COMMONWEALTH OF VIRGINIA
Meeting of the Board of Pharmacy

Perimeter Center, 9960 Mayland Drive, Third Floor **(804) 367-4456 (Tel)**
Henrico, Virginia 23233 **(804) 527-4472(Fax)**

Amended Agenda of Full Board Meeting
December 6, 2023
9AM

TOPIC	PAGES
Call to Order of Public Hearing: Dale St.Clair, PharmD, Chairman	
• Welcome & Introductions	
Public Hearing:	
• Placing Certain Chemicals into Schedule I and Conforming Schedules to Federal Scheduling Actions	**69-75**
Adjournment of Public Hearing	
Call to Order of Full Board Meeting: Dale St.Clair, PharmD, Chairman	
• Approval of Agenda	
Approval of Previous Board Meeting Minutes:	**3-31**
• September 26, 2023, Full Board Meeting	
• September 26, 2023, Public Hearing for Scheduling	
• September 28, 2023, HB 2147 Workgroup	
• October 10, 2023, Formal Hearing	
• October 11, 2023, Innovative Pilot Program	
• October 20, 2023, Telephone Conference Call	
• November 8, 2023, Formal Hearing	
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, e.g., working condition regulations, or any pending disciplinary matters.	
DHP Director's Report: Arne Owens	
Legislative/Regulatory/Guidance: Erin Barrett, JD/Caroline Juran, RPh	
• Chart of Regulatory Actions	**32-34**
• Adoption of proposed regulations for pharmacy working conditions	**35-42**
- Attachment 1: Supplemental information regarding the Adoption of Proposed Regulations for Pharmacy Working Conditions	**1 -115**
• Consider recommendation of HB 2147 (Prescription Translation Services) Workgroup – St. Clair	**43-44**
• Repeal of guidance documents related to the medical cannabis program	**45-54**
• Repeal of Chapter 60 due to the transfer of the medical cannabis program	**55-58**
• Completion of periodic review of public participation guidelines contained in 18VAC110-11	**59-68**
• Adoption of exempt regulations – addition of drug to Schedule IV pursuant to federal changes	**69-73**
• Adoption of exempt regulations – addition of chemicals from Schedule I	**74-84**

New Business:

- Presentation on Use of Agency Subordinate — **85-88**

Old Business:

- Citing of Deficiencies 13-16 within Guidance Document 110-9 — **89**
- Reassess need for possible retreat — **Verbal**
- Staff research on existing pharmacy location maps — **Verbal**

Reports:

- Chairman's Report –Dale St.Clair, PharmD — **Verbal**
- Report on Board of Health Professions – Sarah Melton, PharmD — **Verbal**
- Report on Licensure – Ryan Logan, RPh — **92-95**
- Report on Inspection Program – Melody Morton, Inspections Manager, Enforcement Division — **Handout**
- Report on Pharmaceutical Processors – Annette Kelley, M.S., C.S.A.C. — **96**
- Report on Disciplinary Program – Ellen B. Shinaberry, PharmD — **97-102**
- Executive Director's Report – Caroline D. Juran, RPh — **Verbal**

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

Tuesday, September 26, 2023

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

CALL TO ORDER:	A full board meeting was called to order at 9:15AM.
PRESIDING:	Dale St. Clair, PharmD, Chairman
MEMBERS PRESENT:	Cheri Garvin, RPh Larry Kocot, JD Ling Yuan, PharmD Wendy Nash, PharmD Kristopher Ratliff, DPh Sarah Melton, PharmD Shannon Dowdy, PharmD
STAFF PRESENT:	Caroline D. Juran, RPh, Executive Director Ryan Logan, Deputy Executive Director Beth O'Halloran, Deputy Executive Director Ellen B. Shinaberry, PharmD, Deputy Executive Director Arne W. Owens, DHP Agency Director Erin Barrett, JD, DHP Director of Legislative and Regulatory Affairs James Rutkowski, Senior Assistant Attorney General Sorayah Haden, Executive Assistant Yvonne Miller, Records Administrative Assistant Cecelia Robinson, Licensing Administrative Assistant
PHARMACISTS AWARDED 1-HOUR OF LIVE OR REAL-TIME INTERACTIVE CONTINUING EDUCATION FOR ATTENDING MEETING:	David Flammia - #0202011380 Yeh Ling Yuan Lee - #0202218262
QUORUM:	With 8 members present, a quorum was established.
APPROVAL OF AGENDA:	An amended agenda was provided listing a new item at the beginning of the "Legislative/Regulatory/Guidance" section entitled "Consideration of Fee Increase". The amended agenda was accepted as presented.

APPROVAL OF PREVIOUS BOARD MEETING MINUTES

The Chairman reviewed with the Board DHP Policy 76.80-26 included in the agenda packet. Minutes for meetings held on June 13, 2023, June 27, 2023, August 11, 2023, and August 23, 2023 were approved as presented.

PUBLIC COMMENT:

Karen Winslow, PharmD, Interim Executive Director, Virginia Pharmacy Association (VPhA), provided public comment expressing how pleased VPhA is for the collaboration of the Board of Pharmacy, Board of Medicine, and Virginia Department of Health regarding recent development of statewide protocols. She stated VPhA has been working with DMAS on payment reimbursement issues. She encouraged the Board to have the Governor sign previously submitted working condition regulations, and appreciates the disciplinary action taken on unsafe conditions. She questioned the striking of language presented in Guidance Document 110-46 on page 113 of the agenda. She informed the Board that Jamie Fisher will be starting as the new Executive Director of VPhA. A handout summarizing her verbal comments was provided to the Board.

Natalie Nguyen, PharmD, provided public comment on behalf of the Virginia Society of Health-System Pharmacists. The public comment included: request that Board allow a 6-month transition period for enforcement of USP chapters <795> and <797> revisions similar to The Joint Commission; clarification regarding documentation for flavoring; recommendation that Board allow media-fill, gloved fingertip and garbing test requirements for multiple sites operating under same health system with same configuration of hoods; and request that the Board allow pharmacies to document shortage of testing supply, e.g., media-fill and agar plates, within the personnel file, allow 30 days for procurement of testing item in shortage, and allow compounding personnel to continue compounding in the interim. She additionally recommended the Board create a work group to monitor for necessary revisions of Guidance Document 110-36.

Cindy Warriner, RPh, provided public comment on behalf of the Community Pharmacy Enhanced Services Network. Ms. Warriner stated they are pleased that the Board provided preliminary maps of current pharmacy locations within the agenda packet. She expressed concern for patient access to needed medications and care, and encouraged the Board to address the issue and collaborate with other State agencies and professional associations to ensure awareness and developing strategy.

Chad Baker provided verbal comment on behalf of FLAVORx that mirrored written comment provided by Ursula Chizhik, PharmD with FLAVORx. Board staff provided copies of the written comment to the members and public. The comments included language in states addressing flavoring; he recommended reviewing Arizona and Iowa's language that provide basic

guard rales. Newly proposed or approved rules on flavoring, a state of flavoring regulatory map, and an overview of how FLAVORx program works were also provided.

DHP DIRECTOR'S REPORT:

Arne Owens, DHP Agency Director, stated they are communicating with the Secretary regarding legislative proposals and will hear soon which ones may be introduced in the upcoming session. DHP's budget request has been submitted and the Board of Pharmacy will need an increase in fees. He commented that the Prescription Monitoring Program has applied to the Opioid Abatement Authority for funding to help sustain the program. Regarding workforce, he is aware of current pharmacy issues. He was informed by the Healthcare Workforce Development Authority that while pharmacists were not included in the current study, they will be included in future workforce studies. He stated that Ms. Juran has inserted pharmacy into workforce discussions of the Claude Moore Foundation and Deloitte.

LEGISLATIVE/ REGULATORY/GUIDANCE

CONSIDERATION OF FEE INCREASE

The Board reviewed and discussed a handout that included a memorandum from Arne Owens, DHP Director, to the Board regarding a revenue and expenditure analysis and the need for a fee increase. The handout included the following staff notes:

- The Board last raised fees in 2017. Prior to that time, the last fee increase was in 2002. In between 2002 and 2017, the Board instituted one-time fee reductions three times.
- At the time the Board increased fees in 2017, staff for the Board and agency communicated that another fee increase would be required. At the time of the previous increase, the following differences between 2002 and 2017 in Board operations were cited:
    - 283% increase in the number of licensees
    - 100% increase in employees of the Board (6 in 2002 to 12 in 2016)
    - 7 cost of living increases for staff
    - 5% increase in salary due to mandatory retirement system contribution
    - 84% increase in inspections and investigations
    - 40% increase in Administrative Proceedings Division hours and number of cases
    - 613% increase in mandated information technology costs

• As noted, the 30% increase in fees which took effect in 2020 could not cover these changes for more than a few years.

• In 2023, five compounded state salary increases have accelerated the need for a fee increase. When the General Assembly enacts salary increases, other state agencies receive increased allocations from the general fund through the budget process to cover the increase. As a special fund agency, DHP and its boards only receive funds from fees provided by licensees, which by statute

must be sufficient to cover the operating expenses of the board.
Additional operational increases affecting available funds:

- License counts have increased significantly over the years:
  - 2002: 12,861
  - 2018: 37,608
  - Q4 2023: 45,486
- Additional regulated categories:
  - In 2019 began registering nonresident third-party logistics providers; nonresident warehousers; limited-use physician selling;
  - In 2021 began registering pharmacy technician trainees
- Cases received regarding Board regulated individuals or entities has increased:
  - 2002: 269
  - 2018: 651
  - Q4 2023: 878
- Number of full-time employees has increased:
  - 2002: 6
  - 2018: 12
  - Q4 2023: 14
  - *Note: if FTE count had increased at a rate consistent with increase in licensees and cases, the Board should have 20-21 FTEs instead of 14.*
- Cash balance projections without a fee increase:
  - FY2023 (Actual): $2,270,363
  - FY2024 (Estimate): $1,446,128
  - FY2025 (Estimate): $434,063
  - FY2026 (Estimate): -$688,083
  - FY2027 (Estimate): -$1,926,100

MOTION:

The Board voted unanimously to adopt the Notice of Intended Regulatory Action to initiate a fee increase as presented. (motion by Ratliff seconded by Garvin)

CHART OF REGULATORY ACTIONS

Ms. Barrett reviewed the Chart of Regulatory Actions as of September 12, 2023 within the agenda packet.

ADOPTION OF EXEMPT FINAL REGULATION TO PLACE CERTAIN CHEMICALS INTO SCHEDULE I

The Board reviewed and discussed the recommendations and consultation from the Department of Forensic Science to place certain chemicals into Schedule I. Ms. Barrett stated that DFS provided her with recommended language for listing tianeptine in regulation and that she would revise the proposed amendment of 18 VAC110-20-322 by inserting the chemical nomenclature, if approved by the Board.

MOTION:

The Board voted unanimously to adopt exempt changes to 18VAC110-20-322 to add chemicals to Schedule I as follows:

E. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following in Schedule I of the Drug Control Act:

1. **Synthetic opioid. N-ethyl-2-[5-nitro-2-[(4-propan-2-yloxyphenyl)methyl]benzimidazol-1- yl]ethanamine (other name: N-desethyl Isotonitazene), 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.**
2. **Cannabimimetic agent. Ethyl-3,3-dimethyl-2-[(1-(pent-4-enylindazole-3-carbonyl)amino]butanoate (other name: EDMB-4en-PINACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.**
3. **7-[(3-chloro-6-methyl-5,5-dioxo-11H-benzo[c][2,1]benzothiazepin-11-yl)amino]heptanoic acid (other name: Tianeptine), 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.**

The placement of drugs listed in this subsection shall remain in effect until [May 1], 2025, unless enacted into law in the Drug Control Act. (motion by Kocot, seconded by Garvin)

INITIATION OF PERIODIC REVIEW OF PUBLIC PARTICIPATION GUIDELINES CONTAINED IN 18VAC110-11

The Board reviewed and discussed the Public Participation Guidelines contained in 18VAC110-11.

MOTION:

The Board voted unanimously to initiate periodic review of 18VAC110-11. (motion by Garvin, seconded by Yuan)

ADOPTION OF FAST-TRACK REGULATORY ACTION TO CHANGE "NURSE PRACTITIONER" TO "ADVANCED PRACTICE REGISTERED NURSE

The Board reviewed and discussed the changes to regulations in Chapter 30 to amend references to Nurse Practitioners to Advanced Practice Registered Nurse based on recent statutory changes.

The Board voted unanimously to adopt fast-track regulatory changes to

MOTION

Chapter 30 to amend references to "Nurse Practitioners" to "Advanced Practice Registered Nurses". (motion by Ratliff, seconded by Melton)

AMENDMENT OF GUIDANCE DOCUMENTS TO REFLECT TITLE CHANGE OF "NURSE PRACTITIONER" TO "ADVANCED PRACTICE REGISTERED NURSES"

The Board reviewed and discussed Guidance Documents 110-1, 110-7, 110-8, 110-13, and 110-29, all amended to change "Nurse Practitioner" to "Advanced Practice Registered Nurse" based on recent statutory changes.

MOTION

The Board voted unanimously to amend Guidance Documents 110-1, 110-7, 110-8, 110-13, and 110-29 to amend references to "Nurse Practitioners" to "Advances Practice Registered Nurses". (motion by Yuan, seconded by Garvin)

AMENDMENT TO GUIDANCE DOCUMENT 110-35 TO REFLECT TITLE CHANGE OF "NURSE PRACTITIONERS" TO "ADVANCED PRACTICE REGISTERED NURSES" AND ADDRESS DEA FINAL RULE FOR TRANSFERRING ELECTRONIC PRESCRIPTIONS

The Board reviewed and discussed Guidance Document 110-35 with suggested amendments to change "Nurse Practitioner" to "Advanced Practice Registered Nurse" and address the DEA's final rule regarding transferring electronic prescriptions between pharmacies for initial filling. Ms. Barrett stated that she will insert references into the document as a hyperlink.

MOTION

The Board voted unanimously to amend Guidance Document 110-35 as presented and amended by inserting DEA-related references as a hyperlink. (motion by Garvin, seconded by Dowdy)

AMENDMENT TO GUIDANCE DOCUMENT 110-36 TO INCLUDE ADDITIONAL FAQs RELATED TO REVISIONS OF USP CHAPTERS <795> AND <797>

The Board reviewed and discussed the excerpt from June 2008 board meeting minutes regarding flavoring that resulted in enforcement discretion of USP compounding standards when flavoring products, the excerpt from USP FAQs indicating that flavoring is considered compounding, and Guidance Document 110-36 with draft amendments. There was a robust discussion regarding draft FAQ #8 regarding flavoring found on page 99 of the agenda packet. It was noted that if flavoring is considered compounding, then a prescription is required. There was some discussion regarding risk of changing pH. Dr. Ratliff was supportive of flavoring not being considered compounding. Ms. Garvin suggested pharmacies use a resource to guide flavoring and have guardrails. There was some discussion regarding the phrasing of the draft FAQ.

MOTION

A motion to change the response of draft FAQ #8 "Is flavoring considered compounding?" to "No" failed by a vote of 3:5. (motion by Nash, seconded by Ratliff; opposed by Kocot, Garvin, Melton, St. Clair, and Yuan)

MOTION

The Board voted 7:1 to amend draft FAQ #8 to read "Does USP consider flavoring to be compounding?" and amend the response to read "Yes, but the Board will exercise enforcement discretion of USP compounding standards for flavoring." (motion by Garvin, seconded by Melton; opposed by Nash)

The Board discussed the draft language for FAQ #11 found on page 100 of the agenda packet regarding when the Board will begin enforcing USP revisions to chapters <795> and <797>. Ms. Garvin and Dr. Yuan recommended a delay in enforcement due to supply chain issues.

MOTION

The Board voted unanimously to:

- **amend the draft response to FAQ #11 in Guidance Document 110-36 to reflect that inspectors will begin citing deficiencies for noncompliance of USP revised standards as of November 1, 2023, but will exercise enforcement discretion for the first 6 months, e.g., through April 30, 2024, and not take disciplinary action unless egregious in nature, staff will consult with a committee of the Board for direction regarding possible disciplinary action for deficiencies that appear egregious**
- **adopt the remaining FAQs as presented and amended (recognizing that #8 was amended in the previous motion). (motion by Garvin, seconded by Kocot)**

AMEND GUIDANCE DOCUMENT 110-44, PROTOCOL FOR THE PRESCRIBING AND DISPENSING OF NALOXONE AND STATEWIDE PROTOCOL FOR NALOXONE

FDA recently approved two formulations of nalmefene, an opioid antagonist. Therefore, the Board reviewed and discussed amendments made to *Guidance Document 110-44 Naloxone Protocol* and the *Pharmacist Naloxone Statewide Protocol* to insert nalmefene. Ms. Juran stated that the nasal spray appears to be more appropriate for lay-person administration while the injectable formulation appears more appropriate for administration in a healthcare setting.

MOTION

The Board voted unanimously to amend *Guidance Document 110-44 Naloxone Protocol* and the *Pharmacist Naloxone Statewide Protocol* as presented to insert allowances for nalmefene. (motion by Melton, seconded by Yuan)

AMENDMENT OF GUIDANCE DOCUMENT

Based on discussions at the June board meeting, the Board reviewed amendments to Guidance Document 110-46 to include allowances for drone

110-46 REGARDING USE OF DRONES

delivery of drugs.

MOTION:

The Board voted unanimously to amend Guidance Document 110-46 as presented to include allowances for drone delivery of drugs. (motion by Garvin, seconded by Kocot)

NEW BUSINESS:

ADOPT STATEWIDE PROTOCOLS FOR COVID-19, STREP, UTI, AND INFLUENZA

The Board reviewed recommended protocols for pharmacist initiation of test and treat for COVID-19, Group A Streptococcal Bacteria, Influenza, and Urinary Tract Infections as developed by a workgroup composed of representatives from the Board of Pharmacy, Board of Medicine, and Department of Health.

MOTION

The Board voted unanimously to approve the statewide protocols for pharmacists to initiate test and treat for COVID-19, Group A Streptococcal Bacteria, Influenza, and Urinary Tract Infections as presented and amended as follows:

- **Page 120 of agenda packet on the Paxlovid Patient Assessment Form for Pharmacist, change "advanced nurse practitioner" to "advance practice registered nurse";**
- **Pages 141 and 146, change "Cefdanir" to "Cefdinir". (motion by Yuan, seconded by Melton)**

AMENDMENTS TO VACCINE PROTOCOLS FOR AGES 3-17 AND ADULTS TO INCLUDE EPINEPHRINE TO TREAT ANAPHYLAXIS

Ms. Juran indicated she had received multiple requests to insert an allowance for initiating epinephrine within the statewide vaccine protocols for treatment of anaphylaxis resulting from vaccine administration. She indicated that such an allowance would be consistent with standard of care and the PREP Act, that a statewide protocol to initiate epinephrine in adults already exists, and that 54.1-3408 D allows numerous individuals to possess and administer epinephrine such as pharmacists, and employees of public places and restaurants. She stated that she had consulted with staff from the Board of Medicine and Department of Health and that they were comfortable with the draft language in the interest of patient safety.

MOTION

The Board voted unanimously to amend the *Vaccine Statewide Protocol for Persons Ages 3-17* and the *Pharmacist Vaccine Statewide Protocol for Persons Eighteen Years of Age or Older* as presented to insert an allowance to initiate epinephrine for treatment of anaphylaxis. (Motion by Ratliff, seconded by Garvin)

RESCISSION OF PHARMACEUTICAL PROCESSOR PERMIT RFA

Ms. Juran provided an overview of the Request for Application (RFA) process for awarding a pharmaceutical processor permit in Health Service Area I. The RFA was issued on September 25, 2020, but review of the

FOR HSA I

applications was halted by the court in 2021 pending PharmaCann's appeal. Although the Board of Pharmacy was successful in the Virginia Court of Appeals, staff indicated there is insufficient time to receive revised applications and award conditional approval of a permit prior to January 1, 2024, when the Cannabis Control Authority (CCA) will assume oversight of the Commonwealth's medical cannabis program. Board staff has been working closely with CCA staff over the last year. The CCA intends to open a new RFA after the January 1st transition. Ms. Garvin recused herself from discussions based on her involvement with an applicant prior to being appointed to the Board.

MOTION

The Board voted unanimously to rescind RFA No. PHR-2020-01 for awarding a pharmaceutical processor permit in Health Service Area I and direct staff to refund the application fee to the 26 applicants who submitted application prior to the RFA deadline of December 4, 2020. (motion by Ratliff, seconded by Nash; Garvin recused)

PRELIMINARY MAPS OF CURRENT PHARMACY LOCATIONS BASED ON PRACTICE TYPE

To facilitate the Board's recent discussion at the June board meeting regarding pharmacy locations, staff reviewed the list of current active pharmacy permits located in Virginia and assigned a practice type to each permit. The assigned practice type was not verified directly with permit holders. There was some discussion regarding how frequently these maps could be updated, whether staff has sufficient resources to address this issue or if public data could simply be provided to a researcher or school to further analyze, and if national data regarding pharmacy locations already exists.

ACTION ITEM

Staff to research ability to include a field on the pharmacy permit application for the applicant to designate a practice type/environment.

ACTION ITEM

Mr. Owens recommended gathering information from associations and stakeholders regarding concerns for patient access to pharmacies, taking this information forward, and letting the Board be part of the discussion.

ACTION ITEM

Staff to research access to national data regarding pharmacy locations such as through NABP, NCPA, or NACDS. Based on this information, the Board will decide in December the frequency of requesting staff to provide pharmacy location maps for its review.

REQUEST FROM MEMBER FOR RETREAT

Dr. Nash requested consideration for a half-day or full day board member retreat to brainstorm and prioritize meeting the needs of the "current situation in pharmacy". She requested the Board design a dashboard of metrics to monitor trends, determine which metrics need to be amended, and determine what things the Board should do. agenda topics pertaining to the current needs of the pharmacy industry. The Chairman indicated there is only one available date prior to the end of January 2024. Several board members expressed reservation for convening a retreat without specific agenda items.

MOTION	**A motion to convene a retreat on January 11, 2024 and for members to bring agenda topics to the December board meeting failed for a lack of a second. (motion by Nash)**
ACTION ITEM	**There was consensus that Board members will send agenda ideas to staff by November 15, 2023 (3 weeks prior to December full board meeting) and reassess at the December meeting if a retreat, possibly in the spring, should be convened.**

REPORTS:

APhA Substance Use Disorder Institute 2023	Dr. Nash presented a PowerPoint presentation (slides in agenda packet) documenting her experience at the APhA Institute on Substance Use Disorders Workshop in Salt Lake City, Utah. She explained the history and mission of the program, the wonderful people she met, her experience staying in the college dorms, and more. Dr. Nash encourages the board members to attend the next one. She informed the Board of that the American Society of Health-System Pharmacists (ASHP) and the American Pharmacists Association (APhA) have partnered together to establish Pharmacy Workforce Suicide Awareness Day, which will be observed annually on September 20, as part of Suicide Prevention Month.
CHAIRMAN'S REPORT	Dr. St. Clair provided the Chairman's Report. He welcomed Dr. Shannon Dowdy to the Board. The Board is still waiting on the fulfillment of the citizen board member position. Cheri Garvin provided an update from the NABP District 1&2 Meeting which she attended with Caroline Juran. Garvin detailed the Past, Present, and Future of Pharmacy presentation given. She commented hearing suggestions of offering virtual meeting attendance and holding full board meetings at Schools of Pharmacy throughout the state.
BOARD OF HEALTH PROFESSIONS	Dr. Melton provided an update regarding the Virginia Board of Health Professions. The Board has not met since the last full board meeting. The next meeting has been scheduled for October 27th.
LICENSURE OF INDIVIDUALS AND IN-STATE FACILITIES	Ryan Logan presented the Licensing Report of Individuals and In-State Facilities which included data from February 2022 – August 2023. Mr. Logan provided a resident and nonresident license count for pharmacists, pharmacy interns, pharmacy technicians, and pharmacy technician trainees.
LICENSURE OF NONRESIDENT FACILITIES	Beth O'Halloran presented the Licensing Report of Nonresident Facilities which included data from August 2022 – August 2023. As of August 2023, there are a total of 2,499 nonresident licenses consisting of manufacturers, medical equipment suppliers, outsourcing facilities, pharmacies, third-party logistics providers, warehousers, and wholesale distributors.

ACTION ITEM	**There was consensus that the Board only needs to review the report on page 201A annually, not quarterly, and that staff can delete the report found on page 202 and use the report on page 204 instead, going forward.**
INSPECTION PROGRAM	Beth O'Halloran presented the Inspections report on behalf of Melody Morton, Inspections Manager with the Enforcement Division. The report included statistics regarding the number of inspections completed, identified deficiencies, and the rate of deficiency occurrences.
PHARMACEUTICAL PROCESSORS	Caroline Juran presented the Pharmaceutical Processors Report on behalf of Annette Kelley. Three additional cannabis dispensing facilities have been permitted during the last quarter totaling 18 cannabis dispensing facilities. Board and agency staff continue to meet bimonthly with the Virginia Cannabis Control Commission to address the anticipated transition of the medical cannabis program to the VCCA on January 1, 2024. As of September 11, 2023 there are 7,425 registered patients, 37 registered parents/guardians, 108 registered agents, and 3,392 registered cannabis products.
DISCIPLINARY PROGRAM	Dr. Ellen Shinaberry presented the Disciplinary Program Report. As of September 6, 2023, the Discipline Program consists of 208 patient care cases and 210 non-patient care cases. The Board currently has two cases being appealed in the Circuit Court.
ACTION ITEM	**The Board enjoyed receiving the additional disciplinary reports included in the agenda packet and would like this information going forward.**
EXECUTIVE DIRECTOR'S REPORT	Caroline Juran provided the Executive Director's report. The report detailed previous meetings attended and reviewed upcoming meetings.
CONSIDERATION OF CONSENT ORDERS, SUMARY SUSPENSIONS, OR SUMMARY RESTRICTIONS	David Robinson, AAG offered a presentation for a possible summary suspension order for pharmacy technician registration issued to Whitney Gatewood.
DECISION	Upon a motion by Garvin, and duly seconded by Ratliff, the Board voted unanimously to summarily suspend the pharmacy technician registration issued to Whitney Gatewood.
MEETING ADJOURNED:	With all business concluded, the Board adjourned the meeting at 3:04PM.

Date

Caroline D. Juran, RPh
Executive Director

(DRAFT/UNAPPROVED)
VIRGINIA BOARD OF PHARMACY
MINUTES OF PUBLIC HEARING TO PLACE CERTAIN CHEMICALS INTO SCHEDULE I

Tuesday, September 26, 2023
Commonwealth Conference Center
Second Floor
Board Room 2

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

CALL TO ORDER: A meeting of the Board of Pharmacy ("Board") was called to order at 9:07am.

PRESIDING: Dale St. Clair, PharmD, Chairman

MEMBERS PRESENT:
Cheri Garvin, RPh
Larry Kocot, JD
Sarah Melton, PharmD
Wendy Nash, PharmD
Kristopher Ratliff, DPh
Ling Yuan, PharmD
Shannon Dowdy, PharmD

STAFF PRESENT:
Erin Barrett, JD, Director of Legislative and Regulatory Affairs, DHP
James Rutkowski, Senior Assistant Attorney General
Arne W. Owens, Director, DHP
Caroline D. Juran, RPh, Executive Director
Sorayah Haden, Executive Assistant
Beth O'Halloran, RPh, Deputy Executive Director
Ryan Logan, RPh, Deputy Executive Director
Ellen B. Shinaberry, PharmD, Deputy Executive Director
Yvonne Miller, Records Administrative Assistant
Cecelia Robinson, Licensing Administrative Assistant

QUORUM: With 8 members of the Board present, a quorum of the board was established.

PUBLIC COMMENT

Dr. St.Clair invited members of the public to offer comment on the subject.

Pursuant to article § 54.1-3443(D), the Virginia Department of Forensic Science (DFS) identified the following compounds for recommended inclusion into Schedule I of the Drug Control Act.

The following compound is classified as a synthetic opioid. Compounds of this type have been placed in Schedule I (§ 54.1-3446(1)) in previous legislative sessions.

1. N-ethyl-2-[5-nitro-2-[(4-propan-2-yloxyphenyl)methyl]benzimidazol-1-yl]ethanamine (other

name: N-desethyl Isotonitazene), 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.

The following compound is classified as a cannabimimetic agent. Compounds of this type have been placed in Schedule I (§ 54.1-3446(6)) in previous legislative sessions.

2. Ethyl-3,3-dimethyl-2-[(1-(pent-4-enylindazole-3-carbonyl)amino]butanoate (other name: EDMB-4en-PINACA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

Additionally, the Board consulted with DFS regarding its intention to place tianeptine into Schedule I. DFS indicated if placed into Schedule I, it would be best classified into § 54.1-3446(1).

PUBLIC COMMENT

Robyn Weimer from the Department of Forensic Science provided comment indicating the compounds being considered for placement into Schedule I are a risk to public safety and have no medical use.

ADJOURN:

With all business concluded, the meeting adjourned at 9:15AM.

Caroline Juran, RPh, Executive Director

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF WORK GROUP FOR TRANSLATED DIRECTIONS FOR USE OF PRESCRIPTIONS MEETING

Thursday, September 28, 2023

Department of Health Professions
Perimeter Center
Board Room 3
9960 Mayland Drive
Henrico, Virginia 23233

CALL TO ORDER: The work group meeting was called to order at 9:04AM.

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

MEMBERS PRESENT:
Kristopher Ratliff, DPh, Board of Pharmacy, Member
Cheri Garvin, RPh, Board of Pharmacy, Member
Patricia Richards-Spruill, RPh, Board of Pharmacy, Member
Joanne Dial, PharmD, Kaiser Permanente Mid-Atlantic States
Lauren Linkenauger, PharmD, Virginia Association of Chain Drug Stores
Tana Kaefer, PharmD, Virginia Pharmacy Association
Cynthia Coffey, PharmD, Virginia Society of Health-System Pharmacists

STAFF PRESENT:
Caroline Juran, RPh, Board of Pharmacy, Executive Director
Beth O'Halloran, RPh, Board of Pharmacy, Deputy Executive Director
Ryan Logan, RPh, Board of Pharmacy, Deputy Executive Director
Erin Barrett, JD, Director of Legislative and Regulatory Affairs, DHP
Sorayah Haden, Board of Pharmacy, Executive Assistant

QUORUM: With all members of the workgroup present, a quorum was established.

APPROVAL OF AGENDA: Agenda was accepted as presented.

PUBLIC COMMENTS: No additional public comments were offered.

Dr. St. Clair provided an overview of the work group's charge pursuant to HB 2147.

DISCUSSION The workgroup reviewed and discussed the possible challenges and barriers the Commonwealth may face by requiring or providing translated directions for the use of prescriptions, including the possibility of model directions and necessary changes within pharmacies to ensure patients are aware of the language services available at the pharmacy. Related laws and information

from Nevada, Washington, California, Oregon, and New York were provided in the agenda packet to assist the discussion.

Among the possible challenges and barriers mentioned were:

- Financial burden for pharmacies to acquire the proper equipment to provide translated services.
- Pharmacies are already struggling financially to survive, and many are understaffed or have workforce shortages. Expense and additional workload may be burdensome.
- Difficulty and expense with Board developing and maintaining model language; will create fiscal impact for Board and its licensees.
- Model language cannot reasonably be developed for all directions of use for all types of drug formulations and therefore, model language may be restricted to oral tablets, similar to California, that would only benefit some.
- Burden associated with cutting language from a list of model language and adhering phrase to container.
- Interoperability between dispensing software and translation software may be a challenge particularly in smaller, independent pharmacies
- Inability for all software systems to provide dual languages on a single label.
- Possible risks of error and burden associated with having to retype information into a second software system and adhering a separate label to the container
- Patients potentially tearing off flagged labels if information gets in the way
- Inability for software to accommodate all directions of use, special characters, and lengthy directions for use, e.g, drug tapers or insulin
- Concerns with accuracy of translation based on various dialects
- Patient may not recall all significant details if only provided verbal translation without written translation (information overload).
- Identifying and selecting specific languages of the Commonwealth that would receive translated services
- Capacity of prescription label to include information in English and preferred translated language
- Limited space on small containers for multiple labels
- Font size for visually-impaired patients
- Possible inability for pharmacy staff to verbally counsel patient even if label contains translated language
- Limitation of patient access if a particular pharmacy is unable to comply with regulations
- Additional signs informing patients of language services provided may be overlooked due to the number of signs currently already in place
- Requiring too many changes in pharmacy workflow at one time may be burdensome and lead to patient harm

- Placing such requirements on in-state pharmacies without requiring it of nonresident pharmacies, e.g., mail order or specialty pharmacies, or physicians that dispense drugs
- Possible out-of-pocket expense to patient for service if not covered by insurance.

While the work group fully appreciated the need for patients to understand proper administration and possible side effects of medications, it acknowledged that federal laws already require minimum standards in certain situations and informing pharmacies may be beneficial in encouraging more pharmacies to provide translation services without creating additional mandates. The work group reviewed information compiled by the Washington Board of Pharmacy that identified the following federal laws: Title VI of the Civil Rights Act 1964 (42 U.S.C. 2000d) regarding discrimination based on race, color, or national origin by any program or activity receiving Federal financial assistance; Section 504 of the Rehabilitation Act (29 U.S.C. § 794) regarding discrimination based on a disability from any program or activity receiving federal financial assistance; and Title III of the American with Disabilities Act (42 U.S.C. §§ 12181 to 12189; 28 C.F.R. Pt. 36) regarding discrimination at a place of public accommodation which includes a pharmacy. The work group recommended that the Board of Pharmacy consider at its December full board meeting its ability to inform pharmacies and pharmacy personnel of these federal laws. It was further acknowledged that some pharmacies currently offer translation services for patients and that liability protections for pharmacy personnel are needed.

Other comments included:

- Pharmacies could be encouraged to offer resources to patients such as informing patients of translation applications for phones.
- Hiring pharmacists with language proficiencies appropriate to setting which some already do as reported by one member.
- Perhaps limit any possible efforts to Spanish and limit requirements to high-population density areas to avoid unnecessary burden across the Commonwealth.
- Consider grants for alleviating financial burden associated with any possible requirements.
- Administering a survey to identify which pharmacies currently offer language services to their patients.

MEETING ADJOURNED: Having completed all business on the agenda, the meeting was adjourned at 11:10AM.

Date

Caroline D. Juran, RPh
Executive Director

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

Tuesday, October 10, 2023
Commonwealth Conference Center
Second Floor
Board Room 2

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

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

CALL TO ORDER:	A presentation for a Possible Summary Suspension was called to order at 9:12AM.
PRESIDING:	Dale St. Clair, PharmD, Chair
MEMBERS PRESENT:	Cheri Garvin, RPh Kristopher Ratliff, DPh Shannon Dowdy, PharmD Larry Kocot, JD Ling Yuan, PharmD
MEMBERS ABSENT:	Patricia Richards-Spruill, RPh Wendy C. Nash, PharmD Sarah Melton, PharmD
STAFF PRESENT:	Caroline Juran, RPh, Executive Director James Rutkowski, Senior Assistant Attorney General Ellen Shinaberry, PharmD, Deputy Executive Director Sorayah Haden, Executive Assistant
QUORUM	With 6 members of the Board present, a panel of the board was established.
RENEE TODD PHARMACY TECHNICIAN TRAINEE #0245-010573	David Robinson, Assistant Attorney General presented a possible summary suspension presentation via telephone for Board consideration regarding Renee Todd.
DECISION:	Upon a motion by Garvin, and duly seconded by Ratliff, the Board voted 8-0 to summarily suspend the Pharmacy Technician Trainee Registration, schedule a Formal Hearing, and offer a consent order in lieu of a formal hearing for Renee Todd.
ADJOURNED:	With all business concluded, the meeting adjourned at 9:25AM.
CALL TO ORDER:	A meeting of a panel of the Board of Pharmacy ("Board") was called to order at 9:32AM.
PRESIDING:	Dale St. Clair, PharmD, Chair

MEMBERS PRESENT:	Kristopher Ratliff, DPh Shannon Dowdy, PharmD Larry Kocot, JD Ling Yuan, PharmD
MEMBERS ABSENT:	Patricia Richards-Spruill, RPh Wendy C. Nash, PharmD (recused) Cheri Garvin, RPh (recused) Sarah Melton, PharmD
STAFF PRESENT:	Caroline Juran, RPh, Executive Director James Rutkowski, Senior Assistant Attorney General Ellen Shinaberry, PharmD, Deputy Executive Director Sorayah Haden, Executive Assistant
QUORUM:	With 5 members of the Board present, a panel of the board was established.
CASE #210788 MIKDAD MAROUF PHARMACIST #0202-210485	A formal hearing was held in the matter of Mikdad Marouf to discuss allegations that he has violated certain laws and regulations governing the practice of pharmacy in Virginia. Jess Weber, DHP Adjudication Specialist for the Commonwealth, presented the case. Mikdad Marouf was not present and was not represented by counsel. Edward Haukrader, MD testified by telephone, and Katrina Trelease, RPh, DHP Senior Investigator, testified in person on behalf of the Commonwealth.
CLOSED MEETING:	Upon a motion by Ratliff, and duly seconded by Kocot, the Board voted 5-0, 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 Mikdad Marouf. Additionally, he moved that Caroline Juran, James Rutkowski, Ellen Shinaberry, and Sorayah Haden attend the closed meeting.
RECONVENE:	Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the panel re-convened an open meeting and announced the decision. (Motion by Ratliff, Second by Yuan)
DECISION:	Upon a motion by Ling and duly seconded by Ratliff, the Board voted unanimously to approve the findings of fact and

	conclusions of law as presented by the Commonwealth and amended by the Board. Upon a motion by Dowdy and duly seconded by Kocot, the Board unanimously voted that with the evidence presented, to indefinitely suspend the Pharmacist license of Mikdad Marouf for no less than one year.
PRESIDING:	Dale St. Clair, PharmD, Chair
MEMBERS PRESENT:	Cheri Garvin, RPh Wendy C. Nash, PharmD Kristopher Ratliff, DPh Shannon Dowdy, PharmD Larry Kocot, JD Ling Yuan, PharmD
MEMBERS ABSENT:	Patricia Richards-Spruill, RPh Sarah Melton, PharmD
STAFF PRESENT:	Caroline Juran, RPh, Executive Director James Rutkowski, Ellen Shinaberry, PharmD, Deputy Executive Director Sorayah Haden, Executive Assistant
QUORUM:	With 7 members of the Board present, a panel of the board was established.
CASE #229127 JAKIY'YAH CANNON PHARMACY TECHNICIAN TRAINEE #0245-007487	A formal hearing was held in the matter of Jakiy'Yah Cannon to discuss allegations that she has violated certain laws and regulations governing the practice of pharmacy technician trainees in Virginia. Jess Weber, DHP Adjudication Specialist for the Commonwealth, presented the case. Jakiy'Yah Cannon was not present and was not represented by counsel. Shawn Ledger, DHP Senior Investigator, Christian Malone, Pharmacist in Charge, CVS Pharmacy #5986, and Rameshwar Singh, CVS District Asset Protection Leader, testified in person on behalf of the Commonwealth.
CLOSED MEETING:	Upon a motion by Ratliff, and duly seconded by Yuan, the Board voted 7-0, to convene a closed meeting pursuant to § 2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision regarding the matter of Jakiy'Yah Cannon. Additionally, he moved that Caroline Juran, James Rutkowski, Ellen Shinaberry, and Sorayah Haden attend the closed meeting.

RECONVENE:	Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the panel re-convened an open meeting and announced the decision. (Motion by Ratliff, Second by Nash)
DECISION:	Upon a motion by Ling and duly seconded by Ratliff, the Board voted unanimously to approve the findings of fact and conclusions of law as presented by the Commonwealth and amended by the Board. Upon a motion by Dowdy and duly seconded by Garvin, the Board unanimously voted that with the evidence presented, to revoke the Pharmacy Technician Trainee Registration of Jakiy'Yah Cannon.
ADJOURN:	With all business concluded, the meeting adjourned at 2:04PM.

Caroline Juran, RPh, Executive Director

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF SPECIAL CONFERENCE COMMITTEE

Wednesday, October 11, 2023
Commonwealth Conference Center
Second Floor
Board Room 3

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

CALL TO ORDER:	A meeting of a Special Conference Committee (Innovative Pilot) of the Board of Pharmacy was called to order at 9:19 AM.
PRESIDING:	Dale St.Clair, Committee Chairman
MEMBER PRESENT:	Ling Yuan, Committee Member
STAFF PRESENT:	Caroline D. Juran, Executive Director Ellen Shinaberry, Deputy Executive Director Mykl Egan, Discipline Case Manager Jess Weber, DHP Adjudication Specialist Rebecca Ribley, DHP Adjudication Specialist
LEESBURG PHARMACY AKA THE COMPOUNDING CENTER	Alice Kim, PharmD, Pharmacist, and Cheri Garvin, Pharmacist and Owner, appeared in person to discuss the proposed innovative pilot program "Remote Supervision Pilot" as stated in the September 22, 2023 Notice.
DISCUSSION:	Representatives of The Compounding Center in Leesburg, VA presented information related to their application for remote processing by pharmacy technicians.
DECISION:	Upon a motion by Dr. St. Clair, and duly seconded by Dr. Yuan, 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 11:29 AM.

Caroline D. Juran
Executive Director

_____ _____

Date

(DRAFT/UNAPPROVED)

VIRGINIA BOARD OF PHARMACY
MINUTES OF TELEPHONE CONFERENCE CALL

Friday, October 20, 2023

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 § 54.1-2408.1(A) of the Code of Virginia, a telephone conference call of the Virginia Board of Pharmacy ("TCC") was held on October 20, 2023, at 08:31 AM, to consider the summary suspension in case no..

PRESIDING: Cheri Garvin, Vice Chair

MEMBERS PRESENT: Larry Kocot
Shannon Dowdy
Kristopher Ratliff
Sarah Melton
Patricia Richards-Spruill

STAFF PRESENT: Ellen Shinaberry, Deputy Executive Director
Mykl Egan, Discipline Case Manager
James Rutkowski, Senior Assistant Attorney General
David Robinson, Assistant Attorney General
Christine Andreoli, DHP Adjudication Specialist

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 suspension case. The Board members stated that they would not have been able to attend.

With six (6) members participating, it was established that a quorum could not have been convened in a regular meeting to consider this matter.

ZACHARY AILSTOCK David Robinson, Senior Assistant Attorney General,

Registration No. 0230-032800	presented a summary of the evidence in case no. 231434 regarding the pharmacy technician trainee registration of Zachary W. Ailstock.
DECISION:	Upon a motion by Mrs. Richards-Spruill and duly seconded by Mr. Kocot, the Board unanimously voted (6-0) that, with the evidence presented, the practice as a pharmacy technician by Zachary Ailstock poses a substantial danger to the public; and therefore, the registration of Mr. Ailstock shall be summarily suspended and with the Notice of formal hearing, a Consent Order shall be offered to Mr. Ailstock for the revocation of his registration in lieu of the formal hearing.
ADJOURN:	With all business concluded, the meeting adjourned at 8:51 AM.

Ellen B. Shinaberry, PharmD
Deputy Executive Director

Date

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

Wednesday, November 8, 2023
Commonwealth Conference Center
Second Floor
Board Room 2

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

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

CALL TO ORDER: A meeting of a panel of the Board of Pharmacy ("Board") was called to order at 9:58 a.m. for the purpose of two formal hearings.

PRESIDING: Dale St. Clair

MEMBERS PRESENT:
Mrs. Patricia Richards-Spruill
Ms. Cheri Garvin
Dr. Shannon Dowdy
Mr. Larry Kocot
Dr. Wendy Nash

STAFF PRESENT:
Ellen B. Shinaberry, Deputy Executive Director
James Rutkowski, Assistant Attorney General
Sorayah Haden, Executive Assistant

TARIQ AMIN
Registration No. 0230-010451

A formal hearing was held in the matter of Tariq Amin to discuss allegations that he may have violated certain laws and regulations governing the practice of pharmacy technician in Virginia and to consider his application for reinstatement of his pharmacy technician registration as provided in the notice dated August 29, 2023.

Rebecca Ribley, Adjudication Specialist, presented on behalf of the Commonwealth.

Mr. Amin was present at the hearing and was represented by Nora Ciancio, Esq.

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

Rebecca Ribley, Adjudication Specialist, presented the case on behalf of the Commonwealth.

Katie Land, DHP Senior Investigator, testified on behalf of the Commonwealth.

Mr. Amin testified on his own behalf. Angela H. Spencer, Pharmacist in charge at Family Care RX, testified by telephone on behalf of Mr. Amin.

CLOSED MEETING:

Upon a motion by Ms. Garvin, and duly seconded by Dr. Dowdy, 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 Tariq Amin. Additionally, she moved that Ellen Shinaberry, Jim Rutkowski, and Sorayah Hayden 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 reconvened an open meeting and announced the decision. (Garvin/Kocot)

DECISION:

Upon a motion by Dr. Dowdy, and duly seconded by Mrs. Richards-Spruill, the Board voted 6-0 to accept the Findings of Fact and Conclusions of law as presented by the Commonwealth and amended by the Board.

Upon a motion by Dr. Nash, and duly seconded by Ms. Garvin, the board voted 6-0 to deny the reinstatement application of Mr. Amin to practice as a pharmacy technician.

Board member Garvin departed at 2:55 p.m.

Whitney Gatewood
Registration No. 0230-031284

A formal hearing was held in the matter of Whitney Gatewood to discuss allegations that she may have violated certain laws and regulations governing the practice of pharmacy technicians in Virginia as provided in the notice dated September 29, 2023.

With five (5) members of the Board present, a quorum of the board was established.

David Robinson, Asst. Attorney General, presented the case. He was assisted by Rebecca Ribley, Adjudication Specialist.

Whitney Gatewood was not present and was not represented by counsel.

David Cowras, DHP Sr. Investigator, testified in person on behalf of the Commonwealth.

Cory Burke, Store Manager CVS Pharmacy #7581, Tamara Ferrel, Pharmacy Manager, CVS Pharmacy #7581, and Patrick Combs, District Leader CVS, testified in person on behalf of the Commonwealth.

Bradley Zaretsky, former District Asset Protection Leader, CVS Health, testified by telephone on behalf of the Commonwealth.

CLOSED MEETING:

Upon a motion by Dr. Nash, and duly seconded by Mrs. Richards-Spruill, the Board voted 5-0, 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 Whitney Gatewood. Additionally, she moved that Ellen Shinaberry, Jim Rutkowski, and Sorayah Hayden 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 reconvened an open meeting and announced the decision. (Nash/Dowdy)

DECISION:

Upon a motion by Dr. Dowdy, and duly seconded by Mrs. Richards-Spruill, the Board voted 5-0 to accept the Findings of Fact and Conclusions of law as presented by the Commonwealth and amended by the Board.

Upon a motion by Mr. Kocot, and duly seconded by Dr. Nash, the board voted 5-0 to revoke the pharmacy technician registration of Ms. Gatewood.

ADJOURNED:

3:14 PM

Caroline D. Juran
Executive Director

Date

Board of Pharmacy
Current Regulatory Actions
As of November 17, 2023

In the Governor's Office

VAC	Stage	Subject Matter	Date submitted	Office; time in office	Notes
18VAC110-20	Final	Prohibition against incentives to transfer prescriptions	5/23/2018	Governor 2004 days; 6.6 years since submission for executive branch review	Addresses a patient safety concern.

