



# 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 Full Board Meeting

March 15, 2022

9AM

#### TOPIC

#### PAGES

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

- Approval of Agenda

1-41

**Approval of Previous Board Meeting Minutes:**

- December 7, 2021, Full Board Meeting
- December 7, 2021, Public Hearing – Schedule I Chemicals
- December 17, 2021, Special Conference Committee
- January 12, 2022, Telephone Conference Call
- January 18, 2022, Workgroup regarding Unprofessional Conduct – Pharmacy Work Conditions
- January 27, 2022, Telephone Conference Call
- February 7, 2022, Public Hearing Pharmacy Tech Training, Pharmacist Initiating Treatment
- February 7, 2022, Formal Hearing
- February 16, 2022, Special Conference Committee
- February 22, 2022, Formal Hearing
- February 24, 2022, Innovative Pilot Program Committee
- March 2, 2022, Special Conference Committee

**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

**Legislative/Regulatory/Guidance:** Elaine Yeatts/Caroline Juran

- Chart of Regulatory Actions 42-43
- Report of the 2022 General Assembly 44-55
- Adoption of Notices of Intended Regulatory Action from Periodic Review 56-62
- Proposed Regulations for Remote Processing of Drugs in Automated Dispensing Devices for Hospitals 63-65
- Adoption of Final Regulations for Use of Medication Carousels and RFID Technology 66-83
- Adoption of Proposed Regulations for Pharmacists Initiating Treatment 84-91
- Adoption of Exempt Regulations for Pharmaceutical Processors 92-98
- Adoption of Guidance Document regarding Pharmacy Working Conditions 99-101
- Consideration of Requiring Continuing Education on Buprenorphine in 2023 102-103

**New Business:**

- Adoption of 2021 Pharmacist and Pharmacy Technician Workforce Survey Reports – Yetty Shobo, Ph.D., Deputy Director, DHP Healthcare Workforce Data Center and Data Analytics Division 104-162
- Recognition of Former Board Member Ryan Logan and Retiring Senior Policy Analyst Elaine Yeatts

**Reports:**

- Chairman’s Report – Cheryl Nelson, PharmD **163**
- Report on Board of Health Professions – Sarah Melton, PharmD **164**
- Report on Licensure of Individuals and In-State Facilities – Ryan Logan, RPh **165-170**
- Report on Nonresident Facilities – Beth O’Halloran, RPh **171**
- Report on Inspection Program – Melody Morton, Inspections Manager, Enforcement Division **172**
- Report on Pharmaceutical Processors – Annette Kelley, M.S., C.S.A.C. **173**
- Report on Disciplinary Program – Ellen B. Shinaberry, PharmD **173**
- Executive Director’s Report – Caroline D. Juran, RPh **173**

**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.\*\*\***

(DRAFT/UNAPPROVED)

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

December 7, 2021

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

**CALL TO ORDER:** A full board meeting was called to order at 9:19 AM.

**PRESIDING:** Cheryl H. Nelson, Chairman

**MEMBERS PRESENT:** R. Dale St. Clair Jr, Vice Chairman  
Bernard Henderson, Jr.  
William Lee  
Sarah Melton  
Patricia Richards-Spruill (arrived at 9:21 AM)  
Glenn Bolyard  
Cheryl Garvin  
Kristopher Ratliff

**MEMBER ABSENT:** Jim Jenkins

**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 Brown, D.C., DHP Agency Director  
Barbara Allison-Bryan, M.D., Chief Deputy, DHP  
James Rutkowski, Assistant Attorney General  
Sorayah Haden, Executive Assistant

**PHARMACISTS AWARDED  
1-HOUR OF LIVE OR REAL-  
TIME INTERACTIVE  
CONTINUING EDUCATION  
FOR ATTENDING MEETING:** None

**QUORUM** With nine members participating, a quorum was established.

**APPROVAL OF AGENDA:**

The following handouts were provided to the board and the public: written comments regarding amendments to 18VAC110-20-25 Unprofessional Conduct from NCPA, Cindy Warriner, Jim Jenkins, Jr, and multiple VPhA members, along with the original red-lined suggested language for 18VAC110-20-25 from the November Regulation Committee meeting. Elaine Yeatts also provided a handout regarding the Exempt Regulations for Schedule I drugs. No additional items were added to the agenda and it 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 the meetings held between September 17, 2021 and November 15, 2021 as presented and amended as follows:**

- **On page 1 and 2 of October 12, 2021 Formal Hearing minutes, amend the name of the permit holder correctly to read “Pharmacy Services America, LLC” instead of “Pharmacy Services of America, LLC.”**
- **On page 1 of the November 11, 2021 Regulation Committee Meeting, insert a link to view the agenda (motion by Ratliff, seconded by Bolyard)**

**PUBLIC COMMENTS:**

Pharmacist Dave McClellan commented that “something needs to be done”. He has been told by corporate supervisors that he wasn’t fast enough despite his many years of experience and that he doesn’t have the right to schedule staff. He expressed concern that the staffing model is based on past activity and not anticipated activity. He stated many pharmacy staff fear retaliation. He requested the Board to revisit the unprofessional conduct language and allow all pharmacists to express concern so the Board can get a full breadth of the issue.

Pharmacist Michelle Harmen commented that there is no time for a bathroom break or meal break. Staff often work over 12 hours and dispense more than 500 prescriptions which equates to one prescription every 1 to 1.5 minutes. She stated this does not leave adequate time to check for drug interactions, counseling patients, administering vaccines. Clinical decisions must be performed in approximately 30 seconds. She commented that she suffered a hemorrhage from working conditions and spent 9 days in an intensive care unit. Two days later, another pharmacist was admitted to the hospital with a massive heart attack. She implored the Board to hear pharmacists’ concerns and speak on behalf of those who cannot speak.

Pharmacist Terri Powers expressed concern regarding the unrealistic metrics and quotas in community pharmacy at the expense of patient safety. She

stated the pharmacist-in-charge is provided no authority to staff the pharmacy. She commented that inadequate staffing is the root cause of dispensing errors. She expressed concern that quotas are based on historical data and not anticipated workload. She encouraged the Board to pass the originally proposed language for unprofessional conduct and that it has already been passed in another state. She commented that a prohibition of quotas is not vague.

Pharmacist Karen Winslow representing the VPhA Academy for Workplace Well-being commented that there is a mass exodus from many working the frontlines. She stated allowing public comment regarding unprofessional practice is critical and that burnout has affected patient safety. Many pharmacies are 150-200 prescriptions behind at closing time and critical drugs are not ready at pick up. Critical to have appropriate staffing. She encouraged the Board to hear from those individuals that served on NABP's Task Force regarding workplace conditions.

Pharmacist Cindy Warriner provided a handout in addition to offering verbal comment. She commented that the Regulation Committee not recommending inclusion of all suggested language regarding unprofessional conduct was disappointing. She emphasized the need for patient safety, timely access to prescriptions, and professional pharmacy services. She referenced the law regarding specific powers authorizing the Board. She commented that the suggested language was not vague and that perception of the profession by the public is important. She stated 54.1-3316 of the Code of Virginia can be seen as vague.

Cristina Barrille, Executive Director of VPhA, commented that pharmacy staff have reached a breaking point and that this issue is not limited to certain regions of the state. She urged the Board to include the unprofessional conduct language in the periodic regulatory review process which would demonstrate to pharmacy staff that "we got your back". She commented that she believed an official vote on the unprofessional conduct language was taken at the Regulation Committee meeting.

The Chairman then provided board members time to review all handouts containing public comment.

**DHP DIRECTOR'S REPORT:**

David Brown, D.C., Director, DHP presented the Director's Report. He acknowledged Board member Bernie Henderson and his wife for sponsoring the VaNews publication that day. The agency has a new security staffing company, RMC Events. In Spring 2022, the conference center will receive various audio/visual upgrades including ceiling microphones. Dr. Brown reassured the Board that the agency's core duties will not change, despite the upcoming change in the Administration's political party.

Dr. Allison-Bryan commented that Virginia ranks 10<sup>th</sup> in the country for citizens receiving the COVID-19 vaccine. 45% of Virginia children are fully vaccinated. She applauded pharmacists and pharmacy technicians who have administered the bulk of the vaccinations. She commented that transmission is fluid and that Henrico County is back in the “red zone”. Two oral medications are on the horizon that interrupt replication of the virus.

Chairman Nelson thanked them both for their service to DHP and that she hopes to continue working with Dr. Brown in the future as he seeks reappointment.

CHART OF REGULATORY  
ACTIONS

Mrs. Yeatts briefly reviewed the chart in the agenda packet and provided updated information.

REGULATORY/POLICY  
ACTIONS RESULTING  
FROM 2021 GENERAL  
ASSEMBLY SESSION

Ms. Yeatts referenced the legislative reports included in the agenda packets regarding expanded duties for pharmacy technicians and statewide protocols for pharmacists initiating treatment.

PETITION FOR  
RULEMAKING- PHARMACY  
TECHNICIAN  
ADMINISTRATION OF  
VACCINES

Ms. Yeatts provided an overview of the petition for rulemaking and commented that allowing pharmacy technicians to administer vaccines would require legislative action. She additionally referenced the legislative report regarding expanded duties for pharmacy technicians wherein the work group expressed support for such an authority.

**MOTION:**

**The Board voted unanimously that it was in favor of authorizing pharmacy technicians to administer vaccines, but to take no action on the petition for rulemaking since legislative action was necessary. (motion by St. Clair, seconded by Henderson)**

ADOPTION OF EXEMPT  
REGULATIONS FOR  
SCHEDULE I

Ms. Yeatts provided an overview of the item, referencing the handout regarding the suggested regulatory action as the pages in the agenda packet for this item were out of order. She recommended the Board strike the chemicals in regulation that have permanently been placed into Schedule I by the General Assembly during the recent session and add the five proposed chemicals into Schedule I temporarily as recommended by the Department of Forensic Science.

**MOTION:**

**The Board voted unanimously to amend 18VAC110-20-322 by striking the chemicals already in Schedule I and inserting the five proposed chemicals as presented in the handout and listed below:**

The following compounds are classified as synthetic opioids. Compounds of this type have been placed in Schedule I (§ 54.1-3446(1)) in previous legislative sessions.

1. **1-(4-cinnamyl-2,6-dimethylpiperazin-1-yl)propan-1-one (other name: AP-238)**, its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation.

Based on its chemical structure, the following compound is expected to have hallucinogenic properties. Compounds of this type have been placed in Schedule I (§ 54.1-3446(3)) in previous legislative sessions.

2. **4-methallyloxy-3,5-dimethoxyphenethylamine (other name: Methallylescaline)**, 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.
3. **alpha-pyrrolidino-2-phenylacetophenone (other name: alpha-D2PV)**, 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.

The following compounds are classified as cannabimimetic agents. Compounds of this type have been placed in Schedule I (§ 54.1-3446(6)) in previous legislative sessions.

4. **ethyl 2-[1-pentyl-1H-indazole-3-carboxamido]-3,3-dimethylbutanoate (other name: EDMB-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.
5. **N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-phenethyl-1H-indazole-3-carboxamide (other name: ADB-PHETINACA)**, 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 Bolyard, seconded by Richards-Spruill)**

Ms. Yeatts reminded the Board that a notice of periodic review was published in December 2020/January 2021 and that no public comments were received. She commented that the Regulation Committee has recommended certain topics to be included in the periodic regulatory review. After Board consideration of these topics today, a notice will be published soliciting public comment regarding the identified topics and any other topics for inclusion in the periodic review. The Board will consider these comments at the March 2022 meeting prior to adopting a Notice of Intent. She stated the Board is not obligated to amending regulations on these topics at this time, but is simply identifying topics for which it may consider amending or drafting regulations to address. She recommended the Board address 18VAC110-20-25 regarding unprofessional conduct separately given the public comment received. Ms. Juran suggested the Board consider including recommendations from the legislative work groups to 1) make it clear that pharmacists and pharmacy technicians may administer CLIA-waived tests which is consistent with the Board's longstanding position and confirmed with board counsel, 2) that pharmacy technicians may independently take medication histories including drug name, dose, and frequency, and 3) to allow a nationally certified pharmacy technician to electronically transfer a Schedule VI refill prescription that is not an on-hold prescription when

ADOPTION OF  
RECOMMENDATIONS ON  
PERIODIC REVIEW

authorized by the pharmacist-in-charge.

**The Board voted unanimously to continue Chapters 20, 21, and 30 with amendments and to include the topics recommended by the Regulation Committee as found on pages 80-82 of the agenda packet, along with the following topics to 1) make it clear that pharmacists and pharmacy technicians may administer CLIA-waived tests, 2) that pharmacy technicians may independently take medication histories including drug name, dose, and frequency, and 3) allow a nationally certified pharmacy technician to electronically transfer a Schedule VI refill prescription that is not an on-hold prescription when authorized by the pharmacist-in-charge. (motion by St. Clair, seconded by Henderson)**

**MOTION:**

**The Board voted unanimously to continue Chapters 40 and 50 without amendment. (motion by Ratliff, seconded by Richards-Spruill)**

**MOTION:**

The Board had extensive discussion regarding 18VAC110-20-25, unprofessional conduct. Ms. Yeatts commented that 1) the Board could accept the Regulation Committee's recommendation to not include the suggested language for 18VAC110-20-25 in the periodic review because authority for disciplinary action already exists in 54.1-3316 (13) of the Code of Virginia, 2) include the suggested language to the Regulation Committee in the periodic review which will take approximately two years to complete the regulatory action, 3) take the subject up separately and create a work group to specify regulatory language, or 4) an association could have a bill introduced in the General Assembly with specific language. There was discussion regarding whether an emergency regulation could be passed. It was stated that the Office of Attorney General would need to confirm that the board acted properly and that evidence of an emergency exists. Evidence would likely need to go beyond anecdotal comment. Dr. Melton commented that it wouldn't hurt to form a work group and include it in the periodic regulatory review. Mr. Henderson recommended a work group to improve the vague language. Mr. Bolyard commented that the suggested language as written gives corporations loopholes, but that this language could be used as a checklist to evaluate activities. He recommended improving the language if the board elects for regulatory action. Dr. St.Clair provided background regarding the Regulation Committee's recommendation and indicated the following regarding the red-lined suggested language in the handout for 18VAC110-20-25: "engaging in a manner that discourages individuals from providing information regarding public safety concerns.." has already been included in the periodic review; "assuming duties and responsibilities within the practice of pharmacy without adequate training..." Appears to be addressed in 18VAC110-21-40; and, "incenting or inducing the transfer of a prescription absent professional rationale" is already at the Governor's office in a stalled regulatory action.



**MOTION:**

**The Board voted unanimously to include the following suggested topics in the periodic regulatory review and convene a work group to further address the subject:**

failure to provide a working environment for all pharmacy personnel that protects the health, safety and welfare of a patient including:

- sufficient personnel to prevent fatigue, distraction or other conditions that interfere with a pharmacist's ability to practice with competency and safety or creates an environment that jeopardizes patient care;
- appropriate opportunities for uninterrupted rest periods and meal breaks;
- adequate time for a pharmacist to complete professional duties and responsibilities including:
  - drug utilization review;
  - immunization;
  - counseling;
  - verification of the accuracy of a prescription
- introducing external factors such as productivity or production quotas or other programs to the extent that they interfere with the ability to provide appropriate professional services to the public;

**(motion by Ratliff, seconded by Richards-Spruill)**

**ADOPTION OF FINAL  
REGULATIONS FOR  
MEDICATION CAROUSELS**

Ms. Yeatts stated that the Regulation Committee is recommending significant changes to the proposed regulations for use of medication carousels and RFID technology based on significant public comment received from VSHP. She recommended that the Board publish its adopted language for an additional public comment period with final adoption at the March 2022 full board meeting. Dr. Nelson asked several questions regarding the recommended changes and expressed concern for allowing visual verification by pharmacy technicians. A typographical error was noted on page 100.

**MOTION:**

**The Board voted 8:1 to approve a 60-day public comment period on the recommended changes to the proposed regulations for medication carousels and RFID technology as presented in the agenda packet and recommended by the Regulation Committee. (motion by Bolyard, seconded by Melton; opposed by Nelson)**

**ADOPTION OF LIMITED  
LICENSES FOR NON-PROFIT  
CLINICS**

There were no public comments submitted during the public comment period that ended on 10/15/21 regarding the adoption of limited-use licenses for practitioners of the healing arts to sell controlled substances in non-profit clinics.

**MOTION:**

**The Board voted unanimously to adopt final regulations for limited-use licenses for practitioners of the healing arts to sell controlled substances in non-profit clinics as presented without changes from the proposed and emergency regulations. (motion by St. Clair, seconded by Bolyard)**

AMENDMENTS TO  
GUIDANCE DOCUMENTS  
110-42 CE AUDITS

Ms. Juran provided an overview of the subject and reviewed the amendments to Guidance Document 110-42 as recommended by the Regulation Committee.

**MOTION**

**The Board voted unanimously to amend Guidance Document 110-42 as presented in the agenda packet. (motion by Ratliff, seconded by Richards-Spruill)**

AMENDMENTS TO  
GUIDANCE DOCUMENT  
110-19 USE OF AUTOMATED  
DISPENSING DEVICES IN  
CERTAIN FACILITIES

Ms. Yeatts reviewed the amendments notated in red in the agenda packet. She indicated that these result from comment received from DBHDS during the recent public comment period.

**MOTION**

**The Board voted unanimously to re-adopt Guidance Document 110-19 as presented in the agenda packet. (motion by St. Clair, seconded by Ratliff)**

ADOPTION OF EXEMPT  
REGULATIONS FOR  
PHARMACEUTICALS  
PROCESSORS

Ms. Yeatts reviewed the statutory authority in 54.1-3442.6(N) of the Code of Virginia for adoption of exempt regulations regarding pharmaceutical processors, the notice of public comment, and proposed regulations as adopted by the Board at its September meeting.

**MOTION**

**The Board voted unanimously to adopt the exempt regulatory action for 18VAC110-60-10, 18VAC110-60-160, 18VAC110-60-190, 18VAC110-60-230, and 18VAC110-60-300 as presented in the agenda packet. (motion by Bolyard, seconded by Ratliff)**

ADOPTION OF PROPOSED  
REGULATIONS FOR  
PHARMACEUTICALS  
PROCESSOR

Ms. Yeatts reviewed the proposed regulatory action to be published for a 60-day comment period and then adopted by the Board as an exempt action in March 2022. The actions address access to the patient registration database to determine eligibility for accessing the facility and streamlining labeling requirements.

**MOTION**

**The Board voted unanimously to publish for a 60-day public comment period the proposed amendments to 18VAC110-60-210 and 18VAC110-60-310 as presented in the agenda packet and then adopt as an exempt action at the March 2022 full board meeting. (motion by Bolyard, seconded by Richards-Spruill)**

WITHDRAWAL OF NOIRA  
FOR CHAPTER 60:  
REGULATIONS  
GOVERNING  
PHARMACEUTICALS  
PROCESSORS

Ms. Yeatts commented that the issues set out in the NOIRA published on 3/1/21 in response to a petition for rulemaking have been addressed in other regulatory proposals adopted by exempt action and she recommends withdrawing the response to petition for rulemaking action.

**MOTION**

**The Board voted unanimously to withdraw the NOIRA for Chapter 60 published on 3/1/21. (motion by Henderson, seconded by St. Clair)**

**REPORTS**

**PRESCRIPTION  
MONITORING PROGRAM**

Ralph Orr presented a PowerPoint presentation regarding the dynamics of the Prescription Monitoring Program. Current statistics for the year were included in the presentation.

**CHAIRMAN’S REPORT**

Chairman Nelson offered brief comments and expressed her appreciation for everyone’s participation.

**BOARD OF HEALTH  
PROFESSIONS**

Ms. Juran reported that Dr. Melton was recently appointed by the Governor to serve as the Board of Pharmacy representative to the Board of Health Professions and attended her first meeting on 12/2/2021. It was noted that this was the first meeting of the Board in several months and that 14 new board members had recently been appointed. Leslie Knachel is now serving as the Board’s Executive Director.

**LICENSURE PROGRAM**

Ryan Logan presented the Licensing Report which included data from May 1, 2020 through November 10, 2021. As of November 10, 2021 The Virginia Board of Pharmacy holds a current licensure count of 43,767 licensees. 43,767 licensees consists of 32 license types.

**INSPECTION PROGRAM**

Melody Morton presented the Inspections Report including data from July 1, 2021 through September 30, 2021. The report included the number of inspections completed per licensing type, deficiencies noted during routine inspections per licensing type, and the categories for deficiencies for reoccurrences recorded more than 20 times with examples.

**PHARMACEUTICAL  
PROCESSORS**

Annette Kelley presented the Pharmaceutical Processors Report informing the Board of two additional cannabis dispensing facilities, one in Health Service Area II (Sterling) and one in Health Services Area IV (Glen Allen). 26 applications have been received as a result of the RFA for a pharmaceutical processor permit in Health Service Area I that was posted from September 25, 2020 through December 4, 2020. The application review process has been placed on hold due to a court order. The Board is receiving an average of 1,000 – 1,200 patient applications per week. The program intends to hire a full time administrative specialist, licensing supervisor, and additional temporary and part-time staff to process the high volume of applications.

**DISCIPLINARY PROGRAM**

Dr. Ellen Shinaberry presented the Disciplinary Program Report reporting as of November 12, 2021 the Board currently has 335 open cases consisting of 186 patient care cases and 149 non-patient care cases. The number of cases

remains fairly consistent in an upward trend overall. There are currently two cases being appealed to Circuit Court.

**EXECUTIVE DIRECTOR’S  
REPORT**

Ms. Juran stated the recruitment for two licensing administrative assistants for processing facility applications and pharmacy technician registration applications is near completion. One of the three temporary licensing positions for cannabis program have been filled. The recruitment of three P-14 employees is still ongoing. Ms. Juran provided statistics for each discipline within the Board. There is ongoing efforts to acquire new licensing software for the cannabis program. Ms. Juran has attended multiple monthly staff meetings with deputies, BOP staff, DHP executive directors and DHP executive leadership staff and several NABP meetings since the last full board meeting.

**RATIFICATION OF  
CONSENT ORDER**

Dr. Shinaberry presented a consent order for Board consideration regarding BETPharm.

**MOTION:**

**The Board unanimously voted to accept and ratify the consent order for BETPharm as presented. (motion by St. Clair, seconded by Bolyard)**

**MEETING ADJOURNED:**

2:11 PM

\_\_\_\_\_  
Cheryl H. Nelson, Chairman

\_\_\_\_\_  
Caroline D. Juran, Executive Director

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
DATE:

(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY  
MINUTES OF PUBLIC HEARING FOR PLACING CERTAIN CHEMICALS INTO  
SCHEDULE I**

December 7, 2021

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

CALL TO ORDER: A public hearing was called to order at 9:12 AM.

PRESIDING: Cheryl H. Nelson, Chairman

MEMBERS PRESENT: R. Dale St. Clair Jr, Vice Chairman  
Bernard Henderson, Jr.  
William Lee  
Sarah Melton  
Glenn Bolyard  
Cheryl Garvin  
Kristopher Ratliff

MEMBERS ABSENT: Jim Jenkins  
Patricia Richards-Spruill

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 Brown, D.C., DHP Agency Director  
Barbara Allison-Bryan, M.D., Chief Deputy, DHP  
James Rutkowski, Assistant Attorney General  
Sorayah Haden, Executive Assistant

Chairman Nelson indicated that the Department of Forensic Science recommends placing the following 5 chemicals into Schedule I pursuant to 54.1-3443 (D) of the Code of Virginia.

**The following compounds are classified as synthetic opioids. Compounds of this type have been placed in Schedule I (§ 54.1-3446(1)) in previous legislative sessions.**

**1. 1-(4-cinnamyl-2,6-dimethylpiperazin-1-yl)propan-1-one (other name: AP-238)**, its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation.

**Based on its chemical structure, the following compound is expected to have hallucinogenic properties. Compounds of this type have been placed in Schedule I (§ 54.1-3446(3)) in previous legislative sessions.**

**2. 4-methallyloxy-3,5-dimethoxyphenethylamine (other name: Methallylescaline)**, 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.

**3. alpha-pyrrolidino-2-phenylacetophenone (other name: alpha-D2PV)**, 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.

**The following compounds are classified as cannabimimetic agents. Compounds of this type have been placed in Schedule I (§ 54.1-3446(6)) in previous legislative sessions.**

**4. ethyl 2-[1-pentyl-1H-indazole-3-carboxamido]-3,3-dimethylbutanoate (other name: EDMBPINACA)**, 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.

**5. N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-phenethyl-1H-indazole-3-carboxamide (other name: ADB-PHETINACA)**, 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, DFS provided background on the recommendation for the 5 chemicals.

**MEETING ADJOURNED:**

With no other public comments offered, the public hearing adjourned at 9:19AM.

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Cheryl H. Nelson, Chairman

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Caroline D. Juran, Executive Director

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DATE:

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DATE:

DRAFT

**(DRAFT/UNAPPROVED)**

**VIRGINIA BOARD OF PHARMACY  
SPECIAL CONFERENCE COMMITTEE MINUTES**

Friday, December 17, 2021  
Commonwealth Conference Center  
Second Floor  
Board Room 2

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

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

**PRESIDING:** Dale St. Clair, Committee Chair

**MEMBERS PRESENT:** Patricia Richards-Spruill, Committee Member

**STAFF PRESENT:** Mykl Egan, Discipline Case Manager  
Ileita Redd, Discipline Program Specialist  
David Robinson, DHP Adjudication Specialist  
Rebecca Ribley, DHP Adjudication Specialist

**KWAME B. ENNIN**  
License No. 0202-207171

**Closed Meeting:** Kwame B. Ennin appeared to discuss allegations that he may have violated certain laws and regulations governing the practice of pharmacy as stated in the October 28, 2021 Notice. Mr. Ennin was represented by J. Burkhardt Beale, Esq.

Upon a motion by Mrs. Richards-Spruill, 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 Kwame B. Ennin. Additionally, she 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 Mrs. Richards-Spruill and duly seconded by Mr. St. Clair, the Committee voted to assess a monetary penalty against Mr. Ennin and place his license under certain terms and conditions.

Jordan Tran, MD  
License No. 0213-002455

Jordan Tran, M.D. did not appear to discuss allegations that he may have violated certain laws and regulations governing the practice of a prescriber selling controlled substances as stated in the November 9, 2021 Notice. Dr. Tran was not represented by counsel.

Closed Meeting:

Upon a motion by Mrs. Richards-Spruill, 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 Jordan Tran. Additionally, she 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 Mrs. Richards-Spruill and duly seconded by Mr. St. Clair, the Committee voted unanimously to assess an monetary penalty against Dr. Tran and place his practice under terms and conditions.

ADJOURNED:

12:32 p.m.

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Dale St. Clair, Chair

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Mykl Egan  
Discipline Case Manager

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Date

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Date

**(DRAFT/UNAPPROVED)**

**VIRGINIA BOARD OF PHARMACY  
MINUTES OF TELEPHONE CONFERENCE CALL**

Wednesday, January 12, 2022

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

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

**TIME & PURPOSE:** Pursuant to § 54.1-2400(13) of the Code of Virginia, a telephone conference call of the Virginia Board of Pharmacy (“TCC”) was held on January 12, 2022, at 9:03 AM., to consider a summary restriction of CVS/Pharmacy #7558.

**PRESIDING:** Cheryl Nelson, Chair

**MEMBERS PRESENT:** Cheri Garvin  
James Jenkins  
William Lee  
Kristopher Ratliff  
Dale St. Clair  
Patricia Richards-Spruill  
Jim Jenkins  
Glenn Bolyard

**STAFF PRESENT:** Caroline Juran, Executive Director  
Ellen Shinaberry, Deputy Executive Director  
David Robinson, DHP Adjudication Specialist  
James Rutkowski, Senior Assistant Attorney General  
Sean J. Murphy, Assistant Attorney General  
Mykl D. Egan, Discipline Case Manager

**POLL OF MEMBERS:** The Board members were polled as to whether they could have attended a regular meeting at the office in a timely manner for the purpose of hearing evidence in a possible summary restriction case. The Board members stated that they would not have been able to attend.

**QUORUM:** With nine (9) members participating a quorum was established.

CVS/PHARMACY #7558  
PERMIT: 0201-002605

Sean J. Murphy, Assistant Attorney General, presented a summary of the evidence in this case. Mr. Murphy was assisted by David Robinson, Adjudication Specialist.

CLOSED MEETING:

Upon a motion by Dr. St.Clair, and duly seconded by Mrs. Patricia Richards-Spruill, the Board voted 9-0, 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 CVS/Pharmacy #7558. Additionally, he moved that Caroline Juran, Ellen Shinaberry, Mykl Egan, 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 Board re-convened an open meeting and announced the decision (Motion by St.Clair/Second by Ms. Garvin)

DECISION:

Upon a motion by Dr. Ratliff and duly seconded by Mr. Jenkins, the Board unanimously voted (9-0) that with the evidence presented, the virtual prescription verification process at CVS/Pharmacy #7558 poses a substantial danger to the public; and therefore, the Board summarily restricted the pharmacy permit of CVS/Pharmacy #7558.

ADJOURN:

With all business concluded, the meeting adjourned at 10:02 AM.

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Cheryl Nelson, Chair

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Ellen B. Shinaberry, PharmD  
Deputy Executive Director

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Date

DRAFT/UNAPPROVED

**VIRGINIA BOARD OF PHARMACY  
MINUTES OF WORKGROUP REGARDING UNPROFESSIONAL CONDUCT – PHARMACY  
WORKING CONDITIONS**

January 18, 2022

Perimeter Center  
9960 Mayland Drive  
Henrico, Virginia 23233-1463

**CALL TO ORDER:** A Workgroup Regarding Unprofessional Conduct – Pharmacy Working Conditions was called to order at 11:05AM. In accordance with § 2.2-3708.2 of the Code of Virginia, Bryan Lowe participated via phone from his residence in Pennsylvania due to a personal matter involving the cancellation of his flight. Bryan Lowe’s virtual participation was approved by the Committee Chairman and a quorum of the workgroup was physically present for the meeting.

**PRESIDING:** Cheryl Nelson, PharmD, Chairman

**MEMBERS PRESENT:** Glen Bolyard, Jr., RPh  
Dale St.Clair, PharmD  
Kristopher Ratliff, DPh  
Patricia Richards-Spruill, RPh  
Bryan Lowe, Virginia Association of Chain Drug Stores (participated via phone)  
John Beckner, RPh, National Community Pharmacists Association  
Cindy Warriner, BS, RPh, Virginia Pharmacists Association

**STAFF PRESENT:** Caroline D. Juran, RPh, Executive Director  
Ellen B. Shinaberry, PharmD, Deputy Executive Director  
Ryan Logan, RPh, Deputy Executive Director  
Beth O’Halloran, RPh, Deputy Executive Director  
Elaine J. Yeatts, Senior Policy Analyst, DHP  
Erin Barrett, J.D., Senior Policy Analyst, DHP  
James Rutkowski, J.D., Assistant Attorney General  
Barbara Allison-Bryan, MD, Chief Deputy, DHP  
Sorayah Haden, Executive Assistant

**QUORUM:** With seven members physically present and one participating via phone, a quorum was established.

**PHARMACISTS AWARDED  
1-HOUR OF LIVE OR REAL  
TIME INTERACTIVE  
CONTINUATION  
EDUCATION FOR  
ATTENDING:** John Beckner, RPh  
Patricia Richards-Spruill, RPh

**APPROVAL OF AGENDA:** Ms. Warriner requested that “BS, RPh” be inserted after her name on page 1 of the agenda packet. She also provided handouts for the Workgroup’s consideration. Copies were made and offered to all participants and the public. An electronic copy was emailed to Mr. Lowe.

**MOTION** The workgroup voted unanimously to adopt the agenda as presented and amended by inserting “BS, RPh” after Cindy Warriner’s name on page 1 and to provide copies of Ms. Warriner’s handouts to all participating. (Warriner, Beckner)

**PUBLIC COMMENT:** Pharmacist Karen Winslow, representing VPhA, presented public comment on behalf of Christina Barrille. Barrille expects the conversation of the workgroup will be “just the beginning.” She requests the Board review recent pharmacy investigations in regards to the pharmacy working conditions. She advocated for pharmacies having adequate staffing and safeguards.

Dr. Winslow then provided her personal comment explaining how she left her previous pharmacy due to the poor working conditions and feeling unsafe. She acknowledged the many public commenters at the December board meeting and sympathized with their frustration of asking for additional pharmacy technician hours and never getting the assistance.

**AGENDA ITEMS:** Chairman Nelson provided an overview of the information included in the agenda packet. She reminded the group that at the December meeting, there was much discussion regarding whether the board should include the language at the top of page 4 of the agenda packet in the periodic review under “unprofessional conduct”. There were several points made during the December discussion. One point centered on whether the language was needed at all since 54.1-3316 (13) of the Code of Virginia appears to give the Board sufficient authority to act on concerns with current pharmacy working conditions. A second point was that the language was necessary and should be included in the periodic review, and a third point of discussion focused on whether the language was too broad or subjective and if the language could be revised to be more specific. The board ultimately voted to include the language in the periodic review for consideration, but to also convene a workgroup to further address the subject. She stated the goal of the workgroup meeting was to focus on the language at the top of page 4 of the agenda packet and offer a recommendation back to the full board for its consideration. She opened the floor to discussion asking members to comment if they believed the language at the top of page 4 adequately addresses concerns with current

working conditions or if it is too subjective to enforce. If too subjective, how would the members revise the language; and, are there other issues that need to be addressed that are not included in the language?

DISCUSSION:

Warriner commented that additional wording is needed for better understanding by the frontline workers. She stated that the American Pharmacists Association Well-Being Index Report ranked Virginia 20<sup>th</sup> in State Distress Percent in May 2020 and that it now ranks Virginia 12<sup>th</sup> in the country for distress.

Patricia Richards-Spruill stepped out of the room briefly for an emergency phone call. Discussion continued.

There was a shared consensus amongst the committee that additional language in regulation would be beneficial to address current working conditions.

Warriner stated that the layers of review in the current inspection and disciplinary process can remove subjectivity.

St.Clair commented that it may be difficult for an inspector to identify sufficient staffing during inspections.

Kristopher Ratliff does not think it is realistic for the Board to look at dispensing errors to assess the working environment of a pharmacy because errors are under-represented in additional handouts. Cindy Warriner believes layers of the process can remain subjective to the reader.

Ratliff commented that it is not sufficient to assess an environment based on dispensing errors as errors are underreported.

Allison-Bryan recommended language allowing pharmacists to be involved in staffing decisions and development of quotas.

Beckner commented that pharmacists not having a voice is contributing to burnout.

Beckner commented that independent pharmacies are more likely to have in-house pharmacists involved in the scheduling than chain pharmacies. Lowe stated Walgreens authorizes pharmacist and technicians to reach out regarding staffing and are actively recruiting staff with a budget that is as high as its ever been.

Bolyard commented that District Leaders do not have control over staffing and that it's based previous numbers and projections. Nothing is done with staffing suggestions.

St. Clair recommended limiting staffing collaboration to the Pharmacist-In-Charge (PIC). He recommended implementing a staffing request form similar to Oklahoma which was referenced in Warriner's handouts. He stated they could be maintained in the pharmacy for inspector review.

Ratliff reminded the group that current regulation requires the PIC or pharmacist on duty to control all aspects of the practice of pharmacy.

Richards-Spruill commented that the profession is going to start losing good pharmacists if something is not done. She recommended that a staffing form should be in an electronic format.

Warriner recommended the Board issue a Statement similar to Missouri's that was included her handouts.

