



COMMONWEALTH OF VIRGINIA

Meeting of the Board of Pharmacy

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

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Tentative Agenda of Full Board Meeting

March 25, 2025

9AM

TOPIC

PAGES

Call to Order of Full Board Meeting: Cheri Garvin, RPh, Chairman

- Welcome & Introductions
- Approval of Agenda

Approval of Previous Board Meeting Minutes:

- Full Board Meeting, December 17, 2024 3-13
- Public Hearings, December 17, 2024 14-15
- Public Hearing, January 9, 2025 16-17
- Formal Hearing, January 9, 2025 18-23
- Telephone Conference Call, February 7, 2025 24-26
- Telephone Conference Call, March 10, 2025 27-28

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

DHP Director's Report: Arne Owens

Legislative/Regulatory/Guidance: Erin Barrett, JD/Caroline Juran, RPh

- Legislative Report Handout 29-33
- Chart of Regulatory Actions 34-44
- Adoption of Final Regulatory Changes for Pharmacy Working Conditions 45-82
- Adopting Final Regulatory Changes Implementing Fee Increase 83-92
- Adopt Final Regulatory Changes for 2023 Pharmacists Initiating Treatment 93-95
- Adoption of Amendments to Guidance Document 110-38 *Requirement for Non-resident Pharmacies and Outsourcing Facilities to Submit Current Inspection Report*

New Business:

- Updates from VCU School of Pharmacy, Kelechi C. (K.C.) Ogbonna, PharmD, MSHA, Dean & Professor
- Presentation and Adoption of 2024 Pharmacist and Pharmacy Technician Healthcare Workforce Survey Reports, Barbara Hodgdon, Ph.D, Deputy Director, DHP Healthcare Workforce Data Center and Data Analytics Division 96-155
- Select Dates for 2026 Meetings 156
- Consideration of Agency Subordinate Recommendations Confidential Handout

Reports:

- Chairman's Report– Cheri Garvin, RPh
- Reports on Tri-Regulator Meeting and Opioid Regulatory Collaborative Meeting (Cheri Garvin, RPh, Derek Webb, PharmD)
- Report on Licensure Program – Ryan Logan, RPh

- Report on Inspection Program – Beth O’Halloran, RPh 164-168
- Report on Disciplinary Program – Ellen B. Shinaberry, PharmD 169-177
- Executive Director’s Report – Caroline D. Juran, RPh 178

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

Adjourn

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

(DRAFT/UNAPPROVED)

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

Tuesday, December 17, 2024

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

CALL TO ORDER: A full board meeting was called to order at 9:05AM.

PRESIDING: **Cheri Garvin**, RPh, Chairman

MEMBERS PRESENT: **Shannon Dowdy**, PharmD
Kelly Hasty Kale, RPh
Larry Kocot, JD
Wendy Nash, PharmD
Ling Yuan, PharmD (left at lunch, approx. 12:25PM)
Derek Webb, PharmD

MEMBERS ABSENT: **Kristopher Ratliff**, DPh
Patricia Richards-Spruill, RPh
Michelle Hoffer, JD

STAFF PRESENT: **Caroline Juran**, RPh, Executive Director, Virginia Board of Pharmacy
Arne Owens, Director, DHP
Erin Barrett, JD, Director of Legislative and Regulatory Affairs, DHP (left at lunch, approx. 12:25PM)
James Rutkowski, JD, Senior Assistant Attorney General
Sorayah Haden, Executive Assistant, Virginia Board of Pharmacy
Ryan Logan, Deputy Executive Director, Virginia Board of Pharmacy (left approx. 2PM)
Beth O'Halloran, Deputy Executive Director, Virginia Board of Pharmacy (left approx. 1:40PM)
Ellen Shinaberry, PharmD, Deputy Executive Director, Virginia Board of Pharmacy

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

QUORUM: With 7 members present, a quorum was established.

APPROVAL OF AGENDA:

An amended agenda was provided which removed the agenda item “Amend Coronavirus Testing and Vaccine Statewide Protocols” since the PREP Act was extended until 2029 after the tentative agenda was posted. Additionally, a new agenda item was added at the bottom of the “Legislative/Regulatory/Guidance” section entitled “Request to Authorize a Provider Pharmacy to Place a Repackaging Dispensing Device in an Outpatient Medical Clinic”. A handout related to his topic was also provided. Hearing no comment, the Chairman indicated the amended agenda was approved as presented.

**APPROVAL OF PREVIOUS
BOARD MEETING MINUTES**

Hearing no comment, the Chairman indicated the previous meeting minutes for the meetings held between June 25, 2024, and December 3, 2024 and as listed in the agenda packet, were approved as presented.

PUBLIC COMMENT:

Jennifer Kruso with PharmScript provided public comment expressing her appreciation of the board’s review of amended language regarding the use of automated dispensing devices within the nursing home industry.

Tyler Craddock provided public comment on behalf of the Virginia Society of Health-System Pharmacists (VSHP) thanking the board for their collaboration with the EMS emergency drug kit regulations. He stated drug supply shortages still exist post-Hurricane Helene. VSHP looks forward to continued collaboration with the board.

DHP DIRECTOR’S REPORT:

Arne Owens provided a DHP Director’s Report consisting of the following updates:

- He thanked the board members and staff for expeditiously implementing emergency waivers during Hurricane Helene.
- The General Assembly resumes next month. The agency has submitted multiple bills for the Governor’s consideration.
- A recent agency salary study was completed and any necessary salary adjustments will be made soon.
- The biennial budget was completed in May and the agency’s internal budget is underway.
- He will be attending the Governor’s meeting regarding maternal health later this morning.

**RECOGNITION OF FORMER
BOARD MEMBERS**

To accommodate scheduling conflicts, the Board agreed to address the recognition of former board members next. The Chairman presented plaques to former board members, Dale St. Clair, PharmD and Sarah Melton, PharmD in recognition of their service and leadership as a recent member of the Virginia Board of Pharmacy.

LEGISLATIVE/

REGULATORY/GUIDANCE

CHART OF REGULATORY ACTIONS

Ms. Barrett briefly reviewed the chart in the agenda packet and provided the following regulatory updates:

- 18VAC110-21 *2023 Pharmacist Initiating Treatment* has been approved.
- The Regulation Committee recently agreed to review the submission of 18VAC110-20 *Prohibition Against Incentives to Transfer Prescriptions* at its next Regulation Committee meeting in May 2025.

LEGISLATIVE UPDATE:

Erin Barrett provided the legislative updates consisting of the following updates:

- Senator Favola has filed a bill that would direct the Board of Pharmacy to convene a workgroup to discuss therapeutic interchange by a pharmacist.
- Legislation will be introduced to address pharmacy technician educational standards as previously adopted by the board in June 2024.

The Board requested staff to send legislative notifications as able during the General Assembly session. Ms. Barrett informed the members of a new Legislative Information System website for the 2025 session which can be accessed at <https://lis.virginia.gov/>

ADOPTION OF PROPOSED STAGE REGULATORY AMENDMENTS REGARDING ALLOWANCES FOR EMERGENCY DRUGS BY EMS AGENCIES

The Board reviewed and discussed the adoption of proposed regulatory amendments regarding allowances for emergency drugs by EMS agencies. The agenda packet included the draft proposed regulations as recommended by the Regulation Committee and public comments received following the publication of the emergency/NOIRA stage of the regulatory process.

MOTION:

The Board voted unanimously to adopt the proposed regulations regarding allowances for emergency drugs by EMS agencies as recommended by the Regulation Committee. (motion by Kocot, seconded by Nash)

CONSIDERATION OF RESUBMISSION OF FINAL ACTION FOR EXEMPTION OF AUTOMATED DISPENSING DEVICES (ADD) STOCKED SOLELY WITH EMERGENCY OR STAT-USE MEDICATIONS FROM CERTAIN REQUIREMENTS OF

The Board reviewed and discussed the consideration of the resubmission of the final action for exemption of ADDs stocked solely with emergency or stat-use medications from certain requirements of 18VAC110-20-555. Ms. Barrett reported that a stakeholder identified a concern with the submitted language that should be reconsidered by the board prior to the Administration's approval of the final regulations. Staff's recommended amendments to 18VAC110-20-555, with the stakeholder's concurrence, were highlighted on page 117 of the agenda packet.

MOTION:

The Board voted unanimously to withdraw the final action regarding exemption of ADDs stocked solely with emergency or stat-use medications from certain requirements of 18VAC110-20-555. (motion by Kale, seconded by Yuan)

MOTION:

The Board voted unanimously to adopt the revised final regulatory amendments as presented. (motion by Dowdy, seconded by Webb)

ADOPTION OF PROPOSED REGULATIONS FOR CRISIS STABILIZATION UNITS AND USE OF AUTOMATED DRUG DISPENSING SYSTEMS AND REMOTE DISPENSING SYSTEMS:

The Board reviewed the proposed regulations and the Regulation Committee's recommendation to strike the draft language in 18VAC110-20-490(B)(3) and to incorporate amendments to 18VAC110-20-700 into the regulatory action. Ms. Juran reported that Omnicare informed her that it is not usual and customary for them to provide an emergency key to the facility to access the ADD. Additionally, she shared that Partners Pharmacy did provide an emergency key to the facility based on the allowance in the innovative pilot order, but that it was never used and they did not anticipate concerns should the board prohibit an emergency key being provided to the facility.

MOTION:

The Board voted unanimously to adopt the proposed regulatory changes to 18VAC110-20-200, 18VAC110-20-275, 18VAC110-20-490, 18VAC110-20-555, 18VAC110-20-700, and 18VAC110-20-728 as presented in the agenda packet and recommended by the Regulation Committee.

ADOPTION OF EXEMPT REGULATORY ACTION TO PLACE DRUGS AND CHEMICALS INTO SCHEDULE I

The Board reviewed the proposed draft of regulatory language consisting of the addition of chemicals placed into Schedule I as of result of the Department of Forensic Science's recommendation.

MOTION:

The Board voted unanimously to adopt the proposed changes to 18VAC110-20-322 by exempt action to place the following chemicals into Schedule I:

- 1. 2-[(4-methoxyphenyl)methyl]-5-nitro-1-(2-pyrrolidin-1-ylethyl)benzimidazole (other names: metonitazepyne, N-pyrrolidino metonitazene), 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. 2-[2-[(4-ethoxyphenyl)methyl]-5-nitrobenzimidazol-1-yl]-N-ethylethanamine (other name: N-desethyl etonitazene), 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. N-(2-methylphenyl)-N-[1-(2-phenethyl)piperidin-4-yl]propanamide (other name: ortho-methylfentanyl), 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.

4. [3-[2-(diethylamino)ethyl]-1H-indol-4-yl] acetate (other names: 4-acetoxy-N,N-diethyltryptamine; 4-acetoxy DET; 4-AcO-DET; ethacetin), 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. 3-[2-(diethylamino)ethyl]-1H-indol-4-ol (other names: 4-hydroxy-N,N-diethyltryptamine; 4-hydroxy DET; ethocin), 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.

6. 3-methylmethcathinone (other names: 3-MMC; metaphedrone; 2-(methylamino)-1-(3-methylphenyl)propan-1-one), 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.

7. N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1H-indazole-3-carboxamide (other name: ADB-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.

8. N-cyclohexyl-2-(1-pentylindol-3-yl)acetamide (other names: cyclohexyl-PIATA, CH-PIACA, CH-PIATA), its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation. **(motion by Yuan, seconded by Dowdy)**

ADOPTION OF FAST-TRACK
REGULATORY ACTION TO
UPDATE SCHEDULING
REGULATION CONSISTENT
WITH STATUTORY
CHANGES

Staff indicated that there are chemicals in 18VAC110-20-323 that have been scheduled in Code by the General Assembly over the last several years that no longer need to be listed in regulation. A handout with corrected language was provided to the Board for its consideration.

MOTION:

The Board voted unanimously to adopt fast-track regulatory language to amend 18VAC110-20-323 as presented in the handout. (motion by Webb, seconded by Nash)

ADOPTION OF GUIDANCE
DOCUMENT DISPENSING
MEDICATIONS TO BLIND
OR LOW-VISION PATIENTS

The Board reviewed the Regulations Committee's recommendation of a Guidance Document regarding accessible prescription labels.

MOTION:

The Board voted unanimously to accept the Regulation Committee's recommendation to adopt Guidance Document 110-14 as presented in the agenda packet.

REQUEST FROM GATES
HEALTHCARE
ASSOCIATES, INC. TO
RECOGNIZE ITS
INSPECTION REPORT

The Board discussed the Regulation Committee's recommendation to accept an inspection report of nonresident pharmacies performed by Gates Healthcare Associates, Inc. when the pharmacy does not have an acceptable inspection report performed by the licensing or regulatory agency of jurisdiction or an inspection by the Board's own agent. Ms. Juran reported that Gates indicated the following states will accept their inspection report: Connecticut, Massachusetts, Michigan, New Hampshire, New Jersey, Oklahoma, Rhode Island, Washington, and Wisconsin. The following states are considering acceptance: Alabama, California, Florida, Maine, Maryland, and Tennessee. Gates also informed Ms. Juran that it would provide a list of deficiencies observed by the inspector at the time of the inspection, along with the pharmacy's corrective action to address the deficiencies.

MOTION:

The Board voted unanimously to recognize an inspection report of nonresident pharmacies performed by Gates Healthcare Associates, Inc. when the pharmacy does not have an acceptable inspection report performed by the licensing or regulatory agency of jurisdiction or an inspection by the Board's own agent.

AMEND GUIDANCE
DOCUMENT 110-38
REQUIREMENTS FOR NON-
RESIDENT PHARMACIES
AND OUTSOURCING
FACILITIES TO SUBMIT
CURRENT INSPECTION
REPORT

The Board reviewed the proposed amendments on Guidance Document 110-38.

MOTION

The Board voted unanimously to adopt the proposed amendments to Guidance Document 110-38, Requirement for Non-Resident Pharmacies and Outsourcing Facilities to Submit Current Inspection Report as presented in the agenda packet and further amended by the Board to include Gates Healthcare Associates, Inc, in the nonresident pharmacy section. (motion by Dowdy, seconded by Webb)

REQUEST TO AUTHORIZE A

The Board reviewed a handout on this subject which indicated that staff had

PROVIDER PHARMACY TO
PLACE A REPACKAGING
DISPENSING DEVICE IN AN
OUTPATIENT MEDICAL
CLINIC

received a request from Carilion Clinic Pharmacy to place a remote dispensing device at its off-site “urgent care clinics”. Carilion indicated, “The intent of these devices is to provide critical access to medications in areas where pharmacy services may be limited by location or operating hours.” “The recent updates to the Virginia Code under Guidance 110-19 represent a significant step forward in addressing access to medications for underserved populations, particularly in the southwestern region of the state.” However, currently the term “other facilities” as referenced in Guidance Document 110-19 does not include such facilities.

MOTION:

The Board voted unanimously to amend Guidance Document 110-19, *Use of Automated Dispensing Drug Systems and Remote Dispensing Systems in Certain Facilities*, by inserting a third bullet to read “an outpatient medical clinic wherein a provider pharmacy verifies the accuracy of the data entry of the prescription and has obtained a controlled substances registration in the name of the pharmacy at the address of the clinic to operate a remote dispensing system; and” in the paragraph that begins “The Board further interprets “other facilities” that may use a remote dispensing system whereby the patient or a person not licensed to administer medication is intended to administer medication from the system and which must fully comply with the labeling requirements in Va. Code §§ 54.1-3410 and 54.1-3463 and Board regulations to mean the following:”. (motion by Kocot, seconded by Webb)

NEW BUSINESS

OVERVIEW PRESENTATION
OF HEALTH PRACTITIONER
MONITORING PROGRAM
(HPMP)

Julia Bennett, JD, Deputy Director of Administrative Proceedings Division, DHP, provided an educational verbal overview of the HPMP and answered questions from board members.

ACTION ITEMS:

The Board requested staff to share with them the success rate for Board of Pharmacy, if known, Ms. Bennett’s slides that she referenced during her verbal report, the 2022 annual HPMP report when completed, and if suicide prevention or awareness is included in the program.

CONSIDERATION OF
CONVENING A RETREAT

The Chairman provided a summary of past discussions on this subject, followed by discussion.

ACTION ITEM:

There was consensus that members would provide Ms. Juran with topics for a possible retreat by December 31st that would be considered by the Chairman in determining if a Retreat would be convened in 2025.

Dr. Yuan left the meeting due to a scheduling conflict.

REPORTS

CHAIRMAN’S REPORT

Ms. Garvin thanked board members, Mrs. Patricia Richards-Spruill and Ling Yuan, for their participation at recent meetings on her behalf. Garvin thanked the board and staff members for their hard work and support through the year.

LICENSURE

Ryan Logan, Deputy Executive Director, provided the licensing report consisting of the following data:

- As of November 15, 2024, the board reported a total of 47,319 licensees consisting of individuals, resident facilities, and non-resident facilities.
- There was a total of 262 Pharmacist licenses issued between the dates of August 1, 2024, and October 31, 2024. This reported an increase of 50 pharmacist licenses issued in comparison to the previous quarter reported.
- There was a total of 527 Pharmacy Technician licenses issued between the dates of August 1, 2024, and October 31, 2024. This reported an increase of 66 pharmacy technician licenses issued in comparison to the previous quarter reported.
- There was a total of 1,175 Pharmacy Technician Trainee permits issued between the dates of August 1, 2024, and October 31, 2024. This reported an increase of 211 pharmacy technician trainee permits issued in comparison to the previous quarter reported.
- There was a total of 11 Pharmacy permits issued between the dates of August 1, 2024, and October 31, 2024. This reported an increase of 4 pharmacy permits issued in comparison to the previous quarter reported.
- There was a total of 33 Non-Resident Pharmacy permits issued between the dates of August 1, 2024, and October 31, 2024. This reported an increase of 6 Non-Resident Pharmacy permits issued in comparison to the previous quarter reported.

ACTION ITEM:

Several members expressed interest in receiving an update on net pharmacy closures at the quarterly full board meetings.

INSPECTION PROGRAM

Beth O’Halloran, Deputy Executive Director, provided the Inspections report consisting of the following data:

- There was a total of 419 inspections conducted between the dates of July 1, 2024, and September 30, 2024. The report consisted of virtual and non-virtual inspections.
- During the reported period, there was a total of 140 inspections conducted related to Controlled Substances Registrations.
- During the reported period, there was a total of 220 inspections conducted related to Pharmacy permits.
- The top five deficiencies reported during the reported period were the following:

- Deficiency #133: Compounding facilities and equipment used in performing non-sterile compounds not in compliance with 54.1-3410.2 (cited 37 times)
- Deficiency #113: Inventories taken on time, but not in compliance (cited 15 times)
- Deficiency #2: Pharmacist-In-Charge on place, inventory taken, but application not filed with Board within the required timeframe. (cited 14 times)
- Deficiency #2: Perpetual inventory not being maintained as required. (cited 13 times)
- Deficiency #123: Engaging in remote processing not in compliance (cited 12 times)
- Deficiency #124: Labels do not include all required information (cited 12 times)
- Deficiency #130A: Compounded products not properly labeled (Cited 12 times)

DISCIPLINARY PROGRAM

Ellen Shinaberry, PharmD, Deputy Executive Director, provided the Discipline Program report consisting of the following data:

- As of November 6, 2024, the Board had a total of 314 open cases consisting of patient care and non-patient care cases.
- As of November 6, 2024, the Board had a total of 204 patient care related cases open.
- As of November 6, 2024, the Board had a total of 110 non-patient care related cases open.

EXECUTIVE DIRECTOR'S REPORT

Caroline Juran, Executive Director, briefly reviewed her report included in the agenda packet.

CONSIDERATION OF CONSENT ORDERS, SUMMARY SUSPENSIONS, OR SUMMARY RESTRICTIONS

NICHOLAS ARDUIN PHARMACIST #0202206213

David Robinson, Assistant Attorney General, and Rebecca Ribley, DHP Adjudication Specialist presented information for a possible summary suspension regarding Nicholas Arduin (Pharmacist License #0202206213).

