Month 20)

Revenue:

Through February, revenue is $182,681 (3.0%) **over** budget

Expenditures:

Through February, **total expenditures** are $821,695 (10.9%) **under** budget

Personal services are $502,678 (9.9%) **under** budget

Services and Supplies are $308,644 (14.5%) **under** budget

Special Payments are $10,373 (100%) **under** budget

Revenues less Expenditures: $(363,926)

Cash Balance:

Cash balance through February is $3,393,723 which represents (9.03 months of operating expense)

Note: This the above is a snap-shot of the biennium to date through February 2021. It does not include projections for the remainder of the biennium.

End of biennium estimated cash balance is $4,020,160, which represents (11.71 months of operating expense)

Cash balance target is $2,059,895, (6.0 months of operating expense)

Note: The end of biennium estimated cash balance is calculated based on the biennium to date plus the remaining months projections for 2019-21.

JUNE 2021/E

Oregon Board of Pharmacy				
Total All Funds - LAB 2019-2021				
Actuals through February 2021 month-end-close				
		LAB	ACTUAL+PROJ	VARIANCE
	BEGINNING CASH BALANCE	**0**	**3,757,650**	**0.00**
REVENUE				
50	GENERAL FUND			
205	OTHER BUSINESS LICENSES	7,146,250.00	8,079,447.75	(933,197.75)
210	OTHER NONBUSINESS LICENSES AND FEES	139,296.00	218,912.00	(79,616.00)
505	FINES AND FORFEITS	405,000.00	405,000.00	-
605	INTEREST AND INVESTMENTS	45,000.00	121,058.18	(76,058.18)
975	OTHER REVENUE	57,090.00	65,217.71	(8,127.71)
	TOTAL REVENUE	**7,792,636.00**	**8,889,635.64**	**(1,096,999.64)**
TRANSFERS				
1107	TRANSFER IN FROM DAS	-	35,494.97	(35,494.97)
	TOTAL TRANSFER IN	**0.00**	**35,494.97**	**(35,494.97)**
2010	TRANSFER OUT TO OTHER FUNDS	-	-	-
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	416,146.00	423,040.00	(6,894.00)
	TOTAL TRANSFER OUT	**416,146.00**	**423,040.00**	**(6,894.00)**
PERSONAL SERVICES				
3110	CLASS/UNCLASS SALARY & PER DIEM	3,890,199.00	3,547,073.39	343,125.61
3160	TEMPORARY APPOINTMENTS	26,180.00	5,148.66	21,031.34
3170	OVERTIME PAYMENTS	-	1,088.84	(1,088.84)
3180	SHIFT DIFFERENTIAL	-	-	-
3190	ALL OTHER DIFFERENTIAL	190,428.00	234,007.01	(43,579.01)
3210	ERB ASSESSMENT	1,281.00	1,144.26	136.74
3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	684,570.00	576,198.55	108,371.45
3221	PENSION BOND CONTRIBUTION	200,306.00	201,822.88	(1,516.88)
3230	SOCIAL SECURITY TAX	313,870.00	276,099.99	37,770.01
3240	UNEMPLOYMENT ASSESSMENT	-	-	-
3250	WORKERS' COMPENSATION ASSESSMENT	1,276.00	911.82	364.18
3260	MASS TRANSIT	24,607.00	22,608.36	1,998.64
3270	FLEXIBLE BENEFITS	774,048.00	713,237.03	60,810.97
3435	Personal Services Budget Adj.	(20,653.00)	-	(20,653.00)
	TOTAL PERSONAL SERVICES	**6,086,112.00**	**5,579,340.78**	**506,771.22**
SERVICES AND SUPPLIES				
4100	INSTATE TRAVEL	113,572.00	61,012.86	52,559.14
4125	OUT-OF-STATE TRAVEL	16,322.00	10,916.69	5,405.31
4150	EMPLOYEE TRAINING	21,400.00	17,864.62	3,535.38
4175	OFFICE EXPENSES	129,018.00	83,670.23	45,347.77
4200	TELECOMM/TECH SVC AND SUPPLIES	48,830.00	45,091.04	3,738.96
4225	STATE GOVERNMENT SERVICE CHARGES	163,176.00	163,539.26	(363.26)
4250	DATA PROCESSING	80,540.00	323,909.86	(243,369.86)
4275	PUBLICITY & PUBLICATIONS	39,583.00	19,576.00	20,007.00
4300	PROFESSIONAL SERVICES	321,394.00	339,446.45	(18,052.45)
4315	IT PROFESSIONAL SERVICES	652,149.00	324,240.00	327,909.00
4325	ATTORNEY GENERAL LEGAL FEES	525,607.00	525,031.11	575.89
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	653.00	-	653.00
4400	DUES AND SUBSCRIPTIONS	5,195.00	7,408.00	(2,213.00)
4425	FACILITIES RENT & TAXES	210,941.00	203,074.80	7,866.20
4475	FACILITIES MAINTENANCE	53.00	-	53.00
4525	MEDICAL SUPPLIES AND SERVICES	1,152.00	1,101.36	50.64
4575	AGENCY PROGRAM RELATED SVCS & SUPP	240,152.00	227,981.44	12,170.56
4650	OTHER SERVICES AND SUPPLIES	284,656.00	272,150.88	12,505.12
4700	EXPENDABLE PROPERTY $250-$5000	13,526.00	4,852.93	8,673.07
4715	IT EXPENDABLE PROPERTY	43,363.00	29,372.25	13,990.75
	TOTAL SERVICES & SUPPLIES	**2,911,282.00**	**2,660,239.78**	**251,042.22**
Capital Outlay				
5600	DATA PROCESSING HARDWARE	8,611.00	-	8,611.00
5900	OTHER CAPITAL OUTLAY	-	-	-
	Total Capital Outlay	**8,611.00**	**0.00**	**8,611.00**
Special Payments				
6085	OTHER SPECIAL PAYMENTS	12,447.00	-	12,447.00
	Total Special Payments	**12,447.00**	**0.00**	**12,447.00**
	TOTAL EXPENDITURES	**9,018,452.00**	**8,239,580.56**	**778,871.44**
	PROJECTED BIENNIAL ENDING CASH BALANCE		**4,020,160**	
	End of biennium projected cash balance in months		11.71	
	Cash balance target of 6.0 months (working capital)		2,059,895	

Oregon Board of Pharmacy

Budget Report: March 2021 (Month 21)

Revenue:

Through March, revenue is $292,255 (4.5%) **over** budget

Expenditures:

Through March, **total expenditures** are $911,960 (11.6%) **under** budget

Personal services are $515,504 (9.7%) **under** budget

Services and Supplies are $385,564 (17.8%) **under** budget

Special Payments are $10,891 (100%) **under** budget

Revenues less Expenditures: $(232,502)

Cash Balance:

Cash balance through March is $3,525,148 which represents (9.38 months of operating expense)

Note: This the above is a snap-shot of the biennium to date through March 2021. It does not include projections for the remainder of the biennium.

End of biennium estimated cash balance is $4,287,601, which represents (12.56 months of operating expense)

Cash balance target is $2,047,609, (6.0 months of operating expense)

Note: The end of biennium estimated cash balance is calculated based on the biennium to date plus the remaining months projections for 2019-21.

JUNE 2021/E1

Oregon Board of Pharmacy				
Total All Funds - LAB 2019-2021				
Actuals through March 2021 month-end-close				
		LAB	**ACTUAL+PROJ**	**VARIANCE**
	BEGINNING CASH BALANCE	**0**	**3,757,650**	**0.00**
REVENUE				
50	GENERAL FUND			
205	OTHER BUSINESS LICENSES	7,146,250.00	8,290,900.75	(1,144,650.75)
210	OTHER NONBUSINESS LICENSES AND FEES	139,296.00	225,834.00	(86,538.00)
505	FINES AND FORFEITS	405,000.00	405,000.00	-
605	INTEREST AND INVESTMENTS	45,000.00	120,686.63	(75,686.63)
975	OTHER REVENUE	57,090.00	65,512.71	(8,422.71)
	TOTAL REVENUE	**7,792,636.00**	**9,107,934.09**	**(1,315,298.09)**
TRANSFERS				
1107	TRANSFER IN FROM DAS	-	35,494.97	(35,494.97)
	TOTAL TRANSFER IN	**0.00**	**35,494.97**	**(35,494.97)**
2010	TRANSFER OUT TO OTHER FUNDS	-	-	-
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	416,146.00	423,040.00	(6,894.00)
	TOTAL TRANSFER OUT	**416,146.00**	**423,040.00**	**(6,894.00)**
PERSONAL SERVICES				
3110	CLASS/UNCLASS SALARY & PER DIEM	3,890,199.00	3,546,086.59	344,112.41
3160	TEMPORARY APPOINTMENTS	26,180.00	5,148.66	21,031.34
3170	OVERTIME PAYMENTS	-	1,088.84	(1,088.84)
3180	SHIFT DIFFERENTIAL	-	-	-
3190	ALL OTHER DIFFERENTIAL	190,428.00	234,007.03	(43,579.03)
3210	ERB ASSESSMENT	1,281.00	1,144.26	136.74
3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	684,570.00	576,198.57	108,371.43
3221	PENSION BOND CONTRIBUTION	200,306.00	201,796.92	(1,490.92)
3230	SOCIAL SECURITY TAX	313,870.00	275,686.14	38,183.86
3240	UNEMPLOYMENT ASSESSMENT	-	-	-
3250	WORKERS' COMPENSATION ASSESSMENT	1,276.00	893.57	382.43
3260	MASS TRANSIT	24,607.00	22,599.40	2,007.60
3270	FLEXIBLE BENEFITS	774,048.00	713,193.96	60,854.04
3435	Personal Services Budget Adj.	(20,653.00)	-	(20,653.00)
	TOTAL PERSONAL SERVICES	**6,086,112.00**	**5,577,843.93**	**508,268.07**
SERVICES AND SUPPLIES				
4100	INSTATE TRAVEL	113,572.00	58,995.49	54,576.51
4125	OUT-OF-STATE TRAVEL	16,322.00	8,916.69	7,405.31
4150	EMPLOYEE TRAINING	21,400.00	16,939.62	4,460.38
4175	OFFICE EXPENSES	129,018.00	82,028.01	46,989.99
4200	TELECOMM/TECH SVC AND SUPPLIES	48,830.00	47,023.73	1,806.27
4225	STATE GOVERNMENT SERVICE CHARGES	163,176.00	163,534.36	(358.36)
4250	DATA PROCESSING	80,540.00	323,308.42	(242,768.42)
4275	PUBLICITY & PUBLICATIONS	39,583.00	19,414.75	20,168.25
4300	PROFESSIONAL SERVICES	321,394.00	331,880.34	(10,486.34)
4315	IT PROFESSIONAL SERVICES	652,149.00	282,925.00	369,224.00
4325	ATTORNEY GENERAL LEGAL FEES	525,607.00	524,906.11	700.89
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	653.00	-	653.00
4400	DUES AND SUBSCRIPTIONS	5,195.00	6,908.00	(1,713.00)
4425	FACILITIES RENT & TAXES	210,941.00	203,074.80	7,866.20
4475	FACILITIES MAINTENANCE	53.00	-	53.00
4525	MEDICAL SUPPLIES AND SERVICES	1,152.00	1,001.36	150.64
4575	AGENCY PROGRAM RELATED SVCS & SUPP	240,152.00	233,660.23	6,491.77
4650	OTHER SERVICES AND SUPPLIES	284,656.00	272,678.27	11,977.73
4700	EXPENDABLE PROPERTY $250-$5000	13,526.00	4,461.60	9,064.40
4715	IT EXPENDABLE PROPERTY	43,363.00	30,937.22	12,425.78
	TOTAL SERVICES & SUPPLIES	**2,911,282.00**	**2,612,594.00**	**298,688.00**
Capital Outlay				
5600	DATA PROCESSING HARDWARE	8,611.00	-	8,611.00
5900	OTHER CAPITAL OUTLAY	-	-	-
	Total Capital Outlay	**8,611.00**	**0.00**	**8,611.00**
Special Payments				
6085	OTHER SPECIAL PAYMENTS	12,447.00	-	12,447.00
	Total Special Payments	**12,447.00**	**0.00**	**12,447.00**
	TOTAL EXPENDITURES	**9,018,452.00**	**8,190,437.93**	**828,014.07**
	PROJECTED BIENNIAL ENDING CASH BALANCE		**4,287,601**	
	End of biennium projected cash balance in months		12.56	
	Cash balance target of 6.0 months (working capital)		2,047,609	

Oregon Board of Pharmacy

Budget Report: April 2021 (Month 22)

Revenue:

Through April, revenue is $694,452 (10.3%) **over** budget

Expenditures:

Through April, **total expenditures** are $931,113 (11.3%) **under** budget

Personal services are $531,743 (9.5%) **under** budget

Services and Supplies are $387,961 (17.0%) **under** budget

Special Payments are $11,410 (100%) **under** budget

Revenues less Expenditures: $120,433

Cash Balance:

Cash balance through April is $3,878,083 which represents (10.32 months of operating expense)

Note: This the above is a snap-shot of the biennium to date through April 2021. It does not include projections for the remainder of the biennium.

End of biennium estimated cash balance is $4,408,532, which represents (12.99 months of operating expense)

Cash balance target is $2,036,628, (6.0 months of operating expense)

Note: The end of biennium estimated cash balance is calculated based on the biennium to date plus the remaining months projections for 2019-21.

JUNE 2021/E2

Oregon Board of Pharmacy				
Total All Funds - LAB 2019-2021				
Actuals through April 2021 month-end-close				
		LAB	**ACTUAL+PROJ**	**VARIANCE**
	BEGINNING CASH BALANCE	**0**	**3,757,650**	**0.00**
REVENUE				
50	GENERAL FUND			
205	OTHER BUSINESS LICENSES	7,146,250.00	8,361,579.75	(1,215,329.75)
210	OTHER NONBUSINESS LICENSES AND FEES	139,296.00	233,334.75	(94,038.75)
505	FINES AND FORFEITS	405,000.00	405,000.00	-
605	INTEREST AND INVESTMENTS	45,000.00	120,007.01	(75,007.01)
975	OTHER REVENUE	57,090.00	65,017.71	(7,927.71)
	TOTAL REVENUE	**7,792,636.00**	**9,184,939.22**	**(1,392,303.22)**
TRANSFERS				
1107	TRANSFER IN FROM DAS	-	35,494.97	(35,494.97)
	TOTAL TRANSFER IN	**0.00**	**35,494.97**	**(35,494.97)**
2010	TRANSFER OUT TO OTHER FUNDS	-	-	-
2443	TRANSFER OUT TO OREGON HEALTH AUTHORITY	416,146.00	423,040.00	(6,894.00)
	TOTAL TRANSFER OUT	**416,146.00**	**423,040.00**	**(6,894.00)**
PERSONAL SERVICES				
3110	CLASS/UNCLASS SALARY & PER DIEM	3,890,199.00	3,533,243.56	356,955.44
3160	TEMPORARY APPOINTMENTS	26,180.00	5,148.66	21,031.34
3170	OVERTIME PAYMENTS	-	1,088.84	(1,088.84)
3180	SHIFT DIFFERENTIAL	-	-	-
3190	ALL OTHER DIFFERENTIAL	190,428.00	234,007.05	(43,579.05)
3210	ERB ASSESSMENT	1,281.00	1,139.58	141.42
3220	PUBLIC EMPLOYES' RETIREMENT SYSTEM	684,570.00	575,067.67	109,502.33
3221	PENSION BOND CONTRIBUTION	200,306.00	201,341.59	(1,035.59)
3230	SOCIAL SECURITY TAX	313,870.00	274,284.99	39,585.01
3240	UNEMPLOYMENT ASSESSMENT	-	-	-
3250	WORKERS' COMPENSATION ASSESSMENT	1,276.00	873.49	402.51
3260	MASS TRANSIT	24,607.00	22,495.56	2,111.44
3270	FLEXIBLE BENEFITS	774,048.00	705,974.16	68,073.84
3435	Personal Services Budget Adj.	(20,653.00)	-	(20,653.00)
	TOTAL PERSONAL SERVICES	**6,086,112.00**	**5,554,665.16**	**531,446.84**
SERVICES AND SUPPLIES				
4100	INSTATE TRAVEL	113,572.00	47,583.49	65,988.51
4125	OUT-OF-STATE TRAVEL	16,322.00	7,916.69	8,405.31
4150	EMPLOYEE TRAINING	21,400.00	16,289.62	5,110.38
4175	OFFICE EXPENSES	129,018.00	80,267.71	48,750.29
4200	TELECOMM/TECH SVC AND SUPPLIES	48,830.00	47,418.20	1,411.80
4225	STATE GOVERNMENT SERVICE CHARGES	163,176.00	163,527.36	(351.36)
4250	DATA PROCESSING	80,540.00	312,766.12	(232,226.12)
4275	PUBLICITY & PUBLICATIONS	39,583.00	19,179.75	20,403.25
4300	PROFESSIONAL SERVICES	321,394.00	324,791.34	(3,397.34)
4315	IT PROFESSIONAL SERVICES	652,149.00	280,925.00	371,224.00
4325	ATTORNEY GENERAL LEGAL FEES	525,607.00	524,906.11	700.89
4375	EMPLOYEE RECRUITMENT AND DEVELOPMENT	653.00	-	653.00
4400	DUES AND SUBSCRIPTIONS	5,195.00	6,908.00	(1,713.00)
4425	FACILITIES RENT & TAXES	210,941.00	203,074.80	7,866.20
4475	FACILITIES MAINTENANCE	53.00	2,266.00	(2,213.00)
4525	MEDICAL SUPPLIES AND SERVICES	1,152.00	901.36	250.64
4575	AGENCY PROGRAM RELATED SVCS & SUPP	240,152.00	233,660.23	6,491.77
4650	OTHER SERVICES AND SUPPLIES	284,656.00	272,482.72	12,173.28
4700	EXPENDABLE PROPERTY $250-$5000	13,526.00	3,461.60	10,064.40
4715	IT EXPENDABLE PROPERTY	43,363.00	33,030.32	10,332.68
	TOTAL SERVICES & SUPPLIES	**2,911,282.00**	**2,581,356.42**	**329,925.58**
Capital Outlay				
5600	DATA PROCESSING HARDWARE	8,611.00	-	8,611.00
5900	OTHER CAPITAL OUTLAY	-	10,489.90	(10,489.90)
	Total Capital Outlay	**8,611.00**	**10,489.90**	**(1,878.90)**
Special Payments				
6085	OTHER SPECIAL PAYMENTS	12,447.00	-	12,447.00
	Total Special Payments	**12,447.00**	**0.00**	**12,447.00**
	TOTAL EXPENDITURES	**9,018,452.00**	**8,146,511.48**	**871,940.52**
	PROJECTED BIENNIAL ENDING CASH BALANCE		**4,408,532**	
	End of biennium projected cash balance in months		12.99	
	Cash balance target of 6.0 months (working capital)		2,036,628	

Board and Other Pharmacist Appointments

Appointed to	Appointee	Date appointed	Term expires	Appointed by	Notes
Public Health and Pharmacy Formulary Advisory Committee	Evon Anukam R.Ph. Amy Burns, R.Ph. Amy Valdez, R.Ph. Mark Helm, MD Sean Jones, MD Kat Chinn, APRN Helen Turner, APRN	12/1/2019 12/1/2019 12/1/2019 12/1/2019 12/1/2019 12/1/2019 12/1/2019	11/30/2021 11/30/2022 11/30/2021 11/30/2020* 11/30/2021 11/30/2021 11/30/2022	Recommended by the Board and appointed by the Governor. *May continue to serve until position is otherwise filled.	Two-year terms. 2017 Oregon Laws Chapter 106.
Council on Naturopathic Physicians Formulary	Natalie Gustafson, R.Ph. Will McClatchey, R.Ph.	Aug 2011 June 2019	June 2021 June 2021	Board of Pharmacy Board of Pharmacy	Two-year terms (no limit) ORS 685.145
Rural Health Coordinating Council	Nancy Wiley, R.Ph.	Aug 2019	Jun 2021	Board of Pharmacy	Two year terms (no limit) ORS 442.490
Council on Optometric Non-topical Formulary	*This council is currently not active			Board of Pharmacy	Two year terms (no limit) ORS 683.240
Oregon Patient Safety Commission Board of Directors	Amy Baker, R.Ph.	10/1/2018	9/30/2022	Governor (Subject to Senate confirmation)	Four year term, two term limit ORS 442.830
Pain Management Commission	Cody Traweek, R.Ph.	6/1/2021	5/31/2023	Director of the Oregon Health Authority	Four year terms, two term limit ORS 409.520
Immunization Policy Advisory Team	Jennifer Davis, R.Ph.	11/18/2020	9/2/2022	DHS Immunization Program Manager	Two year terms (no limit) (OBOP Staff Member)

Last name: Gustafson **First Name:** Natalie
Date: 5/7/21 **Email:** rph.natalie@lcrx.com **Work Phone:** 503-281-4161

List the board, committee or commission to which you are appointed:
Oregon Board of Naturopathic Medicine Formulary Council

Please provide a brief summary of your activities from the last year within your appointment. Be sure to include your term and meeting frequency.

I have been on the OBNM Formulary Council since August 2011, with my current term ending June 2021. We meet every six months, typically in March and September, though due to waiting on two new appointees to the council we met in April 2021 this year. I would like to express my interest at remaining on this Council for another term and provide a summary of my activity on the council over the last year.

In this past year, we worked to clarify the injection and ozone therapy rules. They have not been clear enough for naturopathic physicians to know what is and is not allowed in certain types of injections or the use of ozone therapy, and we wanted to update them and review training requirements. We formed an Ozone Therapy sub-committee that reviewed the current rules and conducted research to better advise the council.

In our March 2020 meeting we reviewed their findings and approved a draft rule OAR 850-060-0212 to be submitted to the Oregon Board of Naturopathic Medicine for their review. and determined that the rules should be separated by type of injection and therapy. We made recommendations for training and/or CE requirements for different types of injection therapy and how to allow waivers of these requirements for currently practicing naturopathic physicians. We also determined that ozone is oxygen and therefore a biological substance not requiring a prescription, and therefore not necessary to be added to the formulary. We also discussed the prescribing limitations of mifepristone and misoprostol as abortifacients due to statutory restrictions.

At the September 2020 meeting, we reviewed the applications by Carmen Ionescu and Adam Alani for reappointment to the council. We discussed COVID-19 restrictions and remote work limitations. We reviewed the OAR 850-060-0212 Education Requirements for Injections/ IV Chelation Therapy approved by the Board. At this meeting, I was appointed the new chair starting in 2021.

At the April 2021 meeting, we welcomed new members Laura Williams and Stephanie Culver. We covered HB 3369 which specifies which licensed health care providers may recommend marijuana for medical use. We discussed the status of the OHA Psilocybin Advisory board and current lack of naturopathic physician member as required by law. The implementation of OAR 850-060-0212 in January 2021 discovered some issues and confusion regarding the procedure, dates and deadlines for reporting education requirements so there is now an open comment period prior to another rulemaking hearing. Lastly, we reviewed updates on the OBNM budget and legislative update.

As far as my role on the council, I bring value as chair given that I have been a member for ten years and have knowledge of the history and formulary changes that have occurred over that time. I also bring valuable knowledge in the area of compounding, as there as still many changes occurring in that area that will impact naturopathic physicians. This area has been especially confusing, as the anticipated rule changes to USP Chapter <795>, <797> and <800> regarding nonsterile and sterile compounding practice requirements did not go into effect December 1, 2019 as anticipated and are currently under review. I

will be able to provide updates on this situation as it continues to evolve. I have enjoyed my time on the council and look forward to continuing to bring value as a member and chair.

Thank you for your consideration.