**MOTION:**

**The workgroup voted unanimously to recommend to the full board that it adopt a Notice of Intended Regulatory Action at the March board meeting that would include language for unprofessional conduct akin to:**

- **Failure to provide a working environment for all pharmacy personnel that protects the health, safety, and welfare of a patient including:**
  - **Sufficient personnel to prevent fatigue, distraction or other conditions that interfere with a pharmacist's ability to practice with reasonable competency and safety or creates an environment that jeopardizes patient care;**
  - **Appropriate opportunities for uninterrupted rest periods and meal breaks;**
  - **Adequate time for a pharmacist to complete professional duties and responsibility including:**
    - **Drug utilization review;**
    - **Immunization;**
    - **Testing;**
    - **Counseling;**
    - **Verification of the accuracy of a prescription;**
    - **All other duties required in Chapters 33 and 34 and Regulations Governing the Practice of Pharmacy**
  - **Introducing external factors such as productivity or production quotas or other programs to the extent that they interfere with the ability to provide appropriate**



- professional services to the public.
- Failure to take appropriate action regarding safety and welfare on issue escalated by staff practicing at this location. (motion by St.Clair, seconded by Richards-Spruill)

**MOTION:** The workgroup voted unanimously to recommend to the full Board that it amend 18VAC110-20-110(B) to change “six” to “eight” such that it would read “...and shall allow at least eight hours of off-time between consecutive shifts.” (motion by Ratliff, seconded by Beckner)

**MOTION:** The workgroup voted unanimously to recommend to the full Board to adopt regulation akin to Oklahoma Section 535:15-3-16:

- In order to ensure adequate staffing levels a staffing form shall be available in each pharmacy. A copy of this form, when executed, shall be given to the immediate supervisor and a copy must remain in the pharmacy for Board inspection.
- Such form shall include the following:
  - Date and time the inadequate staffing occurred;
  - Number of prescriptions filled during this time frame;
  - Summary of events; and
  - Any comments or suggestions.
- Such forms are not to be sent to the Board.
- Pharmacy personnel shall complete the form when:
  - Personnel is concerned regarding staffing due to:
    - Inadequate number of support persons; or
    - Excessive workload.
- Completing the form may enable management to make a better decision concerning staffing.
- If the PIC believes the situation warrants earlier Board review, the PIC shall inform the Board.
- Each pharmacy shall review completed staffing reports and address any issues listed, documenting any corrective action taken or justification for inaction to assure continual self-improvement. If the issue is not staffing-related, measures taken to address the issue should be described.
- Each pharmacy shall retain completed staffing reports until reviewed and released by the Board. Such reports requiring further review may be held by the Board and may become part of an investigation.
- Pharmacy personnel shall not be subject to discipline by the employing pharmacy for completing a staffing report in good faith. (motion by Warriner, seconded by Beckner)

**MOTION:** The workgroup voted unanimously to recommend to the full Board that it develop a form similar to the Oklahoma staffing form that could be completed optionally by pharmacy personnel prior to a regulatory requirement mandating use of the form. (motion by Warriner, seconded by Ratliff)

**MOTION:**

**The workgroup voted unanimously to recommend to the full Board that it draft a Guidance Document to be sent as a standalone email and in the Board e-newsletter that frames the Board’s concern with current working conditions, interprets relevant laws and regulations, encourages complaints to be filed for possible violations, and encourages use of a Board-prepared optional staffing form. Two weeks following this notification, the Board should send an email to licensees encouraging participation in the APhA wellness survey. (motion by Ratliff, seconded by Warriner)**

Bolyard requested an update on processing times for pharmacy technician trainee applications. Juran and Logan indicated that they do not exceed 30 days as suggested, but may be around 15-20 days. Juran stated that she recently reminded VACDS membership that a registration is not required when onboarding a new employee didactically. Registration is only required prior to performing duties of a pharmacy technician in the pharmacy.

**ADJOURN:**

With all business completed, the meeting was adjourned at 2:50PM.

\_\_\_\_\_  
CHERYL NELSON,  
CHAIRMAN

\_\_\_\_\_  
Caroline D. Juran, Executive Director

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**(DRAFT/UNAPPROVED)**

**VIRGINIA BOARD OF PHARMACY  
MINUTES OF TELEPHONE CONFERENCE CALL**

Thursday, January 27, 2022

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

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**TIME & PURPOSE:** Pursuant to § 54.1-2400(13) of the Code of Virginia, a telephone conference call of the Virginia Board of Pharmacy (“TCC”) was held on January 27, 2021, at 3PM, to consider a settlement proposal for a matter regarding CVS Pharmacy #8302 referred for formal proceedings pursuant to § 2.2-4020.

**PRESIDING:** Cheryl Nelson, Chair

**MEMBERS PRESENT:** Glen Bolyard  
Cheri Garvin  
Bernie Henderson  
James Jenkins  
Patricia Richards-Spruill

**STAFF PRESENT:** Caroline D. Juran, Executive Director  
James Rutkowski, Senior Assistant Attorney General

**QUORUM:** With six (6) members participating, a quorum was established.

**CLOSED MEETING:** Upon a motion by Mr. Bolyard, and duly seconded by Mrs. Richards-Spruill, the Board 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 considering a settlement proposal for a matters regarding CVS Pharmacy #8302 referred for formal proceedings pursuant to § 2.2-4020. Additionally, he moved that Caroline Juran 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 Board re-convened an open meeting.

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Dr. Nelson directed Ms. Juran to inform Sean Murphy, Assistant Attorney General, that the Board is not interested in a settlement.

ADJOURN:

With all business concluded, the conference call ended at approximately 3:50PM.

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Cheryl Nelson, PharmD,  
Chairman

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Caroline D. Juran, RPh  
Executive Director

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Date

(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY  
MINUTES OF PUBLIC HEARINGS FOR PHARMACY TECHNICIAN TRAINING  
PROGRAMS AND PHARMACISTS INITIATING TREATMENT**

February 7, 2022

**CALL TO ORDER:** A Public Hearing meeting was called to order at 8:51 AM.

**PRESIDING:** Cheryl H. Nelson, Chairman

**MEMBERS PRESENT:** Bernard Henderson, Jr.  
William Lee  
Sarah Melton  
Glenn Bolyard  
Cheryl Garvin

**MEMBERS ABSENT:** Patricia Richards-Spruill

**STAFF PRESENT:** Caroline D. Juran, Executive Director  
Ryan Logan, Deputy Executive Director  
Elaine Yeatts, Senior Policy Analyst, DHP  
Erin Barrett, Senior Policy Analyst, DHP  
James Rutkowski, Assistant Attorney General  
Sorayah Haden, Executive Assistant, DHP

**PHARMACISTS AWARDED  
1-HOUR OF LIVE OR REAL-  
TIME INTERACTIVE  
CONTINUING EDUCATION  
FOR ATTENDING MEETING:** No requests to be awarded 1-hour of live or real-time interactive continuing education

**QUORUM** With six members participating, a quorum was established.

PUBLIC COMMENTS  
FOR PROPOSED  
AMENDMENTS TO  
REGULATIONS FOR  
TRAINING PROGRAMS FOR  
PHARMACY TECHNICIANS:

No comments were offered.

PUBLIC COMMENTS FOR  
PROPOSED AMENDMENTS  
FOR REGULATIONS FOR  
PHARMACISTS INITIATING  
TREATMENT:

No comments were offered.

MEETING ADJOURNED:

The Public Hearings were adjourned at 9:03 AM

\_\_\_\_\_  
Cheryl H. Nelson, Chairman

\_\_\_\_\_  
Caroline D. Juran, Executive Director

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
DATE:

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

Monday, February 7, 2022  
Commonwealth Conference Center  
Second Floor  
Board Room 2

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

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

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CALL TO ORDER: A meeting of a panel of the Board of Pharmacy ("Board") was called to order at 9:08am.

PRESIDING: Cheryl Nelson, Chair

MEMBERS PRESENT: Glenn Bolyard  
Patricia Richards-Spruill  
Cheri Garvin  
Bill Lee  
Bernie Henderson  
Sarah Melton

STAFF PRESENT: Caroline D. Juran, Executive Director  
Ryan Logan, Deputy Executive Director  
James Rutkowski, Assistant Attorney General  
Sorayah Haden, Executive Assistant

QUORUM: With seven (7) members of the Board present, a panel of the board was established.

CVS Pharmacy #8302  
License No. 0201-004432

A formal hearing was held in the matter of CVS Pharmacy #8302 to discuss allegations that may have violated certain laws and regulations governing the practice of pharmacy in Virginia.

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

CVS Pharmacy #8302 was represented by Elizabeth Scully, Lee Rosebush, and Marc Wagner.

Emily Buss, DHP Pharmacy Inspector; Victoria Ward, Pharmacist; Kellye McNulty, Pharmacist; Megan Gulledge, Pharmacy Technician; Stephanie Ekstein Hart, Pharmacy Technician; Althea Crossley, Pharmacy Technician, Teanna Zinn, Pharmacy Technician; and Brianna Jackson, Pharmacist testified in person on behalf of the Commonwealth.

Donna M. Horn, Pharmacist and Dennis Keith McAllister, Pharmacist testified on behalf of CVS Pharmacy #8302 as expert witnesses. Olivia Basseri, Pharmacist; Yashar Basseri, Pharmacist; Presley Clevenger, Pharmacy Technician, District Leader Paul McCormick, and Sheila Rivera, Staff Pharmacist

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testified on behalf of CVS Pharmacy #8302.

BREAK

At 1:30am on February 8, 2022, the Board decided to break until a date was scheduled to reconvene for deliberation.

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Cheryl Nelson, Chair

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Caroline D. Juran, Executive Director

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Date



**(DRAFT/UNAPPROVED)**

**VIRGINIA BOARD OF PHARMACY  
SPECIAL CONFERENCE COMMITTEE MINUTES**

Wednesday, February 16, 2022  
Commonwealth Conference Center  
Second Floor  
Board Room 1

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

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CALL TO ORDER: A meeting of a Special Conference Committee of the Board of Pharmacy was called to order at 9:05 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  
David Robinson, DHP Adjudication Specialist  
Anne Joseph, DHP Adjudication Consultant

SHERONDA DRUMGOLE  
Permit No. 0230-029919  
Sheronda Drumgole 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 November 4, 2021 Notice. Ms. Drumgole was not represented by counsel.

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 Sheronda Drumgole. 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 offer Ms. Drumgole a Consent Order in lieu of a Formal Hearing.

ALIREZA RAHMAT JIRDEHI  
Permit No. Applicant

Alireza Rahmat Jirdehi appeared to discuss his application for a pharmacy technician trainee permit and that allegations exist to deny that application as stated in the December 21, 2021 Notice. Mr. Jirdehi was not represented by counsel.

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)(15) for the purpose of discussing the medical records of Alireza Rahmat Jirdehi. Additionally, he moved that Mykl Egan, Ileita Redd, David Robinson and Alireza Rahmat Jirdehi 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 continued the hearing.

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 Alireza Rahmat Jirdehi. 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 unanimously voted to deny Mr. Jirdehi's application.

FALLS CHURCH PHARMACY  
Permit No. 0201-003833  
No one appeared to represent the pharmacy to discuss allegations that it may have violated certain laws and regulations governing the conduct of a pharmacy as stated in the December 21, 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 Falls Church Pharmacy. 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 Falls Church Pharmacy and to impose certain terms and conditions against the pharmacy.

ADJOURNED: 11:52 a.m.

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Dale St. Clair, Chair

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Mykl Egan  
Discipline Case Manager

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Date

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Date

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

Tuesday, February 22, 2022  
Commonwealth Conference Center  
Second Floor  
Board Room 2

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

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

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CALL TO ORDER: A meeting of a panel of the Board of Pharmacy (“Board”) was called to order at 9:05am.

PRESIDING: Cheryl Nelson, Chair

MEMBERS PRESENT: Glenn Bolyard  
Cheri Garvin  
Bill Lee  
Bernie Henderson  
Sarah Melton

MEMBERS ABSENT: Patricia Richards-Spruill

STAFF PRESENT: Caroline D. Juran, Executive Director  
Ryan Logan, Deputy Executive Director  
James Rutkowski, Assistant Attorney General  
Sorayah Haden, Executive Assistant

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

CLOSED MEETING Upon a motion by Mr. Henderson, and duly seconded by Mr. Bolyard, the Board 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 CVS Pharmacy #8302. Additionally, he moved that Caroline Juran, James Rutkowski, Ryan Logan, and Sorayah Haden attend the closed meeting because their presence is deemed necessary and will aid the Board in its deliberations.

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

DECISION Upon a motion by Mr. Bolyard, and duly seconded by Mr. Henderson, the Board voted 6-0 to accept the Findings and Facts and Conclusion of Law as proposed by the Commonwealth and revised by the Board. The Board voted 6-0 to reprimand the pharmacy permit of CVS #8302 and impose a two year probation with a monetary penalty.

ADJOURN With all business concluded, the meeting adjourned at 2:42pm.

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Cheryl Nelson, Chair

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Caroline D. Juran, Executive Director

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Date

**VIRGINIA BOARD OF PHARMACY  
MINUTES OF INFORMAL CONFERENCE COMMITTEE**

Thursday, February 24, 2022  
Commonwealth Conference Center  
Second Floor  
Board Room 3

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

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**CALL TO ORDER:** A meeting of a Special Conference Committee (Innovative Pilot) of the Board of Pharmacy was called to order at 10:13 AM.

**PRESIDING:** Cheryl Nelson, Committee Chairman

**MEMBER PRESENT:** Dale St.Clair, Committee Member

**STAFF PRESENT:** Caroline D. Juran, Executive Director  
Ellen Shinaberry, Deputy Executive Director  
Mykl Egan, Discipline Case Manager  
David Robinson, DHP Adjudication Specialist

**PARTNERS PHARMACY OF VIRGINIA, LLC**  
Improving Safe Access to Medications in Virginia’s Crisis Services System

Christopher Bowling, Pharmacist in Charge, and Frank Wang, VP of Operations appeared in person on behalf of Partners Pharmacy of Virginia, LLC. Jody Fenelon, Executive VP of Compliance of Partners Pharmacy participated remotely. Additionally, Michelle Thomas, DBHDS Pharmacy Services Manager, Mary Beger, DBHDS Crisis Services Coordinator, and Alexis Aplasca, DBHDS Chief Clinical Officer appeared in person to discuss the proposed innovative pilot program “Improving Safe Access to Medications in Virginia’s Crisis Services System” as stated in the January 25, 2022 Notice.

**DISCUSSION:** Representatives of Partners Pharmacy presented information about the use of AP Passport in a currently approved pilot program and its proposed use in crisis stabilization units (CSUs) in Virginia. Representatives from the Virginia Department of Behavioral Health & Developmental Services presented information regarding the need for AP Passport in CSUs.

DECISION:

Upon a motion by Dr. St. Clair, and duly seconded by Dr. Nelson, the Committee voted unanimously to approve the innovative pilot program for three years with certain terms and conditions.

ADJOURN:

With all business concluded, the meeting adjourned at 2:34 PM.

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Cheryl Nelson  
Committee Chairman

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Caroline D. Juran  
Executive Director

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Date

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Date

**(DRAFT/UNAPPROVED)**

**VIRGINIA BOARD OF PHARMACY  
SPECIAL CONFERENCE COMMITTEE MINUTES**

Wednesday, March 2, 2022  
Commonwealth Conference Center  
Second Floor  
Board Room 1

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

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CALL TO ORDER: A meeting of a Special Conference Committee of the Board of Pharmacy was called to order at 9:09 am.

PRESIDING: Glenn Bolyard, Committee Chair

MEMBERS PRESENT: Bernard Henderson, Committee Member

STAFF PRESENT: Mykl Egan, Discipline Case Manager  
Ileita Redd, Discipline Program Specialist  
David Robinson, DHP Adjudication Specialist  
Anne Joseph, DHP Adjudication Consultant  
Claire Foley, DHP Adjudication Specialist

HIRAM DAVIS MEDICAL CENTER  
PHARMACY  
Permit No. 0201-001240

Tonya A. Henderson, Pharmacist-in-Charge of Hiram Davis Medical Center, appeared as a representative of the pharmacy to discuss allegations that it may have violated certain laws and regulations governing the conduct of a pharmacy as stated in the December 7, 2021 Notice. The pharmacy was not represented by counsel.

Closed Meeting: Upon a motion by Mr. Henderson, and duly seconded by Mr. Bolyard, 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 Hiram Davis Medical Center. 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. Bolyard, the Committee voted unanimously to assess a monetary penalty against Hiram Davis Medical Center and to impose certain terms and conditions against the pharmacy.

AMANDA PELLETIER  
Permit No. 0230-033145

Amanda Pelletier appeared to discuss allegations that she may have violated certain laws and regulations governing her practice as a pharmacy technician as stated in the October 28, 2021 Notice. Ms. Pelletier was not represented by counsel.

Closed Meeting:

Upon a motion by Mr. Henderson, and duly seconded by Mr. Bolyard, the Committee unanimously voted to convene a closed meeting pursuant to Virginia Code § 2.2-3711(A)(15) for the purpose of discussing the medical records of Amanda Pelletier. Additionally, he moved that Mykl Egan, Ileita Redd, Anne Joseph and Amanda Pelletier 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 continued the hearing.

Closed Meeting:

Upon a motion by Mr. Henderson, and duly seconded by Mr. Bolyard, 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 Amanda Pelletier. 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. Bolyard, the Committee unanimously voted to refer the matter to a formal hearing and offer Ms. Pelletier a consent order.

SANJAY SHESHADRI  
Permit No. 0230-029919

Sanjay Sheshadri 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 February 3, 2022 Notice. Mr. Sheshadri was not represented by counsel.

Closed Meeting:

Upon a motion by Mr. Henderson, and duly seconded by Mr. Bolyard, 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 Sanjay Sheshadri. 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. Hendeson and duly seconded by Mr. Bolyard, the Committee voted unanimously to order Mr. Sheshadri to take additional hours in continuing education.

ADJOURNED:

11:51 a.m.

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Glenn Bolyard, Chair

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Mykl Egan  
Discipline Case Manager

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Date

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Date

## Chart of Regulatory Actions (as of March 1, 2022) Board of Pharmacy

Chapter		Action / Stage Information
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<p><u>Reporting of immunizations to VIIS</u> [Action 5598]</p> <p>Emergency - Register Date: 10/12/20 Expires: 3/21/22</p>
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<p><u>Implementation of 2021 legislation for pharmacists initiating treatment</u> [Action 5861]</p> <p>Emergency/NOIRA - Register Date: 1/17/22 Board to adopt proposed: 3/15/22</p>
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<p><u>Remote processing of drugs in automated dispensing devices for hospitals</u> [Action 5868]</p> <p>NOIRA - Register Date: 1/17/22 Comment closed: 2/16/22</p>
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<p><u>Use of medication carousels and RFID technology</u> [Action 5480]</p> <p>Proposed - Register Date: 8/16/21 Comment period extended to 3/4/22</p>
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<p><u>Implementation of legislation for pharmacists initiating treatment</u> [Action 5604]</p> <p>Proposed - Register Date: 1/3/22 Comment closes: 3/4/22</p>
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<p><u>Prohibition against incentives to transfer prescriptions</u> [Action 4186]</p> <p>Final - At Governor's Office for 1378 days</p>
[18 VAC 110 - 20]	Regulations Governing the Practice of Pharmacy	<p> <u>Scheduling chemicals in Schedule I</u> [Action 5898]</p> <p>Final - Register Date: 1/17/22 Effective: 2/16/22</p>
[18 VAC 110 - 21]	Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians	<p><u>Implementation of legislation for registration of pharmacy technicians</u> [Action 5603]</p> <p>Proposed - Register Date: 1/3/22 Comment closes: 3/4/22</p>

[18 VAC 110 - 30]	Regulations for Practitioners of the Healing Arts to Sell Controlled Substances	<p><u>Limited license for prescribing Schedule VI drugs in non-profit clinics</u> [Action 5605]</p> <p><i>Final - Register Date: 1/31/22</i> <i>Effective: 3/3/22</i></p>
[18 VAC 110 - 60]	Regulations Governing Pharmaceutical Processors	<p> <u>Corrections to regulations</u> [Action 5897]</p> <p><i>Final - Register Date: 1/17/22</i> <i>Effective: 2/16/22</i></p>

## Board of Pharmacy

### Report of the 2022 General Assembly

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#### **HB 80 Healthcare Regulatory Sandbox Program; established, report, sunset date.**

*Chief patron:* Davis

*Summary as passed House:*

**Healthcare Regulatory Sandbox Program; established.** Requires the Department of Health to establish the Healthcare Regulatory Sandbox Program to enable a person to obtain limited access to the market in the Commonwealth to temporarily test an innovative healthcare product or service on a limited basis without otherwise being licensed or authorized to act under the laws of the Commonwealth. Under the Program, an applicant requests the waiver of certain laws, regulations, or other requirements for a 24-month testing period, with an option to request an additional six-month testing period. The bill provides application requirements, consumer protections, procedures for exiting the Program or requesting an extension, and recordkeeping and reporting requirements. The bill requires the Department to provide an annual report to the Chairmen of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health that provides information regarding each Program participant and that provides recommendations regarding the effectiveness of the Program. The bill has an expiration date of July 1, 2027.

02/16/22 Senate: Constitutional reading dispensed

02/16/22 Senate: Referred to Committee on Education and Health

02/23/22 Senate: Assigned Education sub: Health Professions

03/03/22 Senate: Reported from Education and Health (13-Y 2-N)

03/03/22 Senate: Rereferred to Finance and Appropriations

#### **HB 102 Prescriptions; off-label use.**

*Chief patron:* Greenhalgh

*Summary as passed House:*

**Prescriptions; off-label use.** Provides that a prescriber may prescribe, administer, or dispense and a pharmacist may dispense a drug that has been approved for a specific use by the U.S. Food and Drug Administration for an off-label use when the prescriber or pharmacist determines, in

his professional judgment, that such off-label use is appropriate for the standard of care and such prescribing, administering, or dispensing is to improve health care outcomes. The bill also prohibits a hospital from denying, revoking, terminating, diminishing, or curtailing in any way any professional or clinical privilege of any licensed health care provider with prescriptive authority or authority to dispense drugs solely on the grounds that such health care provider prescribes, administers, or dispenses a drug that has been approved for a specific use by the U.S. Food and Drug Administration for an off-label use, provided that such prescribing, administering, or dispensing is in accordance with laws of the Commonwealth and is to improve health care outcomes.

02/14/22 House: Read third time and passed House (52-Y 46-N)

02/14/22 House: VOTE: Passage (52-Y 46-N)

02/16/22 Senate: Constitutional reading dispensed

02/16/22 Senate: Referred to Committee on Education and Health

02/24/22 Senate: Passed by indefinitely in Education and Health (8-Y 7-N)

**HB 191 Health Workforce Development; creates position of Special Advisor to the Governor.**

*Chief patron:* Hodges

*Summary as passed House:*

**Health workforce development; Special Advisor to the Governor for Health Workforce Development; Virginia Health Workforce Development Fund.** Creates the position of Special Advisor to the Governor for Health Workforce Development (the Special Advisor) in the Office of the Governor and creates the Virginia Health Workforce Development Fund to (i) provide incentives for the removal of barriers to educating and training health workforce professionals that include increasing eligible faculty, clinical placements, and residencies; (ii) incentivize the production of health workforce credentials, degrees, and licensures based on a rigorous analysis of the need by the Office of Education and Labor Market Alignment; (iii) address regulatory barriers to entering into and staying in health professions; and (iv) provide education and training for health and health science professionals to align education and training initiatives with existing and evolving health workforce needs.

The bill also requires the Special Advisor to review and evaluate the structure and organization of the Virginia Health Workforce Development Authority (the Authority) and make

recommendations regarding the long-term administrative structure and funding of the Authority to the Governor and the General Assembly by November 1, 2022.

The bill has an expiration date of July 1, 2026.

02/16/22 Senate: Constitutional reading dispensed

02/16/22 Senate: Referred to Committee on General Laws and Technology

03/02/22 Senate: Senate committee, floor amendments and substitutes offered

03/02/22 Senate: Reported from General Laws and Technology with amendments (15-Y 0-N)

03/02/22 Senate: Rereferred to Finance and Appropriations

**HB 192 Opioids; repeals sunset provisions relating to prescriber requesting information about a patient.**

*Chief patron:* Hodges

*Summary as introduced:*

**Prescription of opioids; sunset.** Repeals sunset provisions for the requirement that a prescriber registered with the Prescription Monitoring Program request information about a patient from the Program upon initiating a new course of treatment that includes the prescribing of opioids anticipated, at the onset of treatment, to last more than seven consecutive days.

02/28/22 Senate: Read third time

02/28/22 Senate: Passed Senate (40-Y 0-N)

03/02/22 House: Enrolled

03/02/22 House: Bill text as passed House and Senate (HB192ER)

03/03/22 House: Impact statement from DPB (HB192ER)

**HB 193 Drug Control Act; adds certain chemicals to the Act.**

*Chief patron:* Hodges

*Summary as passed House:*

**Drug Control Act; Schedule I; Schedule II; Schedule IV; Schedule V.** Adds certain chemicals to the Drug Control Act. The Board of Pharmacy has added these substances in an expedited regulatory process. A substance added via this process is removed from the schedule after 18 months unless a general law is enacted adding the substance to the schedule. This bill is identical to SB 759.



02/28/22 Senate: Read third time

02/28/22 Senate: Passed Senate (40-Y 0-N)

03/02/22 House: Enrolled

03/02/22 House: Bill text as passed House and Senate (HB193ER)

03/03/22 House: Impact statement from DPB (HB193ER)

**HB 213 Optometrists; allowed to perform laser surgery if certified by Board of Optometry.**

*Chief patron:* Robinson

*Summary as passed House:*

**Optometrists; laser surgery.** Allows an optometrist who has received a certification to perform laser surgery from the Board of Optometry (the Board) to perform certain types of laser surgery of the eye and directs the Board to issue a certification to perform laser surgery to any optometrist who submits evidence satisfactory to the Board that he (i) is certified by the Board to prescribe for and treat diseases or abnormal conditions of the human eye and its adnexa with therapeutic pharmaceutical agents pursuant to Code requirements and (ii) has satisfactorily completed such didactic and clinical training programs provided by an accredited school or college of optometry that includes training in the use of lasers for the medically appropriate and recognized treatment of the human eye as the Board may require.

The bill also requires the Board to adopt regulations (a) establishing criteria for certification of an optometrist to perform permitted laser surgeries and (b) requiring optometrists to register annually with the Board and to report information regarding any disciplinary action, malpractice judgment, or malpractice settlement against the provider and any evidence that indicates the provider may be unable to engage safely in the practice of his profession. The bill also requires optometrists certified to perform laser surgery to report certain information regarding the number any types of laser surgeries performed and the conditions treated, as well as any adverse treatment outcomes associated with the performance of such laser surgeries to the Board, and requires the Board to report such information to the Governor and the Secretary of Health and Human Resources annually. This bill is identical to SB 375.

02/23/22 House: Enrolled

02/23/22 House: Bill text as passed House and Senate (HB213ER)

02/23/22 House: Signed by Speaker

02/23/22 Senate: Signed by President

02/24/22 House: Impact statement from DPB (HB213ER)

**HB 244 Regulatory Budget Program; DPB to establish a continuous Program, report.**

*Chief patron:* Webert

*Summary as passed House:*

**Department of Planning and Budget; Regulatory Budget Program; report.** Directs the Department of Planning and Budget, under the direction of the Secretary of Finance, to establish a continuous Regulatory Budget Program with the goal of setting a two-year target for each executive branch agency subject to the Administrative Process Act to (i) reduce regulations and regulatory requirements, (ii) maintain the current number of regulations and regulatory requirements, or (iii) allow regulations and regulatory requirements to increase by a specific amount over a two-year period. The bill requires the Secretary of Finance to report to the Speaker of the House of Delegates and the Chairman of the Senate Committee on Rules on the status of the Program no later than October 1 of each odd-numbered year. Finally, the bill provides that the Department, in consultation with the Office of the Attorney General, shall, by March 1, 2023, issue guidance for agencies regarding the Program and how an agency can comply with the requirements of the Program.

02/16/22 Senate: Referred to Committee on General Laws and Technology

03/02/22 Senate: Senate committee, floor amendments and substitutes offered

03/02/22 Senate: Reported from General Laws and Technology with substitute (12-Y 3-N)

03/02/22 Senate: Committee substitute printed 22107369D-S1

03/02/22 Senate: Rereferred to Finance and Appropriations

**HB 285 Clinical nurse specialist; practice agreements.**

*Chief patron:* Adams, D.M.

*Summary as introduced:*

**Clinical nurse specialist; practice agreements.** Provides that a nurse practitioner licensed by the Boards of Medicine and Nursing in the category of clinical nurse specialist who does not prescribe controlled substances or devices may practice in the practice category in which he is certified and licensed without a written or electronic practice agreement, provided that he (i) only practice within the scope of his clinical and professional training and limits of his knowledge and experience and consistent with the applicable standards of care, (ii) consult and collaborate with other health care providers based on the clinical condition of the patient to whom health care is provided, and (iii) establish a plan for referral of complex medical cases and emergencies to

physicians or other appropriate health care providers. The bill also provides that a nurse practitioner licensed by the Boards in the category of clinical nurse specialist who prescribes controlled substances or devices shall practice in consultation with a licensed physician in accordance with a practice agreement between the nurse practitioner and the licensed physician.

02/28/22 Senate: Read third time

02/28/22 Senate: Passed Senate (40-Y 0-N)

03/02/22 House: Enrolled

03/02/22 House: Bill text as passed House and Senate (HB285ER)

03/03/22 House: Impact statement from DPB (HB285ER)

**HB 444 Virginia Freedom of Information Act; meetings conducted through electronic meetings.**

*Chief patron:* Bennett-Parker

*Summary as introduced:*

**Virginia Freedom of Information Act; meetings conducted through electronic meetings.**

Amends existing provisions concerning electronic meetings by keeping the provisions for electronic meetings held in response to declared states of emergency, repealing the provisions that are specific to regional and state public bodies, and allowing public bodies to conduct all-virtual public meetings where all of the members who participate do so remotely and that the public may access through electronic communications means. Definitions, procedural requirements, and limitations for all-virtual public meetings are set forth in the bill, along with technical amendments.

02/03/22 Senate: Constitutional reading dispensed

02/03/22 Senate: Referred to Committee on General Laws and Technology

03/02/22 Senate: Senate committee, floor amendments and substitutes offered

03/02/22 Senate: Reported from General Laws and Technology with substitute (12-Y 3-N)

03/02/22 Senate: Committee substitute printed 22107153D-S1

**HB 555 Health care providers; transfer of patient records in conjunction with closure, etc.**

*Chief patron:* Hayes

*Summary as introduced:*

**Health care providers; transfer of patient records in conjunction with closure, sale, or relocation of practice; electronic notice permitted.** Allows health care providers to notify

patients either electronically or by mail prior to the transfer of patient records in conjunction with the closure, sale, or relocation of the health care provider's practice. Current law requires health care providers to provide such notice by mail.

02/23/22 House: Enrolled

02/23/22 House: Bill text as passed House and Senate (HB555ER)

02/23/22 House: Signed by Speaker

02/23/22 Senate: Signed by President

02/24/22 House: Impact statement from DPB (HB555ER)

### **HB 933 Pharmaceutical processors; amends the definition of "cannabis oil."**

*Chief patron:* Robinson

*Summary as passed House:*

**Pharmaceutical processors.** Amends the definition of "cannabis oil" by removing the requirement that only oil from industrial hemp be used in the formulation of cannabis oil. The bill removes the Board of Pharmacy patient registration requirement for medical cannabis but maintains the requirement that patients obtain written certification from a health care provider for medical cannabis. The bill directs the Board to promulgate numerous regulations related to pharmaceutical processors by September 15, 2022.

02/25/22 Senate: Constitutional reading dispensed (39-Y 0-N)

02/28/22 Senate: Read third time

02/28/22 Senate: Passed Senate (40-Y 0-N)

03/03/22 House: Enrolled

03/03/22 House: Bill text as passed House and Senate (HB933ER)

### **HB 1323 Pharmacists; initiation of treatment with and dispensing and administration of vaccines.**

*Chief patron:* Orrock

*Summary as passed House:*

**Pharmacists; initiation of treatment with and dispensing and administration of vaccines.** Provides that a pharmacist may initiate treatment with, dispense, or administer to persons five years of age or older in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health vaccines

authorized by the U.S. Food and Drug Administration, and provides that the pharmacist may cause such vaccines to be administered by a pharmacy technician or pharmacy intern under the direct supervision of the pharmacist. The bill also requires the Department of Medical Assistance Services and accident and sickness insurance providers to provide reimbursement for such service in an amount that is no less than the reimbursement amount for such service by a health care provider licensed by the Board of Medicine. The bill also requires the Board of Pharmacy, together with the Board of Medicine and the Department of Health, to establish a statewide protocol for the initiation of treatment with and dispensing and administering of drugs in accordance with the provisions of the bill and directs the Board of Pharmacy to establish a work group to provide recommendations regarding development of the protocols and to adopt regulations to implement the provisions of the bill within 280 days. The provisions of the bill authorizing administration of certain vaccinations by pharmacists, pharmacy technicians and pharmacy interns shall become effective upon the expiration of the federal public health emergency related to COVID-19.

02/24/22 Senate: Committee substitute printed 22106843D-S1

02/24/22 Senate: Rereferred to Finance and Appropriations

02/28/22 House: Impact statement from DPB (HB1323S1)

03/01/22 Senate: Reported from Finance and Appropriations (16-Y 0-N)

03/02/22 Senate: Constitutional reading dispensed (40-Y 0-N)

**HB 1324 Pharmacy, Board of; pharmacy work environment requirements.**

*Chief patron:* Hodges

*Summary as passed House:*

**Board of Pharmacy; pharmacy work environment requirements; emergency.** Directs the Board of Pharmacy to promulgate regulations related to work environment requirements for pharmacy personnel that protect the health, safety, and welfare of patients. The bill requires the Board of Pharmacy to adopt regulations within 280 days of enactment.

EMERGENCY

02/15/22 House: VOTE: Block Vote Passage (100-Y 0-N)

02/16/22 Senate: Constitutional reading dispensed

02/16/22 Senate: Referred to Committee on Education and Health

02/23/22 Senate: Assigned Education sub: Health Professions

03/03/22 Senate: Reported from Education and Health (15-Y 0-N)

**SB 14 Prescription drug donation program; Bd. of Pharmacy shall convene a work group to evaluate.**

*Chief patron:* Favola

*Summary as passed Senate:*

**Board of Pharmacy; prescription drug donation program; work group.** Directs the Board of Pharmacy to convene a work group of interested stakeholders to evaluate any challenges and barriers to participation in the prescription drug donation program and ways to increase program participation, education, and outreach.

03/01/22 House: Read third time

03/01/22 House: Passed House BLOCK VOTE (100-Y 0-N)

03/01/22 House: VOTE: Block Vote Passage (100-Y 0-N)

03/03/22 Senate: Enrolled

03/03/22 Senate: Bill text as passed Senate and House (SB14ER)

**SB 317 Out-of-state health care practitioners; temporary authorization to practice.**

*Chief patron:* Favola

*Summary as passed Senate:*

**Out-of-state health care practitioners; temporary authorization to practice; licensure by reciprocity for physicians; emergency.** Allows a health care practitioner licensed in another state or the District of Columbia who has submitted an application for licensure to the appropriate health regulatory board to temporarily practice for a period of 90 days pending licensure, provided that certain conditions are met. The bill directs the Department of Health Professions to pursue reciprocity agreements with jurisdictions that surround the Commonwealth to streamline the application process in order to facilitate the practice of medicine. The bill requires the Department of Health Professions to annually report to the Chairmen of the Senate Committee on Education and Health and the House Committee on Health, Welfare and Institutions the number of out-of-state health care practitioners who have utilized the temporary authorization to practice pending licensure and have not subsequently been issued full licensure. The bill contains an emergency clause.

## EMERGENCY

02/25/22 House: Engrossed by House - committee substitute SB317H1

02/25/22 House: Passed House with substitute (99-Y 0-N)

02/25/22 House: VOTE: Passage (99-Y 0-N)

03/01/22 Senate: House substitute agreed to by Senate (40-Y 0-N)

03/01/22 Senate: Title replaced 22106790D-H1

### **SB 511 Opioid treatment program pharmacy; medication dispensing, registered/licensed practical nurses.**

*Chief patron:* Suetterlein

*Summary as passed Senate:*

**Opioid treatment program pharmacy; medication dispensing; registered nurses and licensed practical nurses.** Allows registered nurses and licensed practical nurses practicing at an opioid treatment program pharmacy to perform the duties of a pharmacy technician, provided that all take-home medication doses are verified for accuracy by a pharmacist prior to dispensing.

02/24/22 House: Reported from Health, Welfare and Institutions (22-Y 0-N)

02/28/22 House: Read second time

03/01/22 House: Read third time

03/01/22 House: Passed House BLOCK VOTE (100-Y 0-N)

03/01/22 House: VOTE: Block Vote Passage (100-Y 0-N)

### **SB 647 Public health emergency; administration and dispensing of necessary drugs, devices, and vaccines.**

*Chief patron:* Dunnavant

*Summary as introduced:*

**Commissioner of Health; administration and dispensing of necessary drugs, devices, and vaccines during public health emergency.** Allows the Commissioner of Health to authorize persons who are not authorized by law to administer or dispense drugs or devices to do so in accordance with protocols established by the Commissioner when the Board of Health has made an emergency order for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to the public life and health for the limited purpose of administering vaccines as an approved countermeasure for such

communicable, contagious, and infectious diseases. Current law limits the Commissioner's ability to make such authorizations to circumstances when the Governor has declared a disaster or a state of emergency or the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency.