CLOSED MEETING

Upon a motion by Dowdy, and duly seconded by Nash, the Board voted unanimously to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia ("Code") to reach a decision regarding the matter of Nicholas Arduin (Pharmacist License #0202206213). Additionally, she moved that Caroline Juran, Jim Rutkowski, Ellen Shinaberry, and Sorayah Haden attend the closed meeting because their presence is deemed necessary and will aid the Board in its deliberations.

RECONVENE	Upon the motion by Dowdy, and duly seconded by Nash, having certified that the matters discussed in the closed meeting met the requirements of §2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision.
DECISION	Upon a motion by Webb, and duly seconded by Dowdy, the Board unanimously voted to summarily suspend the pharmacist license of Nicholas Arduin, offer a pre-hearing consent order for indefinite suspension in lieu of a Formal Hearing, stay the suspension contingent upon entry and compliance of the HPMP for Nicholas Arduin (Pharmacist License #0202206213).
CLOSED MEETING	Upon a motion by Dowdy, and duly seconded by Nash, the Board voted unanimously to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia ("Code") to consider a settlement proposal in pending disciplinary action against CVS Pharmacy #8302 (pharmacy permit 0201-004432). Additionally, she moved that Caroline Juran, Jim Rutkowski, Ellen Shinaberry, and Sorayah Haden attend the closed meeting because their presence is deemed necessary and will aid the Board in its deliberations.
POSSIBLE SETTLEMENT	Jim Rutkowski presented a possible settlement proposal regarding case #203229.
RECONVENE	Upon the motion by Dowdy, and duly seconded by Nash having certified that the matters discussed in the closed meeting met the requirements of §2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision.
DECISION	Upon a motion by Kocot, and duly seconded by Dowdy, the Board unanimously voted to accept the consent order for settlement as presented regarding CVS Pharmacy #8302 (pharmacy permit 0201-004432).
CLOSED MEETING	Upon a motion by Dowdy, and duly seconded by Webb, the Board voted unanimously to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia ("Code") to consider a modification to a previously issued board order as requested by Ms. Bui (license number 0202-013055). Additionally, she moved that Caroline Juran, Jim Rutkowski, Ellen Shinaberry, and Sorayah Haden attend the closed meeting because their presence is deemed necessary and will aid the Board in its deliberations.
RECONSIDERATION OF A PRIOR BOARD ORDER	Jim Rutkowski presented the possible reconsideration of a prior board order regarding Thu Bui (case #229098).
RECONVENE	Upon the motion by Dowdy, and duly seconded by Webb, having certified that the matters discussed in the closed meeting met the requirements of §2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision.

Upon a motion by Nash, and duly seconded by Kale, the Board unanimously voted to deny the reconsideration of the prior board order for Thu Bui (case #229098).

3:50PM

Caroline Juran
Executive Director

DATE: _____

(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY
MINUTES OF PUBLIC HEARINGS TO PLACE CERTAIN CHEMICALS INTO
SCHEDULE I, PROPOSED STAGE OF REGULATORY AMENDMENTS RELATED
TO PHARMACY WORKING CONDITIONS, AND PROPOSED STAGE OF
REGULATIONS FOR FEE INCREASES**

Tuesday, December 17, 2024

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

CALL TO ORDER: Public hearings on three subjects were called to order at 9:00 AM.

PRESIDING: **Cheri Garvin, RPh, Chairman**

MEMBERS PRESENT: **Shannon Dowdy, PharmD**
Kelly Hasty Kale, RPh
Larry Kocot, JD
Wendy Nash, PharmD
Derek Webb, PharmD
Ling Yuan, PharmD

MEMBERS ABSENT: **Michelle Hoffer, JD**
Kristopher Ratliff, DPh
Patricia Richards-Spruill, RPh

STAFF PRESENT: **Caroline Juran, RPh, Executive Director**
James Rutkowski, JD, Senior Assistant Attorney General
Erin Barrett, JD, Director of Legislative and Regulatory Affairs, DHP
Arne Owens, Director, DHP
Sorayah Haden, Executive Assistant
Ryan Logan, RPh, Deputy Executive Director
Beth O'Halloran, RPh, Deputy Executive Director
Ellen Shinaberry, PharmD, Deputy Executive Director

QUORUM: With 7 members present, a quorum was established.

**PLACING CERTAIN
CHEMICALS INTO
SCHEDULE I** The Chairman indicated the first subject for which public comment may be received is the placement of certain chemicals into Schedule I.

PUBLIC COMMENT:

Robyn Weimer provided public comment on behalf of the Department of Forensic Science indicating the proposed chemicals have been found in recent cases and are a risk to public safety. Ms. Weimer stated the proposed chemicals have no medicinal use.

**PROPOSED STAGE OF
REGULATORY
AMENDMENTS RELATED
TO PHARMACY WORKING
CONDITIONS**

The Chairman indicated the second subject for which public comment may be received is regarding the proposed stage of regulatory amendments related to Pharmacy Working Conditions.

PUBLIC COMMENT:

No public comments were offered on this subject.

**PROPOSED STAGE OF
REGULATIONS FOR FEE
INCREASES**

The Chairman indicated the third subject for which public comment may be received is regarding the proposed stage of regulations for fee increases.

PUBLIC COMMENT:

No public comments were offered on this subject.

MEETING ADJOURNED:

9:05 AM

Caroline Juran, RPh
Executive Director

DATE:

(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY
MINUTES OF PUBLIC HEARING REGARDING 2023 PHARMACISTS INITIATING
TREATMENT PROPOSED REGULATIONS**

Thursday, January 9, 2025

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

CALL TO ORDER: A public hearing on the subject of 2023 pharmacists initiating treatment proposed regulations was called to order at 9:10 AM.

PRESIDING: **Cheri Garvin, RPh, Chairman**

MEMBERS PRESENT: **Shannon Dowdy, PharmD**
Kelly Hasty Kale, RPh
Larry Kocot, JD
Derek Webb, PharmD

MEMBERS ABSENT: **Michelle Hoffer, JD**
Kristopher Ratliff, DPh
Patricia Richards-Spruill, RPh
Wendy Nash, PharmD
Ling Yuan, PharmD

STAFF PRESENT: **Caroline Juran, RPh, Executive Director**
James Rutkowski, JD, Senior Assistant Attorney General
Sorayah Haden, Executive Assistant
Ellen Shinaberry, PharmD, Deputy Executive Director

**2023 PHARMACISTS
INITIATING TREATMENT
PROPOSED REGULATIONS** The chairwoman indicated the public hearing was being held to receive public comment regarding proposed regulations for the 2023 Pharmacists Initiating Treatment. As indicated on Regulatory Townhall, the official window for offering public comment on the subject will close on 2/28/25.

PUBLIC COMMENT: No public comment was offered on the subject.

MEETING ADJOURNED: 9:11 AM

Caroline Juran, RPh
Executive Director

DATE:

DRAFT

**VIRGINIA BOARD OF PHARMACY
FORMAL HEARING**

Thursday, January 9, 2025
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 9:12 AM for the purpose of consideration of possible surrender of a controlled registration permit and the convening of formal hearings.

PRESIDING:

Cheri Garvin, Chairwoman

MEMBERS PRESENT:

Ms. Kelly Hasty Kale
Dr. Derek Webb
Dr. Shannon Dowdy
Mr. Larry Kocot

STAFF PRESENT:

Caroline D. Juran, Executive Director
Ellen B. Shinaberry, Deputy Executive Director
James Rutkowski, Sr. Assistant Attorney General
Sorayah Haden, Executive Assistant

QUORUM:

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

PURPOSE:

Consideration of surrender of the controlled substance registration for Liberty University Dept. of Psychology.

CLOSED MEETING:

Upon a motion by Dr. Dowdy, and duly seconded by Dr. Webb, 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 Liberty University Dept. of Psychology. Additionally, she moved that Ellen Shinaberry, Caroline Juran, Jim Rutkowski, 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 Board reconvened an open

meeting and announced the decision. (Dowdy/Kale)

DECISION:

Upon a motion by Dr. Webb and duly seconded by Dr. Dowdy, the Board unanimously voted (5-0) to accept the surrender of the controlled substance registration for Liberty University Dept. of Psychology and to close case no. 234500 as undetermined.

BOARD MEMBER ARRIVAL:

Dr. Ling Yuan arrived at 1055

FORMAL HEARING:

MONASHA MITCHELL
Reg. no. 0245-007088

A formal hearing was held in the matter of Monasha Mitchell, pharmacy technician trainee 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 August 20, 2024 and continued by notice dated October 21, 2024.

PRESIDING:

Cheri Garvin, Chairwoman

MEMBERS PRESENT:

Ms. Kelly Hasty Kale
Dr. Derek Webb
Dr. Ling Yuan
Dr. Shannon Dowdy
Mr. Larry Kocot

PANEL:

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

STAFF PRESENT:

Caroline D. Juran, Executive Director
Ellen Shinaberry, Deputy Executive Director
James Rutkowski, Sr. Assistant Attorney General
Sorayah Haden, Executive Assistant

Rebecca Ribley, Adjudication Specialist, presented the case for the Commonwealth. Ms. Mitchell was not present at the hearing and was not represented by counsel.

WITNESSES:

Kimberly Breece, Walgreen's Asset Protection Manager, testified by telephone on behalf of the Commonwealth.

Stephen Shirley, DHP Senior Investigator, testified in person on behalf of the Commonwealth.

CLOSED MEETING:

Upon a motion by Dr. Yuan, 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 Monasha Mitchell. Additionally, she moved that Ellen Shinaberry, Caroline Juran, Jim Rutkowski, 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 Board reconvened an open meeting and announced the decision. (Yuan/Webb)

DECISION:

Upon a motion by Dr. Dowdy, and duly seconded by Mr. Kocot, the Board voted 6-0 to accept the Findings of Fact and Conclusions of Law as presented by the Commonwealth, and to revoke the pharmacy technician trainee registration of Monasha Mitchell.

POSSIBLE SUMMARY SUSP PRESENTATION:

CASE NO.

Consideration of a possible summary suspension presentation for case no. 241710.

PRESIDING:

Cheri Garvin, Chairman

MEMBERS PRESENT:

Ms. Kelly Hasty Kale
Dr. Derek Webb
Dr. Ling Yuan
Dr. Shannon Dowdy
Mr. Larry Kocot

STAFF PRESENT:

Caroline D. Juran, Executive Director
Ellen B. Shinaberry, Deputy Executive Director
James Rutkowski, Sr. Assistant Attorney General
Sorayah Haden, Executive Assistant

QUORUM:

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

David Robinson, Asst. Attorney General, presented a summary of the evidence in this case. Mr. Robinson was assisted by Christine Andreoli, Senior Adjudication Specialist.

CLOSED MEETING:

Upon a motion by Dr. Yuan, and duly seconded by Dr. Webb, 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 reach a decision regarding the matter of Case no. 241710. Additionally, she moved that Ellen Shinaberry, Caroline Juran, Jim Rutkowski, 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 Board reconvened an open meeting and announced the decision. (Yuan/Webb)

DECISION:

Upon a motion by Dr. Dowdy and duly seconded by Ms. Kale, the Board unanimously voted (6-0) to summarily suspend the pharmacy technician registration of Andrea Major, and to offer a consent order in lieu of a formal hearing.

FORMAL HEARING:

BRANDI FRETWELL
Reg. No. 0245-014140

A formal hearing was held in the matter of Brandi Fretwell 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 November 15, 2024.

PRESIDING: Cheri Garvin, Chairman

MEMBERS PRESENT: Ms. Kelly Hasty Kale
Dr. Derek Webb
Dr. Ling Yuan
Dr. Shannon Dowdy
Mr. Larry Kocot

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

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

David Robinson, Asst. Attorney General, presented the case on behalf of the Commonwealth. Ms. Fretwell was not present for the hearing and was not represented by counsel.

WITNESSES: Lauren Wimer, Store Manager, Walgreens Pharmacy #17607 testified in person on behalf of the Commonwealth.

Bryan Horowitz, DHP Sr. Investigator, testified in person on behalf of the Commonwealth.

CLOSED MEETING: Upon a motion by Dr. Yuan 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 Brandi Fretwell. Additionally, she moved that Ellen Shinaberry, Caroline Juran, Jim Rutkowski, 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 Board reconvened an open meeting and announced the decision. (Yuan/Kale)

DECISION:

Upon a motion by Dr. Dowdy, and duly seconded by Dr. Webb, the Board voted 6-0 to accept the Findings of Fact and Conclusions of Law as presented by the Commonwealth, and to revoke the pharmacy technician trainee registration of Brandi Fretwell.

ADJOURNED:

2:12 PM

Caroline D. Juran, Executive Director

Date

(DRAFT/UNAPPROVED)

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

Friday, February 7, 2025

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 February 7, 2025, at 1:30 PM, to consider summary suspensions in case numbers 242133 and 242529.

PRESIDING:

Cheri Garvin, Chairman

MEMBERS PRESENT:

Ling Yuan
Kristopher Ratliff
Shannon Dowdy
Derek Webb
Michelle Hoffer
Wendy Nash
Larry Kocot
Patricia Richards-Spruill

STAFF PRESENT:

Ellen Shinaberry, Deputy Executive Director
Mykl Egan, Discipline Case Manager
Caroline Juran, Executive Director
Brett Saunders, Senior Assistant Attorney General
David Robinson, Asst. Attorney General
Rebecca Ribley, DHP Adjudication Specialist
Jess Weber, DHP Adjudication Specialist

POLLING OF BOARD MEMBERS

The Board members were polled prior to scheduling the telephone conference call as to whether they could attend the meeting in Richmond.

With nine (9) members participating, it was established that a quorum could not have been convened in a regular meeting to consider this matter.

JESSICA CROSSLEY
Registration No. 0245-014624

David Robinson, Assistant Attorney General,
presented a summary of the evidence in case no.

242133 regarding the pharmacy technician trainee registration of Jessica Crossley. Mr. Robinson was assisted by Jess Weber, Adjudication Specialist.

ANGELLA DEAN
Registration No. 0230-038652

David Robinson, Assistant Attorney General, presented a summary of the evidence in case no. 242529 regarding the pharmacy technician registration of Angella Dean. Mr. Robinson was assisted by Rebecca Ribley, Adjudication Specialist.

CLOSED MEETING:

Upon a motion by Dr. Yuan, and duly seconded by Dr. Dowdy, the Board voted 9-0, to convene a closed meeting pursuant to §2.2-3711(A)(27) of the Code of Virginia ("Code"), for the purpose of deliberation to reach a decision regarding the matters of Jessica Crossley and Angella Dean. Additionally, she moved that Ellen Shinaberry, Caroline Juran, Brett Saunders, and Mykl Egan 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. (Yuan/Hoffer)

DECISION:
Case. No. 242133

Upon a motion by Dr. Ratliff and duly seconded by Ms. Hoffer, the Board unanimously voted (9-0) that, with the evidence presented, the continued practice of Jessica Crossley poses a substantial danger to the public; and therefore, her pharmacy technician trainee registration shall be summarily suspended and with the Notice of formal hearing, a Consent Order shall be offered in lieu of the formal hearing.

DECISION:
Case. No. 242529

Upon a motion by Dr. Ratliff and duly seconded by Dr. Dowdy, the Board unanimously voted (9-0) that, with the evidence presented, the continued practice of Angella Dean poses a substantial danger to the public; and therefore, her pharmacy technician registration shall be summarily suspended and with the Notice of formal hearing, a Consent Order shall be offered in lieu of the formal hearing.

ADJOURN:

With all business concluded, the meeting adjourned at 2:33 PM.

Ellen B. Shinaberry, PharmD
Deputy Executive Director

Date

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

Monday, March 10, 2025

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 March 10, 2025, at 12:30 PM, to consider summary suspensions in case number 244168.

PRESIDING:

Cheri Garvin, Chairman

MEMBERS PRESENT:

Kristopher Ratliff
Kelly Kale
Derek Webb
Michelle Hoffer
Wendy Nash
Larry Kocot

STAFF PRESENT:

Ellen Shinaberry, Deputy Executive Director
Caroline Juran, Executive Director
Jim Rutkowski, Senior Assistant Attorney General
Sean Murphy, Asst. Attorney General
Jess Weber, DHP Adjudication Specialist

POLLING OF BOARD MEMBERS

The Board members were polled prior to scheduling the telephone conference call as to whether they could attend the meeting in Richmond.

With seven (7) members participating, it was established that a quorum could not have been convened in a regular meeting to consider this matter.

ALLISON D. ARMBRISTER
Registration No. 0230-028935

Sean Murphy, Assistant Attorney General, presented a summary of the evidence in case no. 244168 regarding the pharmacy technician registration of Allison D. Armbrister. Mr. Murphy was assisted by Jess Weber, Adjudication Specialist.

CLOSED MEETING: Upon a motion by Dr. Ratliff, and duly seconded by Ms. Kale, 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 Allison Armbrister. Additionally, he moved that Ellen Shinaberry, Caroline Juran, and Jim Rutkowski attend the closed meeting.

RECONVENE: Having certified that the matters discussed in the preceding closed meeting met the requirements of § 2.2-3712 of the Code, the Board reconvened an open meeting and announced the decision. (Ratliff/Kale)

DECISION: Upon a motion by Dr. Ratliff and duly seconded by Ms. Kale, the Board unanimously voted (7-0) that, with the evidence presented, the continued practice of Allison Armbrister poses a substantial danger to the public; and therefore, her pharmacy technician registration shall be summarily suspended and with the Notice of formal hearing, a Consent Order shall be offered in lieu of the formal hearing.

ADJOURN: 12:52

With all business concluded, the meeting adjourned at 2:33 PM.

Ellen B. Shinaberry, PharmD
Deputy Executive Director

Date

Board of Pharmacy
Current Regulatory Actions
As of February 20, 2025

In the Governor's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-20	Final	Prohibition against incentives to transfer prescriptions	3/29/2017	2465 days; 7.9 years since submission for executive branch review	Addresses a patient safety concern.

In the Secretary's Office

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-20	NOIRA	Implementation of 2021 Periodic Review	3/21/2022	1054 days 2.9 years since submission for executive branch review	Implementation of changes identified during 2021 periodic review of regulations governing the practice of pharmacy
18VAC110-21	NOIRA	Implementation of 2021 Periodic Review	3/21/2022	1054 days 2.9 years since submission for executive branch review	Implementation of changes identified during 2021 periodic review of regulations governing the licensure of pharmacists and registration of pharmacy technicians
18VAC110-21	Fast-Track	Repeal of outdated sections	4/18/2023	554 days	Repeals outdated regulations regarding pharmacy

					technician registration
18VAC110-30	Proposed	Implementation of 2021 periodic review	4/18/2023	545 days	Implements changes identified during the periodic review process
18VAC110-20	Fast-Track	Amendment to clarify application of 18VAC110-20-735	6/21/2023	541 days	Clarification that certain regulatory requirements only apply to individuals dispensing injectable formulations of naloxone
18VAC110-30	Fast-track	Name change of nurse practitioner to advanced practice registered nurse	9/29/2023	318 days	Changes reference from nurse practitioner to advanced practice registered nurse pursuant to legislation
18VAC110-20	Final	Centralized warehouse or wholesale distributor verification of Schedule VI drugs for ADDs in hospitals	7/8/2024	206 days	Permits centralized warehouse or wholesale distributors to verify Schedule VI drugs for ADDs in hospitals
18VAC110-20	Emergency/ NOIRA	Requirements for use of central fill pharmacy and remote database	7/8/2024	163 days	Implements requirements of Chapter 407 of the 2024 Acts of Assembly.
18VAC110-20	NOIRA	Exclusion of private dwellings or residences from operating locations of CSRs	10/1/2024	133 days	Excludes private residences from operating locations of CSRs, similar to pharmacy permit exclusions.