Sincerely,

Natalie Gustafson

Natalie Gustafson, PharmD
2606 NE Broadway St Suite B
Portland, OR 97232
(P): 503-281-4161 (F) 503-281-1990
Natalie@LCRX.com

Education

PharmD — Doctor of Pharmacy (S*umma Cum Laude*)
Northeastern University, Boston, MA

Current Positions

Director of Pharmacy, Lloyd Central Compounding Pharmacy, Portland, OR
Jan 2012 – Present

Director of Pharmacy, Pacific Compounds Pharmacy, Hillsboro, OR
July 2009 – September 2017

CE Courses and Presentations Given

2021 Impact of Thyroid and Hormone Replacement Therapy on the Cardiovascular System
Invited Speaker for Nurse Practitioners of OR 2021 Pharmacology Conference Portland, OR

2021 The Impact of Delivery Methods in HRT
Invited Speaker for IWHIM Women's Health Symposium Portland, OR

2021 Oncology Compounding
Guest Lecturer for NUNM Students Portland, OR

2020 The Impact of Delivery Methods in HRT
Invited Speaker for IWHIM Women's Health Symposium Portland, OR

2020 Introduction to Compounding
Guest Lecturer for NUNM Students Portland, OR

2020 Specialty Compounded Medications in Pediatrics
Invited Speaker for IWHIM Pediatric/Adolescent Medicine Portland, OR

2019 How to Integrate Compounding into Your Practice
Invited Speaker for Integrative Dermatology Symposium San Diego, CA

2019 The Impact of Delivery Methods in HRT
Invited Speaker for IWHIM Women's Health Symposium Portland, OR

2019 Introduction to Compounding
Invited Speaker for NUNM Residents Portland, OR

2018 Topical Pain Medications
Invited Speaker for NUNM Pain Conference Portland, OR

2018 The Impact of Delivery Methods in HRT
Invited Speaker for IWHIM Women's Health Symposium Portland, OR

2018 Low Dose Naltrexone & Autoimmune Conditions
Invited Speaker for NUNM Autoimmune Conference Portland, OR

2018 Specialty Compounded Medications in Pediatrics
Invited Speaker for IWHIM Pediatric/Adolescent Medicine Portland, OR

2017 Non-Opiate Medication Options: Compounding, Topicals, and More
Invited Speaker for COHC Chronic Non-Cancer Pain 101: Provider Workshop Bend, OR

2017 Low Dose Naltrexone
Invited Speaker for IWHIM Primary Care for Women Portland, OR

2017 Use of Low Dose Naltrexone and Erythromycin in SIBO
Invited Speaker for NUNM SIBO Conference Portland, OR

2017 Introduction to Compounding
Invited Speaker for NUNM Residents Portland, OR

2017 The Impact of Delivery Methods in HRT
Invited Speaker for IWHIM Women's Health Symposium Portland, OR

2016 Low Dose Naltrexone for Pain Management
Invited Speaker for NUNM Pain Management Conference Portland, OR

2016 Topical Pain Management
Invited Speaker for OANP's Pain Management Course Portland, OR

2016 The Impact of Delivery Methods in HRT
Invited Speaker for IWHIM Women's Health Symposium Portland, OR

2016 The Missing Link Between Cholesterol and Glucose
Low Dose Naltrexone: Endorphins Impact on the Gut
Invited Speaker for Hawaii Doc Talks, Hawaii

2015 Compounded alternatives in Wound Healing and Scar Prevention
Invited Speaker for Columbia Wound Care Consortium, Portland, OR

2014 Managing Treatment of Hypogonadism
Invited Speaker for OANP 19th Annual Pharmacy and Ethics Conference

2014 Use and Considerations of Low Dose Naltrexone & Topical Pain Medications
Speaker for several naturopathic physicians, Portland, OR

2014 Use and Considerations of Low Dose Naltrexone
Invited Speaker for British Columbia Naturopathic Association, Vancouver, BC

2014 Pharmacodynamics of Hormone Replacement Therapy
Invited Speaker for WIBI Women's Health Symposium, Portland, OR

2014 The Impact of Delivery Methods in HRT
Invited Speaker for IWHIM Conference, Portland, OR

2013 Holistic Management of Depression and Anxiety
Invited Speaker for NWNPC 57th Annual Convention, Portland, OR

2012 Low Dose Naltrexone and the Importance of Endorphin Regulation
Invited Speaker for OANP 17th Annual Pharmacy and Ethics Conference

2012 Topical Pain Medications
Speaker for CE course. Location: Portland and Beaverton

2012 Management of Asthma & COPD
Speaker for CE course. Location: Beaverton

2012 CE Course: Pharmacotherapy of Diabetes Mellitus, Hyperlipidemia and Hypertension agents.
Speaker for CE course. Location: Portland

2012 Dermatology Treatment Alternatives
Speaker for CE course. Location: Portland and Beaverton

2012 Topical Pain Medications
Invited Speaker for Pain Society of Oregon

2012 Polypharmacy in the Aging Woman
Invited Speaker at Institute of Women's Health and Integrative Medicine Conference

2011 Management of Asthma & COPD
Invited Speaker for OANP 16th Annual Pharmacy and Ethics Conference
Location: Portland

2011 Dermatology Treatment Alternatives
Speaker for CE course. Location: Portland

2011 Depression, Anxiety & GI Medications
Speaker for CE course. Location: Portland

2011 Pain Management- Traditional and Compounded Options
Speaker for CE course. Location: Portland

2011 CE Course: Pharmacotherapy of Diabetes Mellitus, Hyperlipidemia and Hypertension agents.
Speaker for CE course. Location: Portland

2011 CE Course: Low Dose Naltrexone (LDN): Regulating Immune Function Using Endorphins
Speaker for CE Course. Location: Beaverton (spring) & Portland (fall)

2010 CE Course: Managing Drugs, Disease & Herbal Interactions in Diabetes Therapy
Invited Speaker for OANP 15th Annual Pharmacy and Ethics Conference
Location: Portland

Publications

Seibert, Jan and Gustafson, Natalie. Understanding and Treating the Imbalanced Neuroendoimmune System of Hashimoto's Thyroiditis. Naturopathic Doctor News & Review. August 10, 2011.

Professional Development

2021 Cultural Competence: LGBTQ Patients
2021 USP 800 and Hazardous Meds
2021 HIPAA Security and Privacy 2021
2021 Safety from the Start: Data Entre
2021 Strategies for Preventing Medication Errors in the Pharmacy
2021 Aseptic Training Course- Home study

2020 OSHA COVID-19 Training Requirements
2020 PCCA International Seminar

2019 IACP 25th Annual Compounders on Capitol Hill

2018 OANP 23rd Annual Pharmacy and Ethics Conference

2017 OANP 22nd Annual Pharmacy and Ethics Conference
2017 WIBI's 5th Annual Women in Balance Symposium

2016 OANP 21st Annual Pharmacy and Ethics Conference
2016 ACHC USP <800> Workshop

2015 OANP 20th Annual Pharmacy and Ethics Conference
2015 Sex Hormones and the Brain
2015 Introduction to Transgender Health Care and HRT
2015 Three Treatment Algorithms

2014 OANP 19th Annual Pharmacy and Ethics Conference
2014 Overcoming USP 797 Common Non-compliance issues for sterile compounding
2014 Regulatory Guidelines and standards of practice for pharmacy compounding

2014 Endotoxin testing and environmental monitoring for your pharmacy
2014 Making the grade: practical strategies for improving medication adherence

2013 OANP 18th Annual Pharmacy and Ethics Conference

2012 OANP 17th Annual Pharmacy and Ethics Conference

2011 OANP 16th Annual Pharmacy and Ethics Conference

2010 OANP 15th Annual Pharmacy and Ethics Conference
2010 The Spectrum of BHRT and Wellness (ZRT Conference)
2010 Thyroid Testing and Dosing: A Functional Approach to Assessment and Treatment of Hypothyroidism

2009 The Dosing and Testing of Natural Hormones

2008 Primary compounding training at Professional Compounding Centers of America

Professional Memberships

Formulary Council Chair, Oregon Board of Naturopathic Medicine (member 2011-2020, Chair 2021)
Professional Compounding Centers of America (PCCA)
International Academy of Compounding Pharmacists (IACP)
National Community Pharmacists Association (NCPA)
Oregon State Pharmacy Association (OSPA)

Last Name: McClatchey **First Name:** Will

Date: 5/20/21 **Email:** will.mcclatchey@gmail.com

List the board, committee, or commission to which you are appointed:

Oregon Board of Naturopathic Medicine Formulary Council

Please provide a brief summary of your activities from the last year within your appointment. Be sure to include your term and meeting frequency.

We have met twice yearly in Portland over the last 2 years with the last three meetings while under covid lockdown being held remotely via zoom. I participated in discussions of Psilocybin as a possible therapy, appropriate roles of various injectables for Chelation Therapy, and recommendations for levels of training/CE for NDs seeking to prescribe and administer injectable medications. Most of these issues were already on the table when I arrived two years ago and were part of on-going development of the ND practice within Oregon. My role has been to provide a pharmacist's perspective, and to address questions about pharmacology and typical prescribing practices in Oregon. The other pharmacist on this panel, Natalie Gustafson, has taught me about the processes of working effectively with these NDs as she has been very active with this group for some time now.

I very much appreciate the opportunity to work with, and learn from, this different type of practitioner that I normally encounter within my practice as a long-term care pharmacist.

Sincerely,

Will McClatchey, R.Ph.

Will McClatchey, Woodland Valley Meadows Farm, LLC., 28281 Hamm Road, Eugene, Oregon 97405
Cell: **(541) 579-8827 (or 458-210-8146)**; will.mcclatchey@gmail.com

CAREER BRIEF

Farmer in Practice	2001-present
Oregon Pharmacist	2015-present
Director of Research	2010-2015
Professor of Botany	1997-2012
Florida Pharmacist	1993-1997
Utah Pharmacist	1990-1993
Oregon Pharmacist	1988-1989
University Student	1984-1996
Oregon Timber & Agriculture Worker	1981-1988

EDUCATION

University of Florida (UF), Gainesville, Florida, Ph.D (Evolutionary Biology/Botany)	1996
Brigham Young University (BYU), Provo, Utah, MS (Botany & Range Science)	1993
Oregon State University (OSU), Corvallis, Oregon, BS (Pharmacy)	1989
Oregon State University, Corvallis, Oregon, BS (Anthropology)	1989

ACCOMPLISHMENT BRIEF

Mentored almost 2 graduate students per year through competition of PhD/MS degrees.

Development of world's first formal degrees in Ethnobotany/Ethnobiology at three institutions in USA.

Developed & implemented botanical garden plans in Hawaii and Palau.

Synthesized social and biological science theories to generate new ideas about humans as ecological managers.

Organized and hosted in 2001 the world's largest conference on ethnobiology and ethnomedicine.

Honored as 2013 Economic Botanist of the year by Society for Economic Botany.

Consistently brought in enough funding through grants and contracts to keep 15+ people/year working on science.

Completed 10+ years of research on 6 types of traditional European orchards as artificial ecosystems and now am applying it as a set of long-term experimental plots in Oregon.

PHARMACY EXPERIENCE

Pharmacy License Oregon RPH-0007847 Not current: Florida 29553, Hawaii 1639, Utah 90152152-1701

For each of the following I worked as both a floating/relief pharmacist and regular staff pharmacist. Several times I worked relief for small outpatient facilities. For two extended periods, I was a pharmacy manager until a permanent person could be hired. The locations listed are primary bases and, in each case, I also worked in MANY other stores. Currently, I am working about 3 days per week for BHS Pharmacy.

Oregon

BHS Pharmacy, Relief Pharmacist (Institutional), Eugene, Oregon, (541) 868-1490	current
Safeway Pharmacy, Float Pharmacist (Retail), Western Oregon region, mostly Eugene	2015-2016
Payless Drug Stores, Staff Pharmacist/Manager (Retail), Portland/Woodburn, OR, (503) 982-1340	1988-1989
Internships/Externships	
Syncore International, (Nuclear pharmacy), Portland, Oregon, (503) 223-8785	1989
• All coursework (OSU) and internships were completed for nuclear pharmacy cert	
United States Veterans Medical Center, (Nuclear pharmacy), Portland, Oregon, (503) 222-9221	1989
Oregon Health Sciences University, (Psychiatric pharmacy), Psychiatric Pharmacy, Portland, Oregon, (503) 279-8007	1988
Emmanuel Hospital Pharmacy, (Hospital pharmacy), Portland, Oregon, (503) 280-4176	1988
Professional Plaza 102 Pharmacy, (Retail pharmacy), Portland, Oregon, (503) 254-7383	1988

Utah

Payless Drug Stores, Float Pharmacist (Retail), Provo, Utah & Salt Lake City, Utah, (801) 374-2015	1993-1994
Payless Drug Stores, Rx Manager (Retail), Park City, Utah, (801) 649-9621	1989-1993

Florida

Eckerd Drugs, Float Pharmacist (Retail), Gainesville, Florida, (352) 371-1223	1995-1997
Wises Pharmacy, Relief Pharmacist (Independent Retail), Gainesville, Florida, (352) 376-8286	1996-1997
K-Mart Pharmacy, Relief Pharmacist (Retail), Leesburg, Florida, (352) 787-0557	1994-1995

Specialized Training (most recent for each)

Prescribing Medroxyprogesterone Injection	2017
Comprehensive Contraception Education and Training for the Prescribing Pharmacist	2016
CPR Adult and Children Training, American Red Cross	2016
Adult Immunization Training	2016
Medication Therapy Management, Postgraduate Healthcare	2015
Human Research Subjects Training, National Institute of Health	2014
Industrial Climbing and Rigging Safety Certification, Texas	2012
Laboratory Health and Safety Training/Hazardous Waste Training, University of Hawaii	2010
Advanced SCUBA certification (+ Navigation, Night Diving, First Aid), SSI Diving	1992
Nuclear Pharmaceutical Labeling and Administration, Syncore International	1989
Wilderness Survival Training, OSU, School of Forestry	1985

ACADEMIC & RESEARCH EXPERIENCE

Botanical Research Institute of Texas
Vice President and Director of Research 2010 - 2015
- Economic Botanist of Year (2013), Society for Economic Botany

Research Associate 2008 - 2010

As the administrative head of research, I managed a permanent team of 6-8 researchers and 6 research support staff. 5-12 additional researchers worked on specific project contracts. I oversaw budgeting, with staff assigned to purchases, local and international logistics, and grants management. The organizational budget annually is approximately 5 million with ~2 million from endowments, <2 million from donors, and >1 million from grants and contracts. During the five years I worked with BRIT the endowment was tripled to about 45 million based primarily on our expanding research and educational reputations, and the diversity and increase of competitive federal and private funding sources received. In particular, I worked with ranchers in Texas and Brazil to both produce new research on their lands and to address general conservation issues that impact their production efforts. The most important lasting success in this regard was a change in members of our non-profit board of directors to include several ranchers with strong conservation values and abilities to help raise funding for local and international research on human interactions with environments. The research director's role has been one of facilitating communication between staff and a wide range of constituents, funding agencies, donors, and community members. I strongly believe that effective communication is the key to successful project and program management, and is critical for pharmacist interactions with patients and other professionals. Effective communication involves thoughtful development of substantive plans and actions that are shared in ways that can empower people to get their primary jobs done with a minimum of interruption.

Texas Christian University
Affiliate Professor, Institute for Environmental Studies 2011 - 2015

Although I more or less left academia when I moved to Texas, TCU offered the opportunity to continue to mentor graduate students and to help teach courses in conservation of natural resources.

University of North Texas, Health Science Center
Affiliate Graduate Faculty, Biomedical Sciences 2012 - 2015

When the decision was made to move to Texas, I still was supervising several students from UH and working collaboratively with graduate students from Thailand. UNT provided laboratory space and collaboration opportunities through a prior agreement with BRIT so my students were able to continue their work.

University of Hawai`i, Mānoa
Affiliate Professor, Department of Botany 2012 - 2014
Professor of Botany 2007 - 2012
- Graduate Faculty in SE Asian Studies

Associate Professor of Botany 2002 - 2007
- Graduate Faculty in Ecology, Evolution and Conservation Biology Program
- Graduate Faculty in Pacific Studies Program
- Adjunct Researcher in Cancer Research Center of Hawai`i, Natural Products Program

Associate Director, Lyon Arboretum 2002 - 2005
Assistant Professor, Department of Botany 1997 – 2002

Although I was based within the Botany Department, collaborations and interdisciplinary research projects created opportunities to work in several different programs in Hawai`i. I was hired to produce the world's first undergraduate degree in Ethnobotany, which happened in 2002. Since then the program has been copied in variations at five other U.S. universities. I supervised more than 30 graduate students, hundreds of undergraduates in botany and biology, and at times up to 5 staff members and multiple federal grants and private contracts for research. I am vested in the state of Hawaii retirement system so will retire as a full professor in the future.

William L. Brown Center, Missouri Botanical Garden
Research Associate 2007 - 2014

Khon Kaen University, Thailand
Visiting Professor, Department of Pharmaceutical Botany and Pharmacognosy 2005 - 2006
- Fulbright Fellowship Researcher and Instructor

University of Florida
Post-Doctoral Instructor, Department of Botany 1996 - 1997
- Presidential Recognition Award for Teaching, University of Florida
- Fulling Award, Society for Economic Botany

Instructor, College of Tropical Agriculture 1996
Graduate Researcher, Florida State Museum, Herbarium 1994-1996
- McGinty Research Fellowship, University of Florida

Systematic Field Researcher, Fairchild Tropical Garden 1995-1996
Graduate Teaching Assistant, Department of Botany 1995

Brigham Young University
Special Faculty, Department of Botany & Range Science 1994
Graduate Teaching Assistant, Department of Botany & Range Science 1991-1993
Graduate Researcher, Department of Botany & Range Science 1991-1994

Oregon State University
Undergraduate Research Assistant, College of Pharmacy 1984-1988
- Dow Chemical Research Award for studies of Marine Biochemistry

Assistant to Health Physicist, Radiation Center and TRIGA Reactor Facility 1986-1988
- Laboratory, environmental and reactor radiation surveys, fabrication of source fixtures.

Archival Assistant/Microfilm Technician, Archives 1984-1986
- Organization and documentation of past University Presidents archival deposits, microfiche filming, maintaining legal files, use of a high speed document camera, assisting researchers

Languages

During several periods of international research, it has been important to learn and use local languages to complete the work being done. With few exceptions, I have avoided using translators when working in a community for more than a few months. While I have usually easily picked up languages (Thai being a notable exception that was very difficult), I have also made little effort to maintain them so do not feel I am currently fluent in any other languages. The following are languages that I have used for completing work and in formal publications: Babatana, Fijian, German, Rotuman, Spanish, Thai. I am also familiar with geographical, mythical, and biological terms that are common to many Polynesian languages such as Hawaiian, Samoan, and Tongan. Languages and linguistics are something I have long enjoyed dabbling in and therefore look forward to new opportunities to learn and practice.

During 2015 I have been working to relearn Spanish, particularly for communication with pharmacy patients.

COMMUNITY DEVELOPMENT and APPLIED ETHNOBOTANY EXPERIENCE

During my PhD research, I was fortunate to receive funding for a series of small field research projects in several Pacific island countries. In the second one of these, in Samoa, we worked quite closely within the traditional community structure. The research took less time than we had planned, and produced results that could not have been achieved without the community participation. This lesson was then carried over in subsequent projects where I specifically engaged local communities and spent growing amounts of time and energy working toward their objectives without any degradation of the primary research mission. After beginning as a faculty member at University of Hawai`i, that work history began to pay off as people from different island groups began to approach me and my department for work based on the good reputation developed with prior projects. The net result was that most of my work during 15 years at University of Hawai`i was conducted with communities and there was never a shortage of opportunities to address interesting research questions and for high quality student projects. Because of these relationships the only resource we really lacked was time.

E.U. (France, Germany, Italy, Spain, & United Kingdom)

- Various small-scale orchards. Studies with local apple orchard managers and cider producers focusing on two aspects: 1) How is knowledge developed and passed-on, and how can this be used to develop practical instructional curriculum in science, and 2) What are the elements of orchards as artificial ecosystems that have been engineered to produce cider, and are these resilient in the face of climate change?

Federated States of Micronesia

- Pohnpei. Studies of traditional house construction techniques and Kapingamarangi carving of *Metroxylon* seeds.

French Polynesia

- Mo`orea. Evaluation of developing ethnobotanical garden at the Gump Research Station. Training in oral history documentation of traditions. Supervision of graduate students working on documentation of traditional farming practices and impacts on lowland forest ecosystems.

Madagascar

- Analalava. Training workshop on ethnobotany field methods for Malagasy conservation researchers. Conducted studies with two communities on the intensity and sustainability of their interactions with forest, marsh, and grassland resources.

Malaysia

- Sarawak. Studies of traditional sago starch extraction by Malay and Dayak cultural groups near Kuching.

Palau

- Babeldaub. Evaluation of five potential sites for a National Botanical Garden on behalf of the Palau Tourists Authority. Each site was evaluated for conservation potential, botanical diversity, and economic potential as an asset for tourism. Development of a Botanical Garden Rough Layout, Business Plan, and Grant Proposals.

Republic of Fiji

- Vanua Levu. Studies of economically important palms: *Clinostigma*, *Veitchia*, *Balaka*, *Metroxylon*, *Calamus*, *Cocos*, and *Pritchardia*. For each palm, the uses, cultural impact on plant populations and resource availability/sustainability was analyzed.
- Rotuma. Studies of Polynesian traditional house construction techniques and materials. Technical terminology used in construction was compared with four other Polynesian cultures using a cladistic-linguistic analysis in order to determine cultural relationships. Studies of traditional medicine. Each species used was collected for chemical analysis and taxonomic identification. In addition to identifying

medicinal plants, the Rotuman perspectives of disease causation, human anatomy, health and wellness, and the development of traditional remedies were documented. Studies of traditional uses of palms: *Cocos*, *Pritchardia*, and *Metroxylon*.

Republic of Marshall Islands

- Rongelap Atoll. Evaluation of potential eco-tourism sites and development of grants and programs for resettlement of the people of the atoll back after their generation absence due to nuclear testing in nearby Bikini atoll. Also conducted an independent evaluation of the "clean-up" that has been conducted by the Department of Energy with particular emphasis upon potential environmental exposure to residual radioisotopes during the practice of traditional activities such as harvest of medicine and growing crops.
- Ailinginae Atoll. Terrestrial biodiversity evaluation as part of preparation for an application for World Heritage Site status. Data generated from the initial site review was used to propose and then legislate the atoll as the first national park in the Marshall Islands. The site is now a biodiversity preserve and tourist destination managed by the community of Rongelap atoll while it awaits consideration as a World Heritage Site.

Samoa

- Tutuila and Sawai'i. Studies of plants used in the production of traditional fish traps. Each species was collected and evaluated based upon cultural impact and resource sustainability. Community development workshops conducted with Trish Flaster focusing upon culturally appropriate herbal products and marketing of products in ways that are legal in the United States.

Solomon Islands

- Lauru (Choiseul). Ethnobotanical studies of Babatana and Ririo traditional medicine and uses of nut crops including *Canarium* spp. Establishment of two research stations in the villages of Susuka and Sasamuqa.
- Guadalcanal. Development of a joint biodiversity research program with the Solomon Islands Ministry of Environment, Conservation, and Forestry for ethnobotanical research studies in Choiseul Island. Biodiversity research initially focused upon ethnobotanical analysis of medicinal plants with future plans to expand into floristic and ethnobotanical studies. Studies of traditional housing materials, material supplies, sustainability of traditional housing, and environmental impact of maintaining traditional housing standards. Studies of the Ririo language and Ririo/Babatana taxonomy of biota, diseases, and land usage zones.

Thailand

- Khon Kaen and Sakon Nakon. Ethnobotanical studies of distributions of traditional knowledge of plant diversity, classification systems, plant and ecosystem nomenclature in Phuthai communities.

United States of America

- Florida, Big Cyprus Reservation. Consultation with Florida Seminole Tribe on development of a Native American based natural product business and creating a botanical garden at the tribal headquarters.
- Hawai`i. Development of long-term management plan for Lyon Arboretum with special emphasis upon development of resources for the Manoa valley community and Native Hawaiian educational programs. This has included participation in development of the Hawai'i and Pacific Island 'awa Festival.
- Hawai`i. Development of resources for `ahupua`a o Kahana community including: a plant inventory toward a flora of the valley; Nakoa trail signs, maps and brochures; artifact recreations, panorama photographs for a visitor interpretive center, and a 3 dimensional watershed map.
- Texas. Biodiversity documentation, educational curriculum generation and testing, and conservation plan development for ecosystems on ranches and in urban areas.

SYSTEMATIC BOTANY FIELD EXPERIENCE

Indo-Malesia

- Sarawak, Malaysia. Studies of Calamoideae genera: *Metroxylon*, *Korthalsia*, *Eugeissona, Calamus*, and *Salacca*. Morphological characters were recorded for each genus for phylogenetic studies of the Calamoideae.

Melanesia

- Viti Levu, Vanua Levu and Taveuni, Fiji. Studies of endemic and naturalized palm genera: *Balaka*, *Clinostigma*, *Veitchia*, *Metroxylon*, *Pelagodoxa*, *Areca*, *Neoveitchia*, *Ptychosperma*, *Calamus*, *Pritchardia*, *Physokentia*, and *Cocos*. Each genus was evaluated distributionally and ecologically with living and preserved collections from representative populations transported to Florida for further study.
- Guadalcanal and New Georgia, Solomon Islands. Studies of endemic palm genera: *Ptychosperma*, *Areca*, *Calamus*, and *Metroxylon*. Each genus was evaluated distributionally and ecologically with living and preserved collections from representative populations transported to Florida for further study.

Micronesia

- Palau. Studies of endemic palm genera: *Gulubia*, *Heterospathe*, *Nypa*, and *Ptychosperma*. Studies of introduced palm genera: *Veitchia*, *Metroxylon*, and *Calamus*. Each genus was evaluated distributionally and ecologically with living and preserved collections from each population transported to Florida for further study.
- Pohnpei and Chuuk, Federated States of Micronesia. Studies of endemic palm genera: *Clinostigma*, *Metroxylon*, *Nypa*, and *Heterospathe*. Each genus was evaluated distributionally and ecologically with living and preserved collections from each population transported to Florida for further study. Collections of *Metroxylon* were measured for morphological, phylogenetic studies.

United States

- Utah and Arizona. Studies of desert species of *Asclepias, Ephedra*, *Aquilegia*, *Garrya*, *Eriogonum*, *Opuntia*, *Krameria*, and *Moertonia*. Specimens were collected and analyzed for biochemical activity.
- Florida. Studies of *Sabal*, *Serenoa*, and *Ilex*. Distributions and morphologies evaluated for phylogenetic analysis.
- Hawaii. Studies of genetic and morphological diversity of Pacific Basin *Piperaceae* with special emphasis upon *Piper methysticum* traditional varieties in Hawaiian culture.
- Texas. Collection and analysis of floristic components of cross-timbers walnut glade ecosystems. Testing of restoration and conservation plans using three ranching areas.

Western Polynesia

- Savai`i and `upolu, Western Samoa. Studies of endemic palm genera: *Clinostigma*, *Metroxylon*, *Veitchia*, and *Balaka.* Each genus was evaluated distributionally and ecologically with living and preserved collections from each population transported to Florida for further study. Through this work a new species of *Metroxylon* was identified. Additionally, specimens of medicinal plant genera were collected for taxonomic identification.
- Rotuma, Fiji. Collection and identification of the flora of the eight islands of the Rotuma group. Herbarium collections of each species were prepared and distributed to four herbaria. The distribution and conservation status of each species was determined as baseline data for future ecological/impact studies following the current rapid cultural and land use changes.

ETHNOPHARMACOLOGY and NATURAL PRODUCT CHEMISTRY EXPERIENCE

Research conducted in this category has typically been done under confidentiality agreements and in participation with corporate and local community groups. Very little of this research has been published but rather appears within private reports and as part of larger projects. This research has largely served as a funding source to indirectly support field ethnobiology research that has been published.

Hawai`i

- O`ahu. Evaluation of secondary metabolites of terrestrial invasive and ornamental species of plants using Cancer Research Center of Hawai'i and Hawai'i Biotech, Inc. assays.
- O`ahu. Development of novel extraction techniques that preserve evolved chemical diversity and activity of traditional medicines that is typically lost using standard pharmacognosy methods.
- Kaua`i. Studies of traditional Hawaiian logic for disease diagnosis and selection of plant remedies.

