



COMMONWEALTH OF VIRGINIA

Meeting of the Board of Pharmacy

Perimeter Center, 9960 Mayland Drive, Third Floor
Henrico, Virginia 23233

(804) 367-4456 (Tel)
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Tentative Agenda of Public Hearings and Full Board Meeting

September 24, 2021 Meeting

9AM

TOPIC

Call to Order of Public Hearings: Cheryl Nelson, Chairman

- Welcome & Introductions

Public Hearings:

- Medication Carousels and RFID Technology **2-11**
- Limited License for Selling Schedule VI Drugs in Non-Profit Clinics **12-17**

Adjournment of Public Hearings

Call to Order of Full Board Meeting: Cheryl Nelson, PharmD, Chairman

- Approval of Agenda

Approval of Previous Board Meeting Minutes:

- June 3, 2021, Virtual Special Conference Committee **18-19**
- June 4, 2021, Virtual Full Board Meeting **20-33**
- June 4, 2021, Virtual Public Hearing, Vitamin E in Vaping and Schedule I Chemicals **34-35**
- Blank pages **36-37**
- June 4, 2021, Virtual Formal Hearing **38-40**
- June 28, 2021, Special Conference Committee **41-50**
- July 6, 2021, Full Board Meeting **51-54**
- July 6, 2021, Formal Hearing **55-56**
- July 13, 2021, Special Conference Committee **57-65**
- July 26, 2021, Special Conference Committee **66-72**
- August 9, 2021, Statewide Protocol Work Group **73-77**
- August 12, 2021, Special Conference Committee **78-80**
- August 16, 2021, Future Statewide Protocol Work Group **81-86**
- August 19, 2021, Telephone Conference Call **86A-86B**
- August 24, 2021, Special Conference Committee **87-88**

Call for Public Comment: The Board will receive public comment at this time. The Board will not receive comment on any regulation process for which a public comment period has closed or any pending disciplinary matters.

DHP Director's Report: David Brown, DC

Healthcare Workforce Data Center Director's Report: Elizabeth Carter, Ph.D.

- Adoption of 2020 Pharmacist and Pharmacy Technician Healthcare Workforce Survey Reports **89-147**

Legislative/Regulatory/Guidance: Elaine Yeatts/Caroline Juran

- Chart of Regulatory Actions **148-149**
- Regulatory/Policy Actions resulting from 2021 General Assembly **150-151**
- Amend Emergency Regulations regarding Pharmacists Initiating Treatment **152-159**

- Adoption of Statewide Protocols for Initiating Treatment **160-214**
- Consider Remaining Portions of Petition for Rulemaking regarding *Regulations Governing Pharmaceutical Processors* **215-227**
- Withdraw Previous Actions for Chapter 60 *Regulations Governing Pharmaceutical Processors* **228-230**
- Consider Petition for Rulemaking regarding Automated Dispensing Devices **231-251**
- Repealing Parts of 18VAC110-20-322 Schedule I Chemicals **252-263**
- Amendments to Guidance Documents **264-290**
 - 110-1 (Facility Categories), 110-5 (Theft/Loss Reports), 110-9 (Monetary Penalties), 110-30 (Animal Shelters), 110-31 (Approved Capture Drugs), 110-44 (Naloxone)
 - Repeal 110-50 (Telemedicine by Registered Practitioners of Cannabis Oil) **291-293**
- Adopt New Guidance Documents **294**
 - Background Checks for Cannabis Dispensing Facilities **295**
 - Use of Automated Dispensing Devices in Certain DBHDS Facilities **296-297**
 - Emergency Medical Services Drug Kits **298-303**

Old Business: Caroline Juran, RPh

- FDA MOU on Compounding Inordinate Amounts, Draft Legislation **304-308**

New Business:

- Health Practitioner Monitoring Program Presentation **308A – 308H**

Reports:

- Chairman's Report – Cheryl Nelson, PharmD
- Report on Board of Health Professions – Caroline Juran, RPh
- Report on Licensure Program – Ryan Logan, RPh and Beth O'Halloran, RPh **309**
- Report on Inspection Program – Maria Damico, RPh, DHP Pharmacist Inspector **310-318**
- Report on Pharmaceutical Processors – Annette Kelley, M.S., C.S.A.C. **319**
- Report on Disciplinary Program – Ellen B. Shinaberry, PharmD **320**
- Executive Director's Report – Caroline D. Juran, RPh **321**

Consideration of consent orders, summary suspensions, or summary restrictions, if any.

Adjourn

****The Board will have a working lunch at approximately 12pm.****

*****A panel of the Board will tentatively convene at 1:00pm or immediately following adjournment of the board meeting, whichever is later.*****

Proposed Regulations for Public Hearings

(For information only - No board action at this meeting)

Project 6271 - Proposed

Board Of Pharmacy

Use of medication carousels and RFID technology

18VAC110-20-425. Robotic pharmacy systems.

A. Consistent with 18VAC110-20-420, a pharmacy providing services to a hospital or a long-term care facility and operating a robotic pharmacy system that dispenses drugs in barcoded unit dose or compliance packaging is exempted from 18VAC110-20-270 C, provided the accuracy of the final dispensed prescription product complies with a written quality assurance plan and requirements of this chapter. The following requirements for operation of a robotic pharmacy system shall apply:

1. Pharmacists shall review for accuracy and appropriateness of therapy all data entry of prescription orders into the computer operating the system.
2. The packaging, repackaging, stocking, and restocking of the robotic pharmacy system shall be performed by pharmacy technicians or pharmacists.
3. Pharmacists shall verify and check for the accuracy of all drugs packaged or repackaged for use by the robot by a visual check of both labeling and contents prior to stocking the drugs in the robotic pharmacy system. A repackaging record shall be maintained in accordance with 18VAC110-20-355 A, and the verifying pharmacist shall initial the record. Packaging and labeling, including the appropriate beyond-use date, shall conform to requirements of this chapter and current USP-NF standards.
4. A written policy and procedure must be maintained and complied with and shall include at a minimum procedures for ensuring:

- a. Accurate packaging and repackaging of all drugs for use in the robotic pharmacy system, to include properly labeled barcodes, and method for ensuring pharmacist verification of all packaged and repacked drugs compliant with this chapter and assigned barcodes;
 - b. Accurate stocking and restocking of the robotic pharmacy system;
 - c. Removing expired drugs;
 - d. Proper handling of drugs that may be dropped by the robotic pharmacy system;
 - e. Performing routine maintenance of robotic pharmacy system as indicated by manufacturer's schedules and recommendations;
 - f. Accurate dispensing of drugs via robotic pharmacy system for cart fills, first doses, and cart fill updates during normal operation and during any scheduled or unscheduled downtime;
 - g. Accurate recording of any scheduled or unanticipated downtime with an explanation of the problem to include the time span of the downtime and the resolution;
 - h. Appropriately performing an analysis to investigate, identify, and correct sources of discrepancies or errors associated with the robotic pharmacy system; and
 - i. Maintaining quality assurance reports.
5. All manual picks shall be checked by pharmacists.
 6. If it is identified that the robot selected an incorrect medication, the pharmacy shall identify and correct the source of discrepancy or error in compliance with the pharmacy's policies and procedures prior to resuming full operations of the robot. An investigation of

the cause of the event shall be completed, and the outcome of the corrective action plan shall be summarized and documented in a readily retrievable format.

7. Quarterly quality assurance reports demonstrating the accuracy of the robot shall be maintained. At a minimum, these reports shall include a summary indicating the date and description of all discrepancies that include discrepancies involving the packaging, repackaging, and dispensing of drugs via the robotic pharmacy system found during that quarter plus a cumulative summary since initiation of the robotic pharmacy system.

~~8. All records required by this section shall be maintained at the address of the pharmacy for a minimum of two years. Records may be maintained in offsite storage or as an electronic image that provides an exact image of the document that is clearly legible provided such offsite or electronic storage is retrievable and made available for inspection or audit within 48 hours of a request by the board or an authorized agent.~~

B. Intravenous admixture robotics may be utilized to compound drugs in compliance with § 54.1-3410.2 of the Code of Virginia and 18VAC110-20-321; however, a pharmacist shall verify the accuracy of all compounded drugs pursuant to ~~18VAVC110-20-270~~ 18VAC110-20-270 B.

C. Medication carousels functioning with or without a robotic pharmacy system in a hospital may be utilized to store and guide the selection of drugs to be dispensed or removed from the pharmacy under the following conditions:

1. The entry of drug information into the barcode database for assignment of a barcode to an individual drug shall be performed by a pharmacist who shall verify the accuracy of the barcode assignment.

2. A pharmacist is not required to verify the accuracy of a patient-specific drug removed from a medication carousel if:

a. The entry of the order for a patient-specific drug into the pharmacy's dispensing software is verified by a pharmacist for accuracy and is electronically transmitted to the medication carousel; and

b. The patient-specific drug removed from the medication carousel by a pharmacy technician is verified for accuracy by the pharmacy technician who shall scan each drug unit removed from the medication carousel prior to dispensing, and a nurse or other person authorized to administer the drug scans each drug unit using barcode technology to verify the accuracy of the drug prior to administration of the drug to the patient.

3. A pharmacist is not required to verify the accuracy of the drug removed from the medication carousel by a pharmacy technician if that drug is intended to be placed into an automated drug dispensing system as defined in § 54.1-3401 of the Code of Virginia or distributed to another entity legally authorized to possess the drug if:

a. The list of drugs to be removed from the medication carousel for loading or replenishing an individual automated dispensing system is electronically transmitted to the medication carousel; and

b. The drug removed from the medication carousel is verified for accuracy by the pharmacy technician by scanning each drug unit removed from the medication carousel prior to leaving the pharmacy and delivering the drug to the automated drug dispensing system or distributed to another entity, and a nurse or other person authorized to administer the drug scans each drug unit using barcode technology to verify the accuracy of the drug prior to administration of the drug to the patient. If the drug is placed into an automated drug dispensing system located within a hospital, or the entity receiving the distributed drug, wherein a nurse or other person authorized to administer the drug will not be able to scan each drug unit using barcode

technology to verify the accuracy of the drug prior to patient administration, then a second verification for accuracy shall be performed by a pharmacy technician by scanning each drug unit at the time of placing the drugs into the automated dispensing system.

4. A pharmacist shall verify the accuracy of all drugs that are manually removed from the medication carousel by a pharmacy technician without the use of barcode scanning technology to verify the accuracy of the selection of the drug product prior to dispensing those drugs or those drugs leaving the pharmacy.

5. A pharmacist shall perform a daily random check for verification of the accuracy of 5.0% of drugs prepared that day utilizing the medication carousel technology. A manual or electronic record, from which information can be readily retrieved, shall be maintained and shall include:

- a. The date of verification;
- b. A description of all discrepancies identified, if any; and
- c. The initials of the pharmacist verifying the accuracy of the process.

D. All records required by this section shall be maintained at the address of the pharmacy for a minimum of two years. Records may be maintained in offsite storage or as an electronic image that provides an exact image of the document that is clearly legible, provided such offsite or electronic storage is retrievable and made available for inspection or audit within 48 hours of a request by the board or an authorized agent of the board.

18VAC110-20-500. Licensed emergency medical services (EMS) agencies program.

A. The pharmacy may prepare a kit for a licensed EMS agency provided:

1. The PIC of the hospital pharmacy shall be responsible for all prescription drugs and Schedule VI controlled devices contained in this kit. A Except as authorized in 18VAC110-20-505, a pharmacist shall check each kit after filling and initial the filling record certifying the accuracy and integrity of the contents of the kit.

2. The kit is sealed, secured, and stored in such a manner that it will deter theft or loss of drugs and devices and aid in detection of theft or loss.

a. The hospital pharmacy shall have a method of sealing the kits such that once the seal is broken, it cannot be reasonably resealed without the breach being detected.

b. If a seal is used, it shall have a unique numeric or alphanumeric identifier to preclude replication or resealing. The pharmacy shall maintain a record of the seal identifiers when placed on a kit and maintain the record for a period of one year.

c. In lieu of a seal, a kit with a built-in mechanism preventing resealing or relocking once opened except by the provider pharmacy may be used.

3. Drugs and devices may be administered by an EMS provider upon an oral or written order or standing protocol of an authorized medical practitioner in accordance with § 54.1-3408 of the Code of Virginia. Oral orders shall be reduced to writing by the EMS provider and shall be signed by a medical practitioner. Written standing protocols shall be signed by the operational medical director for the EMS agency. A current copy of the signed standing protocol shall be maintained by the pharmacy participating in the kit exchange. The EMS provider shall make a record of all drugs and devices administered to a patient.

4. When the drug kit has been opened, the kit shall be returned to the pharmacy and exchanged for an unopened kit. The record of the drugs administered shall accompany the opened kit when exchanged. An accurate record shall be maintained by the

pharmacy on the exchange of the drug kit for a period of one year. A pharmacist, pharmacy technician, or nurse shall reconcile the Schedule II, III, IV, or V drugs in the kit at the time the opened kit is returned. A record of the reconciliation, to include any noted discrepancies, shall be maintained by the pharmacy for a period of two years from the time of exchange. The theft or any other unusual loss of any Schedule II, III, IV, or V controlled substance shall be reported in accordance with § 54.1-3404 of the Code of Virginia.

5. Accurate records of the following shall be maintained by the pharmacy on the exchange of the drug kit for a period of one year:

a. The record of filling and verifying the kit to include the drug contents of the kit, the initials of the pharmacist verifying the contents, the date of verification, a record of an identifier if a seal is used, and the assigned expiration date for the kit, which shall be no later than the expiration date associated with the first drug or device scheduled to expire.

b. The record of the exchange of the kit to include the date of exchange and the name of EMS agency and EMS provider receiving the kit.

6. Destruction of partially used Schedules II, III, IV, and V drugs shall be accomplished by two persons, one of whom shall be the EMS provider and the other shall be a pharmacist, nurse, prescriber, pharmacy technician, or a second EMS provider. Documentation shall be maintained in the pharmacy for a period of two years from the date of destruction.

7. The record of the drugs and devices administered shall be maintained as a part of the pharmacy records pursuant to state and federal regulations for a period of not less than two years.

8. Intravenous and irrigation solutions provided by a hospital pharmacy to an emergency medical services agency may be stored separately outside the kit.

9. Any drug or device showing evidence of damage or tampering shall be immediately removed from the kit and replaced.

10. In lieu of exchange by the hospital pharmacy, the PIC of the hospital pharmacy may authorize the exchange of the kit by the emergency department. Exchange of the kit in the emergency department shall only be performed by a pharmacist, nurse, or prescriber if the kit contents include Schedule II, III, IV, or V drugs.

B. A licensed EMS agency may obtain a controlled substances registration pursuant to § 54.1-3423 D of the Code of Virginia for the purpose of performing a one-to-one exchange of Schedule VI drugs or devices.

1. The controlled substances registration may be issued to a single agency or to multiple agencies within a single jurisdiction.

2. The controlled substances registration issued solely for this intended purpose does not authorize the storage of drugs within the agency facility.

3. Pursuant to § 54.1-3434.02 of the Code of Virginia, the EMS provider may directly obtain Schedule VI drugs and devices from an automated drug dispensing device.

4. If such drugs or devices are obtained from a nurse, pharmacist, or prescriber, it shall be in accordance with the procedures established by the pharmacist-in-charge, which shall include a requirement to record the date of exchange, name of licensed person providing drug or device, name of the EMS agency and provider receiving the drug or device, and assigned expiration date. Such record shall be maintained by the pharmacy for one year from the date of exchange.

5. If an EMS agency is performing a one-to-one exchange of Schedule VI drugs or devices, Schedule II, III, IV, or V drugs shall remain in a separate, sealed container and shall only be exchanged in accordance with provisions of subsection A of this section.

18VAC110-20-505. Use of radio-frequency identification.

A hospital pharmacy may use radio-frequency identification (RFID) to verify the accuracy of drugs placed into a kit for licensed emergency medical services pursuant to 18VAC110-20-500 or other kits used as floor stock throughout the hospital under the following conditions:

1. A pharmacist shall be responsible for performing and verifying the accuracy of the following tasks:

a. The addition, modification, or deletion of drug information into the RFID database for assignment of a RFID tag to an individual drug; and

b. The development of the contents of the kit in the RFID database and the associated drug-specific RFID tags.

2. A pharmacy technician may place the RFID tag on the drugs, and a pharmacist shall verify that all drugs have been accurately tagged prior to storing the drugs in the pharmacy's inventory.

3. A pharmacy technician may remove RFID-tagged drugs from the pharmacy's inventory whose RFID tags have been previously verified for accuracy by a pharmacist and place the drugs into the kit's container. A pharmacy technician may then place the container into the pharmacy's device that reads the RFID tags to verify if the correct drugs have been placed into the container as compared to the list of the kit's contents in the RFID database.

4. A pharmacist shall perform a daily random check for verification of the accuracy of 5.0% of all kits prepared that day utilizing the RFID technology. A manual or electronic record from which information can be readily retrieved, shall be maintained that includes:

a. The date of verification;

b. A description of all discrepancies identified, if any; and

c. The initials of pharmacist verifying the accuracy of the process.