18VAC110-20	Final	Exemption of ADDs stocked solely with emergency or stat-use medications from certain requirements of 18VAC110-20-555	10/1/2024	29 days	Response to a petition for rulemaking to allow certain ADDs exemption from requirements under regulations.
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In the Department of Planning and Budget

None.

In the Office of the Attorney General

VAC	Stage	Subject Matter	Submitted from agency	Time in current location	Notes
18VAC110-20	Fast-track	Replacement of analytic lab regulation for pharmaceutical processors	5/15/2024	281 days	Replaces the former 18VAC110-60-300(A) into Board of Pharmacy regulations as required by Virginia Code § 4.1-1602
18VAC110-15	Fast-track	Amendment to allow agency subordinates to hear credentials cases	10/1/2024	142 days	Conforms regulatory language to changes in the Virginia Code.
18VAC110-20	Exempt/ Final	September 2024 scheduling of chemicals in Schedule I	10/1/2024	142 days	Implements scheduling as recommended by DFS.
18VAC110-20	Exempt/ Final	Accessible prescription labels	10/1/2024	142 days	Implements legislation from the 2024 General Assembly Session.
18VAC110-20	Exempt/ Final	September 2024 action to conform state schedules to	10/1/2024	142 days	Coordinates state regulatory schedules with

		federal schedule changes			federal regulatory changes.
18VAC110-20	Proposed	Allowances for emergency drugs by EMS agencies	1/3/2025	48 days	Replaces emergency regulations.
18VAC110-20	Fast-track	Removal of chemicals and drugs currently listed in both regulation and the Code	1/3/2025	48 days	Clean up action.
18VAC110-20	Exempt/ Final	December 2024 scheduling of chemicals in Schedule I	1/3/2025	48 days	Implements scheduling as recommended by DFS.
18VAC110-20	Proposed	Crisis stabilization services and use of automated dispensing systems and remote dispensing systems	1/16/2025	35 days	Replaces emergency regulations.

Recently effective or awaiting publication

VAC	Stage	Subject Matter	Publication date	Effective date/ next steps
18VAC110-20	Proposed	Pharmacy working conditions	11/18/2024	Public comment period 11/18/2024 – 1/17/2024. Final action before the Board.
18VAC110-20 18VAC110-21 18VAC110-30 18VAC110-50	Proposed	Increase in fees	12/30/2024	Public comment period until 2/28/2025. Final action before the Board.
18VAC110-21	Proposed	2023 pharmacists initiating treatment	12/30/2024	Public comment period 12/30/2024 – 2/28/2025. Final

				action before the Board.
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Agenda Item: Adoption of final regulatory changes for pharmacy working conditions

Included in your agenda package:

- Draft final regulations regarding pharmacy working conditions;
- Town Hall summary page showing no comments were received regarding the proposed stage;
- Chapter 628 of the 2022 Acts of Assembly directing the Board to promulgate regulations related to pharmacy working conditions.

Action needed:

- Motion to adopt final regulations regarding pharmacy working conditions.

Project 7342 - Final

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~~ that 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 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 Chapters 33 (§ 54.1-3300 et seq.) and 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 any 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 as described in this section shall be communicated by the PIC or pharmacist on duty to the permit holder using the Staffing Requests or Concerns Form developed by the board or a form containing information identical to the form developed by the board, which may be electronic.

1. Such forms, once completed, 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 within 48 hours of request.

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, pharmacist on duty, or board result in workplace discipline against the reporting staff member.

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

1. Respond to the 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.

FORMS (18VAC110-20)

[Application for a Pharmacy Permit \(rev. 1/2024\)](#)

[Application for a Nonresident Pharmacy Registration \(rev. 1/2024\)](#)

[Application for a Nonresident Wholesale Distributor Registration \(rev. 4/2024\)](#)

[Application for Registration as Nonresident Manufacturer \(rev. 10/2020\)](#)

[Application for a Nonresident Third-Party Logistics Provider Registration \(rev. 4/2024\)](#)

[Application for Registration as a Nonresident Warehouser \(rev. 10/2020\)](#)

[Application for a Nonresident Outsourcing Facility Registration \(rev. 10/2020\)](#)

[Application for an Outsourcing Facility Permit \(rev. 10/2020\)](#)

[Application for a Medical Equipment Supplier Permit \(rev. 10/2020\)](#)

[Application for a Permit as a Restricted Manufacturer \(rev. 10/2020\)](#)

[Application for a Permit as a Nonrestricted Manufacturer \(rev. 10/2020\)](#)

[Application for a Wholesale Distributor Permit \(rev. 4/2024\)](#)

[Application for a Permit as a Warehouser \(rev. 10/2020\)](#)

[Application for a Permit as a Third-Party Logistics Provider \(rev. 4/2024\)](#)

[Application for Registration as a Nonresident Medical Equipment Supplier \(rev. 10/2020\)](#)

[Application for a Controlled Substances Registration Certificate \(rev. 8/2024\)](#)

[Closing of a Pharmacy \(rev. 5/2018\)](#)

[Application for Approval of an Innovative \(Pilot\) Program \(rev. 8/2023\)](#)

[Registration for a Pharmacy to be a Collection Site for Donated Drugs \(rev. 5/2018\)](#)

[Application for Approval of a Repackaging Training Program \(rev. 10/2020\)](#)

[Registration for a Facility to be an Authorized Collector for Drug Disposal \(rev. 5/2018\)](#)

[Application for Reinspection of a Facility \(rev. 3/2023\)](#)

[Notification of Distribution Cessation due to Suspicious Orders \(rev. 5/2018\)](#)

[Staffing Requests or Concerns Form \(eff. 9/2023\)](#)



Agency Department of Health Professions

Board Board of Pharmacy

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

Action: Pharmacy working conditions

Proposed Stage

Action 6081 / Stage 10213

[Edit Stage](#) [Withdraw Stage](#) [Go to RIS Project](#)

Documents

Proposed Text	10/31/2024 9:37 am	Sync Text with RIS
Agency Background Document	12/11/2023	Upload / Replace
ORM Economic Review Form	12/18/2023 (modified 8/29/2024)	Upload / Replace
Attorney General Certification	4/18/2024	
DPB Economic Impact Analysis	5/16/2024	
Agency Response to EIA	6/2/2024	Upload / Replace
Governor's Review Memo	10/17/2024	
Registrar Transmittal	10/18/2024	

Status

Governor's Review Needed By	9/17/2024
Changes to Text	The proposed text has changed from that of the emergency stage .
Incorporation by Reference	No
Attorney General Review	Submitted to OAG: 12/18/2023 Review Completed: 4/18/2024 Result: Certified
DPB Review	Submitted on 4/24/2024 Economist: Oscar Ozfidan Policy Analyst: Cari Corr Review Completed: 5/30/2024
Secretary Review	Secretary of Health and Human Resources Review Completed: 8/29/2024
Governor's Review	ORM Review: ORM Approved 10/17/2024 Governor Review Completed: 10/17/2024 Result: Approved
Virginia Registrar	Submitted on 10/18/2024

	<u>The Virginia Register of Regulations</u> Publication Date: 11/18/2024  <u>Volume: 41 Issue: 7</u>
Public Hearings	<u>12/17/2024 9:06 AM</u>
Comment Period	Ended 1/17/2025 0 comments

Contact Information	
Name / Title:	Caroline Juran, RPh / <i>Executive Director</i>
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This person is the primary contact for this chapter.

This stage was created by Erin Barrett on 12/06/2023 at 4:10pm

This stage was last edited by Erin Barrett on 04/29/2024 at 4:17pm

VIRGINIA ACTS OF ASSEMBLY -- 2022 SESSION

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 Item: Adoption of final regulatory changes implementing fee increase

Included in your agenda package:

- Draft final regulations increasing fees to fund the Board's operational costs;
- Virginia Code § 54.1-113, which requires the Board to fund its operations from licensing fees; and
- Information considered by the Board at its June 25, 2024 meeting at which these changes were voted on, including:
 - Factors impacting the need for a fee increase;
 - Licensure fees relative to neighboring states; and
 - Illustrative table of each fee increase reviewed by the Board members at the June 25, 2024 Board meeting.

Staff notes: Should the Board, in the future, have more funds than it needs to operate, it will issue a one-time fee reduction. This action has been taken many times in the past by boards of the agency and is done through an exempt regulatory action. The agency's finance department monitors board fund amounts on an ongoing basis.

Action needed:

- Motion to adopt final regulations implementing fee increase.

Project 7695 - Final

Board of Pharmacy

Increase in fees

18VAC110-20-20. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Initial application fees.

1. Pharmacy permit	\$500
	<u>\$700</u>
2. Permitted physician licensed to dispense drugs	\$500
	<u>\$700</u>
3. Medical equipment supplier permit	\$235
	<u>\$350</u>
4. Outsourcing facility permit	\$350
	<u>\$900</u>
5. Nonresident pharmacy registration	\$350
	<u>\$700</u>
6. Nonresident outsourcing facility registration	\$350
	<u>\$900</u>
7. Controlled substances registrations	\$120
	<u>\$180</u>
8. Innovative program approval.	\$325
	<u>\$415</u>
If the board determines that a technical consultant is required in order to make a decision on approval, any consultant fee, not to exceed the actual cost, shall also be paid by the applicant in addition to the application fee.	
9. Approval of a repackaging training program	\$65
	<u>\$85</u>

10. Sterile compounding initial fee\$200

Applicants for a pharmacy permit or nonresident pharmacy registration that intend to perform sterile compounding shall submit a sterile compounding fee in addition to the pharmacy permit or nonresident pharmacy initial application fee.

C. Annual renewal fees.

1. Pharmacy permit – due no later than April 30	\$350 <u>\$490</u>
2. Physician permit to practice pharmacy – due no later than February 28	\$350 <u>\$490</u>
3. Medical equipment supplier permit – due no later than February 28	\$235 <u>\$350</u>
4. Outsourcing facility permit – due no later than April 30	\$350 <u>\$1,100</u>
5. Nonresident pharmacy registration – due no later than the date of initial registration	\$350 <u>\$490</u>
6. Nonresident outsourcing facility registration – due no later than the date of initial registration	\$350 <u>\$1,100</u>
7. Controlled substances registrations – due no later than February 28	\$120 <u>\$180</u>
8. Innovative program continued approval based on board order not to exceed \$260 <u>\$375</u> per approval period.	
9. Repackaging training program	\$40 <u>\$50</u> every two years
<u>10. Sterile compounding renewal fee</u>	<u>\$400</u>

Permitted pharmacies and registered nonresident pharmacies performing sterile compounding shall submit a sterile compounding renewal fee in addition to the pharmacy permit or nonresident pharmacy renewal fee.

D. Late fees. The following late fees shall be paid in addition to the current renewal fee to renew an expired permit or registration within one year of the expiration date. In addition, engaging

in activities requiring a permit or registration after the expiration date of such permit or registration shall be grounds for disciplinary action by the board.

1. Pharmacy permit	\$120
2. Physician permit to practice pharmacy	\$120
3. Medical equipment supplier permit	\$80
4. Outsourcing facility permit	\$120
5. Nonresident pharmacy registration	\$120
6. Nonresident outsourcing facility registration	\$120
7. Controlled substances registrations	\$40
8. Repackaging training program	\$15

E. Reinstatement fees.

1. Any person or entity attempting to renew a permit or registration more than one year after the expiration date shall submit an application for reinstatement with any required fees. Reinstatement is at the discretion of the board and, except for reinstatement following revocation or suspension, may be granted by the executive director of the board upon completion of an application and payment of any required fees.

2. Facilities or entities that cease operation and wish to resume shall not be eligible for reinstatement but shall apply for a new permit or registration. Facilities or entities that failed to renew and continued to operate for more than one renewal cycle shall pay the current and all back renewal fees for the years in which they were operating plus the following reinstatement fees:

a. Pharmacy permit	\$315 <u>\$440</u>
b. Physician permit to practice pharmacy	\$315 <u>\$440</u>
c. Medical equipment supplier permit	\$275 <u>\$385</u>

d. Outsourcing facility permit	\$315 <u>\$500</u>
e. Nonresident pharmacy registration	\$150 <u>\$440</u>
f. Nonresident outsourcing facility registration	\$315 <u>\$500</u>
g. Controlled substances registration	\$235 <u>\$350</u>
h. Repackaging training program	\$65 <u>\$85</u>

F. Application for change or inspection fees for facilities or other entities.

1. Change of pharmacist-in-charge	\$65 <u>\$125</u>
2. Change of ownership for any facility	\$65 <u>\$125</u>
3. Inspection for remodeling or change of location for any facility	\$300 <u>\$435</u>
4. Reinspection of any facility	\$300 <u>\$435</u>
5. Board required inspection for a robotic pharmacy system	\$300
6. 5. Board-required inspection of an innovative program location	\$300 <u>\$435</u>
7. 6. Change of pharmacist responsible for an approved innovative program	\$35 <u>\$150</u>

G. Miscellaneous fees.

1. Handling fee for returned check or a dishonored credit card or debit card	\$50
2. Duplicate permit or registration	\$15 <u>\$20</u>
3. Verification of permit or registration	\$35

18VAC110-21-20. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Unless otherwise provided, any fees for taking required examinations shall be paid directly to the examination service as specified by the board.

C. Initial application fees.

1. Pharmacist license	\$235 <u>\$300</u>
2. Pharmacy intern registration	\$20 <u>\$30</u>
3. Pharmacy technician trainee registration	\$20 <u>\$30</u>
4. Pharmacy technician registration	\$35 <u>\$40</u>
5. Approval of a pharmacy technician training program	\$200
6. <u>5.</u> Approval of a continuing education program	\$130 <u>\$190</u>

D. Annual renewal fees.

1. Pharmacist active license – due no later than December 31	\$120 <u>\$175</u>
2. Pharmacist inactive license – due no later than December 31	\$60 <u>\$95</u>
3. Pharmacy technician registration – due no later than December 31	\$35 <u>\$45</u>
4. Pharmacy technician training program	\$100 every two years

E. Late fees. The following late fees shall be paid in addition to the current renewal fee to renew an expired license or registration within one year of the expiration date ~~or within two years in the case of a pharmacy technician training program~~. In addition, engaging in activities requiring a license or registration after the expiration date of such license or registration shall be grounds for disciplinary action by the board.

1. Pharmacist license	\$40
2. Pharmacist inactive license	\$20

3. Pharmacy technician registration	\$15
4. Pharmacy technician training program	\$20

F. Reinstatement fees. Any person or entity attempting to renew a license or registration more than one year after the expiration date, ~~or more than two years after the expiration date in the case of a pharmacy technician training program~~, shall submit an application for reinstatement with any required fees. Reinstatement is at the discretion of the board and, except for reinstatement following revocation or suspension, may be granted by the executive director of the board upon completion of an application and payment of any required fees.

1. Pharmacist license	\$275 <u>\$300</u>
2. Pharmacist license after revocation or suspension	\$650 <u>\$750</u>
3. Pharmacy technician registration	\$45 <u>\$50</u>
4. Pharmacy technician or pharmacy technician trainee registration after revocation or suspension	\$165 <u>\$200</u>
5. A pharmacy technician training program that failed to renew and continued to operate for more than one renewal cycle shall pay the current and all back renewal fees for the years in which they were operating plus a reinstatement fee of \$75. A pharmacy technician training program that ceases operation and wishes to resume shall not be eligible for reinstatement but shall apply for a new registration.	
<u>5. Pharmacy technician trainee</u>	<u>\$25</u>

G. Miscellaneous fees.

1. Duplicate wall certificate	\$50
2. Handling fee for returned check or a dishonored credit card or debit card	\$50
3. Duplicate license or registration	\$15 <u>\$20</u>
4. Verification of licensure or registration	\$35

18VAC110-30-15. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Initial application fees.

1. License for practitioner of the healing arts to sell controlled substances: ~~\$235~~ \$300.

2. Permit for facility in which practitioners of the healing arts sell controlled substances:
~~\$315~~ \$700.

C. Annual renewal fees.

1. License for practitioner of the healing arts to sell controlled substances: ~~\$120~~ \$175.

2. Permit for facility in which practitioners of the healing arts sell controlled substances:
~~\$315~~ \$490.

D. Late fees. The following late fees shall be paid in addition to the current renewal fee to renew an expired license within one year of the expiration date.

1. License for practitioner of the healing arts to sell controlled substances: \$40.

2. Permit for facility in which practitioners of the healing arts sell controlled substances:
~~\$50~~ \$120.

E. Reinstatement fees. Any person or entity attempting to renew a license or permit more than one year after the expiration date shall submit an application for reinstatement with any required fees.

1. License for practitioner of the healing arts to sell controlled substances: ~~\$195~~ \$300.

2. Permit for facility in which practitioners of the healing arts sell controlled substances:
~~\$315~~ \$415.

3. Application fee for reinstatement of a license or permit that has been revoked or suspended indefinitely: ~~\$650~~ \$750.

F. Facilities in which only one practitioner of the healing arts is licensed by the board to sell controlled substances shall be exempt from fees associated with obtaining and renewing a facility permit. Facilities that change from only one practitioner to more than one shall notify the board within 30 days of such change.

G. The fee for reinspection of any facility shall be ~~300~~ \$435.

H. The handling fee for returned check or a dishonored credit card or debit card shall be \$50.

18VAC110-50-20. Fees.

A. Unless otherwise provided, fees listed in this section shall not be refundable.

B. Initial application fees.

1. Nonrestricted manufacturer permit	\$350 <u>\$1,000</u>
2. Restricted manufacturer permit	\$235 <u>\$850</u>
3. Wholesale distributor license	\$350 <u>\$750</u>
4. Warehouser permit	\$350 <u>\$510</u>
5. Nonresident wholesale distributor registration	\$350 <u>\$750</u>
6. Controlled substances registration	\$120 <u>\$180</u>
7. Third-party logistics provider permit	\$350 <u>\$750</u>
8. Nonresident manufacturer registration	\$350 <u>\$1,000</u>
9. Nonresident warehouser registration	\$350 <u>\$510</u>

10. Nonresident third-party logistics provider registration	\$350 <u>\$750</u>
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C. Annual renewal fees shall be due on February 28 of each year.

1. Nonrestricted manufacturer permit	\$350 <u>\$1,000</u>
2. Restricted manufacturer permit	\$235 <u>\$850</u>
3. Wholesale distributor license	\$350 <u>\$750</u>
4. Warehouser permit	\$350 <u>\$510</u>
5. Nonresident wholesale distributor registration	\$350 <u>\$750</u>
6. Controlled substances registration	\$120 <u>\$180</u>
7. Third-party logistics provider permit	\$350 <u>\$750</u>
8. Nonresident manufacturer registration	\$350 <u>\$1,000</u>
9. Nonresident warehouser registration	\$350 <u>\$510</u>
10. Nonresident third-party logistics provider registration	\$350 <u>\$750</u>

D. Late fees. The following late fees shall be paid in addition to the current renewal fee to renew an expired license within one year of the expiration date. In addition, engaging in activities requiring a license, permit, or registration after the expiration date of such license, permit, or registration shall be grounds for disciplinary action by the board.

1. Nonrestricted manufacturer permit	\$120
2. Restricted manufacturer permit	\$80
3. Wholesale distributor license	\$120
4. Warehouser permit	\$120

5. Nonresident wholesale distributor registration	\$120
6. Controlled substances registration	\$40
7. Third-party logistics provider permit	\$120
8. Nonresident manufacturer registration	\$120
9. Nonresident warehouser registration	\$120
10. Nonresident third-party logistics provider registration	\$120

E. Reinstatement fees.

1. Any entity attempting to renew a license, permit, or registration more than one year after the expiration date shall submit an application for reinstatement with any required fees. Reinstatement is at the discretion of the board and, except for reinstatement following license revocation or suspension, may be granted by the executive director of the board upon completion of an application and payment of any required fees.

2. Engaging in activities requiring a license, permit, or registration after the expiration date of such license, permit, or registration shall be grounds for disciplinary action by the board. Facilities or entities that cease operation and wish to resume shall not be eligible for reinstatement but shall apply for a new permit or registration.