Micronesia

- Kosrae. In conjunction with the University of Hawaii Sea Grant Program and Greg Patterson of the UH Department of Chemistry, Organization and development of an Intellectual Property Rights Agreement with the Kosrae Government, to conduct natural product chemistry research on Kosrae. Submission of collaborative grant proposals for pharmacological evaluation of the flora.
- Rongelap Atoll. Collection and evaluation of the flora of Rongelap and Ailinginae atolls for biological activity in a range of cyto-toxic and cytoremediation assays. Further research has involved study of the same collections as treatments for Anthrax and/or Botulism.

Solomon Islands

- Lauru (Choiseul). Documentation of traditional disease diagnosis system of Ririo and Babatana healers with subsequent evaluation of some of the remedies used for treatment of cancer-like illnesses.

Thailand

- Sakon Nakon. In conjunction with Khon Kaen University, Faculty of Pharmacy, Department of Pharmaceutical Botany and Pharmacognosy, documentation of changing pharmacopoeia of Thai language groups who have relocated south of the Mekong from Laos in the last 200 years.

PUBLICATIONS (peer-reviewed*)

In Prep/Review

- Farjado, J., A. Verde, D. Reedy & W.C. McClatchey. Climate change observations by elderly farmers growing apple trees in Cuenca and La Mancha, Spain.
- McClatchey, W.C. & D. Reedy. n.d. *Cider World: From orchards as artificial ecosystems addressing climate change to classification of fermented apple products*.
- Vougioukalou, S.A., D. Reedy, & W. McClatchey. 'Thinking with apples': using local cultural keystone species, online tools and community engagement in ethnobiological education in Hawai`i and Kent. Chapter in *Project-Based Learning and New Approaches in Teaching Botany and Applied Botany.* Edited by Valentina Savo, Universiti Tre Roma Press, Rome.
- Tongco, D. & W.C. McClatchey. Proximate and carbohydrate analysis of wild yam (*Dioscorea divaricata* Blanco), a culturally important species to the Magbukún Ayta of Kanawan, Morong, Bataan, Philippines. *Food Chemistry* in review.

2017

- Ehara, H., T. Yamamoto, T. Tsuchiya, H. Naito, J.L. Dowe, W.C. McClatchey, T. Mishima, A. Itaya, C. Mizota, Y.B. Pasolon, P. Ala, M. Tuiwawa, A. Naikatini, I.A. Rounds, T. Foliga, S. Lui & S. Kwan. 2017. Phylogenetic Study of *Metroxylon* Palms in Southeast Asia and Oceania Based on 5S nrDNA Spacer Sequence Data. *Sago Palm* 25(1):xx-xx. (in press)
- McClatchey, W.C. Finding Reciprocal Value in Language for Botanists and Linguists. Chapter in *The Oxford Handbook of Endangered Languages*. Oxford University Press, Oxford, U.K. Edited by K. Rehg and L. Campbell. (in press)

2015

- *McClatchey, W.C. & K.W. Bridges. 2015. Lessons learned in a conservation ethnobiology field school. Chapter in *Project-Based Learning and New Approaches in Teaching Botany and Applied Botany*. Edited by Valentina Savo, Universiti Tre Roma Press, Rome.
- *Savo, V., G. Caneva & W.C. McClatchey. 2015. Plant Selection for Ethnobotanical uses on the Amalfi Coast (Southern Italy). *Journal of Ethnobiology and Ethnomedicine* 11:58. DOI:10.1186/s13002-015-0038-y

2014

- *Tongco, M.D., W.C. McClatchey, E. Malicsi, M. Quitain, A. Malunic, M. Cayetano, J. Alejo, B. Restum, E. Restum & Magbukun Ayta Community. 2014. Traditional ecological knowledge of the wild yam buloy (*Dioscorea divaricata*) and its value to the Magbukún Ayta Community. *AghamTao* 23:45-79.
- *McClatchey, W.C., D. Reedy, V. Savo, A. Verde & J.F. Rodríguez. 2014. The Long-term Investment Strategy: Orchardists Observing and Reacting to Change. *Journal of Ethnobiology* 34(3):335-358.
- *Brown, A., W.C. McClatchey & K.W. Bridges. 2014. Traditional Botanical Knowledge of the Plain Mennonites: Time, Change, and Knowledge Transitions. *Ethnobotany Research & Applications* 13:571-596.
- *Savo, V., G. Caneva, W. McClatchey, D. Reedy & L. Salvati. 2014. Combining environmental factors and agriculturalists' observations of environmental changes in the traditional terrace system of the Amalfi Coast (Southern Italy). *AMBIO: A Journal of the Human Environment* DOI: 10.1007/s13280-013-0433-3

2013

- *Reedy, D., V. Savo & W.C. McClatchey. 2013. Traditional Climatic Knowledge: Orchardists' perceptions of, and adaptations to, climate change in the Campania region (Southern Italy). *Plant Biosystems* DOI:10.1080/11263504.2013.793753.
- *McClatchey, W.C. & K.W. Bridges. 2013. Curating ethnobotanical photographs. Chapter 14 in *Curating Biocultural Collections*. Edited by J. Salick and K. Kincher. Kew Publishing, Royal Botanical Gardens, Kew, U.K. [2015 – Book received the "Postgraduate Textbook Prize" by The Royal Society of Biology (England)]
- *McClatchey, W.C. & K.W. Bridges. 2013. Lessons learned in development of an interdisciplinary science curriculum support organization. Chapter in *Innovative Strategies for Teaching in the Plant Sciences*. Edited by C.L. Quave. Springer, New York.

- *McClatchey, W.C., G.E. Wagner, K Hall & P.D. Harrison. 2013. Editors of *Vision and Change for Undergraduate Ethnobiology Education in the U.S.A. Recommended curriculum assessment guidelines*. Open Science Network, Botanical Research Institute of Texas Press, Fort Worth.

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- *McClatchey, W. 2012. Ethnobiology - Basic methods used to document dynamic relationships between peoples, biota and environments, and ways in which this knowledge is represented in languages. Pp. 281-297 in *The Oxford Handbook of Linguistic Fieldwork*. Edited by Nick Thieberger. Oxford University Press, Oxford.

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- *Stevens-Releford, J. & W. McClatchey. 2011. Survivor Rongelap: Health issues and use of traditional medicine among women of Rongelap atoll. *Ethnobotany Research and Applications* 9:287-305.
- *Reedy, D., W.C. McClatchey, V. Savo, Y.H. Lau, C. Smith & K.W. Bridges. 2011. Cider house learning; Education based on taste and smell. Chapter 5 in *The Sense of Taste*. Edited by E.J. Lunch & A.P. Petrov. Nova Science Publishers, Inc., Hauppauge, New York. ISBN: 978-1-61209-748-0.
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- *McClatchey, W. & D. Reedy. 2010. A Mouthful of Water: Do cider producers recognize the clean water potential of their products? Pp151-163 in *Tradiciones y Transformaciones en Etnobotánica*/Traditions and Transformations in Ethnobotany. Edited by Pochettino M.L., A. Ladio y P. Arenas. Edición Cyted (Programa Iberoamericano Ciencia y Técnica para el Desarrollo), San Salvador de Jujuy. ISBN 978-84-96023-95-6
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- *McClatchey, W. 2010. Exorcising misleading terms from ethnobotany. Pp. 59-66 in *Recent Developments and Case Studies in Ethnobotany*. Edited by U.P. Albuquerque & N. Hanazaki. Brazilian Society of Ethnobiology and Ethnoecology (SBEE/Publication Group of Ecology and Applied Ethnobotany (NUPEEA), Ecife, Brazil.
- *McClatchey, W. 2010. Improving the quality of international ethnobotany research and publications. Pp. 143-152 in *Recent Developments and Case Studies in Ethnobotany*. Edited by U.P. Albuquerque & N. Hanazaki. Brazilian Society of Ethnobiology and Ethnoecology (SBEE/Publication Group of Ecology and Applied Ethnobotany (NUPEEA), Ecife, Brazil.
- *Amend, A., Z. Fang, C. Yi & W.C. McClatchey. 2010. Local perceptions of Matsutake mushroom management, in NW Yunnan China. *Biological Conservation*. 143:165-172.

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- *Bridges, K.W. & W.C. McClatchey. 2009. Living on the margin: Ethnoecological insights from Marshall Islanders at Rongelap atoll. *Global Environmental Change* 19:140-146.
- *Stevens-Releford, J., J. Stevens, K.W. Bridges & W.C. McClatchey. 2009. Flora of Rongelap and Ailinginae atolls, Republic of the Marshall Islands. *Atoll Research Bulletin* 572:1-13.
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- *Savo, V., Y.H. Lau, W.C. McClatchey, D. Reedy, A.K. Chock, K.W. Bridges & Z. Ritchey. 2009. "Segues" in Botanica: Una documentazione fotografica. *Ethnobotany Research and Applications* 7:135-146.

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- *Rakotonandrasana, Stéphan Richard, Lisa X. Gollin& W. McClatchey. 2005. Ethnobotanical Research at Analalava, Madagascar: A Photo Essay. *Ethnobotany Research and Applications* 3:391-403.
- *McClatchey, W. & K. Winter. 2005. Publication of Ethnobotanical Research in Local Languages. *Ethnobotany Research and Applications* 3:279-282.
- *McClatchey, W. 2005. Bioprospecting and Ethnobotany Research. *Ethnobotany Research and Applications* 3:189-190.
- McClatchey, W. 2005. What is Real Community Based Conservation? *Ravintsara* 3(2):3-4.
- *McClatchey, W. 2005. Invention and Re-Invention of Knowledge. *Ethnobotany Research and Applications* 3:109-111.
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- *McClatchey, W, Harley Manner & Craig R. Elevitch. 2004. *Metroxylon amicarium, M. paulcoxii, M. sagu, M. salomonense, M. vitiense*, and *M. warburgii* (sago palms). Pp 1-23 in *Species Profiles for Pacific Island Agroforestry.* November 2004. www.traditionaltree.org Permanent Agricultural Resources, Honolulu, Hawai'i.
- *McClatchey, W., Randy Thaman & Sonia Juvik. 2004. Ethnobiodiversity Surveys of Human/Ecosystem Relationships. Pp. 159-196 in *Biodiversity Assessment of Tropical Island Ecosystems.* Edited by Dieter Mueller Dombois, Kim Bridges, and Curt Daehler, University of Hawaii, Honolulu.
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- *McClatchey, W. 2004. Cultural Interactions with Palms in the Tropical Pacific Region. *Palms & Cycads* 85:26-30.

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- Salick, J., J. Alcorn, E. Anderson, C. Asa, W. Balee, M. Balick, S. Beckerman, B. Bennett, J. Caballero, G. Camilo, A.B. Cunningham, E. Elisabetsky, L. Emperaire, G. Estabrook, G. Fritz, L. Gross, E. Hunn, T. Johns, E. Luoga, G. Martin, W. McClatchey, J. Miller, P. Minnis, D. Moerman, M. Paletti, D. Pearsall, C. Ramirez-Sosa, J. Rashford, B. Schaal, D. Spooner, J. Stepp, M. Thomas, T. Ticktin, N. Turner, J. Xu. 2003. *Intellectual Imperatives in Ethnobiology* NSF Biocomplexity Workshop Report. Missouri Botanical Gardens, St. Louis.
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- *McClatchey, W. 2002. Biogeographical Observation of *Metroxylon* Section *Coelococcus*. Pp. 119-126 in *New Frontiers of Sago Palm Studies* Proceedings of the International Symposium on SAGO (SAGO 2001) A New Bridge Linking South and North, Frontiers in Science Series No. 37 Edited by K. Kainuma, M. Okazaki, Y. Toyoda, & John E. Cecil. Universal Academy Press, Inc. Tokyo.
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- McClatchey, W. & Valerie McClatchey. 2001. One-way bridges: Ethical dilemmas faced by Polynesian healers who share their knowledge. In *Building Bridges with Traditional Knowledge: An Exploration of Issues Involving Indigenous peoples, Conservation, Development and Ethnoscience*. Edited by Alexandra Paul and Charles Peters. New York Botanical Garden, Bronx, NY.
- *McClatchey, W. & Jodi Stevens. 2001. An Overview of Recent Developments in Bioprospecting and Pharmaceutical Development. Pp 17-45 in *Development of Plant-Based Medicines: Conservation, Efficacy and Safety* Edited by Praveen K. Saxena, Kluwer Academic Publishers, Dordrcht, The Netherlands.
- McClatchey, W. 2001. Legal "Fireworks": A Botanical Celebration. *The Kukui Leaf* 28(3):1-2.

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- *McClatchey, W. 2000. The History of Bananas and Plantains. Pp 175-180 in *The Cambridge World History of Food* Vol. I edited by K.F. Kiple & K.C. Ornelas,. Cambridge University Press, Cambridge, UK.
- McClatchey W., Jon Mozena, Myknee Sirikolo, Jodi Stevens, Michael Wysong, & Piet Lincoln. 2000. Editors of *Ririo - English Dictionary with Babatana equivalents, ethnobiological terminologies, and scientific names* by Harry Truman Boe, Edison Biliki, Edwin Kaboke, Martin Love, Ester Nalatüti, Isaiah Poloso, Monica Qilazuka, Jonathan Takubala, & Frederick Vot'boc. University of New South Wales, Sydney.

- *McClatchey, W., Randy Thaman & Saula Vodonaivalu. 2000. A Preliminary Checklist of the Flora of Rotuma with Rotuman Names. *Pacific Science* 54:345-363.
- McClatchey, W. & Jodi Stevens. 2000. How a Seacology Project is Born: Tales from the Solomon Islands. *Seacology* Fall 2000.

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- *Mueller-Dombois, D., R.R. Thaman, J.O. Juvik, W.C. McClatchey & K. Kitayama. 1999. The Pacific-Asia Biodiversity Transect (PABITRA): A new conservation biology initiative. Pp. 13-20 in *Biodiversity and allelopathy: From organisms to ecosystems in the Pacific*. Edited by C.-H. Chou, G.R. Waller & C. Reinhardt. Academia Sinica, Taipei.
- *McClatchey, W., Alexandra Paul, Trish Flaster, & Valerie McClatchey. 1999. An Evaluation of Educational Trends in Economic Botany. *Centre for International Ethnomedicinal Education and Research: Ethnobotany Educational Publication Series* 1:1-21
- McClatchey, W. 1999. *Introductory Ethnobotany*. Kendall-Hunt Publishing, Dubuque, Iowa, 98 pp.
- McClatchey, W. 1999. *Introductory Ethnobotany Laboratory Manual*. Kendall-Hunt Publishing, Dubuque, Iowa, 86 pp.
- McClatchey, W. 1999. In the classroom: suggested elements of economic and ethnobotany courses and programs of study. *Society for Economic Botany Newsletter* 13:5-7.
- McClatchey, W., M. Q. Sirikolo, H. Boe, M. Biliki, E. Biliki, & F. Votboc. 1999. A Proposed Pacific-Asia Biodiversity Transect (PABITRA) Terrestrial Research Site on Lauru in the Western Solomon Islands. Web published on the PABITRA web site, University of Hawaii, Department of Botany.

1998

- *McClatchey, W. 1998. Phylogenetic Analysis of Morphological Characters of *Metroxylon* Section *Coelococcus* (Palmae) and Resulting Implications for Studies of Other Calamoideae Genera. Pp. 285-306 in *Evolution, Variation, and Classification of Palms*. Edited by Andrew Henderson. Memoirs of the New York Botanical Garden.
- *McClatchey, Will. 1998. A New Species of the Genus *Metroxylon* (Arecaceae) from Western Samoa. *Novon* 8:252-258.

1996

- *McClatchey, W. 1996. The Ethnopharmacopoeia of Rotuma. *Journal of Ethnopharmacology* 50:147-156.
- McClatchey, W.1996. *A revision of the genus Metroxylon section Coelococcus (Arecaceae).* Ph.D. Dissertation, University of Florida, Gainesville, Florida.
- N'Yeurt, Antoine D.R., Will McClatchey, & Hans Schmidt. *A Bibliography of the Island of Rotuma*. South Pacific Marine Studies Technical Publication, Suva, Fiji.

1993

- McClatchey, W. 1993. *The Traditional Medicinal System and Ethnopharmacopoeia of Rotuma*. Masters Thesis. Brigham Young University, Provo, Utah.
- *McClatchey, W. 1993. Traditional use of *Curcuma longa* (Zingiberaceae) in Rotuma. *Economic Botany* 47:291-296.

1992

- *McClatchey, W. & P.A. Cox. 1992. Use of the Sago Palm *Metroxylon warburgii* in the Polynesian Island, Rotuma. *Economic Botany* 46:305-309.
- *Nagle, D.G., W. McClatchey & W.H. Gerwick. 1992. New Glycosphingolipids from the Marine Sponge, *Halichondria panicea*. *Journal of Natural Products* 55:1013-1017.

PEER-REVIEWED JOURNAL EDITOR

- Ethnobotany Research and Applications (Editor-in-chief 2003-2015)
- Economic Botany (Editorial board 2006-2010)
- Ethnobiology and Ethnomedicine (Editorial board 2008-2012)

PEER PUBLICATION REVIEWER (Examples)

Ethnobiological Journals

- *EcoHealth*
- *Economic Botany*
- *Ethnobiology*
- *Ethnobiology and Ethnomedicine*
- *Ethnobotany Research and Applications*
- *Ethnopharmacology*
- *Human Ecology*
- *Journal of Ethnobiology*

Medical Journals

- *Hawaiian Medical Review*
- *Health Policy*
- *Pharmaceutical Biology*

Taxonomic Journals

- *American Journal of Botany*
- *Novon*
- *Palms*

Regional Journals

- *Journal of the Polynesian Society*
- *Oceanic Linguistics*
- *Pacific Science*
- *Pacific Studies*
- *Sago Research Journal*
- *ScienceAsia*
- *The Contemporary Pacific*

Multi-disciplinary Journals

- *Science*
- *Proceed of the National Academy of Science*

PEER GRANT PROPOSAL REVIEWER (Examples)

U.S. National Institute of Health
U.S. National Science Foundation
U.S. Fulbright Program
American Association for Advancement of Science
International Foundation for Science
National Geographic Society

INTERNATIONAL COMMITTEE MEMBERSHIP

- U.S. National Committee for the International Union of Biological Sciences (USNC/IUBS) (2005-2012)
- Society for Economic Botany, Education Committee (1995-2005)
- William L. Brown Center for Plant Genetic Diversity, Board Member (2008-2014)
- American Botanical Council, Advisory Board Member (2002-2015)

SCIENTIFIC SOCIETY MEMBERSHIP AND SERVICE

- American Association for Advancement of Science (1990-2014)
- Linnean Society of London (elected 2010)
- Oregon Flora Project www.oregonflora.org
  - Advisory Committee (since 2015)
- Pacific-Asia Biodiversity Transect Network (PABITRA) (Pacific Science Association Section)
  - Workshop co-organizer (2000, 2003)
  - Organizational development (1998-2005)
  - Co-founding member
- Pacific Science Association (1998-2010)
- Society for Economic Botany (SEB)
  - Economic Botanist of Year, 2013
  - President, 2006-2007
  - Secretary, 2002-2005
  - Council Member-at-large, 1998-2001
  - Member since 1989
- Society of Ethnopharmacology
  - Co-founding member 1990

EDUCATIONAL VIDEOS PRODUCED

(most available at https://sites.google.com/site/introtoethnobotanyvideos/**)**

2007

- McClatchey, W., M. Ostraff, T. Ticktin & C. Davenport. *Maintaining the Beat*. In four episodes.
    - Why are Plants Useful to Us? Filmed at University of Hawai'i, Manoa.
    - Hula Plants (27 minutes) Filmed at various locations on Maui.
    - Felted Bark: Kapa/Tapa (in production) filmed at Makapu'u and Bishop Museum, O'ahu.
    - Kuo Hina E Hiapo (27 minutes) M. Ostraff filmed in Tonga. Provided for series.

2006

- McClatchey, W. T. Ticktin, M. Merlin & K. Winter. *I'll Drink to That!* In five episodes.
    - Stimulating Beverages (34 minutes) Filmed at University of Hawai'i, Manoa.
    - Alcoholic Beverages (40 minutes) Filmed at Murphies Bar, O'ahu.
    - ʻAwa and Cultural Conservation (52 minutes) Filmed at Limahuli Botanical Garden, Kaua'i.
    - Entering Another World (22 minutes) Filmed at University of Hawai'i, Manoa.
    - Plants of the Gods (43 minutes) Filmed at St.John Garden.
- Ticktin, T., C. Trauernicht, O. Gauoe. *Conservation of Culture and Biodiversity*. In three episodes.
    - Ethnoecology and Conservation (36 minutes) Filmed at University of Hawaii, Manoa.
    - Ethnobotany and Conservation in Micronesia (16 minutes) Filmed at various locations on Pohnpei, Federated States of Micronesia.
    - Ethnobotany and Conservation in Africa (24 minutes) Filmed at University of Hawaii, Manoa.
- McClatchey, W. *Science, Faith and Plant Thoughts*. In four episodes.
    - Taxonomy (44 minutes) Filmed at St.John Garden.
    - Ethics (55 minutes) Filmed at Kapiolani Garden, O'ahu.
    - Buddhism and Plants (30 minutes) Filmed at Honolulu Myohoji Mission.
    - Christianity and Plants (40 minutes) Filmed at St. Elizabeth Episcopal Church.

2005

- Discovery Channel Production Featuring W. McClatchey
    - *Moringa-The Miracle Tree*. (16 minutes) Filmed in Hawai`i, Mexico, and various locations in Africa.
- McClatchey, W. *Ethnobotany: The Science of Interactions between People and Plants*. In four episodes.
    - Introduction to Ethnobotany (29 minutes) Filmed at Lyon Arboretum.
    - Guns, Germs and Steel (31 minutes) Filmed at University of Hawaii, Manoa.
    - Transported Landscapes (46 minutes) Filmed at Ka'ena Point, O'ahu.
    - Origins of Plant Uses (26 minutes) Filmed at University of Hawai'i, Manoa.
- McClatchey, W. & I. A. Abbott. *Evolution of Oceanic Cultures*. In four episodes.
    - Evolution of Pacific Cultures (19 minutes) Filmed at University of Hawai'i, Manoa.
    - Lapita Toolkits (36 minutes) Filmed at University of Hawai'i, Manoa.
    - Crops in Pacific Island Cultures (24 minutes) Filmed at University of Hawai'i, Manoa.
    - Limu (Algae) (42 minutes) Filmed at Waialae Beach Park, O'ahu.
- McClatchey, W., T. Ticktin & M. Nguyen. *What's Really for Dinner*. In four episodes.
    - Wild Food Plants (25 minutes) Filmed at University of Hawai'i, Manoa.
    - Origins of Agriculture (46 minutes) Filmed at Kawela and Waialee, O'ahu.
    - World Food Crops (30 minutes) Filmed at University of Hawai'i, Manoa.
    - Cultural Diaspora & Culinary Knowledge (16 minutes) Filmed on O`ahu.
- McClatchey, W., L.X. Gollin & T. Ticktin. *So Bitter, So Strong!* In four episodes.
    - Illness and Medicine in Cultural Settings (38 minutes) Filmed at Wa'ahila State Park, O'ahu.
    - Making Sense of Plant Medicines (39 minutes) Filmed at St.John Garden.
    - Herbal Remedies (34 minutes) Filmed at Wa'ahila State Park, O'ahu.
    - Medicinal Plant Conservation (36 minutes) Filmed at University of Hawai'i, Manoa.

- McClatchey, W. L. ‘Ohai & Y.H. Lau. *Peaceful Warriors*. In four episodes.
    - Polynesian Herbal Medicine (43 minutes) Filmed at University of Hawai’i, Manoa.
    - Rotuman Health Care (44 minutes) Filmed at Sand Island, O’ahu.
    - Hawaiian Health Care (34 minutes) Filmed at Limahuli, Kaua’i.
    - Chinese Traditional Medicine (21 minutes) Filmed at St.John Garden.
- McClatchey, W., D. Webb, T. Ticktin & S. Leinweber. *Home is Where the Heart is.* In five episodes.
    - Shelter and Cultural Identification with Nature (38 minutes) Filmed at Pu’uHonua o Honaunau, Hawai’i.
    - What Makes Plants Waterproof? (32 minutes) Filmed at University of Hawai’i, Manoa.
    - Hawaiian Housing Materials (38 minutes) Filmed at Bishop Museum, O’ahu.
    - Architecture and Historic Buildings (27 minutes) Filmed at ‘iolani Palace, O’ahu.
    - Home Gardens (38 minutes) Filmed at University of Hawai’i, Manoa.

Not completed but available for production with funding for final editing

- McClatchey, W. *Hawaiian Voices*. In six episodes.
    - The Queens Garden (in production) with Nalani Olds at various locations on O`ahu.
    - `ahupua`a o Kahana (in production) with Sunny Greer and Dieter Mueller-Dombois at Kahana Valley on O`ahu
    - Surfing Plants (in production) with Ian Masterson at various location in the Hawaiian Islands.
    - Chants with Plants (in production) with Sam Gon and John Lake at various locations on O`ahu.
    - Marking Time. (in production) with Keoni Nunes at various locations on O`ahu.
    - Na Mea Kaua Hawai`i. (in production) with La`akea Suganuma at various locations on O`ahu.
- McClatchey, W. *Fundamental Research Methods for Ethnobotanists*: Part I. In four episodes.
    - Herbarium Specimens (in production) filmed at Bishop Museum / University of Hawaii, Manoa.
    - Market Surveys (in production) filmed at Honolulu China Town, Kalihi Filipino Market and Moilili, Star Market.
    - Informed Consent and Human Subjects (in production) filmed with W. Dendle.
    - Questionnaires (in production) filmed at various locations on O’ahu and Hawai’i.