5. Pharmacies engaged in RFID tagging of drugs shall be exempt from the requirements in subsection C of 18VAC110-20-490, subsection A of 18VAC110-20-460, and subsection A of 18VAC110-20-355.

6. All records required by this subsection shall be maintained for a period of one year from the date of verification by the pharmacist.

Project 6380 - Proposed

Board Of Pharmacy

Limited license for prescribing Schedule VI drugs in non-profit clinics

18VAC110-30-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise.

"Board" means the Virginia Board of Pharmacy.

"Controlled substance" means a drug, substance or immediate precursor in Schedules I through VI of the Drug Control Act.

"Licensee" means a practitioner who is licensed by the Board of Pharmacy to sell controlled substances.

"Personal supervision" means the licensee must be physically present and render direct, personal control over the entire service being rendered or acts being performed. Neither prior nor future instructions shall be sufficient nor shall supervision be rendered by telephone, written instructions, or by any mechanical or electronic methods.

"Practitioner" or "practitioner of the healing arts" means a doctor of medicine, osteopathic medicine or podiatry who possesses a current active license issued by the Board of Medicine. For the purpose of a limited-use permit for a nonprofit facility, a "practitioner" or "practitioner of the healing arts" may also mean a physician assistant with a current active license issued by the Board of Medicine or a nurse practitioner with a current active license issued by the Joint Boards of Nursing and Medicine.

"Sale" means barter, exchange, or gift, or offer thereof, and each such transaction made by any person, whether as an individual, proprietor, agent, servant or employee. It does not include the gift of manufacturer's samples to a patient.

"Special packaging" means packaging that is designed or constructed to be significantly difficult for children under five years of age to open or obtain a toxic or harmful amount of the controlled substance contained therein within a reasonable time and not difficult for normal adults to use properly, but does not mean packaging which all such children cannot open or obtain a toxic or harmful amount within a reasonable time.

"U.S.P.-N.F." means the United States Pharmacopeia-National Formulary.

18VAC110-30-20. Application for licensure.

A. Prior to engaging in the sale of controlled substances, a practitioner shall make application on a form provided by the board and be issued a license. After June 7, 2016, the practitioner shall engage in such sale from a location that has been issued a facility permit.

~~B. In order to be eligible for a license to sell controlled substances, a practitioner shall possess a current, active license to practice medicine, osteopathic medicine, or podiatry issued by the Virginia Board of Medicine. Prior to engaging in the sale of Schedule VI controlled substances, excluding the combination of misoprostol and methotrexate, and hypodermic syringes and needles for the administration of prescribed controlled substances from a nonprofit facility, a doctor of medicine, osteopathic medicine, or podiatry, a nurse practitioner, or a physician assistant shall make application on a form provided by the board and be issued a limited-use license.~~

~~C. Any disciplinary action taken by the Board of Medicine, or in the case of a nurse practitioner, by the Joint Boards of Nursing and Medicine, against the practitioner's license to~~

practice shall constitute grounds for the board to deny, restrict, or place terms on the license to sell.

18VAC110-30-21. Application for facility permit.

A. After June 7, 2016, any location at which practitioners of the healing arts sell controlled substances shall have a permit issued by the board in accordance with § 54.1-3304.1 of the Code of Virginia. A licensed practitioner of the healing arts shall apply for the facility permit on a form provided by the board.

B. For good cause shown, the board may issue a limited-use facility permit when the scope, degree, or type of services provided to the patient is of a limited nature. The permit to be issued shall be based on conditions of use requested by the applicant or imposed by the board in cases where certain requirements of this chapter may be waived.

1. The limited-use facility permit application shall list the regulatory requirements for which a waiver is requested, if any, and a brief explanation as to why each requirement should not apply to that practice.

2. A policy and procedure manual detailing the type and volume of controlled substances to be sold and safeguards against diversion shall accompany the application.

3. The issuance and continuation of a limited-use facility permit shall be subject to continuing compliance with the conditions set forth by the board.

4. A limited-use facility permit may be issued to a nonprofit facility for the purpose of dispensing Schedule VI controlled substances, excluding the combination of misoprostol and methotrexate, and hypodermic syringes and needles for the administration of prescribed controlled substances.

C. The executive director may grant a waiver of the security system when storing and selling multiple strengths and formulations of no more than five different topical Schedule VI drugs intended for cosmetic use.

18VAC110-30-40. Acts to be performed by the licensee.

A. The selection of the controlled substance from the stock, any preparation or packaging of a controlled substance or the preparation of a label for a controlled substance to be transferred to a patient shall be the personal responsibility of the licensee.

1. Any compounding of a controlled substance shall be personally performed by the licensee or a registered pharmacy technician under the supervision of the licensee.

2. A licensee may supervise one person who may be present in the storage and selling area to assist in performance of pharmacy technician tasks, as set forth in § 54.1-3321 of the Code of Virginia, provided such person is not licensed to sell controlled substances and is either:

a. A pharmacy technician registered with the board; or

b. A licensed nurse or physician assistant who has received training in technician tasks consistent with training required for pharmacy technicians.

3. Unless using one of the board-approved training courses for pharmacy technicians, a licensee who uses a nurse or physician assistant to perform pharmacy technician tasks shall develop and maintain a training manual and shall document that such licensee has successfully completed general training in the following areas:

a. The entry of prescription information and drug history into a data system or other recordkeeping system;

b. The preparation of prescription labels or patient information;

- c. The removal of the drug to be dispensed from inventory;
- d. The counting or measuring of the drug to be dispensed to include pharmacy calculations;
- e. The packaging and labeling of the drug to be dispensed and the repackaging thereof;
- f. The stocking or loading of automated dispensing devices or other devices used in the dispensing process, if applicable; and
- g. Applicable laws and regulations related to dispensing.

4. A licensee who employs or uses pharmacy technicians, licensed nurses or physician assistants to assist in the storage and selling area shall develop and maintain a site-specific training program and manual for training to work in that practice. The program shall include training consistent with that specific practice to include, ~~but not be limited to,~~ training in proper use of site-specific computer programs and equipment, proper use of other equipment used in the practice in performing technician duties, and pharmacy calculations consistent with the duties in that practice.

5. A licensee shall maintain documentation of successful completion of the site-specific training program for each pharmacy technician, nurse or physician assistant for the duration of the employment and for a period of two years from date of termination of employment. Documentation for currently employed persons shall be maintained on site or at another location where the records are readily retrievable upon request for inspection. After employment is terminated, such documentation may be maintained at an off-site location where it is retrievable upon request.

B. Prior to the dispensing, the licensee shall:

1. Conduct a prospective drug review and offer to counsel a patient in accordance with provisions of § 54.1-3319 of the Code of Virginia; and

2. Inspect the prescription product to verify its accuracy in all respects, and place his initials on the record of sale as certification of the accuracy of, and the responsibility for, the entire transaction.

C. If the record of sale is maintained in an automated data processing system as provided in 18VAC110-30-200, the licensee shall personally place his initials with each entry of a sale as a certification of the accuracy of, and the responsibility for, the entire transaction.

18VAC110-30-270. Grounds for disciplinary action.

In addition to those grounds listed in § 54.1-3316 of the Code of Virginia, the board may revoke, suspend, refuse to issue or renew a license to sell controlled substances or may deny any application if it finds that the licensee or applicant has had his license to practice medicine, osteopathic medicine, or podiatry or license as a physician assistant or nurse practitioner suspended or revoked in Virginia or in any other state or no longer holds a current active license to practice in the Commonwealth of Virginia.

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
SPECIAL CONFERENCE COMMITTEE MINUTES

Thursday, June 3, 2021
Virtually via WebEx

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

CALL TO ORDER: A meeting of a Special Conference Committee of the Board of Pharmacy was called to order at 9:00 am.

PRESIDING: Cheryl Nelson, Committee Chair

MEMBERS PRESENT: Dale St. Clair, Committee Member
Bernard Henderson, Observing

STAFF PRESENT: Mykl Egan, Discipline Case Manager
Ileita Redd, Discipline Program Specialist
Henry Fisher, Virtual Meeting Technician
Jessica Kelley, DHP Adjudication Specialist
David Robinson, DHP Adjudication Specialist

AIMEE DALTON
License No. 0202-207099
Aimee Dalton, Pharmacist, appeared to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy as stated in the October 29, 2020, Notice and continued on April 8 and May 18, 2021. Ms. Dalton was represented by Lindsay Sessa, Esq.

Closed Meeting: Upon a motion by Mr. St. Clair, and duly seconded by Ms. Nelson, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Aimee Dalton. Additionally, he moved that Bernard Henderson, Mykl Egan, Ileita Redd, and Henry Fisher attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee

reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. St. Clair, and duly seconded by Ms. Nelson, the Committee unanimously voted to Order Ms. Dalton to enroll in the HPMP.

JANET UNDERHILL
License No. 0202-207242

Janet Underhill, Pharmacist, did not appear to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy as stated in the April 29, 2021 Notice. She was not represented by counsel.

Closed Meeting:

Upon a motion by Mr. St. Clair, and duly seconded by Ms. Nelson, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Janet Underhill. Additionally, he moved that Bernard Henderson, Mykl Egan, Ileita Redd, and Henry Fisher attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. St. Clair and duly seconded by Ms. Nelson, the Committee voted unanimously to offer Ms. Underhill a Consent Order and refer the matter to a formal administrative hearing.

ADJOURNED:

2:15 pm

Cheryl Nelson, Chair

Mykl Egan
Discipline Case Manager

Date

Date

(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY
MINUTES OF FULL BOARD MEETING**

June 4, 2021
Virtual Meeting

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: A virtual Webex meeting of the Board of Pharmacy was called to order at 9:20 AM. Due to the COVID-19 declared state of emergency and consistent with Amendment 28 to HB29 (Budget Bill for 2018-2020) and the applicable provisions of § 2.2-3708.2 in the Freedom of Information Act, the Board convened a virtual meeting to consider such regulatory and business matters as was presented on the agenda necessary for the board to discharge its lawful purposes, duties, and responsibilities.

PRESIDING: Kristopher Ratliff, Chairman

MEMBERS PRESENT: Cheryl H. Nelson, Vice Chairman
Bernard Henderson, Jr.
James L. Jenkins, Jr.
William Lee
Sarah Melton
Patricia Richards-Spruill
Dale St.Clair

MEMBER ABSENT: Glen Bolyard

STAFF PRESENT: Caroline D. Juran, Executive Director
Annette Kelley, Deputy Executive Director
Ryan Logan, Deputy Executive Director
Beth O'Halloran, Deputy Executive Director
Ellen B. Shinaberry, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst, DHP
David E. Brown, D.C., Director, DHP
Barbara Allison-Bryan, M.D., Chief Deputy, DHP
James Rutkowski, Assistant Attorney General
Katrina Trelease, Pharmacist Inspector, DHP
Matt Treacy, Media Production Specialist (departed around noon)
Henry Fisher, Video Conferencing Specialist (arrived around noon)

PHARMACISTS AWARDED Jamin Engel

1-HOUR OF LIVE OR REAL-
TIME INTERACTIVE
CONTINUING EDUCATION
FOR ATTENDING MEETING:

QUORUM

With eight members participating, a quorum was established.

APPROVAL OF AGENDA:

Hearing no additional items for consideration, Mr. Ratliff announced that the agenda was accepted as presented.

APPROVAL OF PREVIOUS
BOARD MEETING MINUTES

Several amendments were offered to the draft minutes included in the agenda packet.

MOTION:

The board voted unanimously to adopt the minutes for March 30, 2021 through May 13, 2021 as presented and amended as follows:

- **Page 2 of March 30, 2021 full board minutes, under “Approval of Previous Board Meeting Minutes”, insert “egislation to authorize adult use marijuana in the December 10, 2020 full board meeting minutes.” after “discussions regarding concerns for I”;**
- **Page 6 of the May 3, 2021 Regulation Committee meeting minutes, in the motion regarding Section 10, change “delete” to “amend”;**
- **Page 6 of the May 3, 2021 Regulation Committee meeting minutes, in the motion, change “Change of timeframe for notification of a change in the PIC from 14 to 30 days” to “Consideration of extending timeframe beyond 14 days for notification of a change in the PIC”;**
- **Page 31 of the May 7, 2021 Formal Hearing minutes, in the Decision section, strike “with one abstention (B. Henderson)” and after “revised by the Board.”, insert “Mr. Henderson verbally indicated after the vote that he had a temporary technical issue restricting his ability to vote, but that he would have voted in favor of the motion.” (motion by Nelson, seconded by Jenkins)**

PUBLIC COMMENTS:

Craig Connors, Senior Director, Payor Relations, Virginia Hospital & Healthcare Association (VHHA) referenced the letter from VHHA included in the agenda packet requesting an interpretation of the final regulations regarding white bagging.

Christina Barrille, Executive Director of the Virginia Pharmacists Association (VPhA) applauded pharmacist administration of COVID-19 vaccines and stated that VPhA may introduce legislation to codify current PREP Act allowances for pharmacist administration of vaccines to persons age three and up. She stated VPhA will host a virtual training on contraception to support use of the current statewide protocol for pharmacists to initiate treatment. She requested the board delay signing the FDA MOU until the September

meeting.

Mark Hickman, representing the Virginia Society of Health-System Pharmacists (VSHP), commented that VSHP supports the goals of the white bagging regulations and will submit written comment on the subject. He requested the board publish another public comment opportunity regarding the regulatory periodic review since the pandemic and General Assembly session may have distracted individuals from submitting comments in January.

Doug Gray, Executive Director, Virginia Association of Health Plans commented in support of the practice of white bagging as the long term objective is to decrease cost.

DHP DIRECTOR'S REPORT:

Dr. Brown commented that boards are starting to resume in-person meetings. He stated most employees are still teleworking several days each week, but do not need to wear a mask when in the building if fully vaccinated. Staff has been informed that they should make arrangements, if necessary, for potentially working an increased number of days in the building after September 1. The agency hopes to strike a balance between teleworking and working on-site.

Barbara Allison-Bryan, M.D., Chief Deputy Director, DHP, shared that 2/3 of Virginia adults have received a first dose of COVID-19 vaccine and that pharmacists have surpassed local health departments as a source of vaccine. She stated COVID-19 cases continue to decrease.

Jim Jenkins expressed appreciation for their leaderships and commented on the benefits of virtual meetings, e.g., increased public attendance and cost-savings. Dr. Brown stated that DHP may seek to have a legislative proposal introduced to authorize boards to conduct certain meetings virtually, such as committee meetings that are often shorter in duration than full board meetings.

Kris Ratliff questioned if there would be a future opportunity to broadcast in-person meetings. Dr. Brown stated there are technical challenges that would need to be considered such as if there is sufficient bandwidth and IT staff to run multiple meetings at the same time in the conference center.

**LEGISLATIVE/
REGULATORY/ GUIDANCE**

**CHART OF REGULATORY
ACTIONS:**

Ms. Yeatts provided an overview of the current regulatory actions on pages 34-35 of the agenda packet. She stated the medication carousel and RFID

technology regulations had recently moved from the Department of Planning and Budget to the Secretary's office.

ACTION ITEM:

There was some discussion regarding the "prohibition against incentives to transfer prescriptions" action, the length of time the action has been in the Governor's office, and whether the board may want to consider withdrawing the action at some point. Several members commented on the risks associated with the practice and the need for the regulation. Mr. Henderson suggested that staff first ask the policy office to explain their concerns regarding the action and report back at a future meeting.

**REGULATORY/POLICY
ACTIONS RESULTING
FROM THE 2021 GENERAL
ASSEMBLY:**

Ms. Yeatts briefly reviewed the chart on pages 36 and 37 of the agenda. Ms. Juran commented that the workgroup to discuss pharmacy technician duties will tentatively meet on September 23rd, the workgroup to establish statewide protocols will tentatively meet on August 9th and 11th (if a second meeting is necessary), and the workgroup to provide recommendations regarding development of future statewide protocols will tentatively meet on August 16th. The special conference committee to review innovative pilot applications will be rescheduled to August 17th.

**NOTICE OF PUBLIC
COMMENT PERIOD –
REGULATIONS
GOVERNING
PHARMACEUTICAL
PROCESSORS:**

Ms. Yeatts stated that a notice of public comment regarding the Regulations Governing Pharmaceutical Processors was posted on May 6th and will expire on July 5th. The legislation requires a 60-day public comment period and that regulations must be effective by September 1, 2021. Comments are strongly encouraged to be submitted by June 18th to allow sufficient time to be included in the agenda package for the July 6th meeting.

**REPORT FROM
REGULATION COMMITTEE**

**PETITION FOR
RULEMAKING,
SHORTENING EXPIRATION
DATE OF SCHEDULE II
PRESCRIPTIONS:**

The board discussed the Regulation Committee's recommendation to deny the petition. Some members expressed support for the petitioner's request to shorten the expiration date of a Schedule II prescription. Dr. St.Clair stated that he has concern for shortening the expiration to less than 90 days. Ms. Juran commented that the petition references "opioid prescriptions" and "Schedule II prescriptions" and requested clarification if staff's research should focus on Schedule II prescriptions or all opioid prescriptions. The Board stated that staff should focus its research on all Schedule II prescriptions.