03/02/22 House: Read third time

03/02/22 House: Committee substitute agreed to 22107065D-H1

03/02/22 House: Engrossed by House - committee substitute SB647H1

03/02/22 House: Passed House with substitute (97-Y 3-N)

03/02/22 House: VOTE: Passage (97-Y 3-N)

### **SB 671 Pharmaceutical processors; amends the definition of "cannabis oil."**

*Chief patron:* Dunnavant

*Summary as passed Senate:*

**Pharmaceutical processors.** Amends the definition of "cannabis oil" by removing the requirement that only oil from industrial hemp be used in the formulation of cannabis oil. The bill removes the Board of Pharmacy patient registration requirement for medical cannabis but maintains the requirement that patients obtain written certification from a health care provider for medical cannabis. The bill directs the Board to promulgate numerous regulations related to pharmaceutical processors by September 15, 2022.

02/25/22 House: Engrossed by House - committee substitute SB671H1

02/25/22 House: Passed House with substitute (94-Y 4-N)

02/25/22 House: VOTE: Passage (94-Y 4-N)

03/01/22 Senate: House substitute agreed to by Senate (40-Y 0-N)

03/01/22 Senate: Title replaced 22106881D-H1

### **SB 672 Pharmacists and pharmacy technicians; prescribing, dispensing, etc. of controlled substances.**

*Chief patron:* Dunnavant

*Summary as passed Senate:*

**Pharmacists and pharmacy technicians; prescribing, dispensing, and administering of controlled substances.** Allows pharmacists and pharmacy technicians under the supervision of a



pharmacist to initiate treatment with and dispense and administer certain drugs, devices, and tests in accordance with a statewide protocol developed by the Board of Pharmacy in collaboration with the Board of Medicine and the Department of Health. The bill directs the Board of Pharmacy to establish such protocol by November 1, 2022, and to promulgate regulations to implement the provisions of the bill within 280 days of its enactment.

03/01/22 House: Committee substitute agreed to 22107066D-H1

03/01/22 House: Engrossed by House - committee substitute SB672H1

03/01/22 House: Passed House with substitute BLOCK VOTE (100-Y 0-N)

03/01/22 House: VOTE: Block Vote Passage (100-Y 0-N)

03/03/22 Senate: House substitute rejected by Senate (0-Y 40-N)

**SB 772 Cannabis; definitions, dispensing products, patient registration.**

*Chief patron:* Marsden

*Summary as passed Senate:*

**Board of Pharmacy; cannabis registration.**Eliminates the Board of Pharmacy patient registration requirement for medical cannabis. The bill maintains the requirement that patients obtain a written certification from a health care provider to obtain medical cannabis.

Left in HWI Committee (substance of bill in other legislation)

## **Agenda Item: Adoption of a NOIRA from Periodic Review**

### **Staff note:**

At its December meeting, the Board approved the reports on the Result of a Periodic Review for its regulations. For Chapter 20 (Regulations Governing the Practice of Pharmacy), Chapter 21 (Regulations Governing Pharmacists and Pharmacy Technicians), and Chapter 30 (Regulations for Physicians Selling Drugs), the results included consideration of amendments.

The reports were posted on the Virginia Regulatory Townhall with an opportunity to comment on the amendments being considered and to request consideration of other amendments. There was one comment on Chapter 20.

### **Included in your agenda package:**

Copy of Notice of Results of Periodic Review

Copy of comment on Chapter 20

Copies of Notices of Intended Regulatory Action with summary of amendments being recommended.

### **Board Action:**

To approve the Notices of Intended Regulatory Action as presented on the agenda; or

To approve the Notices of Intended Regulatory Action with changes as noted in a motion.

Virginia.gov Agencies | Governor



Agency

Department of Health Professions

Board

Board of Pharmacy

[Edit Notice](#)

## General Notice

### Result of periodic reviews of Pharmacy regulations

Date Posted: 1/17/2022

Expiration Date: 2/25/2022

Submitted to Registrar for publication: YES

[39 Day Comment Forum](#) is underway. Began on 1/17/2022 and will end on 2/25/2022 [1 comments]

The Board of Pharmacy has posted results of periodic reviews and is seeking public comment on its Decisions or any other topics that should be included in a Notice of Intended Regulatory Action to be adopted at the March meeting.

The reports are found at:

<https://townhall.virginia.gov/L/ViewPReview.cfm?PRid=2013>

<https://townhall.virginia.gov/L/ViewPReview.cfm?PRid=2014>

<https://townhall.virginia.gov/L/ViewPReview.cfm?PRid=2015>

### Contact Information

<b>Name / Title:</b>	Caroline Juran, RPh / <i>Executive Director</i>
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*This general notice was created by Elaine J. Yeatts on 01/17/2022 at 3:16pm*

[Export to PDF](#) [Export to Excel](#)**Agency** Department of Health Professions**Board** Board of Pharmacy[Back to List of Comments](#)**Commenter:** Cynthia Williams, Riverside Health System

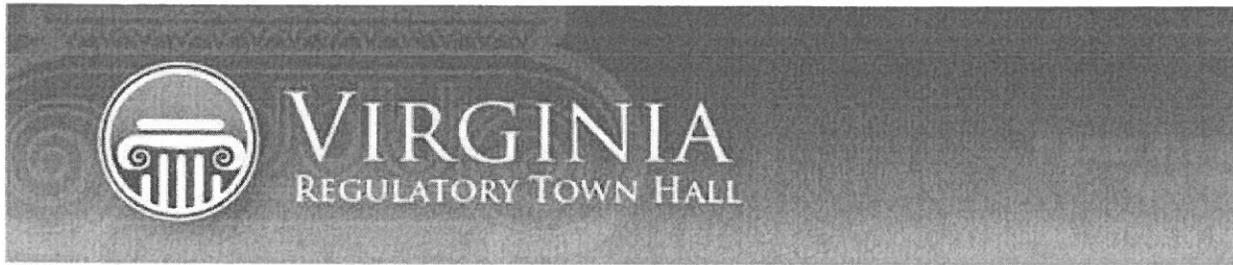
2/16/22 6:44 am

**Comment on Board of Pharmacy Periodic Review**

Thank you for the opportunity to provide comments and feedback on the periodic review process. One suggestion below:

Section 10. Amend personal supervision to allow audio-visual supervision by pharmacist on premises for compounding in retail pharmacies. I recommend that this include all settings of care since use of technology in compounding is considered best practice and improves safety.

CommentID: 119250



[townhall.virginia.gov](http://townhall.virginia.gov)

## Notice of Intended Regulatory Action (NOIRA) Agency Background Document

<b>Agency name</b>	Board of Pharmacy, Department of Health Professions
<b>Virginia Administrative Code (VAC) Chapter citation(s)</b>	18VAC110-20
<b>VAC Chapter title(s)</b>	Regulations Governing the Practice of Pharmacy
<b>Action title</b>	Periodic review
<b>Date this document prepared</b>	3/15/22

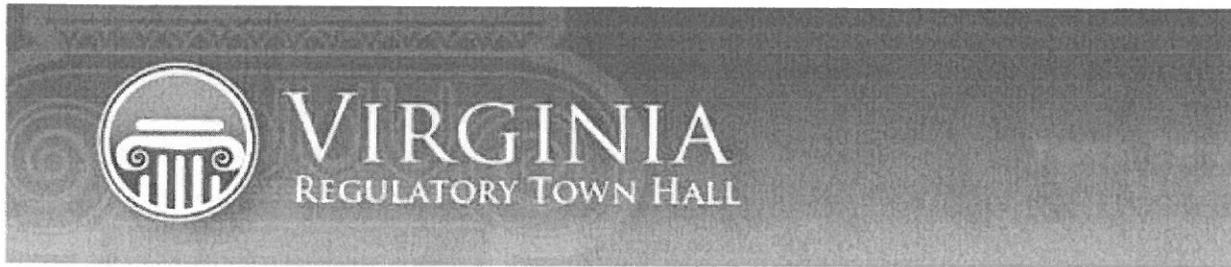
This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1VAC7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

### Brief Summary

*Provide a brief summary (preferably no more than 2 or 3 paragraphs) of the subject matter, intent, and goals of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation).*

The Board has identified several provisions that it will consider for amendments, including: 1) a change to the definition of “personal supervision” to allow audio-visual technology by pharmacist on premises for supervision of compounding in retail pharmacies; 2) amendments to the unprofessional conduct section relating to a safe working environment; 3) requirements for additional information on a pharmacy permit or nonresident pharmacy registration application; 4) requirement for an applicant for a pharmacy permit to report to the Board any prior disciplinary action by a regulatory authority, prior criminal convictions, or ongoing investigations related to the practice of pharmacy; 5) an allowance for 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; 6) change in the provision that allows dispensing of a Schedule II drug for up to six months after the date on which the prescription was issued; 7) removal of the restriction that a stat-drug box contain no

more than 20 solid dosage units per schedule of Schedules II through V drugs; and 8) clarification regarding administration records, particularly if drug administered by someone other than the pharmacist whose initials are captured on the dispensing record.



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## Notice of Intended Regulatory Action (NOIRA) Agency Background Document

<b>Agency name</b>	Board of Pharmacy, Department of Health Professions
<b>Virginia Administrative Code (VAC) Chapter citation(s)</b>	18VAC110-21
<b>VAC Chapter title(s)</b>	Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians
<b>Action title</b>	Periodic review
<b>Date this document prepared</b>	3/15/22

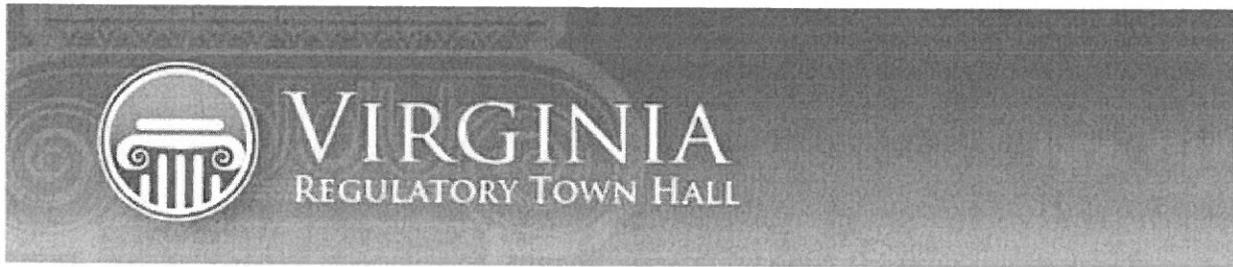
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### Brief Summary

*Provide a brief summary (preferably no more than 2 or 3 paragraphs) of the subject matter, intent, and goals of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation).*

The Board will amend the regulation. The Board has identified at least two sections that it will consider for amendments:

- Section 80, to include a prohibition on taking the board-approved integrated pharmacy examination when the candidate fails to pass on five occasions; and to authorize the Board to delegate to the National Association of Boards of Pharmacy the review and granting of testing accommodations for either examination based on a physical or mental impairment that substantially limits one or more major life activities, subject to the Americans with Disabilities Act.
- Section 90 to require Foreign Pharmacy Graduate Equivalency Examination prior to obtaining pharmacist license through endorsement or score transfer.



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## Notice of Intended Regulatory Action (NOIRA) Agency Background Document

<b>Agency name</b>	Board of Pharmacy, Department of Health Professions
<b>Virginia Administrative Code (VAC) Chapter citation(s)</b>	18VAC110-30
<b>VAC Chapter title(s)</b>	Regulations for Practitioners of the Healing Arts to Sell Controlled Substances
<b>Action title</b>	Periodic review
<b>Date this document prepared</b>	3/15/22

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1VAC7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

### Brief Summary

*Provide a brief summary (preferably no more than 2 or 3 paragraphs) of the subject matter, intent, and goals of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation).*

The Board has identified at least two sections that it will consider for amendments:

- Insertion of requirements, similar to other facilities permitted by the Board of Pharmacy, to declare hours of operation the location will be open to service the public and report changes in the hours of operation expected to last for more than one week to the board and the public at least 14 days prior to the anticipated change. Include exemptions for emergency circumstances beyond control of the owner or responsible party or expansion of hours.
- Section 80 to prohibit license and permit from being issued to private dwelling or residence.



**Agenda Item: Proposed Regulations for Remote Processing of Drugs in Automated Dispensing Devices for Hospitals**

**Staff Note:**

Public comment period for NOIRA ended 2/16/2022; zero comments received.

**Board Action:**

Refer to Regulation Committee in May for development of proposed regulations.



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## Notice of Intended Regulatory Action (NOIRA) Agency Background Document

<b>Agency name</b>	Board of Pharmacy, Department of Health Professions
<b>Virginia Administrative Code (VAC) Chapter citation(s)</b>	18VAC110-20
<b>VAC Chapter title(s)</b>	Regulations Governing the Practice of Pharmacy
<b>Action title</b>	Allowance for centralized pharmacy to verify Schedule VI drugs
<b>Date this document prepared</b>	10/7/21

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Order 14 (as amended, July 16, 2018), the Regulations for Filing and Publishing Agency Regulations (1VAC7-10), and the *Form and Style Requirements for the Virginia Register of Regulations and Virginia Administrative Code*.

### Brief Summary

*Provide a brief summary (preferably no more than 2 or 3 paragraphs) of the subject matter, intent, and goals of this regulatory change (i.e., new regulation, amendments to an existing regulation, or repeal of an existing regulation).*

In response to a petition for rulemaking, the Board is issuing a Notice of Intended Regulatory Action to amend sections 460 and 490 to allow a pharmacist at a central distribution company to verify Schedule VI drugs to be placed in an ADD prior to delivery to the receiving hospital and pharmacy technicians at the hospital to load the drugs directly into the ADD without further verification by a pharmacist at the hospital.

### Acronyms and Definitions

*Define all acronyms or technical definitions used in this form.*

ADD = automated dispensing device

<b>Agency</b>	Department of Health Professions
<b>Board</b>	Board of Pharmacy
<b>Chapter</b>	Regulations Governing the Practice of Pharmacy <a href="#">[18 VAC 110 - 20]</a>

**Action:** Remote processing of drugs in automated dispensing devices for hospitals

**Notice of Intended Regulatory Action (NOIRA) ** Action 5868 / Stage 9466

Documents		
Preliminary Draft Text	None submitted	
 Agency Background Document	10/20/2021 (modified 10/29/2021)	
 Governor's Review Memo	12/21/2021	

Status	
<b>Exempt from APA</b>	No, this stage/action is subject to Article 2 of the <i>Administrative Process Act</i>
<b>DPB Review</b>	Submitted on 10/20/2021 Review Completed: 10/29/2021
<b>Governor's Review</b>	Review Completed: 12/21/2021 Result: Approved
<b>Virginia Registrar</b>	Submitted on 12/22/2021 <a href="#">The Virginia Register of Regulations</a> Publication Date: 1/17/2022  <a href="#">Volume: 38 Issue: 11</a>
<b>Comment Period</b>	Ended 2/16/2022 0 comments

Contact Information	
<b>Name / Title:</b>	Caroline Juran, RPh / <i>Executive Director</i>
<b>Address:</b>	9960 Mayland Drive Suite 300 Richmond, VA 23233-1463

**Agenda Item: Adoption of Final Regulations – Medication carousels**

**Included in your agenda package are:**

Notice from the Va. Regulatory Townhall for extension of comment period

Copy of comments on proposed regulations

A copy of the proposed regulations with amendments recommended by the Regulation Committee in [brackets]

**Board action:**

**To adopt recommended final regulations as amended; or**

**Take other action**

[Edit Notice](#)

## General Notice

### Comment period for amendments to medication carousel regulations

Date Posted: 12/8/2021

Expiration Date: 3/4/2022

Submitted to Registrar for publication: NO

[60 Day Comment Forum](#) is underway. Began on 1/3/2022 and will end on 3/4/2022 [1 comments]

### Notice of Extension of Public Comment Period

#### Board of Pharmacy

#### Regulations Governing the Practice of Pharmacy

#### Medication carousels and RFID technology

At its meeting on December 7, 2021, and in response to comment on proposed regulations from the Virginia Society of Hospital Pharmacists, the Board adopted two amendments to regulations for medication carousels.

In order to allow for comment on the two proposed amendments, the Board is extending a 60-day comment period from January 3, 2022 to March 4, 2022. Amendments adopted at the December meeting are highlighted in the attached regulation.

Comments received during the comment period will be included in the Board's agenda package for the March meeting. The Board will adopt final regulations at that 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 ~~18VAC110-20-270~~ 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. [ The requirement for scanning by a nurse or other person authorized to administer is waived in an emergent event when a delay would cause imminent harm to the patient; or

c. The patient-specific drug is checked by two pharmacy technicians if a hospital does not have the capability for the drug to be verified for accuracy by scanning each drug unit. The first pharmacy technician removing the patient-specific drug from the medication carousel shall perform a visual inspection of each drug unit for accuracy and then double check the accuracy by scanning an individual unit of each drug. A second, different pharmacy technician shall perform a separate visual inspection of each drug unit and scan an individual unit of each drug for final verification. A nurse or other person authorized to administer the drug shall scan each drug unit prior to administration, unless the drug is being administered to treat an emergent event when a delay would cause imminent harm 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 [ ; or

c. The drug intended for restocking an automated dispensing device is checked by two pharmacy technicians if the hospital does not have the capacity for scanning each drug unit. The first pharmacy technician removing the drug for restocking from the medication carousel shall perform a visual inspection of each drug unit for accuracy and then double check the accuracy by scanning an individual unit of each drug of the automated dispensing device restock order prior to leaving the pharmacy. A second, different pharmacy technician shall perform a separate visual inspection of each drug unit and scan an individual unit for each drug of the restock order for final verification at the time of placing the drug into the automated dispensing device. A nurse or other person authorized to administer the drug shall scan each drug unit prior to administration, unless the drug is being administered to treat an emergent event where a delay would cause imminent harm to the patient ] .

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.

#### Contact Information

<b>Name / Title:</b>	Caroline Juran, RPh / <i>Executive Director</i>
<b>Address:</b>	9960 Mayland Drive Suite 300 Richmond, 23233
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*This general notice was created by Elaine J. Yeatts on 12/08/2021 at 10:54am*

*This general notice was last modified by Elaine J. Yeatts on 02/04/2022 at 1:35pm*



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**VIRGINIA**  
 REGULATORY TOWN HALL

Agency

Department of Health Professions

Board

Board of Pharmacy

4 comments

**All comments for this forum****[Back to List of Comments](#)****Commenter:** Arnold DeWald

2/23/22 8:13 am

**Please allow Drs to RX early treatment protocols ie Ivermectin**

Please allow Drs to administer in hospitals or by prescription the early treatment protocols that use medications that they have seen work to help reduce or shorten Covid symptoms. Such as, but not limited to: Ivermectin, Hydroxychoquin, IV high dose vitamin C, zinc. K2

CommentID: 120100

**Commenter:** Clinton Atwater, Carilion Medical Center

3/2/22 4:46 pm

**Comments for 18VAC110-20-425**

18VAC110-20-425

A2. Add Pharmacy Technicians In-Training

A3. The verifying pharmacist shall initial the record or utilize an electronic signature

A4f. Add automated dispensing cabinet replenishments

C2c. typo – “A nurse of other person authorized...” should read “A nurse or other person authorized...”

C2c should match C3c. Replace capability with capacity “if the hospital does not have the capacity for scanning each drug unit”.

C5c. The initials or electronic signature of the pharmacist verifying the accuracy of the process

Note possessive apostrophe is preceded by 3 forward slashes \\\ throughout the document. I assume this is a formatting error.

CommentID: 120516

**Commenter:** Natalie Nguyen, Virginia Society of Health-System Pharmacists

3/3/22 4:47 pm

**Support Amendments**

The Virginia Society of Health-System Pharmacists appreciates the considerations by the Board's adoption of the amendments for the regulations concerning medication carousel technology. Thus, we support the current amendments.

We still would like to share that the language regarding the scanning of each individual unit dose is an option that health-systems will least likely to adopt in terms of technology limitations and efficiencies.

Again, we sincerely appreciate the Board providing the opportunity for our organization to share our considerations for best practices for medication carousel technology while upholding patient safety.

CommentID: 120551

**Commenter:** Brad McDaniel, Carilion Clinic

3/4/22 12:06 pm

**Support for Admendments**

I wish to voice support for the amendments on regulations surrounding Carousel technologies. These amendments will enhance the pharmacy department's efficiency without sacrificing patient safety.

Brad McDaniel

CommentID: 120580

**Project 6271 - Proposed**

**Board Of Pharmacy**

**Use of medication carousels and RFID technology**

**18VAC110-20-425. Robotic pharmacy systems.**

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  - 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;
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nurse or other person authorized to administer the drug shall scan each drug unit prior to administration, unless the drug is being administered to treat an emergent event where a delay would cause imminent harm to the patient ] .

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

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**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.

**Agenda Item: Adoption of Proposed Regulations – Pharmacists initiating treatment**

**Included in your agenda package are:**

Copy of the Notice of Intended Regulatory Action on Townhall.

Copy of the proposed regulations to replace emergency regulations currently in effect

**Board action:**

Amendments that are underlined in black are the current emergency regulations from the 2020 legislation. Amendments in **RED** are the amendments from the 2021 legislation.

Virginia.gov Agencies | Governor



Agency Department of Health Professions

Board Board of Pharmacy

Chapter Regulations Governing the Practice of Pharmacy [18 VAC 110 - 20]

**Action:** Implementation of 2021 legislation for pharmacists initiating treatment**Emergency/NOIRA Stage**

Action 5861 / Stage 9452

 [Edit Stage](#)
 [Go to RIS Project](#)
 [Request Emergency Extension](#)

Documents		
<input type="radio"/> <a href="#">Emergency Text</a>	10/22/2021 12:07 pm	<a href="#">Sync Text with RIS</a>
<a href="#">Agency Background Document</a>	10/14/2021	<a href="#">Upload / Replace</a>
<a href="#">Attorney General Certification</a>	12/3/2021	
<input type="radio"/> <a href="#">Governor's Review Memo</a>	12/21/2021	
<input type="radio"/> <a href="#">Registrar Transmittal</a>	12/22/2021	

Status	
<b>Public Hearing</b>	Will be held at the <b>proposed</b> stage
<b>Emergency Authority</b>	2.2-4011 B
<b>Exempt from APA</b>	No, this stage/action is subject to Article 2 of the <i>Administrative Process Act</i>
<b>Attorney General Review</b>	Submitted to OAG: 10/14/2021 Review Completed: 12/3/2021 Result: Certified
<b>DPB Review</b>	Submitted on 12/3/2021 Policy Analyst: <a href="#">Cari Corr</a> Review Completed: 12/8/2021
<b>Secretary Review</b>	Secretary of Health and Human Resources Review Completed: 12/17/2021
<b>Governor's Review</b>	Review Completed: 12/21/2021 Result: Approved
<b>Virginia Registrar</b>	Submitted on 12/22/2021 <a href="#">The Virginia Register of Regulations</a> Publication Date: 1/17/2022 <a href="#">Volume: 38 Issue: 11</a>
<b>Comment Period</b>	Ended 2/16/2022 0 comments
<b>Effective Date</b>	12/22/2021
<b>Expiration Date</b>	6/21/2023

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*This person is the primary contact for this chapter.*

*This stage was created by Elaine J. Yeatts on 10/14/2021 at 8:08am*

*This stage was last edited by Elaine J. Yeatts on 10/14/2021 at 8:09am*



## Board of Pharmacy

### Implementation of legislation for pharmacists initiating treatment (2021 legislation)

#### Chapter 20

#### Regulations Governing the Practice of Pharmacy

#### **18VAC110-20-150. Physical standards for all pharmacies.**

A. The prescription department shall not be less than 240 square feet. The patient waiting area or the area used for counseling, devices, cosmetics, and proprietary medicines shall not be considered a part of the minimum 240 square feet. The total area shall be consistent with the size and scope of the services provided.

B. Access to stock rooms, rest rooms, and other areas other than an office that is exclusively used by the pharmacist shall not be through the prescription department. A rest room in the prescription department, used exclusively by pharmacists and personnel assisting with dispensing functions, may be allowed provided there is another rest room outside the prescription department available to other employees and the public. This subsection shall not apply to prescription departments in existence prior to November 4, 1993.

C. The pharmacy shall be constructed of permanent and secure materials. Trailers or other moveable facilities or temporary construction shall not be permitted.

D. The entire area of the location of the pharmacy practice, including all areas where drugs are stored, shall be well lighted and well ventilated; the proper storage temperature shall be maintained to meet USP-NF specifications for drug storage.

E. The prescription department counter work space shall be used only for the compounding and dispensing of drugs and necessary recordkeeping.

F. A sink with hot and cold running water shall be within the prescription department. A pharmacy issued a limited-use permit that does not stock prescription drugs as part of its operation is exempt from this requirement.

G. Adequate refrigeration facilities equipped with a monitoring thermometer for the storage of drugs requiring cold storage temperature shall be maintained within the prescription department if the pharmacy stocks such drugs.

H. A pharmacy stocking drugs requiring cold storage temperature shall record the temperature daily and adjust the thermostat as necessary to ensure an appropriate temperature range. The record shall be maintained manually or electronically for a period of two years.

I. The physical settings of a pharmacy in which a pharmacist initiates treatment with, dispenses, or administers drugs, ~~and~~ devices, controlled paraphernalia, and other supplies and equipment pursuant to § 54.1-3303.1 of the Code of Virginia and 18VAC110-21-46 shall protect patient confidentiality and comply with the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d et seq.

#### **18VAC110-21-46. Initiation of treatment by a pharmacist.**

A. Pursuant to § 54.1-3303.1 of the Code of Virginia, a pharmacist may initiate treatment with, dispense, or administer the following drugs, ~~and~~ devices, controlled paraphernalia, and other supplies and equipment to persons 18 years of age or older:

1. Naloxone or other opioid antagonist, including such controlled paraphernalia, as defined in § 54.1-3466 of the Code of Virginia, as may be necessary to administer such naloxone or other opioid antagonist;

2. Epinephrine;

3. Injectable or self-administered hormonal contraceptives, provided the patient completes an assessment consistent with the United States Medical Eligibility Criteria for Contraceptive Use;

4. Prenatal vitamins for which a prescription is required;

5. Dietary fluoride supplements, in accordance with recommendations of the American Dental Association for prescribing of such supplements for persons whose drinking water has a fluoride content below the concentration recommended by the U.S. Department of Health and Human Services; and

6. Medications Drugs as defined in §54.1-3401, devices as defined in §54.1-3401, controlled paraphernalia as defined in §54.1-3466, and other supplies and equipment available over-the-counter, covered by the patient's health carrier when the patient's out-of-pocket cost is lower than the out-of-pocket cost to purchase an over-the-counter equivalent of the same drug, device, controlled paraphernalia, or other supplies or equipment;

7. Vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention or that have a current emergency use authorization from the U.S. Food and Drug Administration;

8. Tuberculin purified protein derivative for tuberculosis testing; and

9. Controlled substances for the prevention of human immunodeficiency virus, including controlled substances prescribed for pre-exposure and post-exposure prophylaxis pursuant to guidelines and recommendations of the Centers for Disease Control and Prevention.

B. Pharmacists who initiate treatment with, dispense, or administer a drug, ~~or device,~~ controlled paraphernalia, or other supplies or equipment pursuant to subsection A shall:

1. Follow the statewide protocol adopted by the board for each drug, ~~or device~~, controlled paraphernalia, or other supplies or equipment.

2. Notify the patient's primary health care provider that treatment has been initiated with such drug, ~~or device~~, controlled paraphernalia, or other supplies or equipment or that such drug, ~~or device~~, controlled paraphernalia, or other supplies or equipment has been dispensed or administered to the patient, provided that the patient consents to such notification. If the patient does not have a primary health care provider, the pharmacist shall counsel the patient regarding the benefits of establishing a relationship with a primary health care provider and, upon request, provide information regarding primary health care providers, including federally qualified health centers, free clinics, or local health departments serving the area in which the patient is located. If the pharmacist is initiating treatment with, dispensing, or administering injectable or self-administered hormonal contraceptives, the pharmacist shall counsel the patient regarding seeking preventative care, including (i) routine well-woman visits, (ii) testing for sexually transmitted infections, and (iii) pap smears. ~~If the pharmacist is administering a vaccine pursuant to this section, the pharmacist shall report such administration to the Virginia Immunization Information System in accordance with the requirements of §32.1-46.01.~~

3. Maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

a. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or the patient's personal representative; or

b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.

4. Perform the activities in a manner that protects patient confidentiality and complies with the Health Insurance Portability and Accountability Act, 42 U.S.C. § 1320d et seq.

**Agenda Item: Adoption of Exempt Regulations for Pharmaceutical Processors**

**Included in your agenda package are:**

Copy of statutory authority for adoption of exempt regulations

Copy of the Notice of Public Comment

Copy of proposed regulations as adopted by the Board at its December meeting

**Staff note:**

A notice of a public comment period was published in the Register of Regulations, posted on the Virginia Regulatory Townhall and sent to interested parties

Comment was requested from 1/3/22 to 3/4/22.

**Board action:**

To adopt the amendments to Regulations Governing Pharmaceutical Processors by and exempt action

**§ 54.1-3442.6. Permit to operate pharmaceutical processor or cannabis dispensing facility.**

N. With the exception of § 2.2-4031, neither the provisions of the Administrative Process Act (§ 2.2-4000 et seq.) nor public participation guidelines adopted pursuant thereto shall apply to the adoption of any regulation pursuant to this section. Prior to adopting any regulation pursuant to this section, the Board of Pharmacy shall publish a notice of opportunity to comment in the Virginia Register of Regulations and post the action on the Virginia Regulatory Town Hall. Such notice of opportunity to comment shall contain (i) a summary of the proposed regulation; (ii) the text of the proposed regulation; and (iii) the name, address, and telephone number of the agency contact person responsible for receiving public comments. Such notice shall be made at least 60 days in advance of the last date prescribed in such notice for submittals of public comment. The legislative review provisions of subsections A and B of § 2.2-4014 shall apply to the promulgation or final adoption process for regulations pursuant to this section. The Board of Pharmacy shall consider and keep on file all public comments received for any regulation adopted pursuant to this section.

## **Notice of Public Comment Period**

### **Board of Pharmacy Regulations Governing Pharmaceutical Processors**

In accordance with subsection N of § 54.1-3442.6 of the Code of Virginia, the Board of Pharmacy is providing an opportunity to comment on a draft of proposed regulations for pharmaceutical processors that will be considered for adoption as an exempt action.

The proposed regulations address access to data in order to determine eligibility to enter a pharmaceutical processor or cannabis dispensing facility (Section 210) and labeling of dispensed cannabis products (Section 310).

The 2021 legislation requires posting of a notice 60 days in advance of submittals for public comment. The Board of Pharmacy is scheduled to meet on March 15, 2022 with the intent of adopting amendments to 18VAC110-60 (Regulations Governing Pharmaceutical Processors) by exempt action.

The Board will receive public comment from January 3, 2022 to March 4, 2022. Comments received during that period will be included in the Board's agenda package for the March meeting.

Comments may be sent to: [elaine.yeatts@dhp.virginia.gov](mailto:elaine.yeatts@dhp.virginia.gov)

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## Proposed amendments to 18VAC110-60: Regulations Governing Pharmaceutical Processors

### 18VAC110-60-210. General provisions.

A. A pharmaceutical processor or cannabis dispensing facility shall only sell cannabis products in a child-resistant, secure, and light-resistant container. Upon a written request from the registered patient, parent, legal guardian, or registered agent, the product may be dispensed in a non-child-resistant container so long as all labeling is maintained with the product.

B. Only a pharmacist may dispense cannabis products to registered patients or parents or legal guardians of patients who are minors or incapacitated adults and who are registered with the board, or to a registered agent. A pharmacy technician who meets the requirements of 18VAC110-60-170 C may assist, under the direct supervision of a pharmacist, in the dispensing and selling of cannabis products.

C. The PIC, pharmacist, responsible party, or person who is qualified to provide supervision in accordance with 18VAC110-60-170 on duty shall restrict access to the pharmaceutical processor or cannabis dispensing facility to:

1. A person whose responsibilities necessitate access to the pharmaceutical processor or cannabis dispensing facility and then for only as long as necessary to perform the person's job duties; or
2. A person who is a registered patient, parent, legal guardian, registered agent, or a companion of the patient, in which case such person shall not be permitted behind the service counter or in other areas where Cannabis plants, extracts, or cannabis products are stored.

D. A pharmacist, pharmacy technician, or an employee of the pharmaceutical processor or cannabis dispensing facility who has routine access to confidential patient data and who has signed a patient data confidentiality agreement with the processor or dispensing facility, may determine eligibility for access to the processor or facility by verifying through a verification source recognized by the board, that the registration of the patient, parent, legal guardian, or registered agent is current.

~~E.~~ All pharmacists and pharmacy technicians shall at all times while at the pharmaceutical processor or cannabis dispensing facility have their current license or registration available for inspection by the board or the board's agent.

~~E.~~ While inside the pharmaceutical processor or cannabis dispensing facility, all employees shall wear name tags or similar forms of identification that clearly identify them, including their position at the pharmaceutical processor or cannabis dispensing facility.

~~F.~~ A pharmaceutical processor or cannabis dispensing facility shall be open for registered patients, parents, legal guardians, or registered agents to purchase cannabis products for a minimum of 35 hours a week, except as otherwise authorized by the board.

GH. A pharmaceutical processor or cannabis dispensing facility that closes the dispensing area during its normal hours of operation shall implement procedures to notify registered patients, parents, legal guardians, and registered agents of when the pharmaceutical processor or cannabis dispensing facility will resume normal hours of operation. Such procedures may include telephone system messages and conspicuously posted signs. If the cultivation, production, or dispensing area of the pharmaceutical processor or if a cannabis dispensing facility is or will be closed during its normal hours of operation for longer than two business days, the pharmaceutical processor or cannabis dispensing facility shall immediately notify the board.

HI. A pharmacist shall counsel registered patients, parents, legal guardians, and registered agents, if applicable, regarding the use of cannabis products. Such counseling shall include information related to safe techniques for proper use and storage of cannabis products and for disposal of the products in a manner that renders them nonrecoverable.

IJ. The pharmaceutical processor or cannabis dispensing facility shall establish, implement, and adhere to a written alcohol-free, drug-free, and smoke-free work place policy that shall be available to the board or the board's agent upon request.

### **18VAC110-60-310. Dispensing of cannabis products.**

A. A pharmacist in good faith may dispense cannabis products to any registered patient, parent, or legal guardian as indicated on the written certification or to a registered agent for a specific patient.

1. Prior to the initial dispensing of cannabis products pursuant to each written certification, the pharmacist or pharmacy technician at the location of the pharmaceutical processor or cannabis dispensing facility shall view in person or by audiovisual means a current photo identification of the patient, parent, legal guardian, or registered agent. The pharmacist or pharmacy technician shall verify in the Virginia Prescription Monitoring Program of the Department of Health Professions or other program recognized by the board that the registrations are current, the written certification has not expired, and the date and quantity of the last dispensing of cannabis products to the registered patient.

2. A pharmacist or pharmacy technician employed by the processor or cannabis dispensing facility shall make a paper or electronic copy of the current written certification that provides an exact image of the document that is clearly legible and shall maintain it on site or by electronic means for two years.

3. Prior to any subsequent dispensing, the pharmacist or pharmacy technician shall verify that the written certification on file has not expired. An employee or delivery agent shall view a current photo identification and current registration of the patient, parent, legal guardian, or registered agent and shall maintain record of such viewing in accordance with policies and procedures of the pharmaceutical processor or cannabis dispensing facility.

B. A pharmacist may dispense a portion of a registered patient's 90-day supply of cannabis product. The pharmacist may dispense the remaining portion of the 90-day supply of cannabis products at any time except that no

registered patient, parent, legal guardian, or registered agent shall receive more than a 90-day supply of cannabis products for a patient in a 90-day period from any pharmaceutical processor or cannabis dispensing facility. A pharmaceutical processor or cannabis dispensing facility may dispense more than one cannabis product to a patient at one time. However, no more than four ounces of botanical cannabis shall be dispensed for each 30-day period for which botanical cannabis is dispensed. In determining the appropriate amount of cannabis product to be dispensed to a patient, a pharmacist shall consider all cannabis products dispensed and adjust the amount dispensed accordingly.