3. Facilities or entities that failed to renew and continued to operate for more than one renewal cycle shall pay the current and all back renewal fees for the years in which they were operating plus the following reinstatement fees:

a. Nonrestricted manufacturer permit	\$315 <u>\$440</u>
b. Restricted manufacturer permit	\$275 <u>\$385</u>
c. Wholesale distributor license	\$315 <u>\$440</u>
d. Warehouser permit	\$315

	<u>\$440</u>
e. Nonresident wholesale distributor registration	\$315
	<u>\$440</u>
f. Controlled substances registration	\$235
	<u>\$350</u>
g. Third-party logistics provider permit	\$315
	<u>\$440</u>
h. Nonresident manufacturer registration	\$315
	<u>\$440</u>
i. Nonresident warehouser registration	\$315
	<u>\$440</u>
j. Nonresident third-party logistics provider registration	\$315
	<u>\$440</u>

F. Application for change or inspection fees.

1. Reinspection fee	\$300
	<u>\$435</u>
2. Inspection fee for change of location, structural changes, or security system changes	\$300
	<u>\$435</u>
3. Change of ownership fee	\$65
	<u>\$125</u>
4. Change of responsible party	\$65
	<u>\$125</u>

G. The handling fee for a returned check or a dishonored credit card or debit card shall be \$50.

H. The fee for verification of license, permit, or registration shall be \$35.

§ 54.1-113. Regulatory boards to adjust fees; certain transfer of moneys collected on behalf of health regulatory boards prohibited

A. Following the close of any biennium, when the account for any regulatory board within the Department of Professional and Occupational Regulation maintained under § 54.1-308 shows that unspent and unencumbered revenue exceeds \$100,000 or 20 percent of the total expenses allocated to the regulatory board for the past biennium, whichever is greater, the regulatory board shall (i) distribute all such excess revenue to current regulants and (ii) reduce the fees levied by it for certification, licensure, registration, or permit and renewal thereof so that the fees are sufficient but not excessive to cover expenses.

B. Following the close of any biennium, when the account for any regulatory board within the Department of Health Professions maintained under § 54.1-2505 shows expenses allocated to it for the past biennium to be more than 10 percent greater or less than moneys collected on behalf of the regulatory board, it shall revise the fees levied by it for certification, licensure, registration, or permit and renewal thereof so that the fees are sufficient but not excessive to cover expenses.

C. Nongeneral funds generated by fees collected on behalf of the health regulatory boards and accounted for and deposited into a special fund by the Director of the Department of Health Professions shall be held exclusively to cover the expenses of the health regulatory boards, the Health Practitioners' Monitoring Program, and the Department and Board of Health Professions and shall not be transferred to any agency other than the Department of Health Professions, except as provided in §§ 54.1-3011.1 and 54.1-3011.2.

1981, c. 558, § 54-1.28:1; 1988, c. 765; 1993, c. 499; 2006, c. 631; 2009, c. 472; 2017, c. 423; 2019, cc. 517, 697.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Factors Impacting Need for Board of Pharmacy Licensure Fee Increase

General Assembly Mandated State Employee Compounded Salary Increases:

- 5% (total) in FY2020
- 5% on June 10, 2021
- 5% on July 10, 2022
- 5% on June 10, 2023
- 2% on December 10, 2023
- 3% on June 10, 2024
- 3% on June 2025 anticipated.

Additional Licensing Categories

Legislation was passed during the following years directing the Board to regulate additional licensing categories:

- 2018, nonresident warehouseers and nonresident third-party logistics providers
- 2020, pharmacy technician trainees

Increased Total Number of Licensees:

- **Total number of licensees increased by 23% between Q4 FY2018 to Q4 FY2023**
 - Q4 FY2018 - 36,967
 - Q4 FY2019 - 37,265
 - Q4 FY2020 - 37,236
 - Q4 FY2021 - 40,005
 - Q4 FY2022 – 43,589
 - Q4 FY2023 - 45,486
- **Total number in-state facilities to inspect remained about the same**
 - Q4 FY2018 = 3,798
 - Q4 FY2023 = 3,810
- **Total number of nonresident facilities (out-of-state shipping drug into VA) increased by 31%**
 - Q4 FY2018 = 1,935
 - Q4 FY2023 = 2,529
- **Total number of licenses issued to individuals (pharmacists, pharmacy technicians, pharmacy technician trainees, pharmacy interns) increased by 28%**
 - Q4 FY2018 = 31,018
 - Q4 FY2023 = 39,561

Increased Number of Disciplinary Cases:

- **Total Cases Received Increased by 28% between FY2018 and FY2023**
 - FY 2018 = 687
 - FY 2019 = 630
 - FY 2020 = 599
 - FY 2021 = 570
 - FY 2022 = 825
 - FY 2023 = 878

Average Pharmacy Inspection Cost per Year as of February 2024

Type of Inspection	Hours to Perform (includes travel)	Cost Allocated to Board from Enforcement	Fee Paid by Permit Holder
New, COL, Remodel	3.19	\$679	New: \$500 COL/Remodel: \$300
Routine, no compounding (performed approximately every 2 years)	3.88	\$826	Annual Renewal: \$350
Routine, sterile compounding (performed approximately every 2 years)	11.76	\$2,504	Annual Renewal: \$350

Hiring

- Number of full-time employees (FTE) in 2020 when last fee increase became effective = 15.
- Number of FTEs as of 6/3/2024 = 16.
- Increases in hiring due to increased workload, e.g., increased licensing categories, increased number of disciplinary cases, increased licensee counts.
- Note: new hires also received salary increases, so original cost for FTEs increased.

Last Fee Increase:

- Initiated in 2017, effective in 2020.

Projected Revenue and Expenditures:

- Actual Cash Balance FY2023 = \$2,270,363
- Estimated Cash Balance FY2024 = \$1,446,128
- Estimated Cash Balance FY2025 = \$434,063
- Estimated Cash Balance FY2026 = (\$688,083)
- Estimated Cash Balance FY2027 = (\$1,926,100)

Note: The estimates above may be revised by information provided at the meeting related to the two additional salary increases approved in the 2024-26 biennial budget.

Licensure Fees Relative to Neighboring States, 6/3/2024

License Type	2017 VA Initial/Renewal Fee	Current VA Initial/Renewal Fee	2017 DE Initial/Renewal Fee	Current NC Initial/Renewal Fee	Currently Proposed TN Initial/Renewal Fee	Current WV Initial/Renewal Fee	Current MD Initial/Renewal Fee
Pharmacy	270/270	500/350	318/318	500/200	490/490 (up from 340). Sterile modifier renewal fee 400	150 initial + 10 CS/200 renewal +20 CS; Sterile compounding fee 150 initial/200 renewal; Nuclear pharmacy 150 initial/200 renewal; Mail order 500/1,000	700/500
Medical Equipment Supplier	180/180	235/235	318/318	500/200	525-535/		
Controlled Substances Registration	90/90	120/120			researcher renewal 200 (up from 110)	25-50/50-100	
Third-Party Logistics Providers	270/270	350/350		700/700		750/1500	
Non-restricted Manufacturer	270/270	350/350	709/709	1000/1000	740 (up from 565)/740. Sterile modifier fee 400	500/1000	1,750/1,750
Restricted Manufacturer	180/180	235/235					
Outsourcing Facility					Sterile Modifier Fee 400		
Warehouser	270/270	350/350			535/		
Wholesale Distributor	270/270	350/350	709/709	700/700	740 (up from 575)/740. Sterile modifier fee 400	750/1500	1,750/1,750
Pharmacists	180/90 active/45 inactive	235/120 active/60 inactive	163/163	200/135/ without examination 600	250 by exam (up from 225)/ 265	130 by exam; 255 score transfer, reciprocity, foreign grad/ 120 (biennial). Immunization initial 20/ 20 renewal. Pharmacist consultant 20/20	150/261
Pharmacy Technicians	25/25	35/35		30/30	65/100	25/30 (biennial)	45/45

Illustrative table of changes, current costs, and comparisons

- Draft proposed amendments in chart reflect about a **49%** average increase over the FY 2024 projected revenue numbers.
- The estimated cash balance at the end of FY 2024 would be \$1,668,004
- The estimated cash balance at the end of FY 2025 would be \$412,365
- The estimated FY 2026 cash balance would be \$1,355,977
- The estimated cash balance would become a deficit around **FY 2034**. This will occur sooner if revenues are much lower, or expenditures are much higher than the projections.

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
Chapter 20 permits	Pharmacy permit	\$500/ \$700 + sterile compounding fee, if applicable	\$150-700	40%	Q4 2023 – Q3 2024: 46 issued; \$9,200	\$679/\$2,374	
	Permitted physician licensed to dispense drugs	\$500/ \$700		40%	0	\$679/\$2,374	No permits currently issued in category. Old license type that has not been used recently.

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
	Medical equipment supplier permit	\$235/ \$350	\$318-\$525	49%	Q4 2023 – Q3 2024: 24 issued; \$2,760	\$679/\$2,374	
	Outsourcing facility permit	\$350/ \$700 + sterile compounding fee	TN may be proposing fee of \$740 + \$400 sterile compounding fee	100% + sterile compounding fee	1; \$350	\$2,185/\$2,374	
	Nonresident pharmacy registration	\$350/ \$700 + sterile compounding fee, if applicable		40%	Q4 2023 – Q3 2024: 88 issued; \$30,800	Do not perform inspection, but must review current inspection, deficiencies cited, appropriateness of corrective action, disciplinary action taken in other states or federally, and obtain additional info as needed. May warrant IFC for further	Law requires nonresident pharmacies to pay in-state pharmacy fee

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
						consideration./ \$2,374	
	Nonresident outsourcing facility registration	\$350/ \$700 + sterile compounding fee		100%	Q4 2023 – Q3 2024: 0 issued; \$0	Do not perform inspection, but must review current inspection, deficiencies cited, appropriateness of corrective action, disciplinary action taken in other states or federally, and obtain additional info as needed. May warrant IFC for further consideration.	
	Controlled substances registrations	\$120/ \$180		50%	Q4 2023 – Q3 2024: 122 issued; \$7,320	\$679/\$2,374	
	Innovative program approval	\$325/ \$415		28%	Q4 2023 – Q3 2024: 5 issued;	No initial inspection but must be heard by an IFC	

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
					\$180 for 2 pilots	(disciplinary costs)/ \$2,374	
	Approval of a repackaging training program	\$65/ \$85		30%	Only one. Don't anticipate more. \$0	Do not inspect.	
	Sterile compounding pharmacy initial fee (new)	\$0/ \$200	\$150	New fee			
Renewal fees							
	Pharmacy permit + sterile compounding fee	\$350/ \$490	\$200-\$500	40%	Q4 2023 – Q3 2024: 1,744 permits; \$244,160	\$826 - \$2,504 every 2 years/ \$2,374	
	Physician permit to practice pharmacy	\$350/ \$490		40%	0; \$0	\$826 every 2 years/ \$2,374	
	Medical equipment	\$235/ \$350	\$200-\$535	49%	Q4 2023 – Q3 2024: 205;	\$826 every three years/\$2,374	

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
	supplier permit				\$23,575		
	Outsourcing facility permit + sterile compounding fee	\$350/ \$740	TN seems to be proposing fee of \$740 + \$400 sterile	111%		\$2,185 every 2 years/\$2,374	
	Nonresident pharmacy registration + sterile fee if applicable	\$350/ \$490		40%	943 registered; \$132,020	Do not perform inspection, but must review current inspection, deficiencies cited, appropriateness of corrective action, disciplinary action taken in other states or federally, and obtain additional info as needed. May warrant IFC for further consideration./ \$2,374	

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
	Nonresident outsourcing facility registration	\$350/ \$700 + sterile compounding fee		100% + sterile fee	31 registered; \$10,850	Do not perform inspection, but must review current inspection, deficiencies cited, appropriateness of corrective action, disciplinary action taken in other states or federally, and obtain additional info as needed. May warrant IFC for further consideration./ \$2,374	
	Controlled substances registration	\$120/ \$180		50%	1,417; \$85,020	\$826 every 2-3 years, depending on type of activity/\$2,374	
	Innovative program continued approval	\$260/ \$375		44%	15 currently; will decrease to approx. 6 next year		Involves deputy review, communication with 2 board

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
	based on board order not to exceed \$375 per approval period						members, APD drafting new order
	Repackaging training program	\$40 every 2 years/ \$50 every 2 years					
	Sterile compounding (new)	\$0/ \$400		New			
Reinstatement fees							
Chapter 20 permits	Pharmacy permit, to include sterile compounding	\$315/ \$440		40%			
	Physician permit to practice pharmacy	\$315/ \$440					
	Medical equipment	\$275/ \$385		40%			

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
	supplier permit						
	Outsourcing facility permit	\$315/ \$500		59%			
	Nonresident pharmacy registration	\$150/\$440					
	Controlled substances registration	\$235/ \$350		49%			
	Repackaging training program	\$65/ \$85					
	Application for change or inspection fees for facilities or other entities						
	Change of PIC	\$65/ \$125		92%	668 in last year; \$40,080		Requires Central Receipting to process fee, board staff to ensure PIC is eligible to serve as PIC, may involve waiver approval from ED or chairman, staff updates MLO, IT

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
							prints and mails new permit.
	Change of ownership for any facility	\$65/ \$125		92%	21 in last year;\$1,260		
	Inspection for remodeling or change of location for any facility	\$300/ \$435		45%	Performed 291 last year; \$39,285		
	Reinspection of any facility	\$300/ \$435		45%	Performed 64 last year; \$8,640		
	Board- required inspection of pilot location	\$300/ \$435		45%			
	Change of pharmacist responsible for an approved pilot	\$35/ \$150		329%			This requires staff to process an application & fee, send to APD for drafting a new order, mailing, and entering order.

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
	Licenses and registrations pharmacists/pharmacy technicians/pharmacy interns/pharmacy technician trainees						
Chapter 21 individual licenses	Pharmacist	\$235/ \$300	\$130-\$200	28%	805 licenses issued in last 4 quarters; \$52,325	No inspection/\$2,000	\$275 = 17% increase and would yield \$32,200 additional
	Pharmacy intern registration	\$20/ \$30		50%	360 in last 4Q; \$3,600	No inspection/\$2,000	75% increase would be \$35 fee that would increase anticipated revenue to \$5,400
	Pharmacy technician trainee registration	\$20/ \$30		50%	4,039 in last 4Q; \$40,390	No inspection/\$2,000	Often requires ED review re criminal convictions and possibly an IFC for further consideration, and several result in summary suspensions/formal hearings. 75% increase would be \$35 and

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
							would yield anticipated revenue increase of \$60,585
	Pharmacy technician registration	\$35/ \$40		14%	Issued 1,521 in last 4Q; \$7,605	No inspection/\$2,000	
	Approval of CE program	\$130/ \$190		45%	None approved in last 4Q. 1-2 per year at most.		
	Annual renewal fees for pharmacists/pharmacy technicians/pharmacy interns/pharmacy technician trainees						
	Pharmacist active	\$120/ \$175	\$60-\$265 MD: \$261 TN proposed: \$265	46%	15,725 licensed; \$864,875	No inspection/\$2,000	
	Pharmacist inactive	\$60/ \$95		58%	611; \$21,385	No inspection/\$2,000	
	Pharmacy technician	\$35/ \$45	\$15-\$100 MD: \$45 NC: \$30	29%	12,275; \$122,750	No inspection/\$2,000	
	Reinstatement fees for pharmacists/pharmacy technicians/pharmacy interns/pharmacy technician trainees						
	Pharmacist	\$275/					

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
		\$300					
	Pharmacist after revocation/ suspension	\$650/ \$750					
	Pharmacy technician registration	\$45/ \$50					
	Pharmacy technician or pharmacy technician trainee registration after revocation/ suspension	\$165/ \$200					
	Pharmacy technician trainee following expiration for any length of time	\$0/ \$25					

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
Ch 30	Chapter 30 – practitioners of healing arts						
	License	\$235/ \$300		28%	Issued 77 in last 4Q; \$5,005	No inspection/\$2,000	
	Permit	\$315/ \$700		122%	Issued 13 in last 4Q; \$5,005	\$679/\$2,375	
	Renewal practitioners of healing arts						
	License renewal	\$120/ \$175		46%	547 licensed; \$30,085	No inspection/\$2,000	
	Permit renewal	\$315/ \$490			127; \$22,225	\$826 every 2 years/\$2,375	
	Late fees practitioners of the healing arts						
	License late fees	\$40/ \$40 (no change)					
	Permit late fees	\$50/ \$120					
	Reinstatement practitioners of the healing arts						
	License reinstatement	\$195/ \$300					
	Permit reinstatement	\$315/ \$415					

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
	License or permit reinstatement following revocation or suspension	\$650/ \$750					
	Reinspection practitioners of the healing arts						
	Facility reinspection	\$300/ \$435					
Wholesale Distributors, Manufacturers, & Warehouseurs							
	Nonrestricted manufacturer permit	\$350/ \$1,000	\$750 - \$1,750	186%	0 issued in last 4Q	\$679/\$2375	
Chapter 50 warehouseurs etc.	Restricted manufacturer permit	\$235/ \$850		262%	0 issued in last 4Q	\$679/\$2375	
	Wholesale distributor license	\$350/ \$750	\$700 - \$1,750	114%	4 issued in last 4Q	\$679/\$2375	
	Warehouser permit	\$350/ \$510	TN proposing \$535	45%	Issued 7 in last 4Q	\$679/\$2375	
	Nonresident wholesale	\$350/ \$750		114%	41 issued last year; \$16,400	Do not perform inspection, but must review status of	

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
	distributor registration					resident state permit, prior disciplinary action by a regulatory authority, eligibility of responsible party, prior criminal convictions, or ongoing investigations. May warrant IFC for further consideration./ \$2,374	
	Controlled substances registration	\$120/ \$180					Already addressed in chapter 20
	Third-party logistics provider permit	\$350/ \$750		114%	0 issued in last 4Q	\$679/\$2375	
	Nonresident manufacturer registration	\$350/ \$1,000		186%	23 in last 4Q; \$14,950	Do not perform inspection, but must review status of	

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
						resident state permit, prior disciplinary action by a regulatory authority, eligibility of responsible party, prior criminal convictions, or ongoing investigations. May warrant IFC for further consideration./ \$2,374	
	Nonresident warehouser registration	\$350/ \$510		45%	27 issued last 4Q; \$4,320	Do not perform inspection, but must review status of resident state permit, prior disciplinary action by a regulatory authority, eligibility of responsible party, prior criminal	

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
						convictions, or ongoing investigations. May warrant IFC for further consideration./ \$2,374	
	Nonresident third-party logistics provider	\$350/\$750		114%	Issued 38 in last 4Q; If issue 20 each year, \$8,000 annually	Do not perform inspection, but must review status of resident state permit, prior disciplinary action by a regulatory authority, eligibility of responsible party, prior criminal convictions, or ongoing investigations. May warrant IFC for further consideration./ \$2,374	

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
	Renewal warehousemen etc.						
	Nonrestricted manufacturer permit	\$350/ \$1,000			32; \$20,800	\$826/\$2,375	
	Restricted manufacturer permit	\$235/ \$850			32; \$19,680	\$826/\$2,375	
	Nonresident manufacturer	\$350/1000		186%	229; \$148,850	Do not perform inspection, but must review status of resident state permit, recent disciplinary action, recent criminal convictions, or ongoing investigations. /\$2,375	
	Wholesale distributor license	\$350/ \$750			59; \$23,600	\$826/\$2,375	
	Warehouser permit	\$350/ \$510			126; \$20,160	\$826/\$2,375	

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
	Nonresident warehouser	\$350/\$510		45%	127; \$20,320	Do not perform inspection, but must review status of resident state permit, recent disciplinary action, recent criminal convictions, or ongoing investigations. /\$2,375	
	Nonresident wholesale distributor registration	\$350/ \$750			612; \$244,800	Do not perform inspection, but must review status of resident state permit, recent disciplinary action, recent criminal convictions, or ongoing investigations. /\$2,375	

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
	Controlled substances registration	\$120/ \$180					Already addressed in chapter 20
	Third-party logistics provider permit	\$350/ \$750			5; \$1,000	\$826/\$2,375	
	Nonresident third-party logistics provider	\$350/\$750		45%	234; \$93,600	Do not perform inspection, but must review status of resident state permit, recent disciplinary action, recent criminal convictions, or ongoing investigations. /\$2,375	
	Reinstatement for Warehouseers etc under Chapter 50						
	Nonrestricted manufacturer permit	\$315/ \$440					

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
	Restricted manufacturer permit	\$275/ \$385					
	Wholesale distributor license	\$315/ \$440					
	Warehouser permit	\$315/ \$440					
	Nonresident wholesale distributor registration	\$315/ \$440					
	Controlled substances registration	\$235/ \$300					
	Third-party logistics provider permit	\$315/ \$440					
	Nonresident manufacturer registration	\$315/ \$440					

	Type	Current fee/ proposed fee	Range among neighboring states	Percent increase	Anticipated additional revenue based on license count	Average cost of inspection/Average cost of investigation (does not include costs from APD, OAG, or board member travel for hearings)	Additional notes
	Nonresident warehouser registration	\$315/ \$440					
	Nonresident third-party logistics provider registration	\$315/ \$440					
	Change or inspection fees for warehouseers etc.						
	Reinspection fee	\$300/ \$435		45%			
	Inspection fee for change of location, structural changes, or security system changes	\$300/ \$435		45%	18 last year; \$2,430		
	Change of ownership fee	\$65/ \$125		92%	24 last year; \$1,440		
	Change of responsible party	\$65/ \$125		92%	183 last year; \$10,980		

Agenda Item: Adoption of final regulatory changes for 2023 pharmacists initiating treatment

Included in your agenda package:

- Draft final regulations regarding changes required by 2023 legislation for pharmacists initiating treatment;
- Chapter 171 of the 2023 Acts of Assembly (identical to Chapter 172) directing the Board to promulgate regulations related to pharmacists initiating treatment as described in the legislation.
- Public comment period ended 2/28/25; no comments received

Staff notes: These final regulations will replace emergency regulations put in place following the passage of Chapters 171 and 172 of the 2023 Acts of Assembly.