MOTION:

The board voted 6:2 in favor of the Regulation Committee's recommendation to deny the petition for rulemaking to shorten the expiration date of Schedule II prescriptions. (opposed by Henderson and Lee)

MOTION/ACTION ITEM:

The Board voted unanimously to include in the upcoming periodic regulatory review process consideration for whether to shorten the expiration date of Schedule II prescriptions and directed staff to find out what actions other states have taken on this subject and obtain feedback from the prescriber boards. (motion by Henderson, seconded by Lee)

**RECOMMENDED SUBJECTS
FOR PERIODIC REVIEW OF
REGULATIONS:**

MOTION:

The Board voted unanimously in favor of the Regulation Committee's recommendation to include the following items in the periodic review and solicit the public for other items following the June board meeting:

- Section 10, amend definition of "personal supervision" to allow audio-visual technology to supervision of compounding in retail pharmacies
- Section 270, allow a pharmacist to use his professional judgment to alter or adapt a prescription, to change dosage, dosage form or directions, to complete missing information, or to extend a maintenance drug.
- Consideration of including a requirement for an e-profile identification number for facilities
- Consideration of extending timeframe beyond 14 days for notification of a change in the PIC
- Consider amending 18VAC110-20-550 to remove the restriction that a stat-drug box contain no more than 20 solid dosage units per schedule of Schedules II through V drugs
- Amend 18VAC110-20-110 (J) to include allowance to consider prior disciplinary action by a regulatory authority, prior criminal convictions, or ongoing investigations related to the practice of pharmacy by the pharmacist-in-charge or immediate family members of the pharmacist-in-charge, and owners, directors, or officers
- Amend 18VAC110-21-90(A) by requiring FPGE C prior to obtaining pharmacist license through endorsement or score transfer and delete exemption from FPGE C in subsection D
- Amend 18VAC110-20-690 and 18VAC110-30-80 to prohibit registration and permit from being issued to private dwelling or residence.

**AMENDED GUIDANCE
DOCUMENTS 110-2 AND
110-17**

MOTION:

The Board voted unanimously in favor of the Regulation Committee's

recommendation to amend Guidance Documents 110-2 and 110-17 as presented.

ACPE STANDARDS 2025

MOTION/ACTION ITEM:

The Board voted unanimously in favor of the Regulation Committee's recommendation to provide supportive feedback on the 2025 ACPE Standards as presented in ACPE's survey.

LEGISLATIVE PROPOSALS

It was reported that the Regulation Committee did not have any legislative proposals to recommend to the Board for its consideration.

ADOPTION OF EXEMPT REGULATIONS TO PLACE CERTAIN CHEMICALS INTO SCHEDULE I

MOTION:

Pursuant to 54.1-3443 (D) of the Code of Virginia, the Board voted unanimously to adopt the exempt regulatory action to amend 18VAC110-20-322 as presented to place the following chemicals into Schedule I for up to 18 months from the effective date of the regulation unless enacted into law in the Drug Control Act:

Compound expected to have hallucinogenic properties.

- **4-chloro-alpha-methylaminobutiophenone (other name: 4-chloro Buphedrone), its salts, isomers (optical, position, and geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.**

Cannabimimetic agents.

- **ethyl-2-[1-(5-fluoropentyl)-1H-indazole-3-carboxamido]-3-methylbutanoate (other names: 5-fluoro-EMB-PINACA, 5F-AEB), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.**
- **N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(pent-4-enyl)indazole-3-carboxamide (other name: ADB-4en-PINACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation. (motion by Jenkins, seconded by St.Clair)**

INTERPRETATION REQUEST FROM VHHA

The Board reviewed the letter from the Virginia Hospital and Healthcare Association (VHHA) included in the agenda packet on pages 65 and 66.

**REGARDING PROPOSED
WHITE BAGGING
REGULATIONS:**

VHHA seeks an interpretation of the proposed regulations regarding the practice of white bagging. Ms. Juran reminded the Board that the proposed regulations exempt the pharmacy and alternate delivery site from certain requirements if (i) the alternate delivery site is a pharmacy, a practitioner of healing arts licensed by the board to practice pharmacy or sell controlled substances, or other entity holding a controlled substances registration for the purpose of delivering controlled substances; (ii) the alternate delivery site does not routinely receive deliveries from the pharmacy; and (iii) compliance with subsections B through E of this section would create a delay in delivery that may result in potential patient harm.

MOTION:

The Board voted unanimously to capture in the meeting minutes and in a guidance document to be prepared by staff that compliance with subsections B through E of 18VAC110-20-275 would be required under the following circumstances: a pharmacy makes regular deliveries of a standardized list of multiple drugs to the same alternate delivery site over time; the delivery of a drug would not result in potential patient harm. (motion by St.Clair, second by Jenkins)

**AMEND GUIDANCE
DOCUMENT 110-9,
INSPECTION MONETARY
PENALTY GUIDE:**

Staff commented that Guidance Document 110-9 needs to be amended based on the recent creation of a pharmacy technician trainee registration.

MOTION:

The Board voted unanimously to amend Guidance Document 110-9 as presented. (motion by Nelson, seconded by Richards-Spruill)

**FAQS FOR ADDRESSING
THE PHARMACEUTICAL
PROCESSOR RFA**

Because the Board is legally prohibited currently from reviewing the applications submitted during the recent RFA for a pharmaceutical processor permit in Health Service Area I, the RFA process is taking much longer than originally anticipated. Staff shared that applicants have expressed concern that temporary building and land leases are expiring and inquiring as to what action is permissible under the RFA process. Ms. Juran and Ms. Kelley reviewed a document of draft frequently asked questions for the Board's consideration for adoption which may assist the RFA applicants. The document was shared on the screen for all to see.

MOTION:

The Board voted unanimously to adopt the frequently asked questions as presented and listed below:

Q: Is the Board currently reviewing applications that were submitted prior to the December 4, 2020 deadline?

A: No. PharmaCann appealed the Board's rescission of conditional approval and denial of its application in health service area 1. On

January 14, 2021, the Henrico County Circuit Court ordered the Board to cease reviewing applications until further order by the Court. As a result, the Board must wait for the Court's resolution of PharmaCann's appeal.

Q: When will the Board resume review of the applications?

A: The Board must wait for the resolution of PharmaCann's appeal in the Henrico County Circuit Court. If the Court authorizes the Board to resume review of applications, the Board will do so as soon as possible.

Q: Will the Board allow for updated information to be submitted prior to resuming review of the applications?

A: The Board is aware that changes in the original application submission, which may include changes in location or ownership, may have occurred since the December 4th deadline. Prior to resuming the application review process, staff will communicate with the applicants and provide a 60-day notice for any changes in the original application to be submitted as a revised application.

Q: If the Henrico County Circuit Court vacates the Board's Order denying PharmaCann's application, what impact will this decision have on the existing RFA?

A: The Board will make a decision on how to proceed in the event that this occurs.

Q: Is the Board able to issue more than one pharmaceutical processor permit in Health Service Area I?

A: Virginia Code § 54.1-3442.6(B) of the Code of Virginia restricts the Board to issuing only one pharmaceutical processor permit per health service area. (motion by Richards-Spruill, seconded by Nelson)

OLD BUSINESS

FDA MOU ON COMPOUNDING INORDINATE AMOUNTS:

Ms. Juran provided a brief overview of the subject. Mr. Rutkowski commented that he has reviewed the MOU. He reminded the Board that the decision to sign the MOU or not is ultimately Dr. Brown's as DHP Director. He stated that there are three potential barriers that DHP may be able to overcome: 1) the Board will need to be able to identify pharmacies that are dispensing inordinate amounts of compounds out-of-state and report certain information to the FDA; 2) investigators will need to be able to assess if there is a public health risk and if it has been contained; and 3) DHP would need to sign a 20.88 agreement with FDA. During discussion, it was acknowledged that use of NABP's Information Sharing Network would allow the board to

identify pharmacies dispensing inordinate amounts of compounds out-of-state and report the required information to the FDA, however, a legislative or regulatory requirement for pharmacies to report information to NABP's Information Sharing Network must first be enacted. Ms. Juran commented that she was seeking clarification from the FDA regarding whether VA could sign the MOU contingent upon legislation or regulation becoming effective or if VA is prohibited from signing the MOU until such requirement is effective. No response had been received at the time of the meeting.

MOTION:

The Board voted 7:1 to recommend to Dr. Brown that DHP sign the FDA MOU on Compounding Inordinate Amounts pending legislation being passed that would require compounding pharmacies to report certain information to NABP's Information Sharing Network. (motion by St.Clair, seconded by Nelson; opposed by Melton)

NEW BUSINESS

**ELECTION OF CHAIRMAN
AND VICE-CHAIRMAN**

Dr. Ratliff called for open nominations for the position of Board Chairman. One member was nominated, Dr. Cheryl Nelson. Hearing no additional nominations, Dr. Ratliff declared the open nominations closed.

MOTION:

The Board voted unanimously to elect Dr. Cheryl Nelson as Board Chairman for the term July 1, 2021 through June 30, 2022.

Dr. Ratliff called for open nominations for the position of Board Vice-Chairman. One member was nominated, Dr. Dale St.Clair. Hearing no additional nominations, Dr. Ratliff declared the open nominations closed.

MOTION:

The Board voted unanimously to elect Dr. Dale St.Clair as Board Vice-Chairman for the term July 1, 2021 through June 30, 2022.

**SELECT 2022 MEETING
DATES FOR FULL BOARD
MEETINGS AND
REGULATION
COMMITTEE MEETINGS:**

Staff shared a list on the screen of possible dates for all to see. Staff acknowledged that conference room availability in December 2022 was very limited, but that more rooms may become available in the future. If so, staff may request that the Board revisit the December full board meeting date to ensure that the scheduled room can accommodate everyone.

The Board concluded that full board meetings will be tentatively held on:

- March 15, 2022
- June 6, 2022
- September 6, 2022
- December 6, 2022

Regulation Committee meetings will be tentatively held on:

- May 3, 2022

- November 1, 2022

REPORTS

CHAIRMAN'S REPORT:

Dr. Ratliff expressed appreciation to pharmacists who have worked tirelessly to administer COVID-19 vaccines. He also welcomed Mr. Ryan Logan to Board staff as the newly hired Deputy Executive Director. He congratulated Ms. Juran for assuming the role of NABP President at the recent NABP annual meeting in May. He expressed appreciation for the honor of serving as Board Chairman for the last year and congratulated Dr. Nelson on being elected the next Chairman.

REPORT ON BOARD OF HEALTH PROFESSIONS

Mr. Logan reported that at the May 13 Board of Health Professions meeting, Dr. Brown provided a review of the legislation for this session. He stated that the Board of Pharmacy will be impacted by several marijuana bills including the legalization of marijuana on July 1, 2021. He also reported that the agency was very involved in the emergency bill expanding the pool of qualified vaccinators. Dr. Allison-Bryan reported that the rate of COVID 19 infections has slowed down and that the Pfizer vaccine has been approved for children aged 12 and older. Dr. Allison-Bryan also discussed the FOIA code section on electronic meetings (2.2-3708.2) during the regulatory report. The Board Chair announced that there are nine board members with terms expiring on June 30, 2021. And finally, Board members were asked and provided great feedback about the benefits and concerns of virtual meetings over the past year. The feedback from the Board members seemed to favor a hybrid model moving forward (part virtual & part in-person). The next full Board of Health Professions meeting is scheduled for August 19, 2021.

REPORT ON LICENSURE PROGRAM

Ms. O'Halloran provided the licensing report to the board members. Page 101 of the agenda packet provides the number of newly issued licenses, registrations and permits for each category as well as a total number of licensees. Of note is the large number of pharmacy technician trainee registration applications that have been received and issued since January 3, 2021 when the new regulations became effective providing the authority to register this new category of licensees.

REPORT ON INSPECTION PROGRAM

Katrina Trelease, Pharmacist Inspector, stated that Melody Morton was unable to attend due to a conflict, but that she would provide the inspection report. Staff shared a report on the screen for all to see (Attachment I). Members requested that this current report be included in the minutes.

REPORT ON PHARMACEUTICAL PROCESSORS

Dharma Pharmaceuticals completed a change of location from Bristol, Virginia to Abingdon, Virginia. This change of location was necessitated by the allowance of a casino project to be built on the site of the former Bristol Mall, Dharma's former location. The new location is only a few miles from the previous location. Additionally, there have been media reports regarding

pending change of ownership for two of the permitted pharmaceutical processors. Columbia Care, Inc. has entered into a purchase agreement with Green Leaf of Virginia, Inc. and Green Thumb Industries, Inc. has entered into a purchase agreement with Dharma Pharmaceuticals, Inc. Board staff have completed the recruitment process for two full time administrative specialists to assist with processing program applications. Both individuals will start their employment by June 25, 2021. Currently there are just over 23,600 registered patients and the board has approved 302 cannabis oil products to date.

REPORT ON DISCIPLINARY PROGRAM

Dr. Shinaberry reported the overall case load has increased by 36 cases since the previous Board meeting to 300 active cases. She expects that trend to continue based upon feedback from Enforcement. Dr. Shinaberry noted that in-person disciplinary proceedings will resume on June 28, 2021, and thanked the Board members for their participation in recent disciplinary proceedings. A list of dates for upcoming proceedings was provided to the Board members.

EXECUTIVE DIRECTORS REPORT

Staff shared a brief written report on the screen from Ms. Juran for all to see. She commented on the recent NABP annual meeting held in May and welcomed Ryan Logan as a new Deputy Executive Director for the Board of Pharmacy. Mr. Logan will supervise the licensing of individuals and in-state facilities.

MEETING ADJOURNED: 2:30 PM

Chairman

Caroline D. Juran, Executive Director

DATE:

DATE:

(ATTACHMENT I)

**Enforcement Division Inspection Overview
 For June 2021 Board of Pharmacy Meeting**

Inspection Updates:

- Pharmacy Inspector full-time position filled in NOVA after a recent retirement.
 - Enrolled in virtual NABP Sterile Compounding Training in June.
- New part-time Pharmacy Inspector hired in NOVA. Previously, position was a Senior Inspector.
- 6 full-time Pharmacy Inspectors, 2 part-time / 4 full-time Senior Inspectors, 1 part-time.
- Staff have resumed in-person inspections and will continue to use limited virtual inspections.
- Sterile Compounding – Staff diligently getting these up to date since restrictions have lifted.

Date Range 02/01/2021 Ending 04/30/2021

Number of Inspections Completed by License Type

Count of Result	InspType	Change of Location	Compliance	New	Pilot	Reinspection	Remodel	Routine	Grand Total
Completed	Business CSR	4		12			2	3	35
	Medical Equipment Supplier			2					10
	Non-restricted Manufacturer			1					1
	Pharmaceutical Processor Permit	1						1	3
	Pharmacy	2	4	9			2	31	164
	Physician Selling Drugs Location	1		3			1		5
	Pilot Programs					1			1
	Restricted Manufacturer			1					1
	Warehouser	2		1			2		8
	Wholesale Distributor	1		1				1	3
Completed Total		11	4	30		1	7	36	225
Completed Virtu	Business CSR	7		17			1	2	60
	Medical Equipment Supplier	1		2					1
	Pharmacy						5	9	14
	Third Party Logistics Provider			1					1
	Warehouser	1						1	2
	Wholesale Distributor						1		1
Completed Virtual Total		9		20			7	12	63
Grand Total		20	4	50		1	14	48	288

Routine Inspections, Deficiencies by License Type

Count of InspStatus	Result	Deficiency	Deficiency & IPHCO	No Deficiency	Grand Total
Business CSR		99		43	142
Medical Equipment Supplier		14		4	18
Pharmaceutical Processor Permit		12			12
Pharmacy		183	167	45	395
Physician Selling Drugs Location		12			12
Warehouser		2		9	11
Grand Total		322	167	101	590

* New, Change of Location, Remodel, Reinspection, Pilot, and Compliance Inspections Removed
 ** Multiple deficiencies can occur at one site.

Categories of Most Common Deficiencies for Occurrences Recorded >20 Times:

Description	Total
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110-20-240	26
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Deficiency 113: Inventories taken on time, but not in compliance

Deficiency 114: Records of receipt (e.g. invoices) not on site or retrievable

Deficiency 15: Perpetual inventory not being maintained as required

54.1-3404	44
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Some records of receipt of CII-V drugs did not include date of receipt. Invoices for Schedule III-VI drugs do not include date of receipt. Invoices for Schedule II drugs were dated.

The biennial inventory did not include Schedule III-V drugs.

Deficiency 13: Biennial inventory taken at least every two years of all stocks on hand of Schedules I through V drugs.

Deficiency 113: Inventories taken on time, but not in compliance.

Deficiency 112: Required biennial inventory of all schedule II through V drugs available but taken late within 30 days of date due.

110-20-276	41
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Deficiency 123: Engaging in remote processing not in compliance

54.1-3410.2	155
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800: Assessment of risk has been performed

Deficiency 20a: Pharmacist not documenting verification of accuracy of non-sterile compounding process and integrity of compounded products.

Deficiency 20b: Pharmacist not documenting verification of accuracy of the sterile compounding process and integrity of compounded products.

Deficiency 22: Certification of the direct compounding area (DCA) for compounded sterile preparations indicating ISO Class 5 not performed by a qualified individual.