In the Secretary's Office

VAC	Stage	Subject Matter	Date submitted	Office; time in office	Notes
18VAC110-20	NOIRA	Implementation of 2021 Periodic Review	4/3/2022	Secretary 593 days	Implementation of changes identified during 2021 periodic review of regulations governing the practice of pharmacy
18VAC110-21	NOIRA	Implementation of 2021 Periodic Review	4/3/2022	Secretary 593 days	Implementation of changes identified during 2021 periodic review of regulations governing the licensure of pharmacists and registration of pharmacy technicians
18VAC110-20	Proposed	Centralized warehouser or wholesale distributor verification of Schedule VI	8/31/2022	Secretary 443 days	Permits centralized warehousers or wholesale distributors to verify Schedule

		drugs for ADDs in hospitals			VI drugs for ADDs in hospitals
18VAC110-21	Emergency/ NOIRA	2023 pharmacists initiating treatment	7/25/2023	Secretary 115 days	Changes in pharmacists initiating treatment pursuant to legislation
18VAC110-21	Fast-Track	Repeal of outdated sections	8/16/2023	Secretary 93 days	Repeals outdated regulations regarding pharmacy technician registration
18VAC110-30	Proposed	Implementation of 2021 periodic review	8/25/2023	Secretary 85 days	Implements changes identified during the periodic review process
18VAC110-20	Fast-Track	Amendment to clarify application of 18VAC110-20-735	8/29/2023	Secretary 80 days	Clarification that certain regulatory requirements only apply to individuals dispensing injectable formulations of naloxone
18VAC110-20	NOIRA	Increase in fees	9/29/2023	Secretary 32 days	The Board will consider increase of fees to fund Board activities as required by statute

At DPB/OAG

VAC	Stage	Subject Matter	Date submitted	Office; time in office	Notes
18VAC110-20	Exempt/ Final	September 2023 scheduling of chemicals in Schedule I	9/29/2023	OAG 49 days	Schedules chemicals in Schedule I pursuant

					to consultation with DFS
18VAC110-30	Fast-track	Name change of nurse practitioner to advanced practice registered nurse	9/29/2023	OAG 49 days	Changes reference from nurse practitioner to advanced practice registered nurse pursuant to legislation
18VAC110-20	Proposed	Exemption of automated dispensing devices stocked solely with emergency or stat-use medications from certain requirements of 18VAC110-20-555	6/21/2023	DPB 1 day	Response to a petition for rulemaking to allow certain ADDs exemption from requirements under regulations
18VAC110-21	Proposed	2022 pharmacists initiating treatment	6/21/2023	DPB 1 day	Implements 2022 legislation regarding pharmacists initiating treatment; replaces emergency regulations

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date
18VAC110-21	Final	Implementation of 2021 legislation for pharmacists initiating treatment	10/9/2023	11/8/2023
18VAC110-20	Exempt/ Final	Removes chemicals from Schedule I pursuant to GA changes	10/9/2023	11/8/2023
18VAC110-20	Emergency/ NOIRA	Pharmacy working conditions	10/23/2023	9/29/2023

Agenda Item: Adoption of proposed regulations to replace emergency regulations for Pharmacy Working Conditions

Included in your agenda package:

- Proposed regulations regarding pharmacy working conditions;
- Ch. 628 of the 2022 General Assembly Session; and
- Public comment posted on Town Hall accessible at https://townhall.virginia.gov/L/ViewComments.cfm?stageid=9792 (and at your seat).

Staff notes: Public comment period ends 11/22/2023. Proposed regulations will begin the process to replace existing emergency regulations with permanent regulations.

Action needed:

- Motion to adopt the proposed regulations for pharmacy working conditions as presented or amended.

Project 7342 - Emergency/NOIRA

Board of Pharmacy

Pharmacy working conditions

18VAC110-20-110. Pharmacy permits generally.

A. A pharmacy permit shall not be issued to a pharmacist to be simultaneously in charge of more than two pharmacies.

B. Except in an emergency, a permit holder shall not require a pharmacist to work longer than 12 continuous hours in any work day and shall allow at least six hours of off-time between consecutive shifts. A pharmacist may, however, volunteer to work longer than 12 continuous hours. A pharmacist working longer than six continuous hours shall be allowed to take a 30-minute break. Breaks, including uninterrupted rest periods and meal breaks, shall be provided consistent with 18VAC110-20-113 B 5.

C. The PIC 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.

D. A pharmacist shall not be eligible to serve as PIC until after having obtained a minimum of two years of experience practicing as a pharmacist in Virginia or another jurisdiction in the United States. The board may grant an exception to the minimum number of years of experience for good cause shown.

E. When the PIC ceases practice at a pharmacy or no longer wishes to be designated as PIC, ~~he~~ the pharmacist shall immediately return the pharmacy permit to the board indicating the effective date on which ~~he~~ the pharmacist ceased to be the PIC.

F. Although not required by law or regulation, an outgoing PIC shall have the opportunity to take a complete and accurate inventory of all Schedules II through V controlled substances on hand on the date ~~he~~ the pharmacist ceases to be the PIC, unless the owner submits written notice to the board showing good cause as to why this opportunity should not be allowed.

G. A PIC who is absent from practice for more than 30 consecutive days shall be deemed to no longer be the PIC. Pharmacists-in-charge having knowledge of upcoming absences for longer than 30 days shall be responsible for notifying the board and returning the permit. For unanticipated absences by the PIC, which exceed 15 days with no known return date within the next 15 days, the owner shall immediately notify the board and shall obtain a new PIC.

H. An application for a permit designating the new PIC shall be filed with the required fee within 14 days of the original date of resignation or termination of the PIC on a form provided by the board. It shall be unlawful for a pharmacy to operate without a new permit past the 14-day deadline unless the board receives a request for an extension prior to the deadline. The executive director for the board may grant an extension for up to an additional 14 days for good cause shown.

I. Only one pharmacy permit shall be issued to conduct a pharmacy occupying the same designated prescription department space. A pharmacy shall not engage in any other activity requiring a license or permit from the board, such as manufacturing or wholesale-distributing, out of the same designated prescription department space.

J. Before any permit is issued, the applicant shall attest to compliance with all federal, state, and local laws and ordinances. A pharmacy permit shall not be issued to any person to operate from a private dwelling or residence after September 2, 2009.

18VAC110-20-113. Pharmacy working conditions.

A. A pharmacy permit holder shall protect the health, safety, and welfare of patients by consulting 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. A permit holder's decisions shall not override the control of the PIC or other pharmacist on duty regarding appropriate working environments for all pharmacy personnel necessary to protect the health, safety, and welfare of patients.

B. To provide a safe working environment in a pharmacy, a permit holder shall, at a minimum:

1. Ensure 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 competence and safety. Staffing levels shall not be solely based on prescription volume, but shall consider any other requirements of pharmacy staff during working hours;

2. Provide sufficient tools and equipment in good repair and minimize excessive distractions to support a safe workflow for a pharmacist to practice with reasonable competence and safety to address patient needs in a timely manner;

3. Avoid 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;

4. Ensure staff are sufficiently trained to safely and adequately perform their assigned duties, ensure staff demonstrate competency, and ensure that pharmacy technician trainees work closely with pharmacists and pharmacy technicians with sufficient experience as determined by the PIC;

5. Provide appropriate opportunities for uninterrupted rest periods and meal breaks consistent with 18VAC110-20-110 and the following:

a. A pharmacy may close when a pharmacist is on break based on the professional judgment of the pharmacist on duty provided that the pharmacy has complied with the 14-day notice to the public pursuant to § 54.1-3434 of the Code of Virginia and 18VAC110-20-135;

b. If a pharmacy does not close while the pharmacist is on break, the pharmacist must ensure adequate security of drugs by taking a break within the prescription department or on the premises. The pharmacist on duty must determine whether pharmacy technicians or pharmacy interns may continue to perform duties and whether the pharmacist is able to provide adequate supervision; and

c. If the pharmacy remains open, only prescriptions verified by a pharmacist pursuant to 18VAC110-20-270 may be dispensed when the pharmacist is on break. An offer to counsel any person filling a new prescription must be offered pursuant to § 54.1-3319 of the Code of Virginia. Persons who request to speak to the pharmacist shall be told that the pharmacist is on break and that they may wait to speak with the pharmacist or provide a telephone number for the pharmacist to contact them upon return from break. Pharmacists returning from break shall immediately attempt to contact persons who requested counseling and document when such counseling is provided;

6. Provide adequate time for a pharmacist to complete professional duties and responsibilities, including:

a. Drug utilization review;

b. Immunization;

c. Counseling;

d. Verification of prescriptions;

e. Patient testing; and

f. All other duties required by Chapter 33 (§ 54.1-3300 et seq.) and Chapter 34 (§ 54.1-3400 et seq.) of Title 54.1 of the Code of Virginia and this chapter; and

7. Ensure that pharmacy technicians shall never perform duties otherwise restricted to a pharmacist.

C. A pharmacy permit holder shall not override the control of the pharmacist on duty regarding all aspects of the practice of pharmacy, including a pharmacist's decision not to administer vaccines when one pharmacist is on duty and, in the pharmacist's professional judgment, vaccines cannot be administered safely.

D. Staffing requests or concerns shall be communicated by the PIC or pharmacist on duty to the permit holder using a form developed by the board.

1. Executed staffing forms shall be provided to the immediate supervisor of the PIC or pharmacist on duty, with one copy maintained in the pharmacy for three years, and produced for inspection by the board.

2. The PIC or pharmacist on duty may report any staffing issues directly to the board if the PIC or pharmacist on duty believes the situation warrants immediate board review.

3. Under no circumstances shall a good faith report of staffing concerns by the PIC, pharmacist on duty, or notification of such issues by pharmacy personnel to the PIC or pharmacist on duty result in workplace discipline against the reporting staff member.

E. Permit holders shall review completed staffing reports and shall:

1. Respond to reporting staff member to acknowledge receipt of the staffing request or concern;

2. Resolve any issues listed in a timely manner to ensure a safe working environment for pharmacy staff and appropriate medication access for patients;

3. Document any corrective action taken, steps taken toward corrective action as of the time of inspection, or justification for inaction, which documentation shall be maintained on site or produced for inspection by the board within 48 hours of request; and

4. Communicate corrective action taken or justification for inaction to the PIC or reporting pharmacist on duty.

CHAPTER 628

An Act to direct the Board of Pharmacy to adopt regulations related to work environment requirements for pharmacy personnel.

[H 1324]

Approved April 11, 2022

Be it enacted by the General Assembly of Virginia:

1. *§ 1. That the Board of Pharmacy shall adopt regulations related to work environment requirements for pharmacy personnel that protect the health, safety, and welfare of patients. Such regulations shall include provisions (i) addressing sufficient pharmacy staffing to prevent fatigue, distraction, or other conditions that interfere with a pharmacist's ability to practice with competence and safety; (ii) stating standards for uninterrupted rest periods and meal breaks for pharmacy personnel; (iii) stating standards that ensure adequate time for pharmacists to complete professional duties and responsibilities, including drug utilization reviews, immunization administration, patient counseling, and verification of prescription accuracy; and (iv) limiting external factors such as productivity or production quotas to the extent that such factors interfere with the ability to provide appropriate professional services to the public.*

2. That the Board of Pharmacy shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.

Agenda Topic: Consider recommendation of HB 2147 (Prescription Translation Services) Workgroup

Included in Agenda Packet:

- HB2147
- Refer to workgroup minutes from 9/28/23 on pages 17-19 of agenda packet

Action Needed:

- Motion to accept workgroup's recommendation to inform pharmacies and pharmacy personnel of the following federal laws and advise that they seek legal advice regarding applicability to their practice: Title VI of the Civil Rights Act 1964 (42 U.S.C. 2000d) regarding discrimination based on race, color, or national origin by any program or activity receiving Federal financial assistance; Section 504 of the Rehabilitation Act (29 U.S.C. § 794) regarding discrimination based on a disability from any program or activity receiving federal financial assistance; and Title III of the American with Disabilities Act (42 U.S.C. §§ 12181 to 12189; 28 C.F.R. Pt. 36) regarding discrimination at a place of public accommodation which includes a pharmacy.

CHAPTER 630

An Act to direct the Board of Pharmacy to convene a work group to evaluate the provision of translated directions for use of prescriptions; report.

[H 2147]

Approved March 26, 2023

Be it enacted by the General Assembly of Virginia:

1. *§ 1. That the Board of Pharmacy (the Board) shall convene a work group of interested stakeholders to evaluate challenges and barriers to requiring or providing translated directions for the use of prescriptions, including the possibility of model directions and necessary changes within pharmacies to ensure patients are aware of the language services available at the pharmacy. The Board shall report the findings of the work group to the Governor and the Chairmen of the House Committee on Health, Welfare, and Institutions and the Senate Committee on Education and Health by December 1, 2023.*

Agenda Item: Repeal of guidance documents related to the medical cannabis program

Included in your agenda package:

- Guidance document 110-14;
- Guidance document 110-20;
- Guidance document 110-40;
- Guidance document 110-45;
- Guidance document 110-48; and
- Guidance document 110-51.

Staff note: With the transfer of the medical cannabis program to the Virginia Cannabis Control Authority, effective January 1, 2024, these guidance documents will be obsolete.

Guidance document 110-32 (Cannabis Drug Interactions) is not included in this list, as the subject matter of that document does not relate to the medical cannabis program, but to the use of cannabis by patients.

Action needed:

- Motion to repeal guidance documents 110-14, 110-20, 110-40, 110-45, 110-48, and 110-51, effective January 1, 2024.

Virginia Board of Pharmacy

Proximity of a School or Daycare to a Cannabis Dispensing Facility

Pursuant to 18VAC 110-60-135, a cannabis dispensing facility cannot be located within 1,000 feet of a school or daycare. At the time the dispensing facility application is submitted to the Board, the applicant must ensure that the proposed site at the address recorded on the application complies with this requirement and must attest that no school or daycare has been approved by the locality or licensed, registered, or regulated by the state to operate within 1,000 feet of the proposed site. A pending application is valid for up to 12 months from the date received by the Board.

Prior to issuing the dispensing facility permit, an agent of the Board will inspect the facility for compliance with the laws and regulations. In determining compliance with the requirement that a cannabis dispensing facility cannot be located within 1,000 feet of a school or daycare, the inspector will assess compliance as of the date the application was received by the Board.

Should a school or daycare locate within 1,000 feet of an already permitted cannabis dispensing facility or pharmaceutical processor, the Board will not hold the permit in violation of the 1,000 feet prohibition in 18VAC110-60-135.

VIRGINA BOARD OF PHARMACY

Criminal Background Checks of Material Owners for Pharmaceutical Processor or Cannabis Dispensing Facility Permits

The Board provides the following guidance for a material owner of an applicant for a pharmaceutical processor or cannabis dispensing facility permit who is also a material owner of another permitted pharmaceutical processor or cannabis dispensing facility and was previously subject to a criminal background check. Upon submission of an application for change of ownership of an existing pharmaceutical processor or cannabis dispensing facility or new application, the material owner(s) shall complete a background check if it has been more than 90 days since the previous background check was conducted. Board staff will provide the material owner(s) with the necessary documentation to complete the background check.

Notwithstanding 18VAC110-60-135, the Board interprets the requirement for material owners of a pharmaceutical processor or cannabis dispensing facility permit as referenced in Virginia Code § 54.1-3442.6 to mean those owners with 5.0% or greater ownership. For facilities that do not have owners with 5.0% or greater ownership, a criminal background check should be performed on the facility's executive leadership with ownership.

Virginia Board of Pharmacy

Contracted Employee Access to a Pharmaceutical Processor

In addition to the persons allowed on the premises of a pharmaceutical processor as identified in 18VAC110-60-220 (F), the Board of Pharmacy authorizes an employee of a business that is contracted by a pharmaceutical processor who needs to be allowed on the premises of the processor to perform his duties. The contract may be with an individual or with a service company such as security, cleaning, electrical, HVAC, plumbing, etc. A request for the Board to authorize these contracted employees to be allowed on the premises of the process is not required. To mitigate security risks, the pharmaceutical processor should apply the requirements for visitor access found in 18VAC110-60-220 (G) to the contracted employee.

Excerpt from 18VAC110-60-20

18VAC110-60-220. Pharmaceutical processor prohibitions.

F. No person except a pharmaceutical processor employee or a registered patient, parent, or legal guardian shall be allowed on the premises of a processor with the following exceptions: laboratory staff may enter a processor for the sole purpose of identifying and collecting Cannabis or cannabis oil samples for purposes of conducting laboratory tests; the board or the board's authorized representative may waive the prohibition upon prior written request.

G. All persons who have been authorized in writing to enter the facility by the board or the board's authorized representative shall obtain a visitor identification badge from a pharmaceutical processor employee prior to entering the pharmaceutical processor.

1. An employee shall escort and monitor an authorized visitor at all times the visitor is in the pharmaceutical processor.

2. A visitor shall visibly display the visitor identification badge at all times the visitor is in the pharmaceutical processor and shall return the visitor identification badge to a pharmaceutical processor employee upon exiting the pharmaceutical processor.

3. All visitors shall log in and out. The pharmaceutical processor shall maintain the visitor log that shall include the date, time, and purpose of the visit and that shall be available to the board.

4. If an emergency requires the presence of a visitor and makes it impractical for the pharmaceutical processor to obtain a waiver from the board, the processor shall provide written notice to the board as soon as practicable after the onset of the emergency. Such notice shall include the name and company affiliation of the visitor, the purpose of the visit, and the date and time of the visit. A pharmaceutical processor shall monitor the visitor and maintain a log of such visit as required by this subsection.

Virginia Board of Pharmacy

Approved Chemicals for use as Hydrocarbon or Other Flammable Solvents by Pharmaceutical Processors

Pursuant to 18VAC110-60-281(H), the Board approves the following chemicals for use as hydrocarbon or other flammable solvents in the cultivation, extraction, production, or manufacturing of cannabis products. These approvals are based on the availability of testing for residual material of individual solvents.

- Ethanol
- Ethyl acetate
- Ethyl ether
- Heptane
- Hexane
- Pentane
- 2-propanol (IPA)
- Butane*
- Propane*

*The Board recognizes butane and propane as class 3 solvents with a permissible daily exposure of 50mg/day.

Virginia Board of Pharmacy

Verification Sources for a Pharmaceutical Processor

To assist pharmacists and pharmacy technicians practicing at a pharmaceutical processor in complying with §54.1-3442.7 and 18VAC110-60-310 to verify current board registration of the patient, registered agent, parent, or legal guardian obtaining cannabis oil, the Board of Pharmacy will provide the pharmacist-in-charge (PIC) of each pharmaceutical processor with access to the Virginia Cannabis Patient Registration Lookup (VCPRL).

The registration information contained in the VCPRL is confidential and includes the following information: name of patient; name of registered agent, parent, or legal guardian, as applicable; registration number; and expiration date of registration. The PIC is responsible for granting, monitoring, maintaining, and denying access to the VCPRL for all pharmacist and pharmacy technician staff that have, as part of their job, the responsibility to verify that a patient, parent, legal guardian or registered agent is currently registered with the Board of Pharmacy.

As instructed in the VCPRL, the PIC must provide information to the pharmacist or pharmacy technician to complete his own request for access to the Lookup system. Once the request has been submitted, an email will be sent to the PIC for granting access to the pharmacist or pharmacy technician. The PIC should verify the necessity of the employee to have access to the VCPRL prior to approving the request. The approved pharmacist or pharmacy technician will receive an email alerting them that their access request has been granted. The PIC should regularly audit the list of employees with access to the VCPRL to ensure it remains accurate. Upon termination of employment of a pharmacist or pharmacy technician, or a change in employment responsibilities that does not warrant access to the VCPRL, the PIC should immediately terminate the employee's access to the VCPRL.

Verification of a practitioner's registration or a pharmaceutical processor permit may be completed through the Department of Health Professions' online License Lookup feature at www.dhp.virginia.gov as this registration and permit information is considered public information.

To assist in ensuring no pharmaceutical processor dispenses more than a 90-day supply for any patient during any 90-day period, the pharmacist or pharmacy technician, who is an authorized delegate of the pharmacist, should verify the quantity and last dates of dispensing of cannabis oil by accessing the Prescription Monitoring Program.

Code of Virginia as of July 1, 2020:

§ 54.1-3442.7. Dispensing cannabis oil; report.

A. A pharmaceutical processor or cannabis dispensing facility shall dispense or deliver cannabis oil only in person to (i) a patient who is a Virginia resident or temporarily resides in Virginia as made evident to the Board, has been issued a valid written certification, and is registered with the Board pursuant to §

54.1-3408.3, (ii) such patient's registered agent, or (iii) if such patient is a minor or an incapacitated adult as defined in § 18.2-369, such patient's parent or legal guardian who is a Virginia resident or temporarily resides in Virginia as made evident to the Board and is registered with the Board pursuant to § 54.1-3408.3. Prior to the initial dispensing of each written certification, the pharmacist or pharmacy technician at the location of the pharmaceutical processor or cannabis dispensing facility shall make and maintain for two years a paper or electronic copy of the written certification that provides an exact image of the document that is clearly legible; shall view a current photo identification of the patient, registered agent, parent, or legal guardian; and shall verify current board registration of the practitioner and the corresponding patient, registered agent, parent, or legal guardian. Prior to any subsequent dispensing of each written certification, the pharmacist, pharmacy technician, or delivery agent shall view the current written certification; a current photo identification of the patient, registered agent, parent, or legal guardian; and the current board registration issued to the patient, registered agent, parent, or legal guardian. No pharmaceutical processor or cannabis dispensing facility shall dispense more than a 90-day supply for any patient during any 90-day period. The Board shall establish in regulation an amount of cannabis oil that constitutes a 90-day supply to treat or alleviate the symptoms of a patient's diagnosed condition or disease.

B. A pharmaceutical processor or cannabis dispensing facility shall dispense only cannabis oil that has been cultivated and produced on the premises of a pharmaceutical processor permitted by the Board. A pharmaceutical processor may begin cultivation upon being issued a permit by the Board.

C. The Board shall report annually by December 1 to the Chairmen of the House Committee for Courts of Justice and the Senate Committee on the Judiciary on the operation of pharmaceutical processors and cannabis dispensing facilities issued a permit by the Board, including the number of practitioners, patients, registered agents, and parents or legal guardians of patients who have registered with the Board and the number of written certifications issued pursuant to § 54.1-3408.3.

D. The concentration of tetrahydrocannabinol in any cannabis oil on site may be up to 10 percent greater than or less than the level of tetrahydrocannabinol measured for labeling. A pharmaceutical processor and cannabis dispensing facility shall ensure that such concentration in any cannabis oil on site is within such range. A pharmaceutical processor producing cannabis oil shall establish a stability testing schedule of cannabis oil.

Excerpt from 18VAC110-60-310 (as amended by the Board on June 16, 2020):

18VAC110-60-310. Dispensing of cannabis oil.

A. A pharmacist in good faith may dispense cannabis oil 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 oil pursuant to each written certification, the pharmacist or pharmacy technician at the location of the pharmaceutical processor shall view 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 oil to the registered patient.

2. The pharmacist or pharmacy technician shall make and maintain for three years a paper or electronic copy of the current written certification that provides an exact image of the document that is clearly legible.

3. Prior to any subsequent dispensing, the pharmacist, pharmacy technician, or delivery agent shall view the current written certification and 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 processor.

Excerpt from 18VAC110-60-10:

18VAC110-60-10. Definitions.

In addition to words and terms defined in §§ 54.1-3408.3 and 54.1-3442.5 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"90-day supply" means the amount of oil reasonably necessary to ensure an uninterrupted availability of supply for a 90-day period for registered patients.

Virginia Board of Pharmacy

Cannabis Product Packaging Requirements

In addition to packaging and labeling requirements found in 18VAC110-60-210, 18VAC110-60-290, 18VAC110-60-310 and pursuant to § 54.1-3442.6 and 18VAC110-60-285, the Board of Pharmacy interprets the term "advertising" (18VAC110-60-10) to include packaging in which cannabis products are marketed and dispensed. Therefore, cannabis product packages, including the brand name assigned to the cannabis product and appearing on the package label, should comply with the advertisement requirements of 18VAC110-60-215. Additional guidance is provided below to clarify acceptable packaging requirements.

Packaging should not:

- Promote over consumption or consumption for other than medical purposes;
- Include neon colors;
- Include psychedelic design; or,
- Include any color or design combinations that could be misconstrued to encourage the recreational use of cannabis.

Brand names assigned to cannabis products and included on the package label may include strain names, including those developed by pharmaceutical processors, that do not violate 18VAC110-20-215 or that are associated with movies, fictional characters, social media influencers, video games, illegal activities, or include derogatory, slang, or racial nomenclature. Descriptors such as flavors, colors, or minerals would be acceptable. Names comprised of a combination of letters or numbers would also be acceptable.

References:

Va. Code § 54.1-3442.6
18VAC110-60-10
18VAC110-60-210
18VAC110-60-215
18VAC110-60-285
18VAC110-60-290
18VAC110-60-310

Agenda Item: Repeal of Chapter 60 due to the transfer of the medical cannabis program

Included in your agenda package:

- 18VAC110-60, Regulations Governing Pharmaceutical Processors.

Staff note: With the transfer of the medical cannabis program to the Virginia Cannabis Control Authority, effective January 1, 2024, these regulations will be obsolete. Because the enacting legislation transferring the program takes effect January 1, 2024, the Board can repeal this Chapter by exempt action.

Action needed:

- Motion to repeal Chapter 60, Regulations Governing Pharmaceutical Processors, by exempt action effective January 1, 2024.

Commonwealth of Virginia

REGULATIONS

GOVERNING PHARMACEUTICAL PROCESSORS

Title of Regulations: 18 VAC 110-60-10 et seq.

Statutory Authority: § 54.1-2400 and Chapters 33 and 34

of Title 54.1 of the *Code of Virginia*

Effective Date: August 16, 2023

Virginia Board of Pharmacy
9960 Mayland Drive, Suite 300 **Phone: 804-367-4456**
Henrico, VA 23233-1464 **Fax: 804-527-4472**

email: pharmbd@dhp.virginia.gov

Agenda Item: Completion of periodic review of public participation guidelines contained in 18VAC110-11

Included in your agenda packet:

- One comment received during public comment period
- 18VAC110-11

Staff Note: Agencies are required to conduct periodic reviews of regulatory chapters every four years. Although this particular chapter is only changed when the Department of Planning and Budget provides new model language, the Board was still required to conduct a periodic review. Now that the review is complete, the Board should not initiate any changes, but retain as is until DPB amends the model regulations.

The issue addressed in the public comment does not require a regulatory change and does not require a change to the public participation guidelines.

Action Needed:

- Motion to retain 18VAC110-11 as is.

Periodic Review: 2468			
Commenter	**Title**	**Comment**	**Date/ID**
Brad McDaniel, VSHP	Virtual Public Participation	The Virginia Society of Health-System Pharmacists appreciates the Board of Pharmacy's openness to public participation in Board items. VSHP requests the Board to consider the addition of virtual attendance and virtual participation in public meetings of the Board of Pharmacy. We are a large state and many stakeholders may wish to hear the conversation of the Board members which is not always captured in the meeting minutes. Additionally, outside the Town Hall opportunities for comment on specific items, a stakeholder may wish to make a virtual (verbal/audio) comment at the beginning of Board meetings and may not have representation available for the in-person option. VSHP kindly requests notification if this does not fall under the public participation guideline scope with insight into the appropriate avenue.	11/9/23 4:17 pm CommentID:220632

Commonwealth of Virginia

PUBLIC PARTICIPATION GUIDELINES

VIRGINIA BOARD OF PHARMACY

Title of Regulations: 18 VAC 110-11-10 et seq.

Statutory Authority: §§ 54.1-2400 and 2.2-4007 of the *Code of Virginia*

Revised Date: December 15, 2016

9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463

(804) 367-4456 (TEL)
(804) 527-4472 (FAX)
email: pharmbd@dhp.virginia.gov

TABLE OF CONTENTS

Part I
Purpose and Definitions

18VAC110-11-10. Purpose.

The purpose of this chapter is to promote public involvement in the development, amendment or repeal of the regulations of the Board of Pharmacy. This chapter does not apply to regulations, guidelines, or other documents exempted or excluded from the provisions of the Administrative Process Act (§2.2-4000 et seq. of the Code of Virginia).

18VAC110-11-20. Definitions.

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

"Administrative Process Act" means Chapter 40 (§2.2-4000 et seq.) of Title 2.2 of the Code of Virginia.

"Agency" means the Board of Pharmacy, which is the unit of state government empowered by the agency's basic law to make regulations or decide cases. Actions specified in this chapter may be fulfilled by state employees as delegated by the agency.

"Basic law" means provisions in the Code of Virginia that delineate the basic authority and responsibilities of an agency.

"Commonwealth Calendar" means the electronic calendar for official government meetings open to the public as required by §2.2-3707 C of the Freedom of Information Act.

"Negotiated rulemaking panel" or "NRP" means an ad hoc advisory panel of interested parties established by an agency to consider issues that are controversial with the assistance of a facilitator or mediator, for the purpose of reaching a consensus in the development of a proposed regulatory action.

"Notification list" means a list used to notify persons pursuant to this chapter. Such a list may include an electronic list maintained through the Virginia Regulatory Town Hall or other list maintained by the agency.

"Open meeting" means any scheduled gathering of a unit of state government empowered by an agency's basic law to make regulations or decide cases, which is related to promulgating, amending or repealing a regulation.

"Person" means any individual, corporation, partnership, association, cooperative, limited liability company, trust, joint venture, government, political subdivision, or any other legal or commercial entity and any successor, representative, agent, agency, or instrumentality thereof.

"Public hearing" means a scheduled time at which members or staff of the agency will meet for the purpose of receiving public comment on a regulatory action.

"Regulation" means any statement of general application having the force of law, affecting the rights or conduct of any person, adopted by the agency in accordance with the authority conferred on it by applicable laws.

"Regulatory action" means the promulgation, amendment, or repeal of a regulation by the agency.

"Regulatory advisory panel" or "RAP" means a standing or ad hoc advisory panel of interested parties established by the agency for the purpose of assisting in regulatory actions.

"Town Hall" means the Virginia Regulatory Town Hall, the website operated by the Virginia Department of Planning and Budget at www.townhall.virginia.gov, which has online public comment forums and displays information about regulatory meetings and regulatory actions under consideration in Virginia and sends this information to registered public users.

"Virginia Register" means the Virginia Register of Regulations, the publication that provides official legal notice of new, amended and repealed regulations of state agencies, which is published under the provisions of Article 6 (§2.2-4031 et seq.) of the Administrative Process Act.

Part II
Notification of Interested Persons

18VAC110-11-30. Notification list.

A. The agency shall maintain a list of persons who have requested to be notified of regulatory actions being pursued by the agency.

B. Any person may request to be placed on a notification list by registering as a public user on the Town Hall or by making a request to the agency. Any person who requests to be placed on a notification list shall elect to be notified either by electronic means or through a postal carrier.

C. The agency may maintain additional lists for persons who have requested to be informed of specific regulatory issues, proposals, or actions.

D. When electronic mail is returned as undeliverable on multiple occasions at least 24 hours apart, that person may be deleted from the list. A single undeliverable message is insufficient cause to delete the person from the list.

E. When mail delivered by a postal carrier is returned as undeliverable on multiple occasions, that person may be deleted from the list.

F. The agency may periodically request those persons on the notification list to indicate their desire to either continue to be notified electronically, receive documents through a postal carrier, or be deleted from the list.

18VAC110-11-40. Information to be sent to persons on the notification list.

A. To persons electing to receive electronic notification or notification through a postal carrier as described in 18VAC110-11-30, the agency shall send the following information:

1. A notice of intended regulatory action (NOIRA).

2. A notice of the comment period on a proposed, a reproposed, or a fast-track regulation and hyperlinks to, or instructions on how to obtain, a copy of the regulation and any supporting documents.

3. A notice soliciting comment on a final regulation when the regulatory process has been extended pursuant to §2.2-4007.06 or 2.2-4013 C of the Code of Virginia.

B. The failure of any person to receive any notice or copies of any documents shall not affect the validity of any regulation or regulatory action.

Part III
Public Participation Procedures

18VAC110-11-50. Public comment.

A. In considering any nonemergency, nonexempt regulatory action, the agency shall afford interested persons an opportunity to (i) submit data, views, and arguments, either orally or in writing, to the agency; and (ii) be accompanied by and represented by counsel or other representative. Such opportunity to comment shall include an online public comment forum on the Town Hall.

1. To any requesting person, the agency shall provide copies of the statement of basis, purpose, substance, and issues; the economic impact analysis of the proposed or fast-track regulatory action; and the agency's response to public comments received.

2. The agency may begin crafting a regulatory action prior to or during any opportunities it provides to the public to submit comments.

B. The agency shall accept public comments in writing after the publication of a regulatory action in the Virginia Register as follows:

1. For a minimum of 30 calendar days following the publication of the notice of intended regulatory action (NOIRA).

2. For a minimum of 60 calendar days following the publication of a proposed regulation.

3. For a minimum of 30 calendar days following the publication of a reproposed regulation.

4. For a minimum of 30 calendar days following the publication of a final adopted regulation.

5. For a minimum of 30 calendar days following the publication of a fast-track regulation.

6. For a minimum of 21 calendar days following the publication of a notice of periodic review.

7. Not later than 21 calendar days following the publication of a petition for rulemaking.

C. The agency may determine if any of the comment periods listed in subsection B of this section shall be extended.

D. If the Governor finds that one or more changes with substantial impact have been made to a proposed regulation, he may require the agency to provide an additional 30 calendar days to solicit additional public comment on the changes in accordance with § 2.2-4013 C of the Code of Virginia.

E. The agency shall send a draft of the agency's summary description of public comment to all public commenters on the proposed regulation at least five days before final adoption of the regulation pursuant to § 2.2-4012 E of the Code of Virginia.

18VAC110-11-60. Petition for rulemaking.

A. As provided in §2.2-4007 of the Code of Virginia, any person may petition the agency to consider a regulatory action.

B. A petition shall include but is not limited to the following information:

1. The petitioner's name and contact information;

2. The substance and purpose of the rulemaking that is requested, including reference to any applicable Virginia Administrative Code sections; and

3. Reference to the legal authority of the agency to take the action requested.

C. The agency shall receive, consider and respond to a petition pursuant to §2.2-4007 and shall have the sole authority to dispose of the petition.

D. The petition shall be posted on the Town Hall and published in the Virginia Register.

E. Nothing in this chapter shall prohibit the agency from receiving information or from proceeding on its own motion for rulemaking.

18VAC110-11-70. Appointment of regulatory advisory panel.

A. The agency may appoint a regulatory advisory panel (RAP) to provide professional specialization or technical assistance when the agency determines that such expertise is necessary to address a specific regulatory issue or action or when individuals indicate an interest in working with the agency on a specific regulatory issue or action.

B. Any person may request the appointment of a RAP and request to participate in its activities. The agency shall determine when a RAP shall be appointed and the composition of the RAP.

C. A RAP may be dissolved by the agency if:

1. The proposed text of the regulation is posted on the Town Hall, published in the Virginia Register, or such other time as the agency determines is appropriate; or

2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act.

18VAC110-11-80. Appointment of negotiated rulemaking panel.

A. The agency may appoint a negotiated rulemaking panel (NRP) if a regulatory action is expected to be controversial.

B. A NRP that has been appointed by the agency may be dissolved by the agency when:

1. There is no longer controversy associated with the development of the regulation;

2. The agency determines that the regulatory action is either exempt or excluded from the requirements of the Administrative Process Act; or

3. The agency determines that resolution of a controversy is unlikely.

18VAC110-11-90. Meetings.

Notice of any open meeting, including meetings of a RAP or NRP, shall be posted on the Virginia Regulatory Town Hall and Commonwealth Calendar at least seven working days prior to the date of the meeting. The exception to this requirement is any meeting held in accordance with §2.2-3707 D of the Code of Virginia allowing for contemporaneous notice to be provided to participants and the public.

18VAC110-11-100. Public hearings on regulations.

A. The agency shall indicate in its notice of intended regulatory action whether it plans to hold a public hearing following the publication of the proposed stage of the regulatory action.

B. The agency may conduct one or more public hearings during the comment period following the publication of a proposed regulatory action.

C. An agency is required to hold a public hearing following the publication of the proposed regulatory action when:

1. The agency's basic law requires the agency to hold a public hearing;

2. The Governor directs the agency to hold a public hearing; or

3. The agency receives requests for a public hearing from at least 25 persons during the public comment period following the publication of the notice of intended regulatory action.

D. Notice of any public hearing shall be posted on the Town Hall and Commonwealth Calendar at least seven working days prior to the date of the hearing. The agency shall also notify those persons who requested a hearing under subdivision C 3 of this section.

18VAC110-11-110. Periodic review of regulations.

A. The agency shall conduct a periodic review of its regulations consistent with:

1. An executive order issued by the Governor pursuant to §2.2-4017 of the Administrative Process Act to receive comment on all existing regulations as to their effectiveness, efficiency, necessity, clarity, and cost of compliance; and

2. The requirements in §2.2-4007.1 of the Administrative Process Act regarding regulatory flexibility for small businesses.

B. A periodic review may be conducted separately or in conjunction with other regulatory actions.

C. Notice of a periodic review shall be posted on the Town Hall and published in the Virginia Register.

Agenda Item: Adoption of exempt regulations – addition of drug to Schedule IV pursuant to federal changes

Included in your agenda package are:

- Excerpts of DEA scheduling change published October 31, 2023.
- Amendments to 18VAC110-20-323.

Action needed:

- Motion to adopt exempt changes to 18VAC110-20-323 pursuant to federal scheduling action.

Schedules of Controlled Substances: Placement of Zuranolone in Schedule IV

A Rule by the Drug Enforcement Administration on 10/31/2023

This document has a comment period that ends in 15 days. (11/30/2023)

DOCUMENT DETAILS

Printed version:
PDF (https://www.govinfo.gov/content/pkg/FR-2023-10-31/pdf/2023-23982.pdf)

Publication Date:
10/31/2023 (/documents/2023/10/31)

Agencies:
Drug Enforcement Administration (https://www.federalregister.gov/agencies/drug-enforcement-administration)

Dates:
This rule is effective October 31, 2023. Comments must be submitted electronically or postmarked on or before November 30, 2023.

Effective Date:
10/31/2023

Comments Close:
11/30/2023

Document Type:
Rule

Document Citation:
88 FR 74347

Page:
74347-74352 (6 pages)

CFR:
21 CFR 1308

Agency/Docket Number:

Docket No. DEA1258

Document Number:
2023-23982

DOCUMENT DETAILS

DOCUMENT STATISTICS

Page views:
343
as of 11/15/2023 at 2:15 pm EST

DOCUMENT STATISTICS

ENHANCED CONTENT

regulations.gov

Placement of Zuranolone in Schedule IV (DEA1258)
DEA-2023-0149 (https://www.regulations.gov/docket/DEA-2023-0149)
Supporting Documents:
- ASH to DEA Letter and 8FA Zuranolone 12Jul2023 (https://www.regulations.gov/document?D=DEA-2023-0149-0003)
- DEA1258 Zuranolone Eight Factors of Analysis September 2023 (https://www.regulations.gov/document?D=DEA-2023-0149-0002)

ENHANCED CONTENT

PUBLISHED DOCUMENT

AGENCY:

Drug Enforcement Administration, Department of Justice.

ACTION:

Interim final rule; request for comments.

SUMMARY:

On August 4, 2023, the United States Food and Drug Administration approved a new drug application for ZURZUVAE (zuranolone) capsules for the treatment of post-partum depression. The Department of Health and Human Services provided the Drug Enforcement Administration (DEA) with a scheduling recommendation to place zuranolone and its salts in schedule IV of the Controlled Substances Act (CSA). In accordance with the CSA, as amended by the Improving Regulatory Transparency for New Medical Therapies Act, DEA is hereby issuing an interim final rule placing zuranolone, including its salts, in schedule IV of the CSA. This action facilitates the public availability of zuranolone as a schedule IV controlled substance.

DATES:

This rule is effective October 31, 2023. Comments must be submitted electronically or postmarked on or before November 30, 2023.

Determination To Schedule Zuranolone

On July 12, 2023, DEA received from HHS a scientific and medical evaluation entitled "Basis for the Recommendation to Control Zuranolone and its Salts in Schedule IV of the Controlled Substances Act" and a scheduling recommendation. Pursuant to 21 U.S.C. 811(b) (https://www.govinfo.gov/link/uscode/21/811) and (c) (https://www.govinfo.gov/link/uscode/21/811), this document contained an eight-factor analysis of the abuse potential, legitimate medical use, and dependence liability of zuranolone, along with HHS's recommendation to control zuranolone and its salts under schedule IV of the CSA.

In response, DEA reviewed the scientific and medical evaluation and scheduling recommendation provided by HHS, along with all other relevant data, and completed its own eight-factor review pursuant to 21 U.S.C. 811(c) (https://www.govinfo.gov/link/uscode/21/811). DEA concluded that zuranolone meets the 21 U.S.C. 812(b)(4) (https://www.govinfo.gov/link/uscode/21/812) criteria for placement in schedule IV of the CSA.

Pursuant to subsection 811(j), and based on HHS's scheduling recommendation, the approval of the NDA by HHS/FDA, and DEA's determination, DEA is issuing this IFR to schedule zuranolone as a schedule IV controlled substance under the CSA.

Included below is a brief summary of each factor as analyzed by HHS and DEA, and as considered by DEA in its scheduling action. Please note that both DEA and HHS analyses are available in their entirety under "Supporting Documents" in the public docket for this IFR at *https://www.regulations.gov (https://www.regulations.gov),* under Docket Number "DEA1258." Full analysis of, and citations to, the information referenced in the summary may also be found in the supporting and related material.

1. Its Actual or Relative Potential for Abuse

Zuranolone is a new molecular entity that has not been marketed in the United States or any country. Thus, evidence regarding its diversion, illicit manufacturing, or deliberate ingestion is currently lacking. DEA notes that there are no reports of law enforcement encounters of zuranolone in the National Forensic Laboratory Information System (NFLIS)-Drug database.[5] Zuranolone has sedative effects and is likely to have abuse potential, similar to schedule IV sedatives such as alprazolam. Thus, it is reasonable to assume that zuranolone may be diverted from legitimate channels, used contrary to or without medical advice, and capable of creating hazards to the users and to the safety of the community. In human abuse potential studies, zuranolone produced positive subjective responses that are similar to those produced by alprazolam (schedule IV). Zuranolone produces rewarding effects that are comparable to those produced by schedule IV sedatives; therefore, zuranolone is likely to be abused for its sedative effects contrary to medical advice.

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2. Scientific Evidence of Its Pharmacological Effects, If Known

Zuranolone is a selective neuroactive steroid that potentiates synaptic (γ subunit-containing) and extra synaptic (δ-subunit containing) $GABA_A$ receptor activity. Zuranolone acts on $GABA_A$ receptors to enhance the effects of GABA, a major inhibitory neurotransmitter in the CNS. Zuranolone acts directly through the $GABA_A$ receptor-channel complex to increase the probability that the channel will enter into naturally occurring open states of relatively long duration and allow the influx of chloride. Zuranolone was found to potentiate GABA-evoked current in cells expressing human $GABA_A$ receptor subtypes. HHS noted that these data are consistent with a mechanism of action of zuranolone that is similar to other schedule IV neurosteroids (*e.g.,* brexanolone) as a positive allosteric modulator of $GABA_A$ sites.

In animal studies, zuranolone's effect on the general behavioral profile in male rats showed that it produced behavioral activities, such as decreased activity, ataxia, hypersensitivity to touch and/or sound, and impaired righting reflex at supratherapeutic plasma concentrations. The observations were generally limited to the highest dose test (22.5 mg/kg), although some animals exhibited slight impairments at the lower doses tested (3 and 10 mg/kg).

In a drug discrimination study using male rats trained to discriminate midazolam and saline, intraperitoneally administered zuranolone (0.1, 0.3, 0.5, 1, and 3 mg/kg) produced dose-dependent effects and full substitution to midazolam discriminative stimulus effect at the highest dose tested when considering lever presses over the entire session and not just the first reinforcer (75 percent). However, 3 mg/kg zuranolone produced behavioral impairment, such that only five of ten rodents completed the session. In female rats, intraperitoneally administered zuranolone (0.1, 0.3, 0.5, 1, and 2 mg/kg) also produced dose-dependent effects and full substitution to midazolam discriminative stimulus effect at the highest dose tested when considering lever presses over the entire session and not just the first reinforcer (72.5 percent).

Zuranolone reinforcing properties were assessed by determining whether self-administration behavior was maintained when the drug was substituted for cocaine (schedule II). As stated by HHS in their scientific and medical evaluation, the study found that the selected doses of zuranolone did not maintain robust self-administration in animals with a previous history of cocaine self-administration.

In clinical trials, zuranolone produced significantly greater mean drug liking than placebo. The low (30 mg) and middle (60 mg) doses of zuranolone produced significantly less mean drug liking scores than both alprazolam (schedule IV) doses (1.5 and 3 mg). However, the highest dose of zuranolone produced mean drug liking scores that were similar to both doses of alprazolam (schedule IV).

Zuranolone produced euphoria-related adverse events that are supportive of zuranolone having an abuse potential. However, the abuse-related treatment emergent AE profile of zuranolone was slightly lower than that of alprazolam (a schedule IV benzodiazepine) at a supratherapeutic dose of zuranolone.

Zuranolone produced incidence of euphoria-related adverse events supportive of its abuse potential in animals and humans similar to those of benzodiazepines in schedule IV. These data are consistent with the fact that both drugs share a common mechanism of action involving positive allosteric modulation of the $GABA_A$ receptors.

3. The State of Current Scientific Knowledge Regarding the Drug or Other Substance

Zuranolone, chemically known as 1-[2-[(3 *R,* 5 *R,* 8 *R,* 9 *R,* 10 *S,* 13 *S,* 14 *S,* 17 *S*)-3-hydroxy-3,13-dimethyl-2,4,5,6,7,8,9,10,11,12,14,15,16,17-tetradecahydro-1 *H* -cyclopenta[*a*]phenanthren-17-yl]-2-oxoethyl]pyrazole-4-carbonitrile, is a new molecular entity.

Zuranolone is a drug product formulated as 20, 25, and 30 mg colored hard-gelatin capsules. The powder is white to off-white in color. Zuranolone is available as an immediate-release formulation and is absorbed with a time to maximum effect of approximately 6 hours and a half-life of 20 hours.

As discussed in the background section, zuranolone has an accepted medical use in the United States.

Agenda Item: Adoption of exempt regulations – addition of chemicals from Schedule I

Included in your agenda package are:

- Recommendation from the Department of Forensic Science to place certain chemicals in Schedule I.
- Amendments to 18VAC110-20-322.

Action needed:

- Motion to adopt exempt changes to 18VAC110-20-322 to add chemicals to Schedule I.

COMMONWEALTH of VIRGINIA

DEPARTMENT OF FORENSIC SCIENCE

OFFICE OF THE DIRECTOR
A Nationally Accredited Laboratory

700 NORTH 5TH ST.
RICHMOND, VIRGINIA 23219
(804) 786-2281 FAX (804) 786-6857

To: Caroline Juran, Executive Director, Board of Pharmacy
From: Robyn Weimer, Chemistry Program Manager, Virginia Department of Forensic Science
Date: October 13, 2023
RE: **Recommendation for Expedited Scheduling of Controlled Substances**

Ms. Juran,

Pursuant to article § 54.1-3443(D), The Virginia Department of Forensic Science (DFS) has identified two (2) compounds for recommended inclusion into the Code of Virginia.