WORKSHOPS AND CONFERENCES ORGANIZED

2017

- McClatchey, W.C. *Field Methods for Collecting Biological Information*. Training workshop within the 10th Conference on Oceanic Linguistics, Honiara, Solomon Islands. (July 10-15)

2015

- McClatchey, W.C. & G. Bascope. *Botanical Field Collections for Non-Botanists*. Training workshop organized by the Maya Research Program, Blue Creek, Belize. (July 6-9)

2014

- Hall, K. & W.C. McClatchey. *Ethnobiology Field Methods for Linguists*. Practical training in use of a variety of field methods for documentation of biological materials used in cultures and of interest to linguists. University of Texas, Arlington, Texas. (June 16-26)
- McClatchey, W.C. & K. Hall. *Ethnobiology Field Methods for Linguists*. Practical training in use of a variety of field methods for documentation of biological materials used in cultures and of interest to linguists. Graduate Institute of Applied Linguistics, Dallas, Texas. (May 18-19)

2013

- McClatchey, W.C. & D. Reedy. *Global Cider Diversity*. A practical training and research process on identification and tasting biodiversity. Hosted within the Society of Ethnobiology annual meeting, Denton, Texas. (May 16)
- McClatchey, W.C. *Folk Taxonomy*. Invited organizer of a Master Class Workshop at the 3rd International Conference on Language Documentation and Conservation. Honolulu, Hawaii. (March 1-2)

2012

- Harrison, P., K. McNew & W. McClatchey. *Ethnobiology Curriculum Standards Workshop III.* Invited participants workshop sponsored by the Open Science Network. National Tropical Botanical Gardens, Lawai, Kaua`i. (October 10-14)
- Harrison, P., K. McNew & W. McClatchey. *Ethnobiology Curriculum Standards Workshop II.* Invited participants workshop sponsored by the Open Science Network. Botanical Research Institute of Texas, Fort Worth. (February 2-5)

2011

- Harrison, P., K. McNew, S. Brosi & W. McClatchey. *Ethnobiology Curriculum Standards Workshop*. Invited participants workshop sponsored by the Open Science Network. Johns Hopkins University, Baltimore, Maryland. (November 17-19)
- Tongco, D.M. & W.C. McClatchey. *Flora of the Philippines project*. Workshop on organization of future collaborative research efforts. 30 participants. Held at the University of Philippines, Diliman. (June 21)

2009

- McClatchey, W., H.Y. Lau & K.W. Bridges. *Conservation Research in the Mekong Region*. Invited mini-summit meeting on culture, environment and ethnobotany in SE Asia, sponsored by the Center for SE Asian Studies, University of Hawai`i. University of Hawai`i campus. (April 11)

2007

- McClatchey, W. *Implementing The New Ethnobotany in the Society for Economic Botany*. Invited workshop organizer, presenter and moderator, Society for Economic Botany Annual meeting, Chicago, Illinois. (June 6)

2006

- Yee, Jonathan, Skip Bittenbender, W. McClatchey & S. Gon. *Hawai`i and Pacific Island Kava Festival*. Honolulu, Hawai`i. (October 7)
- McClatchey, W. & B. Bennett. *Curriculum Development and Ethnobotany Certification*. Invited workshop organizers and presenters, Society for Economic Botany Annual meeting, Chiang Mai, Thailand. (June 7)

- McClatchey, W. *Travel Medicine as a Community Pharmacy Practice*. Invited organizer and presenter. Three-part workshop for continuing education of pharmacists in Thailand. Faculty of Pharmacy, Khon Kaen University, Khon Kaen, Thailand. (February 2-16)

2005

- McClatchey, W. & L. Gollin. *Ethnobotany Field Methods in Conservation of Biological Diversity*. Invited organizers and presenters of a 10 day intensive field workshop for Malagasy conservation biologists. Antananarivo and Analalava, Madagascar. (March22 - April 4)
- McClatchey, W. *Ethnopharmacology and Realistic Studies of Traditional Health Care Systems*. Invited Workshop Coordinator and Speaker, University of Hawai'i, Windward, Kaneohe, Hawai'i. (January 31)

2004

- McClatchey, W., K. Bridges, A.B. Cunningham, M. Stockton, and M. Thomas. *Using Technology Effectively to address Ethnobotanical Research Questions*. Presentation and Workshop, Society for Economic Botany Annual meeting, Canterbury, England. (June 16)

2001

- McClatchey, W. & Trish Flaster. *Development of Herbal Products from Traditional Samoan Medicinal Plants: Ethical, Cultural, Legal, and Commercial Aspects* Two-day workshop conducted for the Land Grant College of American Samoa, PagoPago, American Samoa (October 30-31)
- McClatchey, W. *Parallels between Ecological and Individual Health*. Sponsored community workshop, Queen's Hospital, Healing Heart Institute, Honolulu, Hawai'i. (August 4)
- McClatchey, W., M. Faigle, V. McClatchey, et al. *Building Bridges with Traditional Knowledge: An International Summit Meeting on Ethnoscience*. Honolulu, Hawai'i. (May 28-June 3)
- McClatchey, W. & Mylien Nguyen. *Herbs, Health and Happiness in the Garden of Life*. Sponsored community workshop at Lyon Arboretum, Queen's Hospital, Healing Heart Institute, Honolulu, Hawai'i. (April 7)

1998

- McClatchey, W. & Myknee Sirikolo. *Ethnobotanical Research Techniques for Village Based Studies in the Solomon Islands*. Invited speaker. World Wildlife Fund Workshop on Ethnobotany, Honiara, Solomon Islands. (May 27)

SELECTED WORKSHOP PARTICIPATION

2015

- *Ethnobotany in the Field*. Remote presentation to Fairbanks, Alaska. (October 14)

2013

- *Biocultural Diversity Collections*. Royal Botanical Gardens, Kew. (June 27)
- *Open Science Network*. Royal Botanical Gardens, Kew. (June 26)

2012

- *Biocultural Diversity Collections*. Frostburg State University, Frostburg, Maryland. (June 8)
- *CEPF Ecosystem Profile for the East Melanesian Islands Biodiversity Hotspot*. Regional Stakeholder Consultation Workshop. Held by the Critical Ecosystem Partnership Fund in Honiara, Solomon Islands. (April 30)

2011

- *Biocultural Diversity Collections*. Missouri Botanical Gardens and American Botanical Society Workshop. St. Louis, Missouri. (July 10) Resulted in production of a peer-reviewed book: *Biocultural Collections Curation Standards*. Edited by Jan Salick. Missouri Botanical Garden Press, St. Louis.

2009

- *Ethnobiology in Language Documentation*. International Conference on Language Documentation & Conservation Conference Workshop (March 12-14). Resulted in production of a peer-reviewed book: *The Oxford Handbook of Linguistic Fieldwork*. Edited by Nick Thieberger. Oxford University Press, Oxford.

2007

- *The Future of Economic Botany*. Society for Economic Botany Workshop. Limahuli Botanical Garden, Kauai. (January 24-25) Resulted in production of "The Kaua`i Declaration"

2006

- *Economic Botany Publications*. Society for Economic Botany Workshop. Montgomery Foundation, Miami, Florida. (January 6)

2003

- *Asian Americans and Pacific Islanders' Issues: The Challenges of Success*. National Science Foundation, International Programs Workshop. Arlington, Virginia. (November 3-4)
- *Intellectual Imperatives in Ethnobiology* National Science Foundation Biocomplexity Workshop. Missouri Botanical Gardens, St. Louis. (March 10-11). Resulted in production of a white paper for NSF

SELECTED PRESENTATIONS

2017

- McClatchey, W.C. 2017. *When Botany and Linguistics Collide*. Keynote presentation in the 10th Conference on Oceanic Linguistics, Honiara, Solomon Islands. (July 10-15)
- McClatchey, W.C. 2017. *Woodland Meadows and Streuobstwiese: Traditional European orchard management for Oregon*. Monthly speaker for Emerald Native Plant Society meeting. (March 16)

2013

- McClatchey, W.C. 2013. *Encouragement to Grow Apples & Grapes in Semi-arid Texas*. Keynote presentation in the Botanical Research Institute of Texas Research Symposium (August 3).
- Reedy, D. & W.C. McClatchey. 2013. *Learning from the Past, Adapting to the Future; Orchardists' Perceptions of Climatic Changes, Effects on Orchards, and Their Strategies to Cope with Change and Adapt to Future Climates*. Poster presented in the Botanical Research Institute of Texas Research Symposium (August 3).
- McClatchey, W.C. 2013. *A Future for Ethnobotany*. Economic Botanist of the Year presentation, Society for Economic Botany annual meeting, Plymouth, U.K. (June 30).
- McClatchey, W.C. & D. Reedy. 2013. *The Long-term Investment Strategy: Orchard Managers Observing and Reacting to Change*. Plenary Session Speaker, *Climate Change and Ethnobiology* at the Society of Ethnobiology annual meeting, Denton, Texas (May 15).
- McClatchey, W.C. & D. Reedy. 2013. *Some Sacred and Practical Trees*. Keynote Speaker at the New Zealand Tree Growers Association annual meeting, Hamilton, New Zealand (April 26).
- McClatchey, W.C. & D. Reedy. 2013. *Exploring Plant Diversity through Folk Taxonomy*. Invited Speaker at the Graduate Institute for Applied Linguistics, Academic Forum. Dallas, Texas (March 26).
- McClatchey, W.C. *Field Methods for Collecting Plant-related Information*. Invited Speaker at the Summer Institute for Linguistics, Language Documentation Course. Dallas, Texas (March 26).
- Reedy, D., W. McClatchey, K. Barfield & R. Swadek. 2013. *The World's Largest Cider Tastings and their Potential Impact on Future Orchard Diversity*. Contributed poster 2nd research Symposium on the Botanical Research Institute of Texas, Fort Worth Texas (February 2).

2012

- Boutain, J., J-C Xu, S. Keeley & W. McClatchey. 2012. *On the origin of hops (Humulus, Cannabaceae): Ethnobotany, phylogeny, and next-generation hops in China*. Poster presentation in EcoHealth 2012: Sustaining ecosystems, supporting health. Beijing, China (October 4).
- McClatchey, W.C. 2012. *Ethnobotany of the Home and Hearth*. Invited presentation to the Tarrant County chapter of the Native Plant Society of Texas. Fort Worth Botanical Garden, Fort Worth, Texas (August 2).
- Reedy, D., W.C. McClatchey, K. McNew, K.W. Bridges & M. Huddleston. 2012. *Conservation Ethnobiology Field School: A transportable campus approach to Problem-Based Learning*. Contributed paper 1st Research Symposium of the Botaical Research Institute of Texas, Fort Worth, Texas (July 16).

- McClatchey, W.C. K.W. Bridges, B. Yamamoto, D. Reedy & M. Huddleston. 2012. *Implementation of Vision and Change Ethnobiology 1.0 Recommendations in a Field School Setting*. Invited symposium presentation (The Future of Ethnobiology Education) at the 53rd Annual Meeting of the Society for Economic Botany, Frostburg, Maryland (June 5).
- Brown, A., W.C. McClatchey & K.W. Bridges. 2012. *Time, Change and Botanical Knowledge Part 2: A historical comparison of the pharmacopeias of the Delaware tribes, Mennonites, and Amish in Eastern North America*. Contributed poster at the 53rd Annual Meeting of the Society for Economic Botany, Frostburg, Maryland (June 6).
- Chock, A.K., W.C. McClatchey & T. Ticktin. 2012. *Using Community Resources to Supplement Introductory Ethnobotany Courses*. Contributed paper at the 53rd Annual Meeting of the Society for Economic Botany, Frostburg, Maryland (June 7).
- Reedy, D. & W.C. McClatchey. 2012. *An Evening with Cider: An interactive research event*. Research presentation within an event for top-level donors of the Botanical Research Institute of Texas, Fort Worth, Texas. (January 26).

2011

- McClatchey, W. 2012. *Ethnobotany of the Home and Hearth*. Annual Distinguished Ethnobotanist Lecture 2011. Royal Botanic Gardens, Kew, UK (October 11).
- Reedy, D. & W.C. McClatchey. 2011. *Identification of a fiber of Typha domingensis Pers. From the Joseph Banks collection and its resulting impact on culture and artifact identification*. Invited presentation, University of Oxford, Pitt Rivers Museum, Oxford, England (October 7).
- McClatchey, W. 2011. *Bitter Pills: Lessons Learned While Developing Medical Ethnobotany.* Symposium presentation at 52nd Annual Meeting of the Society for Economic Botany, St. Louis, Missouri (July 12).
- Reedy, D. & W. McClatchey. 2011. *Adopted by Invasives; The Children of Opaero (Typha domingensis Pers.) from Temae, Moorea*. Contributed paper 52nd Annual Meeting of the Society for Economic Botany, St. Louis, Missouri (July 11).
- McClatchey, W. 2011. *Curating Ethnobotanical Photographs*. Workshop presentation at the 52nd Annual Meeting of the Society for Economic Botany, St. Louis, Missouri (July 10).
- McClatchey, W., P. Mokamul, W Pensuk & K. Bridges. 2011. *Lao and N.E. Thailand: A frontier of Indian plant knowledge in SE Asia*. Invited presentation, University of the Philippines Diliman (June 22).
- Reedy, D. & W. McClatchey. 2011. *Identification of a Mat Fiber From Captain Cook‟s 1st Voyage and Its Modern Cultural Impact*. Invited presentation, University of the Philippines Diliman (June 22).
- Reedy, D. & W. McClatchey. 2011. *Adapting Invasives; Lessons from a Moorean Mat Fiber*. Contributed paper, 21st Pacific Science Congress, Kuala Lumpur, Malaysia. (June 14).
- McClatchey, W., D. Reedy & P. Lincoln. 2011. *Preliminary Analysis of Relationships between Solomon Island Language and Plant Distribution Data*. PABITRA Research Symposium Paper in the 21st Pacific Science Congress, Kuala Lumpur, Malaysia. (June 14).
- Reedy, D. & W. McClatchey. 2011. *Cider Knowledge, Orchard Conservation, and Adaptations to a Changing Climate*. Invited presentation at the University of North Texas (February 8).

2010

- McClatchey, W., & D. Reedy. 2010. *The Tree of Life: An ecological continuum of food, medicine, and poison*. Plenary lecture, 11th congress of the International Society of Ethnopharmacology, Albacete, Spain (September 23).
- McClatchey, W., D. Reedy, A. Chock, T. Ticktin. 2010. *Enhancing STEM education through redesign of an entire degree curriculum: Ethnobiology*. Contributed poster, Society for Economic Botany annual meeting, Xalapa, Mexico (June 7).
- McClatchey, W.C. & D. Reedy. 2010. *A Mouthful of Diversity: Cider Production around the World and Conservation of Traditional Apples*. Invited Spring Colloquium, East-West Center, Honolulu, Hawai`i. (March 3).

2009

- McClatchey, W.C. & K. Winter. *Resilience in Polynesian Landscapes Addressing Climate Change Stress*. IUCN Symposium, Kirstenbosch Botanical Garden, Cape Town, South Africa. (October 8)
- McClatchey, W.C. & D. Reedy. *A Mouthful of Diversity: Cider Production around the World and Conservation of Traditional Apple Cultivar Diversity*. Plenary Lecture. 5th International Congress of Ethnobotany. Bariloche, Argentina. (September 22)
- McClatchey, W.C., D. Reedy, A. K. Chock, K. Bridges, H. Lau, K. Kamelamela, L. Weiss, Z. Ritchey, M.L. Nguyen, T. Ticktin, T. Gallaher & V. Savo. *Ethnobotany Segues to Science: Using Popular Classes to Increase Enrollment in STEM Courses & Degree Programs*. Poster presented at the Society for Economic Botany Annual Meeting, Charleston, South Carolina. (June 4-5)
- McClatchey, W.C., P. Mokamul, A. Pensuk and K.W. Bridges. *Lao and N.E. Thailand: A frontier of Indian plant knowledge in SE Asia*. Plenary Lecture. Mekong Conservation and Ethnobotany Symposium. University of Hawaii at Manoa, Honolulu, Hawai`i. (April 11)
- McClatchey, W., M. Sirikolo, J. Stevens & P. Lincoln. *Ethnobotany Research and Documentation of the Endangered Ririo Language (Solomon Islands)*. First International Conference on Language Documentation and Conservation Supporting Small Languages Together, Honolulu, Hawai`i. (March 14)
- Winter, K. K. Bridges & W. McClatchey. *The Role of Linguistics in Identifying Social-Ecological Keystones. Symposium on Linguistics and Ethnobiology: Possible synergies for research and conservation*. in First International Conference on Language Documentation and Conservation Supporting Small Languages Together, Honolulu, Hawai`i. (March 14)

2008

- McClatchey, W., Z. Ritchey & K.W. Bridges. *Shifting Cultivation as an Ecologically Creative Process*. Invited Presentation in Symposium: *Rainforest as Artifact* in the Sixth World Archeology Congress, Dublin, Ireland. (July 4)
- Reedy, D., W.C. McClatchey, C. Smith & K.W. Bridges. *A Mouth Full of Diversity: Knowledge of Cider Apple Cultivars*. Contributed paper in the 49th Annual Society for Economic Botany meeting, Duke University, Raleigh, North Carolina. (June 3)
- McClatchey, W. David Reedy, Han Lau, Al Chock, Kim Bridges, My Lien Nguyen, Tim Gallaher, Zak Ritchey, Pauline Chinn, Thomas Garran, Tamara Ticktin and David Webb. *Ethnobotany: Segues to Science*. Invited Symposium presentation, Society for Economic Botany annual meeting, Durham, NC. (June 1)
- McClatchey, W. *Climate Change and Impacts on Plants and People of the World*. Guest Lecture Series, National Tropical Botanical Garden, Kaua`i. (February 15)

2007

- Reedy, D., M. Nguyen, K. Bridges & W. McClatchey. *Ethnobotany: Segues to Science*. Contributed paper, Society for Economic Botany annual meeting, Chicago. (June 7)
- McClatchey, W., W. Pensuk, P. Mokamul & K.W. Bridges. *A Questions of Scale: Where is Biodiversity within a Hotspot?* Contributed paper, Society for Economic Botany annual meeting, Chicago. (June 6)
- McClatchey, W. *Learning from our Ancestors about the Future of Life on Earth*. Invited John Dwyer Lecturer, St. Louis University, St. Louis, Missouri. (April 27)
- McClatchey, W. & K. Bridges. *Ethnoecological Insights from People Living on the Margin*. Invited Presentation in Symposium: *None Like it Hot: Climate Change, Plants, and People*, Environmental Change Institute, University of Oxford, Oxford, U.K. (April 19)
- McClatchey, W. & K. Bridges. *Using Traditional Knowledge of Plants as a Measure of Local Biodiversity*. Jean Andrews Visiting Faculty Fellow of Tropical and Economic Botany, invited speaker, Lady Bird Johnson, Wildflower Center, Austin, Texas. (March 21)
- McClatchey, W., K. Winter & K. Bridges. *Ethnobotanical Basis of Plant Classification Systems in Polynesia*. Jean Andrews Visiting Faculty Fellow of Tropical and Economic Botany, invited speaker, University of Texas, Austin. (March 20)

- McClatchey, W. & K. Bridges. *Impacts of Climate Change on Atoll Cultures of the Central Pacific*. Jean Andrews Visiting Faculty Fellow of Tropical and Economic Botany, invited speaker, University of Texas, Austin. (March 19)
- McClatchey, W. *Biocognosy: Extracting Conservation Theory and Applications from Plant Collections*. Invited speaker, Missouri Botanical Gardens, St. Louis. (March 15)

2006

- McClatchey, W. & K. Bridges. *Biodiversity and Biocognosy of Phutai in N.E. Thailand*. Botany Symposium Series, University of Hawaii at Manoa, Honolulu. (December 6)
- McClatchey, W. & K. Bridges. *Using Traditional Knowledge of Plants as a Measure of Local Biodiversity and Identification of Species New to Science*. Anthropology Colloquium, University of Hawaii at Manoa, Honolulu. (October 25)
- McClatchey, W. *Medical Ethnobotany: Wisdom of the Past for Survival in the Future*. Invited presentation. University of North Texas, Health Science Center, Fort Worth. (October 6)
- McClatchey, W. *Natural Products from Plants used in the Treatment of Liver Disorders*. Keynote Speaker. Continuing Education in Natural Pharmacy, Chareonthani Hotel, Khon Kaen, Thailand. (May 18)

2005

- McClatchey, W. *Ethnobotany in Pharmacy Practice in the U.S.A.* Invited Speaker. Faculty of Pharmacy, Khon Kaen University, Khon Kaen, Thailand. (November 7)
- Bridges, K & W. McClatchey. *The Peaks and Valleys of Presenting Ethnobotanical Data*. Contributed paper, Society for Economic Botany Annual meeting, Fort Worth, Texas. (June 7)
- McClatchey, W. & K. Bridges. *Quantum Ethnobotany and Survival in the Marshall Islands*. Invited Symposium Speaker, Society for Economic Botany Annual meeting, Fort Worth, Texas. (June 6)

2004

- McClatchey, W. *Polynesian Healers, Plants, and Ethnopharmacology*. Invited speaker. Lady Bird Johnson, Wildflower Center, Austin, Texas. (October 14)
- McClatchey, W. *Polynesian Healers, Plants, and Ethnopharmacology*. Invited speaker. Botanical Research Institute of Texas and the Fort Worth Botanical Garden, Symposium. (October 13)
- Hansen, C., M. Ross, D. Srock, V. McClatchey & W. McClatchey. *Examination of Phytochemical and Traditional Usage Diversity Across a Range of Plant Families.* Poster presented at the 2004 Annual Meeting of the Society for Economic Botany, Canterbury, England (June 14).
- McClatchey, W. *Some Observations on Cultural Interactions with Palms in the Western Pacific*. Invited Speaker. International Palm Society annual meeting, Honolulu, Hawai'i. (May 9)
- McClatchey, W. *The Importance of Scale in Determination of Human Population Distributions in the Marshall Islands*. Invited Speaker. Millennium Ecosystem Assessments, Alexandria, Egypt. (March 17)
- McClatchey, W. *The Pacific Island Way: Oldest Agriculture in the World to Space Age Solutions*. Invited Speaker. University of Hawai'i, Hilo, Geography Department, Hilo, Hawai'i. (February 24)
- McClatchey, W. *Development of a National Botanical Garden in Palau*. Invited Speaker. Palau Tourists Authority and Palau Conservation Society, Koror, Palau. (January 31)

2003

- McClatchey, W. *The Pacific Island Way: Oldest Agriculture in the World to Space Age Solutions*. Invited Speaker. Volcanoes National Park, After-Dark in the Park Seminar Series, Volcano, Hawai'i. (September 16)
- McClatchey, W. & K. Bridges. *Emergent Theories of Human Interactions with Plants based upon 55 years of Economic Botany*. Contributed Paper, Society for Economic Botany Annual meeting, Tucson, Arizona. (June 3)
- Durant, Kanani, Levon 'ohai, & W. McClatchey. *Hawaiian Traditional Rationale for Selection of Medicinal Plants*. Contributed paper, Society for Ethnobiology Annual meeting, Seattle Washington. (March 27)

- McClatchey, W. & Kim Bridges. *Enhancing The Comparisons of PABITRA High-island Sites by Examining Terrestrial Plant Diversity on Atolls*. Symposium presentation, Pacific Science Association, Bangkok, Thailand. (March 17)

2002

- McClatchey, W. & Kim Bridges. *Strong Inference in Ethnobotany*. Contributed Paper, Society for Economic Botany Annual meeting, New York Botanical Gardens, Bronx, New York. (June 25)
- McClatchey, W. *Traditional Knowledge and Education*. Invited Speaker, Brigham Young University, Hawai'i, Spring Symposium, Laie, Hawai'i. (March 13)

2001

- McClatchey, W. *Phylogenetic and biogeographical analysis of Metroxylon section Coelococcus in the Western and South Pacific*. Invited Speaker, International Sago Symposium, Tsukubo, Japan. (October 16)
- McClatchey, W. *On Ethnobotany, Botanical Gardens and Arboreta*. Invited lecture, Lyon Arboretum, Summer Internship Program, Honolulu, Hawai'i. (August 10)
- McClatchey, W. *Plenary Welcoming Address: Building Bridges with Traditional Knowledge*. Society for Economic Botany and International Society for Ethnopharmacology Annual Meetings held in conjunction with the Building Bridges with Traditional Knowledge Summit meetings, Honolulu, Hawai'i. (May 28)

2000

- McClatchey, W. *Evolutionary Biology and Creationism*. Invited representative of the University of Hawai'i, EECB program, Hawai'i Baptist Academy, Honolulu, Hawai'i. (December 7)
- McClatchey, W. & Jodi Stevens *Learning Basic Ethnoecological Knowledge: Changing Patterns of Interaction with the Environment among the Ririo of Lauru, Solomon Islands*. Invited presentation, International Society for Ethnobiology, Congress, Athens, Georgia. (October 25)
- McClatchey, W. *Establishment of Long-term PABITRA biodiversity Monitoring and Ethnobotanical Documentation Groups in the Western Solomon Islands*. International Vegetation Science Congress, Nagano, Japan. (July 24)
- McClatchey, W. *The Future of Economic and Ethnobotany*. Invited symposium speaker at the annual meetings of the Society for Economic Botany, Columbia, South Carolina. (June 22)
- McClatchey, W., Myknee Sirikolo, Jodi Stevens, Harry Boe, Fredrick Vot'boc, Edison Biliki & Michael Wysong. *Interlinked Roles for Conservation of Language and Biological Diversity*. Contributed paper. Annual meetings of the Society for Economic Botany, Columbia, South Carolina. (June 21)
- McClatchey, W. & Piet Lincoln. *Melanesian Neighbors: 1) Ririo Plant Terms in the Context of a Reconstructed Proto-Oceanic Language and 2) Borrowed Landscapes: Ancient Austronesian and Non-Austronesian Interactions* Invited presentation for the University of Hawaii, Linguistics, Honolulu, Hawai'i. (April 4)
- McClatchey, W. *Polynesian Ethnobotany*. Invited Speaker for the Academy of Life Long Learning, Honolulu, Hawai'i. (February 22)