Deficiency 23: Certification of the buffer or clean room and ante room indicating ISO Class 7 / ISO Class 8 or better not performed by a qualified individual.

Deficiency 26: No documentation of annual media-fill testing or gloved fingertip testing for persons performing low and medium-risk level compounding of sterile preparations.

Deficiency 26a: Documentation that a person who failed gloved fingertip test has performed low or medium risk level compounding of sterile preparations after receipt of the failed test result and prior to retraining and receipt of passing media-fill and gloved fingertip test.

Deficiency 32: Have clean room, but not all physical standards in compliance

Deficiency 116: Prescriptions do not include required information.

Deficiency 123: Engaging in remote processing not in compliance

Deficiency 130: Records for products compounded pursuant to a prescription order for a single patient.

Deficiency 130a: Compounded products not properly labeled.

Deficiency 131: Does not check or maintain temperature recordings for main pharmacy drug storage area.

Deficiency 132: Personnel preparing compounded sterile preparations do not comply with cleansing and garbing requirements.

Deficiency 147: Smoke pattern testing not performed under dynamic conditions.

manufacturers' finished products are used as components did not include the total quantity of the finished product or the initials of the pharmacy technician performing the compounding.

Two Year Review: 04/30/2019 Ending 04/30/2021

Number of Inspections Completed by License Type

Count of Result		InspType									Grand Total
InspStatus	LicenseType	Change of Location	Compliance	Focus	New	Pilot	Reinspection	Remodel	Routine	Grand Total	
Completed	Business CSR	50	1		136			6	28	549	770
	Medical Equipment Supplier	20			26				1	105	152
	Non-restricted Manufacturer				5			1	1	1	8
	Pharmaceutical Processor Permit	1			10			8	2	14	35
	Pharmacy	33	6	13	68	1	57		283	1113	1574
	Physician Selling Drugs Location	8		2	25		12		3	105	155
	Pilot Programs		1				6				7
	Restricted Manufacturer	2			4					1	7
	Third Party Logistics Provider				2			2		5	9
	Warehouser	8			12			3	4	58	85
Wholesale Distributor	1		1	7			3	3	34	49	
Completed Total		123	8	16	295	7	92	325	1985	2851	
Completed Virtual	Business CSR	21	1		59			4	10	332	427
	Medical Equipment Supplier	5			5				2	42	54
	Pharmacy	11			11		13		43	1	79
	Physician Selling Drugs Location	1			15		3			5	24
	Pilot Programs						12				12
	Third Party Logistics Provider				1						1
	Warehouser	1			3				1	27	32
Wholesale Distributor				1			2	1	12	16	
Completed Virtual Total		39	1		95	12	22	57	419	645	
Grand Total		162	9	16	390	19	114	382	2404	3496	

Number of Routine Inspection Deficiencies by License Type

Count of InspType		Result				Grand Total
LicenseType	Deficiency	Deficiency & IPHCO	Deficiency-Response Required	No Deficiency	Grand Total	
Business CSR	853		13	436	1302	
Medical Equipment Supplier	70		1	108	179	
Non-restricted Manufacturer				2	2	
Pharmaceutical Processor Permit	39			3	42	
Pharmacy	996	1477		368	2841	
Physician Selling Drugs Location	277			14	291	
Restricted Manufacturer				1	1	
Third Party Logistics Provider	5			3	8	
Warehouser	22		1	67	90	
Wholesale Distributor	39			26	65	
Grand Total		2301	1477	15	1028	4821

* Deficiency-Response required is no longer used result type in our database

** New, Change of Location, Remodel, Reinspection, Pilot, and Compliance Inspections Removed

*** Multiple deficiencies can occur at one site.

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY

PUBLIC HEARINGS FOR PROHIBITION ON INCLUSION OF VITAMIN E IN VAPING PRODUCTS; SCHEDULING OF CHEMICALS IN SCHEDULE I

June 4, 2021
Virtual Meeting

Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233-1463

CALL TO ORDER: The two public hearings were called to order at 9:10AM.

PRESIDING: Kristopher Ratliff, Chairman

MEMBERS PRESENT: Bernard Henderson
James L. Jenkins, Jr.
William Lee
Sarah Melton
Cheryl Nelson, Vice Chairman
Patricia Richards-Spruill
Dale St. Clair

MEMBER ABSENT: Glenn Bolyard

STAFF PRESENT: Caroline D. Juran, Executive Director
Annette Kelley, Deputy Executive Director
Ryan Logan, Deputy Executive Director
Beth O' Halloran, Deputy Executive Director
Ellen B. Shinaberry, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst, DHP
David E. Brown, D.C., Director, DHP
Barbara Allison-Bryan, M.D., Chief Deputy, DHP
James Rutkowski, Assistant Attorney General
Matt Treacy, Media Production Specialist

CALL FOR PUBLIC COMMENT Mr. Ratliff called for comment regarding the placement of the following chemicals into Schedule I:

Compound expected to have hallucinogenic properties.

- 4-chloro-alpha-methylaminobutiophenone (other name: 4-chloro Buphedrone), its salts, isomers (optical, position, and geometric), and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

Cannabimimetic agents.

- ethyl-2-[1-(5-fluoropentyl)-1H-indazole-3-carboxamido]-3-methylbutanoate (other names: 5-fluoro-EMB-PINACA, 5F-AEB), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(pent-4-enyl)indazole-3-carboxamide (other name: ADB-4en-PINACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

PUBLIC COMMENT:

Robyn Weimer, Chemistry Program Manager, Department of Forensic Science (DFS) stated that these chemicals were identified by DFS for the Board's consideration for possible inclusion in Schedule I pursuant to 54.1-3443 (D) of the Code of Virginia.

No other comments were offered.

COMMENT:

Mr. Ratliff called for comment regarding the proposed regulations for a prohibition on the sale by pharmaceutical processors of cannabis products to be used for vaping that contain Vitamin E acetate. The proposed action will replace emergency regulations currently in effect until February 25, 2022.

PUBLIC COMMENT:

There was no public comment offered.

ADJOURN:

The public hearings adjourned at 9:20AM.

Chairman

Caroline D. Juran, Executive Director

Date

Date

(DRAFT/UNAPPROVED)
VIRGINIA BOARD OF PHARMACY
MINUTES OF A PANEL OF THE BOARD

Friday, June 4, 2021
Commonwealth Conference Center
Via WebEX Virtual Platform

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

Orders/Consent Orders referred to in these minutes are available upon request

CALL TO ORDER: A meeting of a panel of the Board of Pharmacy ("Board") was called to order at 2:44 PM.

PRESIDING: Kris Ratliff, Chairman

MEMBERS PRESENT: Dr. Dale St. Clair Mrs. Patricia Richards-Spruill
Dr. Bill Lee Dr. Sarah Melton
Dr. Cheryl Nelson
Mr. Bernie Henderson
Mr. Jim Jenkins

STAFF PRESENT: Caroline D. Juran, Executive Director
Ellen B. Shinaberry, Deputy Executive Director
James Rutkowski, Assistant Attorney General
Henry Fisher, Media Specialist DHP

QUORUM: With eight (8) members of the Board present, a panel of the board was established.

ELLEN K. DANIELS
Registration No. 0230-017257

A formal hearing was held in the matter of Ellen K. Daniels to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy technicians in Virginia.

Jessica Kelley, DHP Adjudication Specialist, presented the case.

Ms. Daniels was present via WebEx and was represented by counsel Mr. Wayne Bibee.

Katrina Trelease, DHP Pharmacy Inspector, and Rachel Wagner, PIC of CVS #4175 testified by WebEx on behalf of the Commonwealth.

Ms. Daniels testified on her own behalf. Ms. Judy Crickenberger, mother of Ellen Daniels, also testified on behalf of the Respondent.

CLOSED MEETING: Upon a motion by Dr. Nelson, and duly seconded by Dr. St. Clair, the panel voted 8-0, to convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision regarding the matter of Ellen K. Daniels. Additionally, she moved that Caroline Juran, Ellen Shinaberry, Jim Rutkowski and Henry Fisher attend the closed meeting.

RECONVENE:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the panel re-convened an open meeting and announced the decision.

DECISION:

Upon a motion by Dr. St. Clair, and duly seconded by Mrs. Richards-Spruill, the panel voted 8-0 to accept the Findings and Facts and Conclusions of Law proposed by Ms. Kelley and amended by the Board. Upon a motion by Dr. Nelson, and duly seconded by Mr. Henderson, the panel voted 8-0 to continue the indefinite suspension of Ellen K. Daniel's pharmacy technician registration for no less than two years. Dr. Melton departed immediately following the announcement of the decision.

JUANITA THOMAS
Registration No. 0230-032676

A formal hearing was held in the matter of Juanita Thomas to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy technicians in Virginia.

Jessica Kelley, DHP Adjudication Specialist, presented the case.

Ms. Thomas was not present at the hearing and was not represented by counsel.

Mark Cranfill, DHP Senior Investigator, and Kevin O'Donnell, District Pharmacy Manager, Giant Food, testified by WebEx on behalf of the Commonwealth.

CLOSED MEETING:

Upon a motion by Dr. Nelson, and duly seconded by Mrs. Richards-Spruill, the panel voted 7-0, to convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision regarding the matter of Juanita Thomas. Additionally, she moved that Caroline Juran, Ellen Shinaberry, Jim Rutkowski and Henry Fisher attend the closed meeting.

RECONVENE:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the panel re-convened an open meeting and announced the decision.

DECISION:

Upon a motion by Dr. St. Clair, and duly seconded by Mrs. Richards-Spruill, the panel voted 7-0 to accept the Findings and Facts and Conclusion of Law proposed by Ms. Kelley. Upon a motion by Mr. Jenkins, and duly seconded by Dr. Nelson, the panel voted 7-0 to revoke the pharmacy technician registration of Juanita Thomas.

ADJOURN:	With all business concluded, the meeting adjourned at 6:38 PM.
Kris Ratliff, Chair	Caroline D. Juran Executive Director
Date	Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
SPECIAL CONFERENCE COMMITTEE MINUTES

Monday June 28, 2021
Commonwealth Conference Center
Second Floor
Board Room 2

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

CALL TO ORDER: A meeting of a Special Conference Committee of the Board of Pharmacy was called to order at 9:10 am.

PRESIDING: Cheryl Nelson, Committee Chair

MEMBERS PRESENT: Glen Bolyard, Committee Member
Bernard Henderson, Observing

STAFF PRESENT: Mykl Egan, Discipline Case Manager
Ileita Redd, Discipline Program Specialist
Jessica Kelley, DHP Adjudication Specialist
David Robinson, DHP Adjudication Specialist

WELLNESS CONCEPTS
Permit No. 0201-003966

Brent Atwell, Pharmacist-in-Charge of Wellness Concepts, and Dan Atwell, a pharmacist for Wellness Concepts appeared as representatives of Wellness Concepts to discuss allegations that the pharmacy may have violated certain laws and regulations governing the conduct of a pharmacy as stated in the December 23, 2020 Notice. And continued by letters dated February 1, April 29, and May 18, 2021. They were represented by Lindsey Sessa, Esq.

Closed Meeting: Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Wellness Concepts. Additionally, he moved that Mykl Egan, Ileita Redd and Bernard Henderson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision: Upon a motion by Mr. Bolyard and duly seconded by Ms. Nelson, the Committee voted unanimously to assess a monetary penalty and a surprise inspection against Wellness Concepts.

SIERRA WILLIAMS
Registration No. 0230-029899
Sierra Williams, pharmacy technician, appeared to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the April 29, 2021, Notice.

Closed Meeting: Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Sierra Williams. Additionally, he moved that Mykl Egan, Ileita Redd and Bernard Henderson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision: Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to reprimand Ms. Williams, asses a monetary penalty and order her to take additional continuing education.

JENNIFER BARCLAY
Registration No. 0230-009543
Jennifer Barclay, pharmacy technician, appeared to discuss allegations that she may have violated certain laws and regulations governing her practice

as a pharmacy technician as stated in the August 13, 2020, Notice.

Closed Meeting:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Jennifer Barclay. Additionally, he moved that Mykl Egan, Ileita Redd and Bernard Henderson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to reprimand Ms. Barclay, assess a monetary penalty and order her to take additional continuing education.

ALICIA ROLLING
Registration No. 0230-012335

Alicia Rolling, pharmacy technician, appeared to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the May 11, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Alicia Rolling. Additionally, he moved that Mykl Egan, Ileita Redd and Bernard Henderson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to reprimand Ms. Rolling, assess a monetary penalty and order her to take additional continuing education.

ZARIA DAVIS
Registration No. 0230-031107

Zaria Davis, pharmacy technician, did not appear to discuss allegations that he may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the May 11, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Zaria Davis. Additionally, he moved that Mykl Egan, Ileita Redd and Bernard Henderson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to reprimand Ms. Davis.

RACHELLE DOUGLASS
Registration No. 0230-033465

Rachelle Douglass, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the May 11, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Rachelle Douglass. Additionally, he moved that Mykl Egan, Ileita Redd and Bernard Henderson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to reprimand Ms. Douglass.

TERRI DULLAS
Registration No. 0230-001086

Terri Dullas, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the May 11, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Terri Dullas. Additionally, he moved that Mykl Egan, Ileita Redd and Bernard Henderson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision: Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to reprimand Ms. Dullas.

KIM JONES
Registration No. 0230-032375
Kim Jones, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the May 11, 2021, Notice.

Closed Meeting: Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Kim Jones. Additionally, he moved that Mykl Egan, Ileita Redd and Bernard Henderson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision: Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to reprimand Ms. Jones.

KIMBERLY RASNAKE
Registration No. 0230-023521
Kimberly Rasnake, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the May 11, 2021, Notice.

Closed Meeting: Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Kimberly Rasnake. Additionally, he moved that

Mykl Egan, Ileita Redd and Bernard Henderson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to reprimand Ms. Rasnake.

CONSTANCE HALE
Registration No. 0230-000030

Constance Hale, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the May 11, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Constance Hale. Additionally, he moved that Mykl Egan, Ileita Redd and Bernard Henderson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to reprimand Ms. Hale, asses a monetary penalty and order her to take additional continuing education.

JAMILA HARRIS
Registration No. 0230-028715

Jamila Harris, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the May 11, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Jamila Harris. Additionally, he moved that Mykl Egan, Ileita Redd and Bernard Henderson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to reprimand Ms. Harris, assess a monetary penalty and order her to take additional continuing education.

QUASIM KAHN
Registration No. 0230-005332

Quasim Kahn, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the May 11, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Quasim Kahn. Additionally, he moved that Mykl Egan, Ileita Redd and Bernard Henderson attend the closed meeting because their presence in the

closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to reprimand Ms. Kahn, assess a monetary penalty and order her to take additional continuing education.

FISTUM SEMERE
Registration No. 0230-007249

Fitsum Semere, pharmacy technician, did not appear to discuss allegations that he may have violated certain laws and regulations governing his practice as a pharmacy technician as stated in the May 11, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Fitsum Semere. Additionally, he moved that Mykl Egan, Ileita Redd and Bernard Henderson attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Bolyard, and duly seconded by Ms. Nelson, the Committee unanimously voted to reprimand Mr. Semere.

ADJOURNED:

3:54 pm

Cheryl Nelson, Chair

Mykl D. Egan
Discipline Case Manager

Date

Date

(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY
MINUTES OF FULL BOARD MEETING**

July 6, 2021

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: A meeting of the Board of Pharmacy was called to order at approximately 9:05 AM.

PRESIDING: Kristopher Ratliff

MEMBERS PRESENT: Glenn Bolyard
Bernard Henderson, Jr.
James L. Jenkins, Jr.
William Lee
Patricia Richards-Spruill
Dale St.Clair

MEMBER ABSENT: Sarah Melton
Cheryl Nelson

STAFF PRESENT: Caroline D. Juran, Executive Director
Ryan Logan, Deputy Executive Director
Beth O'Halloran, Deputy Executive Director
Ellen B. Shinaberry, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst, DHP
David E. Brown, D.C., Director, DHP
James Rutkowski, Assistant Attorney General

**PHARMACISTS AWARDED
1-HOUR OF LIVE OR REAL-
TIME INTERACTIVE
CONTINUING EDUCATION
FOR ATTENDING MEETING:**

QUORUM With seven members participating, a quorum was established.

APPROVAL OF AGENDA: Hearing no additional items for consideration, Dr. Ratliff announced that the agenda was accepted as presented.

During introductions, Mr. Jenkins expressed appreciation for the agency's leadership and all efforts of healthcare personnel during the pandemic.

PUBLIC COMMENTS:

Mrs. Horsley advocated for her deceased husband and began to express concern for the provider pharmacy servicing the Department of Corrections. Counsel and chairman interrupted her comments and advised that her comments would be more appropriately addressed by filing a complaint with the Department of Health Professions.

Jenn Michelle Pedini began offering comment on the proposed pharmaceutical processor regulations, but was interrupted and advised that comment could not be accepted on that subject since the comment period ended on July 5, 2021.