Action needed:

- Motion to adopt final regulations regarding 2023 legislation for pharmacists initiating treatment.

Board of Pharmacy

2023 pharmacists initiating treatment

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

A. Pursuant to § 54.1-3303.1 of the Code of Virginia, a pharmacist may initiate treatment with, dispense, or administer the following drugs and devices to persons 18 years of age or older with whom the pharmacist has a bona fide pharmacist-patient relationship:

1. Naloxone or other opioid antagonist, including such controlled paraphernalia as defined in § 54.1-3466 of the Code of Virginia as may be necessary to administer such naloxone or other opioid antagonist;
2. Epinephrine;
3. Injectable or self-administered hormonal contraceptives, provided the patient completes an assessment consistent with the United States Medical Eligibility Criteria for Contraceptive Use;
4. Prenatal vitamins for which a prescription is required;
5. Dietary fluoride supplements, in accordance with recommendations of the American Dental Association for prescribing of such supplements for persons whose drinking water has a fluoride content below the concentration recommended by the U.S. Department of Health and Human Services;
6. Drugs and devices as defined in § 54.1-3401 of the Code of Virginia, controlled paraphernalia as defined in § 54.1-3466 of the Code of Virginia, and other supplies and equipment available over the counter covered by the patient's health carrier when the patient's out-of-pocket cost is lower than the out-of-pocket cost to purchase an over-the-

counter equivalent of the same drug, device, controlled paraphernalia, or other supplies or equipment;

7. Vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention and vaccines for COVID-19;

8. Tuberculin purified protein derivative for tuberculosis testing;

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

10. Nicotine replacement and other tobacco-cessation therapies, including controlled substances as defined in the Drug Control Act (§ 54.1-3400 et seq. of the Code of Virginia), together with appropriate patient counseling; and

11. Tests for COVID-19 and other coronaviruses;

12. Controlled substances or devices for the initiation of treatment of the following diseases or conditions for which clinical decision making can be guided by a clinical test that is classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988, 42 USC § 263a:

a. Group A Streptococcus bacteria infection;

b. Influenza virus infection;

c. COVID-19 virus infection; and

d. Urinary tract infection.

B. Notwithstanding the provisions of § 54.1-3303 of the Code of Virginia, a pharmacist may initiate treatment with, dispense, or administer the following drugs and devices to persons three years of age or older:

1. Vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention and vaccines for COVID-19; and
2. Tests for COVID-19 and other coronaviruses.

The provisions of this subsection will become effective upon expiration of the provisions of the federal Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19 related to the vaccination and COVID-19 testing of minors.

C. Pharmacists who initiate treatment with, dispense, or administer a drug, device, controlled paraphernalia, or other supplies or equipment pursuant to subsections A and B of this section shall:

1. Follow the statewide protocol adopted by the board for each drug, device, controlled paraphernalia, or other supplies or equipment.
2. Notify the patient's primary health care provider that treatment has been initiated with such drug, device, controlled paraphernalia, or other supplies or equipment or that such drug, device, controlled paraphernalia, or other supplies or equipment have been dispensed or administered to the patient, provided that the patient consents to such notification. No pharmacist shall limit the ability of notification to be sent to the patient's primary care provider by requiring use of email that is secure or compliant with the federal Health Insurance Portability and Accountability Act (42 USC § 1320d et seq.) (HIPAA). If the patient does not have a primary health care provider, the pharmacist shall counsel the patient regarding the benefits of establishing a relationship with a primary health care provider and, upon request, provide information regarding primary health care providers,

including federally qualified health centers, free clinics, or local health departments serving the area in which the patient is located. If the pharmacist is initiating treatment with, dispensing, or administering injectable or self-administered hormonal contraceptives, the pharmacist shall counsel the patient regarding seeking preventative care, including (i) routine well-woman visits, (ii) testing for sexually transmitted infections, and (iii) pap smears. If the pharmacist is administering a vaccine pursuant to this section, the pharmacist shall report such administration to the Virginia Immunization Information System in accordance with the requirements of § 32.1-46.01 of the Code of Virginia.

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

- a. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or the patient's personal representative; or
- b. Records that are required by contractual obligation or federal law to be maintained for a longer period of time.

4. Perform the activities in a manner that protects patient confidentiality and complies with HIPAA.

5. Obtain a history from the patient, including questioning the patient for any known allergies, adverse reactions, contraindications, or health diagnoses or conditions that would be adverse to the initiation of treatment, dispensing, or administration.

6. If administering a vaccination to a minor pursuant to subdivision B 1 of this section, provide written notice to the minor's parent or guardian that the minor should visit a pediatrician annually.

D. A pharmacist may initiate treatment with, dispense, or administer drugs, devices, controlled paraphernalia, and other supplies and equipment pursuant to this section through telemedicine

services, as defined in § 38.2-3418.16 of the Code of Virginia, in compliance with requirements of § 54.1-3303 of the Code of Virginia and consistent with the applicable standard of care.

Final Draft

VIRGINIA ACTS OF ASSEMBLY -- 2023 SESSION

CHAPTER 171

An Act to amend and reenact § 54.1-3303.1 of the Code of Virginia, relating to pharmacist scope of practice; initiation of treatment for certain diseases and conditions.

[H 2274]

Approved March 22, 2023

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-3303.1 of the Code of Virginia is amended and reenacted as follows:

§ 54.1-3303.1. Initiating of treatment with and dispensing and administering of controlled substances by pharmacists.

A. Notwithstanding the provisions of § 54.1-3303, a pharmacist may initiate treatment with, dispense, or administer the following drugs, devices, controlled paraphernalia, and other supplies and equipment to persons 18 years of age or older with whom the pharmacist has a bona fide pharmacist-patient relationship and in accordance with a statewide protocol developed by the Board in collaboration with the Board of Medicine and the Department of Health and set forth in regulations of the Board:

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

2. Epinephrine;

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

4. Prenatal vitamins for which a prescription is required;

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

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

7. Vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention and vaccines for COVID-19;

8. Tuberculin purified protein derivative for tuberculosis testing;

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

10. Nicotine replacement and other tobacco cessation therapies, including controlled substances as defined in the Drug Control Act (§ 54.1-3400 et seq.), together with providing appropriate patient counseling; and

11. *Controlled substances or devices for the initiation of treatment of the following diseases or conditions for which clinical decision making can be guided by a clinical test that is classified as waived under the federal Clinical Laboratory Improvement Amendments of 1988: group A Streptococcus bacteria infection, influenza virus infection, COVID-19 virus infection, and urinary tract infection; and*

~~11.~~ 12. Tests for COVID-19 and other coronaviruses.

B. Notwithstanding the provisions of § 54.1-3303, a pharmacist may initiate treatment with, dispense, or administer the following drugs and devices to persons three years of age or older in accordance with a statewide protocol as set forth in regulations of the Board:

1. (Contingent Effective Date) Vaccines included on the Immunization Schedule published by the Centers for Disease Control and Prevention and vaccines for COVID-19; and

2. (Contingent Effective Date) Tests for COVID-19 and other coronaviruses.

C. A pharmacist who initiates treatment with or dispenses or administers a drug or device pursuant to this section shall notify the patient's primary health care provider that the pharmacist has initiated treatment with such drug or device or that such drug or device has been dispensed or administered to the patient, provided that the patient consents to such notification. No pharmacist shall limit the ability of notification to be sent to the patient's primary care provider by requiring use of electronic mail that is secure or compliant with the federal Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.). If the patient does not have a primary health care provider, the pharmacist shall counsel the patient regarding the benefits of establishing a relationship with a primary health care provider and provide information regarding primary health care providers, including federally qualified health centers, free clinics, or local health departments serving the area in which the patient is located. If

the pharmacist is initiating treatment with, dispensing, or administering injectable or self-administered hormonal contraceptives, the pharmacist shall counsel the patient regarding seeking preventative care, including (i) routine well-woman visits, (ii) testing for sexually transmitted infections, and (iii) pap smears.

D. A pharmacist who administers a vaccination pursuant to subdivisions A 7 and B 1 shall report such administration to the Virginia Immunization Information System in accordance with the requirements of § 32.1-46.01.

E. A pharmacist who initiates treatment with, dispenses, or administers drugs, devices, controlled paraphernalia, and other supplies and equipment pursuant to this section shall obtain a history from the patient, including questioning the patient for any known allergies, adverse reactions, contraindications, or health diagnoses or conditions that would be adverse to the initiation of treatment, dispensing, or administration.

F. A pharmacist may initiate treatment with, dispense, or administer drugs, devices, controlled paraphernalia, and other supplies and equipment pursuant to this section through telemedicine services, as defined in § 38.2-3418.16, in compliance with all requirements of § 54.1-3303 and consistent with the applicable standard of care.

G. A pharmacist who administers a vaccination to a minor pursuant to subdivision B 1 shall provide written notice to the minor's parent or guardian that the minor should visit a pediatrician annually.

2. That the Board of Pharmacy shall adopt a statewide protocol for the initiation of treatment with and dispensing and administering of drugs and devices by pharmacists in accordance with § 54.1-3303.1 of the Code of Virginia, as amended by this act, by November 1, 2023. Such protocol shall be developed by a work group consisting of representatives from the Board of Pharmacy, the Board of Medicine, and the Department of Health. The work group shall have an equal number of members who are representatives of the Board of Pharmacy and the Board of Medicine.

3. That the Board of Pharmacy shall promulgate regulations to implement the provisions of the first enactment of this act to be effective within 280 days of its enactment. Such regulations shall include provisions for ensuring that physical settings in which treatment is provided pursuant to this act shall be in compliance with the federal Health Insurance Portability and Accountability Act, 42 U.S.C. § 1302d et seq., as amended.



Agency Department of Health Professions

Board Board of Pharmacy

Chapter Regulations Governing the Licensure of Pharmacists and Registration of Pharmacy Technicians [\[18 VAC 110 - 21\]](#)

Action: 2023 pharmacists initiating treatment

Proposed Stage

Action 6200 / Stage 10279

Documents		
<u>Proposed Text</u>	12/12/2024 2:57 pm	
<u>Agency Background Document</u>	4/4/2024 (modified 4/9/2024)	
<u>ORM Economic Review Form</u>	4/4/2024	
<u>Attorney General Certification</u>	10/28/2024	
<u>DPB Economic Impact Analysis</u>	11/7/2024	
<u>Agency Response to EIA</u>	12/2/2024	
<u>Governor's Review Memo</u>	12/5/2024	

Status	
Changes to Text	The proposed text for this stage is identical to the emergency regulation.
Attorney General Review	Submitted to OAG: 4/4/2024 Review Completed: 10/28/2024 Result: Certified
DPB Review	Submitted on 10/28/2024 Review Completed: 11/25/2024
Secretary Review	Secretary of Health and Human Resources Review Completed: 11/25/2024
Governor's Review	ORM Review Completed: 12/5/2024 Governor Review Completed: 12/5/2024 Result: Approved
Virginia Registrar	Submitted on 12/6/2024 The Virginia Register of Regulations Publication Date: 12/30/2024 Volume: 41 Issue: 10
Public Hearings	01/09/2025 8:55 AM
Comment Period	Ended 2/28/2025 0 comments

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This person is the primary contact for this board.

Agenda Item: Adoption of amendments to Guidance Document 110-38

Included in your agenda package:

- Recommended amendments to Guidance Document 110-38.

Staff notes: Guidance Document 110-38 was last amended at the December 2024 Board meeting. Following that meeting, staff noted that the section related to outsourcing facilities should apply to both in-state and nonresident outsourcing facilities because the Board does not currently perform cGMP inspections.

Action needed:

- Motion to adopt amendments to Guidance Document 110-38 as presented..

Virginia Board of Pharmacy

Requirement for Non-resident Pharmacies and Outsourcing Facilities to Submit Current Inspection Report

The Board of Pharmacy may issue a permit to a non-resident pharmacy or nonresident outsourcing facility that meets requirements of law and regulation, including the submission of an inspection report satisfactory to the Board. For the purpose of compliance with the requirement for such a report, the Board offers the following guidance:

For a nonresident pharmacy, an application for registration or renewal without an inspection report that indicates compliance with the requirements of this chapter, including compliance with USP-NF standards for pharmacies performing sterile and non-sterile compounding, will be deemed incomplete and a registration will not be issued or renewed until such time as a report or other acceptable documentation is produced. Inspection reports from the National Association of Boards of Pharmacy (NABP) or Gates Healthcare Associates, Inc. that satisfy the inspection report requirements of Virginia Code § 54.1-3434.1 will be deemed acceptable alternatives to an inspection by the licensing or regulatory agency of jurisdiction or an inspection by the Board of Pharmacy's own agent.

An “opening” inspection report for a newly opened pharmacy or a new location for an existing pharmacy indicating compliance with the requirements of statute, including compliance with USP-NF standards for pharmacies performing non-sterile compounding, may satisfy the requirements for obtaining initial registration as a nonresident pharmacy. However, an “operational” inspection report shall be provided during the subsequent renewal of the registration. An “opening” inspection report for a newly opened pharmacy or a new location for an existing pharmacy performing sterile compounding shall not satisfy the requirements for obtaining initial registration or renewal as a nonresident pharmacy. Submission of an “operational” inspection report indicating compliance with USP-NF standards for sterile compounding shall be required for consideration for obtaining initial registration or renewal as a nonresident pharmacy.

An application for a new registration or renewal for ~~For~~ a nonresident outsourcing facility, or an application for ~~new registration or~~ renewal for a resident outsourcing facility must include documentation of an FDA outsourcing facility inspection and any facility related responses to documented observations within the required timeframe as outlined in Virginia Code §§ 54.1-3434.5 and 54.1-3434.05. If the facility has not been inspected by the FDA within the required time frame, outsourcing facility cGMP inspections from the California Board of Pharmacy, Florida Board of Pharmacy or Bestech GMP are acceptable alternatives.

Notwithstanding submission of an inspection report from a source acceptable to the Board, the Board may deny an application on the grounds that the applicant failed to comply with applicable laws or regulations. The applicant would have an opportunity for a hearing before a committee of the Board.

References

Va. Code § 54.1-3434.1

Va. Code § 54.1-3434.5

Va. Code § 54.1-3434.05

DRAFT

Virginia's Pharmacist Workforce: 2024

Healthcare Workforce Data Center

February 2025

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

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

Get a copy of this report from:

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

15,672 Pharmacists voluntarily participated in this survey. Without their effort, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Pharmacy express our sincerest appreciation for their ongoing cooperation.

Thank You!

Virginia Department of Health Professions

Arne W. Owens, MS
Director

Healthcare Workforce Data Center Staff:

Yetty Shobo, PhD
Director

Barbara Hodgdon, PhD
Deputy Director

Rajana Siva, MBA
Data Analyst

Christopher Coyle, BS
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The Pharmacist Workforce: At a Glance:

The Workforce

Licensees:	16,940
Virginia's Workforce:	9,068
FTEs:	7,435

Background

Rural Childhood:	31%
HS Degree in VA:	47%
Prof. Degree in VA:	48%

Current Employment

Employed in Prof.:	92%
Hold 1 Full-time Job:	74%
Satisfied?:	90%

Survey Response Rate

All Licensees:	93%
Renewing Practitioners:	98%

Education

Baccalaureate:	25%
Pharm.D./Professional:	75%

Job Turnover

Switched Jobs in 2022:	5%
Employed over 2 yrs.:	61%

Demographics

Female:	69%
Diversity Index:	56%
Median Age:	45

Finances

Median Inc.: \$130k-\$140k
Health Benefits: 63%
Under 40 w/ Ed debt: 68%

Primary Roles

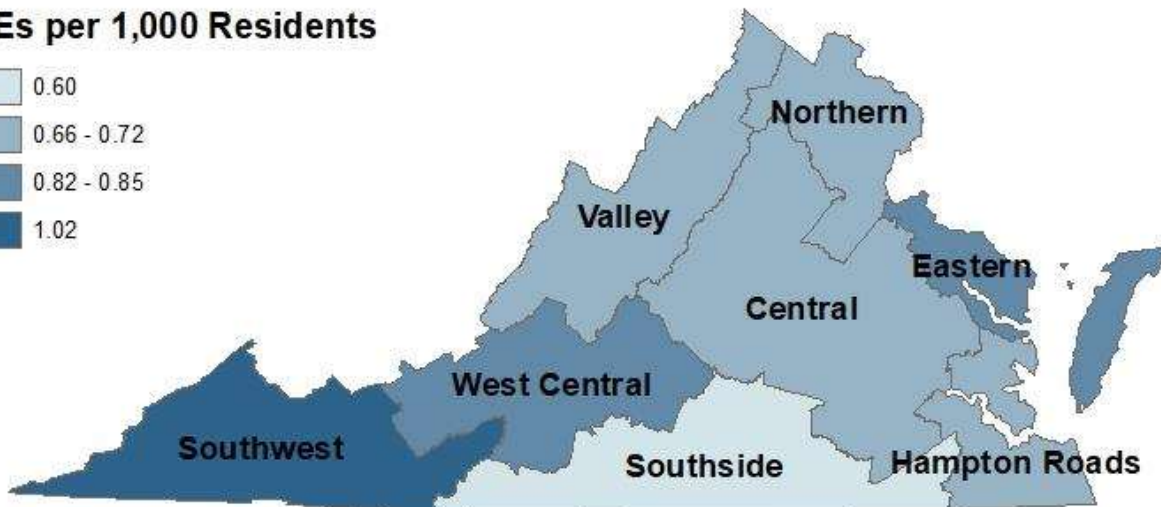
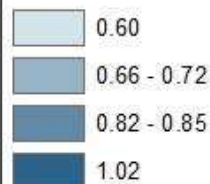
Patient Care:	74%
Administration:	8%
Education:	1%

Source: Va. Healthcare Workforce Data Center

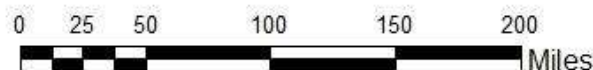
Full Time Equivalency Units Provided by Pharmacists per 1,000 Residents by Virginia Performs Regions

Source: Va Healthcare Workforce Data Center

FTEs per 1,000 Residents



Annual Estimates of the Resident Population: July 1, 2023
Source: U.S. Census Bureau, Population Division



Results in Brief

A total of 15,672 pharmacists voluntarily took part in the 2023 Pharmacist Workforce Survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the license renewal process, which takes place every December for pharmacists. These survey respondents represent 93% of the 16,940 pharmacists who are licensed in the state and 98% of renewing practitioners. The HWDC estimates that the 9,068 pharmacists in the Virginia's workforce during the survey period provided 7,435 full-time equivalency units (FTE).