1999

- McClatchey, W. *Ethics and Ethnobotanical Research*. Invited speaker for the Hawaii Botanical Society, Honolulu, Hawai'i. (November 1)
- McClatchey, W. *Botanical Sample Selection Criteria and Ethnobotany*. Invited speaker for the Hawaii Biotechnology Group, Aiea, Hawai'i. (September 22)
- McClatchey, W. *Development of a Cultural and Biological Field Research Station in the Solomon Islands*. Ecology, Evolution, and Conservation Biology Program Lunch, Honolulu Hawai'i. (September 17)
- McClatchey, W., Myknee Sirikolo, Harry Boe, Moses Biliki, Edison Biliki, & Fredrick Votboc. *A Proposed Pacific-Asia Biodiversity Transect (PABITRA) Terrestrial Research Site on Lauru in the Western Solomon Islands* Pacific Science Inter-Congress, Sydney, Australia (July 8)
- McClatchey, W. *Ethnobotanical Field Methods for Non-Botanists*. Invited speaker for the Austronesian Circle, Honolulu, Hawai'i. (April 22)

- McClatchey, W. *Integration of Traditional Healing Systems and Western Medicine*. Invited speaker for E Ola Mau, Honolulu, Hawai'i. (April 17)
- McClatchey, W. *Western Pacific Ethnobotany and Herbal Product Development Possibilities*. Invited speaker for the University of Hawai'i, CASAA semi-annual meeting, Pacific Club, Honolulu, Hawai'i. (April 8)
- McClatchey, W. & Stephan Moisyadi. *Potential for yaqona crop development in Fiji*. Special consultation presentation for his excellency, Sir Ratu Mara, President of Fiji. Honolulu, Hawai'i. (March 1999)
- McClatchey, W. *Andrographis paniculata and Andrographalides as potential anti-HIV natural products*. Consultation presentation for Helishwa, Inc. Research and Development. Anaheim, California. (March 1999)
- McClatchey, W. *Some implications of pre-historic cultural movements of Western Pacific plants in considerations of Pacific biodiversity transect studies*. Invited symposium speaker. American Society of Geographers annual meetings, Honolulu, Hawai'i. (March 1999)
- McClatchey, W. *Educational Opportunities and the Future of Ethnobotany*. Invited symposium speaker. University of Florida Ethnobotany Society, Gainesville, Florida. (January 27)
- McClatchey, W. *Rotuman Traditional Medicinal Practices and Conservation Values*. Invited speaker. United Plant Savers Conference "The Uses, Cultivation and Conservation of Native Medicinal Plants." Ho'omaluhia Botanical Garden, Kaneohe, O'ahu. (January 24)
- McClatchey, W. *Polynesian Healers, Diseases, and Cultural Perspectives on Medicinal Plants and Conservation*. Invited symposium speaker. United Plant Savers Conference "Planting the Future." Amy Greenwell Ethnobotanical Gardens, Captain Cook, Hawai'i. (January 23)

1998

- McClatchey, W. *Results of Pacific Ethnobotanical Studies: 1) Rotuman Traditional Medicine*. Cancer Research Center of Hawaii, Cancer Research Symposium Series, Honolulu (December 14)
- McClatchey, W. *Biodiversity Transects (Botanical) in the Solomon Islands*. Pacific Science Inter-Congress, Taipei, Taiwan (November 17)
- McClatchey, W., Amanda McQuade Crawford & Trish Flaster. *Paradigms in Ethnomedicine.* Invited symposium speakers. Natural Products Expo East, Baltimore (September 12)
- McClatchey, W. *Ethnobotanical Field Techniques for Studies of Medicinal Plants*. Cancer Research Center of Hawaii, Cancer Research Symposium Series, Honolulu (June 22)
- McClatchey, W. *Pacific Biodiversity Transects of the Arecaceae*. Pacific Biodiversity Research Seminar Series, Department of Zoology, University of Hawaii, Honolulu. (April 28)
- McClatchey, W. *A Commercial Line of Topical and Internal Dietary Supplements based upon Polynesian Traditional Medicine*. Consultation presentation to Helishwa, Inc., Anaheim, CA. (March 14)
- McClatchey, W. *Educational Opportunities and the Future of Ethnobotany*. University of Florida Ethnobotany Society, Gainesville, Florida. (February 25)
- McClatchey, W. & Trish Flaster. *Establishment of an Ethnobotanical Natural Products Research and Development Program*. Consultation presentation to Helishwa, Inc., Tulsa, OK. (February 1)
- Patterson, Greg & W. McClatchey. *Phylogenetic and Ethnobotanical Studies of Ponapean Plants, Federated States of Micronesia*. Seagrant Annual Research Symposium, University of Hawaii, Honolulu. (January 29)
- McClatchey, W. *Hawaiian Traditional Medicine*. Keynote talk at the University of Delaware, Annual Conference on Health and Nutrition, Honolulu. (January 6)

1997

- McClatchey, W. & Trish Flaster. *A Commercial Line of Internal Dietary Supplements based upon Native American Traditional Medicine*. Consultation presentation to Paheoke, Inc., Denver, CO. (November 8)
- McClatchey, W. *A Phylogenetic Analysis of the Useful Palms of Fiji*. Hawaii Botanical Society, Honolulu. (October 6)

- McClatchey, W. *A Morphological Phylogenetic Analysis of the Basal Calamoideae*. Symposium Paper presented at the New York Botanical Garden conference: Evolution, Variation, and Classification of Palms, New York. (June 18-20)
- McClatchey, W. *Ethnobotany Education: What will be the future role of the Society for Economic Botany*. Round-table discussion group presentation and moderation at the annual meetings of the Society for Economic Botany, Washington University, St. Louis, Missouri. (June 4-7)
- McClatchey, W. *Phylogenetic and cultural distributions of Metroxylon section Coelococcus*. Paper presented at the University of Hawaii, Department of Botany, Honolulu, Hawaii. (May 23)
- McClatchey, W. *Ethnobotany in Florida: A rich tradition*. Symposium paper presented at the Florida Native Plant Conference, Gainesville, Florida. (May 16)
- McClatchey, W. *On the Nature of Ethnobiological Data Sources and Collectors*. Contributed Paper presented at the annual conference of the Society of Ethnobiology, University of Georgia, Athens, Georgia. (March 26-29)
- McClatchey, W. *One-way Bridges: Ethical dilemmas faced by healers who share their knowledge*. Symposium paper presented at the Building Bridges with Traditional Knowledge conference, University of Florida, Gainesville, Florida. (February 13-15)

1996

- McClatchey, W. *A Role for Linguistic Data in Determination of Phylogentic Relationships of Western Pacific Species of Metroxylon (Arecaceae)*. Contributed Paper at the annual meeting of the Society for Economic Botany, Imperial College, London, United Kingdom. Fulling Award winner for best presentation.
- McClatchey, W. & Alexandra Paul. *An Evaluation of Educational Trends in Economic Botany*. Contributed Paper at the annual meeting of the Society for Economic Botany, Imperial College, London, United Kingdom.

1995

- McClatchey, W. *Useful Palms of Fiji*. Contributed Paper at the annual meeting of the Society for Economic Botany, Cornell University, Ithaca, New York.
- Paul, Alexandra & W. McClatchey. *Opportunities for Graduate Study in Ethnobotany*. Discussion presentation at the annual meeting of the Society for Economic Botany, Cornell University, Ithaca, New York.

1994

- McClatchey, W. *Western Polynesian House Construction Terminology and the Development of a Cultural Cladogram*. Contributed Paper at the annual meeting of the Society for Economic Botany, Mexico City, Mexico. (also presented at the University of Florida Graduate Student forum, May 1995.)

1992

- McClatchey, W. *The Ethnopharmacopoeia of Rotuma.* Contributed Paper at the annual meeting of the Society for Economic Botany, Honolulu, Hawaii.

1991

- McClatchey, W. & Paul Cox. *The Use of the Sago Palm in the Island of Rotuma*. Contributed Paper at the annual meeting of the Society for Economic Botany, Rancho Santa Ana Botanical Gardens, California.

POST-DOCTORAL RESEARCHERS SUPERVISED

2010

- Nat Bletter. *Modeling of Emergent Diseases and Plant Remedies in SE Asian Cultural Contexts*.
- Valentina Savo. *Climate Change in European Orchard Systems*.

2008-9

- Nat Bletter. *Modeling of Emergent Diseases and Plant Remedies in SE Asian Cultural Contexts*.
- Han Yeong Lau. *Biodiversity Analysis and Conservation using Applied Landscape Ecology and Spatial Modeling in Lao PDR*.

2007-8

- Han Yeong Lau. *Biodiversity Analysis and Conservation using Applied Landscape Ecology and Spatial Modeling in Lao PDR*.

2005-6

- Michael Thomas. *Re-Design of Introductory Ethnobotany (BOT 105)offered at the O'ahu and Maui Campuses of the University of Hawai`i*. Computer database and on-line course delivery system development.

2004-5

- Lisa Gollin. *Cross Cultural Toxidromes and Identification of Potential Biological Activity in Plants*. Ethnobotanical theoretical and field studies in Polynesia and Indonesia.
- Peter Miller. *Psychoactive Biotechnologies: A Scientific Investigation of Local Innovations with Psychoactive Plants*. Ethnobotanical field studies throughout the Hawaiian Islands on distributions of psychoactive plants, knowledge of psychoactive plants, and means for plant introductions.
- Michael Thomas. *Compactorization, Reorganization, and Electronic Cataloging of the University of Hawai`i Herbarium Collections*. Inventory, computer database development and reorganization within the Angiosperm Phylogeny Working Group II system. Production of herbarium website.

CHAIRMAN OF STUDENT RESEARCH COMMITTEES (total = 27)

2017+ (Expected Graduation)

- David Reedy, Ph.D. Botany, *Building Predictive Models of Human Adaptation to Climate Change through Tree Crop Selection*. [Currently researcher, Botanical Research Institute of Texas]
- Esther Chitsende, M.S., Environmental Science, Texas Christian University. *Application for Native Texas Plants in a Sustainable Housing Development.*

2014

- Jared Williams, M.S., Environmental Science, Texas Christian University. *Mitigating Nutrient and Pathogen Storm Water Pollution via Bioretention Techniques: A Comparative Analysis of Three Filter Designs' Pollutant Removal Efficiencies and Filtrate Volumes Released for Irrigative Re-Use at Oscar Dean Wyatt H.S. Fort Worth, TX*.
- Sarah Ziomek, M.S., Environmental Studies, Texas Christian University. *Plant Species Richness of Lyndon B. Johnson National Grassland Ponds*. [Currently, USEPA biologist]

2013

- Jeff Boutain, Ph.D., Botany, *Taxonomy, Biogeography, and Ethnobotany of Humulus*. [Currently, industry consultant on hops and cannabis genetics]
- Kawika Winter, Ph.D., Botany, *Quantification of Ethnobotanical Evolution with the Specific Example of `awa (Piper methysticum) in Hawaiian Culture*. [Currently, Director, Limahuli Botanical Garden, Kaua`i]

2011

- Lori Tongco, Ph.D., Botany, *Conservation Practices of the Kanawan Aytas in Morong, Bataan, Philippines*. [Currently assistant professor of biology, University of the Philippines, Diliman]

2010

- Adam Brown, M.S., Botany, *Traditional Botanical Knowledge of the Plain Mennonites: Time, change, and knowledge transitions*. [Completed Ph.D. in Chemistry at University of North Carolina; Currently assistant professor of chemistry, Frostburg State University]

2009

- Anthony Amend, Ph.D., Botany/EECB, *Population Biology of Tricholoma matsutake in Northwestern Yunnan Provence, China*. Earned certificate in Ecology, Evolution, and Conservation Biology. [Currently assistant professor of botany, University of Hawaii]
- Bruce Hoffman, Ph.D., Botany/EECB, *Comparisons of Ethnoecological Patterns of Behavior in Two Amazonian Communities*. [Currently lead research scientist, Amazon Conservation Team, Suriname]
- David Reedy, M.S., Botany, *Studies of Human Interactions with Cider Apples*. [Currently researcher Botanical Research Institute of Texas]
- Neeva Shrestha, M.S., Botany, *Analysis of Nepali Immigrant Ethnobotanical Knowledge in Hawaii.* [deceased 2009]
- Jodi Stevens, Ph.D., Botany, *Comparative Ethnopharmacology of three Pacific Island communities.*

2007

- Uala Lenta, M.S., Botany, *Ethnopharmacology of Hawaiian remedies for cancer*. [Currently, natural products business owner.]

2006

- Orlo Steele, Ph.D., Botany, *The Natural and Anthropogenic Biogeography of Mangroves in the Southwest Pacific*. Earned certificate in Ecology, Evolution, and Conservation Biology. [Currently, professor of forestry, University of Hawaii, Hilo.]
- Tamara Wong, M.S., Botany/EECB, *Morinda citrifolia L. (Rubiaceae) growth and light environment in the understory of differing tree canopy species of an agroforestry system*. Earned certificate in Ecology, Evolution, and Conservation Biology. [Completed Ph.D. in Ecology; Currently Post-doc for the U.S. Forest Service.]

2005

- Liloa Dunn, M.S., Botany, *Traditional medicinal plants of the Marquesas*. [Currently, Ethnobotany collection manager, Lyon Arboretum, University of Hawaii, Manoa.]
- Carrie Harrington, M.S., Botany, *Analysis of competitive inhibition of MAP kinase phosphorylation by polymethoxylated flavanoids from Vitex rotundifolia L.f.* [Currently, instructor of biology, University of Hawaii, Leeward.]
- Han Lau, Ph.D., Botany, *Development of theoretical models of human interactions with plants based upon observations among the Paiwan and Amis of Taiwan*. [Currently, farm manager/owner, Hilo, Hawai`i.]
- Ruth Le'au, B.S., Biology Honors thesis, *Genetic and Folk diversity in Piper methysticum*. [Currently, Forensic Lab Manager, Honolulu Police Department]
- My Lien Nguyen, Ph.D., Botany, *Vietnamese foods and changes in traditions in populations moving into new environments*. [Currently, Pharmacist, Rochester, New York]

2004

- Donald Bunnell, M.S., Pacific Studies, *Broussonetia papyrifera in ancient and modern Hawai'i* . [Currently, Marine Engineering Researcher, Sealife Park, Hawaii.]
- Kaleleonalani Napoleon, M.S., Botany, *Ethnopharmacology of Hawaiian Limu*. [Completed M.A. in Social Work; Currently, Queens Hospital, Community Outreach, Hawaii.]
- Kawika Winter, M.S., Botany, *Hawaiian 'awa: A gift of the ancestors*. [Completed Ph.D. in Botany; Currently, Director, Limahuli Botanical Garden, Kaua`i.]

2003

- Kamaui Aiona, M.S., Botany, *Ethnobotany and Folk Taxonomy of Hawaiian Limu*. [Currently, Director, Hana Botanical Garden, Hana, Maui.]

2002

- Heather Harlow, M.S., Botany/EECB, *Tibetan Traditional Medicine in Exile*. Earned certificate in Ecology, Evolution, and Conservation Biology. [Currently, Director and CEO, Red Door Films (Documentaries), Portland, Oregon.]
- Mark Nickum, M.S., Botany, *Kalia Mileniume: Ethnobotany of a Tongan Voyaging Canoe*. [Completed Ph.D. at University of Florida in Horticulture. Currently, assistant professor of fruit crops, University of Hawaii, Hilo.]
- Michael Wysong, M.S., Botany/EECB, *Quantitative Ethnobotanical Studies of Samoan Coastal Plants*. Earned certificate in Ecology, Evolution, and Conservation Biology. [Completed Ph.D. in Conservation Biology at the Charles Darwin University, Australia; Currently, post-doctoral researcher in Australia.]

1999

- Courtney Horwath, B.A., Liberal Studies Honors thesis, *Healthcare 2000: Integrative Healing*.

COMMITTEE MEMBER OF STUDENT RESEARCH COMMITTEES

2017+ (Expected Graduation)

- Jared Williams, Ph.D., Environmental Science Education, University of North Texas, Denton

2015

- Patricia Fifita, Ph.D., Anthropology, *Indigenous Articulations of Health and Disease at the Interface of Modernity: An examination of healing practices in Tonga*. Chair: Ty Tegan.

2014

- Vandana Krishnamurthy, Ph.D., Botany, *Ethnobotany, trade and population dynamics of Cycas circinalis L., and Cycas swamyi Singh & Radha in the Western Ghats of southern India.* Chair: Tamara Ticktin.

2013

- Alea Ausmer, M.S., Forensic Genetics, University of North Texas Health Center. *A Comparative Study of Three Methods to Enhance the Collection of DNA from Plant Material*. Chair: Joseph Warren.
- Steve Carlson, M.A., Anthropology, University of North Texas, Denton. *Climate Change on Southern Appalachian Orchards: Perceptions, practices, and apple diversity*. Chair: James Veteto.
- Tim Gallaher, Ph.D., Botany, *Systematics and biogeography of the Pandanaceae with a population genetics approach to the "Pandanus tectorius problem."* Chair: Sterling Keeley.
- Lance Mahi La Pierre, M.S. Geography, *Preserving Hawaii's Biodiversity: A Tree, Place, and Culture*. Chair: Stacy Jørgensen.

2012

- Peiluen Lu, Ph.D., Botany*, Systematic, evolutions, and biogeography of the plant genera Dracaena Vand. Ex L., Sansevieria Thunb., and Pleomele Salsb. (Aspagaceae)*. Chair: Cliff Morden.
- Tamara Wong, Ph.D., Botany, *Ecology and Restoration Biology of Alyxia stellta on Kaua`i*. Chair: Tamara Ticktin.
- Jonathan Martinez, Ph.D., Botany*, Invasive algae in coral reef habitats of Hawaii*. Chair: Celia Smith.

2009

- Rebekah Fuller, Ph.D., Botany, *Fungi and Polynesia: New Zealand and Cook Island Maori ethnomycology*. Chair: George Wong.

2008

- J.D. Baker, Ph.D., Anthropology, *Medical anthropology of Piper methysticum in Hawai'i*. Chair: Nina Etkin
- Leyla Cabugos, M.S., Botany, *An evaluation of native species suitability and environmental performance of green roofs in Hawaii*. Chair: Tamara Ticktin.

2007

- Catherine Davenport, M.S., Botany, *Comparison of properties for the plant fibers of Hau, Olona and Niu in their use as cordage for traditional seafaring and fishing practices*. Chair: Isabella Abbott.

- Candice Felling, Ph.D., Botany, *Phytogeography and phylogenies of Acacia koa*. Chair: Cliff Morden.
- Lara Franco, M.S., Zoology, *Agent-based modeling as an analytical tool for a complex, open system: Coral reefs*. Chair: Chuck Birkeland.

2006

- Nathaniel Bletter, Ph.D., Biology, Lehman College, Bronx, New York, *Comparative study of plants used to treat diabetes, schistosomiasis, and skin infections in two Peruvian cultures*.
- Arika Virapongse, M.S., Pharmaceutical Botany (Khon Kaen University), *Ethnomedicine and Materia Medica used by Kui Healers in Northeast Thailand*. Chair: Chayan Pichaensoonthon.

2005

- Klaus Dragull, Ph.D., Agriculture, *Isolation and characterization of novel compounds from Piper methysticum.* Chair: C.S. Tang.
- Horangi Sears, M.S., Pacific Studies, *Conservation of traditional plant knowledge in Cambodia*. Chair: Lyndon Wester.

2004

- Jon Abbott, M.S., Thesis, Anthropology, *Hawaiian perspectives of weeds and weed science. Conflict management and cultural conservation issues.* Chair: Nina Etkin.
- Thomas Galioto, M.S., Geography, *Production of Hawaiian theme gardens for conservation in communities*. Chair: Lyndon Wester.
- Ari Levine, M.S., Anthropology, *Piper methysticum usage in modern Hawai'i.* Chair: Nina Etkin.
- Clarke Monson, Ph.D., Geography, *Flying Foxes and the Chamorro*. Chair: Lyndon Wester.

2002

- Sandy Buczinski, Ph.D., Science Ed., *Traditional Environmental Knowledge in the Classroom*. Chair: Pauline Chinn.
- Benjamin Feinstein, Ph.D., Science Ed., *Teaching a College Course on Traditional Ecological Knowledge*. Chair: Pauline Chinn.

2001

- Lisa Gollin, Ph.D., Anthropology, *Taban Kenyah (Kenyah Medicine): Linking the Cultural and Biological Significance of Indigenous Medicines in East Kalimantan, Indonesia*. Chair: Nina Etki.n

2000

- Russell Ili, M.S., Botany, *From Past to Present, Kahuna Laau Lapaau: Hawaiian Herbal Healers*. Chair: Isabella Abbott.
- Michelle Stevens, M.S., Botany, *The Comparative Ecophysiology of Mountain and Coastal Populations of Sida fallax Walp. (Malvaceae) in Hawaii*. Chair: Guillermo Goldstein.

EXTERNAL EXAMINER & STUDENT THESIS REVIEWER

International Foundation for Science, Stockholm, SWEDEN
Khon Kaen University, Khon Kaen, THAILAND
Leyman College, New York, U.S.A.
Lucknow University, INDIA
University of Florida, Gainesville, U.S.A.
University of Kent at Canterbury, ENGLAND
University of the South Pacific, Laucala Campus, FIJI

Frostburg State University, Frostburg, Maryland. External five-year program reviewer for the Ethnobotany BS degree program. (2011)

FIELD SCHOOL PROGRAMS (leader, instructor, organizer)

- 2017 – Blue Creek, Belize. *Field Botany at Archaeological Sites*. June 7-14.
- 2016 – Blue Creek, Belize. *Field Botany at Archaeological Sites*. July 16-23.
- 2015 – Yaxunah, Yucatan, Mexico. *Conservation Botany and Ethnography*. July 18-August 20.
- 2015 – Blue Creek, Belize. *Field Botany at Archaeological Sites*. July 5-9.
- 2014 – Yaxunah, Yucatan, Mexico. *Conservation Biology*. May 5-9.
- 2013 – Fort Worth & Corpus Christi, Texas. *Urban Youth Conservation Research*. January 19-March 16.
- 2012 – Kaua`i, Hawai`i. *Conservation / Ethnobiology*. February 10-March 6.
- 2010 – Kaua`i, Hawai`i. *Conservation / Ethnobiology*. January 3-February 12.
- 2009 – Kahana, O`ahu, Hawai`i. *Hawaiian Ethnobotany*. January 3-May 5.
- 2008 – Hawai`i Island. *Field Research Methods*. March 20-30.
- 2007 – Hawai`i Island. *Field Research Methods*. November 15-23.
- 2006 – NE Thailand. *Field Research Methods*. January 30-February 22.
- 2005 – Hawai`i Island. *Field Research Methods*. March 21-April 1.
- 2004 – Hawai`i Island. *Field Research Methods*. March 20-30.
- 2004 – Mo`orea, Tahiti. *Field Research Methods*. October 30-November 15.
- 2003 – Madagascar. *Ethnobotany and Conservation Field Methods*. June 3-25.
- 2002 – Marshall Islands. *Ethnobotany and Conservation Field Methods*. July 6-August 1.
- 2001 – O`ahu, Hawai`i. *Ethnobotany Research Methods*. June 1-22.
- 1999 – Solomon Islands. *Field Research Methods in Ethnobotany*. June 15-July 30.