Based on their chemical structures, the following compounds are expected to have hallucinogenic properties. Compounds of this type have been placed in Schedule I (§ 54.1-3446(3)) in previous legislative sessions.

1. **1-(3,5-Dimethoxy-4-propoxyphenyl)-2-propanamine (other names: 4-propoxy-3,5-DMA; 3C-P; 1-(3,5-Dimethoxy-4-propoxyphenyl)propan-2-amine)**, 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.

2. **2-(5-methoxy-1H-indol-3-yl)ethanamine (other names: 5-methoxytryptamine, 5-MeOT),** 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.

Robyn Weimer
Chemistry Program Manager

Project 7717 - Exempt Final

Board of Pharmacy

December 2023 scheduling of chemicals in Schedule I

18VAC110-20-322. Placement of chemicals in Schedule I.

A. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following in Schedule I of the Drug Control Act:

1. Synthetic opioid. 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.

2. Compounds expected to have hallucinogenic properties.

a. 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.

b. 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.

3. Cannabimimetic agents.

a. 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.

b. 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.

The placement of drugs listed in this subsection shall remain in effect until August 16, 2023, unless enacted into law in the Drug Control Act.

B. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following in Schedule I of the Drug Control Act:

1. Synthetic opioid. 2-(4-ethoxybenzyl)-5-nitro-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzimidazole (other names: N-pyrrolidino etonitazene, etonitazepyne), 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.

2. Compounds expected to have hallucinogenic properties.

a. 1-(1,3-benzodioxol-5-yl)-2-(propylamino)-1-butanone (other names: 3,4-Methylenedioxy-alpha-propylaminobutiophenone; N-propyl butylone), 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.

b. 2-(ethylamino)-1-phenylpentan-1-one (other names: N-ethylpentedrone, alpha-ethylaminopentiophenone), 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.

c. 3,4-methylenedioxy-alpha-cyclohexylaminopropiophenone (other name: Cyputylone), 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.

d. 3,4-methylenedioxy-alpha-cyclohexylmethylaminopropiophenone (other name: 3,4-Methylenedioxy-N,N-cyclohexylmethcathinone), 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.

e. 3,4-methylenedioxy-alpha-isopropylaminobutiophenone (other name: N-isopropyl butylone), 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.

f. 4-chloro-N-butylcathinone (other names: 4-chlorobutylcathinone, para-chloro-N-butylcathinone), 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.

g. 4-hydroxy-N-methyl-N-ethyltryptamine (other names: 4-hydroxy MET, Metocin), 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. Central nervous system stimulant. 4-methylmethamphetamine (other names: N-alpha,4-trimethyl-benzeneethanamine, 4-MMA), including its salts, isomers, and salts of isomers.

4. Cannabimimetic agent. N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indole-3-acetamide (other names: ADB-FUBIATA, AD-18, FUB-ACADB), 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.

The placement of drugs listed in this subsection shall remain in effect until March 14, 2024, unless enacted into law in the Drug Control Act.

C. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following in Schedule I of the Drug Control Act:

1. Synthetic opioid. N,N-diethyl-2-[5-nitro-2-(4-propoxybenzyl)-1H-benzimidazol-1-yl]ethanamine (other name: Protonitazene), 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.

2. Compounds expected to have hallucinogenic properties. 1-(1,3-benzodioxol-5-yl)-2-(cyclohexylamino)butan-1-one (other names: Cybutylone, N-cyclohexyl Butylone), 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. Compounds expected to have depressant properties. 8-bromo-6-(2-chlorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (other names: Clobromazolam, Phenazolam), 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.

4. Cannabimimetic agents.

a. 5-bromo-N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1H-indazole-3-carboxamide (other name: ADB-5Br-INACA), 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.

b. N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-5-bromo-1-butylindazole-3-carboxamide (other name: ADB-5'Br-BUTINACA), 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.

The placement of drugs listed in this subsection shall remain in effect until July 31, 2024, unless enacted into law in the Drug Control Act.

D. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following in Schedule I of the Drug Control Act:

1. Synthetic opioid. 2-methyl-N-phenyl-N-[1-(2-phenylethyl)piperidin-4-yl]butanamide (other name: 2-methyl butyryl fentanyl), 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.

2. Compounds expected to have hallucinogenic properties.

a. 1-(7-methoxy-1,3-benzodioxol-5-yl)propan-2-amine (other names: 5-methoxy-3,4-methylenedioxyamphetamine, 3-methoxy MDA, MMDA), 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.

b. 1-[1-(3-chlorophenyl)cyclohexyl]-piperidine (other names: 3-Chloro Phencyclidine, 3Cl-PCP, 3-chloro PCP), 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.

3. Compound expected to have depressant properties. 7-bromo-5-phenyl-1,3-dihydro-1,4-benzodiazepin-2-one (other names: Desalkylgidazepam, Bromonordiazepam), 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.

4. Compound classified as a cannabimimetic agent. Methyl N-[(5-bromo-1H-indazol-3-yl)carbonyl]-3-methyl-valinate (other name: MDMB-5Br-INACA), 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.

The placement of drugs listed in this subsection shall remain in effect until October 12, 2024, unless enacted into law in the Drug Control Act.

E. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following in Schedule I of the Drug Control Act:

1. Synthetic opioids:

a. 2-(4-isopropoxybenzyl)-5-nitro-1-[2-(pyrrolidin-1-yl)ethyl]-1H-benzo[d]imidazole (other name: N-Pyrrolidino Isotonitazene), 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.

b. 5-nitro-2-(4-propoxybenzyl)-1-[2-(pyrrolidin-1-yl)ethyl]-1H-benzo[d]imidazole (other names: N-Pyrrolidino Protonitazene, Protonitazepyne), 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.

c. N-phenyl-N-(1-propionyl-4-piperidinyl)-propanamide (other name: N-propionyl Norfentanyl), 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.

2. Synthetic compounds.

a. N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)pentanamide (other names: para-fluoro valeryl fentanyl, para-fluoro pentanoyl fentanyl), 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.

b. N-(4-fluorophenyl)-N-[1-(2-phenylethyl)piperidin-4-yl]acetamide (other name: para-fluoroacetyl fentanyl), 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.

3. Compounds expected to have hallucinogenic properties.

a. 1-[1-(3-fluorophenyl)cyclohexyl]piperidine (other names: 3-fluoro Phencyclidine, 3F-PCP), 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.

b. 2-(ethylamino)-2-(2-fluorophenyl)-cyclohexanone (other names: 2-fluoro-2-oxo PCE, 2-fluoro NENDCK), 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.

4. Compounds expected to have depressive properties:

a. 6-(4-chlorophenyl)-1-methyl-4H-[1,2,4]triazolo[4,3-a][1,4]benzodiazepine (other names: 4'-chloro Deschloroalprazolam, 4'Cl-Deschloroalprazolam), 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.

b. 7-chloro-5-(2-chlorophenyl)-1-methyl-3H-1,4-benzodiazepin-2-one (other names: Diclazepam, 2-Chlorodiazepam), 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. Central nervous system stimulant. 2-(3-chlorophenyl)-3-methylmorpholine (other name: 3-chlorophenmetrazine), its salts, isomers (optical, position, and geometric), and salts of isomers.

The placement of drugs listed in this subsection shall remain in effect until March 27, 2025, unless enacted into law in the Drug Control Act.

F. Pursuant to subsection D of § 54.1-3443 of the Code of Virginia, the Board of Pharmacy places the following compounds expected to have hallucinogenic properties in Schedule I of the Drug Control Act:

1. 1-(3,5-Dimethoxy-4-propoxyphenyl)-2-propanamine (other names: 4-propoxy-3,5-DMA; 3C-P; 1-(3,5-Dimethoxy-4-propoxyphenyl)propan-2-amine), 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.

2. 2-(5-methoxy-1H-indol-3-yl)ethanamine (other names: 5-methoxytryptamine, 5-MeOT), 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 placement of drugs listed in this subsection shall remain in effect until [June 25, 2025], unless enacted into law in the Drug Control Act.

Virginia Department of Health Professions

Overview of the Agency Subordinate Process

Board of Pharmacy

December 6, 2023

1

Virginia Department of Health Professions

What is an agency subordinate?

- An agency subordinate is an individual to whom the Board has delegated certain fact-finding duties.
- Agency subordinates are hired employees of the Boards they serve.
- Agency subordinates are often former Board members or retired Board employees
- Used by other Boards within DHP (Nursing, Psychology, Counseling, Social Work, Funeral)
- Used by other agencies within the Commonwealth (VDH, DBHDS, DSS)

2

Virginia Department of Health Professions

Current informal conference process

- For Boards that do not use agency subordinates, Board members staff informal conferences
- The Board of Pharmacy scheduled 18 informal conferences on Town Hall from November 17, 2022 – November 16, 2023 (not all occurred)
- 2-3 Board members needed to staff each
- Board members agree to schedule, appear at hearing, review evidence and produce a decision based on the fact-finding of the committee
- Respondent can appeal IFC order to a formal administrative hearing

3

Virginia Department of Health Professions

Agency subordinate process

- The Board hires an agency subordinate as an employee, generally individuals who are familiar with the Board, process of discipline
- The agency subordinate is provided a docket of IFCs
- Scheduling is more flexible, as the agency subordinate does not have to take time away from practice to volunteer time
- The agency subordinate reviews evidence and speaks to the respondent, the same way a special conference committee would
- Agency subordinate fills out sanction reference points worksheet

4

Virginia Department of Health Professions

Agency subordinate process, cont.

- Rather than an IFC order (such as that produced by a special conference committee of board members), the agency subordinate produces a recommended decision
- The recommended decision includes recommended findings of fact, conclusions of law, and recommended sanction or decision
- A panel of at least 5 Board members reviews the agency subordinate recommendation and the SRP worksheet
- Respondents can appear to speak to the recommended decision, but cannot present new information (i.e., they cannot address issues not included in the recommended decision)

5

Virginia Department of Health Professions

Agency subordinate process, cont.

- The panel of the Board has three options
  - Accept the decision (recommended decision then becomes an Order)
  - Modify the decision (panel may change sanction, for example)
  - Reject the decision (sends the matter to a formal administrative hearing)
- The respondent can appeal this decision to a formal administrative hearing, the same as an IFC order produced by a 2 or 3 member committee
- The process is the same once the matter reaches formal administrative hearing

6

Virginia Department of Health Professions

Benefits to using agency subordinates

- Biggest benefit is easing pressure on Board members and staff to schedule IFCs
  - Less need to obtain available Board member schedule for informal conferences throughout the year
  - As number of cases increase, Board member requirements increase without use of agency subordinate
- Following 2023 General Assembly Session, agency subordinates can now hear disciplinary cases and application (credential) cases
  - Previously agency subordinates were limited by statutory language to hearing only disciplinary cases
  - DHP requested the change to allow agency subordinates to hear application cases. No other agency was subject to limitation and it was nonsensical.

7

Virginia Department of Health Professions

Questions?

8

Agenda Topic: Citing of Deficiencies 13-16 within Guidance Document 110-9

Included in Agenda Packet:

- Excerpt from 5/23/23 Regulation Committee Meeting Minutes
- Inspection Deficiencies Related to Controlled Substance Inventories and Theft/Unusual Loss of Drugs Not Reported to the Board (Def #13-16) for routine inspections performed 4-1-2023 to 9-30-2023

During the discussion of draft amendments to Guidance Document 110-9, Dr. Yuan recommended a new deficiency for those with oversight of compounding personnel, but who do not compound.

The committee voted unanimously to recommend to the full Board that it amend Guidance Document 110-9 as presented and amended by inserting a new deficiency 26b to read, "No documentation of initial and at least every 12 months media-fill testing or gloved fingertip testing for persons who have direct oversight of compounding personnel, but do not compound.", citing 54.1-3410.2 with a suggested monetary penalty of $500. (motion by Yuan, seconded by Richards-Spruill)

DISCUSSION OF MONETARY PENALTIES IN GUIDANCE DOCUMENT 110-9 AS COMPARED TO OTHER STATES

The committee discussed the current monetary penalties associated with the deficiencies within Guidance Document 110-9. Discussion focused on those deficiencies related to theft and loss of drugs. In addition to the information from DC, TN, and PA provided in the agenda packet, Ms. Juran reported that IL imposes a non-disciplinary fee of up to $3,000 for any identified violation. Specifically, it imposes $200 for the first violation, $300 for the second violation, $500 for the third violation, and greater than 3 violations is subject to further discipline.

ACTION ITEM

The Committee requested staff to identify how often Deficiencies #13, 14, 15, and 16 within Guidance Document 110-9 have been cited or repeatedly cited for quarters ending in June 2023 and September 2023 and report back during the next Regulation Committee meeting in November 2023.

DISCUSSION OF ACCEPTANCE OF OUTSOURCING FACILITY INSPECTIONS PERFORMED BY OTHER STATES

The committee discussed the acceptance of outsourcing facility inspections performed by Florida and California to assess cGMP compliance when the outsourcing facility does not have a current FDA inspection report to provide for initial application or renewal pursuant to 54.1-3434.05 and 54.1-3434.5. It was noted that an inspection report resulting from an FDA inspection must be considered by the Board and that an inspection performed by another entity would not preclude this requirement.

MOTION:

The committee voted unanimously to recommend to the full board that it accept an inspection report indicating compliance with current Good Manufacturing Practices performed by the California Board of Pharmacy or Florida Department of Health for licensure purposes of outsourcing facilities when the FDA has not performed an inspection within the required timeframe for a current inspection report pursuant to 54.1-3434.05 and 54.1-3434.5 of the Code of Virginia. (motion by Nash, seconded by Yuan)

Virginia Department of Health Professions

Inspection Deficiencies Related to Controlled Substance Inventories and Theft/Unusual Loss of Drugs Not Reported to the Board (Def #13-16)

Deficiency #13: n=8
No biennial inventory, or over 30 days late, or substantially incomplete, i.e., did not include all drugs in Schedules II-V.

Deficiency #14: n=22
No incoming change of Pharmacist-in-Charge inventory , inventory taken or over 5 days late, or substantially incomplete, i.e., did not include all drugs in Schedules II-V.

Deficiency #15: n = 0
Perpetual inventory not being maintained as required, to include not accurately indicating “physical count” on-hand at time of performing inventory or not noting explanation for any difference between “physical count” and “theoretical count”; perpetual inventory performed more than 7 days prior or more than 7 days after designated calendar month for which an inventory is required.

Deficiency #16: n=19
Theft/unusual loss of drugs not reported to the Board as required

For routine inspections performed 4-1-2023 to 9-30-2023

Virginia Board of Pharmacy
December 6, 2023
Licenses Issued

	5/1/22 - 7/31/22	8/1/22 - 10/31/22	11/1/22 - 1/31/23	2/1/23 - 4/30/23	5/1/23 - 7/31/23	8/1/23 - 10/31/23	License Count 11/1/2023
Business CSR	30	32	25	26	38	29	1,523
CE Courses	0	0	0	0	0	0	9
Limited Use Pharmacy Technician	0	0	0	0	0	0	7
Medical Equipment Supplier	4	3	3	6	12	2	222
Non-restricted Manufacturer	2	1	1	1	0	0	35
Outsourcing Facility	0	0	1	0	0	0	1
Permitted Physician	0	0	0	0	0	0	0
Pharmacist	265	252	164	144	237	273	16,712
Pharmacist Volunteer Registration	0	2	1	0	4	1	0
Pharmacy	11	10	11	11	11	11	1,747
Pharmacy Intern	56	96	179	91	71	133	1,256
Pharmacy Technician	531	430	311	339	469	327	13,476
Pharmacy Technician Trainee	777	1,226	1,185	789	1,074	1,069	7,930
Physician Selling Controlled Substances	33	27	43	16	15	37	614
Limited Use Practitioner Dispensing	1	1	0	0	0	1	4
Nonresident Manufacturer	4	6	6	9	2	7	232
Nonresident Medical Equipment Supplier	7	11	4	11	6	10	370
Nonresident Outsourcing Facility	2	2	1	1	0	0	31
Nonresident Pharmacy*	27	18	21	23	21	27	925
Nonresident Third Party Logistics Provider	8	11	10	15	11	12	236
Nonresident Warehouser	0	8	7	7	3	10	128
Nonresident Wholesale Distributor	7	9	2	11	12	12	637
Physician Selling Drugs Location	6	2	3	3	5	3	135
Pilot Programs	1	1	0	0	2	1	13
Registered Practitioner For Medical Cannabis	56	147	84	89	35	0	1,051
Repackaging Training Program	0	0	0	0	0	0	2
Restricted Manufacturer	0	0	0	0	0	0	32
Third Party Logistics Provider	1	0	0	0	0	0	6
Warehouser	1	0	2	3	1	2	127
Limited Use Facility Dispensing	0	0	2	1	0	0	3
Wholesale Distributor	0	0	0	0	0	2	62
Total	**1,830**	**2,295**	**2,066**	**1,596**	**2,029**	**1,969**	**47,526**

Virginia Department of
Health Professions

Current Count of Licenses

Quarterly Summary

Quarter 1 - Fiscal Year 2024

Current licenses by board and occupation as of the last day of the quarter.

** New Occupation

*** Veterinary Establishments are now grouped together, as the board works on designating existing establishments as "Ambulatory" or "Stationary", instead of "Full Service" or "Restricted Service".

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	CURRENT Q1 2024
Audiology/Speech Pathology	5,375	5,527	5,662	5,114	5,432	5,605	5,756	5,894	5,671	5,809	5,975	6,117	5,963
Counseling	34,028	35,176	34,246	31,769	33,693	35,020	36,141	37,436	36,097	37,512	38,791	40,118	39,278
Dentistry	14,982	15,133	15,286	14,768	15,171	15,290	15,284	15,238	15,421	15,275	15,037	15,186	15,190
Funeral Directing	3,161	3,205	3,190	3,114	3,187	3,247	3,295	3,182	3,254	3,308	3,379	3,287	3,351
Long-Term Care Administrators	2,190	2,226	2,274	2,152	2,226	2,293	2,352	2,146	2,232	2,288	2,345	2,159	2,225
Medicine	75,040	74,654	75,929	76,642	78,312	79,452	80,957	82,857	83,193	83,804	85,497	87,470	88,629
Nurse Aide	51,407	50,753	51,820	49,909	50,322	49,967	49,911	50,189	50,085	50,216	50,278	50,817	51,449
Nursing	171,004	170,050	172,380	172,263	174,791	174,984	176,169	177,138	179,221	179,997	181,279	181,581	183,596
Optometry	2,010	1,780	1,808	1,757	1,793	1,813	1,827	1,773	1,823	1,849	1,873	1,826	1,871
Pharmacy	38,167	35,403	37,502	40,005	41,813	43,772	42,303	43,589	45,203	47,019	44,933	45,486	46,374
Pharmaceutical Processing	7,162	9,547	18,363	27,595	35,049	41,708	49,806	55,787	48,837	41,839	33,217	20,625	12,238
Physical Therapy	14,588	13,269	13,577	13,960	14,353	14,481	14,679	15,009	15,387	15,542	13,930	14,270	14,411
Psychology	6,016	5,755	5,875	5,486	5,773	5,925	6,045	6,167	5,835	5,993	6,105	6,246	6,168
Social Work	11,051	11,443	11,805	11,302	11,868	12,405	12,799	13,138	12,952	13,598	14,241	14,913	15,089
Veterinary Medicine	8,384	7,894	8,181	8,442	8,615	8,723	8,429	8,648	8,826	8,947	8,711	9,016	9,192
Agency Total	444,565	441,815	457,898	464,278	482,398	494,685	505,753	518,191	514,037	512,996	505,591	499,117	495,024

Virginia Department of
Health Professions

Current Count of Licenses

Quarterly Summary

Quarter 1 - Fiscal Year 2024

Current licenses by board and occupation as of the last day of the quarter.

** New Occupation

*** Veterinary Establishments are now grouped together, as the board works on designating existing establishments as "Ambulatory" or "Stationary", instead of "Full Service" or "Restricted Service".

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Occupation	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	CURRENT Q1 2024
Optometry	Optometrist	87	87	88	77	77	77	78	65	65	65	65	49	50
	Optometrist-Volunteer Registration	-	-	-	-	-	-	-	-	-	-	-	-	1
	Professional Designation	260	-	-	-	-	-	-	-	-	-	-	-	-
	TPA Certified Optometrist	1,663	1,693	1,720	1,680	1,716	1,736	1,749	1,708	1,758	1,784	1,808	1,777	1,820
	Total	2,010	1,780	1,808	1,757	1,793	1,813	1,827	1,773	1,823	1,849	1,873	1,826	1,871
Pharmacy	Business CSR	1,447	1,458	1,378	1,461	1,478	1,510	1,399	1,463	1,507	1,529	1,423	1,465	1,508
	CE Courses	9	9	9	9	9	9	9	9	9	9	9	9	9
	Humane Society	-	-	-	-	-	-	-	-	-	-	-	-	-
	Limited Use Facility Dispensing	-	-	-	-	-	-	-	-	-	1	2	3	3
	Limited Use Pharmacy Technician	11	7	8	8	8	8	7	7	7	7	7	7	7
	Limited Use Practitioner Dispensing	-	-	-	-	-	-	1	2	2	3	3	3	4
	Medical Equipment Supplier	233	233	224	223	230	229	209	217	223	226	213	220	226
	Non-Resident Manufacturer	199	200	194	202	209	215	206	213	218	224	217	226	231
	Non-Resident Medical Equipment Supplier	358	375	322	349	363	373	331	354	361	369	346	355	367
	Non Resident Outsourcing facility	32	33	33	33	34	33	30	29	32	33	35	33	32
	Non Resident Pharmacy	827	841	866	874	876	885	882	898	910	911	924	923	923
	Non-Resident Wholesale Distributor	629	634	604	635	644	660	624	634	643	641	610	624	635
	Non Restricted Manufacturer	32	32	28	28	29	30	31	32	34	34	35	35	35
	Non-Resident Third Party Logistics Prov.	146	161	169	182	186	191	181	181	194	206	207	219	229
	Non Resident Warehouser	69	78	79	91	96	101	98	99	105	115	109	114	123
	Outsourcing Facility	-	-	-	-	-	-	-	-	-	-	1	1	1
	Permitted Physician	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacist	15,916	15,326	15,668	15,865	16,210	16,445	15,858	16,079	16,414	16,619	16,064	16,273	16,606
	Pharmacist-Volunteer Registration	-	-	-	-	-	-	-	-	-	-	-	1	-
	Pharmacy	1,772	1,769	1,772	1,771	1,770	1,767	1,773	1,768	1,765	1,765	1,762	1,755	1,751
	Pharmacy Intern	1,578	1,368	1,464	1,489	1,499	1,457	1,247	1,312	1,267	1,352	1,166	1,235	1,213
	Pharmacy Technician	13,699	11,838	12,751	13,248	13,689	14,042	12,421	12,924	13,522	13,875	12,312	12,871	13,310
	Pharmacy Technician Trainee	-	-	831	2,406	3,309	4,628	5,930	6,258	6,977	8,041	8,581	8,178	8,190

Virginia Department of
Health Professions

Current Count of Licenses

Quarterly Summary

Quarter 1 - Fiscal Year 2024

Current licenses by board and occupation as of the last day of the quarter.

** New Occupation

*** Veterinary Establishments are now grouped together, as the board works on designating existing establishments as "Ambulatory" or "Stationary", instead of "Full Service" or "Restricted Service".

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Occupation	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	CURRENT Q1 2024
Pharmacy	Pharmacy Technician Training Program	125	119	126	136	138	133	128	126	-	-	-	-	-
	Physician Selling Controlled Substances	662	526	558	571	614	631	537	571	600	645	543	565	596
	Physician Selling Drugs Location	172	139	163	165	168	167	160	160	160	164	125	131	135
	Pilot Programs	22	24	24	24	17	20	18	25	23	20	15	15	13
	Registered Physician for CBD/THC-A Oil	-	-	-	-	-	-	-	-	-	-	-	-	-
	Repackaging Training Program	2	2	2	2	2	2	2	2	2	2	2	2	2
	Restricted Manufacturer	44	43	39	41	41	41	36	36	36	36	33	32	32
	Third Party Logistics Provider	6	6	7	7	7	7	8	7	7	7	6	6	6
	Warehouser	111	115	119	120	121	122	117	121	121	122	123	125	127
	Wholesale Distributor	66	67	64	65	66	66	60	62	64	63	60	60	60
	Total	38,167	35,403	37,502	40,005	41,813	43,772	42,303	43,589	45,203	47,019	44,933	45,486	46,374
Pharmaceutical Processing	Pharmaceutical Processor Permit	4	4	4	4	4	4	4	4	4	4	4	4	4
	Registered Agent For Medical Cannabis	11	20	65	103	141	162	180	179	181	166	158	137	109
	Registered Practitioner for CBD/THC-A Oil	528	633	685	797	920	997	720	873	1,059	1,164	938	1,051	1,051
	Registered Par/Guard For Medical Cannab	70	77	136	183	212	235	258	262	210	163	133	74	38
	Registered Patient For Medical Cannabis	6,535	8,754	17,257	26,136	33,204	39,468	47,466	52,903	45,434	38,071	29,214	16,201	7,547
	Registered Product	14	59	216	372	568	842	1,178	1,566	1,949	2,271	2,770	3,158	3,489
		7,162	9,547	18,363	27,595	35,049	41,708	49,806	55,787	48,837	41,839	33,217	20,625	12,238
Physical Therapy	Direct Access Certification	1,308	1,323	1,333	1,345	1,376	1,384	1,396	1,406	1,420	1,427	1,437	1,448	1,250
	Physical Therapist	9,380	8,372	8,603	8,901	9,161	9,245	9,382	9,634	9,906	10,022	8,878	9,146	9,403
	Physical Therapist Assistant	3,900	3,574	3,641	3,714	3,816	3,852	3,901	3,969	4,061	4,093	3,615	3,676	3,758
	Total	14,588	13,269	13,577	13,960	14,353	14,481	14,679	15,009	15,387	15,542	13,930	14,270	14,411
Psychology	Applied Psychologist	28	29	29	24	26	27	27	28	25	25	25	25	23
	Clinical Psychologist	3,907	4,042	4,130	3,888	4,082	4,224	4,325	4,418	4,230	4,360	4,461	4,573	4,517
	Resident in School Psychology	10	11	11	11	12	13	13	13	21	24	26	27	29
	Resident In Training	795	370	373	368	376	376	380	380	397	395	392	392	404
	School Psychologist	93	97	102	90	97	98	99	100	96	96	100	103	98
	School Psychologist-Limited	615	633	648	560	622	640	658	673	550	569	583	598	577
	Sex Offender Treatment Provider	429	442	447	414	433	437	444	455	421	427	439	450	441
	SOTP Trainee	139	131	135	131	125	110	99	100	95	97	79	78	79
	Total	6,016	5,755	5,875	5,486	5,773	5,925	6,045	6,167	5,835	5,993	6,105	6,246	6,168

Pharmaceutical Processors Report-December 6, 2023

- No additional cannabis dispensing facilities haves been permitted during the last quarter. There currently are 18 cannabis dispensing facilities.
- With the July 1, 2022 change to the requirement for patients/parents/legal guardians to register with the Board, the number of applications received has decreased significantly. The Board has seen an 88% decrease in patient applications. Registration renewals have also significantly decreased.
- The Medical Cannabis Program Portal became operational on September 27, 2023. Practitioners enrolled in the portal are able to complete and submit an electronic written certification and patients have access to the electronic written certification and a digital card validating that they have an active written certification. Patients may register with the Board through the new portal if they wish to do so, although Board registration is optional. Board and agency staff continue work to develop specific components of the product registration platform.
- All 26 applicants have been notified of the Board's decision to rescind the 2020 RFA for HSA I and all refunds have been issued.
- Board and agency staff continue to meet bi-monthly with the Virginia Cannabis Control Authority to address the transition of the medical cannabis program to the VCCA on January 1, 2024.

Pharmaceutical Processors Program-By the Numbers
As of 11/17/2023

Registered Patients	6,253
Registered Parents/Guardians	30
Registered Agents	91
Portal Issued Written Certifications	3,888
Portal Enrolled Practitioners	820
Registered Cannabis Products (cumulative)	3,695

Discipline Program Report

Open Cases as of 11/14/23:

	PC	APD	Investigation	FH	IFC	Other	Pending Closure	Entry	TOTALS
Patient Care Cases	77	16	100	2	12	1	0	11	219
Non-Patient Care Cases	73	20	35	5	9	1	16	0	159
						TOTAL:			**378**

- The Board has two cases currently being appealed in circuit court (Category: Other).

Upcoming Disciplinary Proccedings:

December 14, 2023	Ratliff/Nash	Informal Conferences
January 9, 2024	Yuan/Richards-Spruill	Informal Conferences
January 10, 2024	All members	Formal Hearings
January 23, 2024	Ratliff/Dowdy	Informal Conferences
February 6, 2024	Subordinate	Informal Conferences
February 7, 2024	All members	Formal Hearings
February 21, 2024	Garvin/Nash	Informal Conferences
March 12, 2024	Yuan/Richards-Spruill	Informal Conferences
March 21, 2024	St.Clair/Garvin	Pilot Committee
March 27, 2024	Ratliff/Dowdy	Informal Conferences
March 28, 2024	All members	Full Bord Meeting/Formal Hearings

Virginia Department of

Health Professions

Average Age of Cases Closed

Quarterly Summary

Quarter 1 - Fiscal Year 2024

The average age of cases closed is a measurement of how long it takes, on average, for a case to be processed from entry to closure. These calculations include only cases closed within the quarter specified.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	CURRENT Q1 2024
Audiology	569.5	458.4	N/A	223.0	306.0	691.9	257.9	231.0	309.4	291.0	216.7	278.0	137.6
Counseling	217.0	284.8	236.2	191.0	302.0	208.7	311.0	187.1	250.0	219.8	232.7	228.7	220.2
Dentistry	403.0	366.1	595.5	380.0	310.0	459.6	590.3	410.7	343.8	226.4	258.8	308.6	292.1
Funeral Directing	311.0	265.3	360.7	231.5	384.0	305.0	444.7	445.0	342.1	382.1	310.9	361.4	284.8
Long-Term Care Administrators	332.0	429.1	430.2	488.5	668.0	555.6	294.3	554.8	415.4	362.4	506.9	266.7	387.7
Medicine	255.0	209.5	206.5	165.0	189.0	205.4	178.1	233.6	256.3	275.0	186.9	203.7	169.2
Nurse aide	262.6	242.2	178.9	318.0	351.0	323.9	316.4	427.3	454.8	476.3	460.3	351.3	329.3
Nursing	325.9	438.0	350.3	443.0	386.0	428.5	352.1	494.1	380.6	384.7	430.9	380.7	329.5
Optometry	227.5	379.5	350.1	254.0	303.0	502.5	253.4	91.1	221.9	240.7	183.5	104.0	170.6
Pharmacy	142.3	165.0	116.7	254.0	169.0	127.1	123.6	130.7	124.3	147.6	197.5	104.6	135.8
Physical Therapy	340.3	395.2	198.8	286.3	516.0	250.1	477.7	436.4	238.2	405.8	202.7	580.3	366.6
Psychology	213.8	198.6	208.0	286.1	253.0	297.5	341.2	127.5	455.1	460.1	381.6	537.2	617.0
Social Work	111.8	340.4	101.4	71.6	173.0	213.5	181.5	136.5	130.9	63.7	204.3	95.9	211.3
Veterinary Medicine	543.2	337.9	313.0	419.9	376.0	347.6	263.3	298.6	205.9	209.6	214.6	207.0	173.5
Agency total	280.6	307.0	276.2	278.6	299.0	305.2	291.1	331.6	280.8	288.2	281.2	267.6	242.8

Virginia Department of
Health Professions

Average Age of Cases Closed
Fiscal Year Summary
Fiscal Year 2023

The average age of cases closed is a measurement of how long it takes, on average, for a case to be processed from entry to closure. These calculations include only cases closed within the year specified.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1 - December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	FY 2018	Change Between FY 19 & FY 18	FY 2019	Change Between FY 20 & FY 19	FY 2020	Change Between FY 21 & FY 20	FY 2021	Change Between FY 22 & FY 21	FY 2022	Change Between FY 23 & FY 22	FY 2023
Audiology/Speech Pathology	264.5	-57.4%	168.0	18.1%	205.2	50.3%	412.9	-7.3%	384.7	-28.5%	275.0
Counseling	178.9	15.6%	212.0	31.7%	310.2	-34.6%	230.4	13.3%	265.9	-12.4%	233.0
Dentistry	216.5	2.5%	222.0	4.9%	233.5	22.9%	303.0	34.1%	460.1	-36.0%	294.6
Funeral Directing	260.7	-33.0%	196.0	53.5%	421.8	-39.3%	302.9	27.4%	417.2	-15.9%	351.0
Long-Term Care Administrators	353.3	18.4%	433.0	-111.4%	204.8	50.0%	409.6	22.9%	531.4	-25.0%	398.7
Medicine	139.9	31.8%	205.0	76.0%	854.0	-296.1%	215.6	-5.5%	204.3	15.8%	236.6
Nurse Aide	235.6	-11.1%	212.0	34.5%	323.5	9.9%	359.0	-3.0%	348.5	23.7%	431.2
Nursing	225.2	16.6%	270.0	20.8%	340.7	13.5%	393.9	5.1%	414.9	-5.0%	394.1
Optometry	367.4	-19.8%	306.8	-152.0%	121.7	61.7%	317.6	-5.8%	300.1	-36.3%	191.1
Pharmacy	167.9	-24.4%	135.0	51.5%	278.4	-94.3%	143.3	-4.8%	136.7	7.6%	147.1
Physical Therapy	238.5	47.4%	453.0	-30.9%	345.9	-6.5%	324.9	29.0%	457.5	-21.5%	359.3
Psychology	148.6	31.5%	217.0	36.7%	342.9	-35.4%	253.3	6.0%	269.6	75.6%	473.5
Social Work	223.1	-8.8%	205.0	15.0%	241.3	-37.0%	176.1	2.3%	180.2	-30.3%	125.6
Veterinary Medicine	311.8	3.8%	324.0	-74.8%	185.3	52.1%	386.5	-19.0%	324.9	-35.5%	209.6
Agency Total	198.4	11.8%	225.0	5.9%	239.0	17.8%	290.8	6.5%	311.0	-9.4%	282.2

Virginia Department of
Health Professions

Cases Closed in Less than One Year
Quarterly Summary
Quarter 1 - Fiscal Year 2024

The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, from entry to closure. These calculations include only cases closed within the quarter specified.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	CURRENT Q1 2024
Audiology/Speech Pathology	25.0%	50.0%	N/A	88.9%	80.0%	11.1%	55.6%	50.0%	28.6%	50.0%	83.3%	80.0%	100.0%
Counseling	82.6%	61.3%	77.7%	84.2%	69.7%	94.7%	67.4%	90.2%	88.9%	86.4%	81.1%	81.3%	81.2%
Dentistry	61.4%	58.4%	50.9%	54.2%	65.0%	51.8%	32.2%	45.2%	62.1%	71.4%	72.8%	60.3%	75.8%
Funeral Directing	75.8%	87.0%	51.4%	69.2%	40.0%	76.0%	30.9%	43.8%	67.4%	61.8%	65.0%	46.7%	58.3%
Long-Term Care Administrators	50.0%	35.1%	40.0%	39.5%	30.2%	29.0%	51.4%	46.9%	45.5%	50.0%	23.5%	76.9%	31.3%
Medicine	80.3%	84.2%	82.9%	90.7%	89.2%	88.3%	93.5%	82.1%	99.3%	80.5%	88.9%	86.7%	91.9%
Nurse Aide	65.4%	69.7%	86.4%	65.5%	60.0%	63.8%	67.5%	53.3%	46.5%	41.4%	53.3%	64.7%	70.1%
Nursing	57.7%	37.7%	53.0%	37.0%	48.9%	53.2%	64.3%	43.4%	57.4%	56.0%	53.7%	56.9%	65.7%
Optometry	66.7%	56.0%	37.5%	70.0%	56.3%	66.7%	77.8%	100.0%	90.0%	80.0%	92.9%	100.0%	89.5%
Pharmacy	88.4%	89.6%	93.6%	82.4%	85.3%	90.9%	89.8%	93.2%	93.9%	93.2%	83.9%	93.0%	93.1%
Physical Therapy	48.5%	46.9%	88.2%	62.5%	38.3%	85.7%	32.4%	69.2%	62.5%	60.0%	100.0%	9.1%	53.8%
Psychology	76.9%	75.7%	71.4%	61.9%	73.0%	60.0%	59.6%	83.3%	57.9%	30.0%	55.2%	38.6%	25.0%
Social Work	100.0%	59.1%	96.8%	96.4%	97.0%	63.6%	94.7%	100.0%	88.2%	100.0%	79.2%	93.1%	86.7%
Veterinary Medicine	31.8%	66.3%	56.3%	50.9%	46.7%	70.4%	76.3%	73.0%	85.2%	82.5%	87.7%	73.6%	82.1%
Agency Total	70.1%	64.0%	71.1%	68.8%	66.0%	70.7%	71.9%	65.8%	74.5%	72.7%	73.9%	73.0%	79.2%

Virginia Department of

Health Professions

Cases Closed in Less than One Year

Fiscal Year Summary

Fiscal Year 2023

The percent of cases closed in fewer than 365 days shows, from the total of all cases closed during the specified period, from entry to closure. These calculations include only cases closed within the year specified.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	FY 2018	Change Between FY 18 & FY 19	FY 2019	Change Between FY 19 & FY 20	FY 2020	Change Between FY 20 & FY 21	FY 2021	Change Between FY 21 & FY 22	FY 2022	Change Between FY 23 & FY 22	FY 2023
Audiology	80.0%	9.3%	88.2%	-12.2%	78.6%	-41.5%	55.6%	-22.9%	45.2%	31.1%	65.6%
Counseling	87.4%	-11.3%	78.5%	2.7%	80.7%	-4.7%	77.1%	0.9%	77.8%	7.5%	84.1%
Dentistry	85.2%	-6.1%	80.3%	-11.8%	71.8%	-26.6%	56.7%	-25.0%	45.4%	31.2%	66.0%
Funeral Directing	77.4%	8.6%	84.7%	-5.3%	80.4%	-16.7%	68.9%	-78.9%	38.5%	38.5%	62.6%
Long-Term Care Administrator	41.7%	-16.5%	35.8%	16.4%	42.8%	-1.3%	42.2%	-14.5%	36.9%	21.4%	46.9%
Medicine	93.8%	-9.6%	85.6%	0.9%	86.4%	-3.2%	83.7%	4.8%	87.9%	-3.7%	84.8%
Nurse Aide	82.5%	-0.4%	82.2%	2.7%	84.5%	-16.1%	72.8%	-17.6%	61.9%	-19.5%	51.8%
Nursing	78.3%	-0.9%	77.6%	-40.8%	55.1%	-21.1%	45.5%	12.6%	52.1%	6.2%	55.5%
Optometry	63.3%	1.1%	64.0%	-30.9%	48.9%	17.6%	59.3%	32.6%	88.0%	2.7%	90.5%
Pharmacy	89.0%	4.3%	93.0%	0.5%	93.5%	-3.8%	90.1%	0.0%	90.1%	0.6%	90.6%
Physical Therapy	77.8%	-130.2%	33.8%	43.0%	59.3%	-3.8%	57.1%	-17.1%	48.8%	8.7%	53.5%
Psychology	92.2%	-8.2%	85.2%	-39.0%	61.3%	9.4%	67.7%	0.3%	67.9%	-48.1%	45.8%
Social Work	81.0%	-16.4%	69.6%	-61.9%	43.0%	49.5%	85.1%	7.2%	91.7%	-2.1%	89.8%
Veterinary Medicine	66.2%	-4.7%	63.2%	18.3%	77.4%	-43.8%	53.8%	19.1%	66.5%	19.8%	82.9%
AGENCY	**84.5%**	**-5.6%**	**80.0%**	**-6.8%**	**74.9%**	**-10.9%**	**67.5%**	**0.6%**	**67.9%**	**6.9%**	**73.0%**

Virginia Department of
Health Professions

Cases Received, Open & Closed
Agency Summary
Quarter 1 – Fiscal Year 2024

The "Received, Open, Closed" table below shows the number of received and closed cases during the quarters specified and a "snapshot" of the cases still open at the end of the quarter.

Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

		Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	CURRENT Q1 2024
Pharmacy	Number of Cases Received	127	138	145	160	212	208	220	185	215	210	204	249	206
	Number of Cases Open	289	263	300	332	350	329	399	409	416	437	384	442	390
	Number of Cases Closed	131	174	115	131	193	228	154	181	228	214	288	220	257
Physical Therapy	Number of Cases Received	8	12	12	20	11	9	15	3	15	13	10	4	10
	Number of Cases Open	33	29	33	47	46	47	46	39	35	34	36	35	31
	Number of Cases Closed	12	19	8	7	12	8	18	10	21	18	8	5	14
Psychology	Number of Cases Received	27	37	36	31	37	32	24	34	20	18	22	31	39
	Number of Cases Open	92	106	130	132	140	159	144	162	163	169	174	172	167
	Number of Cases Closed	25	26	13	32	29	13	39	22	26	16	24	49	44

ATTACHMENT ONE:

Supplemental Information Regarding the Adoption of Proposed Regulations for Pharmacy Working Conditions

Supplemental Information regarding Adoption of Proposed Regulations for Pharmacy Working Conditions

- **Public comment for Emergency/NOIRA Pharmacy Working Conditions regulations**

Staff notes: Public comment ended on November 22, 2023, after the agenda was submitted for the Board meeting. Please consider the printed comments provided in this packet during your review of the proposed regulations.

The Board received 225 comments on Town Hall and two comments submitted by letter.

The Board was alerted to unusual activity on Town Hall regarding the submission of anonymous comments within minutes of each other that become somewhat repetitive. Upon further review, it was noted that 104 of these anonymous Town Hall comments were posted from the same IP address. Please beware that these may be from the same commenter or commenters at the same address and may not be stand alone comments. These comments are lightly highlighted in this packet and cover the following comment ID numbers: 220488 – 220554; 220556 – 220581; 220587 – 220617; and 220627 – 220628.

- **Well-being Index for Pharmacy Personnel State Report for NABP District 2 States (November 2023)**
- **CDC Findings -** ***Health Workers Face a Mental Health Crisis, Workers Report Harassment, Burnout, and Poor Mental Health; Supportive Workplaces Can Help*** **(Updated October 24, 2023)**

VACDS | VIRGINIA ASSOCIATION OF CHAIN DRUG STORES

11-20-2023

R. Dale St. Clair, Jr., PharmD
Chairman
Board of Pharmacy
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico Virginia 23233-1463

Re: VACDS comments for the full Board

Dear Dr. Sinclair and Board Members:

I write on behalf of The Virginia Association of Chain Drug Stores (VACDS) member pharmacies to express our concerns regarding the Emergency Rule on Workplace Conditions. Members general concern is that this rule reads more like a policy and procedure document for entities that are perceived "bad actors," rather than guardrails to set professional standards. As such, our primary concerns, suggested revisions and questions are outlined below.

18VAC110-20-110. Pharmacy permits generally.

B. Except in an emergency, a permit holder shall not require a pharmacist to work longer than 12 continuous hours in any workday and shall allow at least six hours of off time between consecutive shifts. A pharmacist may, however, volunteer to work longer than 12 continuous hours. A pharmacist working longer than six continuous hours shall be allowed to take a 30-minute break. Breaks, including ~~uninterrupted~~ rest periods and meal breaks, shall be provided consistent with 18VAC110-20-113 B 5.

- **Striking "uninterrupted" aligns with the provision to allow pharmacists to remain open during lunch. Pharmacists on break must maintain supervision of technicians. An unforeseen interruption may occur.**

C. The PIC 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.

- **Amend to, "control all *clinical* aspects of the practice of pharmacy" or omit entirely. The current language eliminates the permit holder's ability to manage the pharmacy. It also eliminates the permit holder's ability to hold the PIC accountable for any deviations outside of policy and procedures, which could capture safety protocols for workflow and other policies**

that benefit patient care and access. Some examples include: the number of prescriptions allowed on the countertop; methods to determine patient identities at pickup; and operating hours.

- **Please strongly consider that permit holders are responsible for the pharmacy's compliance with federal and state rules and statutes. How can the permit holder be responsible for compliance breaches if the pharmacist on duty is given control over all aspects of the practice of pharmacy?**

18VAC110-20-113. Pharmacy working conditions.

5. Provide appropriate opportunities for ~~uninterrupted~~ rest periods and meal breaks consistent with 18VAC110-20-110 and the following:

A pharmacy may close when a pharmacist is on break based on the professional judgment of the pharmacist on duty provided that it has complied with the 14-day notice to the public pursuant to § 54.1-3434 of the Code of Virginia and 18VAC11020

C. A pharmacy permit holder shall not override the control of the pharmacist on duty regarding all aspects of the practice of pharmacy, including a pharmacist's decision not to administer vaccines when one pharmacist is on duty and, in the pharmacist's professional judgment, vaccines cannot be administered safely.

- **Amend to, "all *clinical* aspects of the practice of pharmacy" or omit entirely.**

Amend to "when one *immunizer* is on duty…" Immunizer also includes technicians and interns and any future job classifications that may be granted this role. Refusal to vaccinate reduces patient access to preventative care. Pharmacists are no longer the only pharmacy professional that can administer vaccines. It is important to recognize the additional resources available to provide patients with these essential services.

Additionally, we have the following questions around complying with the subjective nature of the rule:

A. What is required for a permit holder to satisfy "Shall…consult with PIC or pharmacist on duty and other pharmacy staff…" Please define "other pharmacy staff."

What is an "appropriate working environment"?

B1 What is "*sufficient personnel*"? Define "*at all times*." What are the "*other requirements*" of pharmacy staff? What steps are the Board considering to help enable pharmacies to bring in new technicians?

B3. More clearly defined overall. Define "quota". What are external factors? Definition of "other programs that interfere…" What are examples of "appropriate professional services to the public"? "Avoid" is this a complete prohibition?

B6 Define "*adequate time.*"

B7 What is the role of the PIC in ensuring pharmacy technicians shall never perform duties otherwise restricted to a pharmacist?

C. Is this section stipulating that two pharmacists must be on duty to administer vaccines? What examples exist of a situation where one pharmacist on duty could not safely vaccinate patients? How do vaccinating technicians fit into this: does this mean that a technician cannot vaccinate if only one pharmacist is on duty. This policy will only compromise workload. In addition, it flies in the face of increasing patient access to vaccines, which was clearly the General Assembly's intent when they adopted the law to permit technicians to vaccinate.

E Examples and/or better definitions needed for this section. How does inability to hire (RPh or Tech) in the current job market factor into this?

Thank you in advance for your careful consideration of the issues we've raised. Please let me know if you have any questions or wish to further discuss these suggestions.

Jodi Roth
Government Affairs
Virginia Association of Chain Drug Stores
5101 Monument Ave.
Richmond, Virginia 23230
804-690-4940

KAISER PERMANENTE®

Mid-Atlantic Permanente Medical Group, P.C.
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Caroline Juran, RPh
Executive Director
Virginia Board of Pharmacy
9960 Mayland Drive
Richmond, VA 23233-1463

November 21, 2023

Re: Proposed Pharmacy Working Conditions

Dear Ms. Juran,

Thank you for the opportunity to provide comment on proposed new regulation 18VAC110-20-113.