C. A dispensing record shall be maintained for three years from the date of dispensing, and the pharmacist or pharmacy technician under the direct supervision of the pharmacist shall affix a label to the container of cannabis product that contains:

1. A serial number assigned to the dispensing of the product;
2. The brand name of cannabis product that was registered with the board pursuant to 18VAC110-60-285 and its strength;
3. The serial number assigned to the product during production;
4. The date of dispensing the cannabis product;
5. The quantity of cannabis products dispensed;
6. A terpenes profile and a list of all active ingredients, including:
  - a. Tetrahydrocannabinol (THC);
  - b. Tetrahydrocannabinol acid (THC-A);
  - c. Cannabidiol (CBD); and
  - d. Cannabidiolic acid (CBDA);

For botanical cannabis products, only the total cannabidiol (CBD) and total tetrahydrocannabinol (THC) are required;

7. A pass rating based on the laboratory's microbiological, mycotoxins, heavy metals, residual solvents, pesticide chemical residue analysis, and for botanical cannabis, the water activity and moisture content analysis;
8. The name and registration number of the registered patient;
9. The name and registration number of the certifying practitioner;
10. Directions for use as may be included in the practitioner's written certification or otherwise provided by the practitioner;
11. For botanical cannabis, the amount recommended by the practitioner or dispensing pharmacist;
12. The name or initials of the dispensing pharmacist;

13. Name, address, and telephone number of the pharmaceutical processor or cannabis dispensing facility;
14. Any necessary cautionary statement; ~~and~~
15. A prominently printed expiration date based on stability testing; ~~and the pharmaceutical processor's or cannabis dispensing facility's recommended conditions of use and storage that can be read and understood by the ordinary individual;~~
16. The pharmaceutical processor's or cannabis dispensing facility's recommended conditions of use and storage that can be read and understood by the ordinary individual.

D. The label shall be exempt from containing the items listed in 6, 7 and 15 of subsection C if the items are included on the batch label as required in 18VAC110-60-290 and are clearly visible to the patient.

~~DE.~~ A pharmaceutical processor shall not label cannabis products as "organic" unless the Cannabis plants have been organically grown and the cannabis oil products have been produced, processed, manufactured, and certified to be consistent with organic standards in compliance with 7 CFR Part 205.

~~EE.~~ The cannabis products shall be dispensed in child-resistant packaging, except as provided in 18VAC110-60-210 A. A package shall be deemed child-resistant if it satisfies the standard for "special packaging" as set forth in the Poison Prevention Packaging Act of 1970 Regulations, 16 CFR 1700.1(b)(4).

~~EG.~~ No person except a pharmacist or a pharmacy technician operating under the direct supervision of a pharmacist shall alter, deface, or remove any label so affixed.

~~GH.~~ A pharmacist shall be responsible for verifying the accuracy of the dispensed product in all respects prior to dispensing and shall document that each verification has been performed.

~~HI.~~ A pharmacist shall document a registered patient's self-assessment of the effects of cannabis products in treating the registered patient's diagnosed condition or disease or the symptoms thereof. If the authorization for botanical cannabis for a minor is communicated verbally or in writing to the pharmacist at the time of dispensing, the pharmacist shall also document such authorization. A pharmaceutical processor or cannabis dispensing facility shall maintain such documentation in writing or electronically for three years from the date of dispensing and such documentation shall be made available in accordance with regulation.

~~IJ.~~ A pharmacist shall exercise professional judgment to determine whether to dispense cannabis products to a registered patient, parent, legal guardian, or registered agent if the pharmacist suspects that dispensing cannabis products to the registered patient, parent, legal guardian, or registered agent may have negative health or safety consequences for the registered patient or the public.

## **Virginia Board of Pharmacy Pharmacy Working Conditions**

Exacerbated by the COVID-19 pandemic and other public health crises, pharmacists, pharmacy technicians, and pharmacy interns have experienced increased demands on their skills and time to provide patient care.

Pharmacies holding permits to operate in Virginia are subject to the following requirements:

§ 54.1-3434, which states:

The application for such permit shall be made on a form provided by the Board and signed by a pharmacist who will be in full and actual charge of the pharmacy...

If the owner is other than the pharmacist making the application, the type of ownership shall be indicated and shall list any partner or partners, and, if a corporation, then the corporate officers and directors. Further, if the owner is not a pharmacist, he shall not abridge the authority of the pharmacist-in-charge to exercise professional judgment relating to the dispensing of drugs in accordance with this act and Board regulations.

The permit shall be issued only to the pharmacist who signs the application as the pharmacist-in-charge and as such assumes the full responsibilities for the legal operation of the pharmacy. This permit and responsibilities shall not be construed to negate any responsibility of any pharmacist or other person.

18VAC110-20-110(C), which states:

The PIC [pharmacist in charge] or the pharmacist on duty shall control all aspects of the practice of pharmacy. Any decision overriding such control of the PIC or other pharmacist on duty shall be deemed the practice of pharmacy and may be grounds for disciplinary action against the pharmacy permit.

Additionally, Virginia Code § 54.1-3316(13) states that the Board may discipline a pharmacy permit holder if that permit holder has:

conducted his practice, or activity requiring a license, permit, certificate, or registration from the Board in such a manner as to be a danger to the health and welfare of the public[.]

Due to these requirements, pharmacy permit holders should consult with the PIC or pharmacist on duty and other pharmacy staff to ensure patient care services are safely provided in compliance with applicable standards of patient care. Permit holders should ensure their

decisions are not overriding the control of the PIC or other pharmacist on duty and, via consultation with pharmacy staff, that permit holders are providing a working environment for all pharmacy personnel that protects the health, safety, and welfare of patients. Ensuring a safe environment that does not jeopardize patient care includes, at a minimum:

- Ensuring sufficient personnel are scheduled to work at all times in order to prevent fatigue, distraction, or other conditions that interfere with a pharmacist's ability to practice with reasonable competency and safety;
- Avoiding the introduction of external factors, such as productivity or production quotas, or other programs to the extent that they interfere with the pharmacist's ability to provide appropriate professional services to the public;
- Ensuring staff are sufficiently trained to safely and adequately perform their assigned duties, and demonstrate competency;
- Providing appropriate opportunities for uninterrupted rest periods and meal breaks; and
- Providing adequate time for a pharmacist to complete professional duties and responsibilities, including:
  - drug utilization review;
  - immunization;
  - counseling;
  - verification of prescriptions; and
  - patient testing.

To ensure adequate staffing levels, a PIC is encouraged to develop and implement use of a staffing report form to address staffing requests or concerns. Pharmacy personnel should complete the form when concerned with staffing due to inadequate number of support persons or excessive workload. Completing the form may result in better decisions concerning staffing.

A copy of the form, when executed, should be given to the immediate supervisor and a copy should remain in the pharmacy. If the PIC believes the situation warrants earlier Board review, the PIC should inform the Board.

Such form should include the following:

- Date and time the inadequate staffing occurred;
- Number of prescriptions filled during this time frame;
- Summary of events; and
- Any comments or suggestions.

Each pharmacy should review completed staffing reports and address any issues listed, documenting any corrective action taken or justification for inaction to assure continual self-improvement. If it is determined that the issue is not staffing-related, measures taken to address the issue should be described.

It is recommended that each pharmacy retain completed staffing reports for three years from date of execution. Pharmacy personnel should not be subject to discipline by the employing pharmacy for completing a staffing report in good faith.

Evidence of possible violations of law, to include § 54.1-3434 and Regulation 18VAC110-20-110 C, may be submitted online to the Virginia Department of Health Professions, Enforcement Division at <http://www.dhp.virginia.gov/PractitionerResources/Enforcement/>

DRAFT

## **Agenda Item: Consideration of Requiring Continuing Education on Buprenorphine in 2023**

**Staff Note:** During the recent SAMHSA Region 3 Buprenorphine Summit it was recommended that the Board require CE on buprenorphine to further educate pharmacists to the use of buprenorphine to treat substance use disorder and potentially increase access to buprenorphine. The summit focused on the increase of overdose deaths and patient inability to access buprenorphine. Challenges discussed included stigma and reluctance to dispense drugs for substance use disorder. Past CE required topics include opioid use disorder and naloxone.

**Board Action:** Consider if pharmacists should be required to complete up to 2 hours of CE in 2023 on the subject of buprenorphine.

### **Relevant Law:**

#### **§ 54.1-3314.1. Continuing education requirements; exemptions; extensions; procedures; out-of-state licensees; nonpractice licenses.**

- A. Each pharmacist shall have obtained a minimum of 15 continuing education hours of pharmaceutical education through an approved continuing pharmaceutical education program during the year immediately preceding his license renewal date.
- B. An approved continuing pharmaceutical education program shall be any program approved by the Board.
- C. Pharmacists who have been initially licensed by the Board during the one year preceding the license renewal date shall not be required to comply with the requirement on the first license renewal date that would immediately follow.
- D. The Board may grant an exemption from the continuing education requirement if the pharmacist presents evidence that failure to comply was due to circumstances beyond the control of the pharmacist.
- E. Upon the written request of a pharmacist, the Board may grant an extension of one year in order for a pharmacist to fulfill the continuing education requirements for the period of time in question. Such extension shall not relieve the pharmacist of complying with the continuing education requirement for the current period.
- F. The pharmacist shall attest to the fact that he has completed the continuing education requirements as specified by the Board.
- G. The following shall apply to the requirements for continuing pharmaceutical education:
  - 1. The provider of an approved continuing education program shall issue to each pharmacist who has successfully completed a program certification that the pharmacist has completed a specified number of hours.



2. The certificates so issued to the pharmacist shall be maintained by the pharmacist for a period of two years following the renewal of his license.

3. The pharmacist shall provide the Board, upon request, with certification of completion of continuing education programs in a manner to be determined by the Board.

H. Pharmacists who are also licensed in other states and who have obtained a minimum of fifteen hours of approved continuing education requirements of such other states need not obtain additional hours.

I. The Board shall provide for an inactive status for those pharmacists who do not wish to practice in Virginia. The Board shall require upon request for change from inactive to active status proof of continuing education hours as specified in regulations. No person shall practice in Virginia unless he holds a current active license.

J. As part of the annual 15-hour requirement, the Board may require up to two hours of continuing education in a specific subject area. If the Board designates a subject area for continuing education, it shall publish such requirement no later than January 1 of the calendar year for which the specific continuing education is required.

**DRAFT**

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# *Virginia's Pharmacy Technician Workforce: 2021*

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Healthcare Workforce Data Center

February 2022

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
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Get a copy of this report from:

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

*Nearly 11,000 Pharmacy Technicians voluntarily participated in this survey. Without their efforts, 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 their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

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## Contents

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Results in Brief.....	2
Summary of Trends .....	2
Survey Response Rates.....	3
The Workforce.....	4
Demographics.....	5
Background .....	6
Education .....	8
Credentials .....	9
Current Employment Situation .....	10
Employment Quality.....	11
2021 Labor Market .....	12
Work Site Distribution .....	13
Establishment Type .....	14
Time Allocation .....	16
Retirement & Future Plans .....	17
Full-Time Equivalency Units.....	19
Maps .....	20
Virginia Performs Regions .....	20
Area Health Education Center Regions .....	21
Workforce Investment Areas .....	22
Health Services Areas .....	23
Planning Districts.....	24
Appendix .....	25
Weights .....	25

# The Pharmacy Technician Workforce At a Glance:

## The Workforce

Registrants:	14,062
Virginia's Workforce:	13,017
FTEs:	9,971

## Background

Rural Childhood:	40%
HS Degree in VA:	73%
% Work Non-Metro:	14%

## Current Employment

Employed in Prof.:	81%
Hold 1 Full-Time Job:	69%
Satisfied?:	88%

## Survey Response Rate

All Registrants:	76%
Renewing Practitioners:	98%

## Education

High School/GED:	56%
Associate Degree:	22%

## Job Turnover

Switched Jobs:	5%
Employed Over 2 Yrs.:	54%

## Demographics

Female:	85%
Diversity Index:	60%
Median Age:	36

## Finances

Median Income:	\$30k-\$35k
Health Insurance:	63%
Under 40 w/ Ed. Debt:	48%

## Primary Roles

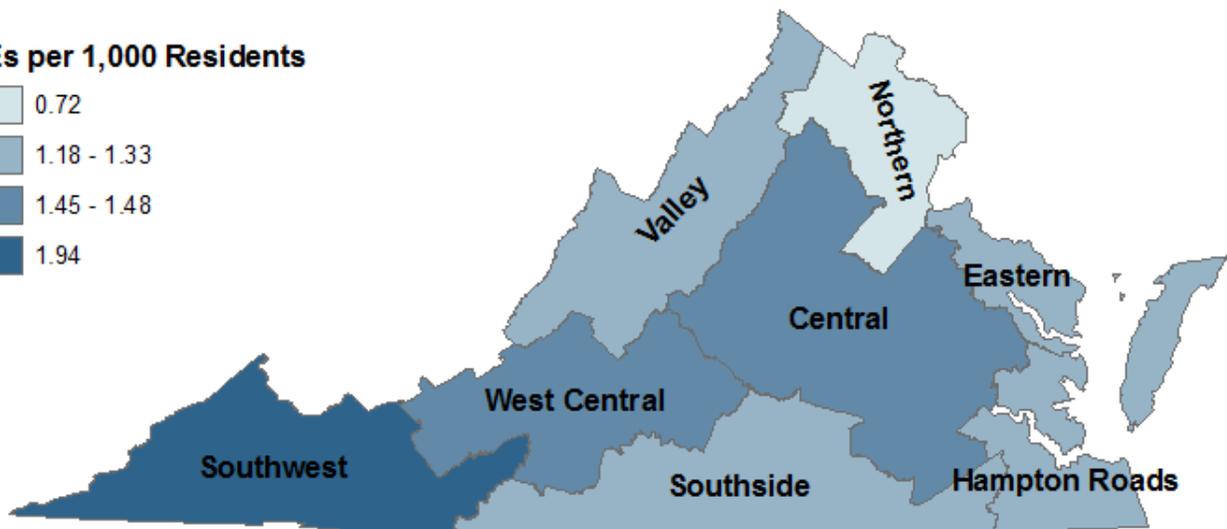
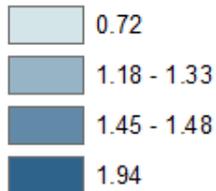
Medication Disp.:	57%
Administration:	4%
Supervision:	2%

Source: Va. Healthcare Workforce Data Center

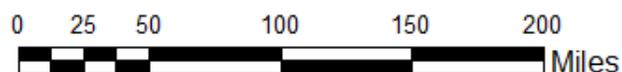
## Full-Time Equivalency Units Provided by Pharmacy Technicians per 1,000 Residents by Virginia Performs Region

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2020  
Source: U.S. Census Bureau, Population Division



This report contains the results of the 2021 Pharmacy Technician Workforce survey. Nearly 11,000 pharmacy technicians voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the registration renewal process, which takes place every December for pharmacy technicians. These survey respondents represent 76% of the 14,062 pharmacy technicians who are registered in the state and 98% of renewing practitioners.

The HWDC estimates that 13,017 pharmacy technicians participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's pharmacy technician workforce provided 9,971 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

More than 60% of all pharmacy technicians are under the age of 40, and 84% of pharmacy technicians who are under the age of 40 are female. In a random encounter between two pharmacy technicians, there is a 60% chance that they would be of different races or ethnicities, a measure known as the diversity index. This makes the pharmacy technician workforce equally diverse as the state's overall population, which also has a diversity index of 60%. Two out of every five pharmacy technicians grew up in a rural area, and 28% of pharmacy technicians who grew up in a rural area currently work in a non-metro area of Virginia. Overall, 14% of pharmacy technicians work in a non-metro area.

More than 80% of all pharmacy technicians are currently employed in the profession, 69% hold one full-time job, and 51% work between 40 and 49 hours per week. The median annual income for pharmacy technicians is between \$30,000 and \$35,000. In addition, 80% of all pharmacy technicians receive at least one employer-sponsored benefit, including 63% who have access to health insurance. Nearly 90% of pharmacy technicians indicated that they are satisfied with their current work situation, including nearly half who indicated that they are "very satisfied."

## Summary of Trends

---

In this section, all statistics for the current year are compared to the 2016 pharmacy technician workforce. The number of registered pharmacy technicians has fallen by 5% (14,062 vs. 14,842). In addition, the size of Virginia's pharmacy technician workforce has declined by 6% (13,017 vs. 13,920), and the number of FTEs provided by this workforce has fallen by 5% (9,971 vs. 10,533). Renewing pharmacy technicians are slightly more likely to respond to the survey (98% vs. 97%).

The percentage of pharmacy technicians who are under the age of 40 has declined (61% vs. 64%), but the percentage among this group of professionals who are female has increased (84% vs. 82%). Overall, the median age of Virginia's pharmacy technician workforce has risen (36 vs. 34). The diversity index of this workforce has increased slightly (60% vs. 59%) during a time in which Virginia's overall population has diversified more rapidly (60% vs. 55%). The diversity index among pharmacy technicians who are under the age of 40 has also risen slightly (64% vs. 63%).

Pharmacy technicians are more likely to work in the profession (81% vs. 80%), hold one full-time job (69% vs. 63%), and work between 40 and 49 hours per week (51% vs. 43%). Pharmacy technicians are relatively more likely to work in the non-profit sector (16% vs. 15%) instead of the for-profit sector (73% vs. 75%). At the same time, pharmacy technicians are relatively more likely to work in the inpatient department of hospitals (16% vs. 14%) instead of large chain community pharmacies (33% vs. 35%).

The median annual income of Virginia's pharmacy technician workforce has increased (\$30k-\$35k vs. \$20k-\$25k). In addition, pharmacy technicians are more likely to receive at least one employer-sponsored benefit (80% vs. 77%), including those who have access to health insurance (63% vs. 60%) and a retirement plan (59% vs. 52%). The percentage of pharmacy technicians who indicated that they are satisfied with their current work situation has declined (88% vs. 90%), and this is also the case among those pharmacy technicians who indicated that they are "very satisfied" (47% vs. 49%).

A Closer Look:

Registrant Counts		
Registration Status	#	%
Renewing Practitioners	10,226	73%
New Registrants	1,520	11%
Non-Renewals	2,316	16%
All Registrants	14,062	100%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted in December 2021.
- Target Population:** All professionals who held a Virginia registration at some point in 2021.
- Survey Population:** The survey was available to those who renewed their registration online. It was not available to those who did not renew, including some professionals newly registered in 2021.

HWDC surveys tend to achieve very high response rates. Nearly all renewing pharmacy technicians submitted a survey. These represent 76% of all pharmacy technicians who were registered at some point in 2021.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
<b>By Age</b>			
Under 30	1,431	2,723	66%
30 to 34	564	1,758	76%
35 to 39	355	1,556	81%
40 to 44	243	1,161	83%
45 to 49	172	952	85%
50 to 54	179	996	85%
55 to 59	151	710	83%
60 and Over	228	883	80%
<b>Total</b>	<b>3,323</b>	<b>10,739</b>	<b>76%</b>
<b>New Registrations</b>			
Issued in 2021	908	612	40%
<b>Metro Status</b>			
Non-Metro	375	1,621	81%
Metro	2,494	8,459	77%
Not in Virginia	454	659	59%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	10,739
Response Rate, All Registrants	76%
Response Rate, Renewals	98%

Source: Va. Healthcare Workforce Data Center

At a Glance:

**Registered Pharmacy Tech.**

Number: 14,062  
 New: 11%  
 Not Renewed: 16%

**Survey Response Rates**

All Registrants: 76%  
 Renewing Practitioners: 98%

Source: Va. Healthcare Workforce Data Center



## At a Glance:

### Workforce

Pharmacy Tech. Workforce: 13,017  
 FTEs: 9,971

### Utilization Ratios

Registrants in VA Workforce: 93%  
 Registrants per FTE: 1.41  
 Workers per FTE: 1.31

Source: Va. Healthcare Workforce Data Center

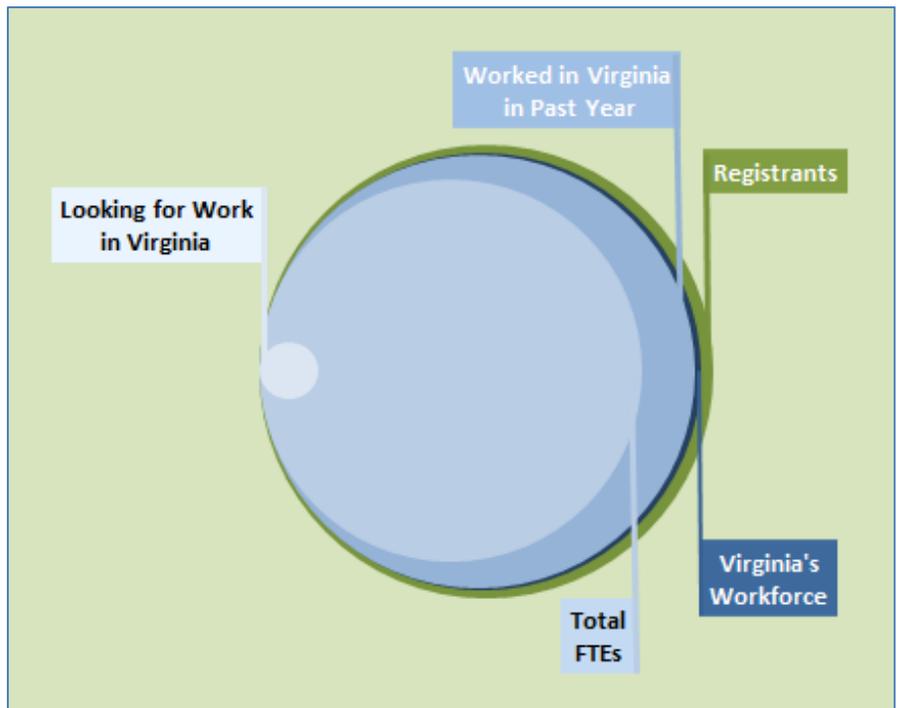
Pharmacy Tech. Workforce		
Status	#	%
Worked in Virginia in Past Year	12,789	98%
Looking for Work in Virginia	229	2%
Virginia's Workforce	13,017	100%
Total FTEs	9,971	
Registrants	14,062	

Source: Va. Healthcare Workforce Data Center

## Definitions

- 1. Virginia's Workforce:** A registrant 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 (40 hours for 50 weeks) as its baseline measure for FTEs.
- 3. Registrants in VA Workforce:** The proportion of registrants in Virginia's Workforce.
- 4. Registrants per FTE:** An indication of the number of registrants needed to create 1 FTE. Higher numbers indicate lower registrant 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.

*Weighting is used to estimate the figures in this report. Unless otherwise noted, figures refer to the Virginia workforce only. For more information on the HWDC's methodology, visit: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>*



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	589	17%	2,879	83%	3,467	32%
30 to 34	281	16%	1,505	84%	1,786	16%
35 to 39	191	13%	1,249	87%	1,439	13%
40 to 44	162	15%	915	85%	1,076	10%
45 to 49	123	15%	715	85%	838	8%
50 to 54	111	13%	772	88%	883	8%
55 to 59	79	12%	560	88%	639	6%
60 and Over	98	13%	682	87%	781	7%
<b>Total</b>	<b>1,632</b>	<b>15%</b>	<b>9,276</b>	<b>85%</b>	<b>10,909</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Pharmacy Tech.		Pharmacy Tech. Under 40	
	%	#	%	#	%
White	59%	6,334	58%	3,635	54%
Black	18%	2,415	22%	1,548	23%
Asian	7%	958	9%	586	9%
Other Race	1%	144	1%	90	1%
Two or More Races	5%	422	4%	323	5%
Hispanic	11%	676	6%	529	8%
<b>Total</b>	<b>100%</b>	<b>10,949</b>	<b>100%</b>	<b>6,711</b>	<b>100%</b>

\*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2020.

Source: Va. Healthcare Workforce Data Center

Among the 61% of pharmacy technicians who are under the age of 40, 84% are female. In addition, the diversity index among pharmacy technicians who are under the age of 40 is 64%.

At a Glance:

Gender

% Female: 85%  
% Under 40 Female: 84%

Age

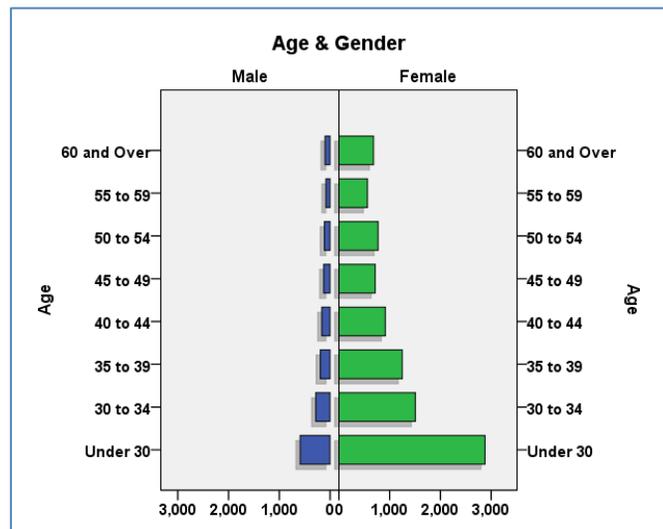
Median Age: 36  
% Under 40: 61%  
% 55 and Over: 13%

Diversity

Diversity Index: 60%  
Under 40 Div. Index: 64%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two professionals, there is a 60% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's population as a whole, the diversity index is also 60%.



Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Childhood

Urban Childhood: 19%  
 Rural Childhood: 40%

### Virginia Background

HS in Virginia: 73%  
 HS in VA, Past 5 Years: 71%

### Location Choice

% Work Non-Metro: 14%  
 % Rural to Non-Metro: 28%  
 % Urban/Suburban to Non-Metro: 4%

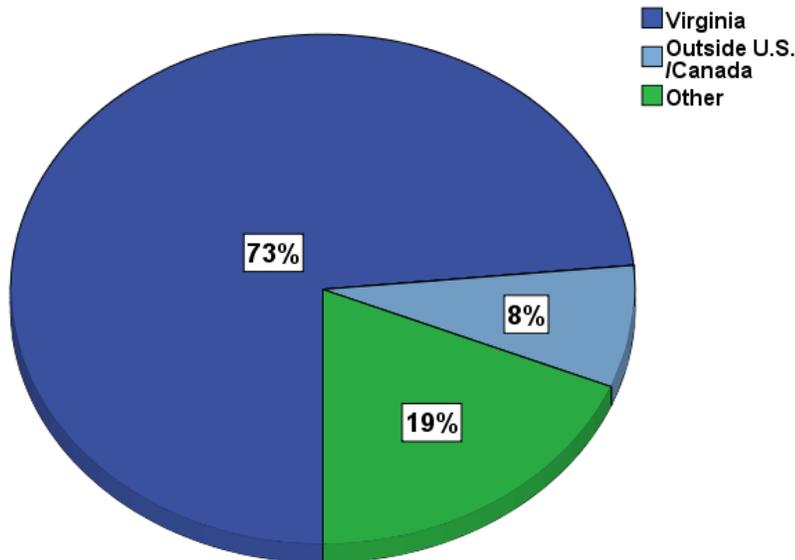
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 Million+	24%	51%	25%
2	Metro, 250,000 to 1 Million	57%	31%	12%
3	Metro, 250,000 or Less	64%	27%	10%
<b>Non-Metro Counties</b>				
4	Urban, Pop. 20,000+, Metro Adjacent	66%	22%	12%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	82%	13%	5%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	95%	2%	3%
8	Rural, Metro Adjacent	88%	8%	5%
9	Rural, Non-Adjacent	71%	20%	9%
<b>Overall</b>		<b>40%</b>	<b>41%</b>	<b>19%</b>

Source: Va. Healthcare Workforce Data Center

## High School Location



Source: Va. Healthcare Workforce Data Center

*Among all pharmacy technicians, 40% grew up in a self-described rural area, and 28% of pharmacy technicians who grew up in a rural area currently work in a non-metro county. Overall, 14% of pharmacy technicians are employed in a non-metro area of the state.*

## Top Ten States for Pharmacy Technician Recruitment

Rank	High School Location			
	All Pharmacy Technicians	#	Registered in the Past Five Years	#
1	Virginia	7,896	Virginia	2,957
2	Outside U.S./Canada	832	Outside U.S./Canada	305
3	New York	172	Maryland	84
4	North Carolina	172	North Carolina	75
5	Maryland	163	Florida	67
6	Florida	142	New York	65
7	Pennsylvania	140	Pennsylvania	63
8	West Virginia	136	New Jersey	50
9	New Jersey	113	West Virginia	46
10	California	111	California	41

Source: Va. Healthcare Workforce Data Center

Nearly three-fourths of all pharmacy technicians received their high school diploma in Virginia. Among those pharmacy technicians who obtained their initial registration in the past five years, 71% also received their high school degree in the state.

Among all of Virginia's registered pharmacy technicians, 7% did not participate in the state's workforce in 2021. However, 81% of these professionals worked at some point in the past year, including 60% who currently work as pharmacy technicians.

### At a Glance:

#### Not in VA Workforce

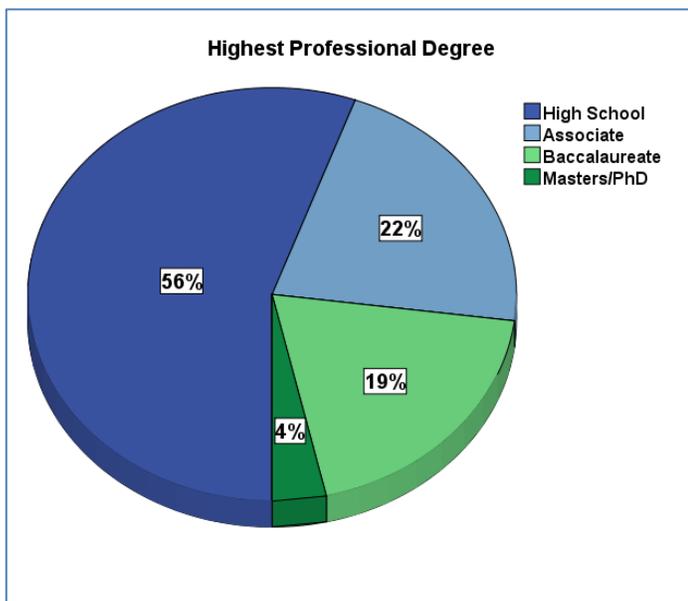
Total:	1,039
% of Registrants:	7%
Federal/Military:	5%
VA Border State/DC:	32%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Highest Professional Degree		
Degree	#	%
High School/GED	5,896	56%
Associate	2,285	22%
Baccalaureate	2,059	19%
Masters	338	3%
PhD	41	0%
<b>Total</b>	<b>10,619</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Nearly two out of every five pharmacy technicians currently carry education debt, including 48% of those pharmacy technicians who are under the age of 40. For those pharmacy technicians with education debt, the median debt amount is between \$18,000 and \$20,000.

## At a Glance:

**Education**  
 High School/GED: 56%  
 Associate Degree: 22%

**Education Debt**  
 Carry Debt: 37%  
 Under Age 40 w/ Debt: 48%  
 Median Debt: \$18k-\$20k

Source: Va. Healthcare Workforce Data Center

Nearly three out of every five pharmacy technicians hold either a high school degree or a GED as their highest professional degree.

Education Debt				
Amount Carried	All Pharm. Tech.		Pharm. Tech. Under 40	
	#	%	#	%
None	5,282	63%	2,694	52%
Less than \$10,000	954	11%	756	15%
\$10,000-\$19,999	646	8%	503	10%
\$20,000-\$29,999	540	6%	414	8%
\$30,000 or More	1,025	12%	769	15%
<b>Total</b>	<b>8,447</b>	<b>100%</b>	<b>5,136</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Top Certifications

PTCB:	65%
ExCPT:	10%
Total w/ Cert.:	75%

### National Certifications

Required:	60%
Pay Raise w/ Cert.:	46%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Professional Certifications		
Certification	#	% of Workforce
<b>Pharmacy Technician Certification Board (PTCB)</b>	8,412	65%
<b>Exam for Certification of Pharmacy Technicians (ExCPT)</b>	1,366	10%
<b>Total with Certification</b>	<b>9,778</b>	<b>75%</b>

Source: Va. Healthcare Workforce Data Center

*Three out of every four of Virginia's pharmacy technicians hold a professional certification, including 65% who hold a Pharmacy Technician Certification Board (PTCB) credential.*

*Three out of every five pharmacy technicians work for an employer that requires a national certification as a condition of employment. Meanwhile, 46% of pharmacy technicians work for an employer that offers a pay raise for those who have obtained a national certification.*

National Certifications		
Required for Employment?	#	%
<b>Yes</b>	6,229	60%
<b>No</b>	4,234	40%
Pay Raise with Certification?	#	%
<b>Yes</b>	4,407	46%
<b>No</b>	4,649	48%
<b>No Certification Held</b>	536	6%

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 81%  
Involuntarily Unemployed: 1%

### Positions Held

1 Full-Time: 69%  
2 or More Positions: 9%

### Weekly Hours:

40 to 49: 51%  
60 or More: 3%  
Less than 30: 15%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	18	< 1%
Employed in a Pharmacy Technician-Related Capacity	8,532	81%
Employed, NOT in a Pharmacy Technician-Related Capacity	1,619	15%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	71	1%
Voluntarily Unemployed	291	3%
Retired	46	< 1%
<b>Total</b>	<b>10,576</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*More than 80% of all pharmacy technicians are currently employed in the profession, 69% hold one full-time job, and 51% work between 40 and 49 hours per week.*

Current Positions		
Positions	#	%
No Positions	408	4%
One Part-Time Position	1,871	18%
Two Part-Time Positions	137	1%
One Full-Time Position	7,167	69%
One Full-Time Position & One Part-Time Position	713	7%
Two Full-Time Positions	34	0%
More than Two Positions	46	0%
<b>Total</b>	<b>10,376</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	408	4%
1 to 9 Hours	268	3%
10 to 19 Hours	452	4%
20 to 29 Hours	815	8%
30 to 39 Hours	2,294	23%
40 to 49 Hours	5,135	51%
50 to 59 Hours	444	4%
60 to 69 Hours	147	1%
70 to 79 Hours	72	1%
80 or More Hours	123	1%
<b>Total</b>	<b>10,158</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	103	2%
Less than \$10,000	422	9%
\$10,000-\$14,999	245	5%
\$15,000-\$19,999	253	5%
\$20,000-\$24,999	431	9%
\$25,000-\$29,999	513	11%
\$30,000-\$34,999	800	17%
\$35,000-\$39,999	665	14%
\$40,000-\$44,999	564	12%
\$45,000-\$49,999	320	7%
\$50,000 or More	445	9%
<b>Total</b>	<b>4,761</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Annual Income**  
Median Income: \$30k-\$35k

**Benefits**  
Health Insurance: 63%  
Retirement: 59%

**Satisfaction**  
Satisfied: 88%  
Very Satisfied: 47%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	4,884	47%
Somewhat Satisfied	4,203	41%
Somewhat Dissatisfied	849	8%
Very Dissatisfied	401	4%
<b>Total</b>	<b>10,337</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical pharmacy technician earns between \$30,000 and \$35,000 per year. In addition, four-fifths of all pharmacy technicians receive at least one employer-sponsored benefit, including 63% who have access to health insurance.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Leave	5,633	66%	60%
Health Insurance	5,349	63%	57%
Dental Insurance	5,178	61%	55%
Retirement	5,046	59%	54%
Group Life Insurance	3,095	36%	33%
Signing/Retention Bonus	552	6%	6%
<b>At Least One Benefit</b>	<b>6,848</b>	<b>80%</b>	<b>73%</b>

\*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center



**A Closer Look:**

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	156	1%
Experience Voluntary Unemployment?	418	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	362	3%
Work Two or More Positions at the Same Time?	1,327	10%
Switch Employers or Practices?	642	5%
<b>Experience At Least One?</b>	<b>2,415</b>	<b>19%</b>

Source: Va. Healthcare Workforce Data Center

*Only 1% of pharmacy technicians were involuntarily unemployed at some point in the past year. For comparison, Virginia's average monthly unemployment rate was 4.0%.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
<b>Not Currently Working at This Location</b>	270	3%	202	11%
<b>Less than 6 Months</b>	1,016	10%	274	15%
<b>6 Months to 1 Year</b>	926	9%	197	11%
<b>1 to 2 Years</b>	2,236	23%	308	17%
<b>3 to 5 Years</b>	2,329	24%	383	21%
<b>6 to 10 Years</b>	1,292	13%	178	10%
<b>More than 10 Years</b>	1,697	17%	252	14%
<b>Subtotal</b>	<b>9,766</b>	<b>100%</b>	<b>1,794</b>	<b>100%</b>
<b>Did Not Have Location</b>	563		10,948	
<b>Item Missing</b>	2,688		275	
<b>Total</b>	<b>13,017</b>		<b>13,017</b>	

Source: Va. Healthcare Workforce Data Center

*More than 90% of pharmacy technicians receive an hourly wage at their primary work location.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 1%  
Underemployed: 3%

**Turnover & Tenure**

Switched Jobs: 5%  
New Location: 25%  
Over 2 Years: 54%  
Over 2 Yrs., 2<sup>nd</sup> Location: 45%

**Employment Type**

Hourly Wage: 91%

Source: Va. Healthcare Workforce Data Center

*More than half of all pharmacy technicians have worked at their primary work location for more than two years.*

Employment Type		
Primary Work Site	#	%
<b>Salary/Commission</b>	766	8%
<b>Hourly Wage</b>	8,249	91%
<b>By Contract/Per Diem</b>	43	0%
<b>Business/Practice Income</b>	9	0%
<b>Unpaid</b>	29	0%
<b>Subtotal</b>	<b>9,095</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.7% and a high of 5.7%. The unemployment rate from December 2021 was still preliminary at the time of publication.