SHORT OR SEMESTER COURSES PREPARED TO TEACH

- General Biology
- General Botany
- Evolution
- Botanical and Ethnobotanical Field Methods for Social Scientists (early graduates)
- Introductory Ethnobiology (lower undergraduates)
- Scientific Leadership and Professional Presentations (undergraduates, graduates)
- Polynesian Ethnobiology (upper undergraduates, early graduates)
- Natural Products and History of Medicine (upper undergraduates, early graduates)
- Conservation Biology/Ecology Field Methods (upper undergraduates, early graduates)
- Cognitive Ethnobiology (upper undergraduates, early graduates)
- Grant Writing, Submission, and Assessment (professionals, graduate students or mature undergraduates)

COURSES TAUGHT AT UNIVERSITY OF HAWAII

Semester and year taught

Biology

- BIOL 101 Biology & Society Sp99, Fa99, Fa01, Fa02, Fa03

Botany

- BOT 399 Undergraduate Research Fa98, Sp99, Fa00, Sp00, Sp01, Sp02, Fa02, Fa03, Sp04, Fa04, Sp05, Su06, Fa06, Fa08, Sp09, Sp10
- BOT 453 Plant Ecology/Environmental Measurement Sp09, Sp10
- BOT 606 Botanical/Ecological Research Methods Fa01, Fa02, Fa03, Fa04
- BOT 610 Botany Seminar Sp98, Fa03
- BOT 612 Botanical Problems Su99, Sp00, Fa00, Sp01, Su01, Fa01, Sp02, Su02, Fa02, Sp03, Su03, Sp04, Su04, Fa04, Sp05, Su06, Fa09
- BOT 699 Graduate Research Fa98, Sp99, Fa99, Sp00, Su00, Sp01, Su01, Fa01, Sp02, Su02, Fa02, Sp03, Su03, Fa03, Sp04, Su04, Fa04, Sp05, Fa05, Sp06, Su06, Fa06, Sp07, Fa07, Sp08, Fa08, Sp09, Su09, Fa09, Sp10, Su10

Ethnobotany

- BOT 105 Introductory Ethnobotany Fa97, Fa98, Fa99, Fa00, Fa01, Fa02, Fa03, Fa05, Fa06, Fa07, Fa08, Fa09
- BOT 440 Advanced Ethnobotany Fa99, Su01, Fa03, F06, Fa07, Fa08, Sp09
- BOT 442 Medical Ethnobotany Sp99, Su01, Fa02, Fa04, Fa09
- BOT 446 Hawaiian Ethnobotany Fa98, Fa00, Fa01, Sp05, Sp08
- BOT 448 Cognitive Ethnobotany Sp05
- BOT 449 Mekong Ethnobotany Sp09
- BOT 640 Quantitative Ethnobotany Sp00, Su01, Sp04, Fa06

New curriculum/programs

- Developed BS Degree in Ethnobotany, approved by Board of Regents in October 2002.
    - Degree subsequently adopted by: Frostburg State University; University of Alaska, Fairbanks; modified by University of Arizona.
- Developed competitive plan for a new program of undergraduate training supporting scientists working with Hawaiian Natural Resources called “Hui Konohiki.” This was supported by a budget and five new tenure track positions through the Botany Department. Collaboratively developed with K.W. Bridges & L. Kame`eleihiwa

COURSE TAUGHT AT KHON KAEN UNIVERSITY

Semester and year taught

Ethnobotany

- Ethnobotany & Medical Anthropology Wi06

COURSES TAUGHT AT UNIVERSITY OF FLORIDA

Semester and year taught

Ethnobotany

- Ethnoecology Fa96
- Ethnobotany Sp97

Biology

- General Biology Lab (TA) Sp95

COURSE TAUGHT AT TEXAS CHRISTIAN UNIVERSITY

Semester and year taught

Environmental Science

- Environmental Stewardship Sp13

COURSES TAUGHT AT BRIGHAM YOUNG UNIVERSITY

Semester and year taught

Ethnobotany

- Ethnobotany Sp94

Biology

- General Biology(TA) Fa92

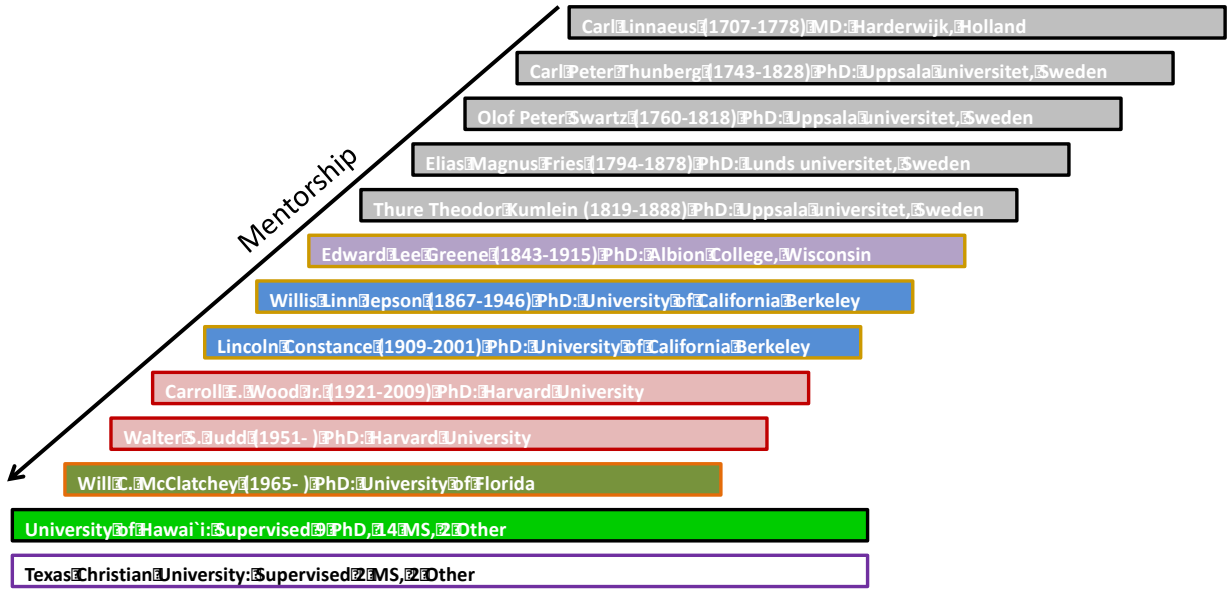
GRANTS AND AWARDS

(Excludes outside contracts/grants with NDA, and grants awarded to mentored graduate students or for their research projects) (Botanical Research Institute of Texas is primarily supported by private individuals and foundations whose donations may be found in the BRIT annual report. www.brit.org)

- *Creating Opportunities for Urban Youth to Understand Biodiversity and the Ecology of Life*. Rainwater Charitable Foundation. $243,000. 11/15/12-11/14/13. Co-PI.
- *Open Science: An education network in Ethnobiology to coordinate the development of a new culture in the undergraduate science classroom*. National Science Foundation, RCN-UBE. $368,173. 04/01/09-04/31/2014. Co-PI.
- *Longevity Foods, SIRT Activation and Diabetic Dyslipidemia.* National Institute of Health, NCCAM, R21. $250,000. 06/01/07-05/30/09. Co-PI.
- *Mechanisms of Phytochemical Aggression in Invasive Species in Hawai`i*. AccelaPure Corporation. $428,000. 07/06-06/09. PI.
- *Ethnobotany Segues to Science*. National Science Foundation, CCLI. $299,008. 01/07-12/31/09. PI.
- *Re-Design of Introductory Ethnobotany (BOT 105) offered at the O'ahu and Maui Campuses of the University of Hawai'i*. National Center for Academic Transformation. $71,586. 04/05-03/07. PI.
- *Compactorization, Reorganization, and Electronic Cataloging of the University of Hawai`i Herbarium Collections*. National Science Foundation, Biological Collections. $84,000. 02/05-02/07. PI.
- *Psychoactive Biotechnologies: A Scientific Investigation of Local Innovations with Psychoactive Plants*. University Connections, Technology, Innovation and Society Research. $35,000. 05/04-01/05. PI.
- *Identification of Natural Products active in treatment of Anthrax and Botulism*. Home Lands Security Administration with Hawaii Biotech, Inc., $790,500, 10/03-05/04. Co-PI.
- *Identification of Natural Products from Rongelap Atoll active in metaloprotease bioassays*. Hawaii ARC collaboration with Hawaii Biotech, Inc. $10,000. 02/03-08/03. Co-PI.
- *Ethnobiology and Genetics in Polynesian Environments*. Environmental Protection Agency, $35,500. 08/03-06/05. PI.
- *Analysis of Terrestrial and Marine Plants from Rongelap and Ailinginae Atolls for Novel Anti-cancer Agents*. $33,000. National Cancer Institutes P-15 Program Grant. 05/02-11/03. PI.
- *Cancer Ethnopharmacology in Traditional Austronesian Medicine*. $45,000. National Cancer Institutes P-15 Program Grant. 01/02-01/03. PI.
- *Building Bridges with Traditional Knowledge Summit meeting* support. Society for Economic Botany and International Society for Ethnopharmacology Annual Meetings held in conjunction with the Building Bridges with Traditional Knowledge Summit meetings, Honolulu, Hawai'i. (May 28-June 1) PI on each.
    - $30,000. Packard Foundation (Hawai'i Community Foundation). 3/01-6/01.
    - $10,000. Kamehameha Schools. 5/01-6/01.
    - $4,000. Hawai'i State, Coastal Zone Management Unit. 5/01-6/01.
    - $5,000. Hawai'i State, Department of Business, Economic Development, and Tourism. 12/00-6/01.
    - $5,000. Alexander and Baldwin Foundation. 1/01-6/01.
    - $3,000. Papa Ola Lokahi. 4/01-6/01.
    - $1,000. Hawaiian Wireless Communications. 5/01-6/01.
    - $500. Jones & Stokes, Inc. 5/01-6/01.
- *Ethnobotanical Identification and Collection of Medicinal Plants used by the Babatana and Ririo Tribes of Lauru Island in the Western Solomon Islands*. $24,000. University of Hawaii Seed Capital Program, 5/1/99-12/1/99. PI.

- *Collection and Extraction of Marine Algae for Discovery of New Bio-active Chemical Compounds*. $29,900. 3/2000 - 6/2001, Hawaii Office of Technology Transfer and Economic Development. PI.
- *Collection and Extraction of Higher Plants for Discovery of New Bio-active Chemical Compounds*. $9,956. 8/5/98 - 4/1/99. Hawaii Office of Technology Transfer and Economic Development. PI.
- *Development of Ethnobotanical Research and Training Opportunities at the University of Hawai'i.* $10,000, 05/1998- 04/2000. Seminole Tribe of Florida. PI.
- *Ethnobotanical Field Study of Medicinal Plants used by Tribes in the Central Mountains of the Island of Choiseul in the Western Solomon Islands*. $15,000, 3/1998-03/1998, American Cancer Society. PI.

ACADEMIC LINEAGE



JUNE 2021/E5

Pacific University Oregon

May 11, 2021

Dear Rural Health Coordinating Council Members,

I am writing to express my sincere interest in serving as the pharmacist representative on the Rural Health Coordinating Council. Care for rural and underserved patients has been the primary area of focus in my practice and what I have shaped my career around in academia. I am motivated and passionate about seeing the expansion of pharmacists and clinical pharmacy services in rural Oregon in order to be the next generation of providers that improve health access and patient outcomes. I see involvement on this council as an opportunity for me to expand my impact in this area beyond my local community and the students I teach.

I was born and raised in the state of Oregon and over the years I have been blessed to have the opportunity to experience the vast open country and the beautiful people that reside there. While I do not live in a rural location, I have tried to stay connected to the care of rural and underserved patients through my practice at Virginia Garcia Memorial Health Center. Practicing in a team-based environment, as an ambulatory care pharmacist, allows me to work at the top of my license and demonstrate to my patients and healthcare team the impact pharmacists can have in patient care outcomes and in the advancement of clinical services. While at Virginia Garcia I have worked on revenue generating projects such as pharmacist ran annual wellness visits, spirometry programs and comprehensive medication review billing opportunities. All of which can potentially open doors for more healthcare positions and resource allocation in rural locations. As a rural and underserved track faculty member at Pacific University in partnership with the Area Health Education Centers (AHEC) program and course coordinator of an underserved healthcare elective, we are able to spread awareness of rural health and encourage future pharmacists to become engaged and experience the challenges, rewards and opportunities that healthcare outside the urban setting can provide. Through involvement with student projects at the school we have been able to assess Oregon pharmacist comfort and knowledge in naloxone prescribing to identify and improve educational gaps, created provider centric educational materials on how to deliver culturally appropriate diabetes care to patients from the islands of the South Pacific, and mapped connections to low food access and diabetes outcomes to ultimately recognize how access and resources can be used to improve glycemic control. In addition to educating students, I have strived to improve rural healthcare through my time with the Oregon ECHO network focused on team-based, interprofessional care in diabetes management.

Whenever possible I look for opportunities to work in rural health and welcome the chance to join the council in improving and advising on ways to advance rural healthcare in Oregon. Thank you for your consideration and please don't hesitate to reach out with any questions the council may have.

Sincerely,

John Begert PharmD BCACP
Assistant Professor
Pacific University School of Pharmacy
Email: john.begert@pacificu.edu
Phone: 503-277-8759

SCHOOL OF PHARMACY
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John Begert PharmD BCACP

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Gaston, OR 97119	Hillsboro, Oregon 97123
503-277-8759	503-352-7362
john.begert@gmail.com	john.begert@pacificu.edu

Education

Oregon State University, *Corvallis, OR* and — June 2013
Oregon Health & Science University, *Portland OR*
Doctor of Pharmacy

Oregon State University, *Corvallis OR* — June 2009
Bachelor of General Science - *Cum Laude*, Pre-Pharmacy option, Chemistry Minor

Employment

Assistant professor of clinical practice — July 2015 - Present
Pacific University Oregon School of Pharmacy
Hillsboro OR. 97123

Adjunct Faculty — March 2017 – Present
University of Portland School of Nursing
Portland OR. 971

Pharmacy Intern — June 2010 – July 2013
Bi-Mart Corporation
Community Pharmacy
Forest Grove, Junction City, Woodburn Oregon

Post-Graduate Training

Pacific University Oregon School of Pharmacy/VGMHC — July 2014 – July 2015
Post-Graduate Year 2 Residency
Director: Melanie P. Foeppel, RPh, PharmD BCACP

Pacific University Oregon School of Pharmacy/VGMHC — July 2013 – June 2014
Academic Fellowship
ASHP PGY1 equivalent experience
Director: Melanie P. Foeppel, RPh, PharmD BCACP

Licensure & Certification

Board Certified Ambulatory Care Pharmacist (BCACP) — Oct. 2018 - Present
Credential #6151619

State of Oregon Pharmacist License — Aug. 2013 - Present
License Number: RPH-0013721

State of Oregon Preceptor License — Aug. 2014 - Present
License Number: RPH-0013721-P

Pharmacist-in-Charge Certified — May 2013 - Present

APhA Pharmacy-Based Immunization Certification — June 2010 - Present

American Red Cross CPR and AED-Adult Certified — Sept. 2009 - Present

John Begert PharmD BCACP

Home
317 Salter Street
Gaston, OR 97119
503-277-8759
john.begert@gmail.com

Office
222 SE 8th Ave, Suite 451
Hillsboro, Oregon 97123
503-352-7362
john.begert@pacificu.edu

Teaching

Pacific University School of Pharmacy

CLASSROOM TEACHING						
Required Courses – School of Pharmacy						
Course #	**Course Title**	**Academic Year**				
		AY1516	*AY1617*	*AY1718*	*AY1819*	*AY1920*
PHRM 641	CS: Intro to Patient-Centered Care	X	X	X		
PHRM 642	CS: Cardiovascular I				X*	X*
PHRM 643	CS: Neuropsych I	X	X	X		
PHRM 644	CS: Neuropsych II	X*	X	X		
PHRM 646	CS: Endocrine	X	X*	X*	X*	X*
PHRM 680	CS: Immunology	X*				
PHRM 590	Pharmacy Practice 1 (longitudinal)	X‡			X‡	
PHRM 592	Pharmacy Practice 2 (longitudinal)		X‡	X‡	X	X
PHRM 690	Pharmacy Practice 3 (longitudinal)	X	X*	X*	X*	X*
PHRM 692	Pharmacy Practice 4 (longitudinal)	X	X	X	X	X
PHRM 694	Social and Administrative Sciences (longitudinal)		X			
Elective Courses – School of Pharmacy						
PHRM 709	CS: Comprehensive Curricular Review	X				X
PHRM 766	CS: Literature Evaluation: Beyond the Basics (elective)	X				
	Care for Underserved Populations Learning Track (AHEC Scholars Program)		X	X	X	X
PHRM 771	CS: Underserved Healthcare Seminar			X*		X*
PHRM 778	Evidence Based Medicine				X	X
Interprofessional Courses – College of Health Professions						
GPSY 851	Psychopharmacology	X				
DHS	Cardiovascular Medications	X	X	X	X	X
PA 520	Behavioral Health: Mental Health Medications			X	X	X
HPE 390	Managing the Graduate School Application Process				X	

John Begert PharmD BCACP

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CHP 599	Diving Deep into Diabetes					X
CHP 560	Interprofessional International Experience: Nicaragua I	X				
CHP 561	Interprofessional International Experience: Nicaragua II	X				
ICC	Illness Anxiety Disorder	X				

* Course Coordinator
‡ Preceptor (alternate)

EXPERIENTIAL TEACHING

Role	# of Students				
	AY1516	*AY1617*	*AY1718*	*AY1819*	*AY1920*
APPE Preceptor		2	3	4	4
Student Scholarship	1	1	2	2	2

ADVISING

Graduating Class	# of Students				
	AY1516	*AY1617*	*AY1718*	*AY1819*	*AY1920*
Class of 2016	4				
Class of 2017	4	4			
Class of 2018	5	5	7		
Class of 2019		5	3	3	
Class of 2020			4	6	6
Class of 2021				5	4
Class of 2022					4

University of Portland School of Nursing

CLASSROOM TEACHING

Required Courses – Doctor of Nursing Practice

Course #	Course Title	Academic Year				
		AY1516	*AY1617*	*AY1718*	*AY1819*	*AY1920*
NRS 608A	Advanced Pharmacotherapeutics		X*	X*	X*	X*

* Co-Coordinator

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Post-Graduate Training Programs

Learning Experience	Role	# of Residents/Fellows				
		AY1516	*AY1617*	*AY1718*	*AY1819*	*AY1920*
Post-Graduate Year One (PGY1) Residency Program – Virginia Garcia memorial Health Center						
Teaching Rotation	Primary Preceptor	1				1
Research	Primary Preceptor		1	1		
Post-Graduate Year Two (PGY2) Residency Program – Pacific University School of Pharmacy						
Teaching Rotation	Primary Preceptor	1	1	1	1	1
Research	Primary Preceptor		1		1	
Clinical	Co-Preceptor	1	1	1	1	1

Scholarship

Peer-Reviewed Publications

Bzowyckyj AS, **Begert J.** Diabetes, Therapeutic Inertia, and Patient' Medication Experience. Diabetes Spectrum. 2020 Feb; 33(1): 31-37

Begert J, Bradley B. Literature Review: Off-label Use of Mirtazapine for Anxiety. Mental Health Clinician. 2015; 5(6):265-70.

Book Chapters

Saito E, **Begert J.** Chapter: peripheral artery disease, In Ambulatory Care Self-Assessment Program 2020 Book 1: Cardiology Care. Dixon, Harris (Editors), Board of Pharmacy Specialties, Washington DC, 2020: 105-123.

Peer-Reviewed Abstracts and Posters

Roberts S, Saito E, **Begert J,** Carter N, Backus D, Doyle I. Preparing the next generation of providers: expanding pharmacists' impact on caring for underserved population. Presented during the AACP Annual Meeting, Virtual Pharmacy Education 2020. American Journal of Pharmaceutical Education. 84(6), https://doi.org/10.5688/ajpe8219.

Maratita W, **Begert J.** Chamorros with diabetes: developing a culturally-appropriate resource for healthcare providers. Presented during the Legacy Health Literacy Conference 2019. Portland OR.

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Laursen T, **Begert J.** Retrospective review of combination therapy comprising GLP-1 receptor agonists and bolus insulin for type-2 diabetes mellitus. Presented during the Northwestern States Residency Conference 2019. Portland OR.

Nguyen J, Bradley B, **Begert J.** Evaluation of the prescribing practices of prazosin used at a federally qualified health center. Presented at the American Society of Health System Pharmacists Mid-Year Annual Meeting 2019. Las Vegas NV.

Begert J, Backus D, Nuziale B, Fry M, Cox P, Stillwell S. Utilizing clinical pharmacists to teach pharmacotherapeutics for a family nurse practitioner program. Presented during the 7th International Nurse Education Conference 2018. Banff, Canada.

Stanislaw J, **Begert J**. Evaluation of monitoring of appropriate potassium and creatinine in patients on spirornolactone in a federally qualified health center. Presented at the American Society of Health System Pharmacists Mid-Year Annual Meeting 2018. Anaheim CA.

Begert J, Hughes J, Fuentes D, Nuziale B, Low P, Saito E, Benabe J, Steele K, Davis-Risen S, Turner C, Boyle P, Pestka B. Enhancing interprofessional collaboration between pharmacy and physician assistant students through real-world scenarios. Presented during the American Association of Colleges of Pharmacy Annual Meeting 2017. Nashville, TN. American Journal of Pharmaceutical Education, 81(5), S5. https://doi.org/10.5688/ajpe815S5

Kawaguchi-Suzuki M, Backus D, Low P, Cleven AJ, Nuziale B, Stamper B, Fry M, Marcus K, **Begert J**, Harrelson J, Rao D, Fuentes D. Fall semester pharmacotherapy capstone presentation: building a patient case with a comorbidity. Presented during the American Association of Colleges of Pharmacy Annual Meeting 2017. Nashville, TN. American Journal of Pharmaceutical Education, 81(5), S5. https://doi.org/10.5688/ajpe815S5

Fedler S, **Begert J**, Sherwood E, Suchsland E. Evaluation of clonidine prescribing practices and appropriate treatment of hypertension and anxiety in adults 18 years and older and a FQHC. Presented at the American Society of Health System Pharmacists Mid-Year Annual Meeting 2017. Orlando FL.

McIlwain M, Davis-Risen S, Boggis T, Zuniga R, Reisch R, Van Atta J, Hacker N, Saito E, **Begert J**, Parker K, Corvus T. Promoting Interprofessional Team-based Care Competencies through Simulation-based Learning: A Global Aging Initiative. Presented at the Annual Meeting of the Association for Gerontology in Higher Education (AGHE) 2017. Miami, FL

Davis-Risen S, Boggis T, Hacker N, Van Atta J, Reisch R, Marshall T, Saito E, **Begert J**, Parker K. Simulation-based learning to promote interprofessional collaborative practice competencies. Presented at the Physicians Assistant Western Consortium Conference. 2016. Hillsboro OR.

Mcelravey J, Wegrzyn N, **Begert J**, Deines S. Outcomes Analysis of a Clinical Pharmacy Spirometry Service within a Federally Qualified Health Center. Presented at the Oregon Society of Health System Pharmacists Annual Meeting 2016. Sunriver OR.

Steele K., **Begert J**., McElravey J, Turner RB, Marcus K. Impact of clinical pharmacy spirometry service for COPD management on patient outcomes compared to usual care. Presented at the American Society of Health System Pharmacists Mid-Year Meeting 2016. Las Vegas NV.

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Plechot K, **Begert J,** Deines S. Evaluation of appropriate monitoring of diabetic patients on ACE-I or ARB therapy within a federally qualified health center. Presented at the American Society of Health System Pharmacists Mid-Year Annual Meeting 2016. Las Vegas NV.

Begert J, Saito E, Deines S, Foeppel M. Team Based Approach to Medicare Annual Wellness Visits Within a Federally Qualified Health Center. Presented at the American Society of Health System Pharmacists Mid-Year Annual Meeting 2015, New Orleans LA.

Begert J, Saito E, Deines S, Foeppel M. Medicare annual wellness visits as a method to promote referrals for disease state management by clinical pharmacists**.** Presented at the mid-year annual meeting for the American Society of Health System Pharmacists 2014. Anaheim CA.

Begert J, Deines S, Foeppel M. Needs assessment in the development of a community-retail pharmacy experiential manual**.** Presented at the Western State Residency Meeting 2014. San Diego.

Invited Presentations

Begert J, Potter A. Utilizing virtual campus tours, digital brochures and ad redirection for pharmacy school recruitment. Accepted for presentation at Leadership in Enrollment Management Workshop at American Association of College of Pharmacy Annual Meeting 2020 (*Postponed due to COVID-19).* Long Beach CA.

Gibbard R, **Begert J**. Clinical Pearl: Management of euglycemic diabetic ketoacidosis secondary to SGLT-2 Inhibitor use. Accepted for presentation at Oregon Society of Health System Pharmacists Annual Meeting 2020 (*Postponed due to COVID-19).* Sunriver OR.

Begert J, Tallman G. How to write an abstract and present a poster. Oregon Pharmacy Teaching Certificate Resident Program 2019. Portland OR.

Backus D, **Begert J**. Clinical considerations for cannabis use. Presented at the Forum for Aging in Rural Oregon 2019. Lincoln City OR.

Begert J. Utilizing a simulated electronic health record in a pharmacy practice skills curriculum. Presented to the Oregon Technology in Education Network Annual Conference 2019. Forest Grove OR.

Begert J, Hughes J, Fuentes D, Foley C, Backus D, Hogan A. Co-curricular interprofessional activities foster team-based readiness, professionalism, and development of self-awareness. Presented during the American Association of Colleges of Pharmacy Annual Meeting 2018. Special interest group. Boston, MA

Complex diabetic patient case with physician assistant studies and pharmacy – day 2. Interprofessional experience pop-up case day. Presented at Pacific University 2018. Hillsboro OR.

Hughes J, Turner C, Fuentes D, Davis-Risen S, Hogan A, **Begert J**, Nguyen J, Nuziale B, Boyle P, Pestka B, Low P, Backus D. Developing interprofessional collaboration across physician assistant, audiology and pharmacy students through case-based activities. Presented during the Association of Schools of Allied Health Professions Annual Conference 2017. San Antonio, TX.

Fuentes D, **Begert J,** Gibbard R, Kraus C, Foley C. The safe classroom: Using accessory notes during high-stakes assessments to promote deeper learning. Presented during the American Association of Colleges

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of Pharmacy. Special interest group. Annual Meeting 2017. Nashville, TN. American Journal of Pharmaceutical Education, 81(5), S5. https://doi.org/10.5688/ajpe815S5

Hughes J, Fuentes D, Turner C, Crawford E, Nuziale B, **Begert J**. ICC conferences develop collaboration between pharmacy & physician assistant students. Is there collaboration at your clinic? Presented during the CHP 10th anniversary event 2017. Hillsboro OR.

Fuentes D, **Begert J,** Gibbard R, Kraus C, Foley C. Team-based learning and accessory note content, use, and assessment in a graduate psychopharmacology course. Presented to the Oregon Technology in Education Network Annual Conference 2017. Forest Grove OR.

Begert J. Diabetes medications and pearls. Registered nurse training series for Virginia Garcia Memorial Health Center. 2017.

Complex diabetic patient case with dental hygiene and pharmacy – day 1. Interprofessional experience pop-up case day. Presented at Pacific University 2017. Hillsboro OR.

Complex diabetic patient case with physician assistant studies and pharmacy. Interprofessional experience pop-up case day. Presented at Pacific University 2017. Hillsboro OR.

Specific topics in sexual and reproductive health and infectious disease. Interprofessional experience pop-up case day. Presented at Pacific University 2016. Hillsboro OR.

Begert J. Evidence for the use of niacin for cardiovascular risk reduction. Drug Information Series - presented to Virginia Garcia Memorial Health Center staff and providers 2015. Hillsboro OR.

Begert J. Bisphosphonates: When to start them and how long to use them. Drug Information Series - presented to Virginia Garcia Memorial Health Center staff and providers 2015. Hillsboro OR.

Begert J. Spironolactone and heart failure. Drug Information Series - presented to Virginia Garcia Memorial Health Center staff and providers 2015. Hillsboro OR.

Begert J. Spironolactone and heart failure. Drug Information Series - presented to Virginia Garcia Memorial Health Center staff and providers 2015. Hillsboro OR.

Begert J. Cardiovascular risk with glyburide, glipizide and glimepiride**.** Drug Information Series - presented to Virginia Garcia Memorial Health Center staff and providers 2015. Hillsboro OR.

Begert J. Understanding Bipolar Disorder. Presented to the Professional Society of Pharmacists meeting 2014. Hillsboro OR.

Non-Peer Reviewed Abstracts and Posters

Pasqualone B, Thurman K, **Begert J.** Naloxone prescribing and dispensing: comparing access and barriers to care in rural and non-rural areas alike: data and analysis. Presented during the School of Pharmacy Track Capstone Poster Presentations 2020. Hillsboro OR.

Thurman K, **Begert J.** Naloxone prescribing and dispensing: comparing access and barriers to care in rural and non-rural areas alike. Presented during the School of Pharmacy Track Capstone Poster Presentations 2019. Hillsboro OR.