The majority of Virginia's pharmacists are female, and the median age among those in the workforce is 45. Almost one-third of pharmacists grew up in a rural area, and close to one-quarter of these professionals currently work in non-metro areas of the state. Overall, 10% of Virginia's pharmacists work in a non-metro area. 75% of Virginia's pharmacist workforce have earned a doctorate or other professional degree as their highest educational attainment. Further, 40% of pharmacists currently carry educational debt. Nearly seven out of ten of those under the age of 40 carry education debt. The median debt for those pharmacists with educational debt is between \$120,000 and \$140,000.

More than nine out of every ten pharmacists are currently employed in the profession, with 74% holding one full-time position. Over the past year, 1% of pharmacists were involuntarily unemployed, while another 2% were underemployed. The typical pharmacist earned between \$130,000 and \$140,000 in 2024. Around 90% of all pharmacists are satisfied with their current employment situation, including 48% who indicated that they are "very satisfied".

About 90% of all pharmacists work in the private sector, including 61% who work at a for-profit organization. Hospital health systems were the most common working establishment type for Virginia's pharmacist workforce, employing 25% of all professionals. Large chain pharmacies (i.e., pharmacies with more than 11 stores) also were common employers. About 47% of pharmacists expect to retire by the age of 65 and 7% of the current workforce expect to retire in the next two years. Half of the current workforce expect to retire by 2049.

Summary of Trends

The total number of licensed pharmacists has grown by 33% since 2013. Of these, the number working in the state workforce has also increased by approximately 15%. Additionally, there has been a 9% increase in FTE provided in state by pharmacists between 2013 and 2024.

The diversity index of Virginia's pharmacists increased from 47% in 2013 to 56% in 2024. The percentage of pharmacists who are female also increased, from 62% in 2013 to 69% in 2024. Median age has been relatively stable between 44 and 45 years since 2013. The percent under age 40, increased slightly from 37% in 2013 to 38% in 2023, and has decreased to 37% in 2024.

Educational attainment, specifically those who reported a PharmD, continues to increase in the pharmacist workforce, from 51% in 2013 to 75% in 2024. The percent reporting educational debt has also increased from 35% in 2013 to 40% in 2024. Median educational debt also increased from \$90K-\$100K in 2013 to \$140K-\$160K in 2024.

Around 92% of pharmacists reported being employed in the profession, compared to 93% in 2013. Median income increased from \$110K-\$120K in 2013 to \$130K-\$140K in 2024. Job satisfaction has decreased from 93% in 2013 to 90% in 2024. Pharmacists intending to retire within 10 years increased from 22% in 2013 to 26% in 2024. Regarding future plans, only 5% intended to increase patient care hours in 2024 compared to 12% in 2013.

A Closer Look:

Licensee Counts		
License Status	#	%
Renewing Practitioners	15,483	91%
New Licensees	758	4%
Non-Renewals	699	4%
All Licensees	16,940	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. 98% of renewing pharmacists submitted a survey. These represent 93% of pharmacists who held a license at some point in 2023.

Response Rates			
Statistic	Non Respondents	Respondent	Response Rate
By Age			
Under 30	94	548	85%
30 to 34	190	1,934	91%
35 to 39	181	2,796	94%
40 to 44	180	2,490	93%
45 to 49	117	1,944	94%
50 to 54	101	1,823	95%
55 to 59	110	1,596	94%
60 and Over	295	2,541	90%
Total	1,268	15,672	93%
New Licenses			
Issued in 2024	243	515	68%
Metro Status			
Non-Metro	80	1,053	93%
Metro	553	8,374	94%
Not in Virginia	636	6,245	91%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Licensed Pharmacists

Number:	16,940
New:	4%
Not Renewed:	4%

Survey Response Rates

All Licensees:	93%
Renewing Practitioners:	98%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	15,672
Response Rate, all licensees	93%
Response Rate, Renewals	98%

Source: Va. Healthcare Workforce Data Center

Definitions

- The Survey Period:** The survey was conducted in December 2024.
- Target Population:** All pharmacists who held a Virginia license at some point in 2024.
- Survey Population:** The survey was available to those who renewed their licenses online. It was not available to those who did not renew, including some pharmacists newly licensed in 2024.

At a Glance:

Workforce

Pharmacist Workforce: 9,068
FTEs: 7,435

Utilization Ratios

Licensees in VA Workforce: 54%
Licensees per FTE: 2.28
Workers per FTE: 1.22

Source: Va. Healthcare Workforce Data Center

Virginia's Pharmacist Workforce		
Status	#	%
Worked in Virginia in Past Year	8,873	98%
Looking for Work in Virginia	195	2%
Virginia's Workforce	9,068	100%
Total FTEs	7,435	
Licensees	16,940	

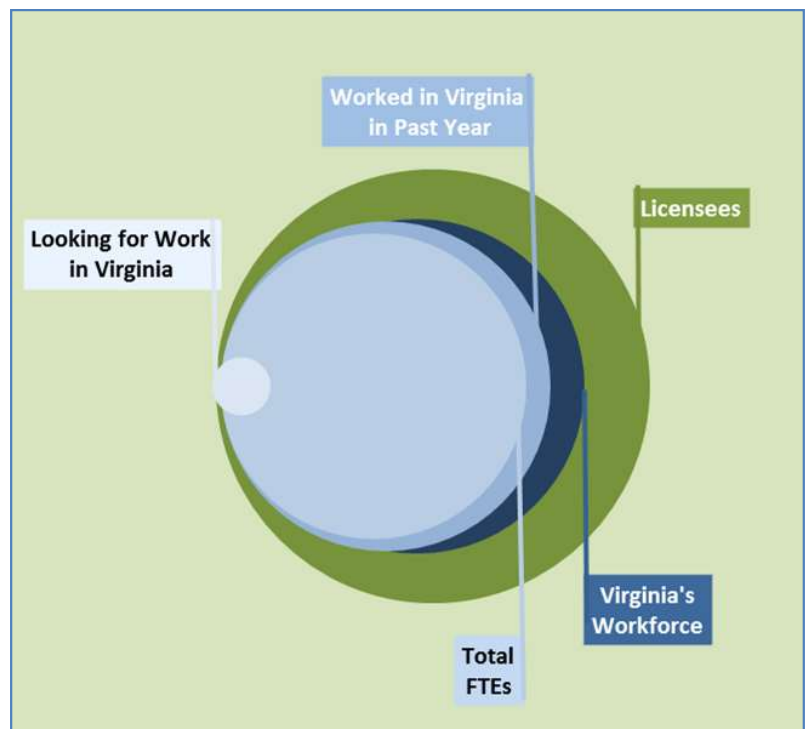
Source: Va. Healthcare Workforce Data Center

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

www.dhp.virginia.gov/hwdc

Definitions

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	103	24%	324	76%	427	6%
30 to 34	269	27%	737	73%	1,006	14%
35 to 39	335	30%	796	70%	1,130	16%
40 to 44	298	30%	699	70%	997	14%
45 to 49	227	29%	551	71%	778	11%
50 to 54	203	27%	546	73%	749	11%
55 to 59	242	33%	490	67%	731	11%
60 +	513	45%	621	55%	1,134	16%
Total	2,190	32%	4,763	69%	6,953	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Pharmacists		Pharmacists Under 40	
	%	#	%	#	%
White	59%	4,276	61%	1,433	56%
Black	19%	878	13%	312	12%
Asian	7%	1,402	20%	623	24%
Other Race	0%	119	2%	46	2%
Two or more races	3%	151	2%	69	3%
Hispanic	11%	132	2%	64	3%
Total	100%	6,958	100%	2,547	100%

** Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023.

Source: Va. Healthcare Workforce Data Center

37% of pharmacists are under the age of 40, and 72% of these professionals are female. In addition, pharmacists who are under the age of 40 have a diversity index of 61%, slightly higher than Virginia's population.

At a Glance:

Gender

% Female: 69%
% Under 40 Female: 72%

Age

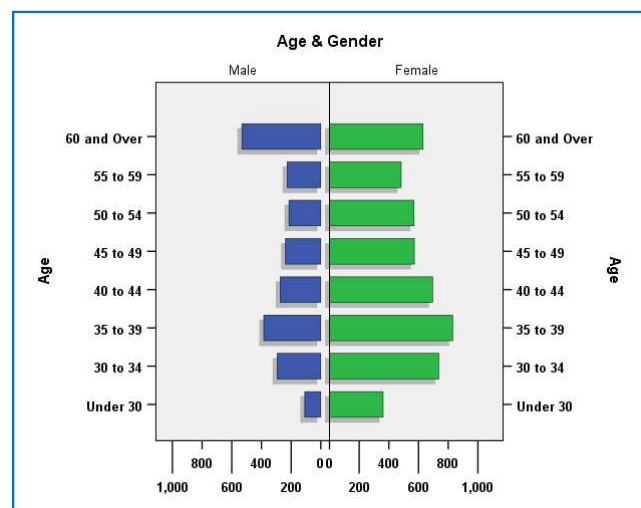
Median Age: 45
% Under 40: 37%
% 55+: 27%

Diversity

Diversity Index: 56%
Under 40 Div. Index: 61%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two pharmacists, there is a 56% chance that they would be of a different race/ethnicity (a measure known as the Diversity Index). For Virginia's population as a whole, the comparable number is 60%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 17%
Rural Childhood: 31%

Virginia Background

HS in Virginia: 47%
Prof. Education in VA: 48%
HS/Prof. Educ. in VA: 57%

Location Choice

% Rural to Non-Metro: 22%
% Urban/Suburban to Non-Metro: 5%

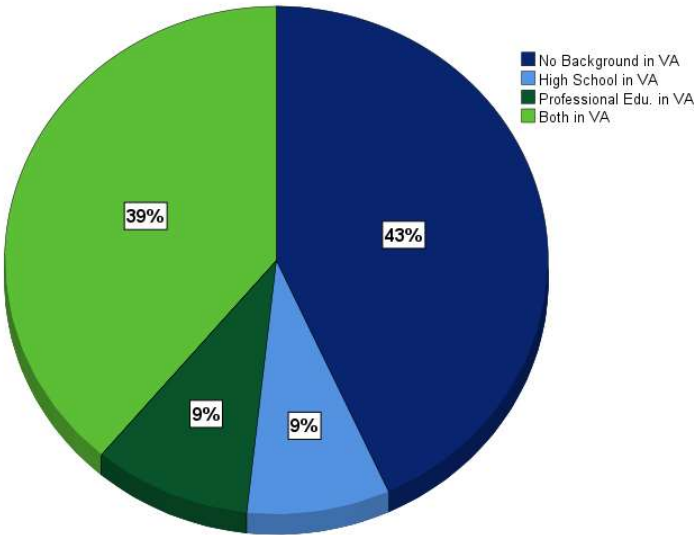
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 million+	20%	59%	20%
2	Metro, 250,000 to 1 million	52%	41%	7%
3	Metro, 250,000 or less	41%	45%	14%
Non-Metro Counties				
4	Urban pop 20,000+, metro adjacent	52%	35%	13%
6	Urban pop, 5,000-19,999, metro adjacent	59%	28%	14%
7	Urban pop, 5,000-19,999, non adjacent	91%	7%	2%
8	Rural, metro adjacent	58%	39%	3%
9	Rural, non adjacent	72%	19%	10%
Overall		31%	52%	17%

Source: Va. Healthcare Workforce Data Center

Educational Background in Virginia



Source: Va. Healthcare Workforce Data Center

31% of pharmacists grew up in self-described rural areas, and 22% of these professionals currently work in non-metro counties. Overall, 10% of Virginia’s pharmacist workforce currently work in non-metro counties.

Top Ten States for Pharmacy Recruitment

Rank	All Pharmacists			
	High School	#	Professional School	#
1	Virginia	3,206	Virginia	3,229
2	Outside U.S./Canada	868	Pennsylvania	434
3	Pennsylvania	388	Outside U.S./Canada	338
4	New York	287	North Carolina	329
5	Maryland	228	New York	228
6	North Carolina	197	Maryland	220
7	West Virginia	182	West Virginia	180
8	New Jersey	131	Massachusetts	179
9	Florida	121	Washington, D.C.	164
10	Ohio	120	Tennessee	146

Source: Va. Healthcare Workforce Data Center

47% of Virginia's pharmacists received their high school degree in Virginia, and 48% received their initial professional degree in the state.

Among pharmacists who have been licensed in the past five years, 39% received their high school degree in Virginia, and 41% received their initial professional degree in the state.

Rank	Licensed in the Past 5 Years			
	High School	#	Professional School	#
1	Virginia	566	Virginia	588
2	Outside U.S./Canada	223	North Carolina	102
3	Pennsylvania	70	Outside U.S./Canada	95
4	Maryland	63	Pennsylvania	84
5	North Carolina	60	Maryland	61
6	New York	42	Tennessee	60
7	Florida	41	West Virginia	46
8	West Virginia	39	Florida	44
9	Texas	28	New York	39
10	Ohio	24	South Carolina	32

Source: Va. Healthcare Workforce Data Center

46% of Virginia's licensed pharmacists did not participate in Virginia's workforce in 2024. 92% of these professionals worked at some point in the past year, including 84% who currently work as pharmacists.

At a Glance:

Not in VA Workforce

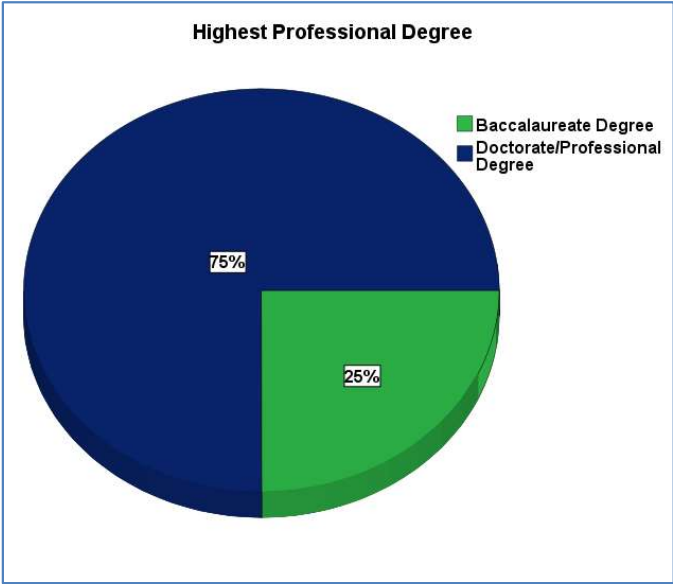
Total:	7,871
% of Licensees:	46%
Federal/Military:	8%
VA Border State/DC:	16%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
B.S. Pharmacy	1,653	25%
Pharm.D.	4,963	75%
Total	6,615	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

40% of pharmacists currently have educational debt, including 68% of those under the age of 40. For those with educational debt, the median debt is between \$110,000 and \$140,000. Among those under the age of 40 with debt, median is \$140,000 to \$180,000.

At a Glance:

Education

B.S. Pharmacy:	25%
Pharm.D.:	75%

Educational Debt

Carry debt:	40%
Under age 40 w/ debt:	68%
Median debt:	\$140k-\$160k

Source: Va. Healthcare Workforce Data Center

75% of pharmacists hold a Doctorate in Pharmacy as their highest professional degree, while all remaining professionals have earned a Bachelor’s degree in Pharmacy.

Educational Debt				
Amount Carried	All Pharmacists		Pharmacists Under 40	
	#	%	#	%
None	3,137	60%	586	32%
\$30,000 or less	223	4%	76	4%
\$30,001-\$49,999	169	3%	58	3%
\$50,000-\$69,999	154	3%	71	4%
\$70,001-\$89,999	144	3%	66	4%
\$90,000-109,999	152	3%	84	5%
\$110,000-\$139,999	186	4%	131	7%
\$140,000-\$179,999	290	6%	216	12%
\$180,000-\$219,999	289	6%	214	12%
\$220,000-\$259,999	202	4%	156	8%
\$260,000-\$299,999	106	2%	81	4%
\$300,000 or more	165	3%	116	6%
Total	5,217	100%	1,855	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

At a Glance:

Top Specialties

Immunization:	14%
Community Pharmacy:	8%
Ambulatory Care:	4%

Top Board Certifications

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

Top Residencies (PGY1)

Pharmacy Practice (Post 1993):	12%
Community Pharmacy:	5%
Pharmacy Practice (Pre 1993):	2%

Source: Va. Healthcare Workforce Data Center

PGY1		
Residency	#	%
Pharmacy Practice (Post 1993)	1117	12%
Community Pharmacy	431	5%
Pharmacy Practice (Pre 1993)	208	2%
Managed Care Pharmacy	36	<1%
Total	1,792	20%
PGY2		
Ambulatory Care	111	1%
Critical Care	70	1%
Internal Medicine/Cardiology	54	1%
Oncology	41	<1%
Pediatrics	37	<1%
Health-system Pharmacy Administration	36	<1%
Infectious Disease	35	<1%
Drug Information	28	<1%
Pharmacotherapy	28	<1%
Psychiatry	27	<1%
Geriatrics	22	<1%
Emergency Medicine	21	<1%
Solid Organ Transplant	17	<1%
Other	140	2%
At Least One	667	7%

Source: Va. Healthcare Workforce Data Center

Board Certifications		
Certification	#	%
BPS-Pharmacotherapy	534	6%
BPS-Ambulatory Care	105	1%
BCGP-Geriatrics	73	1%
BPS-Oncology	57	1%
BPS- Psychiatric	23	<1%
BPS-Nuclear Pharmacy	13	<1%
BPS- Nutrition	13	<1%
ABAT-Applied Toxicology	4	<1%
Other Board Certification	278	3%
At Least One Certification	994	11%

Source: Va. Healthcare Workforce Data Center

11% of pharmacists hold a board certification, including 6% who hold a certification in Pharmacotherapy. 32% also have a self-designated specialty area, including 14% who have a specialization in immunization.

At a Glance:

Top Services

Immunization:	27%
Medication Management:	25%
Compounding:	17%

Disease Management

Anticoagulation:	40%
Diabetes:	40%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Disease Management in Collaborative Practice

	#	%
Anticoagulation	298	40%
Diabetes	293	40%
Hypertension	264	36%
Hypercholesterolemia	234	32%
Tobacco Cessation	174	24%
Asthma	147	20%
Travel Medications	87	12%
At least one	425	64%

Source: Va. Healthcare Workforce Data Center

64% of the 406 pharmacists with a collaborative practice agreement were involved in providing at least one disease management service; anticoagulation and diabetes were the most commonly reported by 40% of those with the agreement. 24% of pharmacists in the state workforce also utilized at least one of the listed statewide protocols.