Established in 1980, Kaiser Permanente is the trade name for the total health organization comprised of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., the Mid-Atlantic Permanente Medical Group and Kaiser Foundation Hospitals, which contracts with community hospitals for the provision of hospital services to our patients. Our mission is to provide and coordinate comprehensive, high-quality, affordable health care services, which improves the health of our members and communities we serve. This includes approximately 825,000 members throughout the District of Columbia, Maryland and Virginia ("DMV") metropolitan area. Within our footprint, we maintain a primarily internalized pharmacy system, including 17 outpatient, infusion and mail order pharmacy sites across 14 medical facilities in the Commonwealth of Virginia.

Kaiser Permanente offers comments in consideration of pharmacy working conditions to optimize safety, fair standards of practice and operational efficiencies, and improve the well-being of our Commonwealth of Virginia members.

REGULATORY PROPOSAL

The Virginia Board of Pharmacy ("Board") highlights productivity measures as a contributing factor to a safe working environment. If that language were to remain, it would be important the pharmacist-in-charge understand how the Board views certain activities common to most businesses. In the pharmacy sector they may be used to establish appropriate guardrails for management teams.

Proposed regulatory language in 18VAC110-20-113(B.3) states:

> *Avoid 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.*

It can be extremely challenging to gauge how effectively we provide service to our patients and hold associated staff reasonably responsible for their contributions without the benefit of productivity measures. We recognize the importance of providing timely patient care that protects the health, safety and welfare of Kaiser Permanente members.

THE VALUE OF BENCHMARKING

Benchmarking appeared in the healthcare system decades ago as measurement tools for monitoring many logistical functions. It applies standards that can help lessen risk and improve the quality of care; increase patient satisfaction; and control healthcare costs. Benchmarks are beneficial for a pharmacy team to understand how individual performance compares to similar persons for the purpose of both identifying mentorship needs and initiating best practices that contribute to improved performance. Benchmarking may be used as part of a comprehensive continuous quality improvement ("CQI") program.

Pharmacy leaders employ benchmarking tools to better understand work that is being done and identify potential opportunities to enhance efficiency, safety and services. These measures often examine resource essentials to deliver care over time and can include standard volume metrics. This may not be solely tied to the number of prescriptions processed, for example, but also factor in clinical interventions and patient and practitioner education that leads to ideal outcomes.

Productivity assessments and baselines help pharmacy departments determine what workload resources are needed to provide optimal dispensing and clinical services. Objective data can be especially useful when changing an existing service or beginning a new one. Realistically, cost considerations are certainly an integral part of business sustainability.

Kaiser Permanente supports examining ways to avoid factors that negatively impact the safety and quality of patient care and may hamper an individual pharmacist's capability to deliver appropriate professional services to our members. At the same time, we want to ensure business practices properly reduce subjective reactions and, instead, allow for quantitative productivity measures that monitor performance in ways which contribute to operational efficiency and fair expectations. Metrics may be used to acknowledge exceptional efforts. Conversely, an individual who is evaluated as under-performing may wonder what criteria are employed. If a number can be given as a gauge for productivity relative to peers, at least there is a possibility to comprehend the expectation and appreciate how an evaluation is reached. Also, an individual's weak performance may contribute to co-workers being adversely impacted and taking on added responsibilities to balance workload, possibly increasing safety concerns. In tandem with other factors, data may offer objective insight regarding proficiency and what support may be beneficial.

RECOMMENDATION AND CONCLUSION

Pharmacy settings can differ and face unique challenges. If language regarding productivity must be in the regulation, we strongly encourage the Board to allow use of production quotas or programs that support objective observations and fair comparisons. Thoughtfully designed measures are critical to continually identifying and evaluating an individual's performance, the pharmacy department's opportunities for improving quality of the patient care experience – including safety – and the value of services to our members.

We genuinely appreciate the Virginia Board of Pharmacy's commitment to ensuring a safe and well-supported workplace environment for pharmacy professionals to practice.

Thank you for your time and consideration.

Sincerely,

Joanne Dial, Pharm.D.
Pharmacy Government Relations and Regulatory Affairs Coordinator
Kaiser Foundation Health Plan of Mid-Atlantic States
Joanne.K.Dial@kp.org
(443) 280-7365

Action: Pharmacy working conditions [6081 / 9792]			
Commenter	**Title**	**Comment**	**Date/ID**
Anonymous	Does the Pharmacy Working Conditions emergency regulation apply to nonresident pharmacies?	**Section 54.1-3434.1 of the Code of Virginia** states that a nonresident pharmacy “shall also certify that it **complies with all lawful directions** and requests for information **from the regulatory or licensing agency of the jurisdiction in which it is licensed** as well as with all requests for information made by the Board pursuant to this section.” Regarding 18VAC110-20 "Regulations Governing the Practice of Pharmacy (Emergency)," is there clarification on whether this applies to pharmacies licensed by the Virginia Board of Pharmacy as nonresident pharmacies? Thank you for taking action to support pharmacy personnel and create environments that promote patient safety.	10/23/23 1:56 pm CommentID:220443
Anonymous	Regulatory Action	I totally support this! It’s about time pharmacists have a say in the workplace. Conditions have become overwhelming. It’s more work without more help or hands.	10/25/23 8:43 am CommentID:220444
Fozia Ibrahim	Support	As a pharmacist I fully support this!	10/25/23 8:45 am CommentID:220445
Zachary May	This is a good start, but needs to go further	The regulations, as proposed, are a good first step towards improving working conditions. However, even though these have already been in place as emergency regulations, there has been **zero** response from any of the large corporations to actually implement changes to improve the working conditions thus far. For example, one large chain still allows pharmacists a lunch break, but because the pharmacy remains open while the pharmacist is on lunch, the pharmacist is still **required** to address mandatory counseling blocks (such as generic "90 day refill" blocks). If their 30 minute lunch break turns into a 5 minute lunch break, so be it. Likewise, another large chain *does* close for lunch, but at a set time. Regardless of if the pharmacist is helping patients or not after 1:30, the pharmacist is required to return promptly at 2:00. If the pharmacist is administering immunizations, or is counseling a patient, and doesn't get to actually leave the pharmacy until 1:45, they still have to be back at 2:00. The technicians, on the other hand, are *guaranteed* a protected 30 minutes, whether they leave at 1:30, 1:45, or later. I have had a permit holder point blank state that "you have 30 minutes to eat somewhere in your 11 hour shift. Figure it out". Large corporations will, quite simply, look at the proposed regulations and will pull out the policy manual that says "we already meet these regs". Because they do. Any pharmacist that challenges the corporate budget or corporate direction will not be termed or demoted because they challenged the actual work conditions, they'll be	10/25/23 9:23 am CommentID:220446

punished for "poor customer service". As an example, Walgreens very publicly announced that they "will no longer hold pharmacy teams accountable to performance metrics". That's true. They don't. Prior to my leaving the company they changed their performance evaluations to only focus on "leadership qualities". However, these "leadership qualities" are then tied more deeply to "did you're pharmacy meet goal script growth? Immunizations? MTM?" No? Then you must have poor leadership. It's easy for the board to put in regulation "Avoid the introduction of...quotas...", and it's just as easy for a corporation to hide those quotas behind the vague umbrella of "effective leadership skills".

My pharmacy did over 800 prescriptions in the span of 3 days with 1 pharmacist and 2 technicians. I went to the bathroom two times in 10 hours on the first day, one time the second day, and was unable to the third day because while I had 2 technicians, they were both acting as cashiers for the majority of that time. So 1 pharmacist entered scripts, reviewed them accuracy, filled a good chunk of those scripts, and verified for product correctness. In addition, about 25%-30% of those required mandatory patient counseling after checkout (dictated by the corporate software). This is *after* the emergency regulations were published. We did several dozen immunizations, and received constant pressure from our management to also complete additional MTM claims because "we were over 100 active claims". I could, very easily, have told my management "I'm sorry, but the volume we are attempting to fill with only 2 certified technicians is unsafe and we are unable to accommodate any additional services right now". However, I still need my job. I absolutely guarantee I would receive a very strong warning, if not lose my position. I could lodge a formal complaint, but it wouldn't do any good, the company would replace me with another pharmacist less vocal and say "I have poor customer service skills and am not respective of my patients needs".

No, without concrete minimums in writing that are black and white corporations will continue to use and abuse pharmacists. We're "highly compensated individuals" and as such, according to the corporations, deserve every bit of what they want to dish out. The Board needs to step up to protect both the patients ***and*** the pharmacists. Pharmacist walk-outs (of which I did not participate) *only* hurt the patients. They get publicity, but that's it. When CVS is posting over $320 *billion* in revenue for 2022, I seriously doubt 22 pharmacies closing for a few days because of a walkout will truly make an impact. At the end of the day, corporate pharmacy boards are ruled by **non-pharmacists** that will do everything to keep shareholders happy and profits as high as possible. I fully intend to exit pharmacy well before my retirement age, if possible. I have many friends that have exited retail completely, and in some

cases pharmacy completely. What happens when retail pharmacies can't be staffed, not because of COVID, but because the pharmacists are not there to staff them? Pharmacy deserts. Mail order. I think everyone can agree its inconvenient for a patient to drive 30 to 40 minutes to find a pharmacy in rural areas. But Virginia is in large part rural. Nobody likes mail order. There's a reason mail order market share has never gotten above single digits since its conception.

Any regulatory movement should address working conditions in black and white.

- Pharmacists are **people** too. A six hour shift should mandate a 30 minute lunch break and one fifteen minute break for every 4 hours worked. Both should be uninterrupted. Pharmacists and techs are in a high-stress, high-risk environment. Research shows that even small breaks from workflow and the job can reduce stress, fatigue, and ultimately errors. The regulations should specifically state breaks must be uninterrupted and must allow the full defined break period.
- Pharmacy staffing regulations should define absolute minimums required to safely operate a pharmacy, and these minimums should take into account the services provided by a pharmacy. From a safety perspective, no pharmacist should ever be required to work alone except in an emergency; 1 certified technician should always be present with the pharmacist.
    - It is unreasonable to dispense 400 prescriptions and expect scheduled immunizations, walk-in immunizations, and MTM to be completed by 1 pharmacist in a shift. This is in addition to everything else required to keep a pharmacy running that does not involve direct patient care. To put that into perspective, on an average with zero other expectations, I am spending approximately 1 minute and 20 seconds on a prescription. That includes entering the script, filling the script, and reviewing it for accuracy and safety. Given that filling a script is ~30-45 seconds of that and entry is ~20 additional seconds, a single pharmacist in a 9.5 hour shift filling 400 prescriptions is only spending about 10-20 seconds per script actually reviewing it for accuracy and safety. 10-20 seconds to perform a DUR check against the patient profile and make sure the script was actually entered correctly. And that assumes *zero* other responsibilities. In reality, we're looking at probably 5 seconds or less. How is this safe? But that is the corporate expectation. That or stay after business close

to get it done. Again, I know personally of pharmacists that have stayed 4-5 hours after the close of business just to fill prescriptions, worked a 14 hour day, and repeated it again and again because that is the corporate expectation. Again, I believe defining a reasonable minimum of 1 pharmacist for every 200-250 prescriptions dispensed would improve that patient safety margin. Additionally, defining technician minimums as at least 1 technician hour for every 10-11 prescriptions entered (not sold, entered) would help ensure that pharmacists are not the sole point of contact on a script from entry to dispensing and again, improve that patient safety margin.

- A popular tool over the last few years has been the introduction of appointment-based vaccinations and clinical services. That's fine, but its again an unreasonable expectation to have an appointment scheduled for an immunization and expect the pharmacist to drop everything they are doing for that appointment. In the setting of appointment-based clinical services, a pharmacist dedicated to that service should be scheduled outside of the pharmacist dedicated to dispensing prescriptions. I can recall a recent conversation with my district manager wherein I had turned away several vaccine appointments because I was the sole pharmacist on duty and, between the walk-in vaccines and the volume of the business at the time, I was unable to accommodate those additional services. Because one of the patient's had complained, I was in no uncertain terms told that I was to take appointments first, ahead of anything else going on in the pharmacy, and that in no circumstances could I ever turn away a shot on the basis of how busy the pharmacy was.
- Another popular tool has been the introduction of "net promoter scores (NPS)". Or, how "happy" your customers/patients are based on a 5-point scale. Technically, since a pharmacist cannot be terminated over failing to meet metrics, the NPS score is where its at now if you want to get rid of a pharmacy manager or pharmacist. Regulations should encompass NPS scores as invalid for performance evaluations. We've all had the experience of a survey at a business; healthcare is no place for these surveys. The people that answer them are either very pleased with the business, or angry and want to make a point. While there can be learning moments from these survey responses, corporate management also holds them over pharmacist's heads. Anytime we have a neutral (3/5) response, we have to call and find out what we can do better. 99% of the time its "fill my

prescription faster" or "hire more help so I don't have to wait in line as long". On average our pharmacy will have the prescription done in 10 minutes or less, or, in the name of customer service, will fill it while they stand there in less than a minute. We, as pharmacists, cannot objectively approach a patient when we are held to survey results. Pharmacists naturally want to help people; that being said the answer we give is not always what the patient wants to hear. That does not mean its the wrong answer, but it also should not lead to me having to deal with my district manager to explain why the patient was upset that I didn't comply with their demands. There have been multiple attempts at evaluating the effects of patient satisfaction surveys on healthcare outcomes; the results are a mixed bag. In some cases it appears patients satisfied with their care are more adherent and have improved outcomes, while in other studies it appears that tying satisfaction surveys to performance results in worse outcomes. In either case, like production quotas and quality metrics, pharmacists and pharmacy teams should not be held to NPS scores as performance measures.

Ultimately, legislatively the issue with DIR fees and PBMs needs to be addressed, as in my own personal opinion PBMs are the root of the problem. Pharmacy is the only business, to my knowledge, where we sell a product or service for less than its value, and have no guarantee to ever get paid for the full value of that product or service.

I believe the regulations as proposed are a good first step, but they don't go far enough. Simply because, by their interpretation, corporations can truthfully say "we meet these regulations" and continue pushing pharmacy teams to the breaking point at the expense of patient safety. The regulations to address working conditions should be clear, black-and-white standards much like the physical standards of pharmacies, that do not leave any room for interpretation. In summary:

- Break periods should be clearly defined, with clearly stated requirements for breaks with regards to shift lengths, break length, and number of breaks
- Regulations should establish staffing minimums to safely operate a pharmacy that a clear and unambiguous and address the prescription volume that warrants multiple pharmacists, as well as clearly state staffing levels required for clinical services in addition to dispensing. Regulations should also clearly state that no pharmacist should be required to work alone without at least 1 certified technician at all times.
- Pharmacies that offer appointment-based clinical

		services in addition to traditional dispensing should staff an additional pharmacist during those hours that appointment-based services are available, whose sole responsibility is to provide care for those patients to allow the dispensing pharmacist to focus on safely dispensing medication. • Regulations should clearly state that production quotas and metrics in addition to patient satisfaction surveys *shall not* be introduced to the pharmacy for the purpose of pharmacist or technician performance evaluation.	
Anonymous	Thirty minute break time ...	We will not get an uninterrupted break time to eat unless this is enforced by the Board by a designated lunch time that has to be posted and given.	10/25/23 9:35 am CommentID:220447
Norther Virginia retail pharmacist.	Pharmacist working conditions	We need more help. A pharmacy that fills 400 prescription a day plus all the vaccination needs three full time pharmacist plus two full time technicians working together to provide a safe service to customers. In a place we work RPH gets no break. Every company must give their pharmacist half an hour break by closing the pharmacy for half a hour. A pharmacist should not work for 9 hours without lunch or bathroom break and provide excellent service day after day. For every 150 prescription we need to add another pharmacist. Pharmacist can not type , count , dispense and ring up customers all by herself or himself and run out to give vaccines too in a safe manner. Every pharmacy must have enough techs and clerks so the pharmacist does not have to juggle between typing, counting ,counseling ,answering the phones and giving immunization. It is physically getting impossible and mentally putting the pharmacist under so much pressure. No patient is safe under this working condition and mistake might happen every day. Company should hire immunizer for busier pharmacies. we can not be on top of the all the metrics while juggling to serve the patients who are standing right in front of us for their prescriptions or vaccinations. Most of us have to stay over after closing to keep up with the metrics. Working conditions for most pharmacists are getting unbearable to the point that no one wants to work for retail. We need help and we need change for patients safety and our mental health. We need more help. We can not work under this much pressure day after day.	10/25/23 10:12 am CommentID:220448
Anonymous	Too much work load and stress for little payment	The work load is too much and it adds to the stress level. This will cause more mistakes for the pharmacists.	10/25/23 11:54 am CommentID:220449
Anonymous	Working conditions	• While this regulation helps it does not go far enough. A PIC can try to set limits on volume and conditions alone, but ultimately that person could potentially be fired at the will of the organization. Also, the new requirements for technician certification impedes our ability to train and retain new hires. The process is too lengthy. This is	10/25/23 12:17 pm CommentID:220450

		leading to less help available at the tech level.	
Eric Paradisi	Support	I have been practicing pharmacy in VA for 28 years. I support this measure to improve patient safety and pharmacy working conditions. I am conserved that it will not be enforceable.	10/25/23 12:42 pm CommentID:220451
Anonymous	Pharmacist	We need a better and more humane working conditions we have been working in terrible and exhausting environment none stop without break and lack of help	10/25/23 12:53 pm CommentID:220452
Anonymous	Burnout	Support!!! I have seen many pharmacists have strong physical and emotional exhaustion at work. We need work-life balance.	10/25/23 1:52 pm CommentID:220453
Emily Gelzinis	Support	I support better working rules for pharmacy staff. It all comes down to patient safety and better working conditions lead to better outcomes for both our patients and our pharmacy staff.	10/25/23 2:02 pm CommentID:220455
Kimberley Paradisi	Support	I have been practicing pharmacy in Virginia for over 2 decades. I support this measure to improve patient safety and improve working conditions in the pharmacies.	10/25/23 2:38 pm CommentID:220456
Northern Virginia Pharmacist	Very stressful work conditions with little help and pay!	Being a Pharmacist has become my worst nightmare. The stress has become overwhelming. Working in the pharmacy is not healthy for the Pharmacist or their staff. Everyday there are new expectations with less help! We need Help Changing the way pharmacies are operating and how the pharmacist are treated.	10/25/23 2:55 pm CommentID:220457
Anonymous	Working	Work way too hard and much just to have pay amounts that do not match the effort put in. The amount of stress dealt with compared to how much we are being payed is not adding up.	10/25/23 6:10 pm CommentID:220459
Anonymous	Rph	We need a safer and a better environment to work as pharmacists we have been working 12 hours with no breaks or sufficient help mistakes will keep happening, we are dealing with patients life here we can provide a lot more with a better help	10/25/23 7:02 pm CommentID:220460
Anonymous	Support	In order to properly pactice the oath of the pharmacist, there needs to be safer working conditions for pharmacists and their staff. Safer working conditions including at the minimum a proper meal break without interruption and qualified support staff is critical to providing the best care to patients who are becoming more reliant on community pharmacists for care.	10/25/23 8:23 pm CommentID:220461
Northern Virginia Pharmacist	Retail pharmacy is sadly going downhill !	I love practicing pharmacy in the retail setting. I have been working at the same pharmacy for more than 20 years. I know many of my customers by name, know their medications, their preferences. I have been helping whole	10/25/23 10:16 pm CommentID:220462

families with their prescriptions, seeing the kids growing up, graduating from high school, from colleges. My customers and I, we are like a big family. For recent years, the significant meaning of helping my beloved customers to get the medications that they need at the price they can afford to help them getting better, that meaning is getting smaller and smaller. Instead, stress, work overload, pharmacy budget cut, and a myriad endless demand of chores required by the company are interfering with my time and energy dedicated to the profession of pharmacy.

Retail pharmacy is now a place where we are supposed to make money for the boss. Profit, sales, prescription count, labor cost saving, these are the goals. Nobody cares about pharmacists working 12-hour shift and spend significant time before opening and after closing time to get things done. Being a pharmacy manager is not money worth, it means spending more time out of the regular working schedule to get things done without getting paid. It is very damaging to our health when we work 12 hours in a row without a real break, taking 1-2 bathroom breaks (2 bathroom breaks is a blessing from above) and eating junk food full of sugar and rely on caffeine to give us energy to function. Since we do not have a Union, we do not have actual meal break. Since we are salaried employees, we do not get paid overtime if we stay to work after closing the pharmacy to get things done. The more dedicated we are to the profession of pharmacy, the more time we work without getting paid and the faster we are digging our graves.

The pay rate for pharmacy technicians are laughable, dirt cheap. We rely on good pharmacy technicians to help us throughout the day. It is not easy to train a cashier to become a pharmacy technician. The new online training requiring 400 hours of learning makes it very difficult to hire people interested in working at the pharmacy. People can find a job paying $16, $17, $18 an hour at various places, why working as a tech-in-training earning less than $13 an hour for about 2 years and once passing the National Pharmacy Tech Exam only receiving a tiny pay increase and working as a pharmacy technician earning $15.20 (my recent tech passing the exam in August after almost 2 years working on the online tech training program) !!!!!!! The company does not want to increase the pay rate of our knowledgeable pharmacy technicians. Of course, we are losing good pharmacy technicians left and right, leaving retail pharmacy after a few years to work in hospital pharmacies with better salaries.
Cannot even keep a technician after 8 hours of work to help with the crazy workload because of overtime, forbidden by the company. It is cruel pure human labor exploitation when pharmacists are working extremely long hours before opening and after closing for years without getting paid to try to finish the heavy workload. Well, cannot blame capitalism, can we ?

		Vaccinations is profit making, money making for the company. Walk-in welcome, online appointments set at 15 minutes per slot. It takes time to give a shot, and it takes tremendous time to key in the computer a prescription for vaccine (lot number, expiration date, name of the provider, what dose number of Covid shot provided)..Besides vaccinations, pharmacists are supposed to check prescriptions keyed in the computer by technicians, check drug interactions, filling prescriptions, receiving verbal orders from doctors, on hold with other pharmacies to transfer prescriptions, .. We are human beings, not machine. We have a speed limit, energy limit, mental and physical able to do up to a certain amount of duties in a limited amount of time. When it comes to the point that the crazy workload with limited help can result in harm to our customers, harm to the pharmacy personnel, regulations about pharmacy working conditions need to be created and reinforced. Sadly, pharmacists are replaceable. Any burned out retail pharmacist can quit the job and the company will hire another pharmacist to work. As long as companies keep paying a low pay rate to pharmacy technicians and pharmacy clerks and keep a low pharmacy budget, high turnover in pharmacy personnel will cause a lot of mental, physical and emotional damage to the retail pharmacist. Money is the key part to improve pharmacy working conditions, and sadly, I personally think that the Board of Pharmacy has no power in making working conditions in retail pharmacy better and safer.	
Northern Virginia Pharmacist	How is this even a job anymore?	It feels like we are slaves to the public tolerating verbal abuse daily, threats about metrics from corporate, and being told we can all be replaced for new hires at a lower pay rate. All this without a meal break, inability to see the light of day for 12 hours, and God forbid you have to go to the bathroom. It's no longer a profession...it's jail.	10/25/23 11:07 pm CommentID:220463
Support	Support	Support	10/25/23 11:12 pm CommentID:220464
Mei Wu	Overworked	What is the purpose of emergency regulations if company like Giant Foods completely disregard it? Please, speaking from an exhausted pharmacist, change Virginia Emergency Regulations into a law. Your pharmacy teams and your patients need your SUPPORT! Thank you!	10/25/23 11:45 pm CommentID:220465
Anonymous	Great first step	I have been a pharmacist for 13 years, and every year the	10/25/23 11:53 pm

		position seems to be a bit more difficult. I think that these new regulations are a great first step. I would only ask that they be enforced against chains. Right now, the day to day tasks are almost impossible to fulfill as we usually don't have adequate staff. The work environment has slowly become unsafe over the last decade.	CommentID:220466
Northern Virginia Pharmacist	We are at the mercy of the VA BOP	I completely support and admire the VA BOP for finally implementing something for their pharmacists. We are at the mercy of the VA BOP to permanently implement these regulations. If not, then it will all be for nothing. As a pharmacist, I am thankful for the new support and acknowledgment from the Board that we are humans and not robots designed to fulfill a greedy company's metrics.	10/26/23 12:47 am CommentID:220467
Anonymous	Support	As a pharmacist, I support this!	10/26/23 8:34 am CommentID:220468
Jenny	Support	Support	10/26/23 10:19 am CommentID:220469
Anonymous	support-	patient care is in jeopardy due to the CURRENT DANGEROUS working environment pharmacist have to work in every day. It is very very very very easy to make a mistake when YOU are the ONLY person working at a pharmacy for 12 hours shift with NO bathroom break and NO meal break. These are all tasks, a pharmacist have to do on a daily basis every day such as: you have to accept the incoming medication order (example 1- 15 totes full of medications), accept incoming mail with potential vaccines that need attention immediately (whether they need to be put in fridge or freezer according such as flu, covid), accept doctors or other providers (nurse, physician assistant) calling in prescription over the phone or making adjustments to prescription or other questions from providers all over the phone, taking care of the line for people trying to pick up prescription in-person, taking care of people trying to drop of prescriptions in person, giving vaccines, typing in-coming prescription in the electronic system, pre-verify prescriptions, counting prescriptions by hand these days (because counting machine(for example Kirby) is broken these days and corporate has no comment if they will replace it or not),verifying prescription, answering question from patients/customers or their family member in person, answer question from patient/customers on the phone, trying to refill a prescription from a patient who is calling in from the phone, trying to meet vaccine quotes from corporate (for example: we are not allow to have zero flu shot quote for the day right now), dealing with recalls (can be 1-5 recalls in 1 day), trying to listen to conference calls about new updates, trying to do random corporate miscellaneous task that are handed to us and tell us we are not allow to have a zero count for the day (example: corporate telling us to advertise a coupon book and with the profit that corporate will donate to a random charity), and then finally customer	10/26/23 10:24 am CommentID:220470

service every day (for example: trying to apologize to the customers that get frustrated with me because that prescriptions cannot be done in 1-5 minutes because I am only person at the pharmacy and there is 1-20 task at any given time from 1-20 different people in different locations all waiting to be done and I am only human and can only do 1 task at a time.

I thank board of pharmacy so much for attempting do something about the work place environment for pharmacy but this is an only start and more needs to be done! please please please make it a law- please! Patient care is very important but when a pharmacist health is imposed by the environment that they are given, how can a pharmacist under all this stress be expected to take care of a patient with optimal care? It only leads to mistake being done, and patient care being impacted as a result. And what of the results from all this? When a mistake is done in the pharmacy, a pharmacist try to resolve it through calling the doctor and patient and following up with them, writing up that incident report (which can take 1-4 hours), follow up report about what can be done better (and the answer to just double check everything and be more aware next time) but it is really better? when you are the only person at the pharmacy and this same mistake can happen again because you have a burn out pharmacist as a result?

What is the answer from corporate? just fire that pharmacist- they are replaceable.

you get a burn-out pharmacist that is fired as a consequence and a result from the current working conditions that pharmacy have are in practice right now.

pharmacist study 4 years in graduate school, and 1-4 years in undergraduate school to get the pre-requisite, get burn out from work due to the current work environment and can get fired in 1 day. pharmacist are humans. customer service is never easy. patient are very important. but you as a person have to healthy yourself to have the energy to take care of another person(patient) so PLEASE BOARD OF PHARMACY - please make laws to help optimize patient care and help pharmacist so they are in a safe work environment to do so because pharmacy CURRENT WORK PLACE IS NOT SAFE for patient and pharmacist at the moment.

Oh, and you ask: why do we not hire more people you ask? because it is impossible to find a person who will help this pharmacist with all the task listed above (see the text above) at MINIMUM wage due to current union laws and minimal wage, anyone can find a better job outside the pharmacy for 20 dollars easily. (for example: you can get paid $20 dollars per hour at McDonald's and that is the minimal pay at McDonalds). so why would anyone bother to work at pharmacy and help a pharmacist??? that is

exactly the reason no one apply at the pharmacy.

The new regulation that board of pharmacy put in place around July 2022 about pharmacy tech in training hinders the pharmacy currently- so even when we(pharmacy) get a person to train(tech in training), they (the tech in training) is spending all their time doing the modules and quizzes that are required by board of pharmacy about learning what a tech in training does and knowledge they are supposed to know and as a result: there is almost no minutes left for a pharmacy tech in training- to help pharmacy with any other tasks or help a patient out. The amount of time it takes to train a tech-in-training into a pharmacy tech increases due to the current regulations, laws so help is very hard to find these days at the pharmacy and when a tech-in-training is spending all their time with modules and a customer comes into the pharmacy, the tech-in-training is still learning and has to depend on the pharmacist to come out and help the patient themselves, which just adds another task to do on the already burn-out pharmacist.

board of pharmacy please- please help patient care be optimal by creating a safe environment for pharmacist to do so because corporate does not care. and pharmacist are humans too just like patients. the care of patient is very important to pharmacist. pharmacist try everyday to do so by giving it their best every day- getting burn out for the patients. we just get yelled at by patients and corporate everyday given the circumstance we are in.

nothing will change without the board of pharmacy. CHANGE Is needed. please board of pharmacy- the future rest on you.

signed a-very-burned-out pharmacist- in northern Virginia.

changes that I recommend to board of pharmacy

-please make it illegal for a pharmacist to be alone at a pharmacy.

-if there is a immunization clinic- the time it takes to process a vaccine through a patient insurance - pharmacist should also be allowed to get paid for that.

-consider creating remote jobs where someone can help a pharmacist type prescriptions on the electronic system.

-allow pharmacist to have a meal time/bathroom break

		without getting yelled at by a patient -increase minimum hourly pay for pharmacy clerks, tech-in-training so pharmacy can find help -outlaw vaccine quotes or miscellanous quotes- task that corporate require pharmacist to do- such as selling a coupon book (because that is taking time away from patient care)	
Northern Virginia Pharmacist	Company greed leads to deteriorating pharmacy working conditions	Money, money, money. Profit, profit, profit… Keep chanting these words because it is the daily mantra while working at the pharmacy. Making more and more money is what a for-profit-company aims for. Pharmacists are now a dime a dozen and can be fired at at any time, replaced by a younger pharmacist that will work extra hours without paid, without complaining, so grateful to get a job that helps to pay off the huge student loan. We have a primary computer at the pharmacy that automatically shuts down after a few minutes without printing activity and we have to turn the power off or pull the plug to get it restarted numerous times in a 12-hour shift, also helping us to get some exercises lifting that heavy computer out and put it back in after restarting it. Thanks to the company who refuses to give us a new printer, we have to work with that piece of trash for more than 3 years. The support tech comes many times but cannot do anything to fix the printer to make our life easier. Ordering supplies is another nightmare. Cannot order too many toners for the pharmacy printers, cannot ask for more cases of legal paper… With more vaccinations processed, more prescriptions processed, the printer runs out of ink faster. The manager and assistant manager of the store were transferred to another store, the new manager and assistant manager are on duty but their information still lingers at their former home stores. Nobody in the store knows or has access to order supplies. Is it adding stress and pressure to a pharmacist ? Yes, definitely yes. Just simple things like inadequate supplies can become a straw that contribute to negatively impact a pharmacist, mentally, physically, psychologically. Let alone the inadequate help at the pharmacy. Do not even mention the damage inflicted on the pharmacist's kidneys due to lack of bathroom breaks. Cannot even eat anything out of a bland diet if having some time to ingest some nutritional thing to keep us alive and functional.	10/26/23 1:26 pm CommentID:220471

		Corporate greed will never leads to improved pharmacy working conditions. The lack of pharmacy inspectors from VA Board of Pharmacy means that any suggestions/ laws passed by the Board to make pharmacy working conditions safer and better will not be reinforced. Paying a fine to the Board is just a tiny sum of money for corporates in comparison to the money saved by imposing a low pharmacy budget with limited help and demanding higher and higher prescription count and prescription sale with just one pharmacist working daily at the pharmacy in most pharmacies. Too coward to put my real name for fear of retaliation/ retribution. Admire the CVS pharmacists and Walgreens pharmacists walk out to demand better pharmacy working conditions.	
Anonymous	Expanded Scope of Practice without Expanded Resources	Growing up, I didn't see pharmacists doing half of what they do now. While pharmacy technicians are required to be trained and certified, that assistance does not make up for a pharmacist who is overwhelmed with all of the tasks s/he is required to perform. The emergency regulation needs to be made a law.	10/26/23 4:26 pm CommentID:220472
Stacey Wilcox	Safe work is healthier	Drug errors are dangerous. Quotas are dangerous. Distractions are dangerous. Yet, distractions as part of regular workflow and quota systems are found in most pharmacies. Why? Because the financial bottom line, not patient safety, motivates most corporate decisions. Nothing about this is new. What is new is the volume. The volume of medications available on the market, the volume of patients per pharmacy, the volume of DUR issues that must be reviewed and mitigated have all increased drastically in the past 10-20 years. Add this increased volume to the idea that most staffing decisions are based on financial reviews done by non-health care	10/26/23 6:47 pm CommentID:220473

		trained individuals and we find ourselves in the current dangerous situation; those who have the training and desire to prevent drug errors are not afforded the proper time and focus to do so. It is far past time for our regulatory institutions to step in and create formal guidelines for safe staffing practices and working conditions that promote safe patient outcomes within our pharmacies. I firmly support these newly drafted regulations.	
Anonymous	Support	Lunch break is a right for health care workers.	10/26/23 9:22 pm CommentID:220474
Anonymous	Support	Lunch breaks should be a right for everyone. It's very hard to take care of patients when you are by yourself at the pharmacy as it increases the risk for mistakes for an error to happen substantially. Please make it a rule that pharmacist are never by themselves. Corporate always starts cutting help hours in summer and then in the fall when we do flu vaccines- and the need increase for other vaccines like rsv, or Covid, pneumonia increases the amount of work . Then we do not have the help we need to do more in the pharmacy. Pharmacist come 1-2 hours before work and stay 1-3 hours after work to finish work every day to make up the difference but is that fair? Please find a way so pharmacy can find help . No one applies to be a pharmacy clerk or tech these days because the pay is minimum and the amount of work to the job does not correlate accordingly. My pharmacy been looking for help since July and no one has apply because of the minimum pay but corporate does not care. The vaccines quotes should be outlaw. Corporate only care about profit. Everyone at the pharmacy is getting burn out and it affects patient care. No one wants an error to happen ever. When everyone is burn out at pharmacy, error happen and patient care is impacted.	10/27/23 4:02 am CommentID:220475
Anonymous	VA Pharmacist	Support	10/27/23 8:34 am CommentID:220476
Anonymous	anonymous	In the Fall, we are always behind in our work because everyone is sick (and needs medicine) or wants vaccinations and we do not have enough hours in the workday to fill every single medication that comes in and we fall behind or barely keep up. After flu season is over, corporate cuts hours so then we start to fall behind because we do not have enough people in the pharmacy to complete the work that needs to be done. The pharmacist at my site never takes a break during the day because it would just mean we would fall behind even more. There needs to be more than one pharmacist in the pharmacy at a time during peak hours and during lunch breaks so that a pharmacist feels comfortable taking a break. All of the staff are making more mistakes because we have a large volume of patients and not enough staff, and instead of corporate making it a priority to try to hire more people they just come down on current employees really hard	10/27/23 9:33 am CommentID:220477

		with punishment for their mistakes. We should be punished for mistakes, but it needs to be recognized that the conditions we are working in are causing these mistakes to happen more frequently. Corporate should be required to give a store/pharmacy more hours overall based on the volume of work they have, not based on what season it is. Corporate should also be taking fault in the conditions they are subjecting community pharmacists and technicians to, which causes mistakes that affect patient care.	
Anonymous	RPH	Too much workload, less pay, less help, no lunch break. Pharmacists are being abused.	10/27/23 11:07 am CommentID:220479
Anonymous	Support	As a former tech that left the field due to not seeing a fair future, I support this action.	10/27/23 12:03 pm CommentID:220480
Eric Haas	Vague and unenforceable	This is long and wordy while still being too vague on specific points. This meets the requirement to create workplace legislation without actually changing anything. Specifically, it's attempted standards will remain unenforceable.	10/27/23 12:30 pm CommentID:220482
Northern Virginia Pharmacist	Proactive	Than you for beginning to pave the way to support your pharmacists. It's been a long time coming. However, our profession wouldn't be in this situation if something was done proactively.	10/27/23 8:25 pm CommentID:220485
Anonymous	Understaffed and corporations not doing anything about it unless the law is changed!!	Pharmacies are understaffed and pharmacists are overworked and all corporations care about is business and productions but neglect hiring sufficient staff nor increasing pharmacy technician pay despite the rigorous training and work put into registering for the tech in training program. Then they quit after all the training is done and they are a licensed technician because the pay is not competitive enough. The law needs to change to provide better staffing and increase technician pay.	10/29/23 4:25 pm CommentID:220486
Pharmacist, Giant Food Pharmacy	Please help me serve my patients better.	*18VAC110-20-110 section E* Please take note that my employer has made it clear that legal action will be taken against any PIC who removes a pharmacy permit upon leaving. Please update this section to instead read, PIC will notify the Board of Pharmacy in writing immediately upon leaving post. Please update and approve the emergency working conditions regulations into law to help me provide better patient care for our community. As of now, my employer has made no changes to support your emergency regulations. *18VAC110-20-113 section A & B* The PIC name is on the pharmacy permit. The PIC does not have the ability to provide the objectives of this section. Please update wording to read the employer of the PIC, unless independently owned. Otherwise, I foresee corporate twisting your intentions. *18VAC110-20-113 section D* Please update this section to require a copy of the form also be sent to the Virginia	10/29/23 11:36 pm CommentID:220487

Board of Pharmacy, documentation and action(s) taken to be reviewed upon subsequent standard inspection. Every company claims to have an anti-retaliation policy, but unfortunately I do not feel that a company has its employees in its best interests when it comes to profit. Please re-word this section to include such follow-up to strengthen this section and further protect the PIC and the pharmacist-on-duty reporters

Current working conditions have pharmacy teams overworked and stressed to unhealthy levels. While it is often mandated that pharmacy technicians receive breaks, it is currently near impossible at many stores for the pharmacists to eat or even use the bathroom during shifts. When your board put a 30 minute break into law for pharmacists years ago, my supervisor told me I could take a few minutes here, a few minutes there and that I did not need to eat my full meal in one sitting.

I know too well, that working without pause for up to and over 12 hours per day not only decreases my ability to give my best patient care, but also increases my risk of prescription errors. The current work loads this fall have been unbearable for many pharmacy teams who are short-staffed. To add to insult, our supervisors repeatedly demand that pharmacists break the pharmacy oath and put more profitable immunizations before patients in need of prescriptions.

Since the pandemic, there has been tremendous turn over in pharmacy teams. Your community pharmacists are not only working on prescriptions, providing immunizations, doing strep/flu/covid testing and every day pharmacy tasks; but continually training new team members which is both exhausting and patience sapping.

On a grand scale, current working conditions have affected the ability of pharmacy schools to draw qualified applicants resulting in lower graduating classes. As a preceptor, I had one student graduating in 6 months who could tell me very little about drugs and a third year student who could actually not tell me his own name in a coherent fashion. I worry about the future of the pharmacy profession if talented students keep choosing other professions. How will patient care change in the years to come if graduating pharmacists become those who would not have been chosen for enrollment otherwise?

Please take permanent action to not only allow pharmacy teams to serve its patients in the best way possible, but also long term save the pharmacy profession. I call on you as pharmacist: Please uphold the oath you took at graduation to "embrace and advocate change in the profession of pharmacy that improves patient care".

Anonymous	Working condition are not good and it affects patient care	Working conditions are not great. Pharmacy are severely understaffed everywhere in every chain -. There is never a overlap between pharmacist ever. Growing up - I heard 3 pharmacist work on the same day at the same store, and new pharmacist can ask an more experienced pharmacist any question. These days- new pharmacist get a few day training and then you are on your own. That's still going to affect patient care in a not good way. Sometimes, just having one technician with me- you think I as a pharmacist has enough help to help customers for the whole day? You're completely wrong!!! Not all technicians are good! Some technicians need you to do their job for them and my own job so then I'm doing two jobs while this one technicians just becomes reduce to a cashier clerk and nothing more. Who's typing all the prescription, pre-verify all the prescription, counting all the mediations by hand, verifying all the prescription, bagging all the prescription, putting away medications, doing the order, pick up phone and answer question, do vaccination- it's the one pharmacist by themselves. Why don't I get better technician? Because it's either I'm by myself or have this one technician. It's hard to find help these days because no one apply to be a pharm technician at minimum wage and the union stops the pay from increasing. How am I supposed to provide great patient care when I'm doing two people jobs? It's put a huge strain on my own body as a result and I've lost several pounds in the last couple years due to this increase stress since the pandemic. There needs to be a safe environment to provide patient care . But the current working conditions do not provide that. You get a burn out pharmacist	10/30/23 10:50 am CommentID:220488
Anonymous	This is a start, but more needs to be done seriously. Support	There is not enough help in the pharmacy, every pharmacy needs more help. Safeway, Harris teeter, Giant food, CVS, outpatient, hospital, Costco, Walgreens, Wegmans- every single pharmacy I go to- I hear the same thing - not enough help at the pharmacy. The number of prescription we do a day and the amount of work we put in to fill those prescription - we have to kill ourself to pump out those prescription every single day. This impacts patient care. Every day, guidelines change, we have to do more things . New vaccines like RSV for examples. Do strep test. Do curbside pickup. Do mail prescriptions. Advertise coupons books. Advertise reward programs for the corporate with no break or lunch break. Dealing with slow internet and technology issues even though I come 1-2 hours early and I stay 1-3 hours after my shift, work at the pharmacy is never done. Inventory. Transferring medications to other pharmacy to reduce expires. Pulling expired medication. Scanning consent form for vaccines several hours earlier. Submitting information to government for Covid	10/30/23 2:27 pm CommentID:220489

		vaccines- whether it's was left or right deltoid thing. Dealing with the drive though section of the pharmacy. No one applies to pharmacy for work as tech or tech in training anymore these days with the current pay being minimum wage. How am I supposed to provide great patient care without being distracted every second with another task from corporate and not enough help? I'm human and a person . I try my best but how do I tackle 1-300 prescriptions a day without enough help? This impacts patient care. this is a start but more needs to be done!	
Anonymous	support	Pharmacists need better work conditions for several reasons: Patient Safety: Pharmacists play a crucial role in ensuring the safe and effective use of medications. Fatigue and stress due to long working hours can compromise their ability to provide accurate medication counseling and prevent medication errors. Workload: Many pharmacists face heavy workloads, with high prescription volumes and administrative tasks. Improved work conditions, including manageable workloads, can enhance their ability to provide quality patient care. Mental Health: Stress and burnout are common in the pharmacy profession. Better work conditions, such as reasonable work hours and breaks, can help safeguard the mental well-being of pharmacists. Staffing Levels: Adequate staffing is essential to meet patient needs. Understaffing can lead to rushed work and potential errors. Better work conditions should include appropriate staffing levels to ensure patient safety. Career Development: Pharmacists may benefit from opportunities for professional development and continuing education. Improved work conditions can allow them the time and resources for career growth. Respect and Recognition: Pharmacists are highly trained professionals, but they may not always receive the recognition and respect they deserve. Better work conditions can help foster a more positive and supportive work environment. Job Satisfaction: When pharmacists have better work conditions, they are more likely to be satisfied with their careers, leading to improved job performance and patient outcomes.	10/31/23 11:45 am CommentID:220492

		In summary, better work conditions for pharmacists are essential to ensure patient safety, protect their mental health, and enhance their job satisfaction, which ultimately benefits both healthcare providers and patients.	
Anonymous	support	Better work conditions in pharmacies are crucial to enhance patient care by reducing the likelihood of medication errors. These improved conditions can help prevent fatigue and stress, which can lead to mistakes. They enable pharmacists to pay closer attention to detail, reduce rushed work, and minimize distractions, resulting in more accurate medication dispensing and counseling. Additionally, better work conditions support a healthier work-life balance, which can lead to more alert and focused pharmacists. Furthermore, they provide time for continuous learning, helping pharmacists stay updated on best practices, ultimately improving patient safety and care.	10/31/23 11:49 am CommentID:220493
Anonymous	support	Pharmacies are often short-staffed, and pharmacists frequently experience burnout due to these demanding work conditions. This has a detrimental impact on patient care as exhausted pharmacists are more prone to making errors, especially in a high-pressure, fast-paced environment. Moreover, corporate expectations often add to this burden by continuously increasing the tasks pharmacists are expected to handle daily. The combination of short staffing, burnout, and an ever-growing workload significantly increases the risk of mistakes, potentially compromising patient safety and the quality of care provided.	10/31/23 11:51 am CommentID:220494
Anonymous	support	Dear board of pharmacy, I am writing to express my concern about the current work conditions for pharmacists. The pharmacy field is facing a growing issue of understaffing and increasing workloads, leading to pharmacist burnout and a higher risk of medication errors. Corporate pressures often prioritize metrics over pharmacist well-being. I urge the Board of Pharmacy to consider regulations that improve the work environment for pharmacists, addressing staffing levels, workload management, and policies that prioritize well-being. These changes will prevent errors, enhance patient care, and create a safer environment. Please take action to protect both patients and the pharmacists who serve them.	10/31/23 11:58 am CommentID:220495
Anonymous	support	Dear Board of Pharmacy, I am writing to highlight a concerning trend in the pharmacy profession. Pharmacists are consistently going above and beyond, often arriving 1-2 hours early and staying late 1-3 hours after their shifts without compensation to complete their work. These dedicated efforts are due to an ever-increasing workload, including	10/31/23 12:02 pm CommentID:220496

		responsibilities like administering RSV vaccines and performing strep tests, all with insufficient support in the pharmacy. This excessive workload and stress are pushing pharmacists to their limits, resulting in burnout and significantly increasing the risk of medication errors, which is detrimental to patient care. I kindly request that the Board of Pharmacy take action to improve the work environment for pharmacists, address staffing concerns, and implement policies to ensure fair compensation for their additional efforts. Protecting pharmacist well-being is essential for maintaining the high standard of care our patients deserve.	
Anonymous	support	I hope this letter finds you well. I am writing as a concerned citizen and a strong advocate for patient care and the well-being of pharmacists. I am seeking clarification on the purpose of emergency regulatory measures within the pharmacy profession and urging the State Board of Pharmacy to take action in making these measures permanent to enhance the working environment for pharmacists and ultimately improve patient care and reduce medication errors. Emergency regulatory measures are designed to address immediate and critical issues, often stemming from unforeseen circumstances such as public health crises or emergencies. These measures are typically implemented to ensure that essential services, including the dispensing of medications, can continue in a safe and efficient manner during these challenging times. However, it has come to my attention that some corporate entities may disregard or resist the implementation of these emergency regulations, which can hinder the potential benefits they offer, not only to pharmacists but also to the patients they serve. It is crucial that these measures are not only upheld but also considered for permanent integration into the pharmacy practice for several reasons: **Improved Working Conditions**: Permanent implementation of emergency regulatory measures can significantly improve the working conditions of pharmacists. By addressing staffing concerns, ensuring adequate breaks, and reducing workload, these measures can help prevent burnout and fatigue among pharmacists. **Patient Care**: A less stressed and overworked pharmacy workforce can provide better patient care. Reduced stress levels and increased focus can lead to fewer medication errors and better communication with patients.	10/31/23 12:07 pm CommentID:220497