**ADOPTION OF PROPOSED
REGULATIONS
GOVERNING
PHARMACEUTICAL
PROCESSORS:**

Ms. Yeatts highlighted HB1988, HB2218, and SB1333 in the agenda packet, along with a summary of legislative amendments that may require regulatory action, and explained that the Board must adopt proposed regulations as a result of the passed legislation. She noted that page 4 of HB1988 was missing in the agenda packet and that these regulations shall be exempt from the Administrative Process Act. The bill required a 60-day notice of proposed regulations for receiving public comment which was held between May 6, 2021 and July 5, 2021. The legislation requires the regulations to be implemented no later than September 1, 2021. Ms. Yeatts acknowledged that while Ms. Kelley was unable to attend the meeting, she was instrumental in drafting the proposed regulations.

The board reviewed each proposed regulatory section while Ms. Juran noted comments received as indicated in the summary chart of comments included in the agenda packet. The board reviewed the draft amendments prepared by staff in response to the comments received and discussed in detail comments that required a policy decision from the board. The board offered amendments to the proposed regulations as necessary.

MOTION:

The board voted 3:4 to amend proposed 18VAC110-60-110 to perform criminal background checks on applicants owning 1% or greater of a pharmaceutical processor, instead of the current 5% ownership standard. (Motion failed; Motion by Henderson, seconded by Jenkins; Opposed by Lee, St. Clair, Ratliff, and Bolyard)

MOTION:

Mr. Henderson moved to amend proposed 18VAC110-60-215 by requiring the facility to provide and maintain reliable data that at least 85% of the audience receiving advertisements is reasonably expected to be 18 years of age or older. Motion died for a lack of a second.

MOTION:

The board voted unanimously to amend proposed 18VAC110-60-215(B)(1) and (F)(7) to insert "current" and "substantial" regarding

MOTION:

evidence-based clinical “evidence or data”. (motion by Jenkins, seconded by Richards-Spruill)

MOTION: The board voted unanimously to amend 18VAC110-60-215(C)(4) by inserting “or images of products” after “cannabis products”. (motion by St. Clair, seconded by Henderson)

MOTION: The board voted unanimously to amend 18VAC110-60-215(G) by inserting “the general public”. (motion by Lee, seconded by Jenkins)

MOTION: The board voted unanimously to amend 18VAC110-60-215(G) by inserting “other healthcare practitioners”. (motion by St. Clair, seconded by Richards-Spruill)

MOTION: The board voted 5:2 to amend 18VAC110-60-220(E) by inserting a second sentence that reads “Such administration shall be recorded and a file maintained for a period of two years.” (motion by Henderson, seconded by Jenkins; opposed by St. Clair, Lee)

Mrs. Richards-Spruill departed the meeting at 1:30pm.

MOTION: The board voted unanimously (6:0) to adopt the proposed regulations governing pharmaceutical processors as presented, amended, and further amended as outlined below:

- 18VAC110-60-10, “PIC”, change to read “means the pharmacist-in-charge whose name is on the pharmaceutical processor or cannabis dispensing facility application for a permit that has been issued and who shall have oversight of the processor's dispensing area or cannabis dispensing facility”;
- 18VAC110-60-10, “Temporarily resides”, change “principle” to “principal”;
- 18VAC110-60-90, Insert in the beginning, “In addition to causes enumerated in 54.1-3316,” and strike “10. The patient, parent, or legal guardian registrant violated any federal or state law or regulation.”; and,
- 18VAC110-60-215(G), change “18VAC110-60-215 E” to 18VAC110-60-215 F. (motion by Jenkins, seconded by Bolyard)

MOTION: Upon a motion by St. Clair, and duly seconded by Lee, the board voted 6-0 to convene a closed meeting pursuant to § 2.2-3711(A)(27) to consider ratification of a consent order offered to Ricky Allan Chambers. Additionally, he moved that Juran, Shinaberry, and Rutkowski attend the closed meeting.

MOTION: Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3711(A)(27), the board reconvened

an open meeting. (motion by St. Clair, seconded by Bolyard)

MOTION:

The board voted 5:1 to ratify the consent order offered to and signed by Ricky Allan Chambers to reinstate his pharmacist license. (motion by St. Clair, seconded by Lee; opposed by Henderson)

MEETING ADJOURNED:

Having completed all business on the agenda, the meeting was adjourned at 2:23PM.

Chairman

Caroline D. Juran, Executive Director

DATE:

DATE:

(DRAFT/UNAPPROVED)
VIRGINIA BOARD OF PHARMACY
MINUTES OF A PANEL OF THE BOARD

Tuesday, July 6, 2021
Commonwealth Conference Center
Second Floor
Board Room 4

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

Orders/Consent Orders referred to in these minutes are available upon request

CALL TO ORDER: A meeting of a panel of the Board of Pharmacy ("Board") was called to order at 2:24 PM.

PRESIDING: Kris Ratliff, Board member

MEMBERS PRESENT: Glenn Bolyard
James Jenkins
Dale St. Clair
Bill Lee
Bernie Henderson

STAFF PRESENT: Caroline D. Juran, Executive Director
Ellen B. Shinaberry, Deputy Executive Director
James Rutkowski, Assistant Attorney General

QUORUM: With six (6) members of the Board present, a panel of the board was established.

RYAN LOWRY PATRICK
License No. 0202-214495

A formal hearing was held in the matter of Ryan Lowry Patrick to discuss allegations that he may have violated certain laws and regulations governing the practice of pharmacy in Virginia and to consider his application for reinstatement.

Sean Murphy, Assistant Attorney General for the Commonwealth, presented the case. Mr. Murphy was assisted by Jess Kelley, DHP Adjudication Specialist.

Mr. Patrick was present at the hearing and was represented by Robert Galumbeck, Esq., and Aaron Gillespie, Esq.

Sarah Rogers, DHP Senior Investigator, and Amy Branson, DHP Pharmacy Inspector, testified in person on behalf of the Commonwealth.

Mr. Patrick testified on his own behalf.

CLOSED MEETING:

Upon a motion by Dr. St.Clair, and duly seconded by Dr. Lee, the panel voted 6-0, to convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision regarding the matter of Ryan Patrick. Additionally, he moved that Caroline Juran, Ellen Shinaberry, and Jim Rutkowski attend the closed meeting.

RECONVENE:

Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the panel re-convened an open meeting and announced the decision.

DECISION:

Upon a motion by Dr. St.Clair, and duly seconded by Mr. Bolyard, the panel voted 6-0 to accept the Findings and Facts and Conclusion of Law as proposed by the Commonwealth. Upon a call for vote by the Chair to act on the reinstatement request, the Board voted 3-3, and as such, the reinstatement request was denied.

ADJOURN:

With all business concluded, the meeting adjourned at 4:59 PM.

Kris Ratliff, Chair

Caroline D. Juran
Executive Director

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
SPECIAL CONFERENCE COMMITTEE MINUTES

Tuesday July 13, 2021
Commonwealth Conference Center
Second Floor
Board Room 1

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

CALL TO ORDER:

A meeting of a Special Conference Committee of the Board of Pharmacy was called to order at 9:08 am.

PRESIDING:

Patricia Richards-Spruill, Committee Chair

MEMBERS PRESENT:

William Lee, Committee Member

STAFF PRESENT:

Mykl Egan, Discipline Case Manager
Ileita Redd, Discipline Program Specialist
Jessica Kelley, DHP Adjudication Specialist
David Robinson, DHP Adjudication Specialist

ELLEN CHAVIS
Registration No. 0230-031351

Ellen Chavis, pharmacy technician, appeared to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the December 15, 2020 Notice. And continued by letter dated June 3, 2021

Closed Meeting:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Ellen Chavis. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to place Ms. Chavis, on indefinite probation under certain terms and conditions.

REMEDI SENIORCARE OF VIRGINIA
Permit No. 0201-0004283

Dharmindra Seoparsan, Pharmacist-in-Charge of Remedi Seniorcare of Virginia, and Dale St. Clair, Vice-President for The Eastern Region of Remedi Seniorcare of Virginia appeared as representatives of Remedi Seniorcare of Virginia to discuss allegations that the pharmacy may have violated certain laws and regulations governing the conduct of a pharmacy as stated in the February 3, 2020 Notice. And continued by letter June 3, 2021.

Closed Meeting:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Remedi Seniorcare of Virginia. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Lee and duly seconded by Mrs. Richards-Spruill, the Committee voted unanimously to assess a monetary penalty and a surprise inspection against Remedi Seniorcare of Virginia.

NANA POKUAAH
Registration No. 0230-018195

Nana Pokuaah, pharmacy technician, appeared to discuss allegations that she may have violated certain laws and regulations governing her practice

as a pharmacy technician as stated in the June 3, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Nana Pokuaah. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to assess no sanction against Ms. Pokuaah.

DAYS DE SOTO
Registration No. 0230-015164

Days De Soto, pharmacy technician, appeared to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the June 10, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Days DeSoto. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee

reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to reprimand Ms. DeSoto.

CADACE ROY
Registration No. 0230-032528

Candace Roy, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the June 10, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Candace Roy. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to assess no sanction against Ms. Roy.

ERICA SHOLZ
Registration No. 0230-026219

Erica Sholz, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the June 10, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of

deliberation to reach a decision in the matter of Erica Sholz. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to reprimand Ms. Sholz.

ROBERT ALEXANDER
Registration No. 0230-032765

Robert Alexander, pharmacy technician, did not appear to discuss allegations that he may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the June 10, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Robert Alexander. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to reprimand Mr. Alexander.

NAKEISHA AHMED
Registration No. 0230-013571

Nakeisha Ahmed, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the June 3, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Nakeisha Ahmed. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to reprimand Ms. Ahmed.

DANIELLE HARNESSE
Registration No. 0230-033779

Danielle Harness, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the June 3, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Danielle Harness. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision: Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to reprimand Ms. Harness.

TIFFANI JAMES
Registration No. 0230-025506
Tiffani James, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the June 10, 2021, Notice.

Closed Meeting: Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Tiffani James. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision: Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to reprimand Ms. James.

CHARLENE JORDAN
Registration No. 0230-011320
Charlene Jordan, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the June 10, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Charlene Jordan. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to reprimand Ms. Jordan.

KATHLEEN LYON
Registration No. 0230-004884

Kathleen Lyon, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the June 10, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Kathleen Lyon. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Lee, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to reprimand Ms. Lyon.

ADJOURNED:

3:17 pm

Patricia Richards-Spruill, Chair

Mykl D. Egan
Discipline Case Manager

Date

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
SPECIAL CONFERENCE COMMITTEE MINUTES

Monday July 26, 2021
Commonwealth Conference Center
Second Floor
Board Room 2

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

CALL TO ORDER:

A meeting of a Special Conference Committee of the Board of Pharmacy was called to order at 1:03 pm.

PRESIDING:

Patricia Richards-Spruill, Committee Chair

MEMBERS PRESENT:

Bernard Henderson, Committee Member

STAFF PRESENT:

Mykl Egan, Discipline Case Manager
Ileita Redd, Discipline Program Specialist
Jessica Kelley, DHP Adjudication Specialist

KELLYE MCNULTY
License No. 0202-013067

Kellye McNulty, pharmacist, appeared to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacist as stated in the June 24, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Kellye McNulty. Additionally, he moved that Mykl Egan, and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee

unanimously voted to order Ms. McNulty to fulfill certain terms and conditions within 30 days.

LYUDMILA ALCHINSKAYA
Registration No. 0230-008543

Alisa Shchelkunov appeared on behalf of Ms. Alchinskaya to discuss allegations that Ms. Alchinskaya may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the June 17, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Ludmila Alchinskaya. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to reprimand Ms. Alchinskaya.

DARA FRANCIS
License No. 0202-212368

Dara Francis, pharmacist, appeared to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacist as stated in the June 3, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Dara Francis. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed

meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to order Ms. Francis to fulfill certain terms and conditions within 30 days.

TINA DODSON
Registration No. 0230-002283

Tina Dodson, pharmacy technician, appeared to discuss allegations that he may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the June 17, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Tina Dodson. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to order Ms. Dodson to fulfill certain terms and conditions within 120 days.

BRYAN BENSON
License No. 0202-210201

Bryan Benson, pharmacist, did not appear to discuss allegations that he may have violated certain laws and regulations governing his practice as a pharmacy technician as stated in the June 17, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Bryan Benson. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted dismiss the case.

BRITTANY BOONE
Registration No. 0230-014695

Brittany Boone, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the June 17, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Brittany Boone. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to reprimand Ms. Boone.

ALIAH CHERRY
Registration No. 0230-033422

Aliah Cherry, pharmacy technician, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the June 17, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Aliah Cherry. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to reprimand Ms. Cherry.

AHMED HUSSIEN
Registration No. 0230-031347

Ahmed Hussien, pharmacy technician, did not appear to discuss allegations that he may have violated certain laws and regulations governing his practice as a pharmacy technician as stated in the June 17, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Ahmed Hussien. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to reprimand Mr. Hussien.

MAYA NG
License No. 0202-217688

Maya Ng, pharmacist, did not appear to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacist as stated in the June 17, 2021, Notice.

Closed Meeting:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Maya Ng. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Henderson, and duly seconded by Mrs. Richards-Spruill, the Committee unanimously voted to reprimand Ms. Ng.

ADJOURNED:

5:06 pm

Patricia Richards-Spruill, Chair

Mykl D. Egan
Discipline Case Manager

Date

Date

(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY
MINUTES OF STATEWIDE PROTOCOL WORK GROUP MEETING**

August 9, 2021

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: A meeting of a Statewide Protocol Work Group was called to order at approximately 9:10 AM.

PRESIDING: Dale St. Clair, PharmD, Board of Pharmacy*

MEMBERS PRESENT: Patricia Richards-Spruill, RPh, Board of Pharmacy*
Jacob Miller, D.O., Board of Medicine*
Brenda Stokes, M.D., Board of Medicine*
Diana Jordan, Virginia Department of Health (VDH), Office of Epidemiology
(arrived approx. 10:00am)
Stephanic Wheawill, PharmD, VDH (arrived approx. 10:30am)
*voting members

STAFF PRESENT: Caroline D. Juran, RPh, Executive Director, Board of Pharmacy
William Harp, M.D., Executive Director, Board of Medicine
Ryan Logan, Deputy Executive Director
Beth O'Halloran, Deputy Executive Director
Ellen B. Shinaberry, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst, DHP
Barbara Allison-Bryan, M.D., Chief Deputy Director, DHP
James Rutkowski, Assistant Attorney General

QUORUM With all four voting members present, a quorum was established.

APPROVAL OF AGENDA: St.Clair stated that an amended agenda had been posted on Regulatory Town Hall on August 6, 2021 and that a hard copy was provided at their seats. The amended agenda included a draft Tuberculosis (TB) one-step and two-step protocol provided by VDH, draft HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) protocols as of 8/5/2021 provided by VDH, and public comment submitted by the Medical Society of Virginia (MSV).

MOTION: **The work group voted to unanimously approve the amended agenda as presented. (motion by Miller, seconded by Stokes)**

PUBLIC COMMENTS:

Clark Barrineau, Executive Director, Medical Society of Virginia (MSV) offered comments consistent with the written comments submitted by MSV and included in the agenda packet.

Mike Ayotte offered comments on behalf of the National Association of Chain Drug Stores. He applauded the expansion in access to care, stating that pharmacists are sometimes the only healthcare access point in rural areas. He commented that high-risk patients go to a pharmacy approximately 35 times per year. Pharmacists have dispensed HIV drugs and counseled patients in a confidential manner for years. Excessive regulations will limit access. North Carolina is also advancing statewide protocols on TB, HIV PEP and PrEP.

Christina Barrille, Executive Director, Virginia Pharmacists Association (VPhA) offered comments and aligned her comments with Ayotte's. She stated VPhA has no problem with connecting patients with primary care providers for follow-up care. She encouraged the work group members to direct staff to gather additional information if needed and stated that Juran will be providing a law update at the 140th VPhA annual meeting on August 13, 2021.

St.Clair read comments from Nathan Everson, PharmD who is a clinical pharmacy specialist in infectious disease with nine years of experience in inpatient and ambulatory infectious diseases including HIV. Juran received his comments via email and the comments were provided as a handout to the members and public. Everson offered supportive comments for the HIV PEP and PrEP statewide protocols. He commented that the draft protocol appears to be written primarily for community pharmacy and to consider large population of ambulatory pharmacists in primary and specialty care clinics who have access to providers. He offered suggested testing requirements and encouraged the work group to use the draft CDC 2021 guidance. He stated that the PrEP protocol should include both Truvada and Descovy, because insurances can often prefer one over the other, and to account for the robust PrEP pipeline.

CHARGE OF WORK GROUP

St.Clair provided an overview of the work group's charge pursuant to the second and third enactment clauses of HB 2079.

LOWER OUT-OF-POCKET EXPENSES:

The work group reviewed the draft amendments to the statewide protocol to lower out-of-pocket expenses included in the agenda packet. Juran provided the example that the amendments would allow a pharmacist to initiate the dispensing of paraphernalia such as hypodermic needles that would be covered by a patient's health insurance which may be less expensive than buying them without a prescription.