## At a Glance:

### Concentration

Top Region:	24%
Top 3 Regions:	68%
Lowest Region:	2%

### Locations

2 or More (Past Year):	21%
2 or More (Now*):	16%

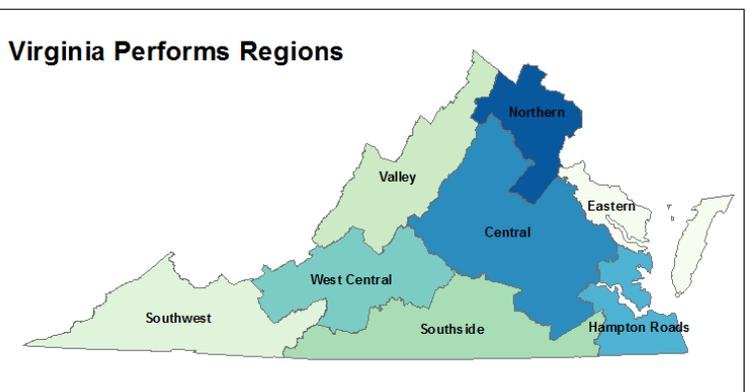
Source: Va. Healthcare Workforce Data Center

More than two-thirds of all pharmacy technicians work in Central Virginia, Northern Virginia, and Hampton Roads.

## A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	2,355	24%	456	23%
Eastern	190	2%	38	2%
Hampton Roads	2,045	21%	419	22%
Northern	2,153	22%	426	22%
Southside	416	4%	65	3%
Southwest	716	7%	110	6%
Valley	627	6%	113	6%
West Central	1,098	11%	225	12%
Virginia Border State/D.C.	27	0%	34	2%
Other U.S. State	25	0%	55	3%
Outside of the U.S.	0	0%	4	0%
<b>Total</b>	<b>9,652</b>	<b>100%</b>	<b>1,945</b>	<b>100%</b>
Item Missing	2,801		123	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Among all pharmacy technicians, 16% currently have multiple work locations, while 21% have had multiple work locations over the past year.

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	229	2%	400	4%
1	7,654	77%	7,932	80%
2	1,282	13%	993	10%
3	643	7%	544	6%
4	57	1%	27	0%
5	22	0%	15	0%
6 or More	49	1%	25	0%
<b>Total</b>	<b>9,936</b>	<b>100%</b>	<b>9,936</b>	<b>100%</b>

\*At the time of survey completion, December 2021.

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	6,626	73%	1,191	72%
<b>Non-Profit</b>	1,487	16%	246	15%
<b>State/Local Government</b>	607	7%	124	8%
<b>Veterans Administration</b>	52	1%	3	0%
<b>U.S. Military</b>	165	2%	48	3%
<b>Other Federal Gov't</b>	116	1%	35	2%
<b>Total</b>	<b>9,053</b>	<b>100%</b>	<b>1,647</b>	<b>100%</b>
<b>Did Not Have Location</b>	563		10,948	
<b>Item Missing</b>	3,401		422	

Source: Va. Healthcare Workforce Data Center

### At a Glance: (Primary Locations)

**Sector**

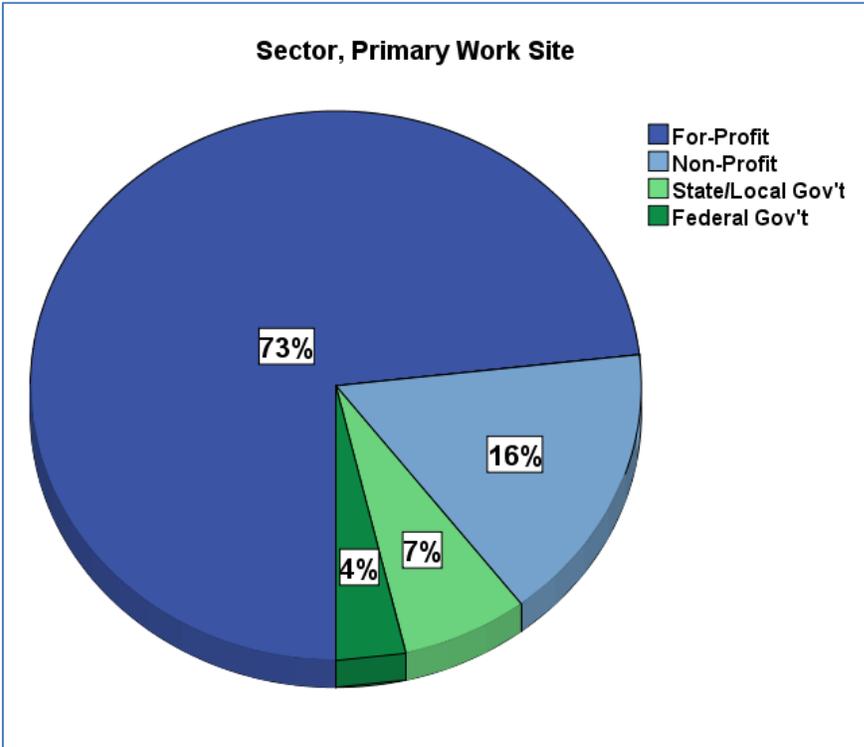
For-Profit:	73%
Federal:	4%

**Top Establishments**

Large Chain Pharmacy: (11+ Stores)	33%
Hospital/Health System: (Inpatient)	16%
Independent Pharmacy: (1-4 Stores)	10%

Source: Va. Healthcare Workforce Data Center

Nearly 90% of all pharmacy technicians work in the private sector, including 73% who work in a for-profit establishment. Another 7% of pharmacy technicians work for a state or local government.



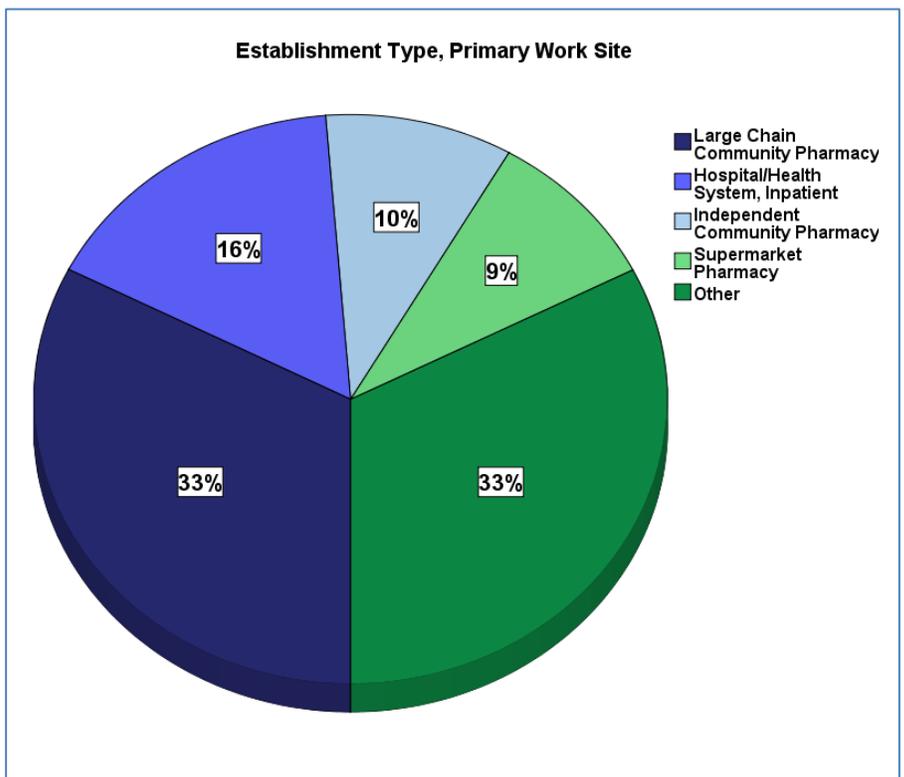
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Large Chain Community Pharmacy (11+ Stores)	2,894	33%	505	31%
Hospital/Health System, Inpatient Department	1,440	16%	249	15%
Independent Community Pharmacy (1-4 Stores)	853	10%	140	9%
Supermarket Pharmacy	815	9%	145	9%
Hospital/Health System, Outpatient Department	589	7%	72	4%
Mass Merchandiser (i.e. Big Box Store)	365	4%	60	4%
Nursing Home/Long-Term Care	326	4%	24	1%
Clinic-Based Pharmacy	243	3%	33	2%
Pharmacy Benefit Administration (e.g. PBM, Managed Care)	207	2%	21	1%
Other	1,161	13%	366	23%
<b>Total</b>	<b>8,893</b>	<b>100%</b>	<b>1,615</b>	<b>100%</b>
<b>Did Not Have Location</b>	563		10,948	

Source: Va. Healthcare Workforce Data Center

*One-third of all pharmacy technicians in Virginia work in large chain community pharmacies, while another 16% work in the inpatient department of hospitals.*

*For pharmacy technicians who also have a secondary work location, 31% work in large chain community pharmacies, while 15% work in the inpatient department of hospitals.*



Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

Medication Disp.: 70%-79%  
Administration: 10%-19%  
Teaching: 1%-9%

### Roles

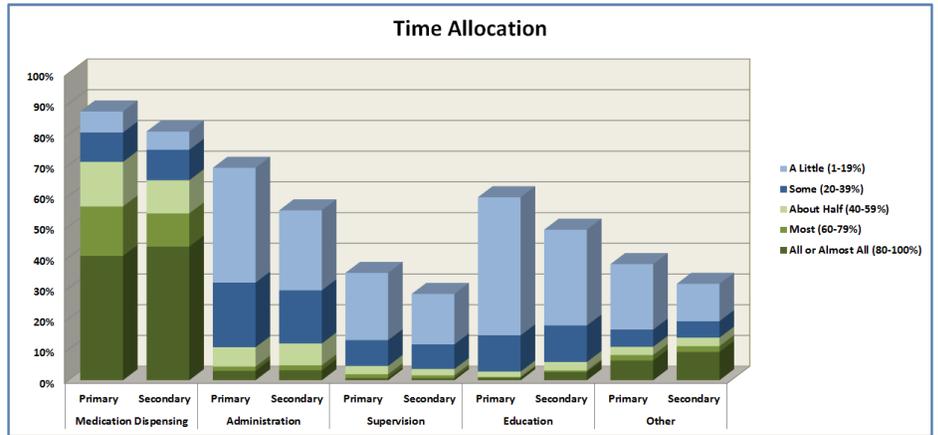
Medication Disp.: 57%  
Administration: 4%  
Supervision: 2%  
Education: 1%

### Patient Care Pharm. Tech.

Median Admin. Time: 1%-9%  
Avg. Admin. Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*Nearly 60% of all pharmacy technicians fill a medication dispensing & customer service role, defined as spending 60% or more of their time in that activity.*

Time Allocation											
Time Spent	Medication Disp.		Admin.		Supervision		Education		Other		
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	
<b>All or Almost All (80-100%)</b>	40%	43%	3%	3%	1%	1%	1%	3%	6%	9%	
<b>Most (60-79%)</b>	16%	11%	1%	2%	1%	1%	0%	0%	2%	2%	
<b>About Half (40-59%)</b>	15%	11%	6%	7%	3%	2%	2%	3%	3%	3%	
<b>Some (20-39%)</b>	10%	10%	21%	17%	8%	8%	12%	12%	6%	5%	
<b>A Little (1-19%)</b>	7%	6%	37%	26%	22%	16%	45%	31%	21%	12%	
<b>None (0%)</b>	13%	19%	31%	45%	65%	72%	40%	51%	62%	69%	

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
<b>Under Age 50</b>	2,022	25%	-	-
<b>50 to 54</b>	457	6%	48	3%
<b>55 to 59</b>	544	7%	121	7%
<b>60 to 64</b>	1,272	16%	411	23%
<b>65 to 69</b>	2,044	25%	712	41%
<b>70 to 74</b>	537	7%	219	13%
<b>75 to 79</b>	125	2%	49	3%
<b>80 and Over</b>	87	1%	22	1%
<b>I Do Not Intend to Retire</b>	1,017	13%	169	10%
<b>Total</b>	<b>8,106</b>	<b>100%</b>	<b>1,751</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All Pharmacy Technicians**

Under 65: 53%

Under 60: 37%

**Pharm. Tech. 50 and Over**

Under 65: 33%

Under 60: 10%

**Time Until Retirement**

Within 2 Years: 5%

Within 10 Years: 15%

Half the Workforce: By 2046

Source: Va. Healthcare Workforce Data Center

*More than half of all pharmacy technicians expect to retire by the age of 65. Among pharmacy technicians who are age 50 and over, one-third expect to retire by the age of 65.*

*Within the next two years, 19% of all pharmacy technicians expect to pursue additional educational opportunities, and 6% expect to increase their patient care hours.*

**Future Plans**

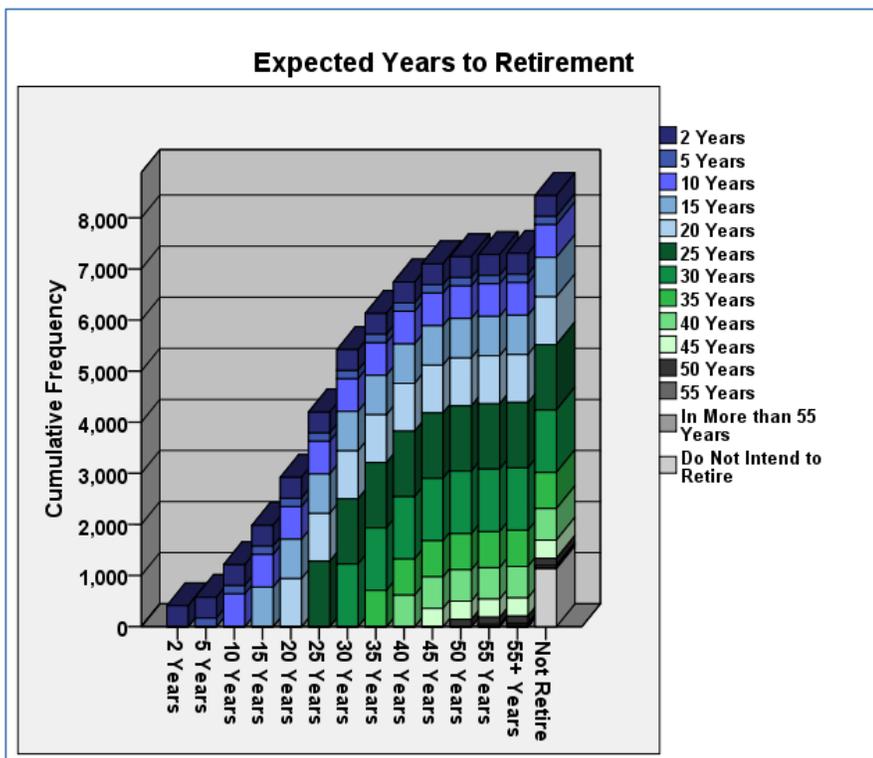
Two-Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	1,138	9%
<b>Leave Virginia</b>	511	4%
<b>Decrease Patient Care Hours</b>	226	2%
<b>Decrease Teaching Hours</b>	109	1%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	845	6%
<b>Increase Teaching Hours</b>	673	5%
<b>Pursue Additional Education</b>	2,439	19%
<b>Return to the Workforce</b>	120	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for pharmacy technicians. Only 5% of pharmacy technicians expect to retire in the next two years, while 15% expect to retire within the next ten years. Half of the current workforce expect to retire by 2046.

Time to Retirement			
Expect to Retire Within . . .	#	%	Cumulative %
2 Years	387	5%	5%
5 Years	177	2%	7%
10 Years	626	8%	15%
15 Years	777	10%	24%
20 Years	948	12%	36%
25 Years	1,193	15%	51%
30 Years	1,162	14%	65%
35 Years	719	9%	74%
40 Years	551	7%	81%
45 Years	334	4%	85%
50 Years	157	2%	87%
55 Years	40	0%	87%
In More than 55 Years	17	0%	87%
Do Not Intend to Retire	1,017	13%	100%
<b>Total</b>	<b>8,106</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2036. Retirement will peak at 15% of the current workforce around 2046 before declining to below 10% of the current workforce again around 2056.

## At a Glance:

### FTEs

Total: 9,971  
 FTEs/1,000 Residents<sup>2</sup>: 1.155  
 Average: 0.80

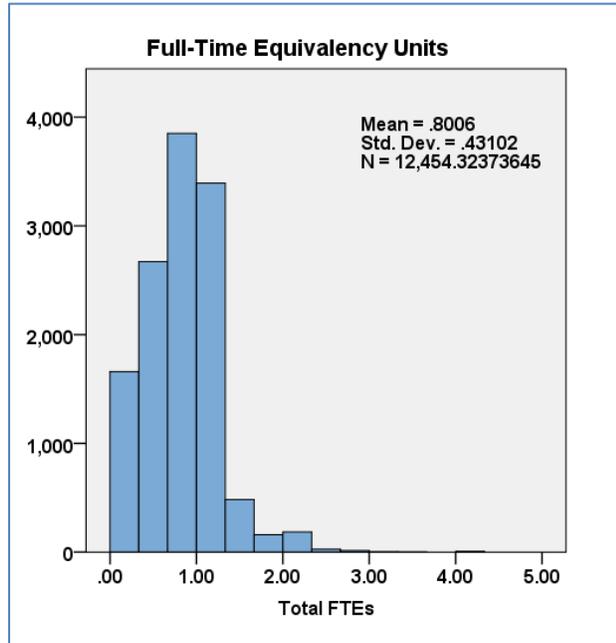
### Age & Gender Effect

Age, *Partial Eta*<sup>2</sup>: Small  
 Gender, *Partial Eta*<sup>2</sup>: Negligible

*Partial Eta*<sup>2</sup> Explained:  
*Partial Eta*<sup>2</sup> is a statistical  
 measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

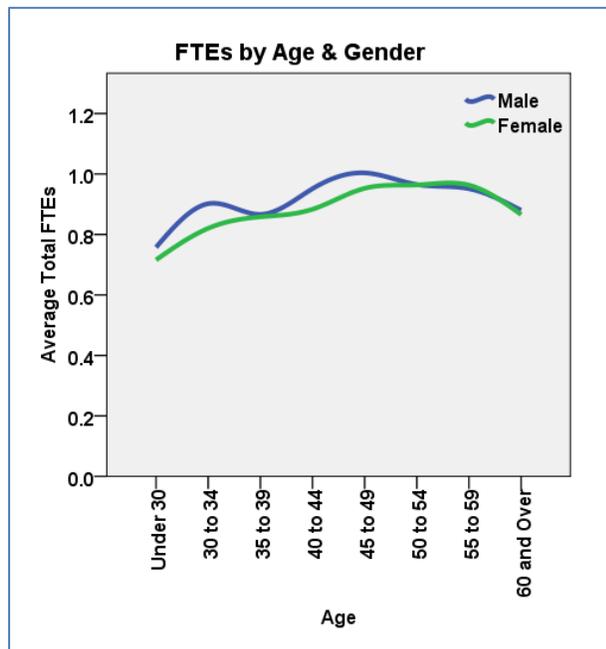


Source: Va. Healthcare Workforce Data Center

The typical pharmacy technician provided 0.80 FTEs in 2021, or approximately 32 hours per week for 50 weeks. Although FTEs appear to vary by age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>

Full-Time Equivalency Units		
	Average	Median
<b>Age</b>		
Under 30	0.69	0.64
30 to 34	0.78	0.82
35 to 39	0.84	0.78
40 to 44	0.84	0.91
45 to 49	0.92	0.93
50 to 54	0.92	0.94
55 to 59	0.92	0.93
60 and Over	0.83	0.80
<b>Gender</b>		
Male	0.86	0.93
Female	0.83	0.93

Source: Va. Healthcare Workforce Data Center

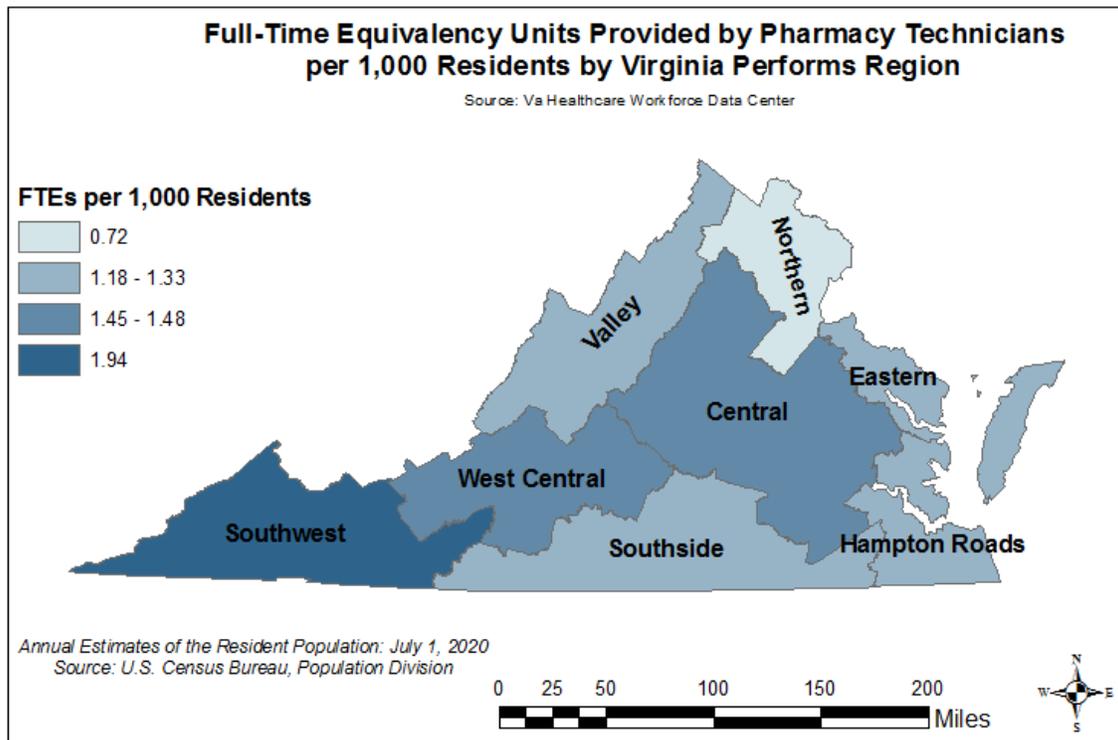
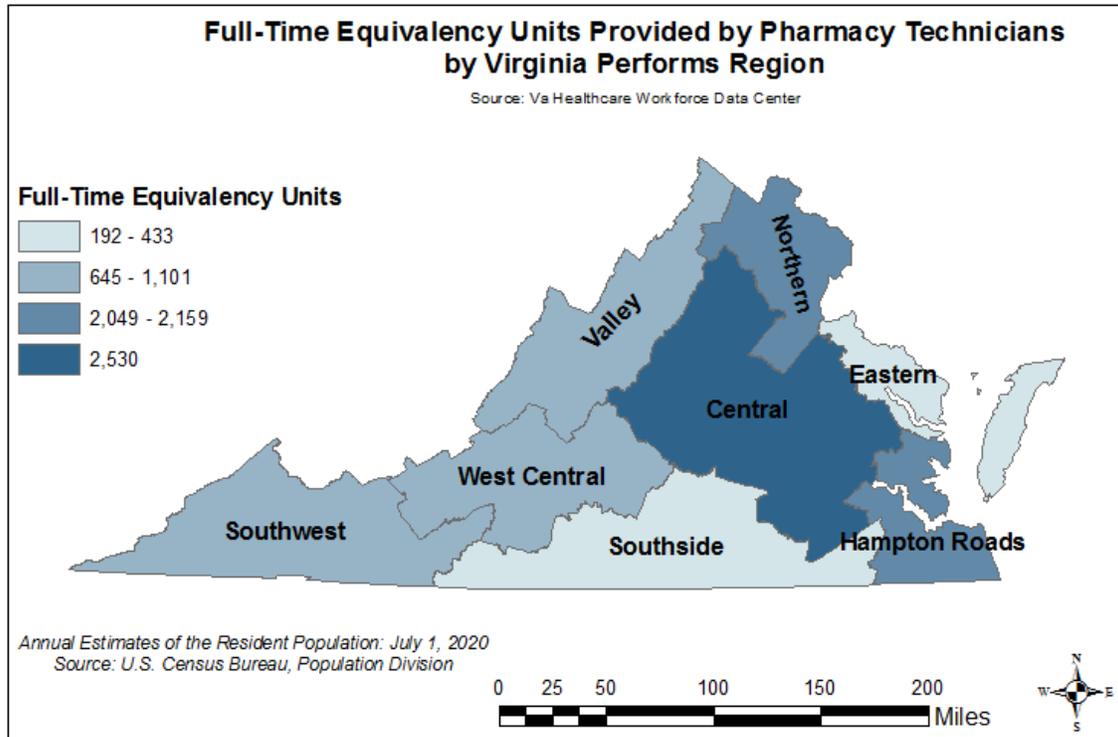


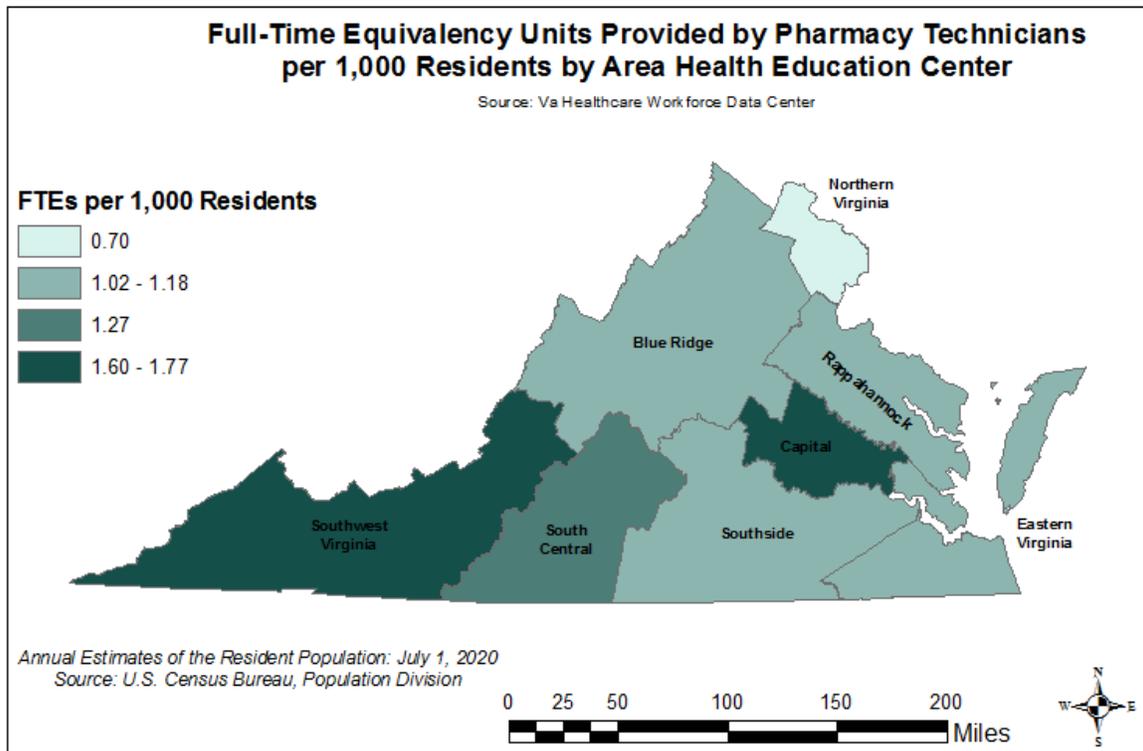
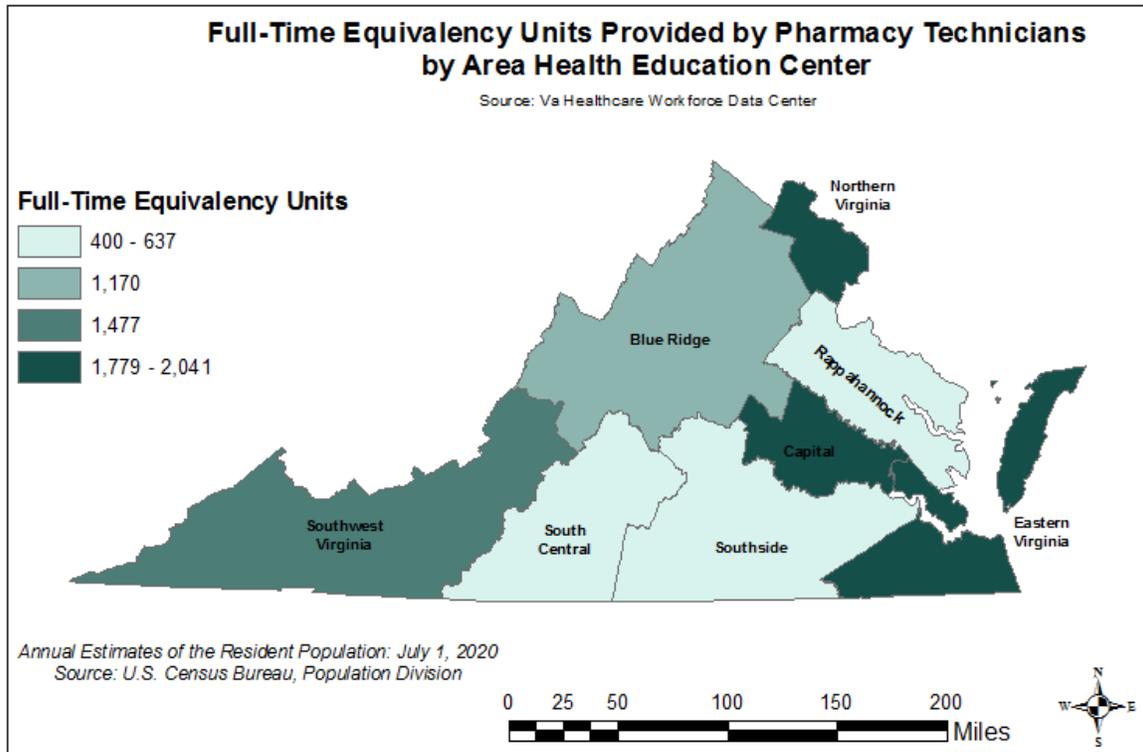
Source: Va. Healthcare Workforce Data Center

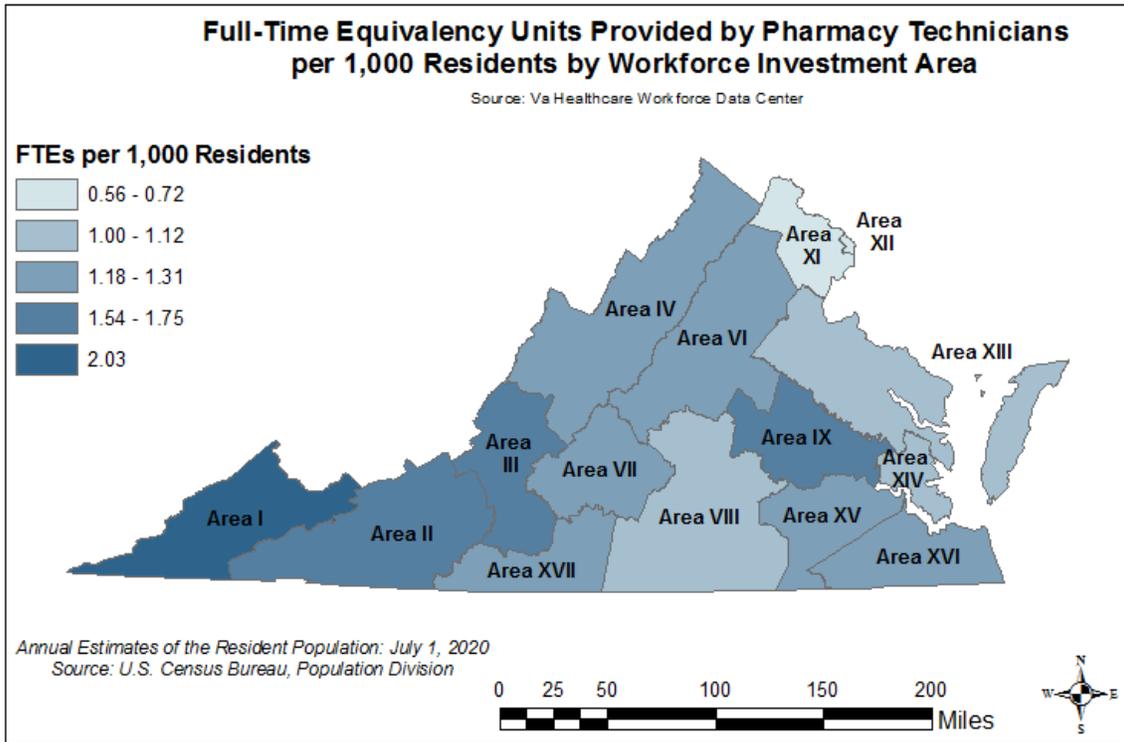
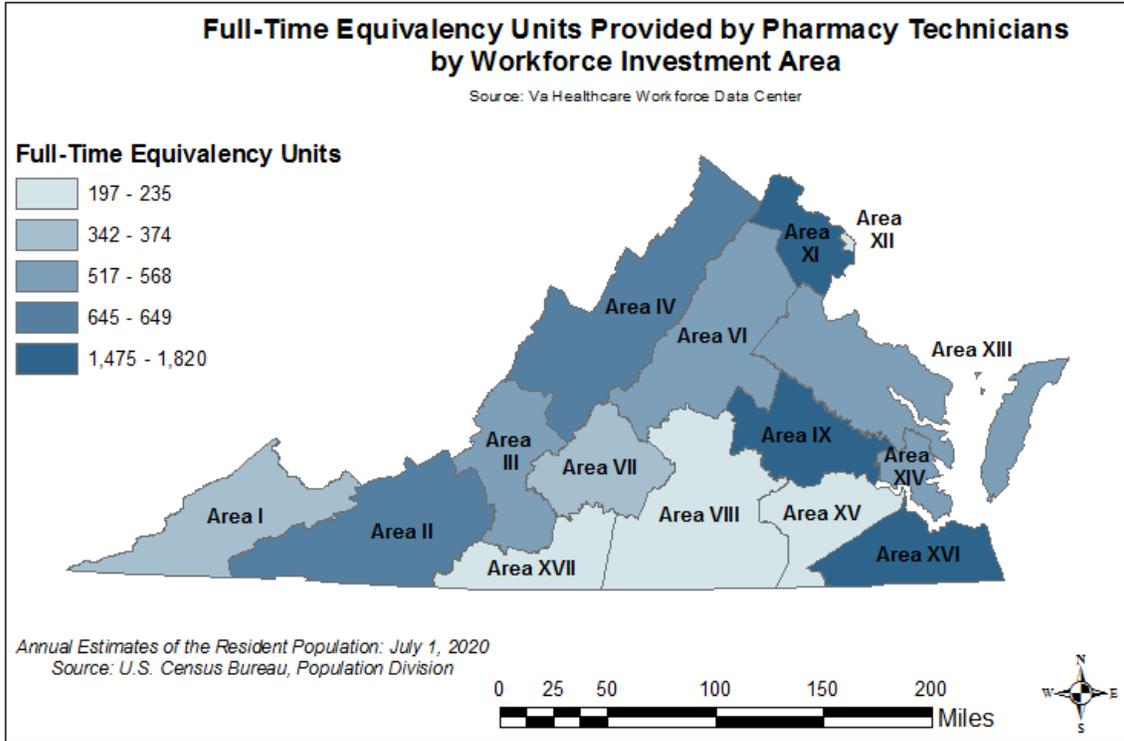
<sup>2</sup> Number of residents in 2020 was used as the denominator.