Services Provided

Services	Primary		Secondary	
	#	%	#	%
Primary Service, Immunization	2,477	27%	2,477	27%
Primary Service, Medication Therapy Management	2,231	25%	285	3%
Primary Service, Compounding	1,582	17%	176	2%
Primary Service, Central Filling	1,103	12%	159	2%
Primary Service, Remote Order Processing	992	11%	116	1%
Primary Service, Collaborative Practice Agreement	666	7%	73	1%
At Least One	4,174	46%	2,734	30%

Source: Va. Healthcare Workforce Data Center

Statewide Protocols

	#	%
Immunization	1,779	20%
Naloxone	1,543	17%
Coronavirus Testing	1,124	12%
Hormonal Contraception	532	6%
Epinephrine	374	4%
Lowering Out-of-Pocket Expenses	345	4%
Emergency Contraception	305	3%
Prenatal Vitamins	188	2%
HIV Pre-Exposure Prophylaxis	109	1%
Tuberculin Skin Testing	47	1%
HIV Post-Exposure Prophylaxis	25	0%
At Least One	2,170	24%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 92%
Involuntarily Unemployed: <1%

Positions Held

1 Full-time: 74%
2 or More Positions: 9%

Weekly Hours:

40 to 49: 54%
60 or more: 4%
Less than 30: 12%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, capacity unknown	8	<1%
Employed in a pharmacy-related capacity	6,124	92%
Employed, NOT in a pharmacy-related capacity	264	4%
Not working, reason unknown	0	0%
Involuntarily unemployed	26	<1%
Voluntarily unemployed	153	2%
Retired	99	2%
Total	6,674	100%

Source: Va. Healthcare Workforce Data Center

92% of Virginia's pharmacists are currently employed in the profession, and less than 1% of all pharmacy professionals are involuntarily unemployed at the survey period. 74% of the state's pharmacist workforce have one full-time job, while 9% of pharmacists have multiple positions. 54% of pharmacists work between 40 and 49 hours per week, while 4% of pharmacy professionals work at least 60 hours per week.

Current Positions		
Positions	#	%
No Positions	278	4%
One Part-Time Position	833	13%
Two Part-Time Positions	128	2%
One Full-Time Position	4,799	74%
One Full-Time Position & One Part-Time Position	432	7%
Two Full-Time Positions	14	0%
More than Two Positions	35	1%
Total	6,519	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 hours	278	4%
1 to 9 hours	171	3%
10 to 19 hours	214	3%
20 to 29 hours	393	6%
30 to 39 hours	1,279	20%
40 to 49 hours	3,474	54%
50 to 59 hours	411	6%
60 to 69 hours	138	2%
70 to 79 hours	61	1%
80 or more hours	42	1%
Total	6,461	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Income		
Annual Income	#	%
Volunteer Work Only	40	1%
\$50,000 or less	281	6%
\$50,001-\$60,000	111	2%
\$60,001-\$70,000	83	2%
\$70,001-\$80,000	79	2%
\$80,001-\$90,000	104	2%
\$90,001-\$100,000	138	3%
\$100,001-\$110,000	296	6%
\$110,001-\$120,000	338	7%
\$120,001-\$130,000	589	12%
\$130,001-\$140,000	550	12%
\$140,001-\$150,000	607	13%
More than \$150,000	1,497	32%
Total	4,713	100%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	3,081	48%
Somewhat Satisfied	2,676	42%
Somewhat Dissatisfied	495	8%
Very Dissatisfied	175	3%
Total	6,427	100%

Source: Va. Healthcare Workforce Data Center

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Vacation Leave	4,421	72%	77%
Retirement	3,909	64%	69%
Health Insurance	3,885	63%	68%
Dental Insurance	3,767	62%	66%
Paid Sick Leave	3,261	53%	57%
Group Life Insurance	2,674	44%	48%
Signing/Retention Bonus	617	10%	11%
Received At Least One Benefit	4,691	77%	82%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Income

Median Income: \$130k-140k

Benefits

Employer Retirement: 69%

Employer Health Insurance: 68%

Satisfaction

Satisfied: 90%

Very Satisfied: 48%

Source: Va. Healthcare Workforce Data Center

The typical pharmacist earned between \$130,000 and \$140,000 in 2024. Among pharmacists who received either an hourly wage or a salary as compensation at their primary work location, 68% received health insurance and 69% also had access to a retirement plan.

A Closer Look:

Underemployment in Past Year		
In the past year did you . . . ?	#	%
Experience Involuntary Unemployment?	76	1%
Experience Voluntary Unemployment?	205	2%
Work Part-time or temporary positions, but would have preferred a full-time/permanent position?	139	2%
Work two or more positions at the same time?	715	8%
Switch employers or practices?	409	5%
Experienced at least 1	1,312	14%

Source: Va. Healthcare Workforce Data Center

1% of Virginia’s pharmacists experienced involuntary unemployment at some point in 2024. By comparison, Virginia’s average monthly unemployment rate was 2.9%.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at this Location	109	2%	56	7%
Less than 6 Months	479	8%	101	12%
6 Months to 1 Year	513	8%	95	12%
1 to 2 Years	1,338	22%	153	19%
3 to 5 Years	1,336	22%	150	18%
6 to 10 Years	900	15%	106	13%
More than 10 Years	1,513	24%	160	19%
Subtotal	6,187	100%	822	100%
Did not have location	262		8,217	
Item Missing	2,619		30	
Total	9,068		9,068	

Source: Va. Healthcare Workforce Data Center

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

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Stability

Switched: 5%
New Location: 19%
Over 2 years: 61%
Over 2 yrs, 2nd location: 51%

Employment Type

Salary or Wage: 94%

Source: Va. Healthcare Workforce Data Center

61% of pharmacists have worked at their primary location for more than 2 years—the job tenure normally required to get a conventional mortgage loan.

Employment Type		
Primary Work Site	#	%
Salary/ Commission	2,469	50%
Hourly Wage	2,198	44%
By Contract	50	1%
Business/ Practice Income	226	5%
Unpaid	43	1%
Subtotal	4,986	100%

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.3% and a high of 3.5%. The unemployment rate from December 2024 was still preliminary at the time of publication.

At a Glance:

Concentration

Top Region:	27%
Top 3 Regions:	72%
Lowest Region:	1%

Locations

2 or more (2023):	9%
2 or more (Now*):	12%

Source: Va. Healthcare Workforce Data Center

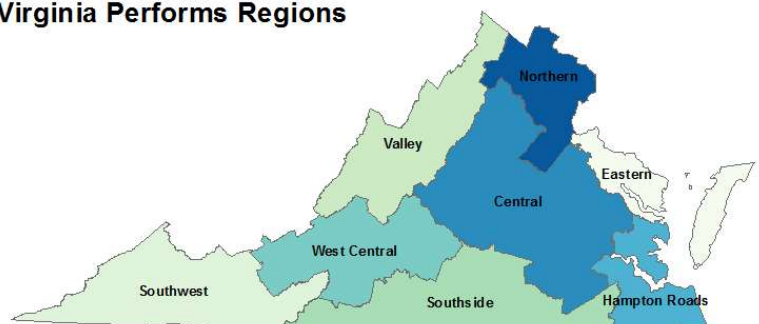
Over half of all pharmacists in the state work in either Northern Virginia or Central Virginia.

A Closer Look:

Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	1,659	27%	163	20%
Eastern	86	1%	22	3%
Hampton Roads	1,087	18%	152	18%
Northern	1,679	27%	188	23%
Southside	190	3%	27	3%
Southwest	357	6%	55	7%
Valley	339	5%	42	5%
West Central	679	11%	103	12%
Virginia Border State/DC	51	1%	25	3%
Other US State	37	1%	52	6%
Outside of the US	0	0%	0	0%
Total	6,164	100%	829	100%
Item Missing	2,641		23	

Source: Va. Healthcare Workforce Data Center

Virginia Performs Regions



Over the past year, 9% of Virginia's pharmacists worked at multiple locations.

Number of Work Locations				
Locations	Work Locations in 2023		Work Locations Now*	
	#	%	#	%
0	261	3%	267	4%
1	7,957	88%	5,340	84%
2	524	6%	485	8%
3	192	2%	182	3%
4	25	<1%	11	<1%
5	18	<1%	15	<1%
6 or More	91	1%	67	1%
Total	9,068	100%	6,366	100%

*At the time of survey completion, December 2023.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Sector	Location Sector			
	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	3,466	61%	536	71%
Non-Profit	1,663	29%	174	23%
State/Local Government	201	4%	17	2%
Veterans Administration	161	3%	7	1%
U.S. Military	100	2%	8	1%
Other Federal Gov't	98	2%	13	2%
Total	5,689	100%	755	100%
Did not have location	262		8,217	
Item Missing	3,118		98	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

For Profit:	61%
Federal:	6%

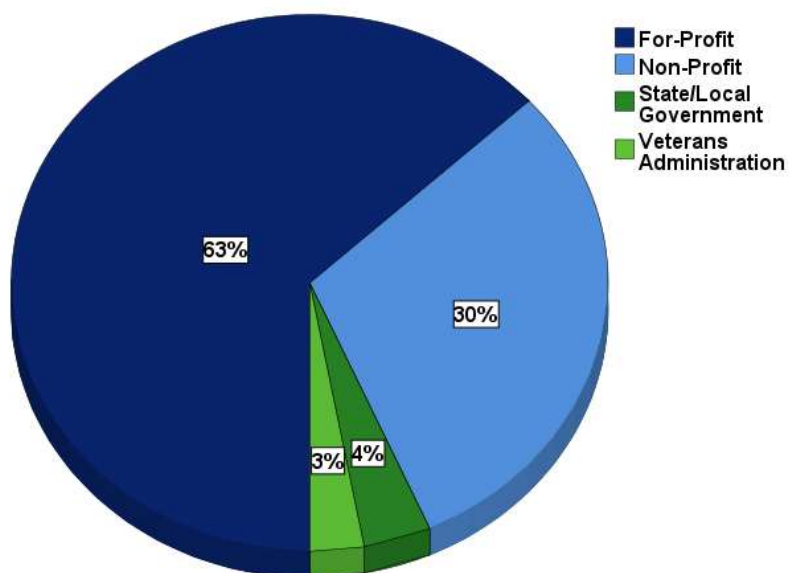
Top Establishments

Hospital/Health System: (Inpatient)	26%
Large Chain Pharmacy: (11+ Stores)	24%
Independent Pharmacy: (1-4 Stores)	9%

Source: Va. Healthcare Workforce Data Center

9% of all pharmacists work in the private sector, including 61% who work at a for-profit company. Another 6% of pharmacists work for the federal government, while 4% work for a state or local government.

Sector, Primary Work Site



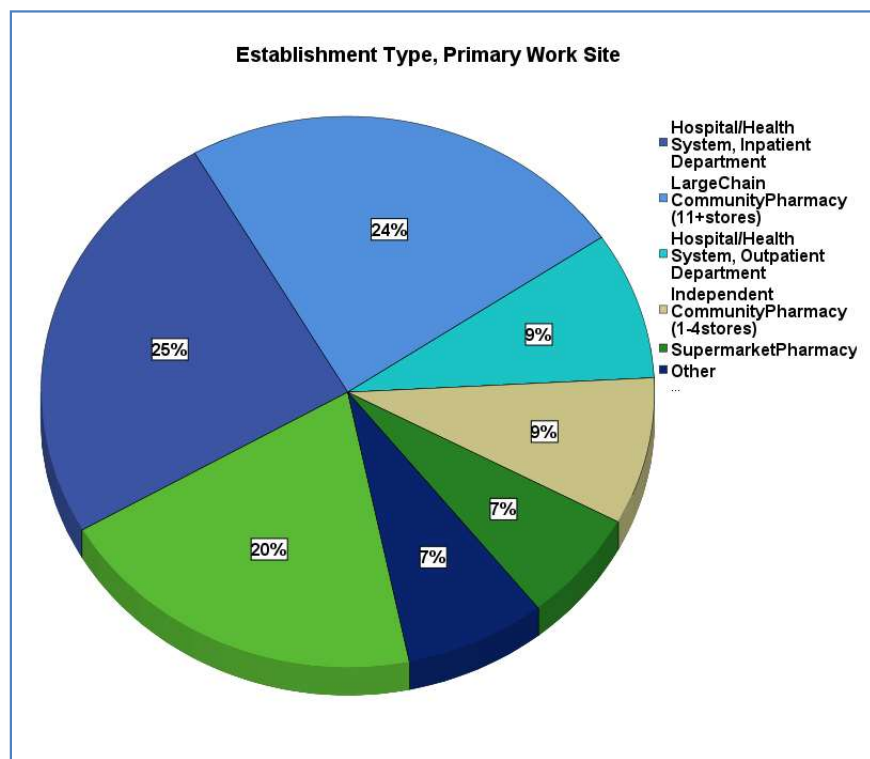
Source: Va. Healthcare Workforce Data Center

Top Location Types				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Hospital/Health System, Inpatient Department	1,403	25%	138	19%
Large Chain Community Pharmacy	1,336	24%	208	28%
Hospital/Health System, Outpatient Department	485	9%	30	4%
Independent Community Pharmacy	484	9%	91	12%
Supermarket Pharmacy	366	7%	47	6%
Clinic-Based Pharmacy	237	4%	45	6%
Mass Merchandiser (i.e., Big Box Store)	177	3%	33	4%
Benefit Administration	176	3%	8	1%
Nursing Home/Long-Term Care	156	3%	24	3%
Academic Institution	122	2%	24	3%
Mail Service Pharmacy	83	1%	10	1%
Home Health/Infusion	69	1%	4	1%
Manufacturer	51	1%	4	1%
Small Chain Community Pharmacy	36	1%	8	1%
Wholesale Distributor	8	0%	0	0%
Other	417	7%	68	9%
Total	5,606	100%	742	100%
Did Not Have a Location	262		8,217	

Hospital, health system, inpatient department is the most common establishment type in Virginia, employing a quarter of the state's pharmacist workforce.

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

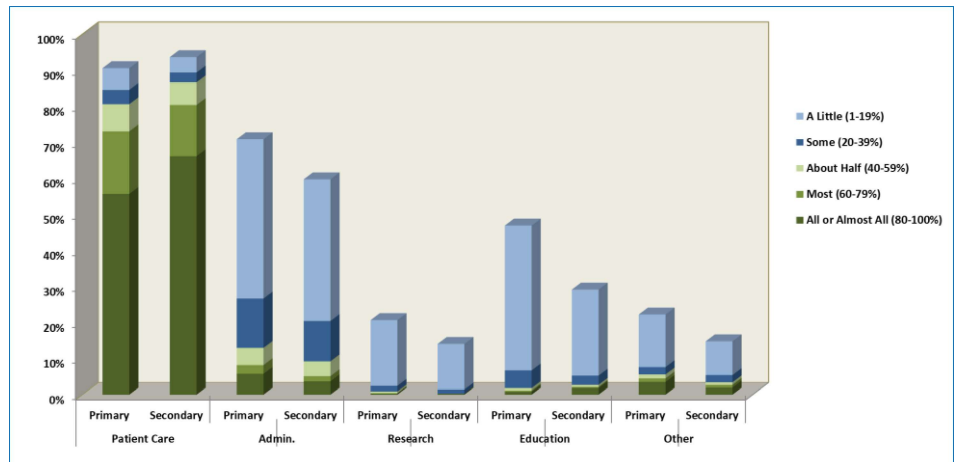
Patient Care: 74%
Administration: 8%
Education: 1%

Patient Care Pharmacists

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

Source: Va. Healthcare Workforce Data Center

A Closer Look:



Source: Va. Healthcare Workforce Data Center

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

Time Allocation										
Time Spent	Patient Care		Admin.		Research		Education		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	57%	69%	6%	4%	0%	1%	1%	2%	3%	2%
Most (60-79%)	17%	12%	3%	2%	0%	0%	0%	0%	1%	0%
About Half (40-59%)	7%	4%	4%	3%	0%	0%	1%	1%	1%	1%
Some (20-39%)	4%	3%	13%	9%	2%	1%	5%	2%	2%	2%
A Little (1-20%)	6%	3%	45%	43%	19%	12%	40%	27%	15%	11%
None (0%)	9%	9%	30%	40%	79%	85%	54%	68%	78%	85%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		Over 50	
	#	%	#	%
Under age 50	188	4%	-	-
50 to 54	206	4%	0	0%
55 to 59	573	12%	142	8%
60 to 64	1,381	28%	533	28%
65 to 69	1,724	35%	732	39%
70 to 74	455	9%	234	12%
75 to 79	149	3%	103	5%
80 or over	62	1%	34	2%
I do not intend to retire	221	4%	98	5%
Total	4,958	100%	1,876	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations**All Pharmacists**

Under 65: 47%

Under 60: 20%

Pharmacists 50 and over

Under 65: 36%

Under 60: 8%

Time until Retirement

Within 2 years: 7%

Within 10 years: 26%

Half the workforce: By 2049

Source: Va. Healthcare Workforce Data Center

47% of Virginia's pharmacists expect to retire before the age of 65, while 17% plan on working until at least age 70. Among pharmacists who are age 50 and over, 36% still plan on retiring by age 65, while 24% expect to work until at least age 70.

Within the next two years, 2% of Virginia's pharmacists plan on leaving the profession and 2% expect to leave the state. Meanwhile, 6% of pharmacists expect to pursue additional educational opportunities, and 5% plan on increasing the number of hours that they devote to patients.

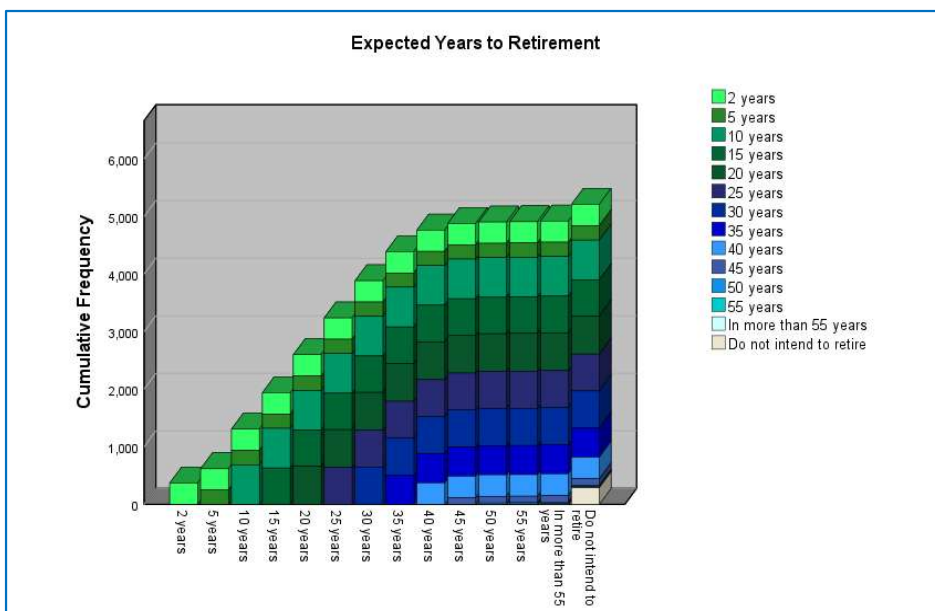
Future Plans		
2 Year Plans:	#	%
Decrease Participation		
Leave Profession	165	2%
Leave Virginia	183	2%
Decrease Patient Care Hours	269	3%
Decrease Teaching Hours	31	<1%
Increase Participation		
Increase Patient Care Hours	457	5%
Increase Teaching Hours	304	3%
Pursue Additional Education	565	6%
Return to Virginia's Workforce	88	1%

Source: Va. Healthcare Workforce Data Center

By comparing retirement expectation to age, we can estimate the maximum years to retirement for pharmacists. Only 7% of pharmacists plan on retiring in the next two years, while 26% plan on retiring in the next ten years. More than half of the current pharmacist workforce is expected to retire by 2049.

Time to Retirement			
Expect to retire within. . .	#	%	Cumulative %
2 years	363	7%	7%
5 years	242	5%	12%
10 years	671	14%	26%
15 years	579	12%	37%
20 years	628	13%	50%
25 years	645	13%	63%
30 years	605	12%	75%
35 years	484	10%	85%
40 years	344	7%	92%
45 years	124	3%	94%
50 years	26	1%	95%
55 years	12	0%	95%
In more than 55 years	15	0%	96%
Do not intend to retire	221	4%	100%
Total	4,958	100%	

Source: Va. Healthcare Workforce Data Center



Using these estimates, retirement will begin to reach 10% of the current workforce starting in 2034. Retirement will peak at 13% of the current workforce around 2044 before declining to under 10% of the current workforce again around 2064.