MOTION: **The work group voted unanimously to recommend to the Board of Pharmacy that it amend the statewide protocol to lower out-of-pocket expenses as presented. (motion by Stokes, seconded by Miller)**

VACCINES: The work group discussed the draft vaccine statewide protocol included in the agenda packet which corresponds to the Centers for Disease Control and Prevention (CDC) Immunization Schedule for persons 18 years of age and older. Juran commented that the CDC indicates on its website in the context of shared-clinical decision making that the CDC defines a healthcare provider as anyone who provides or administers vaccines: primary care physicians, specialists, physician assistants, nurse practitioners, registered nurses, and pharmacists. A couple of amendments were offered.

MOTION: **The work group voted unanimously to recommend to the Board of Pharmacy that it adopt the vaccine statewide protocol as presented and amended as follows: under Patient Inclusion Criteria, insert a clarification that the pharmacist shall screen the patient’s medical history to ensure vaccine administration is appropriate for the patient’s medical conditions such as pregnancy and an immunocompromised state; and under Patient Exclusion Criteria, insert a clarification that certain patients may be ineligible based on medical conditions as indicated in the CDC Immunization Schedule. (motion by Richards-Spruill, seconded by Stokes)**

HIV PREP: The work group discussed this topic next. Jordan indicated it is anticipated that the CDC will release revised guidelines in the next six months that liberalize requirements in an effort to increase access to these medications. There was consensus that Oregon’s checklist model may be easier to use.

MOTION: **The work group voted unanimously to recommend to the Board of Pharmacy that it adopt an HIV PrEP statewide protocol consistent with the Oregon statewide protocols included in the agenda packet and amended as follows: insert additional laboratory tests for Hepatitis C, pregnancy, and ALT/AST; insert VDH’s recommendations for counseling, safe needle practices, documentation, and notification/referral to prescriber. (motion by Stokes, seconded by Miller)**

HIV PEP: Jordan commented that VDH is very interested in this pharmacy-based model. Again, there was consensus for use of the Oregon checklist model.

MOTION: **The work group voted unanimously to recommend to the Board of Pharmacy that it adopt an HIV PEP statewide protocol consistent with the Oregon statewide protocol included in the agenda packet and amended as follows: clarify age restriction of 18 years and older; modify drug regimens to be consistent with VDH’s draft language found on page**

11 of the handout (8/5/21 draft version) but retain Oregon’s “Notes” listed on page 101 of the agenda packet; use active ingredient names and not brand names; insert a requirement to attempt to obtain HIV baseline, but to not require prior to initiation of treatment; and insert VDH’s draft “Counseling” found on page 12 of the handout. (motion by Miller, seconded by Richards-Spruill)

TUBERCULOSIS:

Juran provided a handout of a draft TB Risk Assessment Form that intends to consolidate the draft information provided by VDH into a single checklist.

MOTION:

The work group voted unanimously to recommend to the Board of Pharmacy that it adopt a TB testing statewide protocol as follows:

- **Incorporate staff’s handout of the draft TB Risk Assessment Form but amend by inserting LTBI into question #8; move question #10 regarding the screening of BCG to after the screening of high burden countries; correct the numbering of the questions in the assessing other risks for acquiring LTBI section; add a question regarding employer requirement of test even if no risk; replace the last page of the draft risk assessment form handout with information from VDH’s Appendix E as found in the draft handout provided by VDH (pages 14 and 31 but remove reference to IGRA, chest x-ray, include referral to PCP for positive test and under TB Screening/Testing Conclusion replace “free from communicable TB” language with language that simply indicates a negative test; move the patient authorization section up on the form; clarify record retention requirements to be consistent with regulation 18VAC110-21-46; insert a checkbox for the patient to indicate who to notify of a positive test when the patient does not have a PCP; clarify that patients who have received a BCG vaccination should be referred to a PCP;**
- **Incorporate VDH’s draft one-step and two-step protocols as presented but amend by removing requirement to indicate name of person who provided training and date of training but insert a requirement to maintain training records; remove duplicative information included on the draft risk assessment form; under the Procedures for Monitoring and Follow Up section, strike “Consistent with Virginia professional practice acts, only a physician, physician’s assistant, nurse practitioner, registered nurse, or pharmacist may interpret the results of the reading of the TST.” and insert a requirement that only a trained pharmacist at the same pharmacy location where the test was administered, or a different location if the trained pharmacist has access to the patient’s records, may interpret the results of the reading of the TST; under the Documentation section, clarify #4, if possible; under the Notification and Referral section, change two business days to three business days and strike the last**

paragraph in this section, along with striking the Terms and Signatures sections;

- Incorporate the draft Appendices B and C included in VDH's handout (pages 10-13) into both protocols;
- Incorporate the draft Appendix D in VDH's handout (pages 29-30) into the Two-Step protocol;
- Require referral upfront if patient does not consent to notifying someone of a positive test; and,
- Insert requirements to notify PCP and counsel on importance of relationship as required in Code. (Motion by Miller, seconded by Richards-Spruill)

ADOPTION OF EMERGENCY REGULATIONS:

The work group reviewed the draft regulations included in the agenda packet for implementing the provisions of HB 2079. No amendments were offered.

MOTION:

The work group voted unanimously to recommend to the Board of Pharmacy that it adopt the emergency regulations as presented. (motion by Stokes, seconded by Miller)

MEETING ADJOURNED:

Having completed all business on the agenda, the meeting was adjourned at approximately 1:00pm.

Chairman

Caroline D. Juran, Executive Director

DATE:

DATE:

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
SPECIAL CONFERENCE COMMITTEE MINUTES

Thursday August 12, 2021
Commonwealth Conference Center
Second Floor
Board Room 4

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

CALL TO ORDER:

A meeting of a Special Conference Committee of the Board of Pharmacy was called to order at 9:02 am.

PRESIDING:

Kristopher Ratliff, Committee Chair

MEMBERS PRESENT:

Bernard Henderson, Committee Member

STAFF PRESENT:

Mykl Egan, Discipline Case Manager
Ileita Redd, Discipline Program Specialist
Claire Foley, DHP Adjudication Specialist
Jessica Kelley, DHP Adjudication Specialist

WILLIAMSBURG DRUG 1963
Permit No. 0201-000676

T. W. Taylor, Owner of Williamsburg Drug 1963, appeared as a representative of Williamsburg Drug 1963 to discuss allegations that the pharmacy may have violated certain laws and regulations governing the conduct of a pharmacy as stated in the July 2, 2020 Notice.

Closed Meeting:

Upon a motion by Mr. Henderson, and duly seconded by Mr. Ratliff, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Williamsburg Drug 1963. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Henderson and duly seconded by Mr. Ratliff, the Committee voted unanimously to assess a monetary penalty against Williamsburg Drug 1963 and to impose certain terms and conditions against the pharmacy.

BILLIE JO PRILLAMAN
Registration No. 0230-030563

Billie Jo Prillaman, Pharmacy technician did not appear to discuss allegations that she may have violated certain laws and regulations governing the conduct of a pharmacy as stated in the July 1, 2021 Notice.

Closed Meeting:

Upon a motion by Mr. Henderson, and duly seconded by Mr. Ratliff, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Billie Jo Prillaman. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Henderson and duly seconded by Mr. Ratliff, the Committee voted unanimously that Ms. Prillaman shall be issued a reprimand.

PHARMACY SERVICES AMERICA
Permit No. 0201-004868

Donna Stevens, Pharmacist-in-Charge of Pharmacy Services America appeared as a representative of Pharmacy Services America to discuss allegations that the pharmacy may have violated certain laws and regulations governing the conduct of a pharmacy as stated in the July 1, 2021 Notice.

Closed Meeting:

Upon a motion by Mr. Henderson, and duly seconded by Mr. Ratliff, the Committee unanimously voted to convene a closed meeting

pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Pharmacy Services America. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene:

Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision:

Upon a motion by Mr. Henderson and duly seconded by Mr. Ratliff, the Committee voted unanimously to refer the matter to a formal administrative hearing.

ADJOURNED:

4:40 p.m.

Kristopher Ratliff, Chair

Mykl Egan
Discipline Case Manager

Date

Date

(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY
MINUTES OF STATEWIDE PROTOCOL WORK GROUP MEETING**

August 16, 2021

Department of Health Professions
Perimeter Center
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: A meeting of a Statewide Protocol Work Group was called to order at approximately 10:07AM.

PRESIDING: Kris Ratliff, DPh, Board of Pharmacy*

MEMBERS PRESENT: Sarah Melton, PharmD, Board of Pharmacy*
Jacob Miller, D.O., Board of Medicine*
Brenda Stokes, M.D., Board of Medicine*
Laurie Forlano, D.O., MPH, Deputy Director, Office of Epidemiology, Virginia Department of Health (VDH) (arrived 10:15AM)
Will Hockaday, Tobacco Control Program/Outreach Coordinator, VDH
Kristin Collins, MPH, Policy Analyst, Office of Epidemiology, VDH
Kelly Goode, PharmD, BCPS, FAPhA, FCCP, Virginia Commonwealth University (VCU) School of Pharmacy
Iain Pritchard, PharmD, BCACP, Shenandoah University, Bernard J. Dunn School of Pharmacy
Zahra Raza, M.D., VCU School of Medicine
John R. Lucas, D.O., Edward Via College of Osteopathic Medicine
Michelle Thomas, PharmD, CDE, BCACP, Virginia Pharmacists Association (VPhA)
Wendy Klein, M.D., Medical Society of Virginia (MSV)
*voting members

STAFF PRESENT: Caroline D. Juran, RPh, Executive Director, Board of Pharmacy
William Harp, M.D., Executive Director, Board of Medicine
Ryan Logan, RPh, Deputy Executive Director
Beth O'Halloran, RPh, Deputy Executive Director
Ellen B. Shinaberry, PharmD, Deputy Executive Director
Elaine Yeatts, Senior Policy Analyst, DHP
Barbara Allison-Bryan, M.D., Chief Deputy Director, DHP
James Rutkowski, Assistant Attorney General

QUORUM With all four voting members present, a quorum was established.

- APPROVAL OF AGENDA:** Hearing no suggestions for additional items, Ratliff indicated that the agenda was approved as presented.
- PUBLIC COMMENTS:**
- Kelsey Wilkinson, representing MSV stated VPhA approached them two years ago, that MSV supported HB2079, but that the remaining two agenda items needed further consideration. MSV shares goals of expanding access to care, but that testing is not the same as diagnosis. Full diagnostic tools and physical exam are needed to provide a proper diagnosis. Follow-up care with mental health may be needed for tobacco cessation.
- Neely Dahl commented that she is part of the Tobacco Free Alliance of Virginia and is supportive of a tobacco-free life. She supports this protocol initiative. She believes including nicotine replacement therapy (NRT) in a protocol would be good and that use of bupropion and varenicline should require additional consultation.
- Christina Barrille, Executive Director, VPhA commented that they have been working on this for a while and that patients deserve access to care. She commented that in her experience younger medical and dental students at VCU are very supportive of statewide protocols for pharmacists. Pharmacists have played an important role in administering tests to diagnose patients with COVID-19. She compared the use of a statewide protocol to the common use of telemedicine and highlighted the limitations to physical exams during telemedicine. She stated many patients seek out pharmacists for care and that pharmacists are capable of testing, treating, and referring.
- A handout was provided to the work group and the public containing written comments from Mike Ayotte, representing the National Association of Chain Drug Stores. NACDS fully supports the development of protocols for testing and the initiation of treatment guided by CLIA-waived tests and tobacco cessation services, including pharmaceuticals. The comments outlined the number of states that already have such allowances in place for each of these subjects: 41 states allow pharmacy testing services; 19 states allow test and initiation of treatment for influenza, Helicobacter pylori, Group A Streptococcus, and Urinary Tract Infections (UTI); and 13 states allow pharmacists to initiate prescription and over-the-counter products for smoking cessation.
- CHARGE OF WORK GROUP** Ratliff provided an overview of the work group's charge pursuant to the fourth enactment clause of HB 2079.
- OVERVIEW OF PHARMACIST EDUCATIONAL/TRAINING** Goode provided an overview of the slides included in the agenda packet regarding current pharmacist educational requirements. She stated that 80-90% of the students at VCU School of Pharmacy already have a Bachelor of

STANDARDS:

Science degree upon entry into the PharmD program. Students are taught how to perform a patient assessment, develop a plan, initiate follow-up care, and conduct motivational interviews. She outlined specific courses in the curriculum relevant to the work group's discussion. She commented that students complete 2-4+ credit hour courses of didactic and clinical laboratory skills training on CLIA-waived laboratory testing, infectious diseases such as UTIs, Strep, Influenza, and Tobacco Cessation

VIRGINIA'S DRAFT PHARMACIST WORKFORCE REPORT 2020

Ratliff provided an overview of the 2020 Virginia's Pharmacist Workforce Draft Report included in the agenda packet. He stated 11% of pharmacists work in a non-metro area, 68% have earned a doctorate or other professional degree, 19% have completed a PGY1 residency, 7% have completed a PGY2 residency, and 10% of pharmacists hold a board certification. Among those participating in collaborative practice agreements, common disease management included: anticoagulation, hypertension, hypercholesterolemia, asthma, tobacco cessation, travel medications, and diabetes.

TOBACCO CESSATION

Prior to opening for discussion, Ratliff provided an overview of the agenda materials. He highlighted that as of 2/10/21, 14 states have laws addressing pharmacists prescribing of tobacco cessation aids without a collaborative practice agreement. Klein asked for clarity on the plan for follow-up care in the event of adverse effects. Goode stated that high-risk patients, e.g., former smokers are returning to smoking due to the pandemic. Stokes commented that the protocol included in the agenda packet appears complicated. She questioned if mandatory counseling would be included in the protocol. There was discussion regarding importance of follow-up after 7-21 days. Stokes believes a limit should be placed on the nicotine replacement due to its negative effects. Raza agreed with Stokes on limiting protocol to nicotine replacement. If a patient presents to her after failure of a nicotine replacement, she would like to have alternatives to recommend. Believes follow up visits are very important and should be mentioned in the protocol. Klein opposes smoking. She highlighted that it can be difficult to communicate with patients due to language barriers and literacy, and therefore, the patient may not be able to complete a self-screening tool. Recommends resources to assist with the barriers. Hockaday offered that patients could be referred to the state quit help line. The help line provides qualified representatives with therapy skills which improves the success of quitting. Any additional initiatives would help as more patients are not sticking with replacement therapy or returning to follow-up appointments. Raza commented that COVID-19 may be impairing a patient's ability to use blood pressure monitoring devices at a pharmacy. Goode commented that OTC nicotine replacements do not require blood pressure testing. Comments were made regarding patient harm with continued smoking if access to these medications is not expanded. Lucas questioned the expected outcome of the

work group's meeting and stated that recommendations of what should be included in the protocol should be provided to the appropriate group creating the protocol. Klein stated that recommendations of exclusions should be provided in the protocol. Stokes indicated that access will increase as the world opens back up following the pandemic. Telemedicine appointments will provide additional access to the patients. Thomas recommends increasing access through a protocol and that expanding the health team is a positive action. Hockaday commented that having a larger combination of treatment options improves outcomes, important to have additional points of patient access, and that continued smoking is currently causing harm. Local pharmacies should have access to the Quit Help Line. Allison-Bryan asked about training differences between PharmD graduates and BS Pharmacy graduates. Goode commented that BS graduates of pharmacy may require extra training in motivational interviewing techniques but that they are well-prepared to participate in such a protocol. Follow-up care should be built into the protocol.

MOTION:

The work group voted 2:2 to include a recommendation in the work group's report that pharmacist be authorized to initiate treatment with nicotine replacement therapy (excluding varenicline and bupoprion) via a statewide protocol that requires counseling, appropriate follow-up, and referral. (motion by Stokes, seconded by Miller; opposed by Ratliff and Melton)

MOTION:

The work group voted 2:2 to include a recommendation in the work group's report that pharmacists be authorized to initiate treatment with all relevant medications (nicotine replacement therapy, varenicline and bupoprion) with safeguards similar to the other 5 states where currently allowed, including a requirement to educate patients. (motion by Melton, seconded by Ratliff; opposed by Stokes and Miller)

**CONDITIONS WITH CLIA-
WAIVED TESTS**

INFLUENZA

Stokes inquired regarding the training pharmacists receive in regards to physical exams. Goode indicated pharmacy students complete a 2 credit hour course on physical assessment training with 4 practical sessions. Klein expressed concern for the lack of training of physical exams and commented that it is easy to miss a diagnosis of pneumonia. Lucas recommended that schools of medicine and pharmacy collaborate regarding training for conducting physical exams, focusing on the diseases mentioned in the agenda. Stokes commented that protocols from other states don't include physical exams. It was stated that the FDA is currently reviewing Tamiflu to

determine if it should be available over-the-counter. If available OTC, patients could readily access the drug without any physical exams or testing. Stokes questioned if a statewide protocol would encourage some patients to be seen at a pharmacy when they should be seen at an urgent care center. Raza commented that by the time a lab result is returned, may have missed window for initiating treatment. Goode commented that a statewide protocol for pharmacists would provide patients with access to influenza treatment on weekends and in the evenings when many prescriber offices are closed. Miller expressed concern for simply conducting a CLIA-waived test without performing a physical exam. Stokes stated that it may be difficult to treat everyone by a protocol since everyone is different and that inappropriate prescribing may increase antibiotic resistance. Forlano recommended that a protocol should include antibiotic stewardship and that VDH has a pharmacist who oversees this program who could serve as a resource.