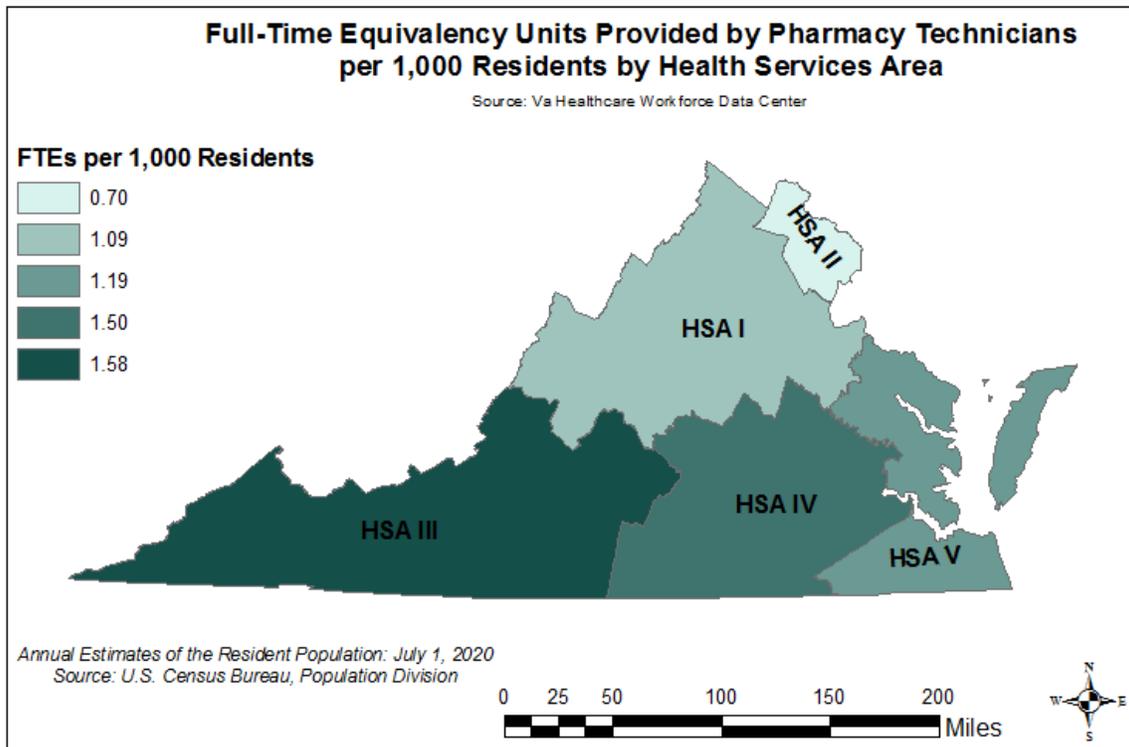
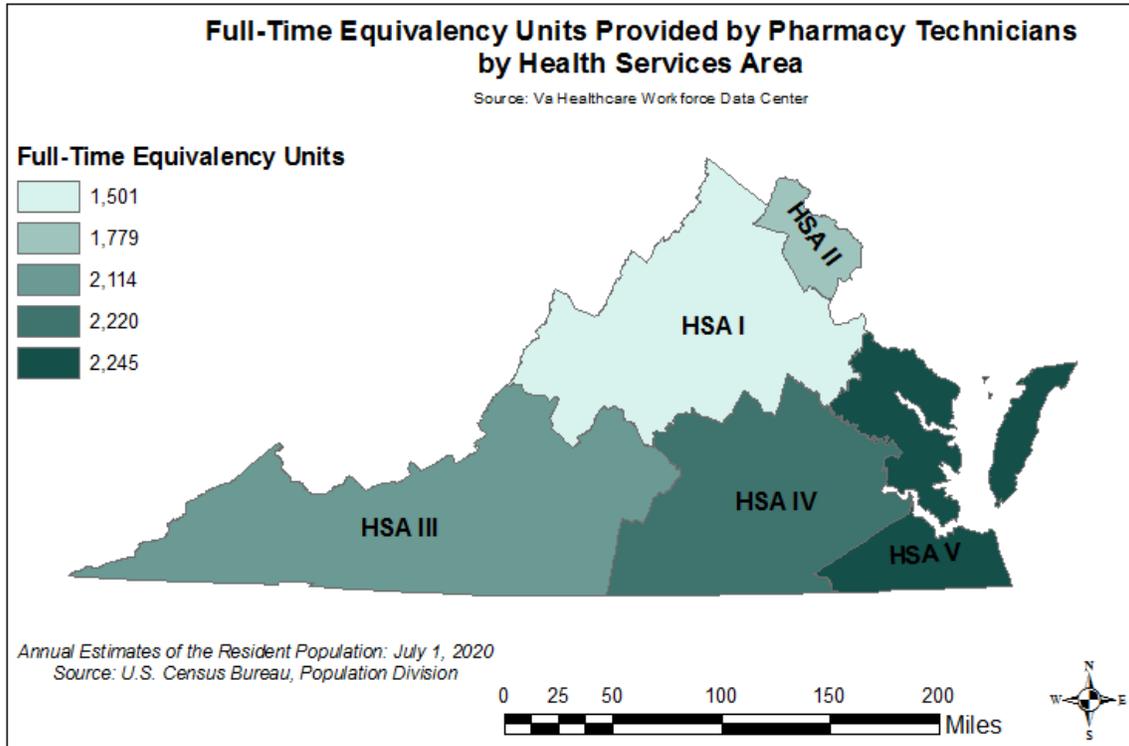
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).

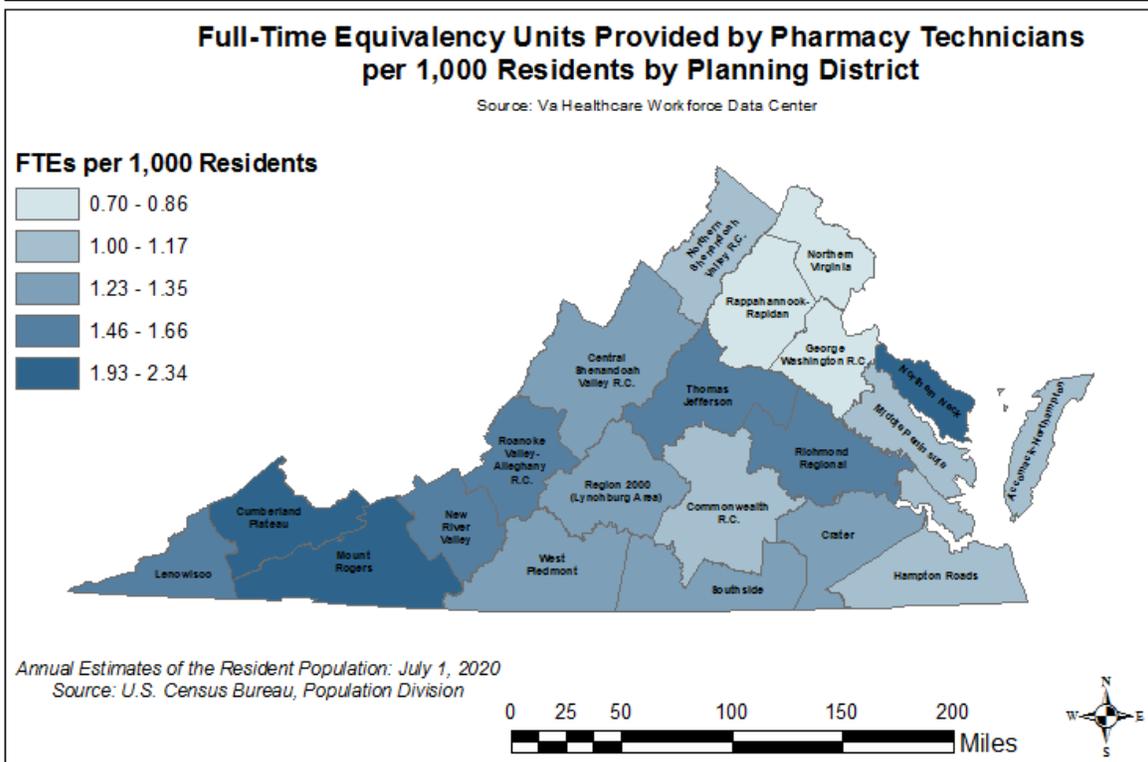
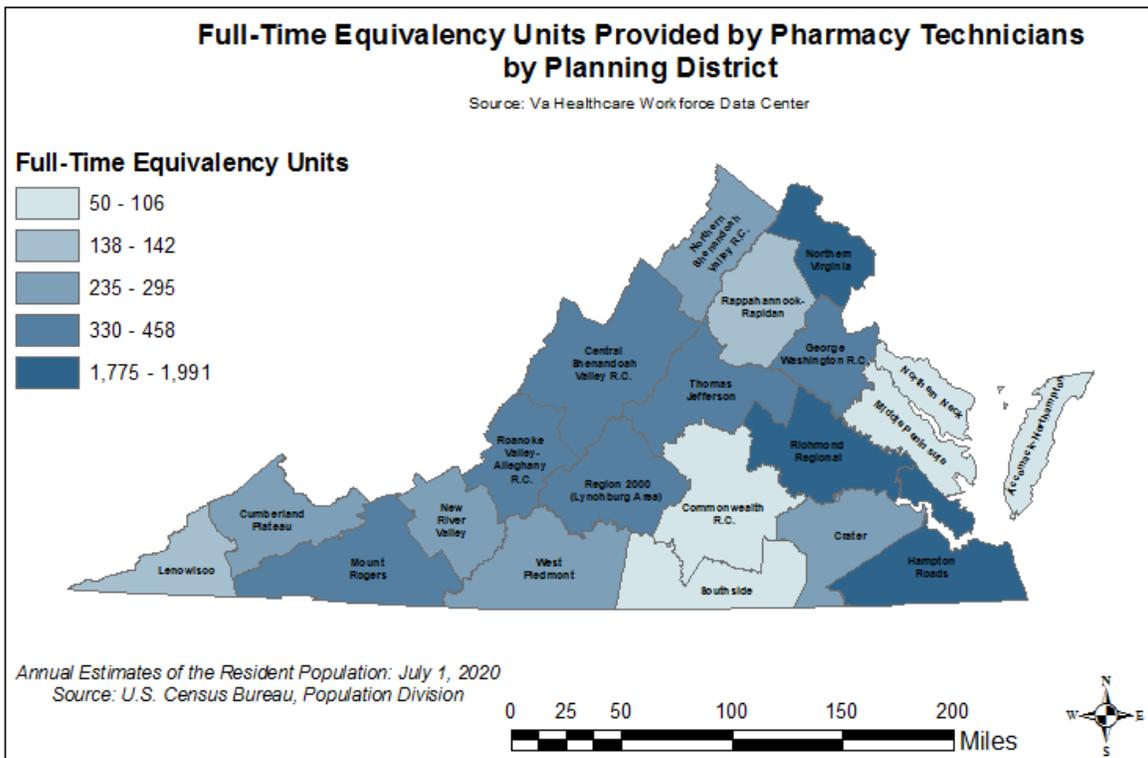












## Appendix

### Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Metro, 1 Million+</b>	8,410	76.65%	1.305	1.175	1.520
<b>Metro, 250,000 to 1 Million</b>	1,268	79.89%	1.252	1.128	1.458
<b>Metro, 250,000 or Less</b>	1,275	78.43%	1.275	1.149	1.485
<b>Urban, Pop. 20,000+, Metro Adj.</b>	293	81.91%	1.221	1.100	1.422
<b>Urban, Pop. 20,000+, Non-Adj.</b>	0	NA	NA	NA	NA
<b>Urban, Pop. 2,500-19,999, Metro Adj.</b>	696	82.47%	1.213	1.092	1.413
<b>Urban, Pop. 2,500-19,999, Non-Adj.</b>	516	81.20%	1.232	1.110	1.435
<b>Rural, Metro Adj.</b>	291	80.07%	1.249	1.125	1.455
<b>Rural, Non-Adj.</b>	200	77.50%	1.290	1.163	1.503
<b>Virginia Border State/D.C.</b>	751	60.85%	1.643	1.481	1.915
<b>Other U.S. State</b>	362	55.80%	1.792	1.615	2.088

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
<b>Under 30</b>	4,154	65.55%	1.526	1.413	2.088
<b>30 to 34</b>	2,322	75.71%	1.321	1.223	1.808
<b>35 to 39</b>	1,911	81.42%	1.228	1.137	1.681
<b>40 to 44</b>	1,404	82.69%	1.209	1.120	1.655
<b>45 to 49</b>	1,124	84.70%	1.181	1.093	1.616
<b>50 to 54</b>	1,175	84.77%	1.180	1.092	1.615
<b>55 to 59</b>	861	82.46%	1.213	1.123	1.660
<b>60 and Over</b>	1,111	79.48%	1.258	1.165	1.722

Source: Va. Healthcare Workforce Data Center

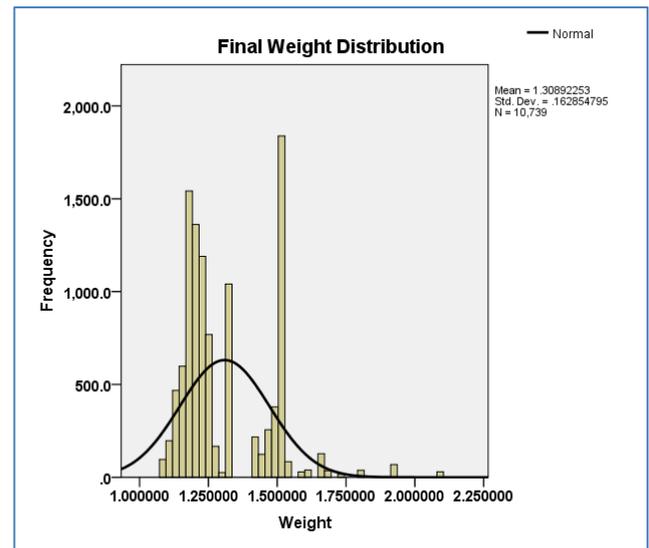
See the Methods section on the HWDC website for details on HWDC methods:

<https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/>

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.763689**



Source: Va. Healthcare Workforce Data Center

**DRAFT**

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# *Virginia's Pharmacist Workforce: 2021*

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Healthcare Workforce Data Center

February 2021

Virginia Department of Health Professions  
Healthcare Workforce Data Center  
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Get a copy of this report from:

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

*14,947 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 their ongoing cooperation.*

***Thank You!***

***Virginia Department of Health Professions***

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Caroline D. Juran

## Contents

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<b>Results in Brief</b> .....	<b>2</b>
<b>Summary of Trends</b> .....	<b>2</b>
<b>Survey Response Rates</b> .....	<b>3</b>
<b>The Workforce</b> .....	<b>4</b>
<b>Demographics</b> .....	<b>5</b>
<b>Background</b> .....	<b>6</b>
<b>Education</b> .....	<b>8</b>
<b>Credentials</b> .....	<b>9</b>
<b>Services and Disease Management</b> .....	<b>10</b>
<b>Current Employment Situation</b> .....	<b>11</b>
<b>Employment Quality</b> .....	<b>12</b>
<b>Labor Market</b> .....	<b>13</b>
<b>Work Site Distribution</b> .....	<b>14</b>
<b>Establishment Type</b> .....	<b>15</b>
<b>Time Allocation</b> .....	<b>17</b>
<b>Retirement &amp; Future Plans</b> .....	<b>18</b>
<b>Full-Time Equivalency Units</b> .....	<b>20</b>
<b>Maps</b> .....	<b>21</b>
Virginia Performs Regions .....	21
Area Health Education Center Regions .....	22
Workforce Investment Areas .....	23
Health Services Areas .....	24
Planning District .....	25
<b>Appendix</b> .....	<b>25</b>
Weights .....	26

## The Pharmacist Workforce: At a Glance:

### The Workforce

Licensees:	16,475
Virginia's Workforce:	8,896
FTEs:	7,302

### Background

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

### Current Employment

Employed in Prof.:	91%
Hold 1 Full-time Job:	73%
Satisfied?:	83%

### Survey Response Rate

All Licensees:	91%
Renewing Practitioners:	97%

### Education

Baccalaureate:	30%
Pharm.D./Professional:	70%

### Job Turnover

Switched Jobs in 2021:	5%
Employed over 2 yrs:	61%

### Demographics

Female:	67%
Diversity Index:	53%
Median Age:	44

### Finances

Median Inc.:	\$120k-\$130k
Health Benefits:	68%
Under 40 w/ Ed debt:	71%

### Primary Roles

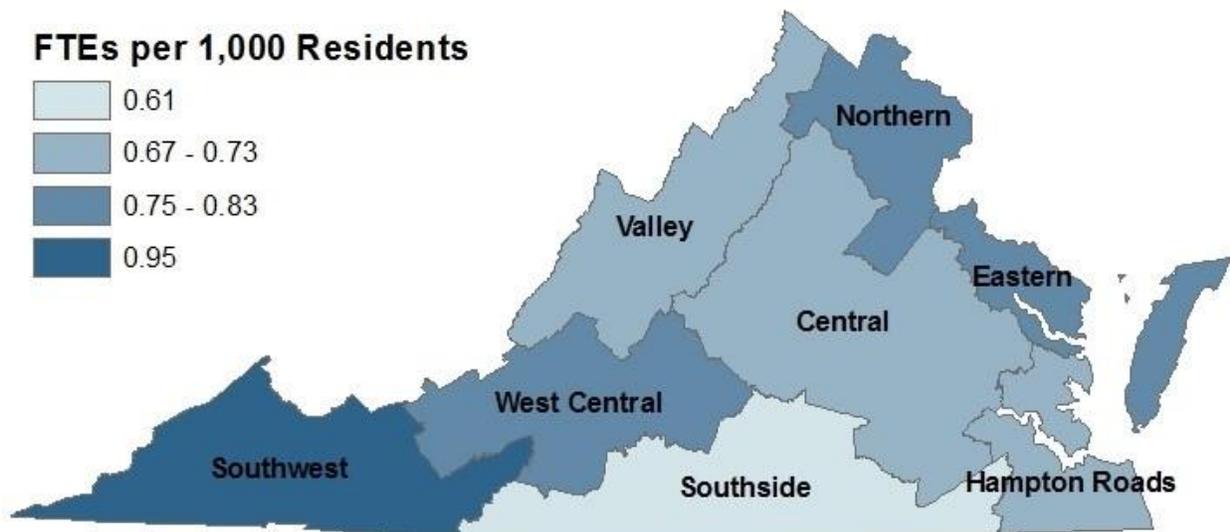
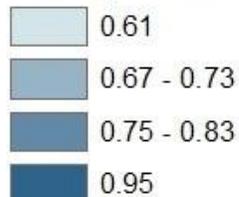
Patient Care:	73%
Administration:	8%
Education:	1%

Source: Va. Healthcare Workforce Data Center

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

Source: Va Healthcare Workforce Data Center

### FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2020  
Source: U.S. Census Bureau, Population Division



## Results in Brief

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A total of 14,947 pharmacists voluntarily took part in the 2021 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 16,475 pharmacists who are licensed in the state and 97% of renewing practitioners. The HWDC estimates that the 8,896 pharmacists in the Virginia's workforce during the survey period provided 7,302 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 70% of Virginia's pharmacist workforce have earned a doctorate or other professional degree as their highest educational attainment. Further, 43% 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 73% holding one full-time position. Over the past year, 1% of pharmacists were involuntarily unemployed, while another 3% were underemployed. The typical pharmacist earned between \$120,000 and \$130,000 in 2021. Around 83% of all pharmacists are satisfied with their current employment situation, including 42% 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 half of pharmacists expect to retire by the age of 65 and 8% of the current workforce expect to retire in the next two years. Half of the current workforce expect to retire by 2046.

## Summary of Trends

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The total number of licensed pharmacists has grown by 29% 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 7% 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 and stayed the same in 2021. The percentage of pharmacists who are female also continued inching up by about one percent nearly every other year, from 62% in 2013 to 67% in 2021. 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 the same in the past five years.

Educational attainment continues to increase among the pharmacist workforce. In 2013, only 51% had a pharmacy doctorate compared to 70% in 2021. Not surprisingly, the percent reporting educational debt has also increased annually from 35% in 2013 to 43% in 2021. Further, the median educational debt, which increased from \$90K-\$100K in 2013 to \$110K-\$120K in 2018, is now \$120K-\$130K.

The labor market for pharmacists has recovered from the impact of the pandemic; the percent involuntarily unemployed has declined from 3% to the pre-2017 level of 1%. Further, around 91% reported being employed in the profession and the current involuntary unemployment rate in December 2021, when the survey took place, was 1%. Median income has been stable at \$120K to \$130K between 2016 and 2021 after increasing from \$110K-\$120K in 2013. However, the percent earning above \$140,000 increased from 17% in 2016 to 25% in 2021; only 12% were in that income range in 2013. Job satisfaction declined to the lowest level at 83% from to 87% last year; this was driven by pharmacists who reported being very satisfied with their job who declined from 47% to 42%.

Pharmacists intending to retire in the next decade increased from 22% in the pre-2017 surveys to 25% in 2021. The percent planning to retire in the next two years increased from 6% in 2013 to 8% in recent years. Regarding future plans, only 8% intended to pursue additional education in 2021 compared to 13% in 2013.

**A Closer Look:**

Licensee Counts		
License Status	#	%
<b>Renewing Practitioners</b>	14,783	90%
<b>New Licensees</b>	837	5%
<b>Non-Renewals</b>	855	5%
<b>All Licensees</b>	<b>16,475</b>	<b>100%</b>

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 2021.*

Statistic	Response Rates		Response Rate
	Non Respondents	Respondent	
<b>By Age</b>			
<b>Under 30</b>	135	792	85%
<b>30 to 34</b>	219	2,256	91%
<b>35 to 39</b>	231	2,598	92%
<b>40 to 44</b>	171	2,030	92%
<b>45 to 49</b>	136	1,763	93%
<b>50 to 54</b>	153	1,740	92%
<b>55 to 59</b>	116	1,366	92%
<b>60 and Over</b>	367	2,402	87%
<b>Total</b>	<b>1,528</b>	<b>14,947</b>	<b>91%</b>
<b>New Licenses</b>			
<b>Issued in 2021</b>	265	572	68%
<b>Metro Status</b>			
<b>Non-Metro</b>	107	1,049	91%
<b>Metro</b>	639	8,118	93%
<b>Not in Virginia</b>	782	5,781	88%

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Licensed Pharmacists**

Number:	16,475
New:	5%
Not Renewed:	5%

**Survey Response Rates**

All Licensees:	91%
Renewing Practitioners:	97%

Source: Va. Healthcare Workforce Data Center

**Response Rates**

<b>Completed Surveys</b>	14,947
<b>Response Rate, all licensees</b>	91%
<b>Response Rate, Renewals</b>	97%

Source: Va. Healthcare Workforce Data Center

**Definitions**

- The Survey Period:** The survey was conducted in December 2021.
- Target Population:** All pharmacists who held a Virginia license at some point in 2021.
- 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 2021.

## At a Glance:

### Workforce

Pharmacist Workforce: 8,896  
 FTEs: 7,302

### Utilization Ratios

Licensees in VA Workforce: 54%  
 Licensees per FTE: 2.26  
 Workers per FTE: 1.22

Source: Va. Healthcare Workforce Data Center

Virginia's Pharmacist Workforce		
Status	#	%
Worked in Virginia in Past Year	8,669	97%
Looking for Work in Virginia	227	3%
Virginia's Workforce	8,896	100%
Total FTEs	7,302	
Licensees	16,475	

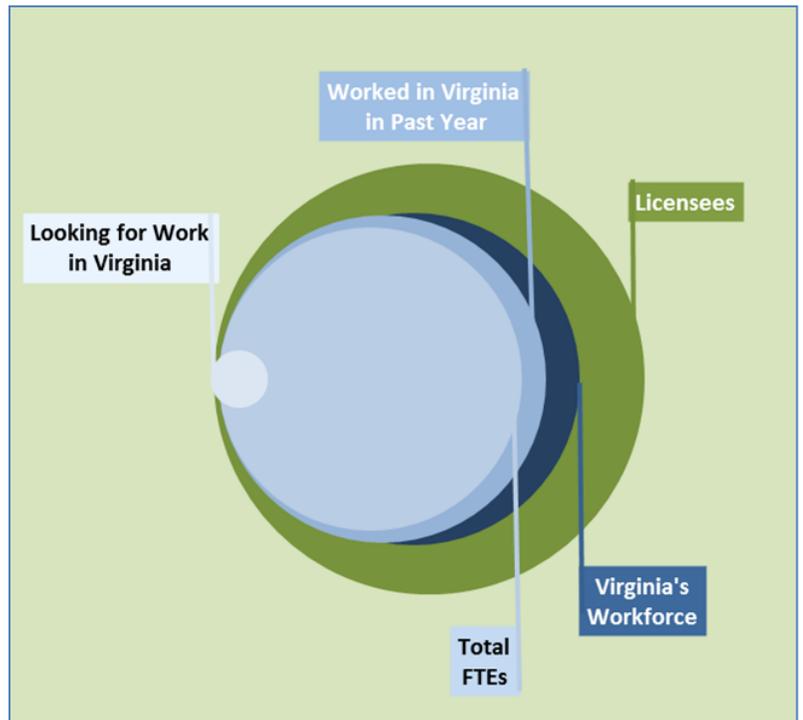
Source: Va. Healthcare Workforce Data Center

*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](http://www.dhp.virginia.gov/hwdc)

## 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. Licensees in VA Workforce:** The proportion of licensees in Virginia's Workforce.
- 4. Licensees per FTE:** An indication of the number of licensees 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

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	131	22%	456	78%	587	8%
30 to 34	349	31%	765	69%	1,114	15%
35 to 39	357	31%	797	69%	1,154	16%
40 to 44	247	28%	639	72%	887	12%
45 to 49	227	30%	541	71%	768	11%
50 to 54	245	30%	578	70%	822	11%
55 to 59	223	33%	448	67%	671	9%
60 +	620	51%	598	49%	1,218	17%
<b>Total</b>	<b>2,399</b>	<b>33%</b>	<b>4,823</b>	<b>67%</b>	<b>7,222</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Pharmacists		Pharmacists Under 40	
	%	#	%	#	%
White	59%	4,671	65%	1,695	60%
Black	18%	836	12%	352	12%
Asian	7%	1,320	18%	625	22%
Other Race	1%	118	2%	43	2%
Two or more races	5%	125	2%	70	2%
Hispanic	11%	122	2%	63	2%
<b>Total</b>	<b>100%</b>	<b>7,192</b>	<b>100%</b>	<b>2,848</b>	<b>100%</b>

\*\* Population data in this chart is from the U.S. Census Bureau, 2020 Census Redistricting Data (Public Law 94-171). Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2020.

Source: Va. Healthcare Workforce Data Center

40% of pharmacists are under the age of 40, and 71% of these professionals are female. In addition, pharmacists who are under the age of 40 are slightly less diverse than Virginia's overall population.

At a Glance:

**Gender**

% Female: 67%  
% Under 40 Female: 71%

**Age**

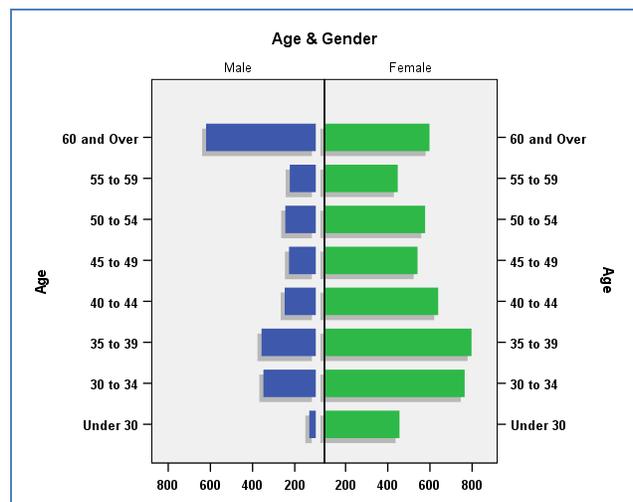
Median Age: 44  
% Under 40: 40%  
% 55+: 26%

**Diversity**

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

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 60%.



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: 24%  
 % Urban/Suburban to Non-Metro: 5%

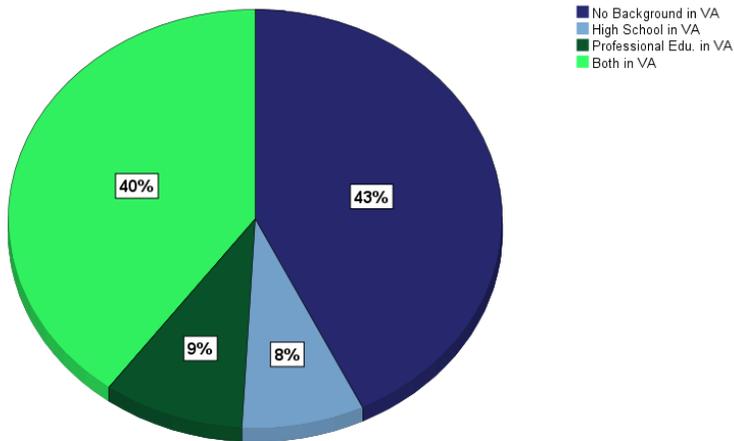
Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
<b>Metro Counties</b>				
1	Metro, 1 million+	22%	58%	21%
2	Metro, 250,000 to 1 million	52%	42%	6%
3	Metro, 250,000 or less	40%	49%	12%
<b>Non-Metro Counties</b>				
4	Urban pop 20,000+, metro adjacent	53%	38%	8%
6	Urban pop, 2,500-19,999, metro adjacent	60%	31%	9%
7	Urban pop, 2,500-19,999, non adjacent	92%	6%	2%
8	Rural, metro adjacent	55%	34%	11%
9	Rural, non adjacent	71%	22%	7%
<b>Overall</b>		<b>32%</b>	<b>52%</b>	<b>17%</b>

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



32% of pharmacists grew up in self-described rural areas, and 24% of these professionals currently work in non-metro counties. Overall, 11% of Virginia's pharmacist workforce currently work in non-metro counties.

Source: Va. Healthcare Workforce Data Center



## Top Ten States for Pharmacy Recruitment

Rank	All Pharmacists			
	High School	#	Professional School	#
1	Virginia	3,382	Virginia	3,434
2	Outside U.S./Canada	851	Pennsylvania	466
3	Pennsylvania	430	North Carolina	339
4	New York	332	Outside U.S./Canada	317
5	Maryland	213	New York	254
6	North Carolina	209	Maryland	234
7	West Virginia	174	Massachusetts	184
8	New Jersey	145	West Virginia	176
9	Ohio	133	Washington, D.C.	175
10	Florida	115	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, 43% received their high school degree in Virginia, and 44% received their initial professional degree in the state.*

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	718	Virginia	730
2	Outside U.S./Canada	205	Pennsylvania	103
3	Pennsylvania	95	North Carolina	103
4	Maryland	75	Maryland	87
5	North Carolina	73	Tennessee	68
6	New York	67	New York	60
7	Florida	46	Outside U.S./Canada	56
8	Ohio	37	West Virginia	48
9	West Virginia	30	Massachusetts	42
10	New Jersey	28	Florida	39

Source: Va. Healthcare Workforce Data Center

*46% of Virginia's licensed pharmacists did not participate in Virginia's workforce in 2021. 91% of these professionals worked at some point in the past year, including 83% who currently work as pharmacists.*

### At a Glance:

#### Not in VA Workforce

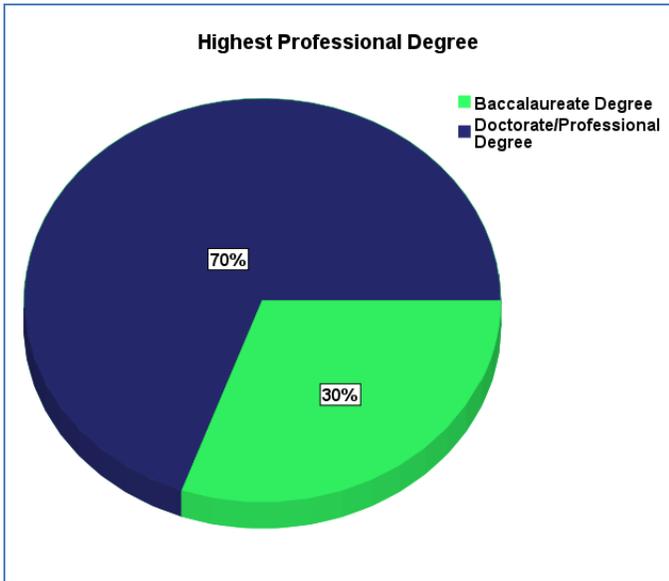
Total:	7,580
% of Licensees:	46%
Federal/Military:	7%
VA Border State/DC:	18%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
B.S. Pharmacy	2,114	30%
Pharm.D.	4,819	70%
<b>Total</b>	<b>6,933</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

## At a Glance:

**Education**

B.S. Pharmacy:	30%
Pharm.D.:	70%

**Educational Debt**

Carry debt:	43%
Under age 40 w/ debt:	71%
Median debt:	\$120k-\$130k

Source: Va. Healthcare Workforce Data Center

70% of pharmacists hold a Doctorate in Pharmacy as their highest professional degree, while all remaining professionals have earned a Bachelor's degree in Pharmacy.

43% of pharmacists currently have educational debt, including 71% 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	
	#	%	#	%
<b>None</b>	3,295	57%	654	29%
<b>\$20,000 or less</b>	170	3%	71	3%
<b>\$20,001-\$40,000</b>	188	3%	66	3%
<b>\$40,001-\$60,000</b>	225	4%	88	4%
<b>\$60,001-\$80,000</b>	217	4%	114	5%
<b>\$80,001-100,000</b>	204	4%	105	5%
<b>\$100,001-\$120,000</b>	190	3%	123	5%
<b>\$120,001-\$140,000</b>	140	2%	103	5%
<b>\$140,001-\$160,000</b>	187	3%	148	7%
<b>\$160,001-\$180,000</b>	121	2%	106	5%
<b>\$180,001-\$200,000</b>	139	2%	119	5%
<b>Over \$200,000</b>	681	12%	561	25%
<b>Total</b>	<b>5,757</b>	<b>100%</b>	<b>2,258</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

**Top Specialties**

Immunization:	15%
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	#	%
<b>Pharmacy Practice (Post 1993)</b>	1013	11%
<b>Community Pharmacy</b>	404	5%
<b>Pharmacy Practice (Pre 1993)</b>	267	3%
<b>Managed Care Pharmacy</b>	45	1%
<b>Total</b>	<b>1,729</b>	<b>19%</b>
PGY2		
<b>Ambulatory Care</b>	102	1%
<b>Critical Care</b>	64	1%
<b>Internal Medicine/Cardiology</b>	45	1%
<b>Drug Information</b>	45	1%
<b>Infectious Disease</b>	34	<1%
<b>Pediatrics</b>	34	<1%
<b>Oncology</b>	32	<1%
<b>Psychiatry</b>	28	<1%
<b>Health-system Pharmacy Administration</b>	26	<1%
<b>Geriatrics</b>	24	<1%
<b>Managed Care Pharmacy System</b>	18	<1%
<b>Emergency medicine</b>	13	<1%
<b>Pharmacotherapy</b>	13	<1%
<b>Other</b>	148	2%
<b>At Least One</b>	<b>616</b>	<b>7%</b>

Source: Va. Healthcare Workforce Data Center

Board Certifications		
Certification	#	%
<b>BPS-Pharmacotherapy</b>	529	6%
<b>BPS-Ambulatory Care</b>	98	1%
<b>BCGP-Geriatrics</b>	79	1%
<b>BPS-Oncology</b>	45	1%
<b>BPS- Psychiatric</b>	22	<1%
<b>BPS- Nutrition</b>	9	<1%
<b>BPS-Nuclear Pharmacy</b>	5	<1%
<b>ABAT-Applied Toxicology</b>	1	<1%
<b>Other Board Certification</b>	232	3%
<b>At Least One Certification</b>	<b>937</b>	<b>11%</b>

Source: Va. Healthcare Workforce Data Center

11% of pharmacists hold a board certification, including 6% who hold a certification in Pharmacotherapy. 31% also have a self-designated specialty area, including 15% who have a specialization in immunization.