		Enhanced Safety: Permanent regulatory changes can bolster the safety protocols in pharmacies, which is vital in ensuring the accuracy and integrity of the medication dispensing process. **Legal Accountability**: Corporations that disregard emergency regulatory measures should be held accountable for their actions to protect pharmacists' rights and maintain the integrity of the pharmacy profession. I kindly request that the State Board of Pharmacy review the current emergency regulatory measures and consider making them permanent through appropriate legislative processes. By doing so, you can create an environment where pharmacists can thrive, improve patient care, and reduce the occurrence of medication errors. I understand the complexities involved in regulatory changes, but the potential benefits for pharmacists and patients alike cannot be understated. I would be grateful for any information or guidance on how to further support this cause, and I am open to participating in any initiatives or discussions aimed at this goal. Thank you for your attention to this important matter. I look forward to your response and hope for positive action in the near future. Sincerely, burn out VA pharmacist	
Anonymous	support	I'm writing to seek clarity on the purpose of emergency pharmacy regulations and to urge the State Board of Pharmacy to enact permanent measures that enhance pharmacists' working conditions, improve patient care, and reduce medication errors. Some corporations appear to disregard these regulations, compromising patient and pharmacist well-being. Making these measures permanent will ensure a better pharmacy environment and safer patient care.	10/31/23 12:08 pm CommentID:220498
Anonymous	support	A cap on the number of prescriptions a pharmacist can handle daily, coupled with a long-term plan for increased staffing, is crucial to improving the work environment and reducing medication errors. Corporate decisions to cut pharmacy hours can negatively impact patient care. Ensuring pharmacists have adequate support in the pharmacy is essential for reducing medication errors and providing quality patient care.	10/31/23 12:11 pm CommentID:220499
Anonymous	support	please make sure you turn this into law board of pharmacy please. corporate don't care unless its a law. pharmacist don't get a lunch or dinner break and have to work over time every day. and pharmacist get burn out because its not enough help in pharmacy and its so hard to	10/31/23 12:13 pm CommentID:220500

		find help in the pharmacy these days.	
Anonymous	support	Pharmacists often work consecutive 12-hour shifts without breaks, and work extra hours before work or after work leading to unpaid extra hours to finish work and there is severe understaffing which is a factor to this. Emergency regulations are always disregarded by corporate companies like CVS, Walgreens, Wegman, Giant Food, Stop and Shop, Harris Teeter, Rite Aid. I urge the Board of Pharmacy to enact legislation to protect pharmacists and address these critical issues in their working conditions.	10/31/23 12:18 pm CommentID:220501
Anonymous	support	What is the purpose of emergency regulations if corporations consistently disregard them? I urge the Board of Pharmacy to take decisive action by enacting these regulations into law to create a better working environment for pharmacists, ultimately enhancing patient care and reducing medication errors.	10/31/23 12:20 pm CommentID:220502
Anonymous	support	What's the point of emergency regulations if corporations routinely ignore them, and I implore the Board of Pharmacy to prioritize and enforce these regulations as laws to enhance the well-being of pharmacists, improve patient care, and reduce medication errors please?	10/31/23 12:21 pm CommentID:220503
Anonymous	support	Given the repeated disregard of emergency regulations by corporations, I strongly urge the Board of Pharmacy to demonstrate their commitment by formalizing these measures into laws, thereby fostering a more conducive environment for pharmacists, advancing patient care, and minimizing medication errors.	10/31/23 12:21 pm CommentID:220504
Anonymous	Support	In light of corporate non-compliance with emergency regulations, I earnestly call upon the Board of Pharmacy to proactively enact and enforce these regulations as legal measures, with the aim of promoting an improved work environment for pharmacists, elevating patient care standards, and reducing medication errors.	10/31/23 12:22 pm CommentID:220505
Anonymous	support	With corporations routinely disregarding emergency regulations, I earnestly request the Board of Pharmacy to prioritize the formalization of these measures into enforceable laws, thereby fostering a more supportive work environment for pharmacists and ultimately enhancing patient care while reducing medication errors.	10/31/23 12:22 pm CommentID:220506
Anonymous	support	As corporations consistently disregard emergency regulations, I strongly implore the Board of Pharmacy to take the necessary steps to codify these regulations into law, thus ensuring a more favorable environment for pharmacists, elevating patient care, and diminishing medication errors.	10/31/23 12:23 pm CommentID:220507
Anonymous	support	In light of corporations consistently ignoring emergency regulations, I urge the Board of Pharmacy to take action in making these regulations legally binding, aiming to create a more favorable working environment for pharmacists, enhance patient care, and minimize medication errors.	10/31/23 12:24 pm CommentID:220508
Anonymous	support	In addition, it's crucial to acknowledge that pharmacies often lack sufficient staffing, primarily because it can be challenging to find time for training new personnel,	10/31/23 12:26 pm CommentID:220509

		resulting in persistent understaffing issues. Furthermore, it's disheartening to note that when mistakes occur, corporate entities frequently resort to terminating pharmacists instead of addressing systemic concerns, creating a hostile work environment.	
Anonymous	support	Furthermore, it's important to recognize the ongoing issue of inadequate staffing in pharmacies, attributed to the difficulty in dedicating time to train new staff. This persistent understaffing problem is exacerbated by the fact that corporate responses to errors often involve the termination of pharmacists, rather than addressing underlying issues, creating a hostile work environment.	10/31/23 12:26 pm CommentID:220510
Anonymous	support	Pharmacists are experiencing burnout, and it's imperative for the Board of Pharmacy to intervene in order to enhance patient care and minimize medication errors, addressing this critical issue that affects their well-being.	10/31/23 12:27 pm CommentID:220511
Anonymous	support	Pharmacists are grappling with burnout, and it is essential for the Board of Pharmacy to step in to enhance patient care and reduce medication errors, recognizing the critical impact on their well-being as they often forego lunch and bathroom breaks, highlighting that pharmacists, as human beings, deserve consideration.	10/31/23 12:29 pm CommentID:220512
Anonymous	support	Pharmacists are currently facing burnout, and it is of utmost importance for the Board of Pharmacy to take action to improve patient care and reduce medication errors. This pressing matter affects their well-being significantly, as they often find themselves without lunch or bathroom breaks, underscoring the fact that pharmacists are human beings deserving of necessary support.	10/31/23 12:29 pm CommentID:220513
Anonymous	support	Pharmacists are currently grappling with burnout, and it's crucial for the Board of Pharmacy to step in, prioritizing patient care and error reduction. This issue significantly impacts their well-being, given their frequent lack of lunch and bathroom breaks, underscoring the importance of recognizing pharmacists as human beings in need of essential support. It's worth noting that corporate entities are likely to persistently disregard emergency regulations unless the Board of Pharmacy formalizes them into legally binding measures.	10/31/23 12:31 pm CommentID:220514
Anonymous	support	Pharmacists are currently overwhelmed by burnout, necessitating urgent intervention from the Board of Pharmacy to emphasize patient care and reduce errors. This matter takes a significant toll on their well-being, particularly as they frequently endure the absence of lunch and bathroom breaks, highlighting the critical need to acknowledge pharmacists as individuals requiring essential support. It's essential to emphasize that corporate entities are likely to continuously disregard emergency regulations unless the Board of Pharmacy enforces them as legally binding measures. Therefore, I urge the Board of Pharmacy to consider implementing laws that ensure pharmacists are never left alone in the pharmacy.	10/31/23 12:33 pm CommentID:220515
Anonymous	support	this is a start. and more needs to be done. and please make	10/31/23 12:43 pm

		it law so corporate actually do something. even right now- I still don't get a bathroom or lunch break. cry.	CommentID:220516
Anonymous	support	pharmacy don't have enough help. please make laws to help. the current laws make it really hard to find time to train people.	10/31/23 12:44 pm CommentID:220517
Anonymous	support	support	10/31/23 12:44 pm CommentID:220518
Anonymous	support	pharmacist need help to provide good patient care. its so easy to make a mistake when you don't have enough help, no lunch break, no bathroom break and not enough help in the pharmacy.	10/31/23 12:45 pm CommentID:220519
Anonymous	support	corporate don't do anything about emergency regulations. please make law so pharmacist can get a lunch break or bathroom break. there is not enough help in the pharmacy	10/31/23 12:46 pm CommentID:220520
Anonymous	support	support.	10/31/23 12:46 pm CommentID:220521
Anonymous	support	support. support.	10/31/23 12:47 pm CommentID:220522
Anonymous	support	support. please do more and turn it into law.	10/31/23 12:47 pm CommentID:220523
Anonymous	support	please give pharmacist a lunch and bathroom break. so we have better work life and reduce medication error. its so hard to work these without feeling burn out	10/31/23 12:48 pm CommentID:220524
Anonymous	support	support. please	10/31/23 12:49 pm CommentID:220525
Anonymous	support	please support. lunch and bathroom break should be a right. to reduce medication errors. pharmacist are burn out	10/31/23 12:50 pm CommentID:220526
Anonymous	support	support. please board of pharmacy- make law	10/31/23 12:50 pm CommentID:220527
Anonymous	support	support Board of pharmacy please-------	10/31/23 12:51 pm CommentID:220528
Anonymous	support	come on please- lunch and bathroom break please- increase risk of medication error. please. come on- please. all pharmacist are burn out please.	10/31/23 12:52 pm CommentID:220529
Anonymous	support	I hope someone read this. support. please. lunch and bathroom should be a law. so something needs to get done board of pharmacy. emergency regulation is not enough because corporate disregard so I still get no lunch break.. more needs to make the work place not toxic and reduce medication error. not enough help in the pharmacy ever these days.	10/31/23 12:53 pm CommentID:220530
Anonymous	support	support support please. I'm begging you. please turn these into law so work is not toxic. no bathroom break even with the emergency regulations.	10/31/23 12:54 pm CommentID:220531
Anonymous	support	Pharmacists are currently grappling with burnout, making it imperative for the Board of Pharmacy to take action in prioritizing patient care and reducing errors. This issue significantly affects their well-being, especially as they often lack the opportunity for lunch and bathroom breaks, underscoring the crucial need to acknowledge pharmacists	10/31/23 1:02 pm CommentID:220532

		as individuals who require essential support. It is important to emphasize that corporate entities are likely to persistently ignore emergency regulations unless the Board of Pharmacy transforms them into legally binding measures. Therefore, I strongly urge the Board of Pharmacy to consider enacting laws that prohibit pharmacists from being left alone in the pharmacy at any time.	
Anonymous	support	Pharmacists are currently enduring overwhelming burnout, which makes it absolutely crucial for the Board of Pharmacy to take action and prioritize patient care and error reduction. The well-being of pharmacists is significantly impacted, particularly since they frequently find themselves deprived of lunch and bathroom breaks. This situation underscores the pressing need to acknowledge that pharmacists, as human beings, require essential support. It is worth noting that corporate entities are seemingly inclined to persistently dismiss emergency regulations unless the Board of Pharmacy decides to elevate them into legally binding measures. Given this apparent corporate indifference, I respectfully encourage the Board of Pharmacy to consider implementing laws that ensure pharmacists are never left unattended in the pharmacy, a reasonable request to safeguard patient care and pharmacist well-being.	10/31/23 1:03 pm CommentID:220533
Anonymous	support	Pharmacists are currently facing an enormous burden of burnout, and we kindly implore the Board of Pharmacy to take action to prioritize patient care and reduce errors. Their well-being is significantly affected, particularly because they often have to forgo essential breaks. This underscores the earnest plea to recognize pharmacists as individuals deserving of crucial support. We respectfully ask the Board of Pharmacy to consider enacting laws that prevent pharmacists from being left alone in the pharmacy, as a gesture of goodwill to improve patient care and provide relief to these dedicated healthcare professionals. Your support in this matter would be greatly appreciated.	10/31/23 1:04 pm CommentID:220534
Anonymous	support	Pharmacists are currently experiencing tremendous burnout, and we humbly beseech the Board of Pharmacy to take steps in prioritizing patient care and minimizing errors. Their well-being is significantly impacted, given their frequent lack of essential breaks, emphasizing the heartfelt request to acknowledge pharmacists as individuals who deserve crucial support. We kindly request the Board of Pharmacy to consider enacting laws that ensure pharmacists are not left alone in the pharmacy, as this would greatly enhance patient care and provide much-needed relief to these devoted healthcare professionals. Your consideration and support in this regard would be greatly valued.	10/31/23 1:04 pm CommentID:220535

Anonymous	support	Pharmacists are currently bearing the weight of severe burnout, and we earnestly implore the Board of Pharmacy to take action in prioritizing patient care and error reduction. Their well-being is significantly affected, notably due to the frequent absence of essential breaks, which underscores the urgent plea to recognize pharmacists as individuals in need of critical support. We urgently request the Board of Pharmacy to consider enacting laws that ensure pharmacists are never left unattended in the pharmacy. This step is vital because, regrettably, emergency regulations often go unenforced. Making this into law would not only improve patient care but also provide much-needed relief to these dedicated healthcare professionals. Your prompt action in this matter is crucial and would be greatly appreciated. 	10/31/23 1:05 pm CommentID:220536
Anonymous	support	Pharmacists are currently grappling with burnout, and we urgently implore the Board of Pharmacy to prioritize patient care and error reduction. Considering the often unenforced nature of emergency regulations, we earnestly request the Board to enact laws that prevent pharmacists from being left alone in the pharmacy, as a crucial measure to safeguard patient care and the well-being of these dedicated healthcare professionals. 	10/31/23 1:06 pm CommentID:220537
Anonymous	support	Pharmacists are facing extreme burnout, and I passionately urge the Board of Pharmacy to make patient care and error reduction a top priority. With emergency regulations often going unenforced, I sincerely request that the Board enacts laws to prevent pharmacists from being left alone in the pharmacy, a critical step in preserving both patient care and the well-being of these dedicated healthcare professionals.	10/31/23 1:07 pm CommentID:220538
Anonymous	support	Pharmacists are currently under immense stress and burnout, and I wholeheartedly implore the Board of Pharmacy to prioritize patient care and error reduction. Given the frequent lack of enforcement of emergency regulations, I earnestly request the Board to establish laws that prevent pharmacists from working alone in the pharmacy, as this is crucial for both patient care and the welfare of these committed healthcare professionals.	10/31/23 1:07 pm CommentID:220539

Anonymous	support	Pharmacists are facing severe burnout, and I'm appealing to the Board of Pharmacy to give utmost priority to patient care and reducing errors. Considering the common lack of enforcement of emergency regulations, I respectfully urge the Board to formalize laws that ensure pharmacists are never left unattended in the pharmacy, as this is vital for the well-being of these dedicated healthcare professionals and the quality of patient care. 	10/31/23 1:07 pm CommentID:220540
Anonymous	support	The burden of burnout on pharmacists is substantial, and I am earnestly urging the Board of Pharmacy to place patient care and error reduction at the forefront. Given the frequent absence of enforcement for emergency regulations, I respectfully implore the Board to enact laws that guarantee pharmacists are not left alone in the pharmacy. This is indispensable for both the well-being of these dedicated healthcare professionals and the quality of patient care.	10/31/23 1:08 pm CommentID:220541
Anonymous	support	support this. The burden of burnout on pharmacists is substantial, and I am earnestly urging the Board of Pharmacy to place patient care and error reduction at the forefront. Given the frequent absence of enforcement for emergency regulations, I respectfully implore the Board to enact laws that guarantee pharmacists are not left alone in the pharmacy. This is indispensable for both the well-being of these dedicated healthcare professionals and the quality of patient care.	10/31/23 1:08 pm CommentID:220542
Anonymous	support	Pharmacists are currently overwhelmed by burnout, and I sincerely appeal to the Board of Pharmacy to prioritize patient care and error reduction. Recognizing the common lack of enforcement of emergency regulations, I respectfully implore the Board to establish laws ensuring pharmacists are never left alone in the pharmacy. This is a fundamental step in preserving both the well-being of these dedicated healthcare professionals and the quality of patient care.	10/31/23 1:09 pm CommentID:220543
Anonymous	support	With pharmacists enduring substantial burnout, I am making a heartfelt plea to the Board of Pharmacy to place patient care and error reduction as their top priorities. Given the frequent lack of enforcement of emergency regulations, I respectfully implore the Board to institute laws that guarantee pharmacists are never left unattended in the pharmacy. This is vital to safeguard the well-being of these dedicated healthcare professionals and uphold the quality of patient care.	10/31/23 1:10 pm CommentID:220544
Anonymous	support	As pharmacists grapple with overwhelming burnout, I sincerely beseech the Board of Pharmacy to make patient care and error reduction their foremost concerns.	10/31/23 1:10 pm CommentID:220545

		Recognizing the common lack of enforcement of emergency regulations, I respectfully implore the Board to enact laws ensuring that pharmacists are never left unattended in the pharmacy. This is an essential measure to protect the well-being of these devoted healthcare professionals and to ensure the high quality of patient care.	
Anonymous	support	Pharmacists are currently burdened with severe burnout, and I'm making a heartfelt plea to the Board of Pharmacy to prioritize patient care and error reduction. Given the frequent absence of enforcement of emergency regulations, I respectfully urge the Board to establish laws that guarantee pharmacists are not left alone in the pharmacy. This is a vital step to protect the well-being of these dedicated healthcare professionals and to maintain the high standard of patient care.	10/31/23 1:10 pm CommentID:220546
Anonymous	support	With pharmacists currently experiencing overwhelming burnout, I'm making a sincere appeal to the Board of Pharmacy to place patient care and error reduction at the forefront. Acknowledging the frequent lack of enforcement of emergency regulations, I respectfully implore the Board to implement laws that ensure pharmacists are never left unattended in the pharmacy. This is an indispensable action to safeguard the well-being of these committed healthcare professionals and to uphold the quality of patient care.	10/31/23 1:11 pm CommentID:220547
Anonymous	support	Recognizing the considerable burnout faced by pharmacists, I am making a heartfelt appeal to the Board of Pharmacy to prioritize patient care and error reduction. Given the frequent absence of enforcement of emergency regulations, I respectfully implore the Board to enact laws that guarantee pharmacists are not left alone in the pharmacy. This is a crucial step to protect the well-being of these dedicated healthcare professionals and maintain the high standard of patient care.	10/31/23 1:11 pm CommentID:220548
Anonymous	Support	Amid the considerable burnout experienced by pharmacists, I am earnestly appealing to the Board of Pharmacy to give paramount importance to patient care and error reduction. Acknowledging the routine lack of enforcement of emergency regulations, I respectfully implore the Board to institute laws ensuring pharmacists are never left unattended in the pharmacy. This is a fundamental action to safeguard the well-being of these devoted healthcare professionals and to uphold the quality of patient care.	10/31/23 1:12 pm CommentID:220549
Anonymous	Support	Given the extensive burnout affecting pharmacists, I sincerely urge the Board of Pharmacy to make patient care and error reduction their top priority. Recognizing the common lack of enforcement of emergency regulations, I respectfully beseech the Board to enact laws that ensure pharmacists are not left alone in the pharmacy. This is a fundamental step to protect the well-being of these dedicated healthcare professionals and to maintain the high standard of patient care.	10/31/23 1:12 pm CommentID:220550

Anonymous	suport	support------	10/31/23 1:13 pm CommentID:220551
Anonymous	support	support support support	10/31/23 1:13 pm CommentID:220552
Anonymous	support	hi support hi support. law and not regulation please. every corporate disregard regulations. board of pharmacy needs to do more to make this law so there is actually an impact. nothing is done with regulation right now by corporate. I still have no lunch break or bathroom break. it's so easy to make a medication error mistake at work and I work 12 hours consecutively with no help. and I'm burn out and this affects patient care. even though I try to come early and stay after hours to finish work- there is too much work. I come in for a 12 hour shift and I do 16 hours of work with 4 hours unpaid. I do unpaid hours of work every day and corporate threatens to fire pharmacist if they make one mistake but add more to my plate to do. the increasing task make it easy to make a medication error when you are understaff, not fed and not have time to go bathroom- it should be a right. why do I have to beg for human right to eat lunch or go bathroom.	10/31/23 1:19 pm CommentID:220553
Anonymous	support	support- support- support	10/31/23 1:20 pm CommentID:220554
Anonymous	Improve Working Conditions	I joined the pharmacy profession to help people in my rural community and chose retail because I truly enjoyed the environment and interactions with patients. All the things I love most about pharmacy are disappearing and becoming overshadowed by quotas, tasks, timers, and scores. We work in an environment where the pharmacist is being pulled in multiple directions at any given time—the ringing phone, prescriptions being dropped off/filled/verified/picked up, selling pseudoephedrine, counseling patients, checking in inventory, mailing prescription orders, giving vaccinations, speaking to other pharmacies for transfers, calling the helpdesk or insurance companies for troubleshooting, ringing up front store merchandise, making endless phone calls to remind patients of compliance and vaccinations, and the list goes on. A pharmacy is a busy and sometimes chaotic place (much like other retail and healthcare establishments) but somehow we are one of the most poorly staffed. Our work requires attention to detail and one hundred percent accuracy, every time, on everything. Therefore, being appropriately staffed with qualified technicians and pharmacists should be the foundation and basic expectation. It is baffling to me that I can walk into a fast food restaurant, coffee shop, or convenience store and find more support staff than I can in our pharmacies. Also, those employees likely make more money than our technicians. Technicians are crucial to smooth operations and we should be paying them more than they could make selling food, coffee, or clothing. They have training, certification, experience, and need to be compensated appropriately so that we can retain their talent and run a	10/31/23 1:39 pm CommentID:220555

		safe and successful business. Furthermore, staffing needs to be consistent throughout the year. When we hire in the fall and cut hours in the spring, we have incredible turnover as many people don't want a "seasonal" job in pharmacy, they want a career to support their family. With all the additional work being placed on pharmacists and no additional hours for technicians, the overall morale in pharmacy is at an all-time low. We are exhausted and burned out from the amount of work and unreasonable corporate expectations without appropriate resources. We are also being reprimanded for not meeting flu shot goal, not completing weekly calls, not answering the phone in a specified amount of time, or exceeding the meager hourly budget for our technicians. It should be against the law for a pharmacist to work alone unless there is an absolute emergency. It is not safe for patient care with all the distractions and multitasking and could also put the sole pharmacist in a vulnerable position for a robbery or something of that nature. Busier stores should have multiple technicians at any given time and should have additional pharmacist overlap to safely maneuver the number of scripts, vaccinations, and other numerous tasks accurately and effectively. Pharmacist and technician hours should not be determined solely by script count. There are a multitude of other factors that should be examined when calculating the minimum number of hours for safe operations. Salaried employees are working many unpaid hours off the clock to attempt to dig out of the hole of unfinished work that only piles up again the next day. It is affecting our mental health and work-life balance. Lunch breaks should be uninterrupted for the pharmacist. The phones need to be turned off and gate closed so that we can use the restroom, eat, decompress, and recharge for a mere 30 minutes. This should also be a paid break for all pharmacists regardless of full or part-time status. We need your help. We are at risk of making preventable errors. We feel defeated. We are not set up for success. We are not practicing pharmacy in the public's best interest. We shouldn't be expected to work alone. We need more technician hours. We need pharmacist overlap. Most importantly, we need specific and measurable laws to be set by the Board so that companies cannot skirt around them or claim it a "gray area". It needs to be unambiguous and enforceable, otherwise nothing will change. I feel encouraged by the steps being taken to get us the support we need to safely practice pharmacy in our communities and fulfill our pharmacist oath.	
Anonymous	support	I entered the pharmacy profession with a genuine desire to assist my rural community and enjoyed the retail environment and patient interactions. Unfortunately, what I once cherished about pharmacy is fading into the background, overshadowed by quotas, tasks, timers, and	10/31/23 2:26 pm CommentID:220556

		scores. In our work, pharmacists are pulled in multiple directions simultaneously, and our pharmacies, despite their complexity, are often understaffed. It's puzzling that places like fast food restaurants and coffee shops have more support staff than our pharmacies, and yet, our technicians are often underpaid despite their essential roles. Staffing should be consistent year-round to retain talent, and the workload, expectations, and corporate pressures are leading to exhaustion and low morale among pharmacy staff. We are often reprimanded for not meeting corporate goals, but it's becoming increasingly unsafe for pharmacists to work alone due to the numerous distractions and multitasking involved in the job. Additionally, we need more technician hours and pharmacist overlap, with staffing decisions based on factors beyond prescription counts. Many salaried employees are working unpaid hours to handle the unending workload, impacting our mental health and work-life balance. Lunch breaks should be uninterrupted, with all pharmacists, whether full-time or part-time, receiving paid breaks. We need assistance and support from the Board to ensure we're not at risk of making preventable errors, as well as to create a fair and safe work environment. We are committed to practicing in the best interest of the public, but to do so, we require clear, enforceable laws that prevent companies from evading their responsibilities. I'm encouraged by the steps being taken to provide the necessary support for pharmacists to fulfill their oath and continue serving our communities safely.	
Anonymous	support	My entry into the pharmacy profession was driven by a sincere desire to serve my rural community and the rewarding interactions I experienced in retail pharmacy. However, the core elements I valued about this profession are gradually eroding due to the growing focus on quotas, tasks, timers, and scores. Pharmacists are increasingly stretched thin, managing a multitude of responsibilities, yet our pharmacies remain persistently understaffed. It's disheartening to see that places like fast food restaurants have more support staff than our pharmacies, with technicians often underpaid for their invaluable contributions. The current situation is causing exhaustion and dwindling morale among pharmacy staff, and we urgently need the support and guidance of the Board to create a safe and fair working environment where we can practice pharmacy in the best interest of our patients.	10/31/23 2:27 pm CommentID:220557
Anonymous	support	Entering the pharmacy profession to serve my rural community and enjoying patient interactions, I'm disheartened by the gradual erosion of these aspects due to mounting corporate pressures, understaffing, and growing demands, and I urgently appeal to the Board for enforceable regulations to ensure a safe, fair, and patient-centered working environment for pharmacists.	10/31/23 2:28 pm CommentID:220558

Anonymous	support	support. pharmacy environment is toxic. for pharmacist and patient. please improve it for pharmacist and making it safer for patients (with reduce medication errors from happening). Firing pharmacist is NOT a good answer from corporate. it will continue happening until some change happens.	10/31/23 2:30 pm CommentID:220559
Anonymous	support	change is needed. NOW - please make law. no one enforces emergency regulations.	10/31/23 2:30 pm CommentID:220560
Anonymous	support	support- change- we want it now. please. to make it safer for patient. the work environment is so crazy for pharmacist. no lunch. no bathroom break, just burn out pharmacist. and not enough people to serve patients safely. this is crazy.	10/31/23 2:32 pm CommentID:220561
Anonymous	support	do something. do something. we NEED LAWS. emergency regulation are NOT enforce. NO BATHROOM BREAK or LUNCH BREAK still. NOT ENOUGH HELP at pharmacy, and some pharmacist are always be themselves!!!	10/31/23 2:33 pm CommentID:220562
Anonymous	support	CHANGE!!- we need it to make it safe for patient to get prescriptions. do you want a pharmacist to make a mistake checking your prescription when they have no lunch meal, no bathroom break and they are so tired from all these 12 hours consecutive shift with NO HELP?? no one can do it safely unless there is CHANGE!!!!!	10/31/23 2:35 pm CommentID:220563
Anonymous	support	WE NEED LAWS board of pharmacy. emergency regulations do absolutely nothing. do you hear me? NOTHING- cause corporate throws it in the trash. we need LAWS so they do something about it- so we can have a chance for lunch. anything is better than nothing. I have lost 10lbs in the last couple of months since NO Change has been done yet. please- now is better than nothing. make LAWS this is dangerous for patients because mistakes are so easy to make in the current pharmacy environment.	10/31/23 2:37 pm CommentID:220564
Anonymous	support	support support support support.	10/31/23 2:39 pm CommentID:220565
Anonymous	support	support support support support..... we need LAWS for change!!!! what do we want? LAWS!.	10/31/23 2:39 pm CommentID:220566
Anonymous	support	why is it so hard. to ask for a lunch or bathroom break? we need laws! corporate abuse pharmacist so they don't get lunch or bathroom break and that increase risk of medication errors!. and does writing incident report after help prevent another medication error? NO. the same thing will keep happening until there is CHANGE!. I'm trying to do everything by my self. and I'm burn out. HELP. Patient ask for change too in the pharmacy.	10/31/23 2:42 pm CommentID:220567

Anonymous	support	support- COME ON- change is NEEDED- we need laws. we need laws. so there is change. there is still NO change right now.	10/31/23 2:51 pm CommentID:220568
Anonymous	support	support-------	10/31/23 2:52 pm CommentID:220569
Anonymous	support---	SUPPORT	10/31/23 2:52 pm CommentID:220570
Anonymous	support	support-!	10/31/23 2:52 pm CommentID:220571
Anonymous	support	SUPPORT___. change is needed.	10/31/23 2:53 pm CommentID:220572
Anonymous	support	support!!!!!!!!!!!!!!!!!!!!!!!!!!!!	10/31/23 2:53 pm CommentID:220573
Anonymous	support	support!!!!!!!!!!!!!!!!!!	10/31/23 2:53 pm CommentID:220574
Anonymous	support	support.	10/31/23 2:54 pm CommentID:220575
Anonymous	support	hello board of pharmacy. we need change. and we need them in the form of laws. thanks	10/31/23 2:54 pm CommentID:220576
Anonymous	support	we need laws board of pharmacy. thanks	10/31/23 2:55 pm CommentID:220577
Anonymous	support	the only way to help a pharmacist and improve pharmacy conditions so its safe for patient (less medications erros) is through LAW.	10/31/23 2:56 pm CommentID:220578
Anonymous	support---	support- every pharmacist is I see is crying inside. every patient is not happy with the current conditions of pharmacy. make it safe for pharmacist and patient. more help is needed in pharmacy. and its so hard to train someone because its too stressful for new trainee and they end up leaving pharmacy and pharmacy has no help again	10/31/23 2:57 pm CommentID:220579
Anonymous	support	cry. its so hard to work in pharmacy. with no help. and no lunch break and no bathroom break. and no coworkers. cry	10/31/23 2:58 pm CommentID:220580
Anonymous	support	support. how do you like it when you have no help, no bathroom break and no coworkers to help you fill 300 prescriptions a day with no one to help you. patients screaming at you to get everything done in 1 minute or less. and no one to help you. yeah- its sounds easy to make a. mistake. and that is the REALITY OF the pharmacist today in VIRGINIA. sounds dangerous? yeah- it IS. and emergency regulations don't help today in real world cause corporate don't enforce it. all corporate cares about are metrics. only LAW could cause a change. CHANGE. we Need change in the pharmacy. ITS TOXIC for pharmacist and patients. do we need change. we need change.	10/31/23 3:02 pm CommentID:220581
SWVA Friend of Pharmacists	Unrealistic Expectations	I have two close friends that are pharmacists. Prior to really knowing them, I thought their jobs were ideal - who wouldn't want to make the money they make - right?!? I was extremely misinformed. They have an archaic system for leave time both vacation and sick. In addition to this, there is no bathroom breaks in sight and one doesn't even	11/1/23 7:30 pm CommentID:220582

		receive a lunch break the other receives 30 mins which many days she uses this time to catch up and not drown. They are swarmed by ppl all day long while having to meet certain quotas plus now giving shots left and right. We rely heavily on this group to do the right thing and now it is time that their employers do the right thing too.	
Anonymous	Pharmacist	support-Patient safety and pharmacist working conditions	11/1/23 10:49 pm CommentID:220583
Anonymous	Patient safety and pharmacist work conditions!	Support	11/1/23 10:55 pm CommentID:220584
Sanjay J.	Support	Being a Retail Pharmacist for 30 years, leads me to provide a perspective that some newly licensed pharmacists do not know. It was not always this bad. We actually truly enjoyed our jobs and career path chosen. So, the real question is why has that changed. It always used to be a 50/50 split between making money and providing patient care with Company. But that ratio has now changed drastically to about a 80/20 split. How can we be expected to provide patient care with the limited staff provided. You cannot expect 1 Rph to work a 12 hour day filling 400+ Rx's with 2 technicians and still allow 40+ ancillary (shots/tests) to be scheduled during the day. The thing that drops during the cracks on days like this is patient safety. The Board of Pharmacy needs to implement safe working conditions with regards to how many Rph's and support staff are required based on volume.	11/4/23 8:03 am CommentID:220585
Anonymous	Too many things to do with very short time with very limited help causing everyone panic attack	This is not a new issue. Everybody probably have known for many years. Pharmacy deals with unrealistic amounts of calls, customers and prescriptions every day but with probably only one or two people. Patients are usually very rude and inpatient and they don't want to give us time to prepare their medications safely. Under all this stressful and shortage of help, many retail chains force pharmacist and employees to work more and more. We are already dried out but they want to squeeze our last bit of blood. Bottom line, NO HELPS, TOO MANY WORKS FOR HUMAN BEING TO HANDLE, AND RETAIL PHARMACY TREATING US NOT AS A HUNMAN BUT TREAT LIKE A SLAVE TO KEEP OUR MOUTH SHUT. I DONT SEE ANY HUMAN RIGHT IN THE PHARMACY FOR PHARMACY WOKERS.	11/4/23 10:45 am CommentID:220586
Anonymous	support	support- support- support	11/4/23 8:15 pm CommentID:220587
Anonymous	not enough help at the pharmacy- and this endanger patient safety	There is never enough help at the pharmacy. they always cut hours at the pharmacy, keep pharmacy clerk and tech at minimum wage. and give pharmacist endless task so there is no time to train anyone new. tons of vaccine quotes, and task to do but not enough help. they do not even treat the pharmacist as a human being because no lunch or break or bathroom break. and this pharmacist is supposed to be checking every single prescription with 100% accuracy. could you do that? coming early and staying after 12 hours shift- isn't enough time to finish all	11/4/23 8:20 pm CommentID:220588

		task- because there is always something to do at the pharmacy. corporate doesn't care about pharmacist and treat them as slaves to make money for corporate.	
Anonymous	support	support	11/5/23 10:17 am CommentID:220589
Anonymous	support	support . something needs to be done. we've been abuse forever	11/5/23 10:17 am CommentID:220590
Anonymous	support	pharmacist are always abused by corporate and NOT enough HELP in the pharmacy. and customer just screaming at us to finish the prescription in 1 minute. patient safety is at stake- . and there is always a talk about protest- but then it stop patients from getting prescriptions. and then our voices are still never heard. like ever.	11/5/23 10:20 am CommentID:220591
Anonymous	NOT enough help in the pharmacy	not enough help in the pharmacy ever. they always cut hours. patient safety is at stake	11/5/23 10:20 am CommentID:220592
Anonymous	pharmacist by themselves do not have enough help at pharmacy	I work in the pharmacy by myself. and I can never finished anything because I keep getting interrupted every single second. we need more help. how can I take a lunch break? how can I finish my work for the patients? never. we need more help	11/5/23 10:22 am CommentID:220593
Anonymous	support	we need more help. we need a lunch break. patient safety is endangered here.	11/5/23 10:22 am CommentID:220594
Anonymous	support	HELP- we are crying for help in the pharmacy. patient safety is at risk . it's so easy to make a mistake. when there is NON- EXISTENT help at the pharmacy .	11/5/23 10:23 am CommentID:220595
Anonymous	support	support support support support	11/5/23 10:24 am CommentID:220596
Anonymous	support	support this cause BUT Its not ENOUGH. board of pharmacy needs to do MORE NOW	11/5/23 10:24 am CommentID:220597
Anonymous	support	support- this - we need help	11/5/23 10:25 am CommentID:220598
Anonymous	support	pharmacy NEED HELP- we need workers. poor pharmacist is doing everything by themselves with increase task given by corporate every day. and no coworkers.	11/5/23 10:26 am CommentID:220599
Anonymous	support	Hello . we need help desperately in the pharmacy. it's been like for years and gets worse every year. we need change and they need increase people in the pharmacy somehow. there are increase risk of errors when one person is working and burn out every day.	11/5/23 10:27 am CommentID:220600
Anonymous	support	support support support support support support support support	11/5/23 10:28 am CommentID:220601
Anonymous	support support support support	**support support support supportsupport support support supportsupport support support supportsupport support support supportsupport support support supportsupport support support supportsupport support support supportsupport support support**	11/5/23 10:28 am CommentID:220602
Anonymous	support support support support	support support support supportsupport support support support	11/5/23 10:29 am CommentID:220603

Anonymous	support support support support	support support support supportsupport support support supportsupport support support supportsupport support support supportsupport support support supportsupport support support supportsupport support support support	11/5/23 10:29 am CommentID:220604
Anonymous	support support support support	support support support supportsupport support support supportsupport support support supportsupport support support supportsupport support support supportsupport support support support	11/5/23 10:29 am CommentID:220605
Anonymous	support support support support	the pay = does not equal the amount of the stuff we have to do. when there is inflation. and the stuff we have to deal with. burn out. not enough help. people yell at us every day. no lunch break. no bathroom break. am I even treated like a human?	11/5/23 10:30 am CommentID:220606
Anonymous	people are crazy. we get no lunch break.	I can not even go to the bathroom without getting ask a question by.a customer. people are crazy. I am try to go to the bathroom and I interrupt trying to go the bathroom and I get yelled by a customer. this is a true story. people are crazy. its so easy to make a mistake when you have to go to the bathroom and go cannot go bathroom and they are yelling at me to finished their prescription. I'm crying at the pharmacy. we need change NOW>	11/5/23 10:32 am CommentID:220607
Anonymous	support	support.....	11/5/23 10:33 am CommentID:220608
Anonymous	support	------ support	11/5/23 10:34 am CommentID:220609
Anonymous	support	support---------	11/5/23 10:34 am CommentID:220610
Anonymous	support	support------	11/5/23 10:35 am CommentID:220611
Anonymous	support	I believe we support- but only if board of pharmacy does something.	11/5/23 10:35 am CommentID:220612
Anonymous	support	Respected members of the Board of Pharmacy, we sincerely hope that you can take our concerns into consideration and work towards creating new regulations that benefit both pharmacists and the patients we serve. Your attention to this matter would greatly contribute to an improved healthcare environment and patient care standards	11/5/23 10:37 am CommentID:220613
Anonymous	support	support-	11/5/23 10:38 am CommentID:220614
Anonymous	support this but more needs to be done	this is happen for years- at least 10 years and gradually getting worse. soon- every pharmacy will only have 1 pharmacist by themselves. we need more to be done on this matter and patient safety is at risk.	11/6/23 10:49 am CommentID:220615
Anonymous	support this- WE NEED CHANGE	support--------	11/6/23 10:50 am CommentID:220616
Anonymous	support-	lunch and bathroom are fundamental things people- humans need.	11/6/23 10:51 am CommentID:220617
Ian Orensky	Worked hours	Overall, i am in support of these regulations.	11/6/23 5:08 pm

		I do have some clarifications I hope the BOP can weigh in on. In smaller, non-24/7 hospitals it is common for a pharmacist to work 7a to 7p on weekend shifts and take call on that same weekend. This is preferred by most pharmacists so they can limit their weekend work and on-call responsibilities to the same weekend. Occasionally pharmacists are called in during their off period between 12-hour shifts. This is usually due to an unforeseen emergency. A couple of questions arise from this. 1) Does the Board consider on-call hours as part of the 12 consecutive worked hour maximum? 2) Would the Board consider hours that a pharmacist worked after being called back in above the 12 hour max a violation of the regulation, or would these hours be considered an emergency and therefor allowed by the Board? Thanks for any clarification that can be provided.	CommentID:220618
Anonymous Retail	Support but we need action!!!	I have been a pharmacist 15 years and enjoy a fast pace working environment. I am not part of the norm. However, the past 5 to 6 years have changed the way I think about my job. Let's give some examples. Unreasonable expectations communicated through leadership in the disguise of the next fad in leadership training (ie. Purpose Driven Leadership) ... "We do not hold our pharmacists accountable for performance metrics." The store managers are responsible for meeting metrics...who do you think does our performance appraisals? Who do you think is licensed to perform and meet the metrics? Phone time, answer and hold time < than 60 seconds...on weekends with just 2 people pharmacist + tech (budget restraints prevent more help) and filling approximately 200 prescriptions, with a drive thru, counseling on OTCs, administering vaccines, patient care calls (>40 on the weekend) and performing testing. Completing a set number of MTMs with one pharmacist and 3 techs at best most days, and filling 300 prescriptions but inputting over 400 prescriptions, administering 10 to 20 vaccines, performing testing, and don't forget the 5 pages (approximately 60 to 100 during the weekdays) patient calls each day. This is measured too by the way. Shame on you if you miss 1 or 2 calls weekly. And make sure you answer that phone in less than 60 seconds and provide a meaningful and happy visit with every patient so	11/6/23 6:45 pm CommentID:220619

		that your customer service scores do not suffer (I agree with excellent customer service). We have not even touched on the time it takes to operate a compliant pharmacy... ALL WITH BUDGET CONSTRAINTS!!! Often times not even enough hours for pharmacists to get paid for the work they are actually performing. (think small stores) And God forbid you have enough technicians to support...even less budget for them. I have seen an increase in patient care safety events. Thankfully none that have seriously harmed a patient...yet. I have experienced the burnout and unreasonable expectations that have led me to be the cleanup crew in several pharmacies because a PIC has lost their job over unreasonable expectations, conditions, and board compliance. My board inspector will know this...if she gets the opportunity to read this. **Can we get some standards that support patient safety, pharmacists, and pharmacy staff?** For example, ABC pharmacy fills 500 prescriptions a day, administers on average 20 to 30 vaccines a day, is a testing site, and also prescribes per VA BOP standing orders for pharmacists. When will the BOP step in and set limitations on workload...meaning a safety ratio...x number of prescriptions, tests, vaccines, requires x number of pharmacists and x number of technicians within an 8-to-12-hour shift. Well, the BOP can't guarantee we will have the applicants to support this crazy world we call retail pharmacy even with a safety ratio...true but better working conditions and fair wages will definitely increase interest. I hear the chatter but it's time to use the DOH/BOP as a powerhouse to support the people you have given licenses too. Most of us love our patients and even our jobs but not the conditions and unreasonable expectations. Sincerely, Fed Up PharmD	
Anonymous	Call to Action	The very fact that this forum has been created should speak volumes to the BOP and to any corporations that will listen. The profession of pharmacy is in dire need of significant changes and they need to be made and implemented sooner than later. Thank you for granting a thirty minute, undisturbed, rest period. Unfortunately, I have only been able to utilize this break a handful of times	11/7/23 7:57 am CommentID:220620

since my company chooses to leave the phones on, windows open, and techs still performing approved tasks.

The need for more hours, more techs, more overlap, less metrics, etc have been duly noted on the previous comments. I whole heartedly agree with all of those issues and what we need are solutions. The BOP should take a deep dive into the causes of ALL of our problems, not just the obvious ones. One thorn in our side is GoodRx (and other similar "discounts") and it should be against the law. It has cheapened our profession more than the $4 plans ever did. It has made polypharmacy worse than it was before (if that's possible). To charge us a fee every time we submit a claim with $0.00 reimbursement is absolutely ridiculous when all they have is the cost of advertising and printed cards/app. Doctors distribute these coupons for them without even knowing how it works. It is unlawful. Even more unlawful are DIR fees. At the retail level, we are doing good to break even as it is. We don't need PBMs making the rules, changing the rules without notice, and then still coming up with reasons to take more money away from us whether we abide by the rules, meet all the criteria, or complete enough MTM documentation to make any of that money back. I don't see how this seems right to anybody other than those filling their pockets with the money our pharmacies deserve and have worked tirelessly to earn. Please encourage our legislators at all levels of government to address this NOW. I don't see how independent pharmacies can possibly compete in this type of environment and some of the smaller communities that only have an independent pharmacy are paying the price and it is not one bit fair to anyone.

I sincerely feel that there should be a patient education campaign or a public service announcement of some kind issued by the BOP that would give patients an idea of the challenges we face and some explanations as to why their rx isn't ready when they show up five minutes after leaving urgent care, or why their $5,000 rx may require a prior authorization after the doctor just explained to them how imperative it is that they be on it and the steps that are necessary to hopefully, eventually end up with a paid claim, why the supply chain is so messed up and why no pharmacy in town has their hydrocodone/apap 10/325 (and countless others that currently aren't available), why we more often than not will need their actual, physical insurance card in hand so that we can accurately bill insurance. I could go on and on. If patients had even a little bit of understanding as to what we're going through, maybe, just maybe they would show us a little grace as we are pulled in so many different directions in our efforts to safely and accurately dispense their medications.