MOTION: **The work group voted 3:1 to not include a recommendation for a statewide protocol for treating Influenza in the work group’s report. (motion by Stokes, seconded by Miller; opposed by Melton)**

GROUP A STREPTOCOCCUS Goode indicated that pharmacists in other states are not simply handing out antibiotics, but are referring patients to primary care providers as appropriate. Klein expressed concern for missing something; difficulty in identifying salivary gland verses lymph node. Raza indicated Strep is less prevalent in patients 18 years of age or older, but can be more complicated.

MOTION: **The work group voted 2:2 to not include a recommendation for a statewide protocol for treating Group A Streptococcus in the work group’s report. (motion by Miller, seconded by Stokes; opposed by Melton and Ratliff)**

URINARY TRACT INFECTIONS Klein indicated the co-infection rate of sexually transmitted diseases for patients aged 18-45 with UTIs is 20%. She questioned if patients will give a good history. Symptoms of a 20 year old are very different than of a 60 year old with diabetes, prostate issues, or co-infection. She questioned if a protocol could address all of these issues. Goode indicated that pharmacists in Canada have been doing this since 2014 and there is some good data. There is not as much data in the United States. Thomas expressed concern for patients using urgent care centers or emergency departments for UTI symptoms, especially at night or on weekends, which is increasing healthcare costs. Stokes commented that pharmacists may not be able to rule out other infections and questioned if samples would be sent out for microscopy.

MOTION: **The work group voted 2:2 to not include a recommendation for a statewide protocol for treating urinary tract infections in the work group’s report. (motion by Stokes, seconded by Miller; opposed by**

Melton and Ratliff)

MEETING ADJOURNED:

Having completed all business on the agenda, the meeting was adjourned at 11:47AM.

Work Group Chairman

Caroline D. Juran, Executive Director

DATE:

DATE:

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
SPECIAL CONFERENCE COMMITTEE MINUTES

Tuesday, August 24, 2021
Commonwealth Conference Center
Second Floor
Board Room 4

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

CALL TO ORDER: A meeting of a Special Conference Committee of the Board of Pharmacy was called to order at 9:06 am.

PRESIDING: Dale St. Clair, Committee Chair

MEMBERS PRESENT: Glenn Bolyard, Committee Member

STAFF PRESENT: Mykl Egan, Discipline Case Manager
Ileita Redd, Discipline Program Specialist
Jessica Weber, DHP Adjudication Specialist

RONALD E. BENNETT
License No. 0202-010021
Ronald E. Bennett, Pharmacist, appeared to discuss allegations that he may have violated certain laws and regulations governing his practice as a pharmacist as stated in the July 20, 2021, Notice.

Closed Meeting: Upon a motion by Mr. Bolyard, and duly seconded by Mr. St. Clair, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(27) for the purpose of deliberation to reach a decision in the matter of Ronald E. Bennett. Additionally, he moved that Mykl Egan and Ileita Redd attend the closed meeting because their presence in the closed meeting was deemed necessary and would aid the Committee in its deliberations.

Reconvene: Having certified that the matters discussed in the preceding closed meeting met the requirements of Virginia Code § 2.2-3712, the Committee reconvened in open meeting and announced the decision.

Decision: Upon a motion by Mr. Bolyard and duly seconded by Mr. St. Clair, the Committee voted unanimously to assess a monetary penalty against Mr. Bennett,

issue him a reprimand, and place him on probation under certain terms and conditions.

ADJOURNED:

11:30 a.m.

Dale St. Clair, Chair

Mykl D. Egan, J.D.
Discipline Case Manager

Date

Date

Virginia's Pharmacist Workforce: 2020

Healthcare Workforce Data Center

February 2021

Virginia Department of Health Professions
Healthcare Workforce Data Center
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
804-597-4213, 804-527-4466 (fax)
E-mail: HWDC@dhp.virginia.gov

Follow us on Tumblr: www.vahwdc.tumblr.com

Get a copy of this report from:

<http://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/ProfessionReports/>

14,771 Pharmacists voluntarily participated in this survey. Without their effort, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Pharmacy express our sincerest appreciation for your ongoing cooperation.

Thank You!

Virginia Department of Health Professions

David E. Brown, DC
Director

Barbara Allison-Bryan, MD
Chief Deputy Director

Healthcare Workforce Data Center Staff:

Elizabeth Carter, PhD
Director

Yetty Shobo, PhD
Deputy Director

Laura Jackson, MSHSA
Operations Manager

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BSc
Research Assistant

The Board of Pharmacy

Chair

Kristopher S. Ratliff
Marion

Vice-Chair

Cheryl H. Nelson
Richmond

Members

Glenn Bolyard
Glen Allen

Bernard L. "Bernie" Henderson, Jr.
Richmond

James L. Jenkins, Jr.
Mechanicsville

William Lee
Radford

Ryan K. Logan
Fairfax

Patricia Lynn Richards-Spruill
Suffolk

Sarah Melton
Bristol

R. Dale St. Clair, Jr.
Goochland

Executive Director

Caroline D. Juran

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The Pharmacist Workforce: At a Glance:

The Workforce

Licenses:	16,205
Virginia's Workforce:	8,827
FTEs:	7,142

Survey Response Rate

All Licensees:	91%
Renewing Practitioners:	97%

Demographics

Female:	66%
Diversity Index:	53%
Median Age:	44

Background

Rural Childhood:	32%
HS Degree in VA:	48%
Prof. Degree in VA:	49%

Education

Baccalaureate:	32%
Pharm.D./Professional:	68%

Finances

Median Inc.: \$120k-\$130k	
Health Benefits:	70%
Under 40 w/ Ed debt:	72%

Current Employment

Employed in Prof.:	91%
Hold 1 Full-time Job:	72%
Satisfied?:	87%

Job Turnover

Switched Jobs in 2020:	4%
Employed over 2 yrs:	63%

Primary Roles

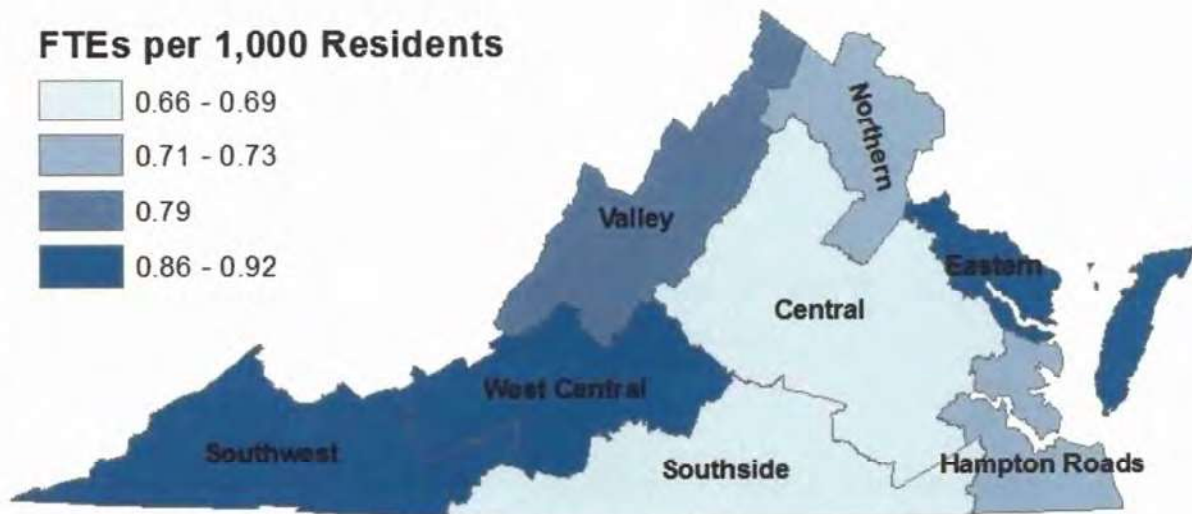
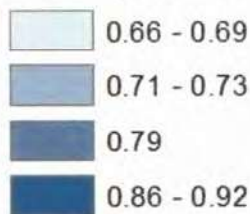
Patient Care:	74%
Administration:	8%
Education:	1%

Source: Va. Healthcare Workforce Data Center

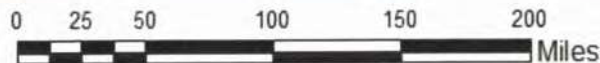
Full Time Equivalency Units Provided by Pharmacists per 1,000 Residents by Virginia Performs Regions

Source: Va Healthcare Work force Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2019
Source: U.S. Census Bureau, Population Division



Results in Brief

A total of 14,771 pharmacists voluntarily took part in the 2020 Pharmacist Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December for pharmacists. These survey respondents represent 91% of the 16,205 pharmacists who are licensed in the state and 97% of renewing practitioners. The HWDC estimates that 8,827 pharmacists participated in Virginia's workforce during the survey period and they provided 7,142 full-time equivalency units (FTE).

The majority of Virginia's pharmacists are female, and the median age among those in the workforce is 44. About one-third of pharmacists grew up in a rural area, and nearly one-quarter of these professionals currently work in non-metro areas of the state. Overall, 11% of Virginia's pharmacists work in a non-metro area. Around 68% of Virginia's pharmacist workforce have earned a doctorate or other professional degree as their highest educational attainment. Further, 42% of pharmacists currently carry educational debt, including nearly three-quarters of those under the age of 40. The median debt for those pharmacists with educational debt is between \$120,000 and \$130,000.

Nine out of every ten pharmacists are currently employed in the profession, with 72% holding one full-time position. Over the past year, 3% of pharmacists were involuntarily unemployed, while another 4% were underemployed. The typical pharmacist earned between \$120,000 and \$130,000 in 2020. Around 87% of all pharmacists are satisfied with their current employment situation, including 47% who indicated that they are "very satisfied".

About 90% of all pharmacists work in the private sector, including 64% who work at a for-profit organization. Large community pharmacies (i.e. pharmacies with more than 10 locations) were the most common working establishment type for Virginia's pharmacist workforce, employing 27% of all professionals. Hospital systems and smaller pharmacies were also common employers. About 4 in 10 pharmacists expect to retire by the age of 65 and 7% of the current workforce expect to retire in the next two years. Half of the current workforce expect to retire by 2045.

Summary of Trends

The total number of licensed pharmacists has grown by 27% since 2013. Of these, the number working in the state workforce has also increased but the increase of 12% is modest by comparison. However, the 4% increase in FTE provided in state by pharmacists in the same period is even a more modest increase.

The diversity index of Virginia's pharmacists increased from 47% in 2013 to 53% in 2020. The percentage of pharmacists who are female also continued inching up by about one percent nearly every other year, from 62% in 2013 to 66% in 2020. Median age has been relatively stable between 44 to 45 years in the past eight surveys. Even the percent under age 40, which increased from 37% in 2013 to 40% in 2016, has stayed at 40% in the past four years.

Educational attainment continues to increase among the pharmacist workforce. In 2013, only 51% had a pharmacy doctorate compared to 68% in 2020. Not surprisingly, the percent reporting educational debt has also increased annually from 35% in 2013 to 42% in 2020. Further, the median educational debt, which increased from \$90K-\$100K in 2013 to \$110K-\$120K in 2018, is now \$120K-\$130K.

The labor market was a bit slack for pharmacists in the past year; 3% reported being involuntarily unemployed compared to the 1% involuntary employment rate in nearly all pre-2017 surveys. However, around 91% still reported being employed in the profession and the current involuntary unemployment rate in December 2020, when the survey took place, was 2%. Median income has been stable at \$120K to \$130K between 2016 and 2020 after increasing from \$110K-\$120K in 2013. However, the percent earning above \$140,000 increased from 17% in 2016 to 20% in 2020; only 12% were in that income range in 2013. Job satisfaction increased back to the 2018 level of 87% after dropping to 84% in 2019; this was driven by pharmacists who reported being very satisfied with their job who increased from 44% to 47%.

Pharmacists intending to retire in the next decade increased from 22% in the pre-2017 surveys to 23% in 2017 and have stayed at 23% since. The percent planning to retire in the next two years increased from 6% in 2013 to 7% in recent years. Regarding future plans, only 9% intended to pursue additional education in 2020 compared to 13% in 2013.

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	14,588	90%
New Licensees	885	5%
Non-Renewals	732	5%
All Licensees	16,205	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 97% of renewing pharmacists submitted a survey. These represent 91% of pharmacists who held a license at some point in 2020.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 30	127	870	87%
30 to 34	214	2,309	92%
35 to 39	191	2,440	93%
40 to 44	150	1,957	93%
45 to 49	124	1,772	94%
50 to 54	138	1,677	92%
55 to 59	105	1,331	93%
60 and Over	385	2,415	86%
Total	1,434	14,771	91%
New Licenses			
Issued in 2020	295	590	67%
Metro Status			
Non-Metro	110	1,039	90%
Metro	613	8,039	93%
Not in Virginia	711	5,693	89%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Pharmacists

Number:	16,205
New:	5%
Not Renewed:	5%

Survey Response Rates

All Licensees:	91%
Renewing Practitioners:	97%

Source: Va. Healthcare Workforce Data Center

Response Rates

Completed Surveys	14,771
Response Rate, all licensees	91%
Response Rate, Renewals	97%

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. The Survey Period:** The survey was conducted in December 2020.
- 2. Target Population:** All pharmacists who held a Virginia license at some point in 2020.
- 3. Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some pharmacists newly licensed in 2020.

At a Glance:

Workforce

Pharmacist Workforce: 8,827
 FTEs: 7,142

Utilization Ratios

Licenses in VA Workforce: 54%
 Licenses per FTE: 2.27
 Workers per FTE: 1.24

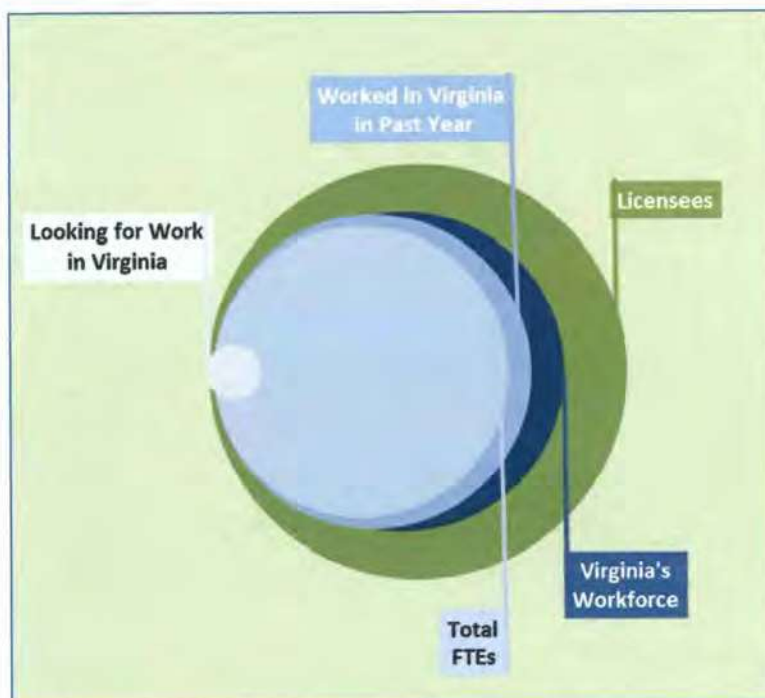
Source: Va. Healthcare Workforce Data Center

Virginia's Pharmacist Workforce		
Status	#	%
Worked in Virginia in Past Year	8,564	97%
Looking for Work in Virginia	263	3%
Virginia's Workforce	8,827	100%
Total FTEs	7,142	
Licenses	16,205	

Source: Va. Healthcare Workforce Data Center

Definitions

- 1. Virginia's Workforce:** A licensee with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full Time Equivalency Unit (FTE):** The HWDC uses 2,000 hours (40 hours for 50 weeks with 2 weeks off) as its baseline measure for FTEs.
- 3. Licenses in VA Workforce:** The proportion of licenses in Virginia's Workforce.
- 4. Licenses per FTE:** An indication of the number of licenses needed to create 1 FTE. Higher numbers indicate lower licensee participation.
- 5. Workers per FTE:** An indication of the number of workers in Virginia's workforce needed to create 1 FTE. Higher numbers indicate lower utilization of available workers.