### At a Glance:

**Top Services**

Immunization: 34%  
 Medication Management: 27%  
 Compounding: 22%

**Disease Management**

Anticoagulation: 25%  
 Diabetes: 3%

Source: Va. Healthcare Workforce Data Center

### A Closer Look:

Disease Management in Collaborative Practice		
	#	%
Anticoagulation	89	25%
Hypertension, Hypercholesterolemia, Asthma, Tobacco cessation, Anticoagulation, Diabetes	34	10%
Hypertension, Hypercholesterolemia, Asthma, Tobacco cessation, Travel medications, Anticoagulation, Diabetes	30	8%
Travel medications	21	6%
Hypertension, Hypercholesterolemia, Asthma, Anticoagulation, Diabetes	20	6%
Hypertension, Hypercholesterolemia, Asthma, Tobacco cessation, Diabetes	18	5%
Hypertension, Hypercholesterolemia, Diabetes	18	5%
Anticoagulation, Diabetes	16	5%
Hypertension, Hypercholesterolemia, Tobacco cessation, Anticoagulation, Diabetes	13	4%
Hypertension, Diabetes	12	3%
Diabetes	11	3%
Hypertension, Hypercholesterolemia, Tobacco cessation, Diabetes	11	3%
Hypertension, Hypercholesterolemia, Anticoagulation, Diabetes	10	3%
Tobacco cessation	10	3%
Hypertension, Hypercholesterolemia, Asthma, Diabetes	7	2%
Hypertension	5	1%
Hypertension, Anticoagulation, Diabetes	3	1%
Hypertension, Asthma, Anticoagulation, Diabetes	3	1%
Hypertension, Hypercholesterolemia, Asthma, Tobacco cessation, Travel medications, Diabetes	3	1%
Hypertension, Hypercholesterolemia	2	1%
Other	19	5%
<b>At least one</b>	<b>355</b>	<b>8%</b>

Source: Va. Healthcare Workforce Data Center

Services Provided				
Services	Primary		Secondary	
	#	%	#	%
Primary Service, Immunization	3,022	34%	3,022	34%
Primary Service, Medication Therapy Management	2,372	27%	284	3%
Primary Service, Compounding	1,967	22%	209	2%
Primary Service, Central Filling	1,149	13%	141	2%
Primary Service, Remote Order Processing	994	11%	89	1%
Primary Service, Collaborative Practice Agreement	551	6%	69	1%
<b>At Least One</b>	<b>4,655</b>	<b>52%</b>	<b>3,229</b>	<b>36%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

### Employment

Employed in Profession: 91%  
 Involuntarily Unemployed: 1%

### Positions Held

1 Full-time: 73%  
 2 or More Positions: 8%

### Weekly Hours:

40 to 49: 51%  
 60 or more: 4%  
 Less than 30: 12%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

Current Work Status		
Status	#	%
<b>Employed, capacity unknown</b>	8	<1%
<b>Employed in a pharmacy-related capacity</b>	6,325	91%
<b>Employed, NOT in a pharmacy-related capacity</b>	260	4%
<b>Not working, reason unknown</b>	0	0%
<b>Involuntarily unemployed</b>	42	1%
<b>Voluntarily unemployed</b>	174	3%
<b>Retired</b>	144	2%
<b>Total</b>	<b>6,952</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*91% of Virginia’s pharmacists are currently employed in the profession, and 1% of all pharmacy professionals are involuntarily unemployed at the survey period. 73% of the state’s pharmacist workforce have one full-time job, while 8% of pharmacists have multiple positions. 51% 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	#	%
<b>No Positions</b>	360	5%
<b>One Part-Time Position</b>	929	14%
<b>Two Part-Time Positions</b>	148	2%
<b>One Full-Time Position</b>	4,970	73%
<b>One Full-Time Position &amp; One Part-Time Position</b>	345	5%
<b>Two Full-Time Positions</b>	11	0%
<b>More than Two Positions</b>	47	1%
<b>Total</b>	<b>6,810</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
<b>0 hours</b>	360	5%
<b>1 to 9 hours</b>	158	2%
<b>10 to 19 hours</b>	227	3%
<b>20 to 29 hours</b>	455	7%
<b>30 to 39 hours</b>	1,298	19%
<b>40 to 49 hours</b>	3,463	51%
<b>50 to 59 hours</b>	523	8%
<b>60 to 69 hours</b>	172	3%
<b>70 to 79 hours</b>	64	1%
<b>80 or more hours</b>	59	1%
<b>Total</b>	<b>6,779</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Income		
Annual Income	#	%
<b>Volunteer Work Only</b>	52	1%
<b>\$50,000 or less</b>	389	8%
<b>\$50,001-\$60,000</b>	113	2%
<b>\$60,001-\$70,000</b>	106	2%
<b>\$70,001-\$80,000</b>	134	3%
<b>\$80,001-\$90,000</b>	170	4%
<b>\$90,001-\$100,000</b>	233	5%
<b>\$100,001-\$110,000</b>	452	9%
<b>\$110,001-\$120,000</b>	581	12%
<b>\$120,001-\$130,000</b>	737	15%
<b>\$130,001-\$140,000</b>	691	14%
<b>\$140,001-\$150,000</b>	496	10%
<b>More than \$150,000</b>	753	15%
<b>Total</b>	<b>4,907</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

## At a Glance:

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

**Benefits**  
Employer Retirement: 68%  
Employer Health Insurance: 69%

**Satisfaction**  
Satisfied: 83%  
Very Satisfied: 42%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
<b>Very Satisfied</b>	2,838	42%
<b>Somewhat Satisfied</b>	2,731	41%
<b>Somewhat Dissatisfied</b>	732	11%
<b>Very Dissatisfied</b>	402	6%
<b>Total</b>	<b>6,703</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

*The typical pharmacist earned between \$120,000 and \$130,000 in 2021. Among pharmacists who received either an hourly wage or a salary as compensation at their primary work location, 68% received health insurance and 69% also had access to a retirement plan.*

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
<b>Paid Vacation Leave</b>	4,705	74%	78%
<b>Retirement</b>	4,192	66%	69%
<b>Health Insurance</b>	4,119	65%	68%
<b>Dental Insurance</b>	4,004	63%	67%
<b>Paid Sick Leave</b>	3,608	57%	60%
<b>Group Life Insurance</b>	2,946	47%	49%
<b>Signing/Retention Bonus</b>	437	7%	7%
<b>Received At Least One Benefit</b>	5,066	80%	83%

\*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?	120	1%
Experience Voluntary Unemployment?	289	3%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	274	3%
Work two or more positions at the same time?	672	8%
Switch employers or practices?	474	5%
<b>Experienced at least 1</b>	<b>1,509</b>	<b>17%</b>

Source: Va. Healthcare Workforce Data Center

*1% of Virginia's pharmacists were involuntary unemployed at some point in 2021. By comparison, Virginia's average monthly unemployment rate was 4.0%.<sup>1</sup>*

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
<b>Not Currently Working at this Location</b>	153	2%	70	8%
<b>Less than 6 Months</b>	674	10%	151	17%
<b>6 Months to 1 Year</b>	577	9%	106	12%
<b>1 to 2 Years</b>	1,118	17%	128	14%
<b>3 to 5 Years</b>	1,324	21%	186	21%
<b>6 to 10 Years</b>	1,012	16%	119	13%
<b>More than 10 Years</b>	1,601	25%	137	15%
<b>Subtotal</b>	<b>6,458</b>	<b>100%</b>	<b>896</b>	<b>100%</b>
<b>Did not have location</b>	281		7,950	
<b>Item Missing</b>	2,157		49	
<b>Total</b>	<b>8,896</b>		<b>8,896</b>	

Source: Va. Healthcare Workforce Data Center

*Nearly half of all pharmacists receive a salary or commission at their primary work location, while 44% receive an hourly wage.*

**At a Glance:**

**Unemployment Experience**

Involuntarily Unemployed: 1%  
Underemployed: 3%

**Stability**

Switched: 5%  
New Location: 23%  
Over 2 years: 61%  
Over 2 yrs, 2<sup>nd</sup> location: 49%

**Employment Type**

Salary or Wage: 93%

Source: Va. Healthcare Workforce Data Center

*61% 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	#	%
<b>Salary/ Commission</b>	2,869	49%
<b>Hourly Wage</b>	2,570	44%
<b>By Contract</b>	82	1%
<b>Business/ Practice Income</b>	258	4%
<b>Unpaid</b>	27	0%
<b>Subtotal</b>	<b>5,806</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

<sup>1</sup> As reported by the US Bureau of Labor Statistics, the non-seasonally adjusted monthly unemployment rate declined from 5.7% in January 2021 to a low of 2.7% in November and December 2021. December's unemployment rate was preliminary at the time of publication.

## At a Glance:

### Concentration

Top Region:	27%
Top 3 Regions:	72%
Lowest Region:	2%

### Locations

2 or more (2020):	11%
2 or more (Now*):	13%

Source: Va. Healthcare Workforce Data Center

Over half of all pharmacists in the state work in either Northern Virginia or Central Virginia.

## A Closer Look:

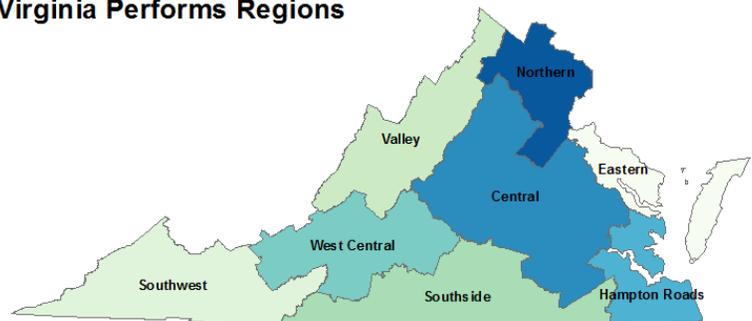
Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,685	26%	172	19%
Eastern	98	2%	19	2%
Hampton Roads	1,197	19%	138	15%
Northern	1,720	27%	236	26%
Southside	206	3%	35	4%
Southwest	381	6%	77	8%
Valley	364	6%	59	6%
West Central	676	11%	78	9%
Virginia Border State/DC	44	1%	38	4%
Other US State	50	1%	51	6%
Outside of the US	2	0%	6	1%
<b>Total</b>	<b>6,423</b>	<b>100%</b>	<b>909</b>	<b>100%</b>
Item Missing	2,190		36	

Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in 2021		Work Locations Now*	
	#	%	#	%
0	280	3%	349	5%
1	7,671	86%	5,488	82%
2	494	6%	473	7%
3	274	3%	247	4%
4	40	0%	28	0%
5	28	0%	19	0%
6 or More	110	1%	70	1%
<b>Total</b>	<b>8,896</b>	<b>100%</b>	<b>6,673</b>	<b>100%</b>

\*At the time of survey completion, December 2021. Source: Va. Healthcare Workforce Data Center

### Virginia Performs Regions



Over the past year, 11% of Virginia's pharmacists worked at multiple locations.



**A Closer Look:**

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
<b>For-Profit</b>	3,823	64%	601	70%
<b>Non-Profit</b>	1,552	26%	188	22%
<b>State/Local Government</b>	227	4%	36	4%
<b>Veterans Administration</b>	140	2%	7	1%
<b>U.S. Military</b>	112	2%	14	2%
<b>Other Federal Gov't</b>	76	1%	10	1%
<b>Total</b>	<b>5,930</b>	<b>100%</b>	<b>856</b>	<b>100%</b>
<b>Did not have location</b>	281		7,950	
<b>Item Missing</b>	2,685		91	

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

**Sector**

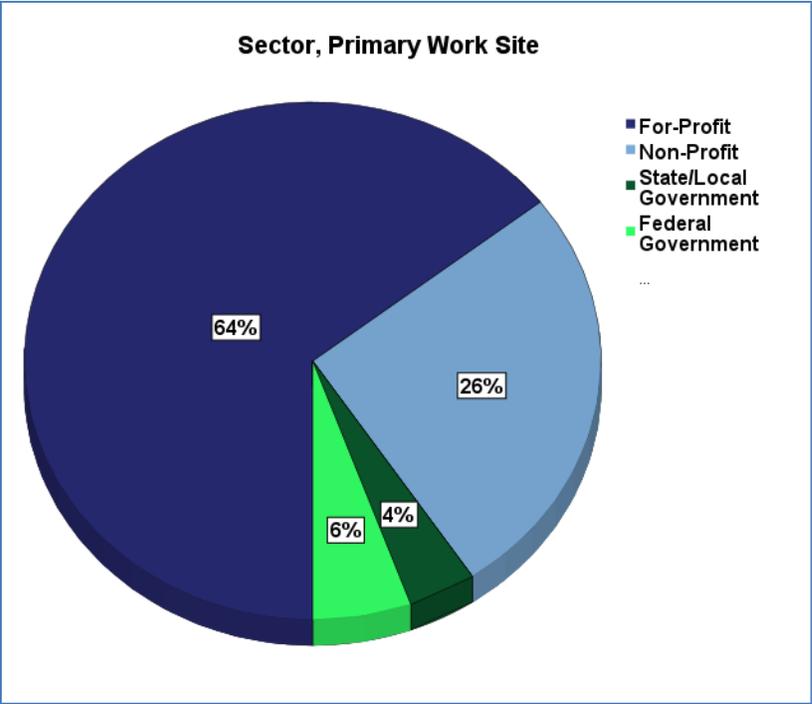
For Profit:	64%
Federal:	6%

**Top Establishments**

Large Chain Pharmacy: (11+ Stores)	27%
Hospital/Health System: (Inpatient)	25%
Independent Pharmacy: (1-4 Stores)	9%

Source: Va. Healthcare Workforce Data Center

*90% of all pharmacists work in the private sector, including 64% who work at a for-profit company. Another 6% of pharmacists work for the federal government, while 4% work for a state or local government.*

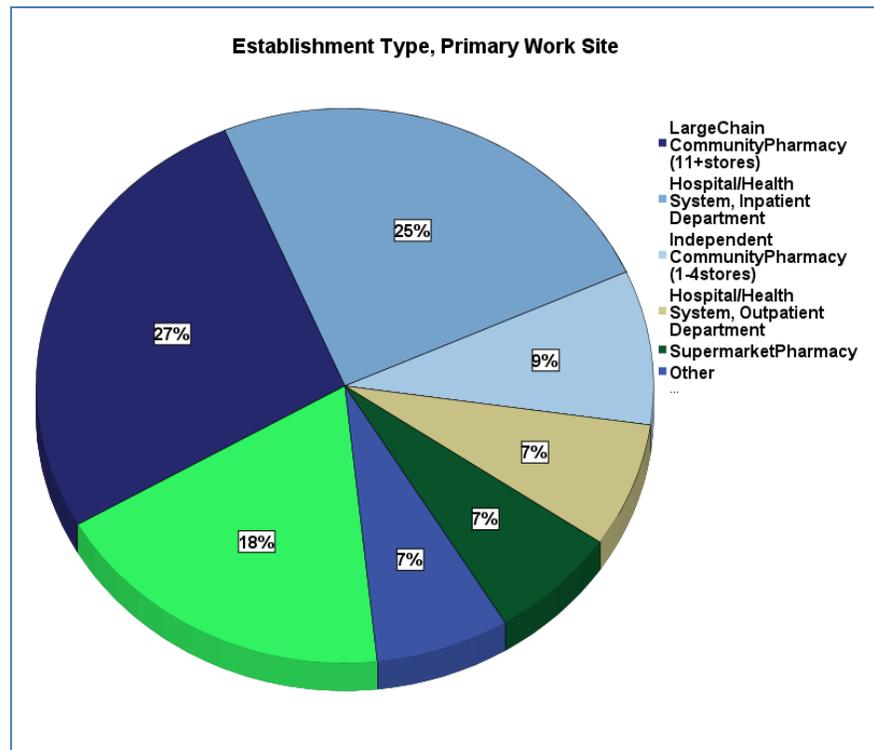


Source: Va. Healthcare Workforce Data Center

Top Location Types				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Large Chain Community Pharmacy	1,575	27%	233	28%
Hospital/Health System, Inpatient Department	1,439	25%	149	18%
Independent Community Pharmacy	525	9%	111	13%
Hospital/Health System, Outpatient Department	425	7%	33	4%
Supermarket Pharmacy	395	7%	39	5%
Clinic-Based Pharmacy	217	4%	66	8%
Mass Merchandiser (i.e. Big Box Store)	216	4%	36	4%
Nursing Home/Long-Term Care	161	3%	23	3%
Benefit Administration	151	3%	4	0%
Academic Institution	99	2%	30	4%
Home Health/Infusion	75	1%	6	1%
Mail Service Pharmacy	68	1%	10	1%
Manufacturer	50	1%	1	0%
Small Chain Community Pharmacy	30	1%	6	1%
Wholesale Distributor	7	0%	1	0%
Other	411	7%	90	11%
<b>Total</b>	<b>5,844</b>	<b>100%</b>	<b>838</b>	<b>100%</b>
Did Not Have a Location	281		7950	

Large chain community pharmacies of more than 10 stores are the most common establishment type in Virginia, employing over a quarter of the state's pharmacist workforce.

Source: Va. Healthcare Workforce Data Center



Large chain community pharmacies of more than 10 stores were also the most common establishment type among pharmacists who had a secondary work location.

Source: Va. Healthcare Workforce Data Center

## At a Glance: (Primary Locations)

### Typical Time Allocation

Patient Care: 80%-89%  
Administration: 1%-9%

### Roles

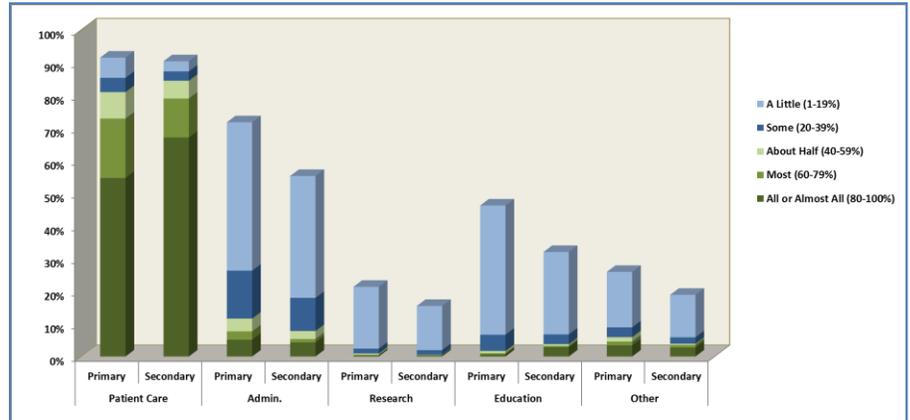
Patient Care: 73%  
Administration: 8%  
Education: 1%

### Patient Care Pharmacists

Median Admin Time: 1%-9%  
Ave. Admin Time: 1%-9%

Source: Va. Healthcare Workforce Data Center

## A Closer Look:



Source: Va. Healthcare Workforce Data Center

*A typical pharmacist spends most of her time in patient care activities. In fact, about three-quarters of pharmacists fill a patient care role, defined as spending at least 60% of her time in that activity.*

Time Allocation										
Time Spent	Patient Care		Admin.		Research		Education		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
<b>All or Almost All (80-100%)</b>	55%	67%	5%	4%	0%	0%	1%	3%	3%	3%
<b>Most (60-79%)</b>	18%	12%	3%	1%	0%	0%	0%	0%	1%	1%
<b>About Half (40-59%)</b>	8%	5%	4%	2%	0%	0%	1%	1%	1%	0%
<b>Some (20-39%)</b>	4%	3%	15%	10%	1%	1%	5%	3%	3%	2%
<b>A Little (1-20%)</b>	6%	3%	45%	37%	19%	14%	40%	25%	17%	13%
<b>None (0%)</b>	8%	10%	28%	45%	79%	84%	54%	68%	74%	81%

Source: Va. Healthcare Workforce Data Center

**A Closer Look:**

Retirement Expectations				
Expected Retirement Age	All		Over 50	
	#	%	#	%
<b>Under age 50</b>	276	5%	-	-
<b>50 to 54</b>	291	5%	0	0%
<b>55 to 59</b>	675	12%	169	8%
<b>60 to 64</b>	1,486	27%	572	27%
<b>65 to 69</b>	1,786	32%	802	38%
<b>70 to 74</b>	529	10%	290	14%
<b>75 to 79</b>	137	2%	97	5%
<b>80 or over</b>	73	1%	44	2%
<b>I do not intend to retire</b>	267	5%	113	5%
<b>Total</b>	<b>5,521</b>	<b>100%</b>	<b>2,087</b>	<b>100%</b>

Source: Va. Healthcare Workforce Data Center

**At a Glance:**

**Retirement Expectations**

**All Pharmacists**

Under 65: 49%

Under 60: 22%

**Pharmacists 50 and over**

Under 65: 36%

Under 60: 8%

**Time until Retirement**

Within 2 years: 8%

Within 10 years: 25%

Half the workforce: By 2046

Source: Va. Healthcare Workforce Data Center

49% of Virginia’s pharmacists expect to retire before the age of 65, while 18% plan on working until at least age 70. Among pharmacists who are age 50 and over, 36% still plan on retiring by age 65, while over a quarter expect to work until at least age 70.

Within the next two years, 3% of Virginia’s pharmacists plan on leaving the profession and 2% expect to leave the state. Meanwhile, 9% of pharmacists expect to pursue additional educational opportunities, and 7% plan on increasing the number of hours that they devote to patients.

**Future Plans**

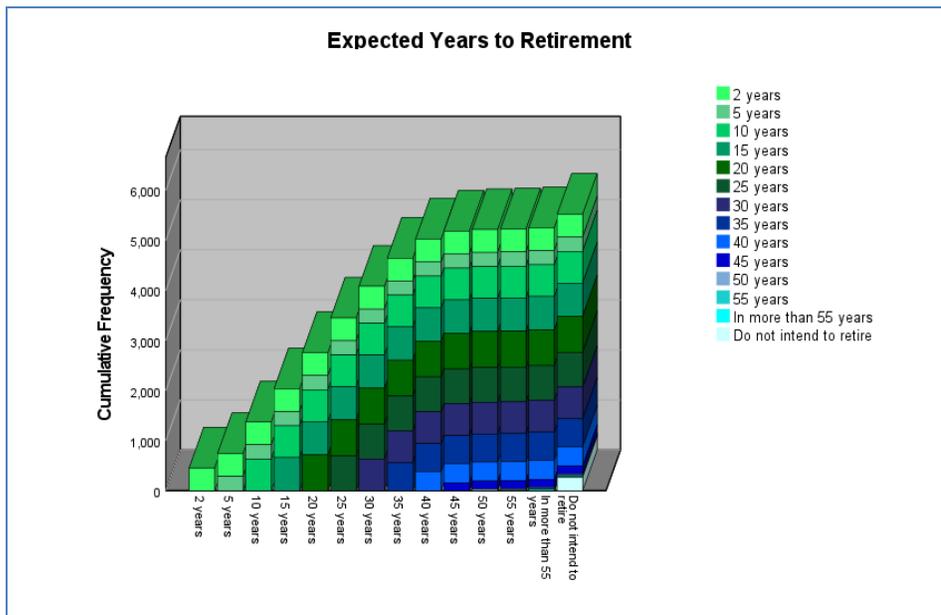
2 Year Plans:	#	%
<b>Decrease Participation</b>		
<b>Leave Profession</b>	235	3%
<b>Leave Virginia</b>	198	2%
<b>Decrease Patient Care Hours</b>	306	3%
<b>Decrease Teaching Hours</b>	25	0%
<b>Increase Participation</b>		
<b>Increase Patient Care Hours</b>	591	7%
<b>Increase Teaching Hours</b>	373	4%
<b>Pursue Additional Education</b>	699	8%
<b>Return to Virginia’s Workforce</b>	84	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for pharmacists. Only 8% of pharmacists plan on retiring in the next two years, while 53% plan on retiring in the next ten years. Half of the current pharmacist workforce expect to retire by 2046.

Time to Retirement			
Expect to retire within . .	#	%	Cumulative %
<b>2 years</b>	454	8%	8%
<b>5 years</b>	284	5%	13%
<b>10 years</b>	634	11%	25%
<b>15 years</b>	664	12%	37%
<b>20 years</b>	719	13%	50%
<b>25 years</b>	695	13%	62%
<b>30 years</b>	634	11%	74%
<b>35 years</b>	561	10%	84%
<b>40 years</b>	382	7%	91%
<b>45 years</b>	158	3%	94%
<b>50 years</b>	32	1%	94%
<b>55 years</b>	9	0%	95%
<b>In more than 55 years</b>	27	0%	95%
<b>Do not intend to retire</b>	267	5%	100%
<b>Total</b>	<b>5,521</b>	<b>100%</b>	

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2026. Retirement will peak at 13% of the current workforce around 2041 before declining to under 10% of the current workforce again around 2061.

## At a Glance:

### FTEs

Total: 7,302  
 FTEs/1,000 Residents<sup>2</sup>: 0.846  
 Average: 0.85

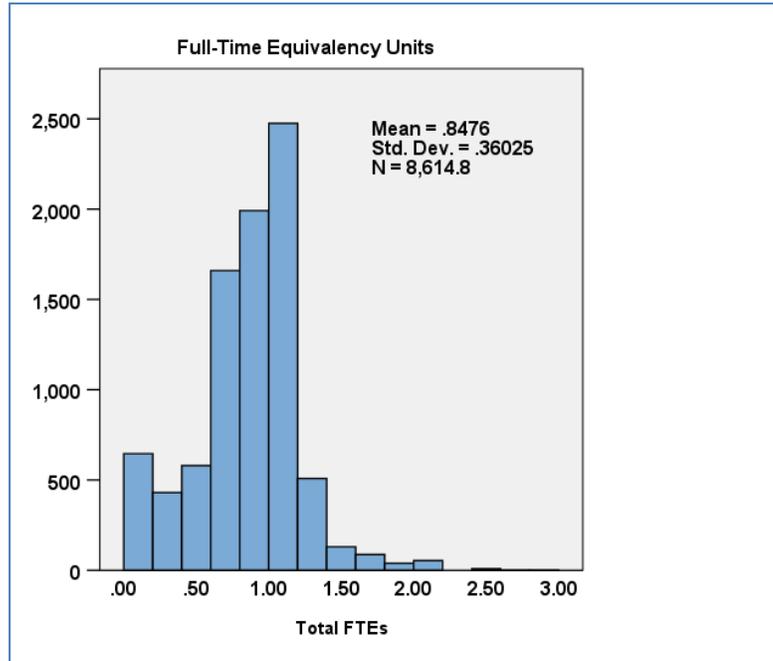
### Age & Gender Effect

Age, Partial Eta<sup>3</sup>: Small  
 Gender, Partial Eta<sup>3</sup>: Negligible

*Partial Eta<sup>3</sup> Explained:*  
 Partial Eta<sup>3</sup> is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

## A Closer Look:

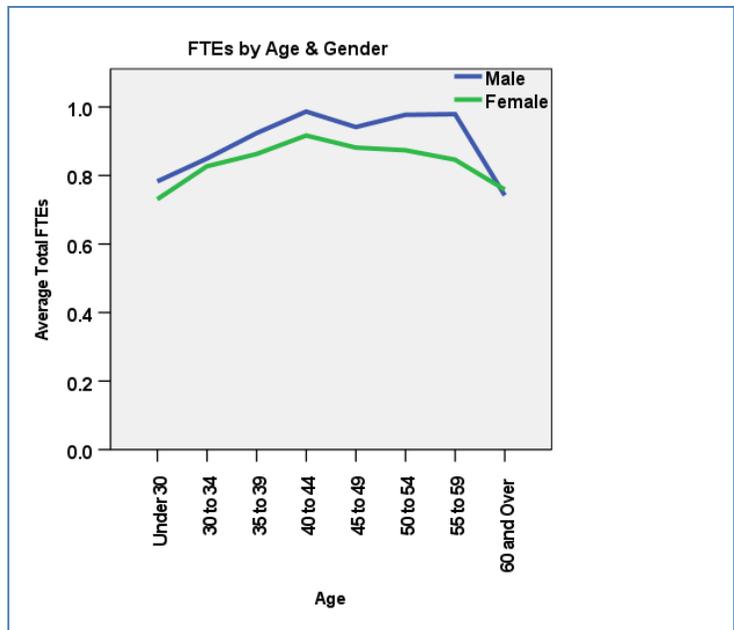


Source: Va. Healthcare Workforce Data Center

The typical pharmacist provided 0.85 FTEs in 2021, or about 34 hours per week for 52 weeks. Although FTEs appear to vary by both age and gender, statistical tests did not verify that a difference exists.<sup>3</sup>

Full-Time Equivalency Units		
Age		
	Average	Median
Under 30	0.74	0.67
30 to 34	0.81	0.82
35 to 39	0.87	0.83
40 to 44	0.95	1.01
45 to 49	0.90	0.90
50 to 54	0.90	0.90
55 to 59	0.90	0.92
60 and Over	0.73	0.64
Gender		
Male	0.88	0.97
Female	0.84	0.92

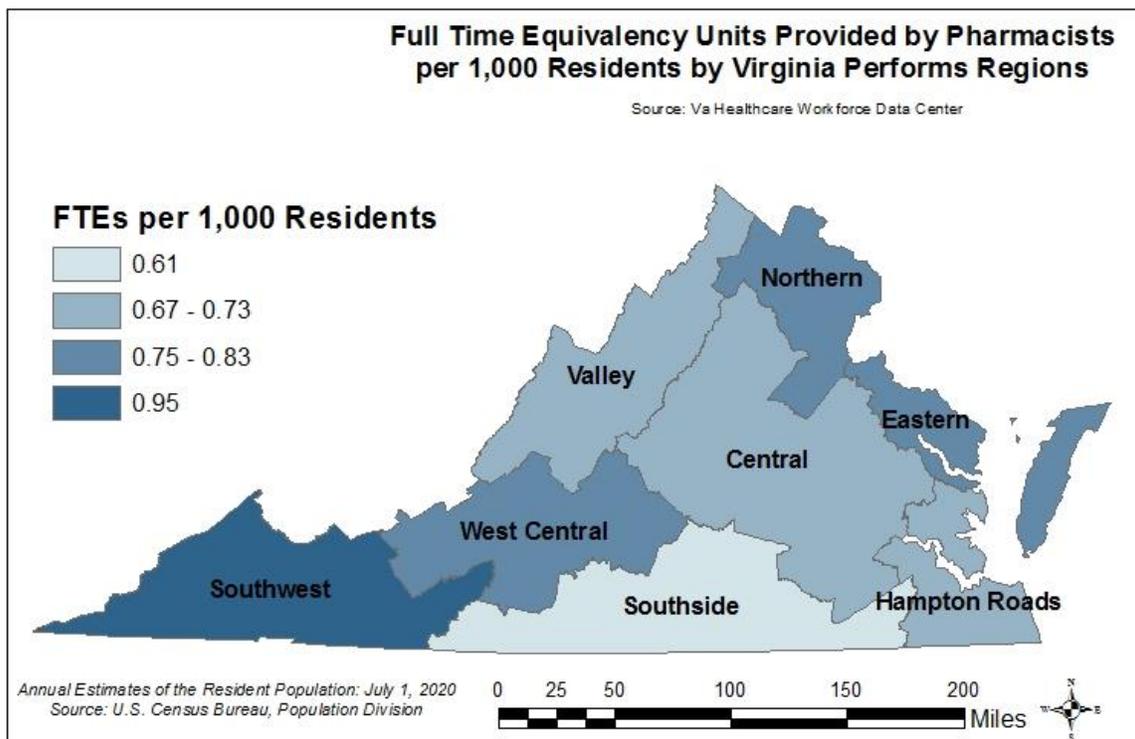
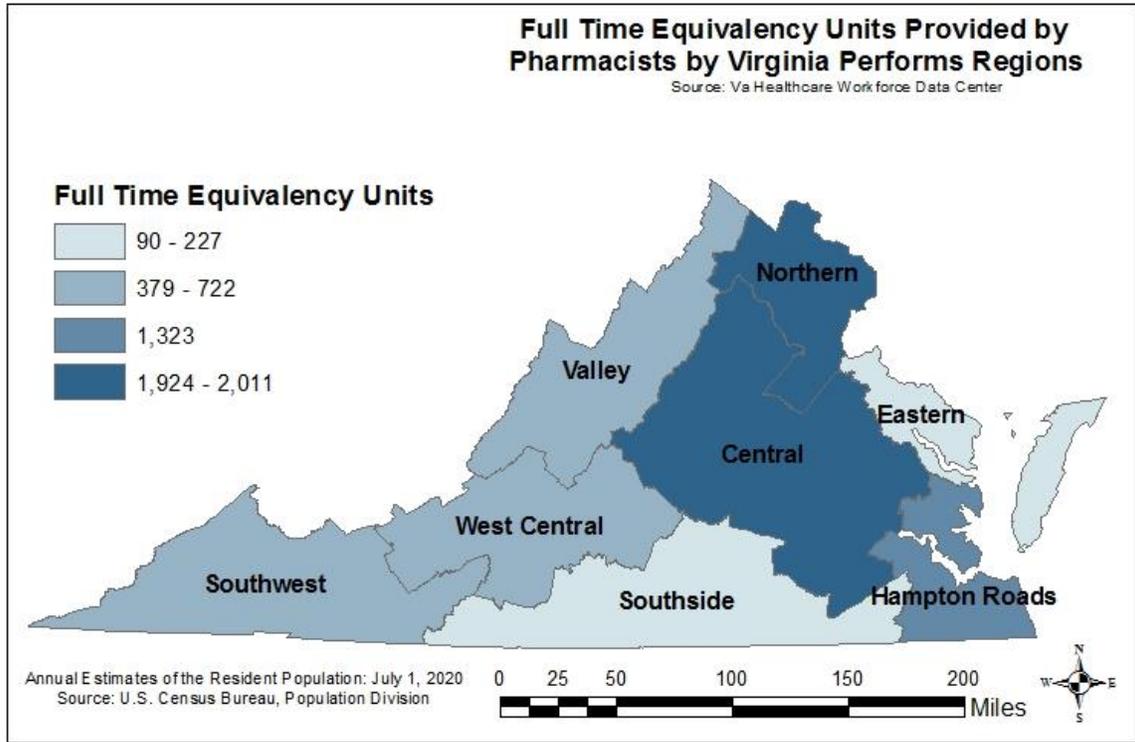
Source: Va. Healthcare Workforce Data Center

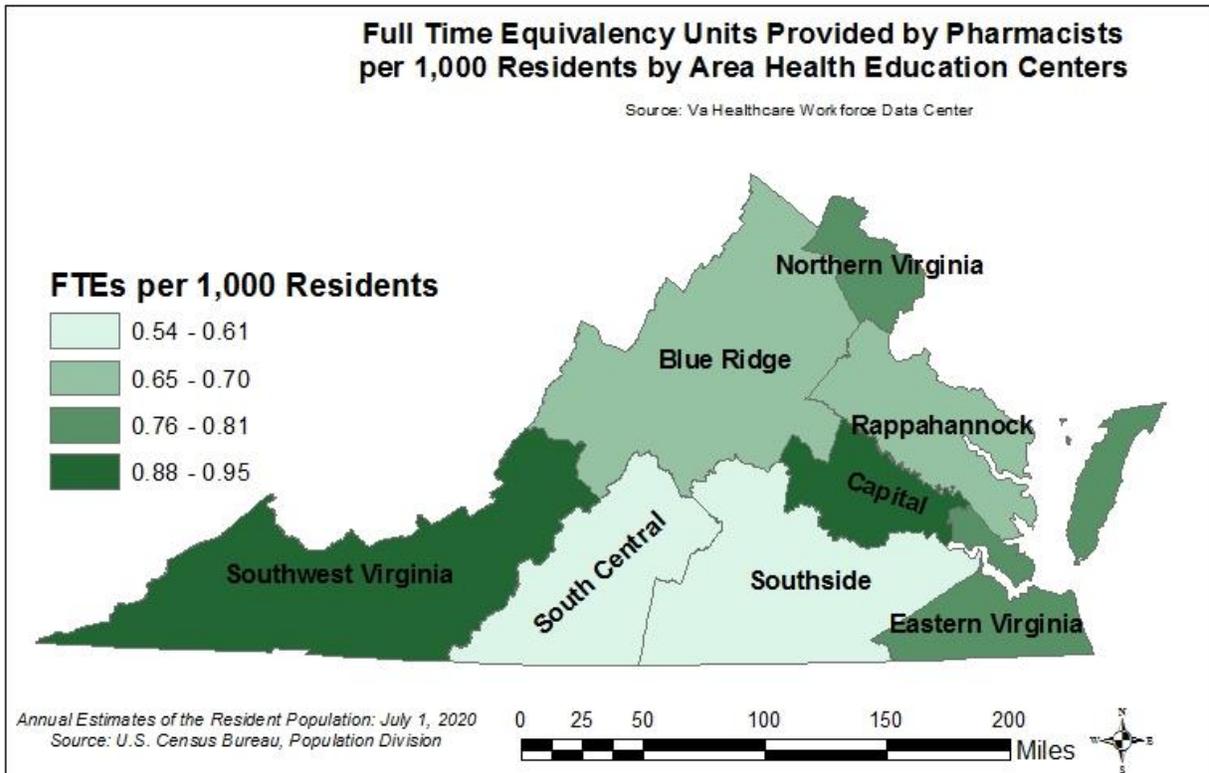
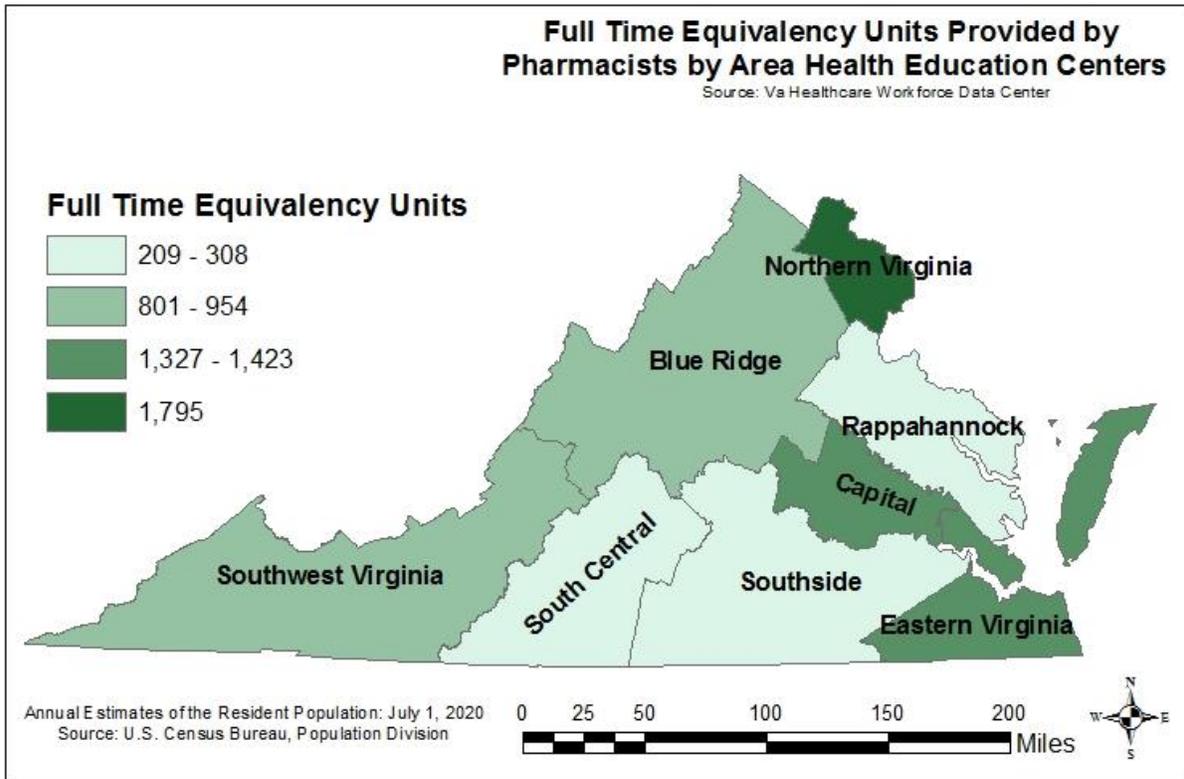