We need qualified, competent, trustworthy technicians and they need to be paid appropriately. We used to say a pharmacist is only as good as his/her techs. Well we may

		as well say we just can't be that good anymore because most of our tech help does not care about the end result of what we do. They don't even care enough to get to work on time. The right people for this job need to get paid what they are worth across the board if nothing else just to boost morale and we need to find these people NOW. That would go a long way in my book. As it stands now, IF we can hire someone, by the time we invest the money in them to get them trained, they leave to work for another business that pays more. So then we've lost the person and the investment and we rarely can hire any techs from a competitor because we are not competitive with pay. When the people working at Buc-ee's cleaning the bathrooms are making more than pharmacy technicians who play a vital role in the accuracy and efficiency of filling, billing, and selling prescriptions to our patients, then THAT's a problem. We need a much better way to handle the entire process of administering vaccines. The paper forms patients have to fill out should be universal or made electronic to at least simplify this part of the process. There should be a nurse or a designated pharmacist scheduled and advertised on days that vaccines are to be given. Also we should not have to give every single vaccine under the sun and it is almost impossible to work shots into our normal workflow. The chances of a misfill or other problems are significantly increased when trying to balance all the many tasks we are asked to do all day, every day. What if in the hustle and bustle of a busy day, a patient receives the wrong vaccine? At that point it's too late. God forbid this should happen but it could. Then what? We need easier, more streamlined ways to bill coordination of benefits claims. They should either work or not work. Keep the federally funded critieria if you must, but just allow us to put the information in and bill it without having to guess at eight or so other coverage codes, use time that we could be doing other things, and STILL wonder if we're doing them correctly or not. I never in my wildest dreams thought when I started in pharmacy just over twenty years ago that we would be facing the obstacles, challenges, and just outright abuse that we deal with on a daily basis. I have strongly considered a career change and feel that I would be fully justified in doing so. There is no way I can, in good conscience, encourage a student to sign up for this for the rest of their life. Also, I would never want my kids to follow in my footsteps and pursue a career in pharmacy or anything even remotely related to it.	
Anonymous	No vaccine is an "emergency" anymore	No other profession would allow unlimited walk-ins. I'm sure dentists could make more money seeing 100 patients a day. But they don't. Because it can't be done professionally. Could a fast food business function with	11/8/23 9:40 am CommentID:220623

		1-2 employees? No. It would be a ridiculous mess. When we walk in on any given day, we already have 100 prescriptions to fill. Would a dentist take time consuming cavity walk-ins that could wait when they already had a full schedule for the day? No. We don't have to save the world. That imaginary task is over. Yet, we are still being asked to drop every prescription task in favor of immunizations. And immunizations really back up the workflow. I have heard of some pharmacists being tasked with 100 immunization appointments a day when they are scheduled by themselves on a 12 hour day doing 500 rx's on a normal day. HOW can corporate see that in any way safe? They know it isn't safe and demand it be done anyway. And that same pharmacist was asked why she hadn't made any progress on her prescription que for the day by her supervisor. Are you kidding me? And unless a 30 minute break is made into law that the pharmacy has to shut down during that time unless another pharmacist is present, that pharmacist will not get an uninterrupted 30 minute break. Period. It's like telling a spousal abuser to go home and "be nice" to their spouse by a judge. It doesn't work that way. Your business wants you available to the business. They want you available to the customer whenever they need you. Tech training is also too long. A clerk should be able to count pills at the very least instead of stand there in between customers to help with production. Chains are bleeding techs because of the stress ever since the mass Covid immunizations.	
Anonymous	Unlimited Pharmacy Technician to Pharmacist Ratio for Virginia	Please expand the Technician to Pharmacist Ratio in Virginia to Unlimited. This is the quickest way to support Pharmacists so that they may protect patients.	11/8/23 2:35 pm CommentID:220626
Anonymous	support-	please take away the regulations for pharmacy tech in training- it is NOT helping and actually hurting. most of the time- my tech in training are just doing learning modules and can barely help me during their shift. and I'm just doing everything by myself on my shift as a pharmacist.	11/8/23 9:22 pm CommentID:220627
Anonymous	support	can they make flu shot= easier for us. giving the shot isn't the problem. its all the processing with insurance, and filling out the form are the real Hassle. and we keep getting interrupted because everyone wants to walk in on flu shots but I have to fill prescription for everyone sick- and all the maintenance drugs- and that takes time.	11/8/23 9:24 pm CommentID:220628
Manager of Retail Pharmacy Operations	Working Conditions due to 4 to 1 Ratio in State of VA	Virginia State BOP regulations on 4 : 1 ratio of pharmacy technicians per Pharmacist, is part of the problem with adequate staffing for our Pharmacies to run more efficiently and streamline processes to balance the workload in retail pharmacy. Multiple other states either have a higher ratio or no ratio, which speaking with peers in these states are not nearly as stressed, overwhelmed nor are experiencing the amount of turnover in Pharmacy Technicians and Pharmacists, as the work loads are	11/9/23 8:08 am CommentID:220629

		balanced with a streamline workflow process. This provides the opportunity to have a technician dedicated to just processing and performing immunizations/health testing; gives the opportunity to have more than 1 technician filling prescriptions to stay ahead to have medications ready for our patients; etc. That State of Virginia needs to change the 4:1 ratio on retail Pharmacies. This is only going to get worse when ALL Rite Aids close in the State of VA, Walgreens and CVS alone will not be able to SAFELY handle that increase in volume without this change.	
Manager of Retail Pharmacy Operations	Remote Pharmacist Licensing	State of Virginia BOP is also hindering safety conditions in retail pharmacy, with the restrictions and regulations that a Pharmacist must be license in the state VA, and actively living in the State of VA to do Remote processing. Remote processing helps support Pharmacist to reduce workload and improve efficiency along with safety to reduce errors. As Retail Pharmacies in the state of Virginia volume is going to rapidly continue to increase due to Rite Aid closures, other Retailers will be beyond capacity to safely and efficiently provide patient care with this VA BOP restrictions. There are 47 Rite Aid locations in Hampton Rds alone, Walgreens and CVS will not be able to safely care for our community patients with taking in all their patients. REMOTE PROCESSING can be used to support, if these restrictions are lifted, or adjusted for these retail pharmacies to turn on their remote processing platform to support our Pharmacists work conditions and improve balance of duties to support patient care.	11/9/23 8:16 am CommentID:220630
Concerned Professional	Tech Ratio	**Working Conditions due to 4 to 1 Ratio in State of VA** Virginia State BOP regulations on 4 : 1 ratio of pharmacy technicians per Pharmacist, is part of the problem with adequate staffing for our Pharmacies to run more efficiently and streamline processes to balance the workload in retail pharmacy. Multiple other states either have a higher ratio or no ratio, which speaking with peers in these states are not nearly as stressed, overwhelmed nor are experiencing the amount of turnover in Pharmacy Technicians and Pharmacists, as the work loads are balanced with a streamline workflow process. This provides the opportunity to have a technician	11/9/23 8:11 pm CommentID:220633

		dedicated to just processing and performing immunizations/health testing; gives the opportunity to have more than 1 technician filling prescriptions to stay ahead to have medications ready for our patients; etc. That State of Virginia needs to change the 4:1 ratio on retail Pharmacies. This is only going to get worse when ALL Rite Aids close in the State of VA, Walgreens and CVS alone will not be able to SAFELY handle that increase in volume without this change.	
Anonymous	Tech Ratio	**Commenter:** Manager of Retail Pharmacy Operations **Working Conditions due to 4 to 1 Ratio in State of VA** Virginia State BOP regulations on 4 : 1 ratio of pharmacy technicians per Pharmacist, is part of the problem with adequate staffing for our Pharmacies to run more efficiently and streamline processes to balance the workload in retail pharmacy. Multiple other states either have a higher ratio or no ratio, which speaking with peers in these states are not nearly as stressed, overwhelmed nor are experiencing the amount of turnover in Pharmacy Technicians and Pharmacists, as the work loads are balanced with a streamline workflow process. This provides the opportunity to have a technician dedicated to just processing and performing immunizations/health testing; gives the opportunity to have more than 1 technician filling prescriptions to stay ahead to have medications ready for our patients; etc. That State of Virginia needs to change the 4:1 ratio on retail Pharmacies. This is only going to get worse when ALL Rite Aids close in the State of VA, Walgreens and CVS alone will not be able to SAFELY handle that increase in volume without this change.	11/9/23 8:12 pm CommentID:220634
Sarah L	Remote Processing for Pharmacists and RPH/Technician Ratio	During the "state of emergency" in the pandemic, the Virginia Board of Pharmacy allowed remote processing for retail pharmacists and expanded the technician ratios for the massive influx of patients they would be caring for. I am personally grateful for the board making that decision as it kept my pharmacist's mental capacity safe. While we are no longer in the pandemic, with all the Rite Aid closures happening, and continuing to happen, this is something that needs to be reconsidered as an option once again. Only this time, keep it! We trust pharmacy technicians who are nationally certified and go through ASHP accredited training to be able to apply for the state and practice, why is there hesitation in trusting clinical doctors of drugs to remotely process? It was a huge benefit for patient safety and even larger for our	11/10/23 2:07 pm CommentID:220635

		pharmacists mental and clinical safety. Our community patients need pharmacies they can trust, but also pharmacies that can be efficient so patient care in not impacted. We cannot lose the touch point of community with our patients due to limited and outdated staffing ratios and limited processing. The board of Pharmacy has always been known for protecting our pharmacists/technicians while continuing to stay innovative and progressive with the needs/demands of today's patients. Please hear your own communities' concerns. These are two things that are vital and within your control to show you hear us.	
Stewart Bunn	Pharmacists workload and pay	Our pharmacist friends are stressed out with filling rxs, giving shots, working with a skeleton crew many days, answering a million phone calls, are dealing with metrics and quotas set by folks not on the front line. They need more pay and more assistance.	11/10/23 5:23 pm CommentID:220637
Mary	Have been waiting 27 years for this	I have been a pharmacist for 33 years, 27 of which I have practiced in Virginia. Obviously, a lot has changed in that time frame. On the one hand it is great that Pharmacists are considered more of the Health Care team and can provide more services for our patients. I am very proud of how our profession took the lead during the pandemic. Doctor's offices were closed and largely unavailable to patients, but Pharmacists were always available. There was not another choice and we accomplished what was asked of us. But the corporations took those accomplishments and decided it was a great opportunity for them to make lots of money off their pharmacists by piling on more and more responsibilities without extra help or breaks during the 12 plus hour days. We cannot hire Technicians because they do not pay a living wage. We are told we have to provide vaccinations on a walk-in basis as well as Strep/Flu Testing, Travel Immunization Counseling, pushing telemedicine visits all while continuing to do what we have always done. Why should some person sit in an office at corporate and dictate what constitutes safe Pharmacy practice when they are never in the Pharmacy? Errors have increased but they just consider that to be part of the business without considering how those mistakes have a personal negative affect on the Pharmacist. Years ago, I questioned a member of the Board of Pharmacy why the company I was working for was allowed to do something and his response was that they did not like to tell companies how to do business. Why not? If you are regulating the Pharmacy "Profession" it is your responsibility to regulate the working conditions that the Pharmacists in this profession are having to work in.	11/11/23 5:50 pm CommentID:220640
Anonymous	PLEASE adopt these measures!!	As a practicing retail pharmacist in Virginia, I implore you to make these proposed changes permanent. Over the last 20 years, working conditions in retail pharmacy have deteriorated substantially. The volume that required two	11/12/23 12:36 pm CommentID:220641

		pharmacists, 4 technicians and at least one cashier to handle back when I started is now carried by 1 pharmacist and, on a lucky day, 2 technicians for only part of the day. The speed at which I must review every single prescription is ridiculously fast, and definitely does not lend itself to perfect accuracy. I acknowledge that systems have improved, for which I am grateful, but these systems can not replace the personal relationship between patient and pharmacist that allows us to tailor our care to the individual. Retail pharmacists today spend their days racing back and forth between administering vaccines, verifying the accuracy of all prescriptions, counseling patients, and contacting physician offices, insurance companies and patients. Additionally, in many cases, when technician help is completely unavailable or insufficient, pharmacists also pick up the responsibility for data-entering and filling prescriptions, managing inventory, answering phone calls and cashiering the pharmacy both at the drive up windows and the in-store counters. When asked why retail pharmacies are so understaffed, I have repeatedly heard the phrase, “there’s a shortage of pharmacists and technicians.” That is not accurate. There is not a shortage of capable, licensed pharmacists or technicians--only 4 years ago, the market was flooded. The truth is that there is a shortage of pharmacists and technicians who are willing to work in today’s toxic operating conditions. We struggle to hire technicians, as large companies have refused to allow sufficient staffing hours to provide a viable career path for them. Technicians are nearly always relegated to part-time status, preventing them from being eligible for basic benefits like healthcare insurance. Their wages are not sufficient for the responsibilities that they shoulder, and they are not provided with adequate options to grow professionally within the field. As the backbone of the pharmacy, we MUST institute regulations that allow us to retain talent. Please help us to take our profession back and earn back the "most trusted profession" status by putting these changes in place and empowering pharmacists to appropriately staff our pharmacies. Additionally, please consider instituting staffing minimums that will protect patient safety and prohibit large corporations from finding loopholes that will continue to put our patients and our livelihoods at risk.	
DILLON BREEDING	The Final Solution: Full Spectrum Dominance	**The Final Solution: Full Spectrum Dominance** The theoretical practice of pharmacy is concerned with the art of dispensing medication. Over the past decades, the profession has transformed into what it is now: for all intents and purposes, an algorithmic, mechanical way-of-thinking built on the expansion of two corporations	11/12/23 1:31 pm CommentID:220642

fighting for complete control. I think one will maybe overtake the other at some point or there might be a merger/nationalization thereof. It's difficult to pinpoint the specifics, but an astute observer can see the arc of retail trajectory. I speak of this not as a relic of the past, but as someone who has had about 1/2 decade of experience (which is essentially nothing). But the writing has been on the wall over the past few years: more and more freedoms and choices we have to operate effectively are taken from us and we are given no real choice or discussion in the matter.

Everyone has the same complaints. They have had the same complaints for so long, that you have to wonder whether the company is operating out of incompetence or by design. I find it hard to believe that if we were really a valuable asset in the true sense, our complaints would have been fixed long ago. Since RPHs are *usually* hard working individuals, they have pushed themselves out of motivation to survive under these unfair working conditions as they keep inching the Overton window incrementally to make new hires think these are our corporate-cultural norms/expectations.

I really think that the only way to elicit change would be for a national one day walk-out. Even if it was 50% of the stores, it would be enough to usurp power back and negotiate/unionize (although unionization can be corrupted as well - I can promise you these two corporations will go to extremes to not allow that to ever happen—cf. the attempts by Amazon workers in Alabama, Bezos and his cohorts squashed that with ease—and the media forgot). And to those who say they don't support them because they can harm patient health, but at the same time state ad nauseam that the conditions they operate under are dangerous to the patients.

There's just so many things that need to be changed. But they don't want to because they are beholden to shareholders and Wall-Street. I don't follow the stock market, but I am fairly informed enough to know that these companies keep posting profits quarterly. Why does there always have to be more and more extracted out of everything? Is not just operating in stasis or some type of financial equilibrium where everything is functional and people surviving not enough?

I honestly think this is by design to purge all higher paid RPHS and to usher in a new era of practice aided by AI and perhaps utilizing blockchain technology as well (cf. Jack Dorsey and the development of new social media NOSTR if you want to research this for the upcoming Web 3.0 that is underway by around 2030).

Anyways, I know this will probably not change anything. I don't know if anyone has articulated any of these views, I

		flipped through a few posts and they all have the same complaints. But I am shocked at the amount of anonymity because people are so afraid of some type of retributive payback at work — has anyone even said or realized…do I want to work a job where I am so afraid of even voicing an opinion? Not even a negative opinion, no character assassination, but just a list of grievances or a vision forward. Sadly, there will not be any change because of this - just replace the old with the new. I've seen so many great RPHs leave over my time that had the emotional intelligence and ability to talk to people that is devoid in so many of the younger generations. Ultimately, I left the profession for now, at least, because I see no path forward. I just see damage control and attempts at giving the illusion that we can maybe throw a few extra hours, remove some prompts, and try to make you feel like a new day is coming. But then I feel that it will revert back to the same after people's short term memory is faded in a few months, half a year, etc (and people's short-term memory is becoming very, very short these days). I noticed in what I read that a lot have created this massive narrative where you expound in excruciating details about all these autistic fixations, but you cannot see the larger picture and think: why would some of the world's largest corporations be operating in a state of chaos; why is this being introduced and utilized; and so on and so forth. The only thing I can conclude is that it is by design and to mentally exhaust and psychologically break the will of most, so there will be a mass exodus of people and the final solution will be the implementation of a new modality that will severely reduce their need to have as few pharmacists as possible. If you create the problem, control the problem, then offer a solution to replace an old paradigm that they have been wanting to eliminate for along time (us). Having said all of this, I don't want to have a pessimistic view on the future. Almost all of the people I've had the pleasure of working with over the years have been hard working, good people. I hope things change, but I do not plan on working in pharmacy because of what two corporations have been able to leverage over the years. Good luck to all.	
anonymous	The workload is unrealistic--support us please!	Please help! The workload is becoming literally unbearable! I am going in early by 1.5-2 hrs, staying late - and it is never enough! Our business keeps growing with other pharmacies closing or cutting their hours, and we can't get enough help to get the job done well. The company needs to take on the hiring process and training process too; it is too hard for us to get someone on board and trained to work. The community pharmacist is	11/14/23 10:10 pm CommentID:220644

		essential to public health, we need to be able to provide quality prescription services and advice. I have to say, this is affecting my health. I literally cannot keep this up. I have to assume that it is affecting and has been affecting so many other pharmacists health too. Please care about our health too. The stress is too much. I have to work at 110% effort and speed level all day long, and straight through our lunch time, or the work will not get done. We are continually having tasks added and there is NO time to do them. (ie, a form for C2 returns process - add the drug to be returned with a key rec and then take it out with the DEA 222 form and UPS tracking number)... We need MORE help!! Public safety/ sanity at risk!	
Anonymous	Please help our profession	The emergency orders seem wonderful however, everyone I know are terrified to participate in fear of losing their jobs. We are fire at will in Virginia. We know a few months down the line and one metric missed will send us out the door so unfortunately we cannot use this to help us at all. The only way to force companies to do right by is is to make laws that require certain things. We need laws that require at least 2 people working at all times. This is bottom line requirement for safety. At my store we the pharmacists must work 33 hours alone each week. This is impossible to do safely for the public and our workers and our mental and physical health. Stop by and see one of us working alone trying to give a shot, answer phones, fill prescriptions, do required inventory, make pcq calls, etc etc. This looks like slave labor as viewed by our patients. We look unorganized sloppy, rattled and unprofessional. Patients blame the people they see not the companies. We beg you to help us. We beg you to enforce mandatory training requirements and technician hours that do not change throughout the year. In order to have a great pharmacy we need technicians to be able to have a steady job with decent pay they can count on. A real career that someone actually can survive on. These companies give 20 hours a week and also tell us to use 1.5 hours on a certain day then 3.25 hours the next day. It is crazy and we find ourselves eternally hiring and retraining. The technicians hate how they are treated like their work life balance is unimportant. Please please give our profession it's professionalism back. We need walls back to give us time to serenely do our job. Think doctor office environment. 30 minute lunches do nothing. We work through them because we have to. The pharmacies I have witnessed are the most unsafe dirty stores you have ever seen. No one cares at all. Not the pharmacist not the DM no one. It is overlooked. People are hanging on like a thread just trying to survive the day. No one has time to actually clean a counting tray. But why do your inspectors overlook so much when they come in? Why can a piece of paper with directions be stapled to the outside of the rx bag and not attached to bottle be legal? Why is this overlooked. Who is paying you to overlook all of these things. It will stop when you decide to make it stop with	11/15/23 8:35 am CommentID:220645

		laws. Mandatory tech to pharmacist ratios at all times. Mandatory open and closing activities before and after business put into schedules. Calm working environment for calls and communication with outside agents/patients. Mandatory allowed bathroom breaks and places to sit down for all employees. This job is very demanding why can we not sit down for a few minutes. No chairs allowed. No mental breaks. Our future is in your hands. Decide who wins - your pocketbook of funds or our profession as a whole.	
anonymous	Current working conditions are not sustainable	While these regulations are a great start, I am concerned that they are more suggestions for appropriate work conditions rather than laws, and they leave enforcement of these regulations in the hands of the pharmacist. I am afraid pharmacists will not report poor working conditions because of time constraints and fear of retribution from permit holders, since a complaint goes to them from the complaining pharmacist for a response. The permit holder has the discretion to take no action as long as they document why, once again overriding the pharmacist's discretion. This process is time consuming and doesn't address the immediate short staffing that is the rule these days, not the exception. These regulations need to contain specific laws that will hold permit holders responsible for providing the adequate working conditions to safely do business. At a minimum, the board of pharmacy needs to adopt a minimum pharmacist : certified tech ratio of 1:1. A pharmacist should never be working alone for their safety and the safety of their customers. Something also needs to be done about the constant cutting of support hours. On top of everything else going on, the pharmacies are in a constant state of hiring and training because we cannot retain quality help when their hours are constantly being cut and below full time. Corporate needs to play a bigger role in the hiring, training and retention of support help and take that issue off the plates of sinking pharmacists behind the bench. Finally, the allotted support staff should not be measured by Rx picked up but by the Rx filled and the entirety of the workload that is being put on the pharmacy. There is never time for inventory, training, team building or house keeping tasks. Many pharmacies are dirty and overcrowded with boxes and drugs all over the place. This adds to the overall chaos in the pharmacy. I have been working retail pharmacy for over 25 years , and while it has always been challenging and stressful at times, it has never been as bad as it is now. Since Covid, we have inherited all the immunizations for the public on top of the traditional pharmacy work, yet we are working with less help than before. If pharmacies want to offer vaccine appointments, they should be required to schedule a designated pharmacist or technician just for immunizing tasks in addition to a pharmacist behind the bench. They	11/15/23 5:43 pm CommentID:220646

		should also not be allowed to schedule more than 1 patient per time slot. We often have 4 patients/8 shots scheduled for the same time. We are being put in a position where we cannot possibly provide safe and adequate customer care. Work has become a sweatshop and a hostile work environment, often being verbally attacked by customers. There is way too much stress and liability on the pharmacist, and those who can are leaving retail or pharmacy altogether. This is not sustainable, and it is the responsibility of the board of pharmacy to step in and help us save this profession. It is my hope in speaking up that I can be a part of the change that is so needed for my chosen profession. There is not a shortage of pharmacists, just a shortage of pharmacists willing to work in the current conditions.	
Anonymous	Support!!!	Please make these changes permanent. While these actions are a great place to start, just look at all of the anonymous comments. Pharmacists are afraid to speak the truth for fear of losing their jobs. The Board of Pharmacy needs to take action to create and regulate a safe environment for pharmacy employees and for pharmacy customers. They need to create safe working standards that are required to be met by the employers, and not put the risk onto the employees to speak up. At a minimum, a pharmacist should never be working alone. Yes, you can survive and get some things done, but when there are in depth issues that a patient needs to have addressed (ex. Contacting a hospital about a discharge order, contacting insurance, spending quality time with a patient on multiple medications or needing counseling on how to inject a new medicine, etc) it is nearly impossible to provide the level of care that a patient deserves. There are so many incredible pharmacy technicians out there, but so many are not given enough consistent hours to remain in the job or to have a reasonable work-life balance. Thus we are constantly in a state of hire/train/hire/train which also lends itself to stress and errors. Pharmacists are now bearing the majority of the immunization tasks for the country. This service is an honor to provide, but we are being asked to do it with insufficient resources and unrealistic expectations. No other health profession would allow people to just walk in with a family of five and drop everything to deliver an on-demand non-emergency service in that moment. The initial COVID vaccine crisis is OVER. Vaccinations can be planned for and scheduled in a balanced manner and can be reasonable included in pharmacy workload. Please create safe regulations around this and enforce them! Ask to see our immunization appointment workload in September and October. Appointments every 15 minutes all day long with no extra pharmacist or technician to deliver the immunizations? HOW does anyone believe it is possible to do this job ON TOP OF an already	11/16/23 2:05 pm CommentID:220648

		demanding workload? It is not possible, and the mental and physical health of the pharmacy employees and the health of the customers is put at risk by allowing this pace. You have the power to reclaim our professional standards. Please help.	
Pharmacy Leader	Actionable topics for solutions in the workplace	•	11/17/23 3:23 pm CommentID:220649

Commenter: Anonymous

11/16/23 2:05 pm

Support!!!

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CommentID: **220648**

Commenter: Pharmacy Leader

11/17/23 3:23 pm

Actionable topics for solutions in the workplace

I appreciate the opportunity for public comments to support the working conditions for Virginia Pharmacists, Technicians, and public safety. I would like to see the Virginia Board of Pharmacy take action to implement regulatory change that would directly impact better working conditions in the pharmacy. The impact would provide the support that is being expressed in many of the public comments posted and create an environment where our pharmacist can directly control the working environment by leveraging available support to safely serve the patients in our Virginia community. The actions requested below will provide a better working environment. The 1st 3 items are commonly permitted in the majority of states. The practice of pharmacy in Virginia is not different in these other states and the Virginia regulatory requirements and restrictions create barriers towards being able to provide greater support or create unnecessary stress on pharmacy staffs. I am licensed pharmacist in 4 states, including Virginia. I am currently a practicing pharmacist in Virginia

- **Remote processing. Remove the constraint of the pharmacist and technician to be a licensed pharmacist in Virginia and working within Virginia State lines**. This will increase the access to pharmacist and technician across the nation to support pharmacy production remotely. Remote support includes data entry, data review, third party resolution/billing, inbound/outbound phone call support. This enables the pharmacist and technicians within the pharmacy can provide patient services such as immunizations

and testing, point of care, and other services that directly support the health and wellbeing in our community.

- **Remove the technician to pharmacist ratio, which is currently 4:1** and allow the pharmacist on duty to determine the appropriate technician to pharmacist ratio for sufficient staffing. 24 states and DC currently do not have a technician ratio and a handful of others permit greater than 4:1.
- **Remove 2-year experience as licensed pharmacist for Pharmacist in Charge.** The most qualified candidate should be eligible to accept a PIC position regardless of pharmacist experience. A PIC is a leadership position, and there are candidates that have previously served in a leadership capacity, but may not have pharmacist experience. This limits career growth for pharmacists that exhibit the skills and performance to move into a management position such as pharmacy manager. If a pharmacist is practice ready and licensed, they should be able to fulfill the pic role.
- **Stop unannounced annual inspections**, move to announced scheduled visits. Board of Pharmacy Inspections are disruptive to the workday when unannounced. As a example, we had annual inspection on Monday, the inspector arrived at 9am and stayed until 6:30pm. One team member had to be removed from workflow to assist with the inspection leaving the team short staffed even though we adequately scheduled for the day. If these were announced the team could plan appropriate support for the inspection while maintaining workflow and patient care. The majority of non-sterile compounding inspections in most states take 2-3 hours at most. An inspection that lasts all day is extremely stressful for all involved. If the inspection were completed in an efficient manner, the inspections can remain unannounced.

CommentID: **220649**

Commenter: Anonymous

11/17/23 3:37 pm

Unprofessional Conduct Section - Proposal for updated language

6. Delegating a task within the practice of pharmacy to a person who is not adequately trained to perform such a task;

If this goes into effect I can see any technician who is up to date with pharmacy law using this, and it disproportionately affecting a pharmacists' licensure. I've noticed many knee jerk responses when I am asking a technician to do something and they say, "I wasn't adequately trained to perform a task." I know with proper training documentation this can be avoided, but I don't a pharmacist should be at risk for being sent to the BOP because they asked a technician to do something completely within the scope of their professional license, especially if there was adequate training.

Proposed updated language:

6. Delegating a task within the practice of pharmacy to another person outside of the practice of pharmacy who is not trained to perform such a task; This excludes tasks delegated to pharmacy technicians that are within their scope of practice.

CommentID: **220650**

Commenter: Anonymous

11/18/23 3:04 pm

Burnt out RPh's

Dear VABOP members,

		•	
Anonymous	Unprofessional Conduct Section - Proposal for updated language	6. Delegating a task within the practice of pharmacy to a person who is not adequately trained to perform such a task; If this goes into effect I can see any technician who is up to date with pharmacy law using this, and it disproportionately affecting a pharmacists' licensure. I've noticed many knee jerk responses when I am asking a technician to do something and they say, "I wasn't adequately trained to perform a task." I know with proper training documentation this can be avoided, but I don't a pharmacist should be at risk for being sent to the BOP because they asked a technician to do something completely within the scope of their professional license, especially if there was adequate training. Proposed updated language: 6. Delegating a task within the practice of pharmacy to another person outside of the practice of pharmacy who is not trained to perform such a task; This excludes tasks delegated to pharmacy technicians that are within their scope of practice.	11/17/23 3:37 pm CommentID:220650
Anonymous	Burnt out RPh's	Dear VABOP members, As our representatives for the way pharmacy practice is conducted in the state of VA, please listen to our grievances in the retail setting. We are overworked to death by our bosses & companies. They do not care that we do not have time to eat, take a quick mental rest break or even go to the restrooms! They	11/18/23 3:04 pm CommentID:220651

		just want us to take our of our now rude, demanding & impatient customers. And that vaccines take 1st priority over prescriptions for our sick customers. They are in fact bullying us why not doing enough vaccines. Conditions have become unsafe & lots of rx errors are on the rise. Of course it is the RPh license who is at risk & not our employer. I implore that you step in and make some serious changes before there is noone left who wants to work in this industry. Thank you	
Anonymous	Tech Ratio	Please add a minimum ratio to working conditions. There is Currently a max amount of technician to pharmacist ratio of 4:1, there should also be a minimum added off 1:1 ratio. A 1:1 ratio is absolute in maintaining safety for pharmacies where companies want pharmacists to work alone completing all tasks, not limited to data entry, filling, verification, vaccinations, counseling. A 1:1 ratio is also mandatory for security reasons.	11/19/23 3:03 pm CommentID:220652
Anonymous	Pharmacist tech ratio	Must always have an rph on site and must always have a tech during operating hours. Rph must never work alone. A tech must be in the pharmacy at all times	11/19/23 3:06 pm CommentID:220653
Terri Powers	Support and reasons why	I fully support these regulations for the following reasons: 1) I think the error rate in Virginia is intolerable. 2) If you hold the PIC accountable for all aspects of the practice of pharmacy, they along with the pharmacist on duty, need to be allowed to staff their pharmacy so patient safety is the priority, not metrics, quotas, or company profits. 3) Some patients with chronic diseases are complex and require more time and attention. Metrics and quotas don't take this into account. Even though these emergency regulations are a step in the right direction to improving patient safety, more needs to be done. For instance, no pharmacist should be allowed to work alone. Pharmacy systems are designed to help minimize errors but only when more than one set of eyes are on the prescription and different check points are staffed. Thank you addressing the working conditions in Virginia pharmacies. Every pharmacist has a right to work with adequate staffing.	11/19/23 3:20 pm CommentID:220654

Giant Pharmacy	Working conditions / supervisor/ bullying	Thank you for the opportunity to listen to us. Please make these temporary regulations permanent and also give us the opportunity to amend them so that we are protected from corporate bullying. We are bullied by corporate daily to do more with less while they sit at home behind their computers and bark orders. Each pharmacist in corporate delegating to front line pharmacists, should have to work 12 hour shifts on the bench monthly. I guarantee they won't ask for as much as they are now. They are not better than us, and most are less educated. They produce and condone this unsafe environment & are only allowing it to get worse. The BOP is our only hope to help regulate that this stops. Corporate greed to drive numbers and metrics has changed pharmacy and pharmacists. To push a vaccine due to increased profit, and not order or distribute what is in demand, is unethical. Bully supervisors that threaten pharmacusts that "you are all replaceable" and "new grads work for less" is demeaning to say the least. We are highly educated and yet treated like prisoners in a 12+ hour jail sentence without 3 meals or a bathroom. Limited to no breaks in 12+ hours and working without pay is ongoing in every Virginia Giant pharmacy. Every hour worked should be paid. I mean, we are the ones pushing their profitable vaccines, aren't we? Yet, they always come out ahead , and then say we arent making any money. How is any of this toleratesd? Those in corporate barking metrics, including regional pharmacy managers/superviaors/district managers, should be held accountable for their scare tactics and threats. Nobody should have anxiety going to work wondering if they will be ambushed by Corporate and HR for not meeting metrics. The Corporate bullying and threats need to stop, and only the VA BOP can make this happen by holding them accountable. Thank you for these regulations, as they are only the beginning to protecting our patients, pharmacists, and profession. Please make them permanent so that it isn't all for nothing and that we are not in this same place 18 months from now.	11/20/23 4:36 am CommentID:220655
Anonymous	Overwhelming Workload	Local Retail pharmacies have become points of Urgent Care post pandemic. Our workload has become overwhelming without necessary support. While we are all for increased patient care, safety needs to come first. Corporate Greed has overtaken patient care & pharmacists & technicians are the ones suffering.	11/20/23 8:45 am CommentID:220656
Anonymous	A pharmacist	There should be a law that there is always one technician	11/20/23 10:48 am

	should never be alone	anytime a pharmacist is on duty. Having a pharmacist work alone with the phones, drive thru, register, filling, required bodily functions is cruel. By working alone the pharmacist is working in unsafe conditions with so many open points of contact, it invites theft as well. It is unthinkable to have any other healthcare facility working with one person on duty without support staff. Why should pharmacy be any different? Has anyone ever gone to a doctor's office where the doctor checks people in, takes vitals, performs the consultation, preps and gives vaccines, bills the insurance, collects the copay, and answers all the phone calls the entire day...alone? Pharmacists should not be required to perform all these functions simultaneously alone either.	CommentID:220657
Anonymous	Pharmacies NEED more staff!	As a regular pharmacy customer, I am completely fed up with the abysmal lack of adequate staffing in my local pharmacies. It does not seem to matter where I go--Walgreens, CVS, Rite-Aid--they are all understaffed and have ridiculously long wait times. The staff are pulled between drive-through windows and inside counters, with neither being fully-manned. My prescriptions are rarely ready on the same day they are called in by my doctor. I should not have to wait for 3 hours to pick up my antibiotic when I am trying to get home from the doctor and get to bed. A few weeks ago, I received a call that my immunization, which I had scheduled several days in advance, was cancelled because the pharmacy was not going to be able to open that day, as they had no pharmacist. Another friend told me that she had experienced the same thing at another pharmacy. Why are there not enough personnel to keep pharmacies open??? I know that there are at least 4 pharmacy schools in Virginia pumping out full classes of new pharmacists every year, so how is it that there are not enough pharmacists working to keep stores open? I can only surmise that the work environment is so toxic that many of these graduates are unwilling to work in these pharmacies. There is absolutely no reason why I should walk into a pharmacy, with phones ringing, people waiting for immunizations, and people lined up to pick up prescriptions and find that only one pharmacist is working--with no support staff at all! It's not enough. And no one is filling prescriptions at all! Please, Virginia. Fix this! We need our medications, and we need them filled on time.	11/20/23 2:04 pm CommentID:220659
Anonymous	Pharmacy is no longer healthcare	In my many years as a pharmacist, retail pharmacy has become no longer about healthcare, but about profit. PBM's, corporate greed, metrics, etc have all reduce the role of the pharmacist to a pawn in the profit game. We are treated like employees and not the healthcare providers that we are...there is no respect for our practice of healthcare. We need a huge increase in tech and RPh support, an eradication of metrics altogether (except for the use of corporate analysis possibly), and the control that PBMs have. The current conditions do not only make the situation unsafe for the patient, and the workers, it has a	11/20/23 2:08 pm CommentID:220660

		harrowing effect on our mental health as well. In addition to the stress, it's depressing to see what our profession has become, and the lack of respect we get, mostly from our own companies.	
Susan	Unsafe pharmacy conditions	I am a 27 year pharmacist and have never seen the retail setting deteriorate to this level. I was Pharmacist at one of the huge corporations and quit a month and a half ago due to burn out, exhaustion, fear of license issues, and overwhelmed to the maximum. I was extremely concerned of an increase in errors due to no help. I even have to pay a 35K bonus back because I could not even wake I one year contract. The workload was massive for the pharmacists with no support from management. Things must change or there is going to be a huge healthcare crisis.	11/20/23 5:49 pm CommentID:220663
Anonymous	Pharmacies need more PHARMACISTS!!! - not increased tech ratios	I have worked in a state that has steadily increased pharmacist:tech ratios from 1:2 to 1:6. I do not believe the state of Virginia needs to increase the pharmacist:tech ration beyond 1:4 . The state of Virginia needs to pass regulations/legislation that forces retail pharmacies to actually have more pharmacist hours and more pharmacist overlap.	11/20/23 9:14 pm CommentID:220664
Anonymous	The State of Retail Pharmacy	I have been a pharmacy technician for almost a decade. Over my time, working conditions in retail pharmacy have deteriorated substantially. It is extremely concerning how many tasks need to be completed daily with so little employees. The amount of time that patients have to wait for medications to be filled is way too long. Not to mention that many locations do not have the staff to even answer the phone and the increase risk for errors in this environment. We have told corporate of our struggles for YEARS. They simply do not listen and will not unless their profits are at risk or laws force them to act. It used to be unheard of for a pharmacy to close unless it was for a holiday, now it is a regular occurrence. Patients should not have to suffer like this or worry their pharmacy is going to make an error causing lasting harm. Allegedly “there’s a shortage of pharmacists and technicians.” That is not accurate. The truth is that there is a shortage of pharmacists and technicians who are willing to work in such toxic conditions. We struggle to hire technicians, as large companies have refused to allow sufficient staffing hours to provide a viable career path for them. Technicians are nearly always relegated to part-time status, preventing them from being eligible for basic benefits like healthcare insurance. Their wages are not sufficient for the responsibilities that they shoulder, and they are not provided with adequate options to grow professionally within the field. As the backbone of the pharmacy, we must institute regulations that allow us to retain talent or there will be an actual shortage. Please help us help all those in need of pharmacy services by putting these changes in place and empowering the	11/20/23 9:28 pm CommentID:220665

		pharmacists to appropriately staff pharmacies. Additionally, please consider instituting staffing minimums that will protect patient safety and prohibit large corporations from finding loopholes that will continue to put our patients at risk.	
Brad McDaniel, Virginia Society of Health-System Pharmacists	Pharmacy Working Conditions	The Virginia Society of Health-System Pharmacists supports working conditions that promote a safe workplace for pharmacy professionals and patients. We appreciate Delegate Hodges' leadership in the creation of a baseline expectation for safe working conditions for pharmacists and pharmacy staff and ensuring staff can provide services safely to the public. VSHP asks that the Board consider the following unique considerations to amend the language: (1) Residency/ Fellowship Training Programs: Residency training program accreditation requirements outline duty-hour limitations for pharmacy residents similar to medical training programs. VSHP and pharmacy residency training programs value wellness for our trainees and wish to maintain flexibility to ensure trainees are meeting the program goals. • VSHP requests an exemption in the 12-hour working shift for those pharmacists participating in a residency training program. (2) Pharmacy On-Call Programs: There are unique circumstances that require on-call pharmacy team member support. Examples include: emergency condition support such as unscheduled technology/ automation downtime, needs for USP <800> compounding in non 24/7 pharmacies, and other supportive programs that enable timely access to pharmacy care or medications. • VSHP requests that the Board provide an exemption to the 12-hour shift restriction for this unique purpose. (3) Lastly, VSHP recommends considering language regarding "prescriptions" to include 'medication order' as relevant for differentiation in the hospital setting. Thank you for your time and consideration. The Virginia Society of Health-System Pharmacists	11/21/23 8:53 am CommentID:220671
Josh Crawford	Pharmacy working conditions	I support working conditions that promote a safe workplace for pharmacy professionals and patients. I would like to request the Board consider the following unique considerations to amend the language in the regulations:	11/21/23 10:16 am CommentID:220682

		(1) Residency/ Fellowship Training Programs: Residency training program accreditation requirements outline duty-hour limitations for pharmacy residents similar to medical training programs. VSHP and pharmacy residency training programs value wellness for our trainees and wish to maintain flexibility to ensure trainees are meeting the program goals. • Please consider an exemption in the 12-hour working shift for those pharmacists participating in a residency or fellowship training program. (2) Pharmacy On-Call Programs: There are unique circumstances that require on-call pharmacy team member support. Examples include: emergency condition support such as unscheduled technology/ automation downtime, needs for USP <800> compounding in non-24/7 pharmacies, and other supportive programs that enable timely access to pharmacy care or medications. • Please consider providing an exemption to the 12-hour shift restriction for this unique purpose. (3) To accommodate acute care/hospital vernacular, please consider language regarding “prescriptions” to include 'medication order’ as relevant for differentiation in the hospital setting.	
Joseph Cusimano, Virginia Pharmacy Association	Support for Improved Pharmacy Working Conditions		11/21/23 11:07 am CommentID:220683

technology/ automation downtime, needs for USP <800> compounding in non-24/7 pharmacies, and other supportive programs that enable timely access to pharmacy care or medications.

- Please consider providing an exemption to the 12-hour shift restriction for this unique purpose.

(3) To accommodate acute care/hospital vernacular, please consider language regarding “prescriptions” to include 'medication order’ as relevant for differentiation in the hospital setting.

CommentID: **220682**

Commenter: Joseph Cusimano, Virginia Pharmacy Association

11/21/23 11:07 am

Support for Improved Pharmacy Working Conditions

Hello:
On behalf of the Virginia Pharmacy Association Government Affairs Committee, I am writing to express our support for the proposed regulations. I am a board-certified psychiatric pharmacist and registered pharmacist in the state of Virginia.

HB 1324, led by Delegate Keith Hodges, passed last year’s legislative session with overwhelming bipartisan support. The law was directed at improving the practice of pharmacy in the Commonwealth for the benefit of safeguarding the health, safety, and welfare of patients. The law requires the regulations include the following provisions:

> (i) addressing sufficient pharmacy staffing to prevent fatigue, distraction, or other conditions that interfere with a pharmacist's ability to practice with competence and safety;
>
> (ii) stating standards for uninterrupted rest periods and meal breaks for pharmacy personnel;
>
> (iii) stating standards that ensure adequate time for pharmacists to complete professional duties and responsibilities, including drug utilization reviews, immunization administration, patient counseling, and verification of prescription accuracy; and
>
> (iv) limiting external factors such as productivity or production quotas to the extent that such factors interfere with the ability to provide appropriate professional services to the public.

The proposed regulations address all parts of the legislation as written.

We appreciate the creation of a “Staffing Requests or Concerns Form” as well as prohibiting disciplinary action against the reporting staff member. We encourage the Board to engage in public conversation with pharmacists regarding how the Staffing Requests or Concerns Form will be used and responded to. We request clarification regarding the term “permit holder”, as this is often an organization, company, or board and not an individual person. In the context of the Staffing Requests or Concerns Form, it is unclear who the form should be submitted to. Would it be more appropriate if “permit holder” was replaced by the pharmacist in charge or a designated representative of the permit holder? We want to ensure that the regulations are clear for pharmacists practicing in all settings, including community and hospital pharmacists.

18VAC110-20-113(C) proposes that “A pharmacy permit holder shall not override the control of the pharmacist on duty regarding all aspects of the practice of pharmacy”. We suggest amending this section to likewise prohibit direct or indirect disciplinary action or retaliation against a pharmacist who exercises such control. This would allay concerns pharmacists may have about exercising their rights under this regulation.

We appreciate the opportunity to offer comment regarding these proposed regulations.

Sincerely,

Joseph Cusimano, PharmD, BCPP

2023-2024 Virginia Pharmacy Association Government Affairs Committee Chair

anonymous	ratios	please consider pharmacist to script/order volume or pharmacist to bed minimum staffing ratios. we have tech to pharmacist ratios but need to set minimum safe staffing for pharmacists otherwise no one will hire more as it is not profitable under current reimbursement strategies. i know staffing ratios is unpopular but its the right thing to do, set a MINIMUM that is safe please consider more directive or details on who needs to respond to the proposed forms, who is the permit holder for a corporation or a big box? is the intent to put the response on someone who works outside of the pharmacy	11/21/23 12:37 pm CommentID:220687

		or is it enough that the supervisor of the PIC responds, or is that a conflict of interest? please provide more information on what the action and expected response for the forms is. So they are audited on inspection, does the inspector review them and look for an appropriate response? is there a number that would trigger an investigation? what response is the forms supposed to trigger? **please consider looking at pharmacy reimbursement methods as the cuts to pharmacy and script profitability have no doubt contributed to this staffing crisis**. take this up as your duty and charge. while you may say thats not your problem but it really is a significant root case and I would ask what you are doing with this working conditions policy: are you putting a band aid on the crisis or are you serious about fixing the underlying root cause which in effect improves the access, safety and welfare of the public?	
Al Roberts - Remington Drug Company	Workplace Condition Regulations	I would like to first praise and congratulate our BOP and staff for taking action on this very important issue. The pharmacist and his/her team are the last eyes and hands on the prescription before it is received by the patient. This is a tremendous responsibility by itself. To add additional responsibilities, not related to patient care, such as answering phones, running the cash register/POS terminal, and financial metrics sacrifices much needed attention to the care of the patient, which is a priority for a pharmacist. A pharmacist and their team are the last line of defense against a medication error possibly related to strength, dosing, allergies, drug-drug interactions, duplication of therapy, and the list goes on. While many people believe they can multi-task, studies show the number of tasks one person can handle, almost simultaneously without an error, are limited. The current workplace conditions many pharmacists and technicians endure are unsafe, toxic, and a ticking bomb just waiting for the next mistake or catastrophe to take place------and it is not their fault. The big corporate entities are sacrificing patient safety in the name of profits. Recently much has been made of the shortening of hours for pharmacists and technicians. That sounds good to the public but all it is doing is condense the time it takes to handle the same amount of work. It is a band-aid and not a long lasting, workable solution. The regulations are a great first step and again congratulations to our BOP for taking this big step, but it is only what should be a first step with more to follow. There needs to be enforcement when the rules are not followed. There needs to be protection for those person(s) reporting the violations. The penalty needs to be	11/21/23 12:50 pm CommentID:220688

		substantial, as in six figures and/or closing the pharmacy until compliance is confirmed. Once determined a violation has taken place, the guilty party must be required to pay the fine or come into compliance within a set period of time. They would not be able to litigate or appeal the decision. In closing, I wish to again state my support for this move by our BOP. We owe our pharmacists and their team a safe and enjoyable workspace. We owe our patients the feeling of safety when they pick up their prescriptions and interact with their pharmacy team.	
Margaret Rowe	In support of regulations r/t staffing requirements for pharmacy staffing	Thank goodness for the proposed change that would eliminate staffing ratios being based on product, rather than on more important factors that impact patient care, such as immunizations, point of care testing, consultations and patient education! I support this proposed change.	11/21/23 3:45 pm CommentID:220692
Anonymous	Better support for pharmacists	Working conditions over the last several years has been extremely stressful. A pharmacist should never have to work alone from a safety and patient safety standpoint. At any given time, there should always be at least a 1:1 ratio between pharmacist and tech support. The pharmacist should always have the final say when it comes to tech support based on the needs of the business any given day.	11/21/23 5:00 pm CommentID:220694
Anonymous	Working conditions	It should be strongly recommended to the owner that there should be a minimum ratio of 1 tech to 1 pharmacist build into their budget.. This is for safety reasons. The pharmacist should never work alone unless in an emergency situation.	11/21/23 5:31 pm CommentID:220695
Patty Robinson	Workplace Regulations	I am grateful to the Board of Pharmacy for taking this initial step to improve working conditions in our Virginia pharmacies. I do think it is imperative for the board to continue to study and have open dialogue with pharmacists regarding the workplace conditions. Inadequate reimbursement in healthcare unfortunately trickles down to impacting patient safety. Thank you for your attention to this important issue.	11/21/23 6:55 pm CommentID:220696
Anonymous	Staffing issues in chain pharmacies	*I am grateful for the opportunity to shed light on the impossible staffing conditions in chain pharmacies. Pharmacists, including me, have voiced our concerns to district managers so many times and never even received a response. Our company increases tech hours in the fall so that we can administer as many immunizations as*	11/21/23 6:57 pm CommentID:220697

		possible. By January, our tech hours will be slashed often leaving pharmacists to work alone for hours a day and frequently most of the weekend. Pharmacists are pulled in so many directions- running the registers, rebilling for insurance changes, checking in orders, answering all the phone lines, manning all the ques involved in processing prescriptions, giving immunizations, answering questions, counseling patients...the list goes on. It is almost impossible to keep all these balls in the air with only a few tech hours in the day. But when we are working alone, it seems like a nightmare. It's like being trapped in a 10 hour, high stakes game of "whack-a-mole" with patients' lives, our jobs, and our mental and physical health at risk. Out of necessity, we have no choice but to rush through checking and filling prescriptions in an attempt to keep up. This situation is not safe for the patients we are supposed to be serving and providing with an excellent level of care. I believe that employee burnout is at an all time high. The situation is just so stressful and unhealthy for our colleagues. Every day I worry that constant distractions and being forced to rush through my work to keep up will result in a potentially fatal misfill. In addition, we are at risk of losing our most valued, proficient technicians. They cannot pay their bills or feed their families when their hours are slashed. I pray for a minimum 1:1 pharmacist to tech ratio during all hours of operation. It is my firm belief that pharmacy managers should be the ones to determine the level of tech hours necessary to adequately staff their locations. *Thank you so much for providing this platform for discussion.*	
Douglas Simpson	18VAC110-20-113 Pharmacy working conditions	As a patient, it's frustrating to walk up to the pharmacy to hear the pharmacist cold calling patients to see if they want their prescriptions refilled while simultaneously working on filling prescriptions. How many distractions are we going to let corporate pharma put on our pharmacists while our safety is on the line? My pharmacist told me about this update to the code and that we could comment on it, so I took a look. AND I LOVE IT!! These regulations empower the pharmacists, taking my care out of corporate hands and giving it back to the person in the white coat across from me. Paragraph C drives that home: "A pharmacy permit holder shall not override the control of the pharmacist on duty regarding all aspects of the practice of pharmacy..." I also appreciate that the regulations provide a state governed process that allows the pharmacist to petition corporate for more help without reprisal. This lets our pharmacists have a say in right-sizing the staff they need to make sure my prescriptions are sound. I hope this isn't a temporary fix. Our pharmacists need to stay in charge of our care; let's not give it back to some corporate suit.	11/21/23 7:46 pm CommentID:220698
Rebecca	Great start, please	As a pharmacist in a very small community pharmacy, I	11/21/23 8:08 pm

Reitz	make these law.	can speak to what it is like to work a shift without time to slip to the bathroom let alone eat lunch. My colleagues at larger pharmacies face a reality that is much worse. They are often timed while they fill prescriptions. They are forced to fill a certain number per hour or they are penalized through a corporate matrix. They are forced to meet unobtainable measures that add to their heavy workload, but don't really improve patient care, ie signing a certain number of customers up for the store coupon app. Staffing at pharmacies has reached dangerously low levels. Often times when trying to contact neighboring pharmacies by phone, we are caught in the phone tree without anyone answering. Several stores in the area have been forced to close without notice, leaving prescriptions filled at the closed store and no way for patients to pick them up. Because the insurance company has already paid for the scipts, open stores are not able to fill the prescriptions and help patients. These small changes would help pharmacists strive for the zero percent error rate that is necessary in our profession. Low PBM reimbursements have led to understaffing and terrible work environments that are breeding grounds for mistakes and burnout. These measures would work towards protecting not only pharmacists but most importantly patients.	CommentID:220699
anonymous	support!!!	The working condition of our pharmacy is bad. Everyone wants to leave the pharmacy, this is how bad it is. But this is not enough.	11/21/23 10:07 pm CommentID:220700
Taryn Fletcher	As a Patient and a medical assistant	• Prescriptions not getting to the pharmacy • Pharmacists not filling prescriptions they are sent without a separate call to request that they do that • 30+ minute wait times just to speak to a pharmacist • Understaffed pharmacies are so noticeable that you can literally just stand and watch the pharmacists run around like a chicken with their head cut off • Many pharmacies not being open during normal operating hours without warning Professionally, I assist a psychiatric nurse practitioner. These are daily occurences that we have to deal with. The whole field is at a breaking point. As a patient, the last 3 months, with one of my prescriptions which is a habit-forming controlled substance, I was unable to pick up my medication on time 3 months in a row for the following reasons: 1. I was in Maine on vacation and my PMHNP didn't know about the new law that she could call it in to a pharmacy out of state and then transfer it so I was 7 days late that month. 2. The pharmacy never received the prescription from my PMHNP and it took me 7 days to get in touch with my	11/22/23 12:35 pm CommentID:220702

		prescriber to resend it. Had to finally send it to another pharmacy that I don't typically use. 3. said pharmacy lost my prescription in an attempt to transfer it back to my regular pharmacy and then my regular pharmacy could not get ahold of the other pharmacy to confirm a verbal transfer because they literally would not pick up the phone. 7 days late again. I am very happy with my decision to not take my habit forming medication every day so as not to develop a physical dependency because clearly, I would have had to be hospitalized the last 3 months if I was taking that medication every day. The system is completely broken.	
David Perry	Long Overdue	This emergency regulation is long overdue and this should NOT be a temporary regulation. It should be permanent!	11/22/23 1:43 pm CommentID:220703
Jeff Sinko, CVS Health	Comments on NOIRA/Emergency Regulations for 18VAC110-20-110 and 18VAC110-20-113	Dear Executive Director Juran and members of the Virginia Board of Pharmacy, I am writing to you in my capacity as Sr Vice President, Pharmacy Regulatory Affairs for CVS Health and its family of pharmacies located across Virginia. CVS Health appreciates the opportunity to submit comments on the Virginia Board of Pharmacy emergency regulations and NOIRA related to pharmacy permits and pharmacy working conditions. CVS Health is committed to providing access to consistent, safe, high-quality health care to the patients and communities we serve and are engaging in a continuous two-way dialogue with our pharmacists to directly address any concerns they have. In response to recent feedback from our pharmacy teams, we're making targeted investments to address their key concerns, including enabling teams to schedule additional support as needed, enhancing pharmacist and technician recruitment, and hiring, and strengthening pharmacy technician training. Our goal is to develop a sustainable and scalable action plan to support both our pharmacists and our customers so we can continue delivering the high-quality care our patients depend on. <u>Meal and Rest Breaks</u> CVS Health supports and is committed to providing a work environment that protects the health, safety, and welfare of patients and employees. Our commitment to our pharmacists, interns and technicians was shown most recently with the adoption of closure of all pharmacies across the country for 30 minutes to allow for an	11/22/23 8:34 pm CommentID:220706

uninterrupted lunch break. We support the Board for recognizing the importance of uninterrupted rest and meal breaks.