Source: Va. Healthcare Workforce Data Center

This report uses weighting to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia Workforce only. For more information on HWDC's methodology visit: www.dhp.virginia.gov/hwdc

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	163	28%	426	72%	590	8%
30 to 34	371	31%	821	69%	1,192	16%
35 to 39	333	30%	764	70%	1,096	15%
40 to 44	253	28%	635	72%	888	12%
45 to 49	211	28%	543	72%	754	10%
50 to 54	250	31%	557	69%	807	11%
55 to 59	234	35%	431	65%	665	9%
60 +	654	53%	583	47%	1,237	17%
Total	2,470	34%	4,760	66%	7,230	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Gender
 % Female: 66%
 % Under 40 Female: 70%

Age
 Median Age: 44
 % Under 40: 40%
 % 55+: 26%

Diversity
 Diversity Index: 53%
 Under 40 Div. Index: 58%

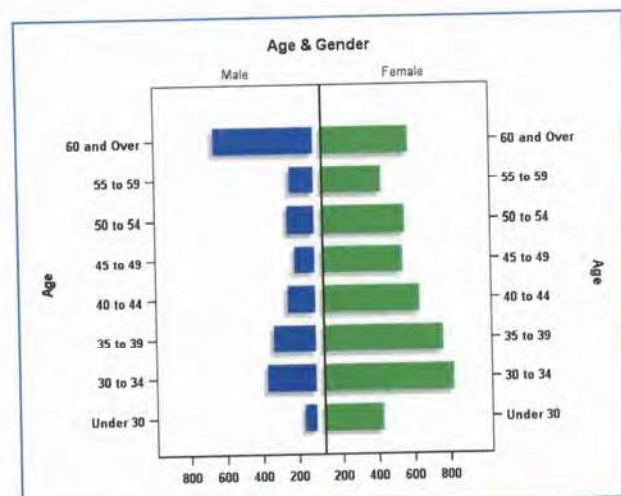
Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Pharmacists		Pharmacists Under 40	
	%	#	%	#	%
White	61%	4,710	65%	1,704	60%
Black	19%	822	11%	356	12%
Asian	7%	1,328	18%	641	22%
Other Race	0%	118	2%	41	1%
Two or more races	3%	120	2%	66	2%
Hispanic	10%	114	2%	53	2%
Total	100%	7,212	100%	2,861	100%

** Population data in this chart is from the US Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2018. Source: Va. Healthcare Workforce Data Center

In a chance encounter between two pharmacists, there is a 53% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 57%.

40% of pharmacists are under the age of 40, and 70% of these professionals are female. In addition, pharmacists who are under the age of 40 are slightly more diverse than Virginia's overall population.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 17%
Rural Childhood: 32%

Virginia Background

HS in Virginia: 48%
Prof. Education in VA: 49%
HS/Prof. Educ. in VA: 57%

Location Choice

% Rural to Non-Metro: 23%
% Urban/Suburban to Non-Metro: 5%

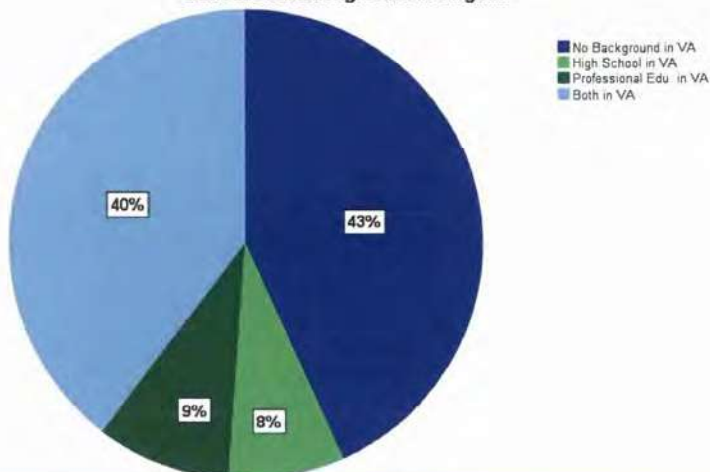
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 million+	21%	58%	20%
2	Metro, 250,000 to 1 million	51%	42%	7%
3	Metro, 250,000 or less	40%	47%	13%
Non-Metro Counties				
4	Urban pop 20,000+, metro adjacent	56%	35%	9%
6	Urban pop, 2,500-19,999, metro adjacent	60%	30%	11%
7	Urban pop, 2,500-19,999, non adjacent	89%	6%	5%
8	Rural, metro adjacent	54%	37%	9%
9	Rural, non adjacent	60%	27%	13%
Overall		32%	51%	17%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

32% of pharmacists grew up in self-described rural areas, and 23% of these professionals currently work in non-metro counties. Overall, 11% of Virginia's pharmacist workforce currently work in non-metro counties.

Top Ten States for Pharmacy Recruitment

Rank	All Pharmacists			
	High School	#	Professional School	#
1	Virginia	3,377	Virginia	3,429
2	Outside U.S./Canada	830	Pennsylvania	466
3	Pennsylvania	419	North Carolina	315
4	New York	338	Outside U.S./Canada	308
5	Maryland	227	New York	256
6	North Carolina	200	Maryland	228
7	West Virginia	179	Washington, D.C.	196
8	New Jersey	158	Massachusetts	192
9	Ohio	138	West Virginia	181
10	Florida	126	Ohio	137

Source: Va. Healthcare Workforce Data Center

48% of Virginia's pharmacists received their high school degree in Virginia, and 49% received their initial professional degree in the state.

Among pharmacists who have been licensed in the past five years, 42% received their high school degree in Virginia, and 45% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	740	Virginia	760
2	Outside U.S./Canada	207	Pennsylvania	111
3	Pennsylvania	101	North Carolina	90
4	New York	85	Maryland	78
5	Maryland	75	Tennessee	64
6	North Carolina	63	Outside U.S./Canada	60
7	Florida	49	New York	52
8	New Jersey	38	Florida	49
9	Ohio	35	West Virginia	44
10	Georgia	35	Massachusetts	41

Source: Va. Healthcare Workforce Data Center

46% of Virginia's licensed pharmacists did not participate in Virginia's workforce in 2020. 90% of these professionals worked at some point in the past year, including 82% who currently work as pharmacists.

At a Glance:

Not in VA Workforce

Total:	7,377
% of Licensees:	46%
Federal/Military:	7%
VA Border State/DC:	18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
B.S. Pharmacy	2,235	32%
Pharm.D.	4,701	68%
Total	6,936	100%

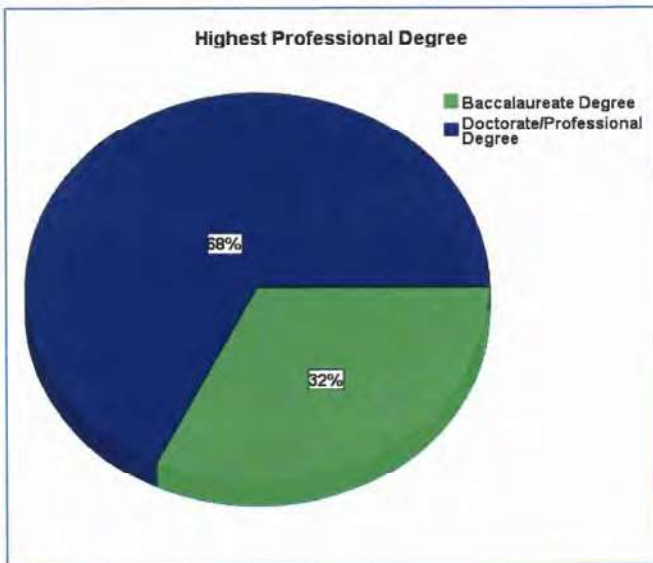
Source: Va. Healthcare Workforce Data Center

At a Glance:

Education
 B.S. Pharmacy: 32%
 Pharm.D.: 68%

Educational Debt
 Carry debt: 42%
 Under age 40 w/ debt: 72%
 Median debt: \$120k-\$130k

Source: Va. Healthcare Workforce Data Center.



Source: Va. Healthcare Workforce Data Center

68% of pharmacists hold a Doctorate in Pharmacy as their highest professional degree, while all remaining professionals have earned a Bachelor's degree in Pharmacy.

42% of pharmacists currently have educational debt, including 72% of those under the age of 40. For those with educational debt, the median debt is between \$120,000 and \$130,000. Among those under the age of 40 with debt, median is \$150,000 to \$160,000.

Educational Debt				
Amount Carried	All Pharmacists		Pharmacists Under 40	
	#	%	#	%
None	3,368	58%	647	28%
\$20,000 or less	166	3%	72	3%
\$20,001-\$40,000	195	3%	87	4%
\$40,001-\$60,000	217	4%	99	4%
\$60,001-\$80,000	213	4%	107	5%
\$80,001-100,000	201	3%	115	5%
\$100,001-\$120,000	206	4%	144	6%
\$120,001-\$140,000	152	3%	110	5%
\$140,001-\$160,000	195	3%	158	7%
\$160,001-\$180,000	153	3%	128	5%
\$180,001-\$200,000	147	3%	124	5%
Over \$200,000	643	11%	554	24%
Total	5,856	100%	2,345	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Top Specialties

Immunization:	16%
Community Pharmacy:	8%
Ambulatory Care:	4%

Top Board Certifications

BPS - Pharmacotherapy:	6%
BPS - Ambulatory Care:	1%
BCGP - Geriatrics:	1%

Top Residencies (PGY1)

Pharmacy Practice (Post 1993):	11%
Community Pharmacy:	5%
Pharmacy Practice (Pre 1993):	3%

Source: Va. Healthcare Workforce Data Center

PGY1		
Residency	#	%
Pharmacy Practice (Post 1993)	938	11%
Community Pharmacy	412	5%
Pharmacy Practice (Pre 1993)	288	3%
Managed Care Pharmacy	38	0%
Other	0	0%
Total	1,676	19%
PGY2		
Ambulatory Care	109	1%
Critical Care	66	1%
Internal Medicine/Cardiology	40	<1%
Drug Information	37	<1%
Health-system Pharmacy Administration	33	<1%
Infectious Disease	32	<1%
Pediatrics	29	<1%
Psychiatry	28	<1%
Oncology	25	<1%
Pharmacotherapy	21	<1%
Geriatrics	21	<1%
Informatics	14	<1%
Solid Organ Transfer	13	<1%
Other	148	2%
At Least One	616	7%

Source: Va. Healthcare Workforce Data Center

Board Certifications		
Certification	#	%
BPS-Pharmacotherapy	503	6%
BPS-Ambulatory Care	99	1%
BCGP-Geriatrics	84	1%
BPS-Oncology	43	<1%
BPS- Psychiatric	23	<1%
BPS- Nutrition	13	<1%
BPS-Nuclear Pharmacy	7	<1%
ABAT-Applied Toxicology	2	0%
Other Board Certification	229	2%
At Least One Certification	912	10%

Source: Va. Healthcare Workforce Data Center

10% of pharmacists hold a board certification, including 6% who hold a certification in Pharmacotherapy. 33% also have a self-designated specialty area, including 16% who have a specialization in immunization.

A Closer Look:

At a Glance:

Top Services

Immunization:	32%
Medication Management:	29%
Compounding:	24%

Disease Management

Anticoagulation:	20%
Diabetes:	3%

Source: Va. Healthcare Workforce Data Center

Disease Management in Collaborative Practice		
	#	%
Anticoagulation	69	20%
Hypertension, Hypercholesterolemia, Asthma, Tobacco cessation, Anticoagulation, Diabetes	34	10%
Hypertension, Hypercholesterolemia, Diabetes	24	7%
Hypertension, Hypercholesterolemia, Asthma, Tobacco cessation, Travel medications, Anticoagulation, Diabetes	23	7%
Travel medications	21	6%
Anticoagulation, Diabetes	19	5%
Hypertension, Hypercholesterolemia, Tobacco cessation, Diabetes	19	5%
Hypertension, Hypercholesterolemia, Asthma, Anticoagulation, Diabetes	17	5%
Hypertension, Hypercholesterolemia, Tobacco cessation, Anticoagulation, Diabetes	13	4%
Hypertension, Hypercholesterolemia, Anticoagulation, Diabetes	12	3%
Tobacco cessation	12	3%
Hypertension, Diabetes	11	3%
Hypertension, Hypercholesterolemia, Asthma, Tobacco cessation, Diabetes	11	3%
Diabetes	10	3%
Hypertension, Anticoagulation, Diabetes	8	2%
Hypertension, Hypercholesterolemia, Asthma, Diabetes	4	1%
Hypertension	3	1%
Hypertension, Asthma, Anticoagulation, Diabetes	3	1%
Hypertension, Asthma, Diabetes	3	1%
Hypertension, Tobacco cessation, Anticoagulation, Diabetes	3	1%
Other	30	9%
Total	349	100%

Source: Va. Healthcare Workforce Data Center

Services Provided				
Services	Primary		Secondary	
	#	%	#	%
Primary Service, Immunization	2,862	32%	2,862	32%
Primary Service, Medication Management	2,533	29%	310	4%
Primary Service, Compounding	2,102	24%	214	2%
Primary Service, Central Filling	1,140	13%	143	2%
Primary Service, Remote Order Processing	1,004	11%	95	1%
Primary Service, Collaborative Practice Agreement	587	7%	68	1%
At Least One	4,625	52%	3,086	35%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 91%
 Involuntarily Unemployed: 2%

Positions Held

1 Full-time: 72%
 2 or More Positions: 8%

Weekly Hours:

40 to 49: 49%
 60 or more: 4%
 Less than 30: 13%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	7	0%
Employed in a pharmacy-related capacity	6,335	91%
Employed, NOT in a pharmacy-related capacity	254	4%
Not working, reason unknown	0	0%
Involuntarily unemployed	105	2%
Voluntarily unemployed	151	2%
Retired	119	2%
Total	6,970	100%

Source: Va. Healthcare Workforce Data Center

91% of Virginia's pharmacists are currently employed in the profession, and 2% of all pharmacy professionals are involuntarily unemployed at the moment. 72% of the state's pharmacist workforce have one full-time job, while 8% of pharmacists have multiple positions. 49% of pharmacists work between 40 and 49 hours per week, while 4% of pharmacy professionals work at least 60 hours per week.

Current Positions		
Positions	#	%
No Positions	375	5%
One Part-Time Position	992	15%
Two Part-Time Positions	158	2%
One Full-Time Position	4,917	72%
One Full-Time Position & One Part-Time Position	349	5%
Two Full-Time Positions	9	0%
More than Two Positions	40	1%
Total	6,840	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	375	6%
1 to 9 hours	189	3%
10 to 19 hours	242	4%
20 to 29 hours	472	7%
30 to 39 hours	1,432	21%
40 to 49 hours	3,310	49%
50 to 59 hours	477	7%
60 to 69 hours	170	3%
70 to 79 hours	77	1%
80 or more hours	42	1%
Total	6,786	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	46	1%
\$50,000 or less	449	9%
\$50,001-\$60,000	133	3%
\$60,001-\$70,000	98	2%
\$70,001-\$80,000	149	3%
\$80,001-\$90,000	199	4%
\$90,001-\$100,000	257	5%
\$100,001-\$110,000	541	10%
\$110,001-\$120,000	601	12%
\$120,001-\$130,000	806	16%
\$130,001-\$140,000	716	14%
\$140,001-\$150,000	464	9%
More than \$150,000	730	14%
Total	5,189	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Income
Median Income: \$120k-130k

Benefits
Employer Retirement: 71%
Employer Health Insurance: 70%

Satisfaction
Satisfied: 87%
Very Satisfied: 47%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	3,155	47%
Somewhat Satisfied	2,698	40%
Somewhat Dissatisfied	571	9%
Very Dissatisfied	311	5%
Total	6,735	100%

Source: Va. Healthcare Workforce Data Center

The typical pharmacist earned between \$120,000 and \$130,000 in 2020. Among pharmacists who received either an hourly wage or a salary as compensation at their primary work location, 70% received health insurance and 70% also had access to a retirement plan.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation Leave	4,839	76%	80%
Retirement	4,317	68%	71%
Health Insurance	4,263	67%	70%
Dental Insurance	4,122	65%	68%
Paid Sick Leave	3,818	60%	63%
Group Life Insurance	3,089	49%	52%
Signing/Retention Bonus	372	6%	6%
Received At Least One Benefit	5,169	82%	85%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Underemployment in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	235	3%
Experience Voluntary Unemployment?	246	3%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	332	4%
Work two or more positions at the same time?	662	7%
Switch employers or practices?	355	4%
Experienced at least 1	1,464	17%

Source: Va. Healthcare Workforce Data Center

3% of Virginia's pharmacists were involuntary unemployed at some point in 2020. By comparison, Virginia's average monthly unemployment rate was 6.0%.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	140	2%	59	7%
Less than 6 Months	525	8%	123	15%
6 Months to 1 Year	540	8%	99	12%
1 to 2 Years	1,201	19%	152	18%
3 to 5 Years	1,408	22%	175	21%
6 to 10 Years	1,012	16%	97	11%
More than 10 Years	1,637	25%	139	16%
Subtotal	6,463	100%	845	100%
Did not have location	328		7,940	
Item Missing	2,036		42	
Total	8,827		8,827	

Source: Va. Healthcare Workforce Data Center

Half of all pharmacists receive a salary or commission at their primary work location, while 43% receive an hourly wage.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 3%
Underemployed: 4%

Stability

Switched: 4%
New Location: 20%
Over 2 years: 63%
Over 2 yrs, 2nd location: 49%

Employment Type

Salary or Wage: 93%

Source: Va. Healthcare Workforce Data Center

63% of pharmacists have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	2,909	50%
Hourly Wage	2,535	43%
By Contract	84	1%
Business/ Practice Income	284	5%
Unpaid	29	0%
Subtotal	5,842	100%

Source: Va. Healthcare Workforce Data Center

¹ As reported by the US Bureau of Labor Statistics, the non-seasonally adjusted monthly unemployment rate rose from 2.8% in February 2020 to a high of 10.8% in April 2020. More recently, it fell to 4.6% in November 2020 and this rate was preliminary at the time of publication. December's unemployment rate was not available at the time of this publication.