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Begert J, Saito E, Deines S, Foeppel M. Medicare annual wellness visits as a method to promote referrals for disease state management by clinical pharmacists. Poster presented at the Western State Residency Meeting 2015, San Diego CA.

Begert J. Osteoporosis and bisphosphonates. Virginia Garcia Memorial Health Center monthly newsletter. 2015.

Grants

Elbarby F, **Begert J,** Karimi R, Cleven A, Hoang H. National Association of Chain Drug Stores (NACDS) Diversity Grant: Development of An Integrative Elective Course and Health Fair to Reduce Diabetes Disparities Among the Underserved Population. Submitted March 2020 for $20,000. Pending review.

Roberts S, **Begert J,** Fortner J, Low P. National Association of Chain Drug Stores (NACDS) Diversity Grant: Pharmaceutical research as pipeline (PReP) to pharmacy school for students with diverse backgrounds. Submitted March 2018 for $18,800. Not accepted.

Hughes J, Roberts S, Fuentes D, Malhotra A, **Begert J.** National Association of Chain Drug Stores (NACDS) Diversity Grant: Enhancing diversity in pharmacy education: recruitment and engagement of diverse populations into the profession of pharmacy through scholarly research. Submitted March 2017 for $15,000. Not accepted.

Academic Service and Involvement

Pacific University School of Pharmacy

Admissions Committee

2019 – Present	Chair
2017 – 2019	Vice Chair
2015 – 2017	Member
2013 - 2014	Member

Alumni and Recruitment Committee

2019 – Present	Ad-hoc Member
2018 – 2019	Member
2017 – 2018	Past Chair
2016 – 2017	Chair, Alumni and Recruitment Committee
2015 – 2016	Vice Chair, Alumni and Recruitment Committee

Alumni Advisory Board

2016 – Present	Member

PGY2 Ambulatory Care Residency Program

2015 – Present	Preceptor, Didactic and Longitudinal Teaching Experiences
2015 – Present	Co-Preceptor, Longitudinal Primary Care Clinic Learning Experience
2015 – 2019	Preceptor, Longitudinal Research Project Experience
2015 – Present	Member, Residency Advisory Committee

PGY1 Pharmacy Practice Residency Program, Virginia Garcia Memorial Health Center

2015 – Present	Preceptor, Didactic and Longitudinal Teaching Experiences

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2016 – 2018 Preceptor, Longitudinal Research Project Experience

Curriculum Committee
2014 – 2015 Member

Research Incentive Grant Review Committee
2019 Peer Reviewer

Academic Fellowship Advisory Counsel
2013 – 2014 Member

Pacific University Service Day
2019 – 2020 Forest Grove Senior Center
2018 – 2019 Jackson Bottom Wetland Trail Repair
2017 – 2018 Hillsboro Parks and Rec. Trail Repair
2015 – 2017 Shute Public Library

Community Service and Outreach
2017 – 2019 Presenter, Hillsboro Chamber and Pacific University School to Career Health Professions Day
2019 Advisory Committee Member, Beaverton Health and Science High School
2019 Panelist, Forest Grove High School Career Expo
2019 Presenter, Pacific University Pre-Pharmacy Club Meet and Greet
2018 Presenter, Pacific University Health Professions Lunch and Learn
2017 – 2019 Preceptor, Diving Deep Into Diabetes – Diabetes Health Fair
2014 Preceptor, Operation Diabetes – American Diabetes Association Expo

College of Health Professions

Interprofessional Observed Structures Clinical Examination Program
2019 – 2020 Evaluator

Interprofessional Education and Practice Committee
2018 – 2019 Member

Interprofessional Nicaragua Experience
2014 – 2015 Faculty Advisor

Interprofessional Experience Pop-Up Cases
2015 – 2018 Faculty Advisor

Interprofessional Diabetes Clinic (IDC)
2013 – 2015 Faculty Advisor

Professional Service and Involvement

Oregon Extension for Community Health Outcomes (ECHO) Network
2020 – Present Faculty Planner

Oregon Pharmacy Teaching Certificate (OPTC) Resident Program
2018 – Present Co-Coordinator

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Area Health Education Centers Scholars Program (AHEC)
2019 – Present Alternate Member, Steering committee

American Association of Colleges of Pharmacy (AACP)
2018 – Present Pharmacy Brand Ambassador

American College of Clinical Pharmacy (ACCP)
2019 Proctor, Clinical Research Challenge

American Society of Health System Pharmacists (ASHP)
2018 – Present Evaluator, Local Clinical Skills Competition

Academy of Managed Care Pharmacy (AMCP)
2015 – Present Faculty Liaison
2017 – Present Judge, Regional Pharmacy & Therapeutics Competition

Virginia Garcia Memorial Health Center
2016 – Present Preceptor, Virginia Garcia Migrant Camp Outreach Clinic
2016 – Present Preceptor, Virginia Garcia Intern Program
2017 Facilitator, Virginia Garcia Professions Careers in Health Care Workshop
2015 Reviewer, Standards of Care Hypertension
2013 – 2014 Lead Pharmacist, Choosing Health: Clinical Pharmacy and Behavioral Health Integrated Smoking Cessation Program

Health and Interprofessional Practice Journal
2016 – Present Peer Reviewer

Western Association of Advisors for the Health Professions
2016 Invited panelist

Professional Memberships

Academy of Managed Care Pharmacy (AMCP)
American Society of Health System Pharmacists (ASHP)
American College of Clinical Pharmacy (ACCP)
American Association of Colleges of Pharmacy (AACP)
Oregon Society of Health System Pharmacists (OSHP)

Honors and Awards

P2 Teacher of the year. Pacific University School of Pharmacy. Academic year 2018-2019
Teacher of the year 2nd runner up. Pacific University School of Pharmacy. Academic year 2017-2018
Teacher of the year 1st runner up. Pacific University School of Pharmacy: Academic year 2016-2017
Nominee for the 2017-2018 Albert E. Rosica Jr. Memorial Award. Not awarded
2016 Oregon Society of Health System Pharmacists Annual Seminar Professional Poster Session: Best Poster Runner Up

References

Available upon request

From: Bruce Carlson
To: MACLEAN Karen S * BOP
Subject: Rural Health Coordinating Council.
Date: Thursday, May 13, 2021 4:10:28 PM
Attachments: BRUCECV4.doc

Ms MacLean,

I am writing to express my interest in representing rural pharmacy on the Rural Health Coordination Council.

I have had experience in working in the rural communities of Coos Bay, Maupin, Madras, and Bend..

I chat often with my local independent pharmacist in Hermiston about pharmacy issues.

I am a retired physician but still have an active pharmacy license.

I believe my over twenty five years as being the physician representative to the Rurall Health Council would be of benefit to the representation of rural pharmacy.

My CV is attached.

Thank you for your consideration.
--
Bruce Carlson, RPh, MD
Hermiston, Oregon

CURRICULUM VITAE

BRUCE D. CARLSON, RPh, MD, DABFM

1551 2nd Street
Umatilla, OR 97882

Birth date: ----------
Social Security # ###-##-####

Undergraduate Education

Oregon State University, Corvallis, Oregon
September 1957 - June 1962
Degree: B.S. in Pharmacy - June 1962

Medical Education

Marquette School of Medicine, Milwaukee, Wisconsin
September 1965 - June 1969
Degree: M.D. - June 1969
Honors: Alpha Omega Alpha
Graduated #8 in class of 96

Internship

University of Oregon Medical School Hospitals and Clinics
June 1969 - June 1970
Type: Rotating

Residency

University of Oregon Medical School Hospitals and Clinics
July 1970 - July 1971
Type: Internal Medicine

Professional Experience

July 1971 - March 1979 — Family Practice, John Day, OR

September 1971 - June 1972 — Medical Investigator, Grant County, OR

September 1971 - April 1979 — County Health Officer, Grant County, OR
January 1987 - December 1989

December 1974 - December 1987 — Aviation Medical Examiner & Accident Investigator

1975 - March 1979 — Medical Advisor, Respiratory Therapy Service, Blue Mt. Hospital, John Day, OR

August 1976 - December 1979 — Medical Director, Family Planning Clinic, Grant County, OR

August 1977 - June 1980 — Emergency Physician, Good Shepherd Hospital, Hermiston, OR

Bruce D. Carlson, RPh,MD, DABFM

Professional Experience (cont)

August 1978 - November 1980	Part-time general practice, Condon, OR
January 1979 - June 1980	Director, Emergency Department Good Shepherd Hospital, Hermiston, OR
April 1979 – August 2000	Health Officer, Wasco-Sherman County, The Dalles, OR
July 1979 - June 1980	Medical Advisor, Hermiston Fire Dept/Ambulance, Hermiston, OR
August 1979 - December 1989	Emergency Physician, Mid-Columbia Medical Center, The Dalles, OR
May 1980 - May 1988	Director, Emergency Services, Mid-Columbia Medical Center, The Dalles, OR
October 1980 - May 1988	Medical Advisor, The Dalles Fire Department, The Dalles, OR
November 1980 – December 2012	Supervising Physician, Gilliam County Medical Center, Condon, OR
November 1980 – December 2018	Medical Investigator, Gilliam County, OR
December 1980 - December 1984	Physician Advisor, Arlington Ambulance Service, Arlington, OR
April 1981 - April 1983	Chairman, Risk Management Committee, Mid-Columbia Medical Center, The Dalles, OR
May 1981 - December 1984	Physician Advisor, EMT IIs, Southern Wasco County Ambulance Service, OR
August 1981 - December 1984	Physician Advisor, Rufus Volunteer Ambulance Service, Rufus, OR
August 1981 – December 2020	Oregon Medical Association Representative to Oregon Rural Health Coordinating Council
October 1982 - December 1982	Member, Emergency Medical Services Task Force, OR State Health Division
August 1984 - December 1986	Member, Mid-Columbia Health Planning Council
October 1984 - October 1986	Member, Board of Directors, OR Primary Care Association
January 1985 - May 1988	Supervising Physician, Rescue Unit, Wasco Rural Fire Protection District

Bruce D. Carlson, RPh,MD,ABFP

Professional Experience (cont)

January 1985 – July 2014	Supervising Physician, South Gilliam County Ambulance, Condon, OR
January 1985 - October 1987	Chairman, State Rural Health Coordinating Council
January 1986 - June 1988	Rural Clinic Practitioner, Part-time, Maupin, OR
February 1988 - November 1991	Supervising Physician, Asher Clinic, Fossil, OR
May 1988 - November 1988	Staff Physician, St. Anthony Health Care Center, Hermiston, OR
December 1988 - May 1991	Medical Director, St. Anthony Umatilla Clinic, Umatilla, OR
June 1991 - January 1992	Medical Director, St. Anthony Health Care Center, Hermiston, OR
February 1992 –February 2021	Physician Owner, Urgent Health Care Center (formerly St. Anthony Health Care Center), Hermiston, OR
March 1992 –February 2021	Assistant Medical Investigator, Umatilla County, OR
September 1994- 2014	Member, Physician Assistant Committee, Oregon Board of Medical Examiners
August 1998 – July 2000	Supervising Physician, Arlington Medical Clinic, Arlington, OR
August 1998 – July 2000	Supervising Physician, Moro Medical Clinic, Moro, OR
September 2000 - 2004	Part-time Correctional Physician, Two Rivers Correctional Institution, Umatilla, OR
January 2001 – August 2015	Supervising Physician, North Lake Clinic, Christmas Valley, OR
February 2013 –February 2021	Physician Owner, Pendleton Primary Care Clinic, Pendleton, Oregon (Medicaid only clinic)

Hospital Staff Privileges

Blue Mountain Hospital John Day, OR	Active Staff, July 1971 - February 1979
Mid-Columbia Medical Center The Dalles, OR	Active Staff, August 1979 - August 1988 Emergency Services Staff, August 1988 - January 1990
Good Shepherd Hospital Hermiston, OR	Courtesy Staff, May 1988 Emergency Staff, July 1977 - June 1980
St. Anthony Hospital	Courtesy Staff, May 1988 - 1992 Pendleton, OR

Bruce D. Carlson, RPh, MD,

Professional Licenses Held

Pharmacy - Oregon #4763	Issued 1963 Active
Medicine - Oregon #7786	Issued 1971 Inactive, retired
Medicine - Washington #11806	Issued 1971 inactive

Memberships

Oregon Medical Association
Oregon Rural Health Association
National Association of Rural Health Clinics
National Rural Health Association
Oregon Academy of Family Physicians
American Academy of Family Physicians

Other

Diplomate, American Board of Family Practice, certified 1979, recertified 1985, 1991, 1997, 2003,2010 & 2017.

Formerly Certified, Advanced Cardiac Life Support (OHA)

Former Instructor & Course Director Advanced Cardiac Life Support

Advanced Trauma Life Support 1983

E.M.T. Instructor since 1972

Supervising Physician for rural physician assistants since 1980

Established rural clinic in Maupin, OR 1986

Awards

Outstanding Individual Contribution to Rural Health Care, Oregon Primary Care Association 1984 and 1998.

Rural Health Practitioner of the Year 2001, National Rural Health Association

Military Experience

U.S. Army - September 25, 1963 - August 25, 1965
1st Lt, Medical Service Corp
Honorable Discharge July 1984

Assignments

Chief, Medical Training Branch, G-3 U.S. Army Training Center, Armor, Fort Knox, Kentucky

Commanding Officer, Hospital Holding Company, Ireland Army Hospital, Fort Knox, Kentucky

Assistant Pharmacy Officer, Ireland Army Hospital, Fort Knox, Kentucky

Chief, Sanitation Section, Preventive Medicine Office, Fort Knox, KY

Interest & Hobbies

Photography, Computers, Automobile restoration, Flying. Currently hold private pilots license with single, multi-engine, and instrument ratings.

Saly Daoud
6775 SE Blanton St, Apt 2306
Hillsboro, OR 97123

May 27th, 2021

To Whom It May Concern:

My name is Saly Daoud, I'm a registered pharmacist here in the state of Oregon. Currently serving as director of pharmacy of westside Oregon region for Providence Health and Services. I obtained my PharmD in 2009 and recently completed my MBA in 2020. I've served in many different roles and pharmacy settings throughout my career and have always had a passion for underserved communities and rural communities with minimal access to health care. The purpose of this letter is to express my interest in serving on the Rural Health Coordinating Council.

Prior to the COVID pandemic, I helped plan and provide oversight to many community events to extend care to underserved communities. These events included health fairs in rural location where patients can receive wellness checks and preventative care provided by pharmacists and pharmacy interns. The services provided included blood glucose monitoring, diabetes education, blood pressure monitoring, MTM,… and many others. As COVID surges began and continued to persist, we had to be creative in how we provide the same quality care and opportunity for our surrounding communities. We started providing many of these services virtually through our ambulatory care setting. As vaccines became available, we partnered with various counties to help vaccinate the community as well as served vital roles in the Oregon convention center mass vaccination clinic.

This work is very rewarding and fills me with gratitude to be able to make quality healthcare more accessible to communities in true need. If I am privileged to represent the Oregon Board of Pharmacy on the Rural Health Coordinating Council, I will provide insight and recommendations to meet the identified needs of rural communities throughout Oregon. As well as, represent the valuable impact our profession has on our surrounding communities.

Thank you so much for your consideration, I look forward to hearing from you soon

Sincerely,

Saly Daoud, PharmD, MBA

Curriculum Vitae

Saly H. Daoud

6775 SE Blanton St, Apt 2306
Hillsboro, OR 97123
Cell Phone: (813) 317-6308
E-Mail: salydaoud@gmail.com
FL License # PS45428
Consultant License # PU6882
OR License # RPH-0017714

EDUCATION

Doctor of Pharmacy
Florida A&M University- College of Pharmacy
Tallahassee, FL
August 2004-May 2009, Cum Laude

Masters of Business Administration – Executive
University of Florida
Gainesville, FL
August 2018- April 2020, Cum Laude

Lean Six Sigma and Operations Excellence Green Belt Certificate
Optness Institute
Milan, Italy
June 2020

PROFESSIONAL EXPERIENCE

Providence Health and Services 2020 – current
Regional Director of Pharmacy Services – Westside Oregon
Providence St. Vincent Medical Center/ Newberg Medical Center/ Seaside Hospital

- Implementation of Heart Transplant program
- Lead caregiver team through COVID-19 pandemic
- Set up of COVID vaccination clinics throughout westside Oregon region
- Served as chief pharmacist for mass vaccination clinic at the Oregon convention center
- Helped serve as incident command operations chief for the largest ministry in the region during the pandemic
- Oversight of major construction project of building new pharmacy location as well as IV room construction projects at multiple sites for 797 and 800 updates
- Transformed pharmacy structure to a shared governance model

- Major inventory optimization project to increase inventory turns. In 7 months, turns were increased from 4 to 10.
- Precepting pharmacy administration residents
- Leading the regional pharmacy strategy team
- Serve as a lead on the system regulatory compliance committee
- Presented a COVID-19 Business Recovery webinar for ASHP, over 400 attendees

Hospital Corporation of America 2009 - 2019

Largo Medical Center, Director of Pharmacy Services 2019

- Manage multisite facility including 500 bed high acuity hospital, inpatient rehab and behavioral health facility, as well as freestanding ER
- ***Among top 5 overall performing pharmacies in HCA***
- Full rollout of Drug Diversion program
- AMP program implementation that resulted in a decrease of antibiotic utilization from $16.52/APD to $7.44/APD
- Developed business plan to obtain fulltime clinical coordinator
- Active role in implementation and continual monitoring of new electronic systems including CPOE and Vigilanz pharmacy intervention surveillance and documentation.
    - Provide guidance, training, and continual monitoring of Vigilanz alerts to motivate the pharmacy team performance. Continue to be top performing hospital division wide 4 months in a row for % of alerts addressed as well as turnaround times

- Ongoing Responsibilities:
    - Ensure safe, appropriate, cost-effective medication therapies for patients according to established policies, procedures, protocols, and patient specific needs
    - Direct development, implementation, and maintenance of clinical pharmacy services and pharmacy operations
    - Establish process improvement to reduce stock outs and improve nursing satisfaction.
    - Develop and implement treatment guidelines, protocols, formulary changes, critical pathways, and policies & procedures and vet for approval by appropriate committees
    - Maintain regulatory compliance and quality assurance initiatives
    - Develop, review, and manage policies and procedures
    - Coordinate the selection and safe use of alternative medications in response to medication shortages
    - Review the use of targeted and high cost medications for compliance with appropriate administration and utilization criteria
    - Provide clinical consultation and clarification to providers. Recommend evidence-based medication therapy regimens and monitoring plans. Suggest appropriate, cost-effective therapeutic alternatives to medical staff as needed
    - Provide training and education to pharmacists and other healthcare professionals.
    - Supervise and instruct pharmacists, technicians, and pharmacy students
    - Prepare and present drug reviews, MUE criteria, antibiotic sensitivity reports, adverse drug reaction reports, and pharmacy interventions summary to the P&T committee as the committee lead

- Collaborate with laboratory and microbiology in the development of an antibiogram annually
- Participate in community educational programs (e.g., diabetes classes, health fairs, brown bag events)
- Review the performance and documentation of clinical activities and operational reports of all pharmacists to ensure providing patients and providers most optimal care. Provide follow-up to staff if needed
- Maintain competency assessments of clinical skills (baseline, annual) for all staff.
- Manage pharmacy inventory and budget.
- Prepare and present annual pharmacy business plan.
- Conduct annual evaluations for pharmacy staff
- Manage department productivity and staffing
- Actively participate in the hospital ventilator management committee. Develop and update policies and protocols. Follow-up with physicians and nursing staff on any recommendations to decrease Vent days and ICU LOS
- Active surveillance and intervention to maintain 90% or above on Alaris Guardrail utilization for optimal patient safety
- Actively participate in many hospital committees including glycemic control mgmt., pain mgmt., critical care, quality council, and medication safety
- Obtained ACLS, MAD-ID certification

Palms of Pasadena Hospital, Director of Pharmacy 2014-2019

- Lead pharmacy team through transition of hospital acquisition
- Developed and implemented medication management policies and procedures for joint commission readiness including full training plan and gap analysis and action plan.
- Successful Joint commission accreditation
- Implementation of 797 regulations
- Completion of meditech system conversion and staff training
- Successful Board of Pharmacy inspection
- Implementation of CSOS
- Review and monitoring of controlled substance activities
- Leading drug diversion team and investigations
- Project lead for Alaris pump implementation
- Inventory management and improved inventory turns
- Implemented criteria for use on high cost medications
- Continuous quality improvement projects within department and hospital wide
- Management of daily staff productivity
- Served as a preceptor for advanced hospital and administrative rotation students from various colleges of pharmacy

- Helped revise job descriptions and performed annual performance reviews on all employees
- Reviewed budget and expenses and discussed issues with hospital administration
- Established processes to optimize automated dispensing machine utilization

- Restructured technician work flow for better quality and efficiency

Medical Center of Trinity, Manager of Clinical Pharmacy Services 2011-2014

- Developed and implemented pharmacy clinical decentralization program.
- New programs developed include: IV to PO, Renal Dosing, Kinetics, Pain Management, Glycemic control, and antimicrobial stewardship.
- Developed training and educational programs for the pharmacy staff.
- After training completion for all staff, developed and implemented decentralization model for clinical pharmacy services.
- Increase in total number of clinical interventions by about 74%.
- Pharmacy representation and expansion on several committees: P&T, Stroke, Core measures, Infection control, and Falls committee.
- Division involvement in presentations in absence of division director of clinical pharmacy services
- Student precepting for LECOM and UF schools of pharmacy
- Coordinate and supervise department operation

North Side Hospital and Tampa Bay Cardiac Institute, Coordinator of Clinical Pharmacy Services 2009-2011

- Increase in total number of clinical interventions by 60%
- Implementation of AMP program
- MAD-ID certification
- Pharmacy representation and expansion on several committees:
    - P&T → expansion of class reviews and drug monographs
    - Stroke → active participation in stroke program, stroke fairs, CE education for nursing, order sets and policies
    - Core measures
    - Infection control
    - Falls committee
    - Cardiovascular Services
- Implementation of pharmacy consult system for care coordination rounds
- Division involvement in presentations in absence of division director of clinical pharmacy services
- Involvement in LECOM student advisory committee
- Active member of division educational subcommittee
    - Heading all reading assignments and testing for all division pharmacists
- Scheduling the pharmacists for their various shifts
- Staffing the pharmacy when needed due to COE transitions
- Leading the pharmacy in absence of the director
- **Interim director** for 4 months while director on medical leave

AWARDS

Evaluation of Tygacil utilization at a large teaching institution.
Florida Society of Health Systems Pharmacists (FSHP), August 2011
Winner of Poster Presentation of the Year Award

PROFESSIONAL ORGANIZATIONS

American Society of Health-System Pharmacists	Member, 2007-Present Webinar Presenter -2020
American College of Clinical Pharmacy	Member, 2011-Present
Florida Society of Health-System Pharmacists	Member, 2007-Present
Oregon Society of Health-System Pharmacists	Member, 2020-Present
Kappa Epsilon Fraternity, Inc.	Member, 2008-Present

COMMUNITY SERVICE

Recruit high school students to pharmacy	2007-present
Volunteer at homeless shelters	2008-present

References available upon request

LEN'S PHARMACY

120 E Main St
John Day, OR 97845

May 13, 2021

To Whom it May Concern,

I am interest in being a part of the Rural Health Coordinating Council because I am invested in rural health. I grew up in John Day, OR and have returned there to practice as a Pharmacist. I have seen the struggles with healthcare and living in a rural location and know how important it is to help continue to reduce those barriers. At Len's Pharmacy where I work, we continue to strive to bring healthcare resources to the community. We invested in technology to be able to pill pouch packaging to help patients with their medication adherence. We also invested in remodeling the pharmacy, including a classroom space for education on disease states and counseling.

Thank you,

Tilli Slusarenko, PharmD/MBA
Pharmacy Manager

JUNE 2021/E8

Tilli O. Slusarenko

302 NW 5th Ave ♦ John Day, OR 97845 ♦ 541.602.6425 ♦ tilli@lensdrug.com

Education

Oregon State University **June 2016**
Master of Business Administration, Corvallis, OR.

OSU/OHSU College of Pharmacy **June 2014**
Doctor of Pharmacy (PharmD), Corvallis, OR. **Oregon State University** **June 2011**
Bachelor of Science in General Science, Corvallis, OR.