Pharmacist Services and Vaccines

As we continue to see a shortage of primary care providers, more patients seek out care at alternative locations, such as a pharmacy, especially in rural locations. The Virginia legislature and the Board of Pharmacy recognize this movement with the allowance in law and regulation for pharmacists' initiation of treatment for drugs, devices, controlled paraphernalia, and other supplies and equipment. This is also recognized in the allowance for an intern or technician to administer immunizations, under the supervision of a pharmacist. If immunizations or other services are not available, this may cause a patient not to return or seek care elsewhere, leaving them without resolution of the issue they sought care for which can continue to increase medical costs. Therefore, we request the Board continue to weigh the restriction of patient access with these emergency regulations and work with industry stakeholders to promulgate regulations that promote innovation, reduce regulatory barriers, and allow for the use of technology. An important reason to be focused on partnership in solutions is the forecasted decrease in pharmacists. American Association of Colleges of Pharmacy (AACP) data has shown significant decreases in the number of students interested in pursuing pharmacy careers. In fall 2011, AACP found that there were 106,815 applicants to pharmacy school, a figure that dropped to 76,525 by fall 2015 and 40,552 by fall 2021. In less than a decade, pharmacy school applications had decreased by more than 60%.[1]

Scheduling and Staffing Forms

Today's pharmacy operation is a complex, dynamic healthcare work environment employing highly skilled professionals. For this reason, CVS Health has developed a sophisticated and robust scheduling program that uses the resources of experienced industrial engineers, statisticians, analysts, and pharmacists to ensure that sufficient pharmacy personnel are scheduled to work in our community pharmacies to support the needs of our patients. As part of this proprietary program, measurements including drug utilization review, patient counseling, immunization administration, patient testing, and prescription volume are used to forecast the needs for the pharmacy workday schedule. These measurements and programs are used by CVS Health PICs to schedule the appropriate amount of personnel during the week which is vital to ensure the healthcare needs of the communities that we serve are met. The data points used to inform PICs as to how to properly staff and schedule are based on science. Additionally, we have recently announced

enhancements to pharmacist and technician recruitment and hiring to help make it faster and easier to support our local pharmacy teams.

With the implementation of a staffing form, we seek clarification from the Board and board staff on how they plan to review staffing forms which are submitted for immediate review and what actions they may take from that review. Furthermore, CVS Health has been actively engaged in fielding and responding to “Staffing Requests or Concerns forms” submitted by pharmacists. Based on the utilization of a “paper form,” an administrative challenge has presented itself whereby execution and visibility to the forms varies by those pharmacists who submit them and the district managers who receive them. To mitigate these challenges and to optimize the process, CVS Health would like to convert the Staffing Request or Concerns form, in its complete form and wording as approved by the Board, into an electronic format in lieu of using the paper form.

We feel that there are multiple benefits for electronic submission and response such as:
• Immediate visibility for the supervisor of the PIC or pharmacist to the staffing request or concern once submitted
• Faster acknowledgement of receipt to the PIC or pharmacist submitting
• Timely review of the concern for partnership on an action plan or inaction determination
• Documentation of the action plan or reason for inaction stored electronically, in compliance with the recordkeeping provisions of the regulation.

Therefore, we request the Board allow electronic capture of the information in the form to streamline the process of review and expediting confirmation and response.

Closing
CVS Health appreciates the opportunity to comment on these emergency regulations/NOIRA. Patient safety is our highest priority. Our more than 30,000 CVS pharmacists approach this responsibility with seriousness and dedication, and we work hard to earn the trust of our pharmacy patients. Safeguards to support patient safety are integrated throughout our prescription workflow, and our pharmacists and pharmacy technicians receive extensive training on all pharmacy systems. Decisions about staffing, labor hours, workflow process, technology enhancements and other operational factors are made to ensure we have appropriate levels of staffing and resources in place at our pharmacies. We want our pharmacy teams to succeed and are committed to ensuring our they’re well-positioned to serve their patients.

Sincerely,

		Jeffrey Sinko, RPh, JD Sr Vice President, Pharmacy Regulatory Affairs References [1] Antrim, Aislinn. “Despite Rapid Growth of Institutions, Pharmacy School Applications Decline,” Pharmacy Times, April 5,2023	
Anonymous	Needs more specifics	For years the profession has been going in the direction of tailoring care of patients by building relationships. Within the retail community this has been squeezed out of the practice in exchange for profits. While large chains want to say they are serving the patients and community they are overworking the people who would like to build relationships with patients. This law is a step in the right direction, however without specifically stating what would be justification for inaction on reported unsafe working conditions I fear that no changes would be made regardless of the reporting from a PIC. I do believe that pharmacist should not work alone. I have been practicing for 20 years and I have made the most errors in these last 3 years due to working alone without a technician. Having a community of employees improves moral and helps to keep the environment safe at work, knowing you are not alone. There should be a law in place stating that 1:1 ratio for Pharmacist to tech is a minimum requirement when the pharmacy is open. I believe these laws are a step in the right direction but are a bit vague. I believe they still allow for loop holes for larger corporations to use. I believe they will point to technology as decreasing the workload or decreasing distractions, when they are adding on other expectations while taking away one. I think that there will not be a retail pharmacy practice that can sustain the community if more is not done to protect those that work in it. As it stands now many who are left do not care for the people that they serve. They have DUR fatigue, are becoming hardened and non empathic, to the patients. To infuse some hope into the profession there needs to be a law passed showing that the board is ready and willing to make the practice of pharmacy safe for all fields, and ready to stand up to large corporations to keep the public safe.	11/22/23 10:19 pm CommentID:220707
Jeenu Philip, Walgreens	18VAC110-20-113 Pharmacy working conditions, Part 1		11/22/23 10:22 pm CommentID:220708

responsibility with seriousness and dedication, and we work hard to earn the trust of our pharmacy patients. Safeguards to support patient safety are integrated throughout our prescription workflow, and our pharmacists and pharmacy technicians receive extensive training on all pharmacy systems. Decisions about staffing, labor hours, workflow process, technology enhancements and other operational factors are made to ensure we have appropriate levels of staffing and resources in place at our pharmacies. We want our pharmacy teams to succeed and are committed to ensuring our they're well-positioned to serve their patients.

Sincerely,
Jeffrey Sinko, RPh, JD
Sr Vice President, Pharmacy Regulatory Affairs

References

[1] Antrim, Aislinn. "Despite Rapid Growth of Institutions, Pharmacy School Applications Decline," Pharmacy Times, April 5,2023

CommentID: **220706**

Commenter: Anonymous

11/22/23 10:19 pm

Needs more specifics

For years the profession has been going in the direction of tailoring care of patients by building relationships. Within the retail community this has been squeezed out of the practice in exchange for profits. While large chains want to say they are serving the patients and community they are overworking the people who would like to build relationships with patients. This law is a step in the right direction, however without specifically stating what would be justification for inaction on reported unsafe working conditions I fear that no changes would be made regardless of the reporting from a PIC. I do believe that pharmacist should not work alone. I have been practicing for 20 years and I have made the most errors in these last 3 years due to working alone without a technician. Having a community of employees improves moral and helps to keep the environment safe at work, knowing you are not alone. There should be a law in place stating that 1:1 ratio for Pharmacist to tech is a minimum requirement when the pharmacy is open. I believe these laws are a step in the right direction but are a bit vague. I believe they still allow for loop holes for larger corporations to use. I believe they will point to technology as decreasing the workload or decreasing distractions, when they are adding on other expectations while taking away one. I think that there will not be a retail pharmacy practice that can sustain the community if more is not done to protect those that work in it. As it stands now many who are left do not care for the people that they serve. They have DUR fatigue, are becoming hardened and non empathic, to the patients. To infuse some hope into the profession there needs to be a law passed showing that the board is ready and willing to make the practice of pharmacy safe for all fields, and ready to stand up to large corporations to keep the public safe.

CommentID: **220707**

Commenter: Jeenu Philip, Walgreens

11/22/23 10:22 pm

18VAC110-20-113 Pharmacy working conditions, Part 1

Walgreens comments 18VAC110-20-113 Pharmacy working conditions, Part I

Dear Executive Director Juran and respected Board members,

On behalf of all pharmacies owned and operated by Walgreen Co. in the state of Virginia, we thank you for the opportunity to comment on **18VAC110-20-113 Pharmacy working conditions.** Walgreens appreciates the Board's time and effort related to addressing working conditions and consideration of public comments on these rules.

We fully recognize that the pharmacy working environment can be challenging, and the Board is attempting to support pharmacists and pharmacy technicians. Walgreens is also aligned with the need to support our pharmacy team members. We believe there are additional actions in addition to the working conditions regulations that can be taken by the Board to improve workplace conditions.

In 2022, members of the NABP Work Group on Workplace Safety, Well-Being, and Working Conditions convened, and issued the following 5 recommendations to support a healthy work environment[1]:

1. NABP collaborates with stakeholders to:
    a. identify new practice models that support pharmacists' ability to provide patient care services; and
    b. identify/set meaningful standards for staffing to include but not be limited to:
        i. lunch breaks/shift lengths;
        ii. well-being;
        iii. clinical functions;
        iv. use of automation technology; and
        v. use of pharmacy technicians.
2. NABP reviews the Model Act to identify model act language that can create barriers to care and suggest edits to submit to the Committee on Law Enforcement/Legislation.
3. NABP encourages industry stakeholders to amplify current messaging to educate patients about pharmacy operations to manage expectations.
4. NABP encourages boards of pharmacy to consider pathways to innovation such as automation and central fill, reimagine new delivery models that support pharmacists' ability to provide patient care services and address staffing shortages.
5. NABP encourages boards of pharmacy to review and revise regulations to utilize pharmacy technicians to augment the role of the pharmacist and to identify current pharmacist-only duties that could be safely and competently performed by non-pharmacist personnel.

While we acknowledge the Board has taken great strides to require pharmacy permit holders to address working conditions, we respectfully ask the Board to examine ways it can improve workplace conditions.

Based on feedback we have received from Virginia licensed pharmacists and pharmacy technicians working in our pharmacies, below are five ways the Board can implement changes to provide relief to pharmacies:

1. Elimination of the 4:1 technician ratio
2. Elimination of the 2-year experience requirement to become a PIC
3. Modification of the Board's current enforcement approach
4. Consider the use of other support/ancillary personnel in the pharmacy
5. Amend remote verification standards

1. **Elimination of the 4:1 technician ratio**
    - Walgreens supports the empowerment of pharmacists to determine what staffing and optimal workflow models meet their patients' needs given the specific volume and patient care requirements at their pharmacy.
    - However, Walgreens believes that the term "ensure sufficient personnel" is not only ambiguous but may not be possible for PICs and pharmacists on duty to attain, given the current technician-to-pharmacist ratio of 4:1.

- The current 4:1 technician-to-pharmacist ratio creates a significant barrier to the pharmacists on duty in ensuring sufficient personnel is present in a pharmacy.
- We believe the Board has ample evidence to move forward with the elimination of the technician ratio in Virginia:
  - There is no evidence to support any particular ratio, and no reports or studies show that ratios improve patient safety.
  - 24 states and the District of Columbia have opted not to place limits on the number of technicians a pharmacist can oversee.
  - Notably, the Department of Veterans Affairs (VA) has never had a pharmacy technician ratio and there has been no negative impact on patient safety.
  - NABP has consistently reiterated that it does not support technician ratios.
- Pharmacists should not have to fear regulatory enforcement if they determine the need to use more than four pharmacy technicians.

Walgreens recommends an amendment to 110-20-110 that would allow a pharmacist's professional judgment to determine the appropriate amount of pharmacy support.

2. **Elimination of the 2-year experience requirement to become a PIC.**
   - This would allow qualified pharmacists, who may not have the current experience requirement, to become a PIC sooner.
   - Our pharmacists are telling us that the 2-year experience requirement is an unnecessary barrier in identifying qualified candidates, particularly in remote areas.
   - A 2-year requirement does not make an individual qualified to become a PIC. A PIC candidate with less than 2 years' experience may have previous leadership experience or lengthy experience in other roles that may make them a better candidate. Two years is an arbitrary number and creates unnecessary hurdles.
   - By eliminating this requirement, pharmacies can be staffed with the most qualified candidates.

Walgreens recommends that the Board eliminate or reduce the 2-year experience requirement to become a PIC in the state of Virginia.

3. **Modification of the Board's current inspection approach**
   a. Unannounced annual inspections
      i. Our pharmacies want to be prepared for inspections and be respectful of the time of the inspectors in their pharmacies.
      ii. A complete Board inspection can take a considerable amount of the pharmacy staff's time by removing them from workflow to be present during inspections. As a result, this can increase the workload placed on the staff when they return to workflow thereby adding to the stress levels.

Walgreens asks the Board to modify its current inspection approach to focus on measures that impact patient safety. This will help reduce any unnecessary and burdensome tasks being placed on pharmacy staff. Walgreens respectfully requests that if the Board does not want to amend and reduce the intensity of its inspections, an alternative approach could be to provide advance notice of the inspection to allow for the pharmacy an

opportunity to provide an additional staff member available to assist the inspector and not remove a pharmacy team member from the workflow.

3. **Consider the use of other support/ancillary personnel in the pharmacy.**

- The minimum requirements to obtain a pharmacy technician registration include completing an accredited training program and obtaining national certification.
- These minimum requirements have led to a shortage of qualified and registered pharmacy technicians in Virginia.
- There are tasks within the pharmacy department that can be completed by non-registered or individuals with significantly less training, such as inventory tasks.
- Such an individual can check for outdates, complete pharmacy returns, put up inventory, and other inventory-related functions without being involved directly in the dispensing process.
    - The addition of support/ancillary personnel can help alleviate the non-technical workload of a pharmacist or pharmacy technician, freeing them up to further provide patient care services.
    - We applaud the high standards being set in Virginia for pharmacy technicians and the pathway for a career. The downside risk is that the candidate pool is reduced due to the mandatory completion of an accredited program and passing of a national exam. This leads to applicant openings that cannot be filled resulting in shifts not getting covered in the pharmacy and added stress to pharmacists working without the necessary support.

Walgreens recommends the Board introduce a support/ancillary personnel category that would enable utilization of such persons without significant training and certification barriers.

3. **Amend Remote Verification Standards**

- 37 states allow for remote processing without the need for individual state licensure. This is an established standard of practice that we believe Virginia pharmacies can benefit from.
- The NABP Model Act does not recommend individual state licensure to provide remote processing services.
- The Board should consider if a prescription error were to occur, what is the likelihood of a revocation or severe disciplinary action for a data entry/DUR error? If the board utilizes a just culture approach, data entry errors are human errors that should not be treated in a punitive manner.
- The Board should weigh the risk of accountability for pharmacists vs. the benefit of the support these pharmacists can provide. We believe the benefit in this case **far** outweighs the minimal risk.
- Currently, Walgreens provides remote processing services to 37 states which permit pharmacists to provide remote processing services across state lines without in-state licensure requirements if they are performing work for a licensed facility of that state. Remote processing can alleviate some of the workload for pharmacists. At this time, Walgreens is unable to support Virginia pharmacies with the use of **pharmacist** remote processing due to the licensure requirements.
- The Board could consider using such entities as NABP Verify as an alternative solution if it chooses to hold some level of individual accountability.
- Walgreens believes that if a pharmacist is duly licensed within the state that they reside in and employed by a licensed Virginia facility, they should be able to perform remote verification work for any Virginia-licensed facility.

Walgreens recommends the following amendments to 18-110-20-276(B)(3) and 18-110-20-276(F) Central or remote processing to include:

B. A pharmacy may outsource certain prescription processing functions as described in subsection A to another pharmacy in Virginia or a registered non-resident pharmacy under the following conditions:

1. The pharmacies shall either have the same owner or have a written contract describing the scope of services to be provided and the responsibilities and accountabilities of each pharmacy in compliance with all federal and state laws and regulations related to the practice of pharmacy;

2. Any central or remote pharmacy shall comply with Virginia law and regulation with respect to requirements for supervision of pharmacy technicians and the duties which are restricted to pharmacists and pharmacy technicians. Pharmacy technicians at the remote pharmacy shall either be registered in Virginia or possess credentials substantially equivalent to those required for a technician registered in Virginia;

3. A pharmacist licensed in Virginia or duly licensed within the state that they reside and employed by a Virginia licensed facility, whether at the remote pharmacy or the dispensing pharmacy, shall perform a check for accuracy on all processing done by the remote processor; and

4. The pharmacies shall share a common electronic file or have technology, which allows sufficient information necessary to process a non-dispensing function.

F. Nothing in this section shall prohibit an individual employed by a Virginia licensed facility and licensed as a pharmacist in Virginia or duly licensed within the state that they reside from accessing the employer pharmacy's database from a remote location for the purpose of performing certain prescription processing functions as described in subsection A, provided the pharmacy establishes controls to protect the privacy and security of confidential records.

Walgreens appreciates the Board's efforts to address workplace conditions and respectfully asks that the Board consider the recommendations to reduce regulatory barriers that have been provided above.

Sincerely,
Jeenu Philip,
Director, Pharmacy Affairs

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[1] NABP Report of the Work Group on Workplace Safety, Well-Being, and Working Conditions. 2022 Release.

CommentID: **220708**

Commenter: Natalie Nguyen

11/22/23 10:29 pm

Support of Pharmacy Working Regulations

I am writing in support of the pharmacy regulations on workplace conditions that addresses factors in the work environment and that may impact pharmacy staff's ability to safely provide care to patients.

I support the recommendations submitted by the Virginia Pharmacy Association and the Virginia Society of Health-System Pharmacists regarding requests for clarification and also exemptions given the unique practice settings in which such considerations are appropriate.

I would like to reiterate the requested exemptions to the scheduled 12 hour shifts due to:

- Residency/ Fellowship Training Programs: These programs must follow duty hour requirements and the accountability process involved in evaluating compliance. These are often modeled after the medical GME requirements. There are also certain programs based on the specialty designed to ensure competency in various environments in order to provide consistent and timely care

- Pharmacy On-Call programs: The on-call coverage is a scheduled time period, and it may be beyond 12 hours. However, it does not mean that the pharmacist is working during those hours unless services are requested. Examples include paging the pharmacist on-call at a rural hospital to come onsite to compound a methotrexate injection for ectopic pregnancy since the pharmacy is not 24/7 to meet USP <800> requirements. This coverage rotates amongst the team. On-call hours and hours worked when paged are generally recognized in compensation

In addition, I would like to ask that the Board consider the following situation regarding the meal break:

- Smaller hospitals with one pharmacist covering the third shift (i.e., midnight shift): It may not be feasible to have another pharmacist hired for meal coverage. Generally, these pharmacists are compensated through the meal coverage (i.e., no meal deduction on time worked occurs) and they are eating their meal in smaller breaks in order to prioritize urgent/ critical needs of patients.

To understand the accountability process of the "Staffing Requests or Concerns Form", I ask that the Board clarify the expectations with how the form developed by the Board is operationalized, including who is "permit holder." In addition, please consider who this might be in all practice settings, as the permit holder may be an entity vs. individual.

Thank you for your time and consideration.
CommentID: **220709**

Commenter: Jeenu Philip, Walgreens

11/22/23 10:37 pm

18VAC110-20-113 Pharmacy working conditions, Part 2

Walgreens comments 18VAC110-20-113 Pharmacy working conditions, Part 2

Dear Executive Director Juran and respected Board members,

On behalf of all pharmacies owned and operated by Walgreen Co. in the state of Virginia, we thank you for the opportunity to comment on **18VAC110-20-113 Pharmacy working conditions.** Walgreens appreciates the Board's time and effort related to addressing working conditions and consideration of public comments on these rules.

We fully recognize that the pharmacy working environment can be challenging, and the Board is attempting to support pharmacists and pharmacy technicians. Walgreens is also aligned with the need to support our pharmacy team members. **We believe a shared partnership between the pharmacy permit holder and pharmacy staff is necessary to ensure safe working conditions.** Safety is a top priority and pharmacies must be able to continue to provide critical patient care services.

Walgreens would like to highlight the following four concerns with 18VAC110-20-113:

1. **Unintended consequences of unilateral authority on enforcement.**
2. **Quotas vs. Metrics**
3. **Unintended consequences as a result of pharmacists ceasing patient care services.**
4. **Effective communication between permit holders and PICs regarding staffing concerns.**

1. **Unintended consequences of unilateral authority on enforcement**

- Walgreens believes that pharmacy permit holders and pharmacists should have a discussion or protocol on how to arrive at a decision rather than unilateral decision-making on either side, which could put the

health, safety, and welfare of patients at risk.

- We believe that shifting responsibility unilaterally to solely the permit holder is not an effective nor sustainable model to ensure that all responsible parties, including the PIC and pharmacist on duty, are working in collaboration to ensure safe working conditions are met.

To illustrate this point, below are two real-world examples where shifting responsibility unilaterally to the permit holder may lead to a disconnect between the permit holder and PIC. The successful hiring and training of technicians work optimally when both the PIC and permit holder work together.

Example #1: If the hiring manager is also the PIC of the pharmacy, does the PIC have any portion of the responsibility for appropriate hiring, scheduling, and staffing?

Example #2: The PIC is ultimately responsible for training the pharmacy staff consistent with the requirements set forth in VA Statute 54.1-3321. Does the PIC hold any responsibility as well to ensure technicians are "sufficiently trained" within these rules?

To be clear, these examples are not to shift all of the responsibility to the PIC, but to demonstrate there should be a shared responsibility for both hiring and training of technicians.

- Walgreens believes that the responsibility of ensuring a safe working environment should not rest solely upon the permit holder, but rather the permit holder, in partnership with the PIC and pharmacist on duty should share the responsibility of ensuring a safe working environment for their patients and staff.

Walgreens recommends the following amendment to 18VAC110-20-113(A) and 18VAC110-20-113(B)(1) & (4):

A. A pharmacy permit holder shall protect the health, safety, and welfare of patients by consulting 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. A permit holder~~'s decisions shall not override the control of the PIC or other pharmacist on duty~~ shall work in collaboration with the PIC or other pharmacist on duty regarding appropriate working environments for all pharmacy personnel necessary to protect the health, safety, and welfare of patients.

B. To provide a safe working environment in a pharmacy, a permit holder shall, at a minimum:

1**. Along with the PIC, e**nsure 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 competence and safety. Staffing levels shall not be solely based on prescription volume, but shall consider any other requirements of pharmacy staff during working hours;

4. **Along with the PIC, e**nsure staff are sufficiently trained to safely and adequately perform their assigned duties, ensure staff demonstrate competency, and ensure that pharmacy technician trainees work closely with pharmacists and pharmacy technicians with sufficient experience as determined by the PIC.

2. **Quotas vs. Metrics**

- Walgreens **agrees** with the concept of a prohibition on the use of quotas.
    - Walgreens has previously removed the use of metrics from performance evaluations prior to the adoption of the Board's working condition rules.

- There is a significant concern with the utilization of metrics or other data in pharmacies and how an inspector or the Board may decide to interpret this utilization.
- Walgreens believes the onus should be on individual permit holders to manage the utilization of metrics effectively and responsibly.
- Many current reimbursement models and specialty accreditation (i.e. URAC (Utilization Review Accreditation Commission)) standards rely on the use of metrics to assist in measuring adherence,

utilization, patient impact, quality measures, etc.

- As this information is captured and shared back to pharmacy teams, the concern is the perception that these are seen as quotas, when in fact they are simply providing data.
- Walgreens therefore recommends that the Board issue guidance surrounding the proper use of metrics and improper utilization of quotas, as utilization of metrics can be open to individual interpretation.

Walgreens therefore recommends that the Board issue guidance surrounding the proper use of metrics and improper utilization of quotas, as utilization of metrics can be open to individual interpretation.
Walgreens also respectfully requests the Board define pharmacy quotas and metrics within their rule, using the following suggested definitions:

Quotas: A measure that is tied to negative consequences for the individual failing to achieve
Metrics: A measure that is utilized to improve patient care or outcomes

3. **Unintended consequences as a result of Pharmacists ceasing patient care services.**

- Walgreens fully supports efforts to protect both pharmacy staff and patients, and the ability for pharmacists and pharmacy technicians to safely provide patient care services.
- Walgreens believes that pharmacists are already empowered to make decisions to ensure the safe operation of a pharmacy while they are on duty, and any additional language is unnecessary.
- However, Walgreens has significant concerns with the scope and unintended consequences that could significantly reduce access to critically needed patient care services that could arise as a result of the current rules going into effect.

Here are just a few examples that highlight the unintended consequences of shutting down patient care services:

- Patients depend on their pharmacist to provide critically needed medications, immunizations, and patient care consultations in order to maintain or improve their health.
    - Elimination of patient care services, such as immunizations, can ultimately lead to decreased vaccine access to patients.
    - Most patients rely on their pharmacy for immunization services.
    - If a patient seeking a vaccination is turned away by their pharmacy, there is a significant possibility that they will go without being vaccinated.
- According to the 2021 APhA/NASPA National Pharmacy Workplace Survey, the following stressors were identified by respondents as being likely to contribute to a medication error or near miss.
    - Patient expectations or demands (81%)
    - Harassment/Bullying from patients/customers (72%)
- As the Board's working conditions rules are written, they have the potential to exacerbate the very conditions that they are attempting to solve.

Walgreens urges the Board that there should be no unilateral decision-making and that pharmacists and pharmacy permit holders should be working together to determine how best to address reducing any services due to safety reasons.

Walgreens recommends the following amendment to 18VAC110-20-113(C)

C. A pharmacy permit holder shall not override the control of the pharmacist on duty regarding all aspects of the practice of pharmacy, including a pharmacist's decision not to administer vaccines when one pharmacist is on duty and, in the pharmacist's professional judgment, vaccines cannot be administered safely. Prior to the discontinuation of any patient care services by a pharmacist, the

pharmacist must first communicate their concerns to their immediate supervisor or permit holder in order to seek a solution. A pharmacist must not impede a patient's access to care and must provide the patient an alternative pathway to seek services if the pharmacist's decision is not to provide any patient care service.

4. **Effective communication between permit holders and PICs regarding staffing concerns.**

- Walgreens agrees that pharmacy personnel should be able to share their concerns and provide the permit holder the opportunity to support their pharmacy personnel.
- Walgreens also believes that the permit holder should have the ability to address these concerns by the PIC or pharmacist on duty, prior to any reports directly to the Board.
- Walgreens has concerns with the 48-hour documentation timeframe within the rule. If the communication were to occur over a holiday, weekend, or when the pharmacy may be closed may create a hardship for permit holders to submit documentation within the required timeframe.
    - Walgreens respectfully asks that the 18VAC110-20-113(E)(3) be amended to include that the documentation or corrective steps must be submitted within 72 hours, to account for these possibilities.
- Walgreens also asks that the Board amend the completion of the staffing form to permit alternative formats, such as an electronic format considering the many advantages an electronic format can provide.

Walgreens recommends the following amendments to 18VAC110-20-113(D)(1) &(2) and 18VAC110-20-113(E)(3):

D. Staffing requests or concerns shall be communicated by the PIC or pharmacist on duty to the permit holder using a form developed by the board or an alternative format, such as an electronic method.

1. Executed staffing forms shall be provided to the immediate supervisor of the PIC or pharmacist on duty, with one copy maintained in the pharmacy for three years, and produced for inspection by the board.
2. The PIC or pharmacist on duty shall communicate their concerns directly to their immediate supervisor or permit holder. If these concerns go unresolved or need immediate escalation, they may report directly to the Board. ~~may report any staffing issues directly to the board if the PIC or pharmacist on duty believes the situation warrants immediate board review.~~
3. Under no circumstances shall a good faith report of staffing concerns by the PIC, pharmacist on duty, or notification of such issues by pharmacy personnel to the PIC or pharmacist on duty result in workplace discipline against the reporting staff member.

E. Permit holders shall review completed staffing reports and shall:

3. Document any corrective action taken, steps taken toward corrective action as of the time of inspection, or justification for inaction, which documentation shall be maintained on-site or produced for inspection by the board within ~~48~~72 hours of request; and

Walgreens appreciates the Board's efforts to address workplace conditions and respectfully asks that the Board consider the recommendations and amendments that have been provided above.

Sincerely,

Jeenu Philip,
Director, Pharmacy Affairs
CommentID: **220710**

		E. Permit holders shall review completed staffing reports and shall:	
Janeen Richards	Preventing distractions - PHONE CALLS	One of the most common causes of retail pharmacy distractions is the phone. Pharmacists are responsible for so many steps in seeing that a prescription is filled correctly and safely and in order to do this, I think workplaces should be mandated to minimize distractions. One way to do this is to limit phone calls to pharmacists, and techs in charge of processing and filling prescriptions. Working for a major chain means metrics that measure how long someone has to have their call answered. This is not a metric that should be applied in the first place. Calls should be required to first go to a call center- especially for chains that have the ability to easily do so. There is no reason that a lone pharmacist who is already supervising techs should have to answer constant calls regarding things that anyone can answer- is my Rx ready, how much is it, did the dr call this in, etc. calls requiring a pharmacist is understandable, but I can say that in the hundreds of calls we get every day, only a handful truly need a pharmacist to answer. If my team didn't have to stop literally hundreds of times a day to answer the phone, our focus would be much greater, chances for mistakes would be less, and we could have the time to have meaningful conversations with the customers in front of us.	11/22/23 11:09 pm CommentID:220711
Anonymous	Pharmacy	Call center for phone calls that require refills, if they prescriptions are ready, and what do they have ready. All plans should provide mailing to patients to limit put backs. A new computer system that works properly. Employees that have been at team member for over a year deserves a bonus. Pharmacy can be overwhelming at times and to feel more appreciated. Mothers with kids should have	11/22/23 11:27 pm CommentID:220712

		more call outs for their sick kids that are in school and daycare. We can't help that there are so many germs out there and we can't protect them from everything. Cenfill should not take medications that are sent from ER for them to get the same day such as inhales, nausea medication, and if we change and NDC it goes to Cenfill.	
Anonymous	Pharmacy working conditions	I completely support these regulations and implore the BOP to make them permanent and also make sure they are enforced. Retail pharmacy working conditions have really deteriorated over the last few years. We pharmacists are over-worked, stressed, and don't have adequate support staff to help us. All this affects our health and is a disservice to our patients. Please help improve our working conditions so that we can provide the best patient care.	11/22/23 11:28 pm CommentID:220713
Janeen Richards	Meal and other breaks- pharmacists and techs	Technicians are hourly employees and are covered by labor laws to be eligible for 15 minute breaks and 30 min meal breaks. Many of them don't take these because of the feeling of pressure in pharmacy because of the work load. There should be a hotline established by the BOP where techs can report their location and managers who are not facilitating the ability for them to take breaks. I am very fortunate that my store management is diligent about providing breaks but I know in this chai and in others, techs do not take breaks that they deserve. As for pharmacists, I'd always been told that since we are 'medical professionals', we are exempt from the 2 breaks 1 meal break per shift. This is ridiculous. We need several mental breaks throughout our shift. Again, I a very lucky to get a recognized 30 minute meal break, though even writing that sentence makes me cringe, but other major chains don't even allow that. These chains should not be permitted to operate in VA without providing breaks for their pharmacists. And in addition, we too, should be able to take breaks throughout the day. Again, a hotline can be maintained to report employers who don't provide these most basic needs for their pharmacists. Since chains are NOT the pioneers in worker's rights, I do believe the BOP should advocate for the health of its pharmacists and pharmacy techs. Because if you set standards for our working environment, you ultimately create a place where customers will be more safe and better cared for.	11/22/23 11:46 pm CommentID:220714

APhA

WELL-BEING index

Well-being Index For Pharmacy Personnel

State Report
For State Boards of Pharmacy
NABP District Two States

November 2023

For Every Pharmacist. For All of Pharmacy.

Workers Face a Mental Health Crisis

Workers Report Harassment, Burnout, and Poor Mental Health

Supportive Workplaces Can Help

MMWR CDC Vital Signs

October 24, 2023

CDC MMWR Vital Signs - Health Workers Face a Mental Health Crisis

Find Survey Report highlights here - https://www.cdc.gov/vitalsigns/health-worker-mental-health/index.html#improve.
Find full survey results here - https://www.cdc.gov/mmwr/volumes/72/wr/mm7244e1.htm?s_cid=mm7244e1_w

Background

*This Vital Signs report contains an analysis from the CDC Quality of Worklife survey focused on well-being and working conditions, comparing data from 2018 to 2022 (before and after the start of the COVID-19).

*The study also compared health workers with two other groups: essential workers and all other workers across industries. Reports of poor mental health symptoms increased more for health workers than for other worker groups.

Findings

*More than double the number of health workers reported harassment at work in 2022 than in 2018.
*Nearly half of health workers reported often feeling burned out in 2022, up from 32% in 2018.
*Nearly half of health workers intended to look for a new job in 2022, up from 33% in 2018.
*Feeling fatigue, loss, and grief at levels higher than before the pandemic.
*More likely to report burnout, depression, and anxiety if harassed than if harassment (from patients and caregivers was not experienced.
*Positive working conditions were associated with less burnout and better mental health.

CDC MMWR Vital Signs - Health Workers Face a Mental Health Crisis

What Can Be Done?

Improving workplace policies and practices may also improve worker well-being.

Employers can address these issues by:

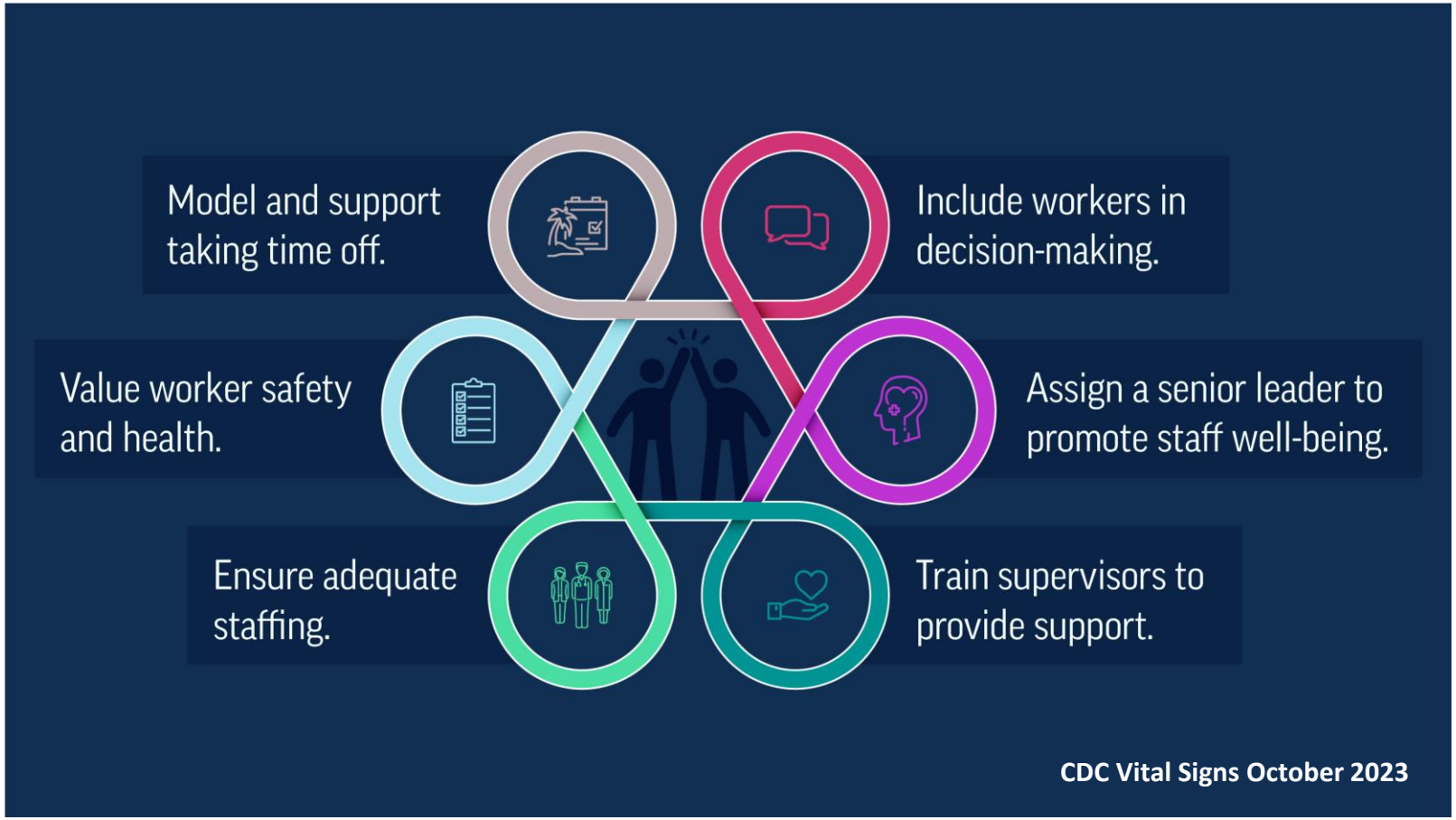
* Improve workplace conditions that foster trust in management and prevent health worker burnout.
* Working conditions to focus on include:
    *Supporting adequate staff levels,
    *Providing helpful supervision, and
    *Preventing harassment of employees.
*Encourage worker participation and two-way communication in decision-making.
*Reduce stigma related to seeking help by eliminating intrusive questions for credentialing.
*Provide and encourage use of paid leave for illness, family needs, and rest.

Supervisors and Workers can address these issues by:

*Talk together about how to improve workplace conditions.
*Use this CDC study to show the importance of improving these working conditions in health occupations.
*Discuss the benefits of better workplaces for everyone's health and well-being.

CDC MMWR Vital Signs - Health Workers Face a Mental Health Crisis

This graphic illustrates the 6 steps employers can take to address health workers mental health issues as outlined in this report.



DISTRESS PERCENT CHANGES

National and District

October 2023 versus November 2023

Changes in Distress Levels

As of November 2023

State	Change in Distress % October 2023 vs November 2023	State Rank for Distress Percent November 2023	Distress Percent November 2023
Largest *Increase* in Distress Percent			
Wyoming	+5.37%	43	27.59%
Maine	+1.82%	51	22.37%
Arkansas	+1.06%	19	34.94%
Connecticut	+0.74%	5	45.95%
Colorado	+0.67%	29	32.07%
Largest *Decrease* in Distress Percent			
New Mexico	-1.40%	37	30.00%
District of Columbia	-1.15%	47	25.93%
Massachusetts	-1.14%	16	35.64%
Montana	-1.10%	13	37.14%
Nebraska	-0.66%	27	32.50%
Change in National Distress Percent			
NATIONAL	+0.09	---	31.02%

WELL-BEING index

Changes in Distress Levels – District Two

As of November 2023

	Change in Distress % Nov 23 vs Oct 23	Distress % Nov 2023	Distress % State Rank Nov 2023	Change in Distress % Oct 23 vs Sep 23	Distress % State Rank Oct 2023	Distress % State Rank Sep 2023	Distress % State Rank Aug 2023	Distress % State Rank Dec 2022	Distress % State Rank Jul 2022	Distress % State Rank Apr 2022	Distress % State Rank Dec 2021	Distress % State Rank Apr 2021	Distress % State Rank May 2020	Distress % State Rank Apr 2020
Delaware	**No Change**	**36.36%**	**14**	1.48%	15	18	22	27 (T)	27 (T)	36 (T)	35	35	30	32
District of Columbia	**-1.15%**	**25.93%**	**47**	1.55%	45	46	37	38	36 (T)	41	43	48	51	51
Maryland	**0.14%**	**31.87%**	**31**	-0.60%	30	27	24	31	27 (T)	25	24	25	13	15
New Jersey	**-0.15%**	**35.04%**	**18**	0.19%	18	17	18	16	16	16	16	17	19 (T)	21
New York	**-0.04%**	**30.82%**	**34**	2.68%	36	41	42	39	40	40	36	26	31	33
Pennsylvania	**0.15%**	**34.27%**	**21**	0.46%	20 (T)	23	20	21	21	6	19	22	28	28
Virginia	**-0.12%**	**42.63%**	**7**	0.40%	7	8	7	6	5	12	12	18	22	18
West Virginia	**-0.36%**	**42.23%**	**8**	0.14%	8	7	8	7	7	5	8	10	10	12

Note: Some historic data from 2020/2021/2022/2023 has been removed to allow space for current month. Refer to previous months' reports or contact ashaughnessy@aphanet.org for data.
(T) = Tied with another state.

DISTRESS PERCENT MONTHLY REPORTS
State-Specific
October 2023 versus November 2023

WELL-BEING index
https://app.mywellbeingindex.org/signup
Invitation Code: APhA

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

NOVEMBER 2023

As of November 2023, the Delaware distress percent was 36.36% (ranked 14/52) with 25 assessors.

OCTOBER 2023

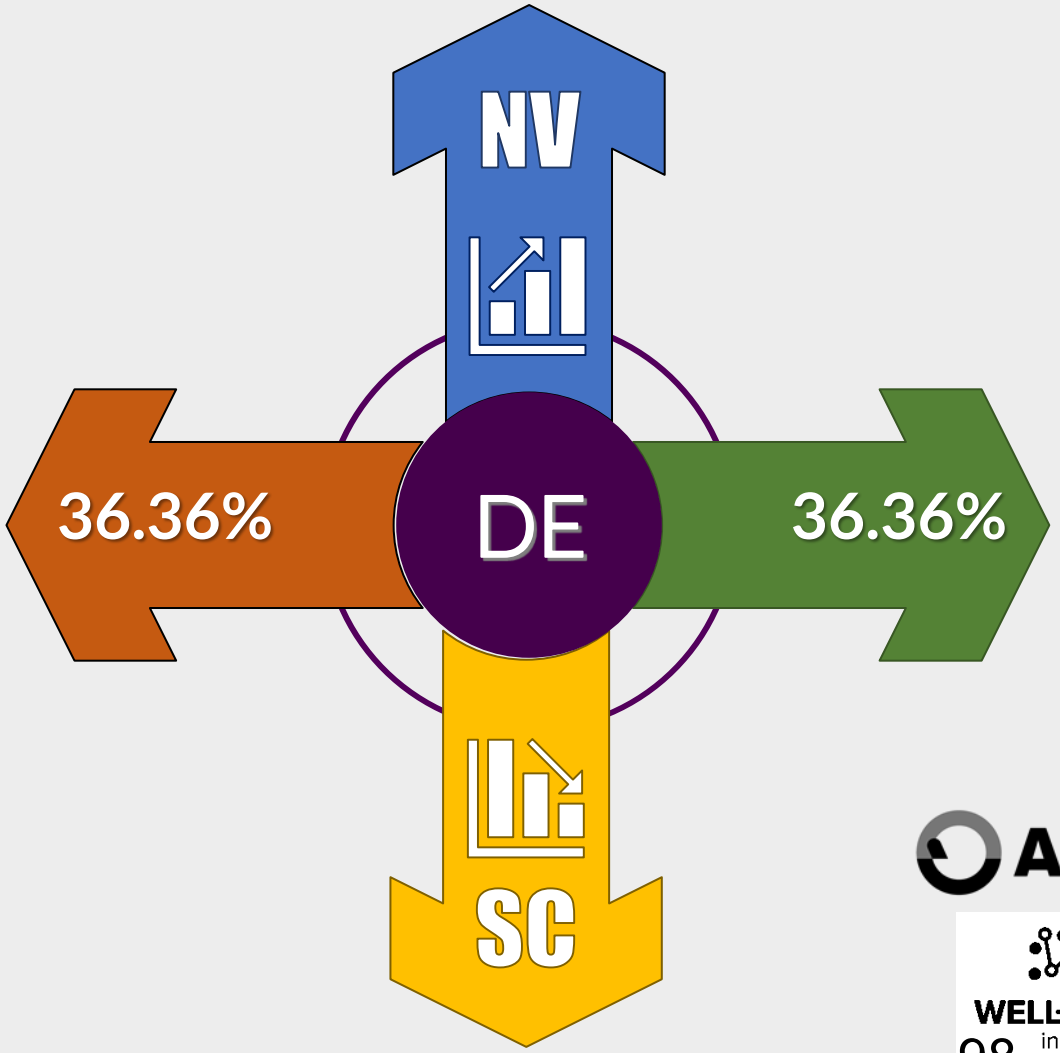
As of October 2023, the Delaware distress percent was 36.36% (ranked 15/52) with 25 assessors.