Source: Va. Healthcare Workforce Data Center

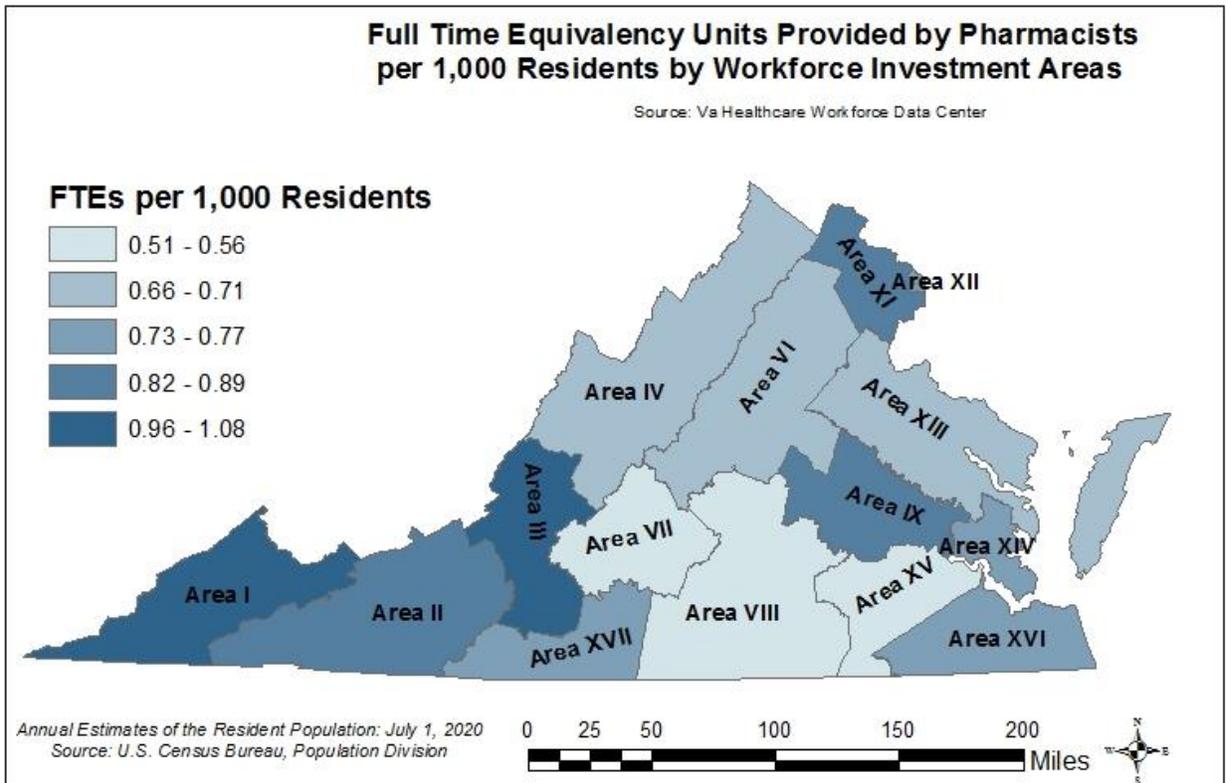
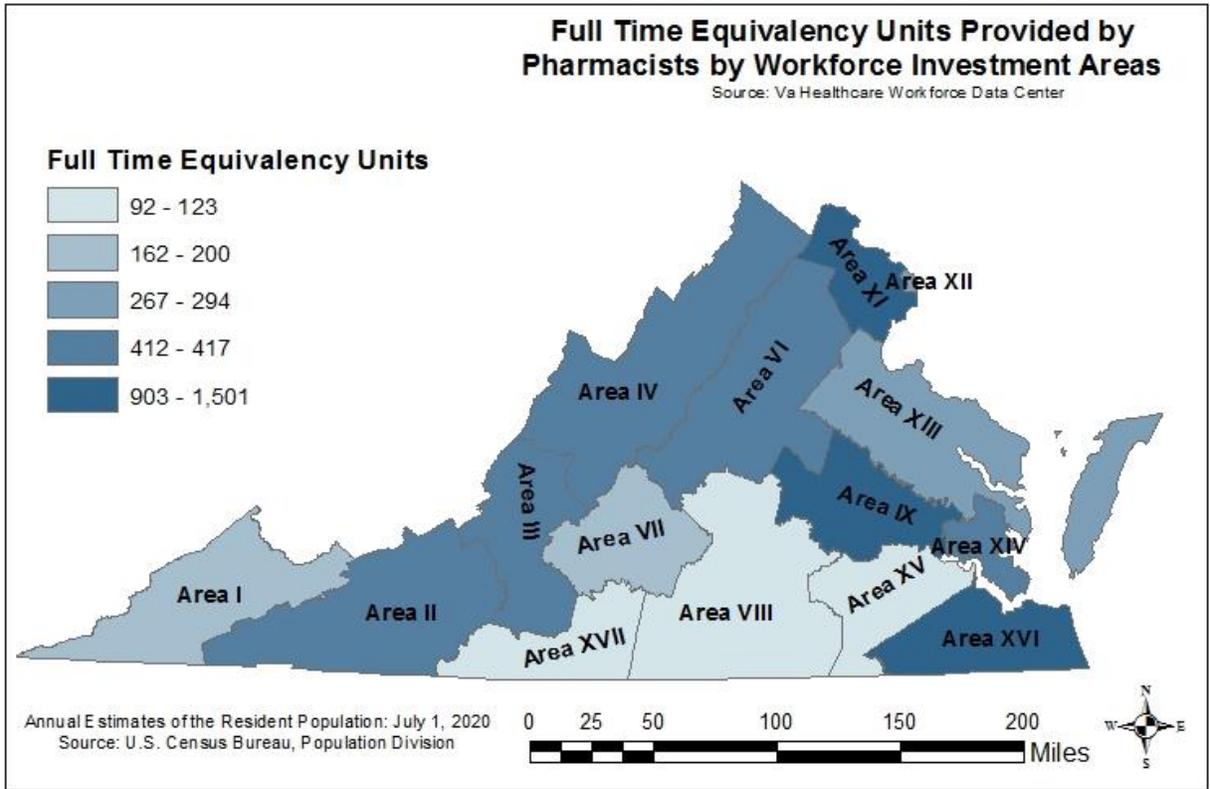
<sup>2</sup> Number of residents in 2020 was used as the denominator.

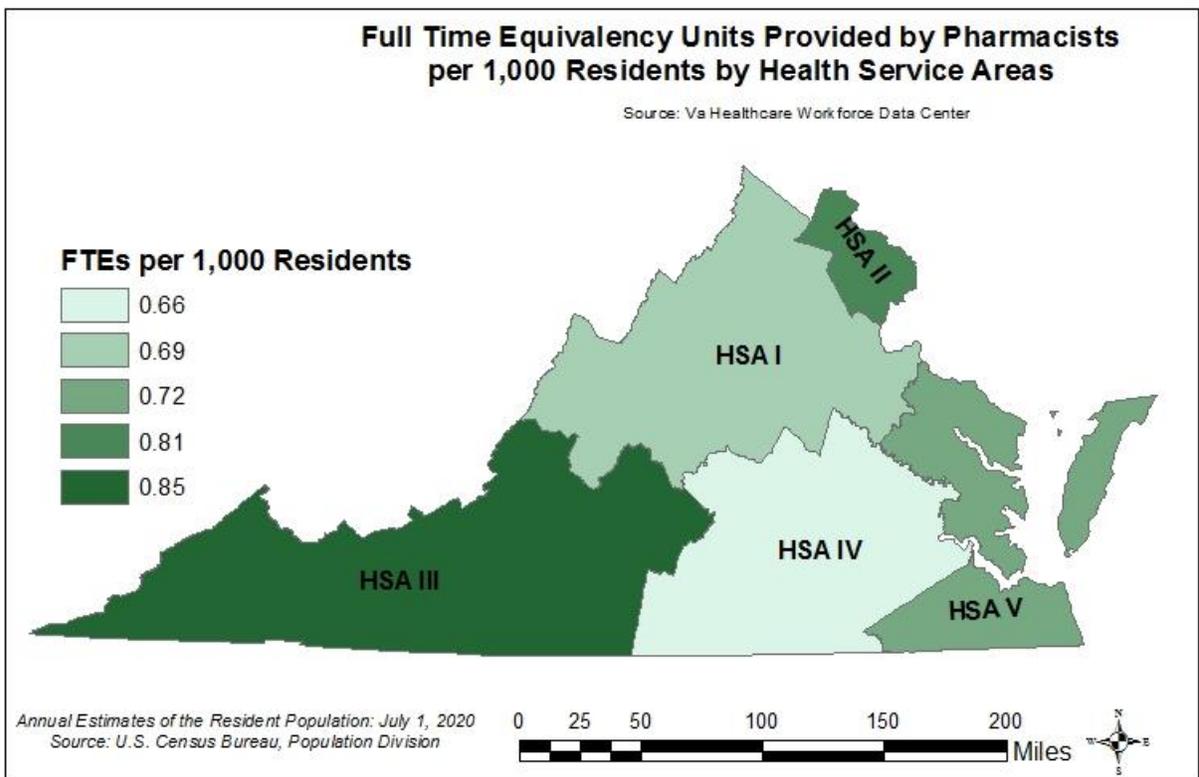
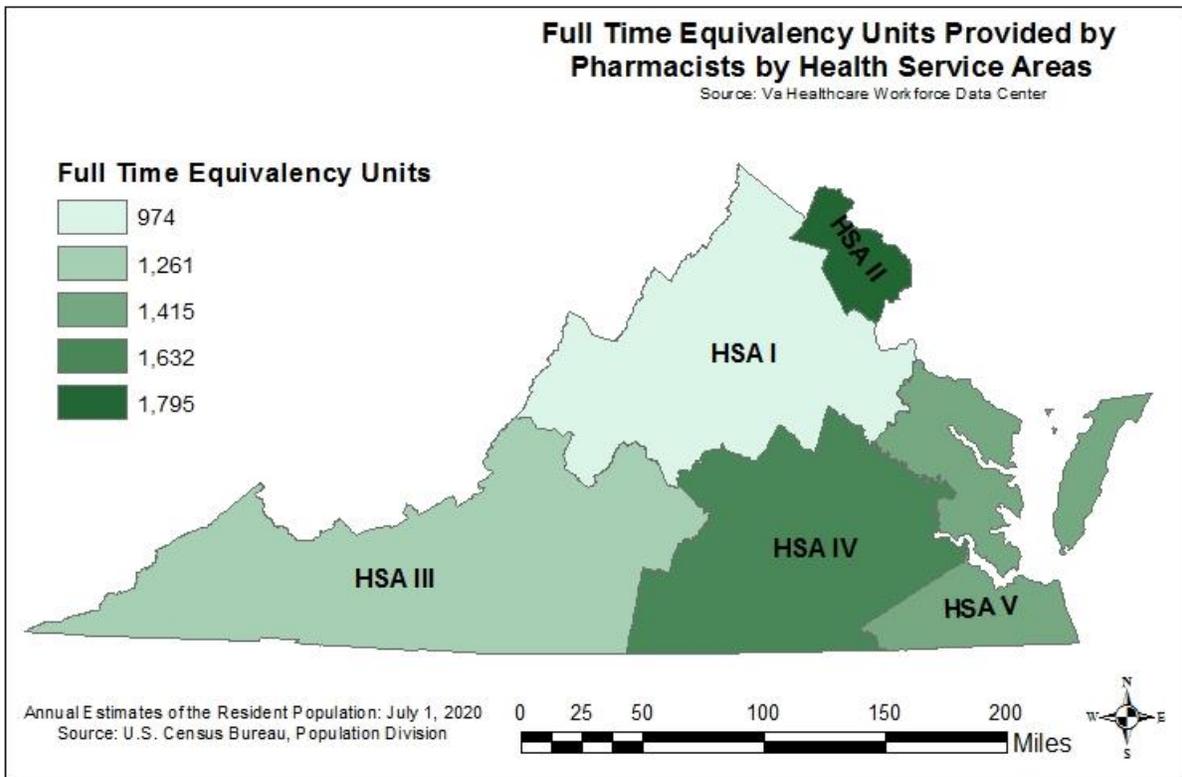
<sup>3</sup> Due to assumption violations in Mixed between-within ANOVA (Levene's Test & Interaction effect are significant).

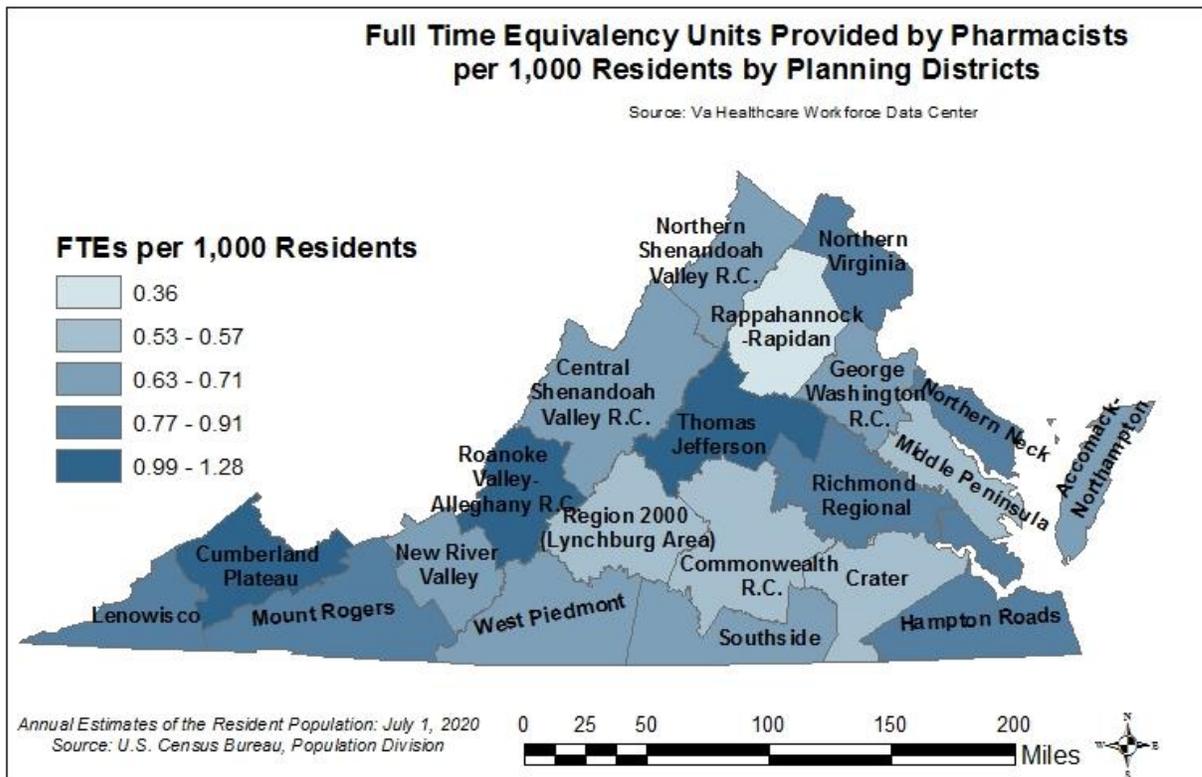
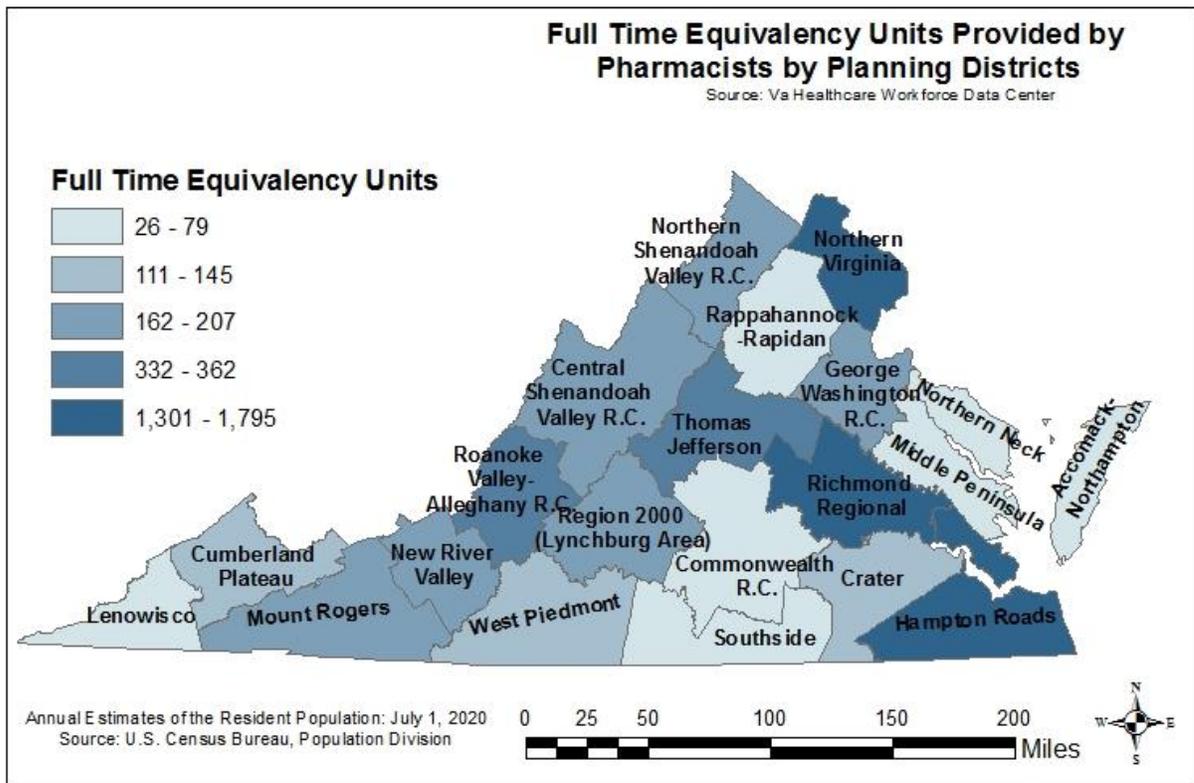












## Appendix

### Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	6,724	92.79%	1.0777	1.0532	1.1445
Metro, 250,000 to 1 million	935	93.37%	1.0710	1.0467	1.1373
Metro, 250,000 or less	1,098	91.62%	1.0915	1.0666	1.1590
Urban pop 20,000+, Metro adj	117	93.16%	1.0734	1.0490	1.1398
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	365	91.23%	1.0961	1.0712	1.1640
Urban pop, 2,500-19,999, nonadj	302	91.72%	1.0903	1.0654	1.1577
Rural, Metro adj	242	87.19%	1.1469	1.1208	1.2179
Rural, nonadj	130	91.54%	1.0924	1.0676	1.1601
Virginia border state/DC	2,910	89.00%	1.1236	1.0980	1.1931
Other US State	3,653	87.35%	1.1448	1.1187	1.2157

Source: Va. Healthcare Workforce Data Center

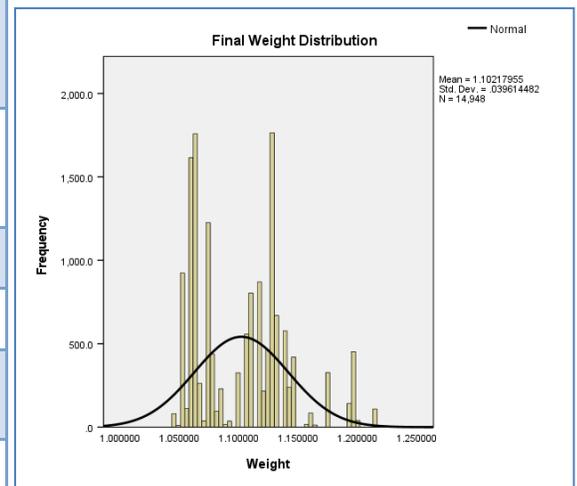
See the Methods section on the HWDC website for details on HWDC Methods:

[www.dhp.virginia.gov/hwdc/](http://www.dhp.virginia.gov/hwdc/)

Final weights are calculated by multiplying the two weights and the overall response rate:

$$\text{Age Weight} \times \text{Rural Weight} \times \text{Response Rate} = \text{Final Weight.}$$

**Overall Response Rate: 0.90725**



Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	927	85.44%	1.1705	1.1373	1.2179
30 to 34	2,475	91.15%	1.0971	1.0660	1.1416
35 to 39	2,829	91.83%	1.0889	1.0581	1.1331
40 to 44	2,201	92.23%	1.0842	1.0535	1.1282
45 to 49	1,899	92.84%	1.0771	1.0467	1.1208
50 to 54	1,893	91.92%	1.0879	1.0571	1.1321
55 to 59	1,482	92.17%	1.0849	1.0542	1.1289
60 and Over	2,769	86.75%	1.1528	1.1202	1.1995

Source: Va. Healthcare Workforce Data Center

Virginia Board of Pharmacy  
 March 15, 2022  
 Licenses Issued

	8/1/20-10/31/20	11/1/20-1/31/21	2/1/21-4/30/21	5/1/21 - 7/31/21	8/1/21 - 10/31/21	11/1/21 - 1/31/22	License Count 2/17/2021
Business CSR	23	8	25	44	25	28	1,514
Cannabis Dispensing Facility					1	2	3
CE Courses	0	0	1	1	1	0	9
Limited Use Pharmacy Technician	0	0	0	0	0	0	7
Medical Equipment Supplier	4	8	5	1	6	0	226
Non-restricted Manufacturer	0	0	1	0	1	2	31
Outsourcing Facility	0	0	0	0	0	0	0
Permitted Physician	0	0	0	0	0	0	0
Pharmaceutical Processor	1	0	0	0	0	0	4
Pharmacist	301	178	175	275	279	157	15,723
Pharmacist Volunteer Registration	0	0	0	0	1	0	0
Pharmacy	7	8	11	10	9	16	1,772
Pharmacy Intern	177	99	107	59	179	87	1,217
Pharmacy Technician	447	482	424	460	353	360	12,144
Pharmacy Technician Trainee		149	1256	1414	1280	1385	5,458
Pharmacy Technician Training Program	7	2	7	3	1	1	126
Physician Selling Controlled Substances	24	16	7	19	39	14	523
Physician Selling Drugs Location	4	2	4	4	1	4	147
Pilot Programs	0	1	0	0	0	0	20
Registered Physician For Medical Cannabis	106	140	122	162	66	81	604
Repackaging Training Program	0	0	0	0	0	0	2
Restricted Manufacturer	0	0	1	0	0	0	40
Third Party Logistics Provider	0	0	1	0	0	0	7
Warehouser	4	1	5	0	1	1	121
Wholesale Distributor	1	0	1	1	1	0	66
<b>Total</b>	<b>1,106</b>	<b>1,094</b>	<b>2,153</b>	<b>2,453</b>	<b>2,244</b>	<b>2,138</b>	<b>39,764</b>

Virginia Board of Pharmacy  
 March 15, 2022  
 Licenses Issued

	8/1/20-10/31/20	11/1/20-1/31/21	2/1/21-4/30/21	5/1/21 - 7/31/21	8/1/21 - 10/31/21	11/1/21 - 1/31/22	License Count 2/17/2021
Nonresident Manufacturer	3	1	6	6	10	1	220
Nonresident Medical Equipment Supplier	11	9	8	6	10	5	373
Non-resident Outsourcing Facility	2	0	1	1	1	1	31
Non-resident Pharmacy	29	31	37	17	17	22	879
Non-resident Third Party Logistics Provider	12	15	10	9	4	7	193
Non-resident Warehouser	11	9	12	5	4	5	102
Non-resident Wholesale Distributor	5	10	20	18	14	14	662
<b>Total</b>	<b>73</b>	<b>75</b>	<b>94</b>	<b>62</b>	<b>60</b>	<b>55</b>	<b>2,460</b>

# Enforcement Division Inspections Report:

## Prepared for the March 2022 - Board of Pharmacy Meeting

**Quarterly Review - Date Range: 10/01/2021 ending 12/31/2021**

### Number of Inspections Completed by License Type

Count of Insp ID		Insp Type							
Insp Status	License Type	Change of Location	Focus	New	Pilot	Reinspection	Remodel	Routine	Grand Total
Completed	Business CSR	8		28		3	1	76	116
	Cannabis Dispensing Facility			3		2			5
	Medical Equipment Supplier	4						19	23
	Non-restricted Manufacturer			2		2	1		5
	Pharmaceutical Processor Permit						2		2
	Pharmacy	7	1	13		3	18	161	203
	Physician Selling Drugs Location	1		4				14	19
	Pilot Programs				1				1
	Restricted Manufacturer							1	1
	Third Party Logistics Provider			2					2
	Warehouser	1		1				9	11
Wholesale Distributor						1	7	8	
Completed Total		21	1	53	1	10	23	287	396
Completed Virtual	Business CSR			5		2	3	7	17
	Pharmacy					1	23		24
	Physician Selling Drugs Location					1	1		2
	Warehouser							1	1
Completed Virtual Total			5		4	27	8	44	
Grand Total		21	1	58	1	14	50	295	440

# Enforcement Division Inspections Report:

## Prepared for the March 2022 - Board of Pharmacy Meeting

**Date Range: 10/01/2021 Ending 12/31/2021**

### **Routine Inspections, Deficiencies by License Type**

Count of License No	Result			
License Type	Deficiency	Deficiency & IPHCO	No Deficiency	Grand Total
Business CSR	33		50	83
Medical Equipment Supplier	7		12	19
Pharmacy	56	68	37	161
Physician Selling Drugs Location	12		2	14
Restricted Manufacturer	1			1
Warehouser			10	10
Wholesale Distributor	2		5	7
<b>Grand Total</b>	<b>111</b>	<b>68</b>	<b>116</b>	<b>295</b>

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



# Enforcement Division Inspections Report:

## Prepared for the March 2022 - Board of Pharmacy Meeting

**Date Range: 10/01/2021 Ending 12/31/2021**

### **Categories of Deficiencies for Occurrences, Recorded >20 Times with Examples**

Description	# of times
110-20-180 Deficiency 9a. The alarm system does not include a feature by which any breach shall be communicated to the PIC or a pharmacist working at the pharmacy Deficiency 9a: Alarm is operational but does not fully protect the prescription department	25
110-20-240 Deficiency 14: No incoming change of Pharmacist-in-Charge inventory Deficiency 15: Perpetual inventory not being maintained as required Deficiency 113: Inventories taken on time, but not in compliance Deficiency 114: Records of receipt (e.g. invoices) not on site or retrievable Deficiency 114: Inventories and records of all drugs listed in Schedules I and II were not maintained separately Deficiency 148: Theft/unusual loss of drugs reported to board but report not maintained by pharmacy	52
110-20-276 Deficiency 123: Engaging in remote processing not in compliance	30
110-20-418 Deficiency 142. No record maintained and available for 12 months from date of analysis of dispensing errors	28
110-20-700 Within 14 days of a change in the supervising practitioner assigned to the registration, a new application shall be submitted indicating the name and license number of the new supervising practitioner	31

# Enforcement Division Inspections Report:

## Prepared for the March 2022 - Board of Pharmacy Meeting

Description	# of times
<p>There were no supervising practitioner established procedures for and training as necessary to ensure compliance with all requirements of law and regulation, including, but not limited to, storage, security, and recordkeeping</p> <p>The supervising practitioner has not approved the list of drugs which may be ordered by the holder of the controlled substances registration</p> <p>An application indicating the name and license number, if applicable, of the new responsible party for the change of responsible party was not filed within 14 days of a change</p>	33
<p>54.1-3404</p> <p>Deficiency 13: No biennial inventory. No biennial inventory has been completed</p> <p>Deficiency 17: Hard copy prescriptions not maintained or retrievable as required</p> <p>Deficiency 113: Inventories taken on time, but not in compliance</p> <p>Deficiency 148: Unusual loss of drugs reported to board but report not maintained by pharmacy</p> <p>No distribution record was available at the time of inspection</p>	35
<p>54.1-3410</p> <p>Deficiency 116: Prescriptions not transmitted as required. The agent of the prescriber on his behalf may orally transmit a prescription</p> <p>Deficiency 124: Labels do not include all required information</p>	163
<p>54.1-3410.2</p> <p>800: Assessment of Risk has not been performed</p> <p>Deficiency 26: No documentation of initial gloved fingertip testing for persons performing low and medium-risk level compounding of sterile preparations</p> <p>Deficiency 130a: Compounded products not properly labeled</p>	

# Enforcement Division Inspections Report:

## Prepared for the March 2022 - Board of Pharmacy Meeting

**Two Year Review - Date Range: 12/31/2019 Ending 12/31/2021**

### Number of Inspections Completed by License Type

Count of Insp ID		Insp Type						
Insp Status	License Type	Change of Location	Focus	New	Reinspection	Remodel	Routine	Grand Total
Completed	Business CSR	53		111	9	21	451	645
	Cannabis Dispensing Facility			4	2			6
	Medical Equipment Supplier	21		22			94	137
	Non-restricted Manufacturer	1		6	3	2	2	14
	Pharmaceutical Processor Permit	1			8	6	16	31
	Pharmacy	32	10	67	35	222	1034	1400
	Physician Selling Drugs Location	5		16	6	2	72	101
	Restricted Manufacturer	2		3			1	6
	Third Party Logistics Provider			3	2		3	8
	Warehouser	9		11	2	3	57	82
Wholesale Distributor	2	1	4		3	34	44	
Completed Total		126	11	247	67	259	1764	2474
Completed Virtual	Business CSR	22		87	7	15	365	496
	Medical Equipment Supplier	5		6		2	43	56
	Pharmacy	11	1	11	17	69	1	110
	Physician Selling Drugs Location	1		15	4	1	7	28
	Third Party Logistics Provider			1				1
	Warehouser	1		3	1	1	28	34
Wholesale Distributor			1	2	1	12	16	
Completed Virtual Total		40	1	124	31	89	456	741
Grand Total		166	12	371	98	348	2220	3215

# Enforcement Division Inspections Report:

## Prepared for the March 2022 - Board of Pharmacy Meeting

**Date Range: 12/31/2019 Ending 12/31/2021**

### **Routine Inspections, Deficiencies by License Type**

Count of Insp ID License Type	Result			
	Deficiency	Deficiency & IPHCO	No Deficiency	Grand Total
Business CSR	406		410	816
Medical Equipment Supplier	46		91	137
Non-restricted Manufacturer			2	2
Pharmaceutical Processor Permit	13		3	16
Pharmacy	356	385	294	1035
Physician Selling Drugs Location	66		13	79
Restricted Manufacturer	1			1
Third Party Logistics Provider	3			3
Warehouser	14		71	85
Wholesale Distributor	21		25	46
<b>Grand Total</b>	<b>926</b>	<b>385</b>	<b>909</b>	<b>2220</b>

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

## Pharmaceutical Processors Report-March 15, 2022

- Two additional cannabis dispensing facilities have been permitted-both in Health Service Area III (Salem and Christiansburg). There are now 6 permitted cannabis dispensing facilities.
- The RFA for a pharmaceutical processor permit in Health Service Area I that was posted from September 25, 2020 to December 4, 2020 resulted in 26 applications being received. Currently the application review process continues to be on hold due to a court order.
- The Board is receiving, on average, 1000 patient applications per week.
- In addition to three full time administrative specialist, two P-14 staff and two temporary administrative staff, the Board is recruiting for another full time administrative specialist and three additional temporary staff to assist with processing the high volume of applications. The Board also is recruiting for a Licensing Manager position to assist with staff and program oversight.
- Board and agency staff continue work to develop specific components of a new patient registration platform.
- The Board has been following and providing technical assistance on multiple bills related to the pharmaceutical processor program that have been submitted to the General Assembly.

### Pharmaceutical Processors Program-By the Numbers As of 2/22/2022

Registered Practitioners	613
Registered Patients	43,845
Registered Parents/Guardians	250
Registered Agents	167
Registered Cannabis Oil Products (cumulative)	1,008

# Discipline Program Report

Open Cases as of 2/22/22:

	<b>PC</b>	<b>APD</b>	<b>Investigation</b>	<b>FH</b>	<b>IFC</b>	<b>Pending Closure</b>	<b>Entry</b>	<b>TOTALS</b>
<b>Patient Care Cases</b>	69	17	105	5	6	0	5	207
<b>Non-Patient Care Cases</b>	87	14	36	3	6	25	3	174
						<b>TOTAL:</b>		<b>381</b>

- Thirty-five of the non-patient care cases are compliance cases
- The Board has two cases currently being appealed in circuit court

Upcoming Disciplinary Proceedings:

March 29, 2022	Ratliff/Henderson	Informal Conference
March 30, 2022	Full Board	Formal Hearing
April 13, 2022	Full Board	Formal Hearing
April 19, 2022	St. Clair/Bolyard	Informal Conference
May 12, 2022	Richards-Spruill/Lee	Informal Conference
May 23, 2022	Full Board	Formal Hearing
May 24, 2022	Nelson/St.Clair	Pilot Committee
May 25, 2022	Ratliff/Henderson	Informal Conference

## **Executive Director's Report** – March 15, 2022

### *Operations:*

- ❖ Transitioning to new normal in April; up to 3 days/week telework
- ❖ License Count has more than doubled:
  - Approximately 41,000 traditional BOP licensees
  - Approximately 46,000 cannabis licensees

### *Staffing:*

- ❖ Recently filled 1 full-time licensing admin position and records management position
- ❖ Licensing Admin. Sheila Sheranek retiring April 1; recruitment ongoing
- ❖ Medical cannabis - Recently filled 3 additional temp positions and 2 P-14s; recruiting for additional full-time licensing admin and licensing supervisor

### *Projects:*

- ❖ Ongoing efforts to acquire new licensing software for cannabis program
- ❖ Transitioning from legislative session to preparing for actions required
- ❖ Preparing for possible re-implementation of RFA
- ❖ SAMHSA Buprenorphine Access
- ❖ Preparing for Digital Disciplinary Evidence Packets

### *Recent Meetings Attended:*

- ❖ National Conference of Pharmaceutical Organizations
- ❖ NABP Virtual Interactive Member Forum
- ❖ NABP Executive Committee
- ❖ VPhA Virtual Mid-year Meeting
- ❖ Opioid Regulatory Collaborative Meeting
- ❖ Tri-Regulator Meeting
- ❖ SAMHSA Region 3 Buprenorphine Summit

### *Presentations:*

- ❖ VCU School of Pharmacy – Shinaberry and Logan