Certifications/License

Registered Pharmacist
State of Oregon
Tobacco Treatment Specialist
National Certificate in Tobacco Treatment Practice (NCTTP)
APhA's Pharmacy-Based Immunization Delivery

Work Experiences

Pharmacy Manager **December 2014-Present**
Len's Drug, John Day, Oregon

- Ensure compliance with state and federal rules and laws
- Develop policy and procedures for the pharmacy
- Oversee technicians and clerks
- Verified prescriptions to ensure it is correct and for safety
- Counsel patients on medications
- Provide health coaching for patients
- Lead Freedom from Smoking group classes
- Oversee compounding and produce compounded medications
- Administer immunizations

Pharmacist **July 2014-November 2014**
Rite Aid, multi-location

- Covered shifts at multiple locations as needed
- Verified prescriptions to ensure it is correct and for safety
- Oversee technicians and clerks
- Counsel patients on medications

Community Involvement

Local Community Advisory Council **January 2019-Present**

- Part of the Grant Count LCAC monthly meetings and activities

Blue Mountain Hospital CHNA **2019-Present**

- Part of the Mental Health and Substance Abuse Committee

John Day Church of the Nazarene Church Board Member **2018-Present**

- The Sunday School and Discipleship Ministry Director
- Volunteer in the children's ministry

- Director Vacation Bible School

Grant County Health Department Covid-19 Vaccine Clinics **February 2021-May 2021**
- Administer immunizations

EOCCO Community Benefit Initiative Reinvestment Program **2016, 2018, 2019**
- Ran a Smoking Cessation program out of Len's Pharmacy

Blue Mountain Hospital CHNA Committee Lead **2016-2019**
- Lead of the Access and Prevention Health Wellness committee
- Lead the quarterly meetings to develop methods and processes to achieve the goal in the CHNA

Improving Tobacco Cessation Processes ECHO **October 2018-December 2018**
- Part of the expert team as the pharmacist perspective

Advanced Pharmacy Practice Experience (APPE)

Rural Community Pharmacy Clerkship **March 2014-May 2014**
Rite Aid 5369, Lebanon, Oregon
Preceptor: Micah Walter
- Fill prescriptions
- Counseled patients on medications
- Observe the pharmacist verify
- Administered vaccinations

Elective Ambulatory Care Clerkship **February 2014-March 2014**
VA Medical Center, Eugene, Oregon
Preceptor: Christina Heinrich
- Met with patients to review diabetes and blood pressure and suggest changes to medications
- Review INRs and suggest changes to doses if necessary
- Attended and helped teach the smoking cessation class
- Attended and helped teach diabetic group classes

Ambulatory Care Clerkship **December 2013-Febuary 2014**
VA Medical Center, Eugene, Oregon
Preceptor: Julie Himstreet
- Met with patients to review diabetes and blood pressure and suggest changes to medications
- Review INRs and suggest changes to doses if necessary
- Attended and helped teach the smoking cessation class
- Attended and helped teach diabetic group classes

Internal Medicine/General Adult Medicine Clerkship **October 2013-December 2013**
Albany General Hospital, Albany, Oregon
Preceptor: Krisitina Banjar
- Reviewed patients to present to pharmacist
- Counseled patients on warfarin
- Taught the warfarin portion of joint replacement class
- Helped pull/delivery daily medication for patients
- Mixed IVs

Hospital/Health System Clerkship **September 2013-October 2013**

Albany General Hospital, Albany, Oregon
Preceptor: Kristina Banjar

- Reviewed patients to present to pharmacist
- Counseled patients on warfarin
- Taught the warfarin portion of joint replacement class
- Helped pull/delivery daily medication for patients
- Mixed IVs

Pharmacy Health Administration-Elective Managed Care **August 2013-September 2013**

Samaritan Advantage Plan Managed Care Pharmacy, Corvallis, Oregon
Preceptor: David Engen, PharmD.

- Researched Health Conditions to present to preceptor

Pharmacy Health Administration-Elective Corporate Management **June 2013-July 2013**

Rite Aid, Albany, Oregon
Preceptor: Cheryl Whelchel, Rph

- Trained pharmacist on Outcomes CMRs and TIPs
- Assisted pharmacist district manager (PDM) with store visits
- Ensured pharmacies were compliant with state and federal rules and laws
- Assisted in training of Wellness Ambassadors
- Assisted the PDM with running performance reports and communicating performances with pharmacies

Introductory Pharmacy Practice Experience (IPPE)

Transitional Clerkship (90 hours)

Rite Aid, Corvallis, Oregon **October 2012-May 2013**

- Counseled patients concerning their medicine
- Counseled patients concerning OTCs
- Administered vaccinations
- Received orders from doctors

Hospital Pharmacy Rotation (80 hours) **May 2012-June 2012**

Samaritan Lebanon Community Hospital, Lebanon, Oregon

- Observed the pharmacist perform their duties
- Observed and learn how to mix IVs

Community Rotation (45 hours)

Bi-Mart, Monmouth, Oregon **November 2011-January 2012**

- Counseled patients concerning their medicine
- Administered vaccinations
- Received orders from doctors

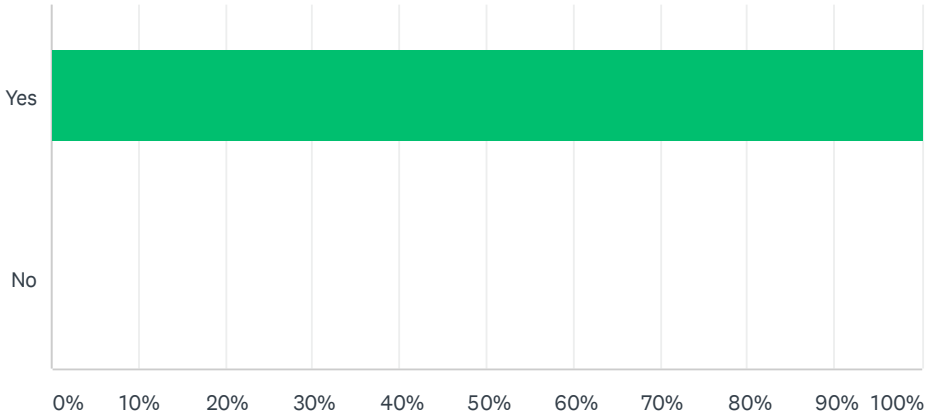
Community Rotation (45 hours)

Rite Aid, Salem, Oregon **October 2010 – January 2011**

- Received orders from doctors
- Received copies from other pharmacies
- Observe the pharmacist counsel

Q1 Executive Director's performance expectations are current.

Answered: 7 Skipped: 0

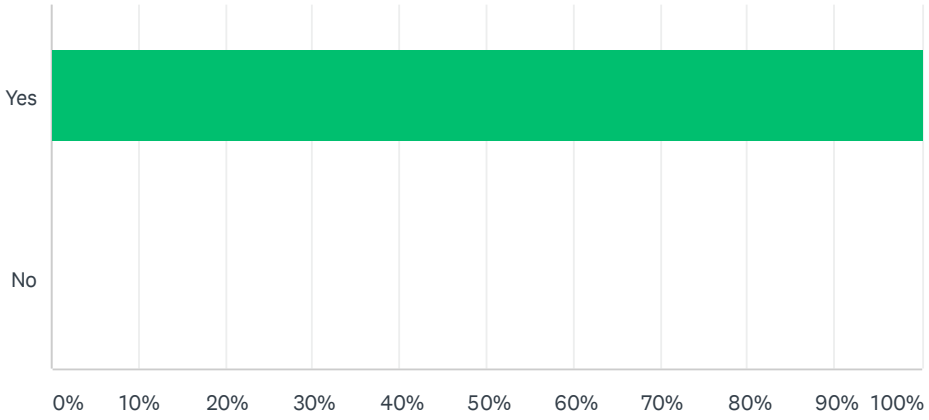


ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
Total Respondents: 7		

#	COMMENTS OR QUESTIONS:	DATE
1	Joe is a great communicator	5/17/2021 12:41 PM

Q2 Executive Director receives annual performance feedback.

Answered: 7 Skipped: 0

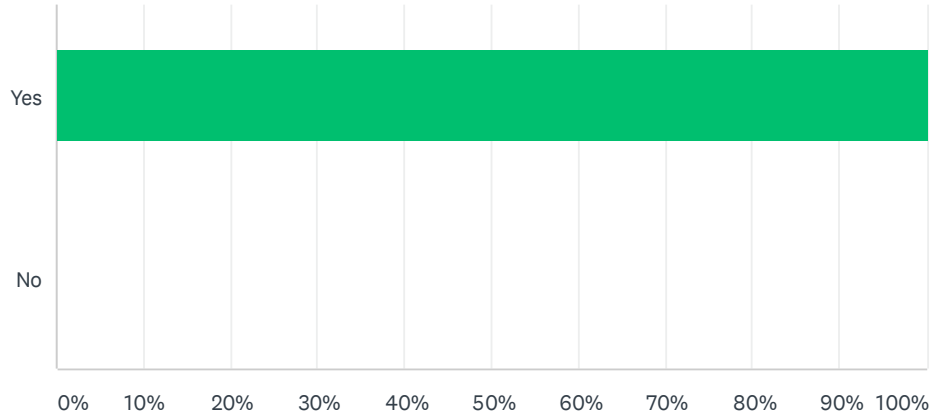


ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
Total Respondents: 7		

#	COMMENTS OR QUESTIONS:	DATE
	There are no responses.	

Q3 The agency's mission and high-level goals are current and applicable.

Answered: 7 Skipped: 0

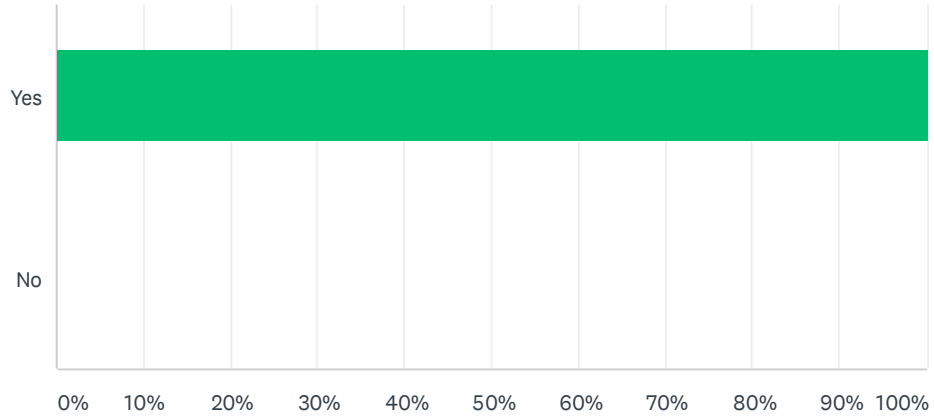


ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
Total Respondents: 7		

#	COMMENTS OR QUESTIONS:	DATE
	There are no responses.	

Q4 The board reviews the Annual Performance Progress Report.

Answered: 7 Skipped: 0

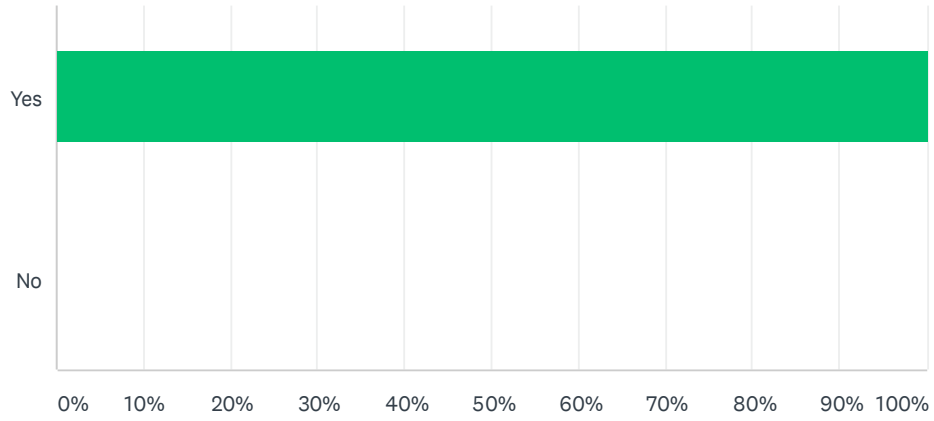


ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
Total Respondents: 7		

#	COMMENTS OR QUESTIONS:	DATE
	There are no responses.	

Q5 The board is appropriately involved in review of agency's key communications.

Answered: 7 Skipped: 0

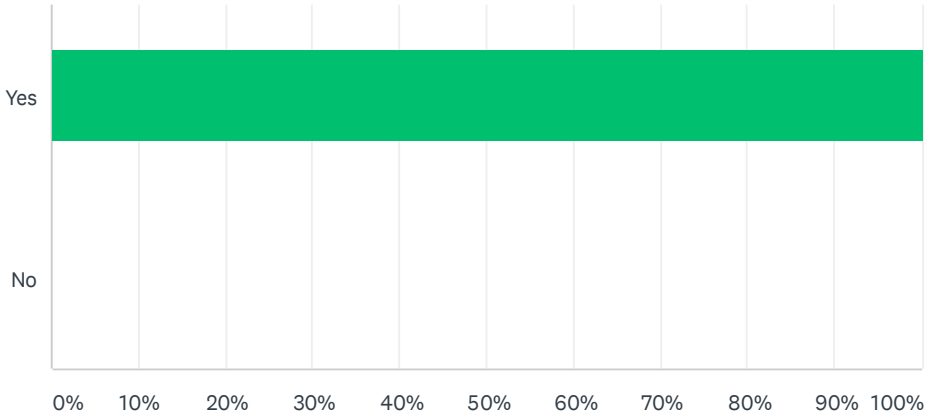


ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
Total Respondents: 7		

#	COMMENTS OR QUESTIONS:	DATE
	There are no responses.	

Q6 The board is appropriately involved in policy-making activities.

Answered: 7 Skipped: 0

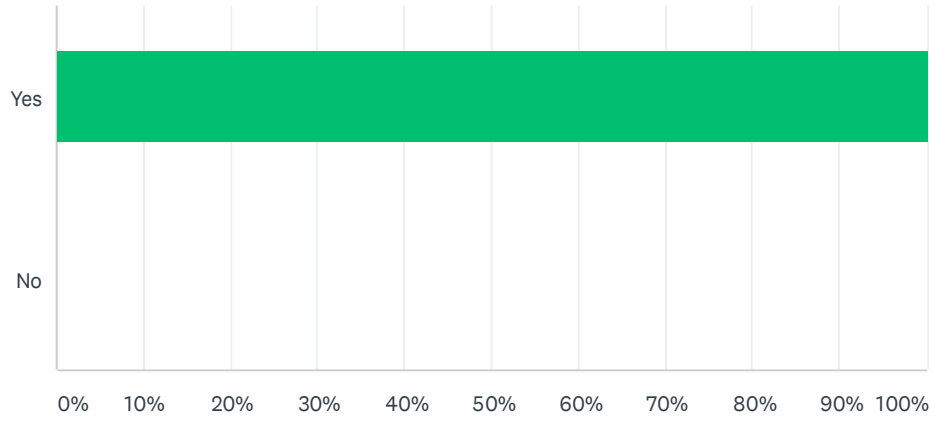


ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
Total Respondents: 7		

#	COMMENTS OR QUESTIONS:	DATE
	There are no responses.	

Q7 The agency’s policy option packages are aligned with their mission and goals.

Answered: 7 Skipped: 0

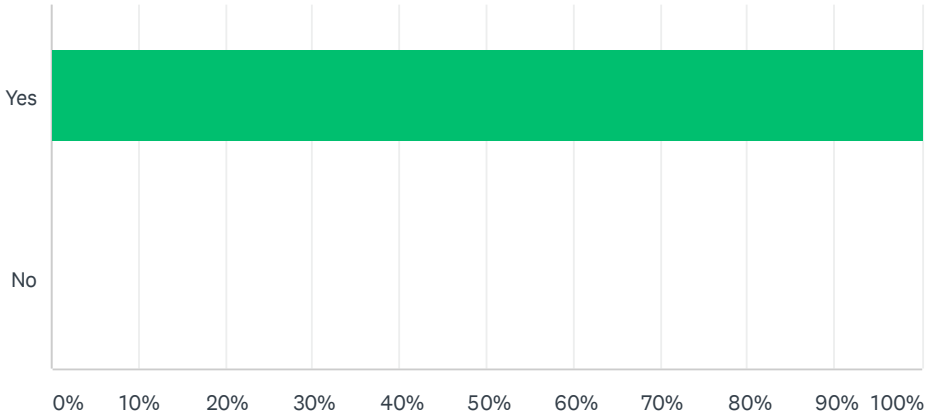


ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
Total Respondents: 7		

#	COMMENTS OR QUESTIONS:	DATE
	There are no responses.	

Q8 The board reviews all proposed budgets.

Answered: 7 Skipped: 0

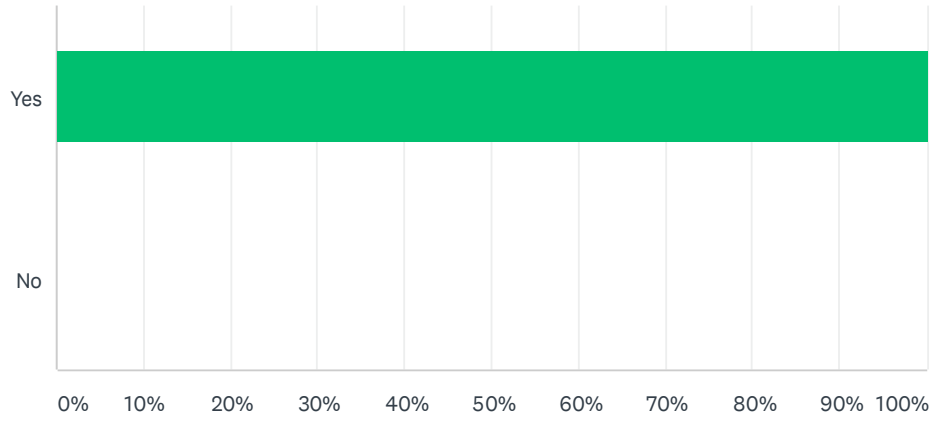


ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
Total Respondents: 7		

#	COMMENTS OR QUESTIONS:	DATE
1	I do not recall specifically reviewing the proposed budget for the 2021-2023 biennium. I might not specifically remember this due to being new to the board.	5/17/2021 10:52 AM

Q9 The board periodically reviews key financial information and audit findings.

Answered: 7 Skipped: 0

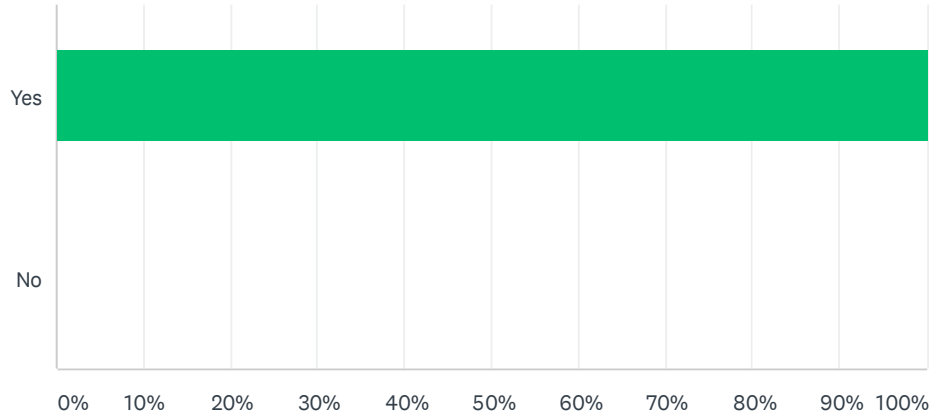


ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
Total Respondents: 7		

#	COMMENTS OR QUESTIONS:	DATE
	There are no responses.	

Q10 The board is appropriately accounting for resources.

Answered: 7 Skipped: 0

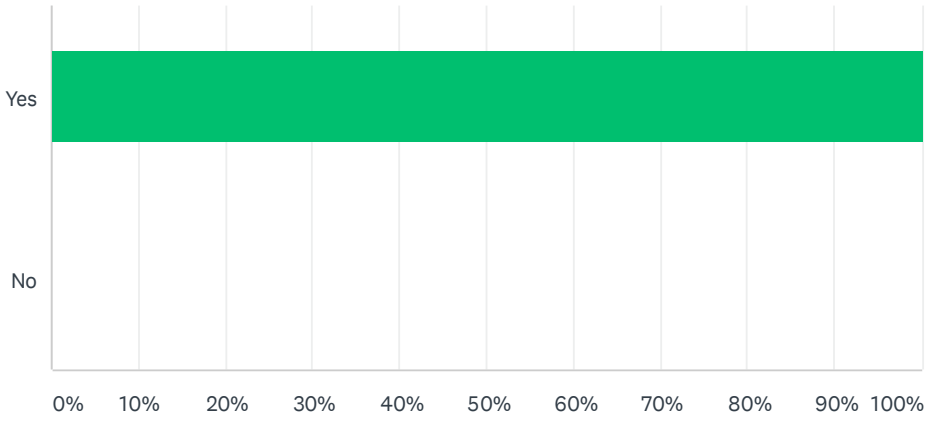


ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
Total Respondents: 7		

#	COMMENTS OR QUESTIONS:	DATE
	There are no responses.	

Q11 The agency adheres to accounting rules and other relevant financial controls.

Answered: 7 Skipped: 0

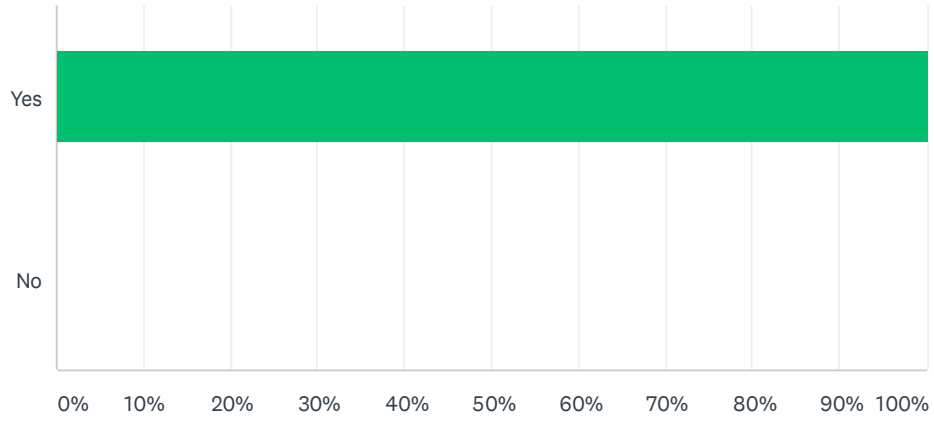


ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
Total Respondents: 7		

#	COMMENTS OR QUESTIONS:	DATE
	There are no responses.	

Q12 Board members act in accordance with their roles as public representatives.

Answered: 7 Skipped: 0

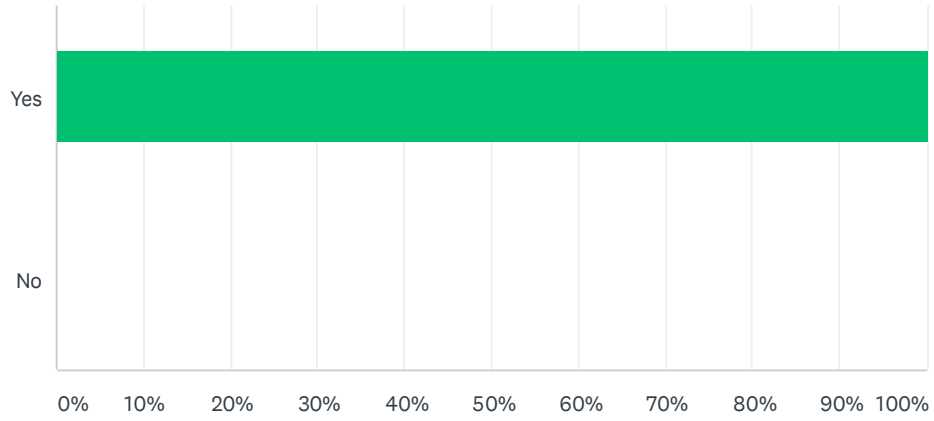


ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
Total Respondents: 7		

#	COMMENTS OR QUESTIONS:	DATE
	There are no responses.	

Q13 The board coordinates with others where responsibilities and interests overlap.

Answered: 7 Skipped: 0

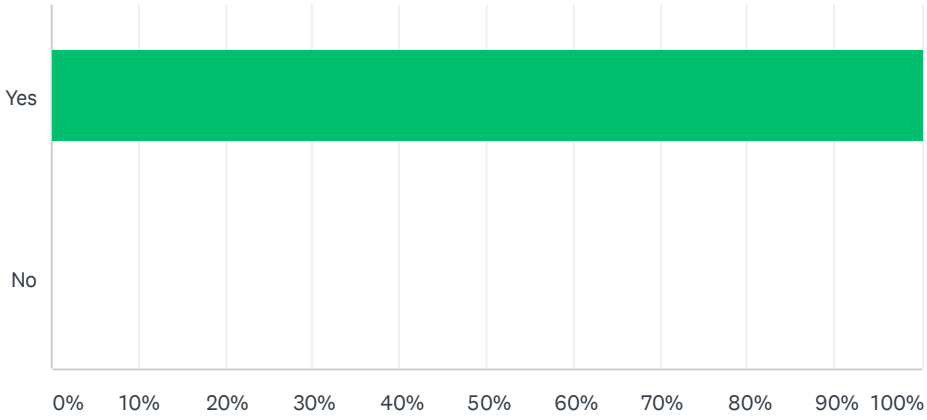


ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
Total Respondents: 7		

#	COMMENTS OR QUESTIONS:	DATE
	There are no responses.	

Q14 The board members identify and attend appropriate training sessions.

Answered: 7 Skipped: 0

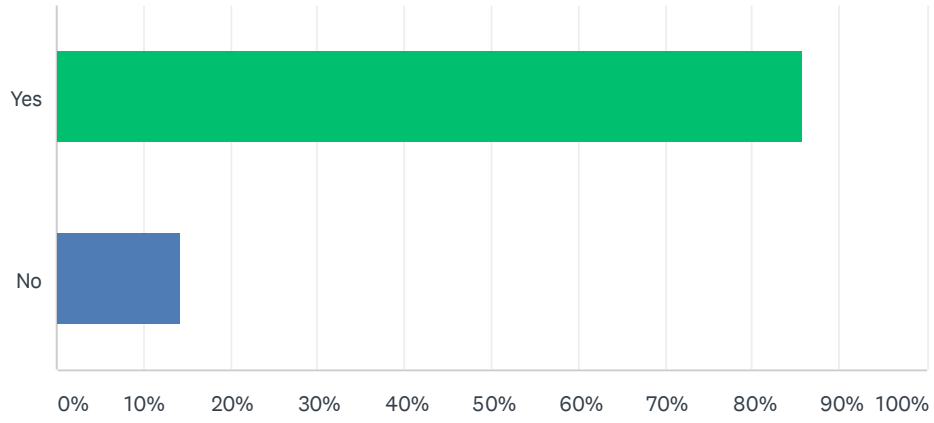


ANSWER CHOICES	RESPONSES	
Yes	100.00%	7
No	0.00%	0
Total Respondents: 7		

#	COMMENTS OR QUESTIONS:	DATE
	There are no responses.	

Q15 The board reviews its management practices to ensure best practices are utilized.

Answered: 7 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	85.71%	6
No	14.29%	1
Total Respondents: 7		

#	COMMENTS OR QUESTIONS:	DATE
	There are no responses.	

Q16 General comments, observations or questions to discuss at the June 2021 Annual meeting:

Answered: 0 Skipped: 7

#	RESPONSES	DATE
	There are no responses.	