STATE COMPARISON

As of November 2023

Nevada is the highest at 57.14% (n=39)

South Carolina has the lowest 20.50% (n=589)



Distress Percent is the percentage of individuals with a Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

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WELL-BEING index

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WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

NOVEMBER 2023

As of November 2023, the Washington, DC distress percent was 25.93% (ranked 47/52) with 43 assessors.

OCTOBER 2023

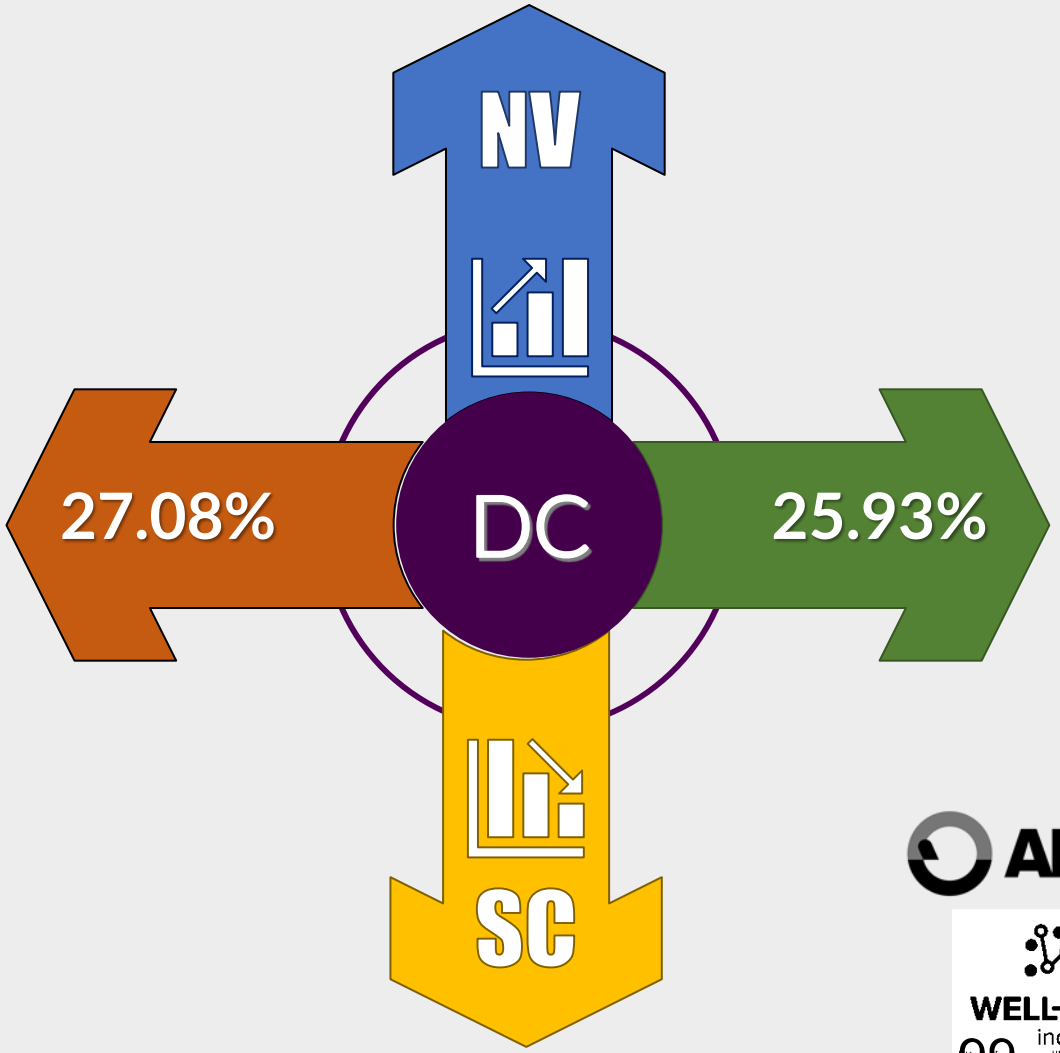
As of October 2023, the Washington, DC distress percent was 27.08% (ranked 45/52) with 37 assessors.

STATE COMPARISON

As of November 2023

Nevada is the highest at 57.14% (n=39)

South Carolina has the lowest 20.50% (n=589)



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WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

NOVEMBER 2023

As of November 2023, the Maryland distress percent was 31.87% (ranked 31/52) with 157 assessors.

OCTOBER 2023

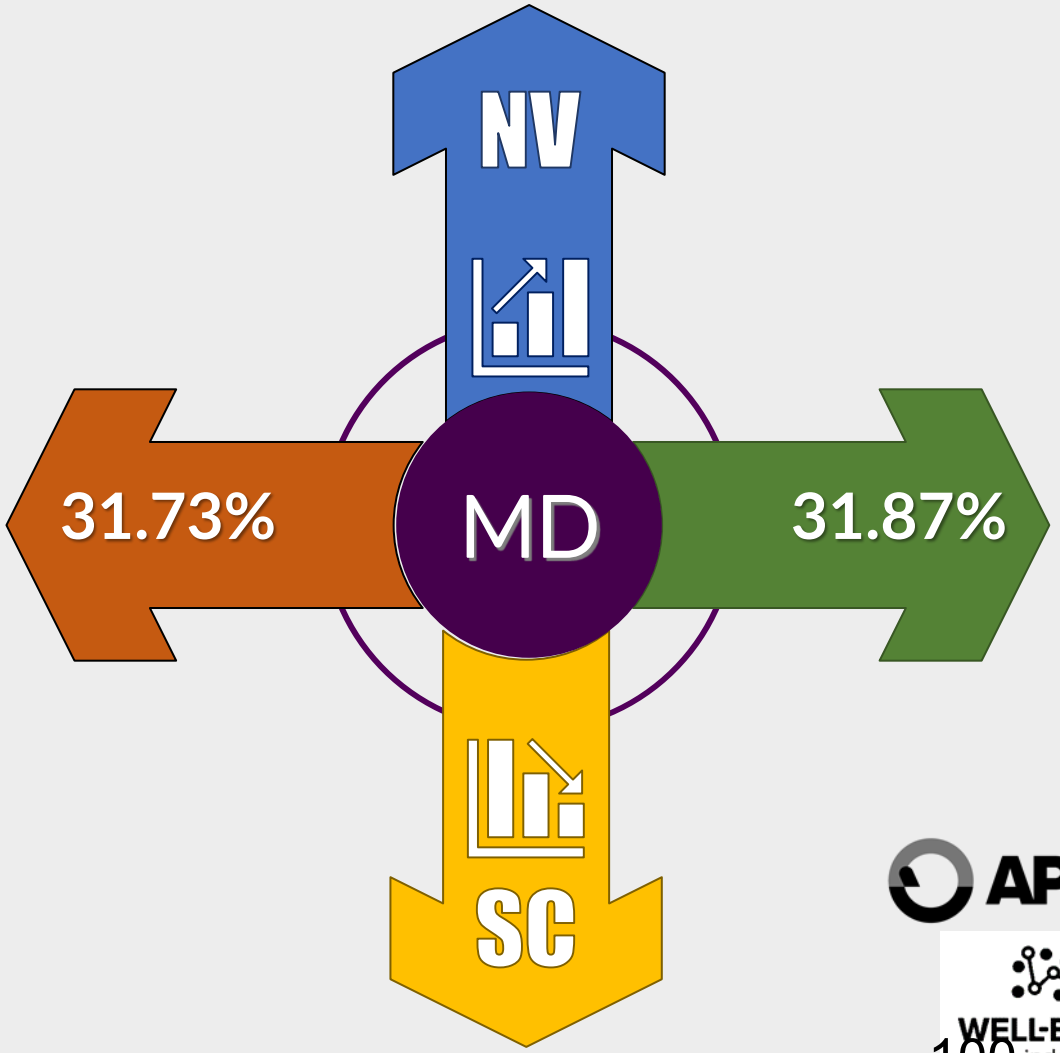
As of October 2023, the Maryland distress percent was 31.73% (ranked 30/52) with 156 assessors.

STATE COMPARISON

As of November 2023

Nevada is the highest at 57.14% (n=39)

South Carolina has the lowest 20.50% (n=589)



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WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

NOVEMBER 2023

As of November 2023, the New Jersey distress percent was 35.04% (ranked 18/52) with 139 assessors.

OCTOBER 2023

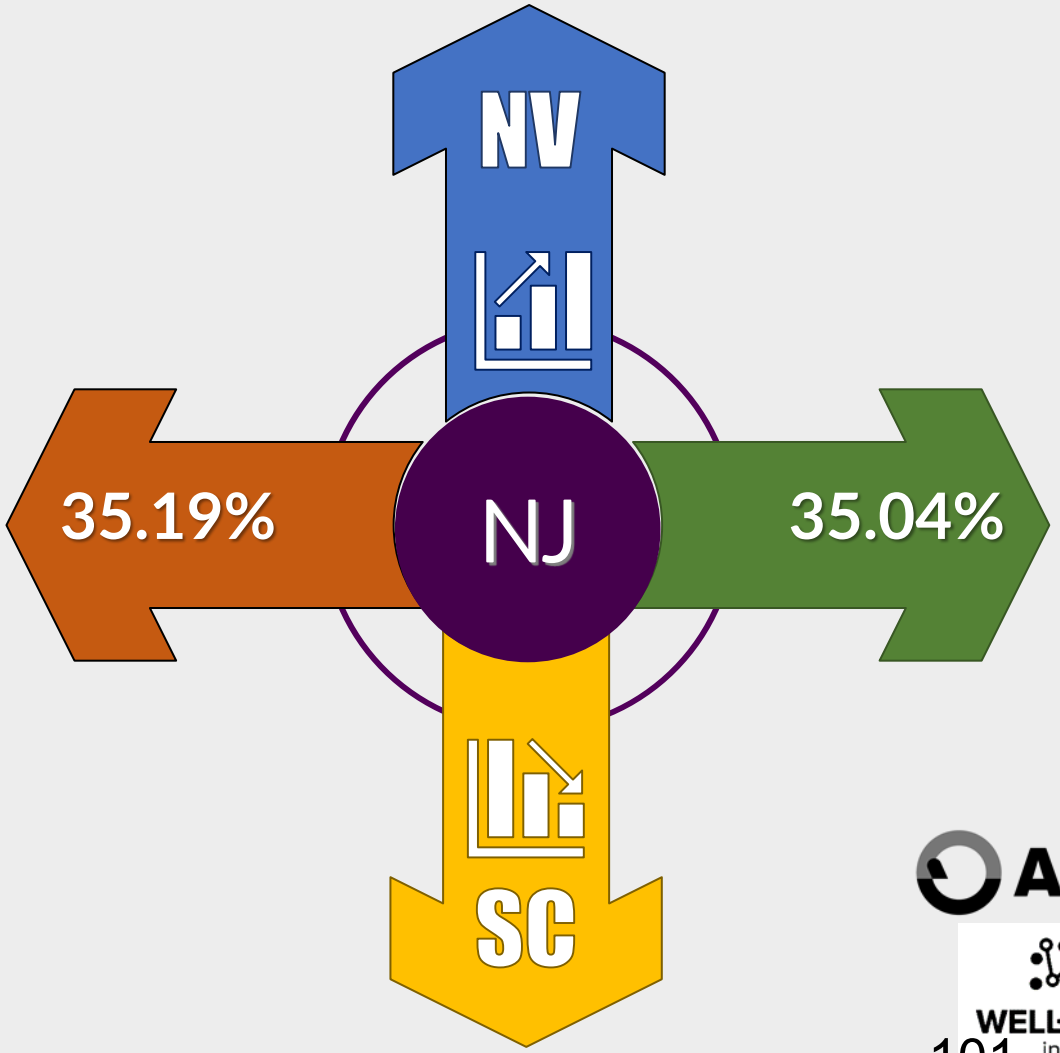
As of October 2023, the New Jersey distress percent was 35.19% (ranked 18/52) with 138 assessors.

STATE COMPARISON

As of November 2023

Nevada is the highest at 57.14% (n=39)

South Carolina has the lowest 20.50% (n=589)



Distress Percent is the percentage of individuals with Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

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WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

NOVEMBER 2023

As of November 2023, the New York distress percent was 30.82% (ranked 34/52) with 375 assessors.

OCTOBER 2023

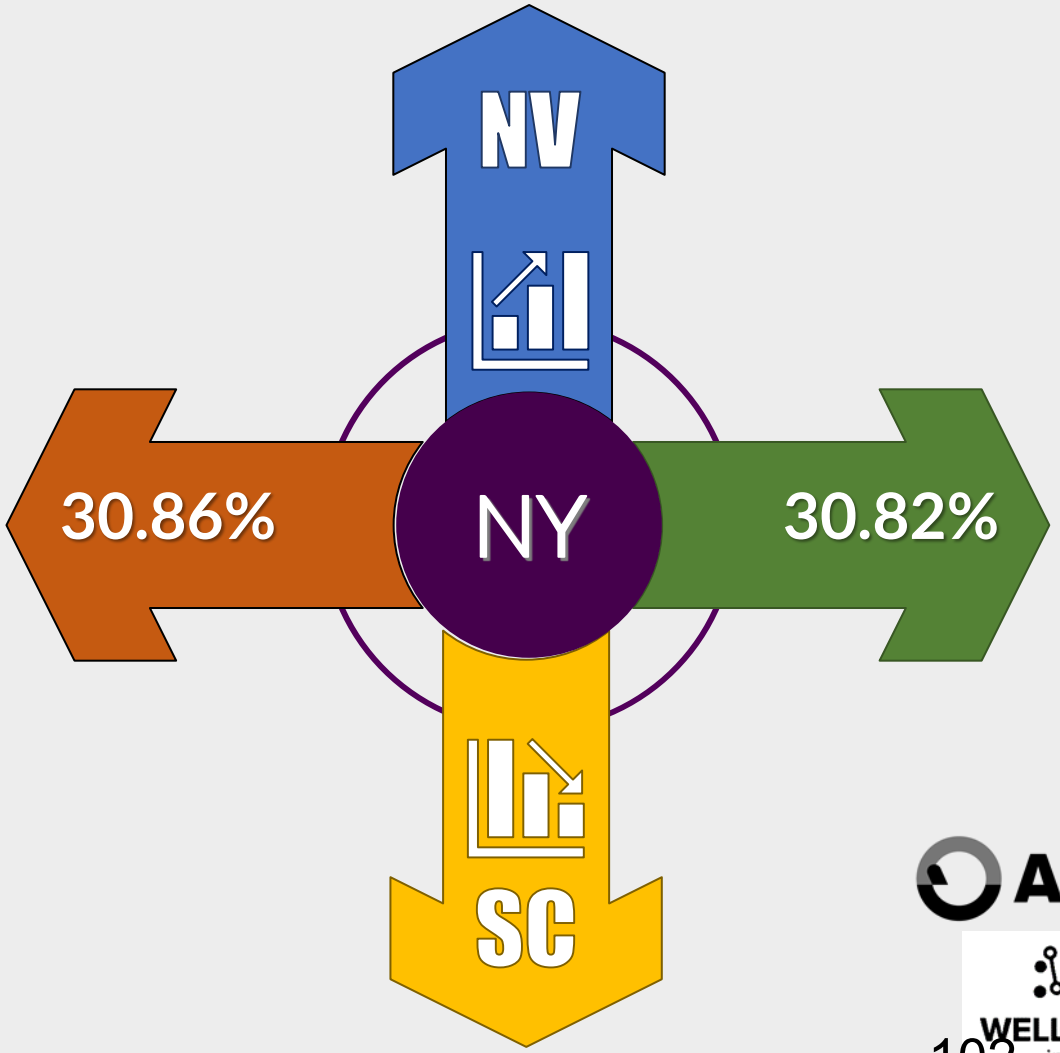
As of October 2023, the New York distress percent was 30.86% (ranked 36/52) with 369 assessors.

STATE COMPARISON

As of November 2023

Nevada is the highest at 57.14% (n=39)

South Carolina has the lowest 20.50% (n=589)



Distress Percent is the percentage of individuals with Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

NOVEMBER 2023

As of November 2023, the Pennsylvania distress percent was 34.27% (ranked 21/52) with 505 assessors.

OCTOBER 2023

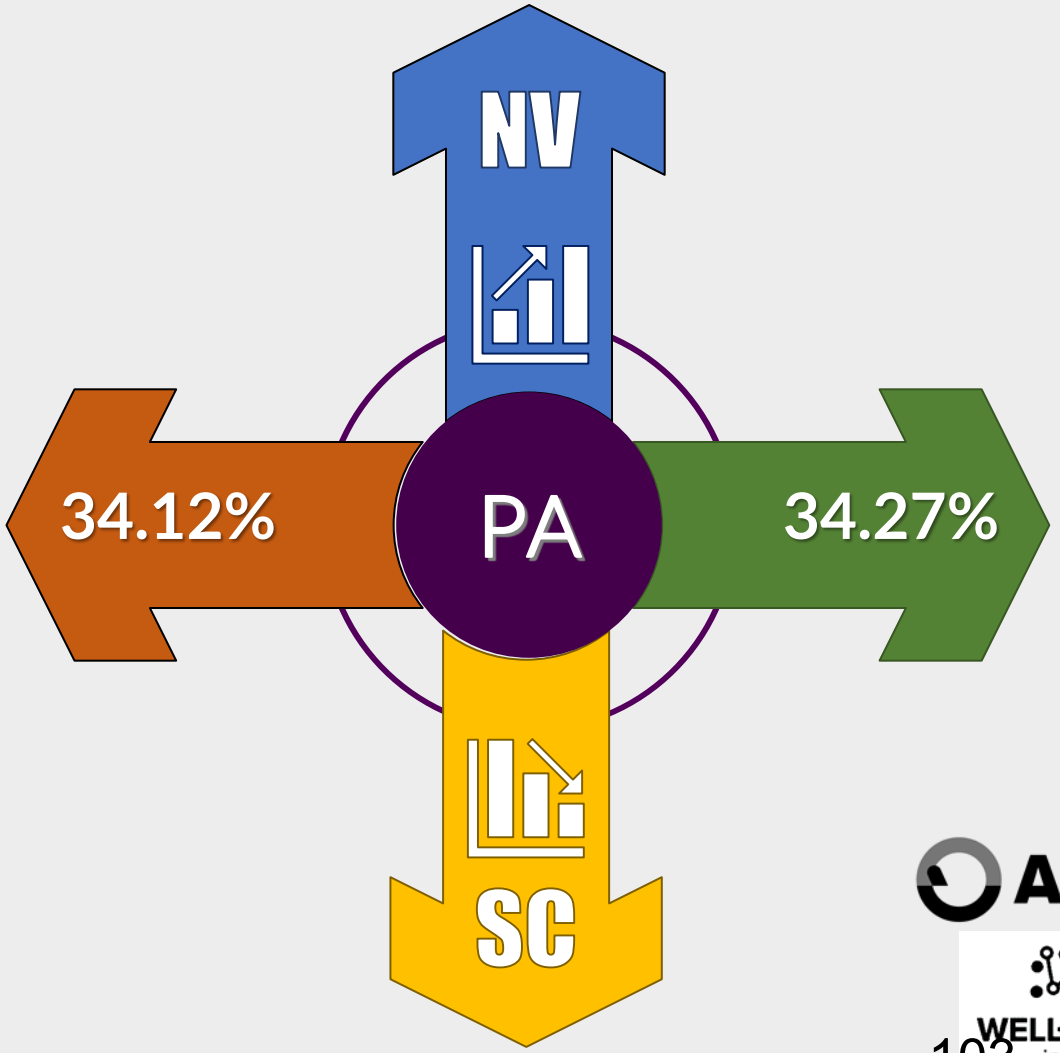
As of October 2023, the Pennsylvania distress percent was 34.12% (ranked tied at 20/52) with 498 assessors.

STATE COMPARISON

As of November 2023

Nevada is the highest at 57.14% (n=39)

South Carolina has the lowest 20.50% (n=589)



Distress Percent is the percentage of individuals with a Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

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WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

NOVEMBER 2023

As of November 2023, the Virginia distress percent was 42.63% (ranked 7/52) with 455 assessors.

OCTOBER 2023

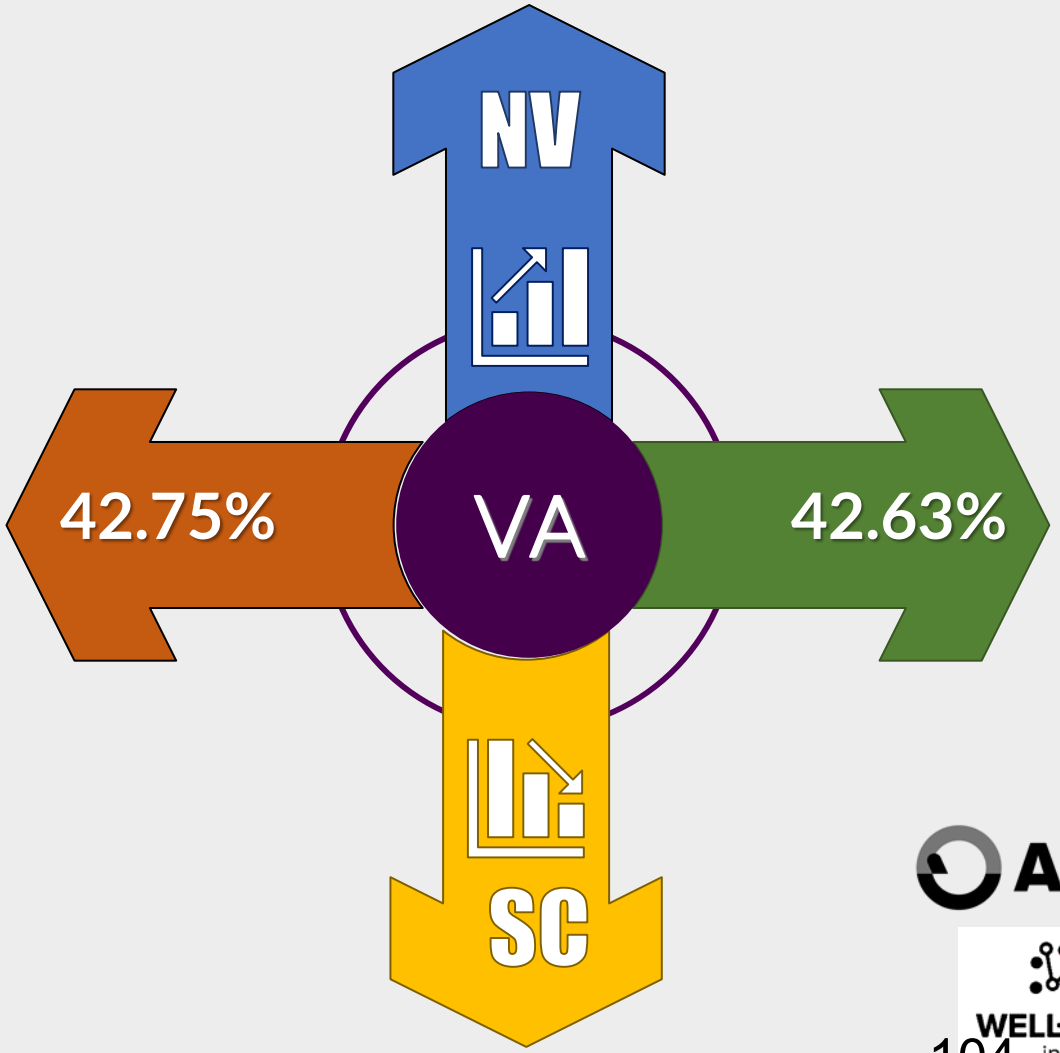
As of October 2023, the Virginia distress percent was 42.75% (ranked 7/52) with 454 assessors.

STATE COMPARISON

As of November 2023

Nevada is the highest at 57.14% (n=39)

South Carolina has the lowest 20.50% (n=589)



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WELL-BEING INDEX FOR PHARMACY PERSONNEL

STATE DISTRESS PERCENT*

NOVEMBER 2023

As of November 2023, the West Virginia distress percent was 42.23% (ranked 8/52) with 140 assessors.

OCTOBER 2023

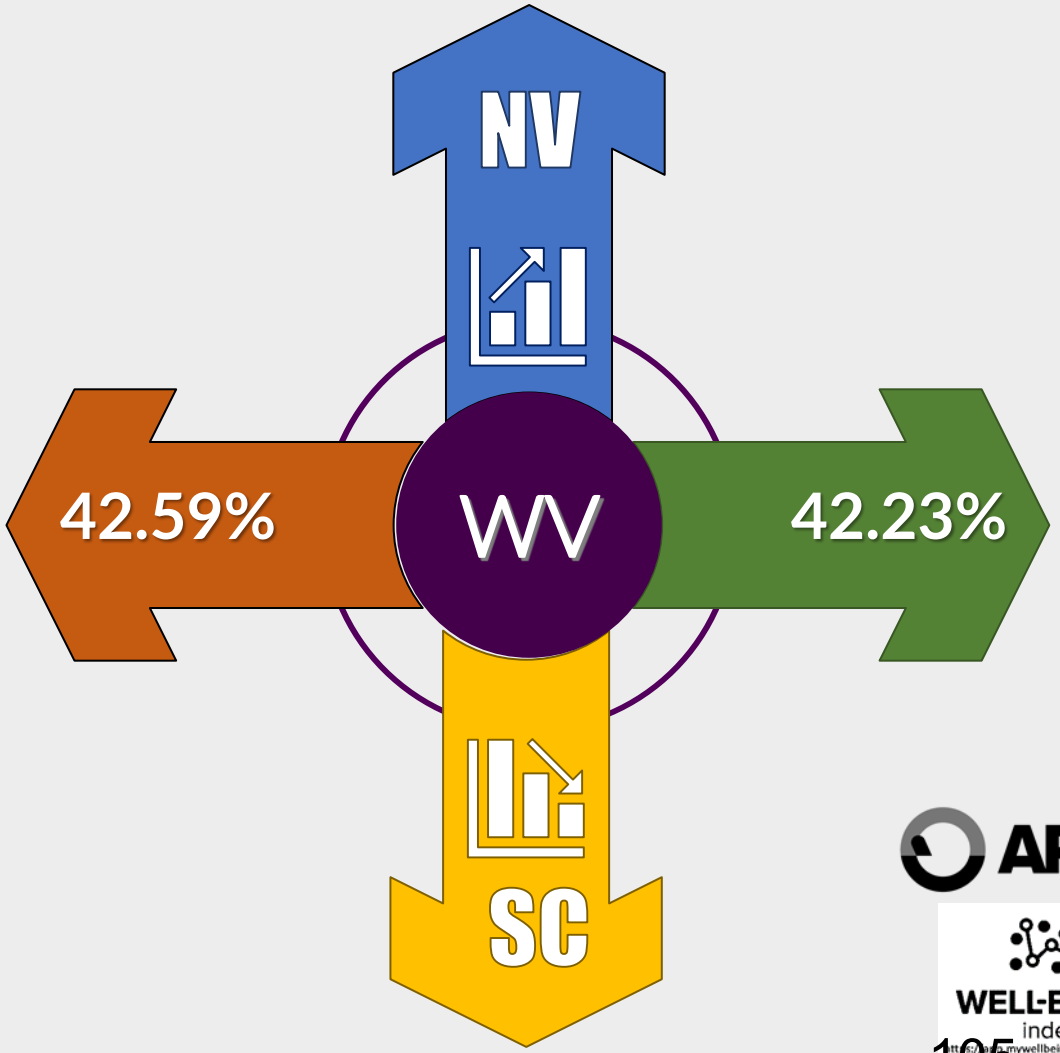
As of October 2023, the West Virginia distress percent was 42.59% (ranked 8/52) with 115 assessors.

STATE COMPARISON

As of November 2023

Nevada is the highest at 57.14% (n=39)

South Carolina has the lowest 20.50% (n=589)



Distress Percent is the percentage of individuals with a Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

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WELL-BEING index

Well-being Resources Promo Slides*

For Your Use in State Social Media and Periodicals

**Please do not change the content of these promotional slides*

WELL-BEING index

Burnout is real.

Take advantage of APhA's online screening tool, invented by the Mayo Clinic, to evaluate your fatigue, depression, burnout, anxiety, and stress and assess your well-being.
It takes less than 5 minutes to answer 9 short questions.
It's 100% anonymous, free, and you do not need to be an APhA member.
Resources are available once you submit your assessment.

Well-being Index for Pharmacists, Student Pharmacists, & Pharmacy Technicians
www.pharmacist.com/wbi
Invitation Code: APhA

Or Scan

APhA

You're committed to pharmacy.
We're committed to your well-being.
www.pharmacist.com/wellbeing

PWWR

PHARMACY WORKPLACE & WELL-BEING REPORTING

Your experiences – positive and negative – tell a powerful story!

Your experience can be the spark that helps change and enhance the pharmacy workplace, pharmacy personnel well-being, and patient safety.

Submit your experience report to
Pharmacy Workplace and Well-being Reporting.
www.pharmacist.com/pwwr

Your report is confidential, anonymous, and protected by the Alliance for Patient Medication Safety - a recognized national patient safety organization.

Share the PWWR link with your colleagues!

Centers for Disease Control and Prevention

Vital Signs

Vital Signs Home

Health Workers Face a Mental Health Crisis

Workers Report Harassment, Burnout, and Poor Mental Health; Supportive Workplaces Can Help

View All Topics

Updated Oct. 24, 2023 | Print

2x

More than double the number of health workers reported harassment at work in 2022 than in 2018.

46%

Nearly half of health workers reported often feeling burned out in 2022, up from 32% in 2018.

44%

Nearly half of health workers intended to look for a new job in 2022, up from 33% in 2018.

The nation's health workers need support

Health worker jobs in the U.S. involve demanding and sometimes dangerous duties, including exposure to infectious diseases and violence from patients and their families. The COVID-19 pandemic presented even more stressors. These included a surge of patients, longer working hours, and shortages of supplies and protective equipment. Health workers are reporting feeling fatigue, loss, and grief at levels higher than before the pandemic.

Study finds health worker mental health is suffering

This *Vital Signs* report contains an analysis from the CDC Quality of Worklife survey focused on well-being and working conditions, comparing data from 2018 to 2022. This timeline captures data before and after the start of the COVID-19 pandemic. The study also compared health workers with two other groups: essential workers and all other workers across industries.* Reports of poor mental health symptoms increased more for health workers than for other worker groups.

Supportive workplaces can help to promote well-being

Health workers reported fewer mental health issues when they said they work in supportive environments. Factors that may make workplaces more supportive include:

- Participation in workplace decisions
- Trust between management and workers
- Proactive and helpful supervisors that promote:
  - Stress prevention,
  - Psychological health,
  - Support for productivity,
  - A harassment-free workplace, and
  - Enough time to complete tasks.

Read the full *MMWR*

ASL video: English | Spanish

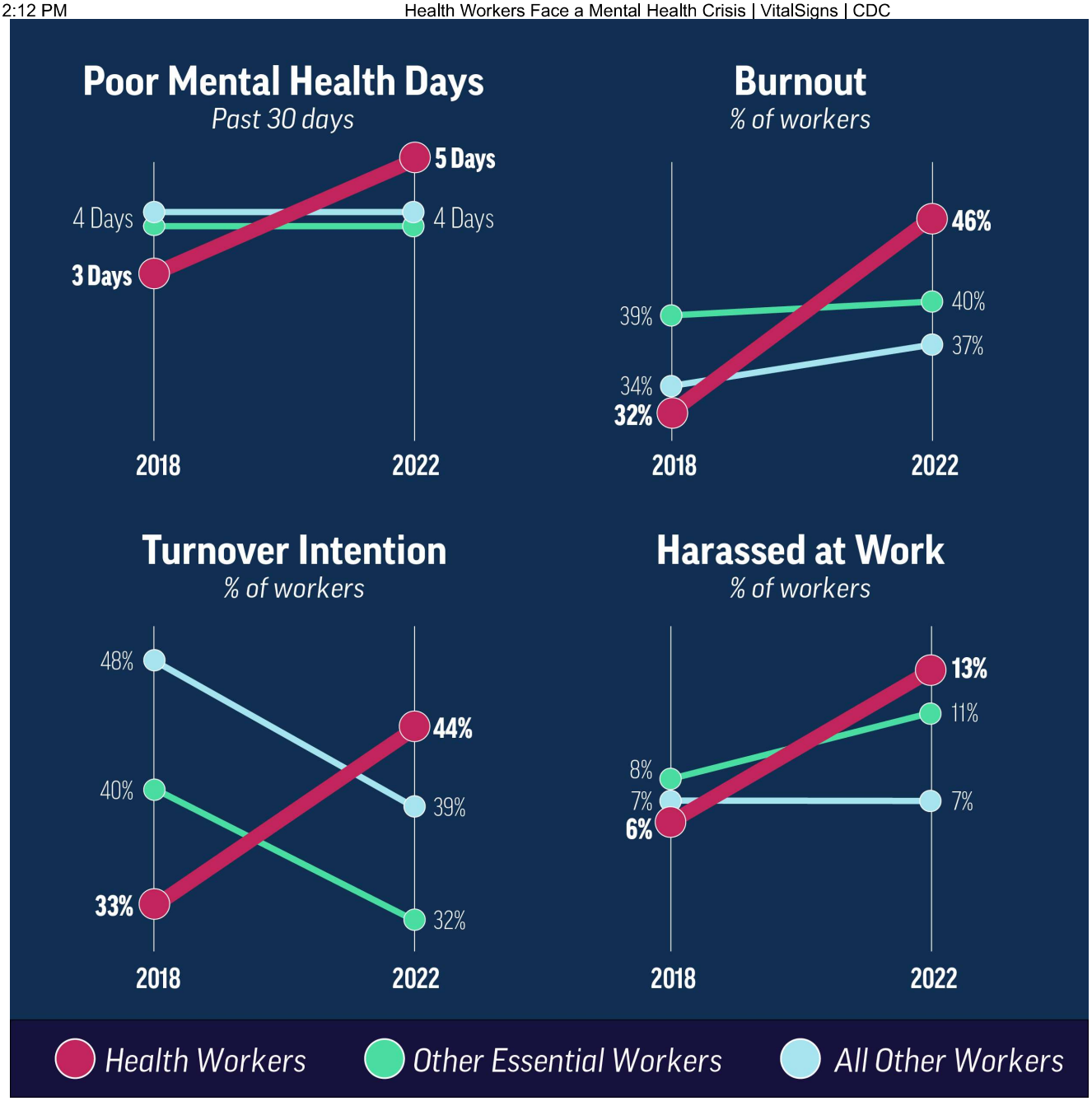
Challenges

Health workers were more likely than workers in other sectors to report poor working conditions during the COVID-19 pandemic. Specific aspects of health work added to this disparity. The study showed how symptoms of poor mental health and negative workplace conditions increased among health workers from 2018 to 2022 compared to other worker groups:

- **Burnout:** In 2022, 46% of health workers reported feeling burned out often or very often compared to 32% in 2018. The percentage of other essential workers and all other workers reporting burnout was similar in the two years.
- **Harassment:** The percentage of health workers who reported experiencing harassment more than doubled, going from 6% in 2018 to 13% in 2022. Other essential workers also reported an increase, from 8% in 2018 to 11% in 2022.
- **Trust in management:** In 2022, 78% of health workers agreed or strongly agreed that they trusted management, compared to 84% in 2018. Other essential workers reported a smaller drop in trust in management—down to 77% in 2022 from 81% in 2018.
- **Workplace productivity:** In 2022, 82% of health workers reported that their workplace conditions supported productivity, down from 91% in 2018. Other essential workers reported a smaller decrease–down to 77% in 2022 from 84% in 2018.
- **Turnover intention:** In 2022, the percentage of health workers who intended to look for a new job increased to 44%, up from 33% in 2018. The percentage of other essential workers and all other workers who intended to look for a new job decreased.

Health Workers Had Worse Outcomes in 2022 Compared to 2018

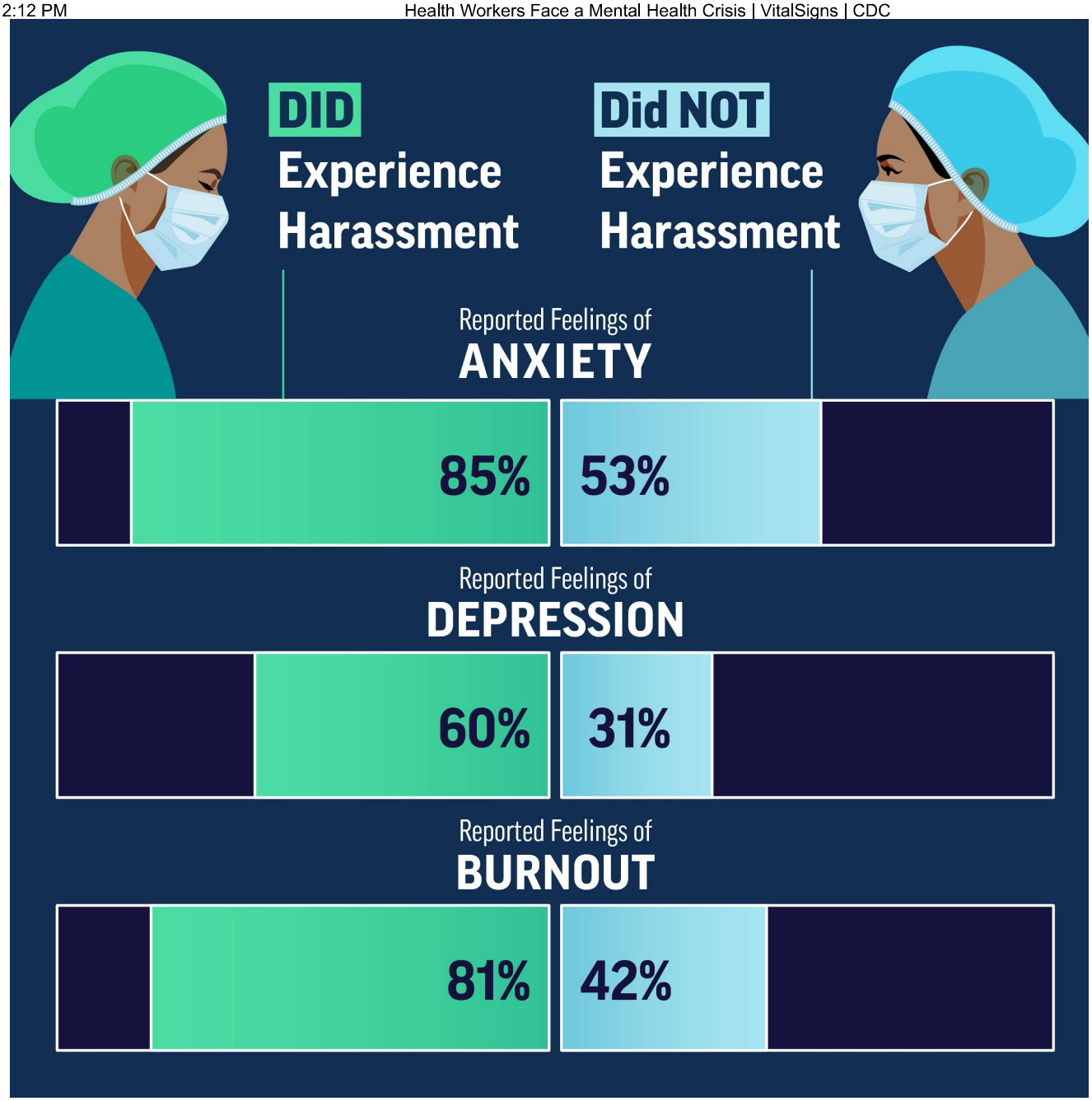
Health workers reported higher levels of poor mental health days, burnout, intent to change jobs (turnover intention) and being harassed at work in 2022 compared to 2018.



View Larger

Harassment Is Linked to Poorer Mental Health

Health workers who experienced harassment were more likely to report burnout, depression, and anxiety, compared with those who did not.



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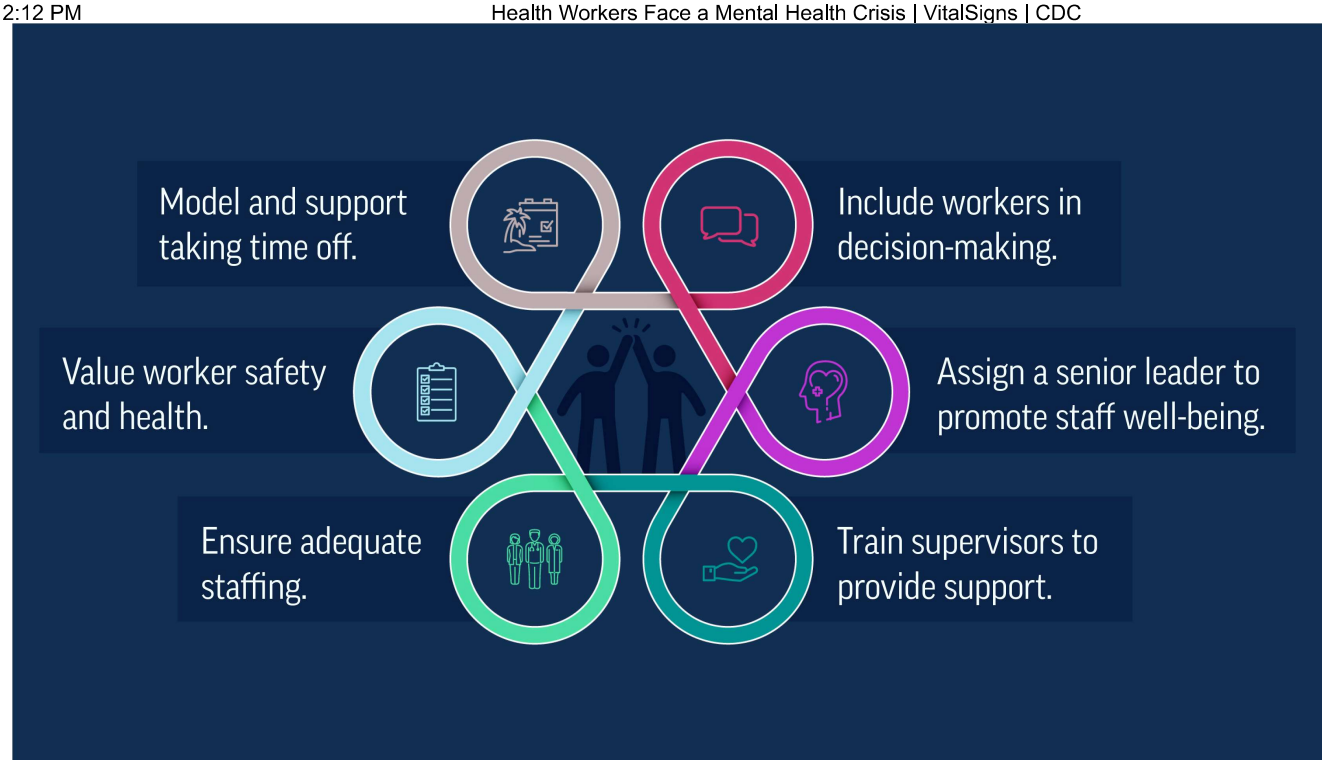
Employers Can Take Steps to Address These Problems Now

Improving workplace policies and practices may also improve worker well-being. Here are 6 tips to get started.



View Larger

What Can Be Done

How health workers viewed their workplace had a big impact on their stress from the COVID-19 pandemic. When they reported trusting their management, health workers had fewer symptoms of burnout. This shows that positive, supportive workplaces may act as a buffer and lessen the mental distress health workers experience.

Health workers' mental health, under unprecedented strain from the pandemic, demands immediate attention and decisive action. The *Vital Signs* study is a wake-up call to the pressing need to support the mental health of health workers. By understanding which working conditions harm mental health, employers can address these work-related factors and promote worker well-being.

Employers can:

- Improve workplace conditions that foster trust in management and prevent health worker burnout. Working conditions to focus on include:
  - Supporting adequate staff levels,
  - Providing helpful supervision, and
  - Preventing harassment of employees.
- Encourage worker participation and two-way communication in decision-making.
- Reduce stigma related to seeking help by eliminating intrusive questions for credentialing.
- Provide and encourage use of paid leave for illness, family needs, and rest.

Supervisors and workers can:

- Talk together about how to improve workplace conditions.
- Use this study to show the importance of improving these working conditions in health occupations.
- Discuss the benefits of better workplaces for everyone's health and well-being.

Everyone can:

- Support health workers by expressing appreciation for their essential work.

- Treat them with understanding and respect as they care for us and our families.

View Larger

Footnotes and References

*Health workers include registered nurses, home health and personal care aides, licensed practical nurses and licensed vocational nurses, nursing assistants and orderlies, physicians and surgeons, pharmacy technicians, dental and vision staff, and many other types of workers. Worker classifications were adapted from categories and industries defined by the Advisory Committee on Immunization Practices (ACIP; Interim List of Categories of Essential Workers Mapped to Standardized Industry Codes and Titles). North American Industry Classification System (NAICS) codes, published by CDC, were cross-referenced with industry codes for respondents' employment provided in the General Social Survey. Health workers include those in the health occupations described above; other essential workers include frontline, non-healthcare workers; "all other workers" include all remaining workers.

Related Pages and Resources

- *Vital Signs:* Media Statement – Health Workers Report Harassment, Symptoms of Poor Mental Health, and Difficult Working Conditions [English]

- *Vital Signs:* Comunicado de Prensa – Trabajadores de la salud reportan acoso, síntomas de mala salud mental y condiciones de trabajo difíciles [Spanish]
- *Morbidity and Mortality Weekly Report (MMWR): Vital Signs:* Health Worker Perceived Working Conditions and Symptoms of Poor Mental Health—Quality of Worklife Survey, United States, 2018-2022
- Healthcare Worker Wellbeing
- Understanding and Preventing Burnout among Public Health Workers: Guidance for Public Health Leaders
- Workplace Violence Prevention for Nurses
- Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce

VITAL SIGNS RESOURCES

Digital Media Tools

Last Updated Oct. 24, 2023