Source: Va. Healthcare Workforce Data Center

At a Glance:

FTEs

Total: 7,435
FTEs/1,000 Residents²: 0.853
Average: 0.84

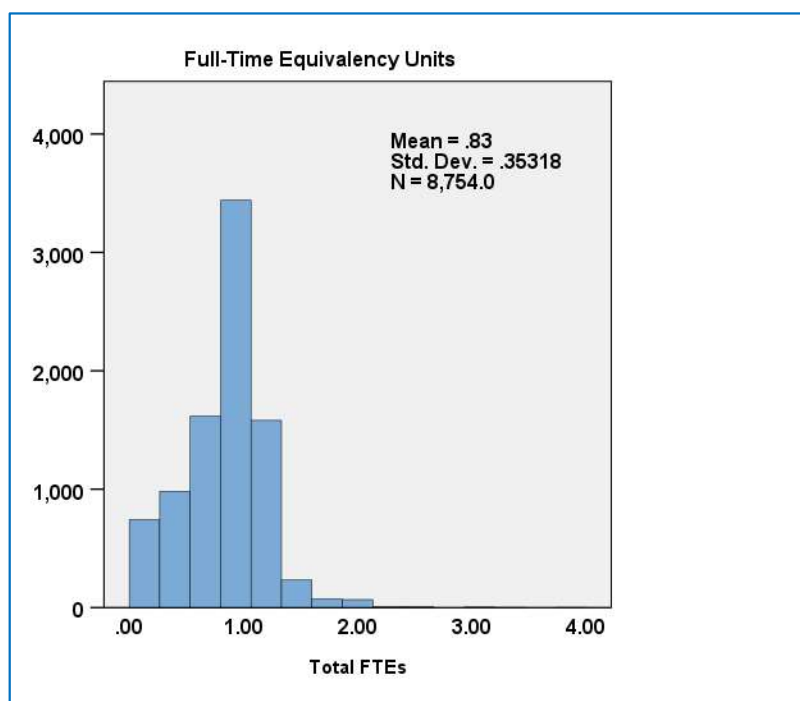
Age & Gender Effect

Age, Partial Eta³: Small
Gender, Partial Eta³: Negligible

Partial Eta³ Explained:
Partial Eta³ is a statistical measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

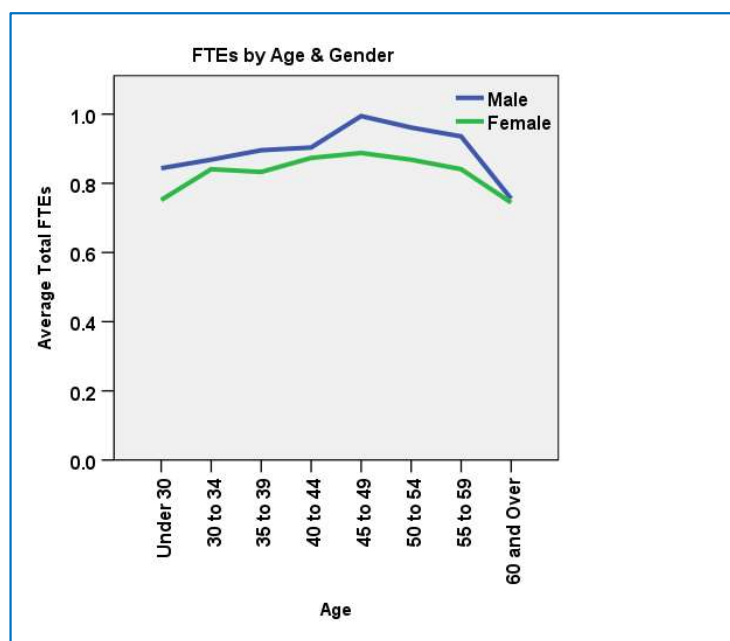


Source: Va. Healthcare Workforce Data Center

The typical pharmacist provided 0.85 FTEs in 2024, or about 34 hours per week for 52 weeks. Although FTEs appear to vary by both age and gender, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
	Average	Median
Under 30	0.72	0.71
30 to 34	0.83	0.84
35 to 39	0.86	0.85
40 to 44	0.85	0.78
45 to 49	0.90	0.88
50 to 54	0.91	0.88
55 to 59	0.92	0.99
60 and Over	0.74	0.67
Gender		
Male	0.89	0.98
Female	0.84	0.92

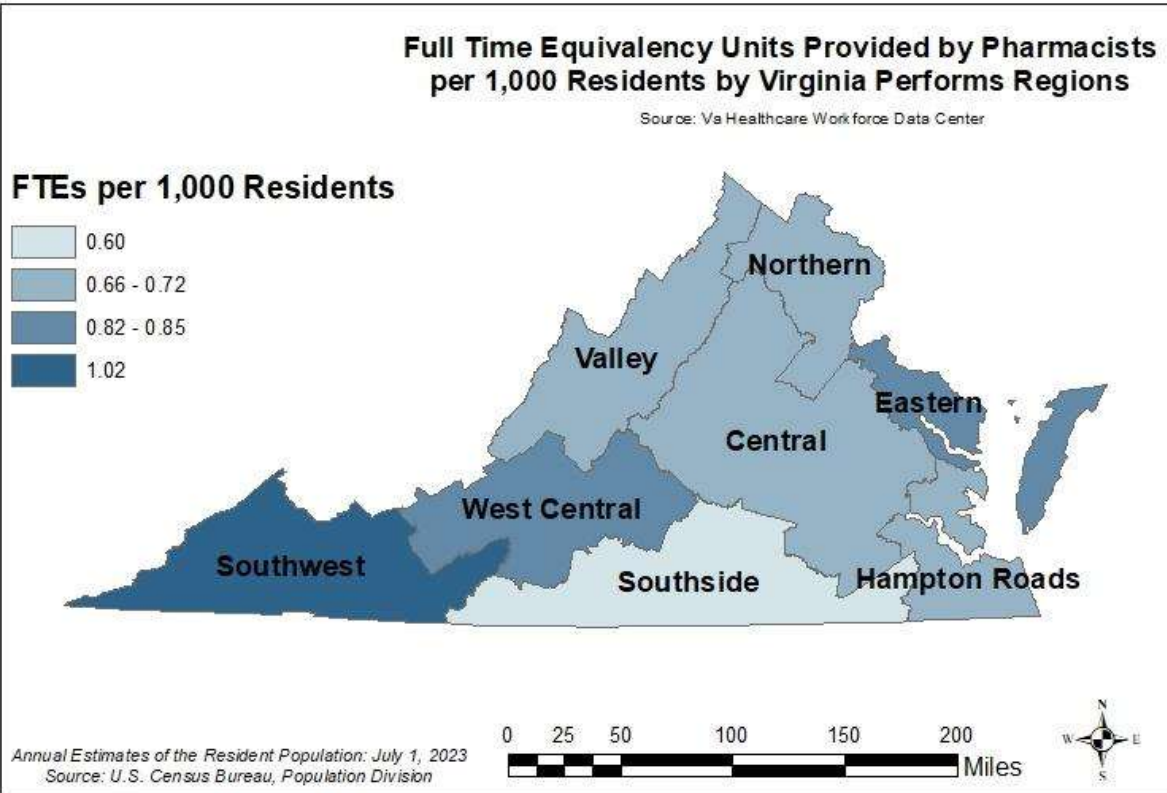
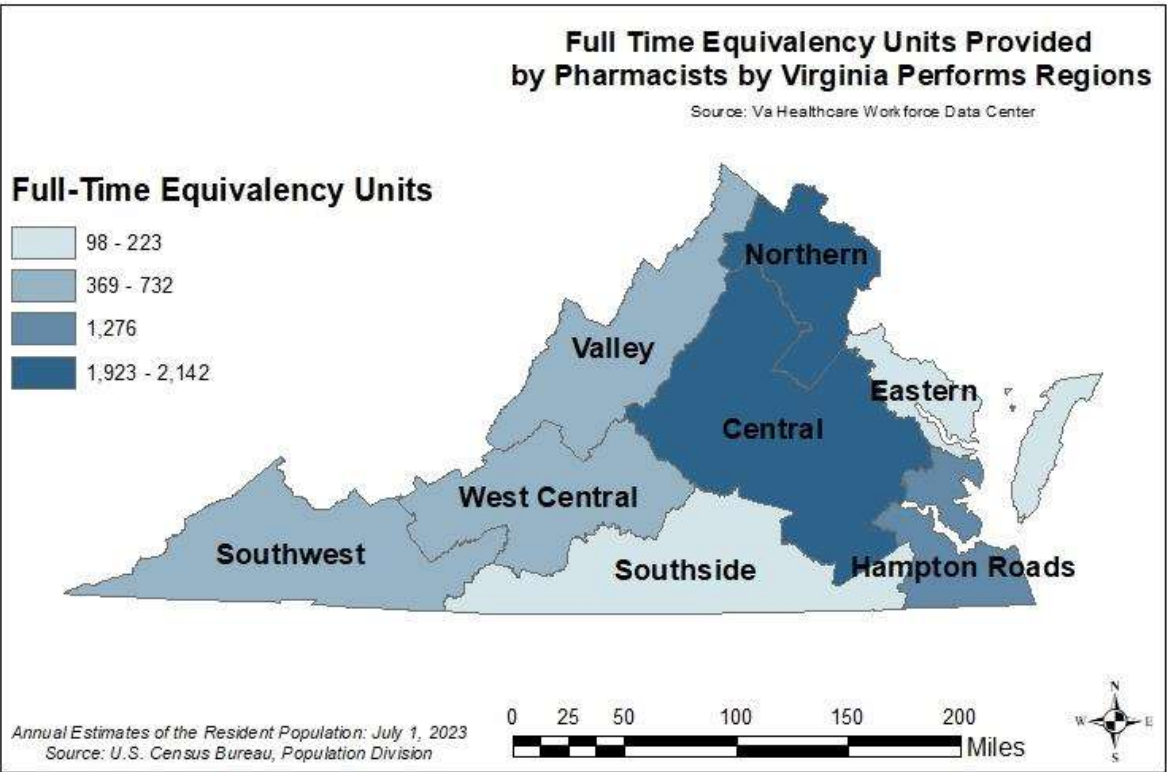
Source: Va. Healthcare Workforce Data Center

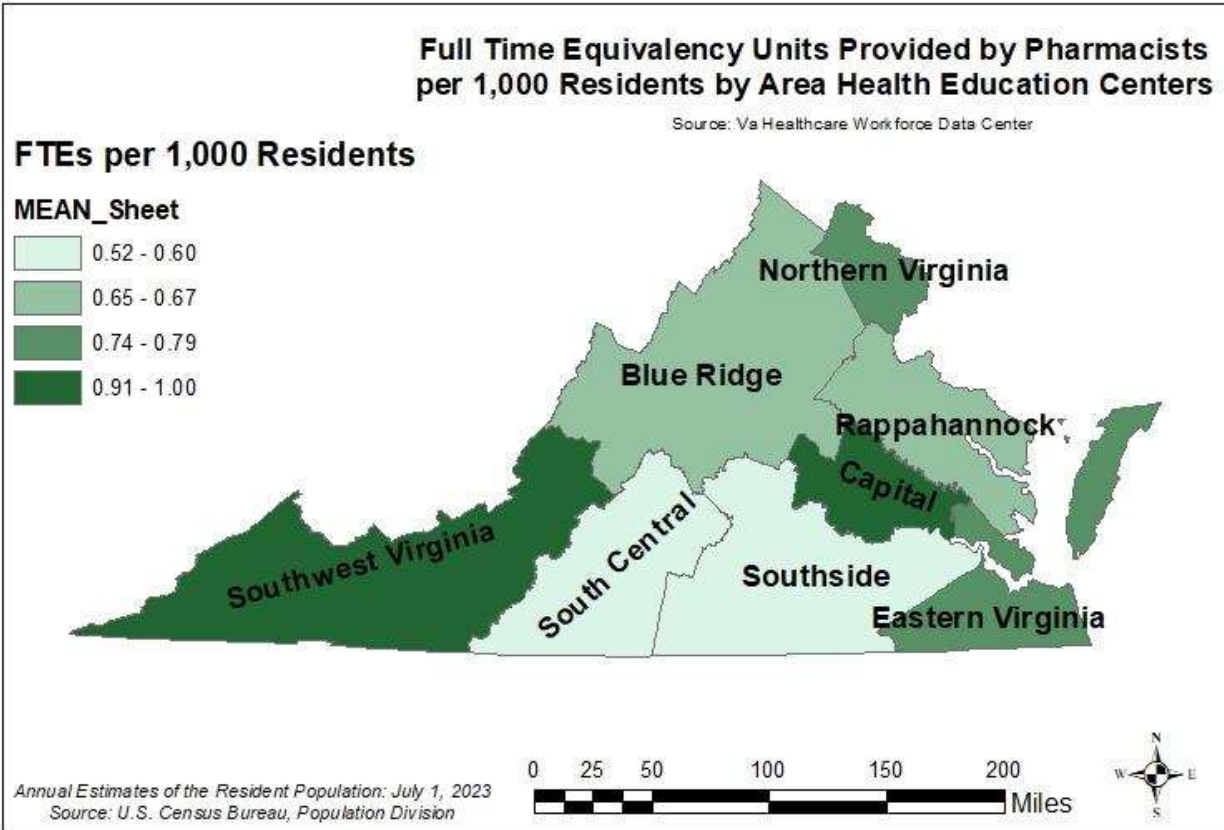
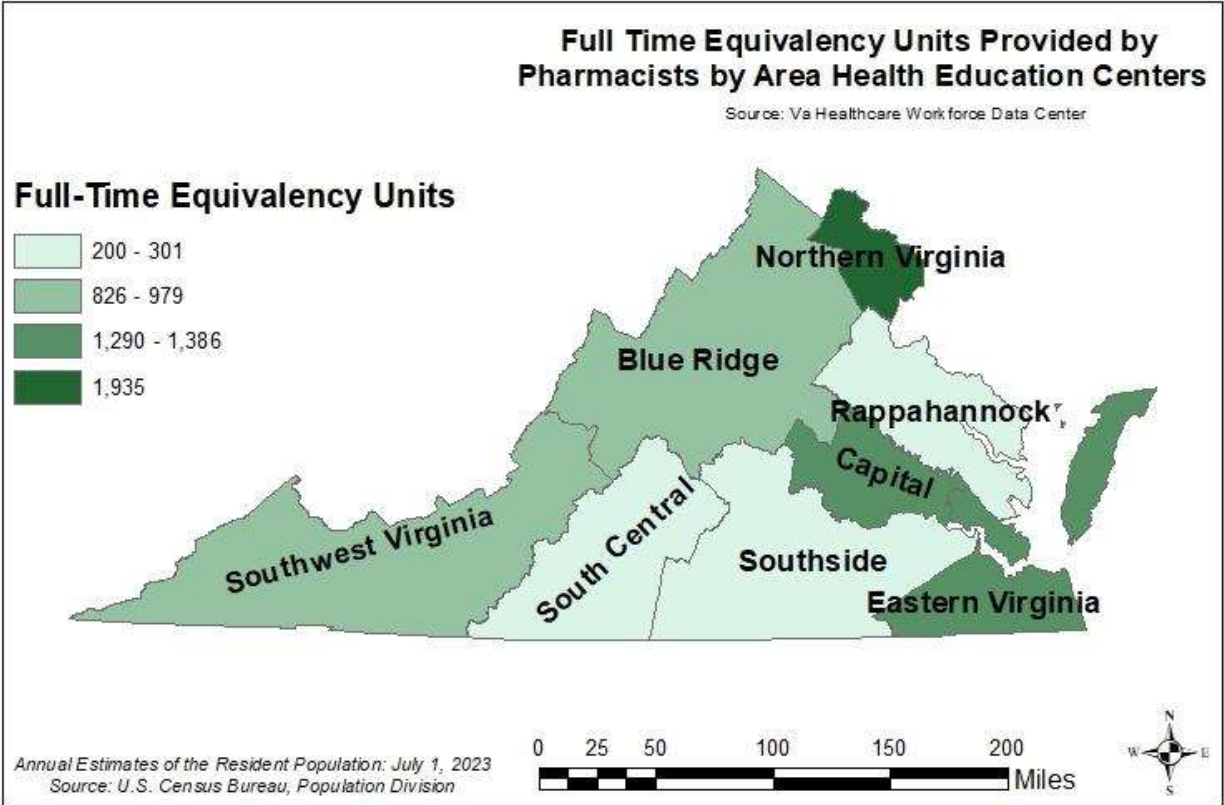


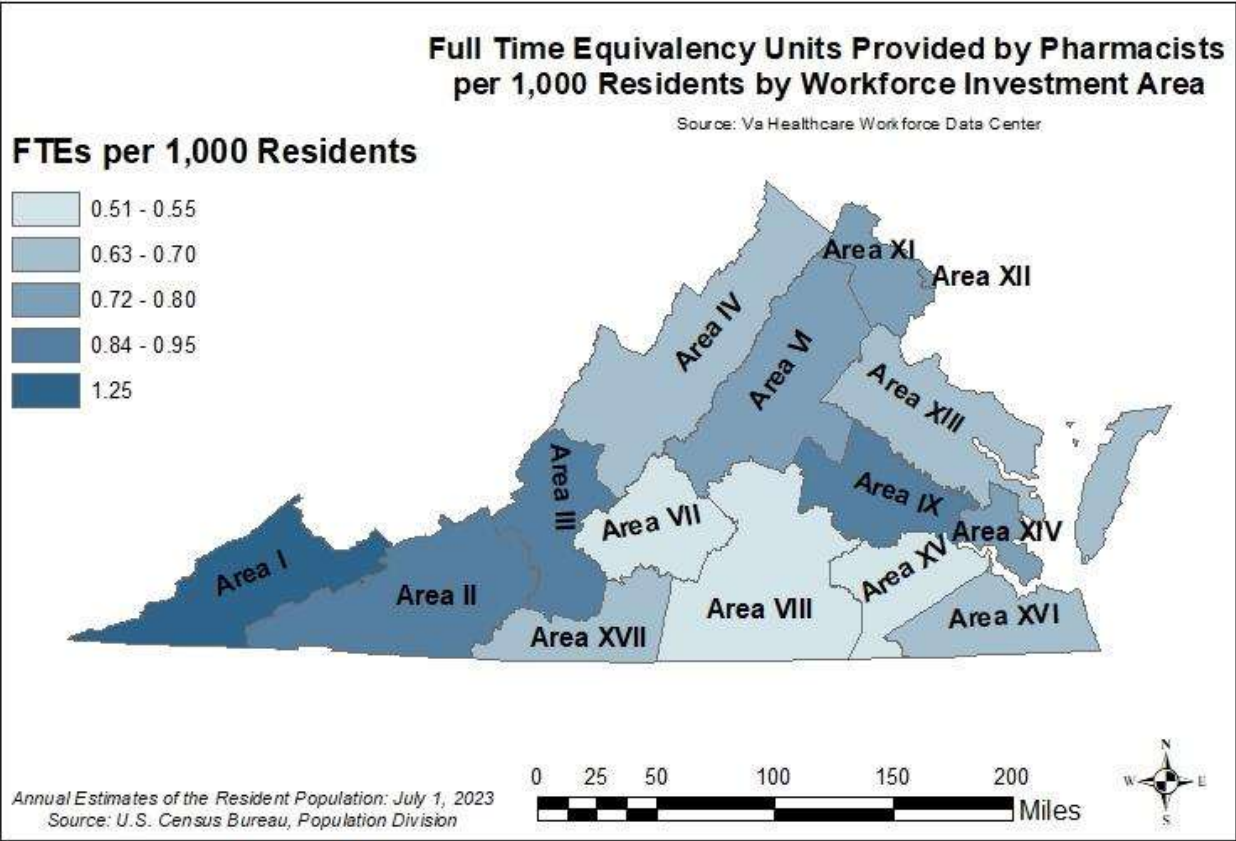
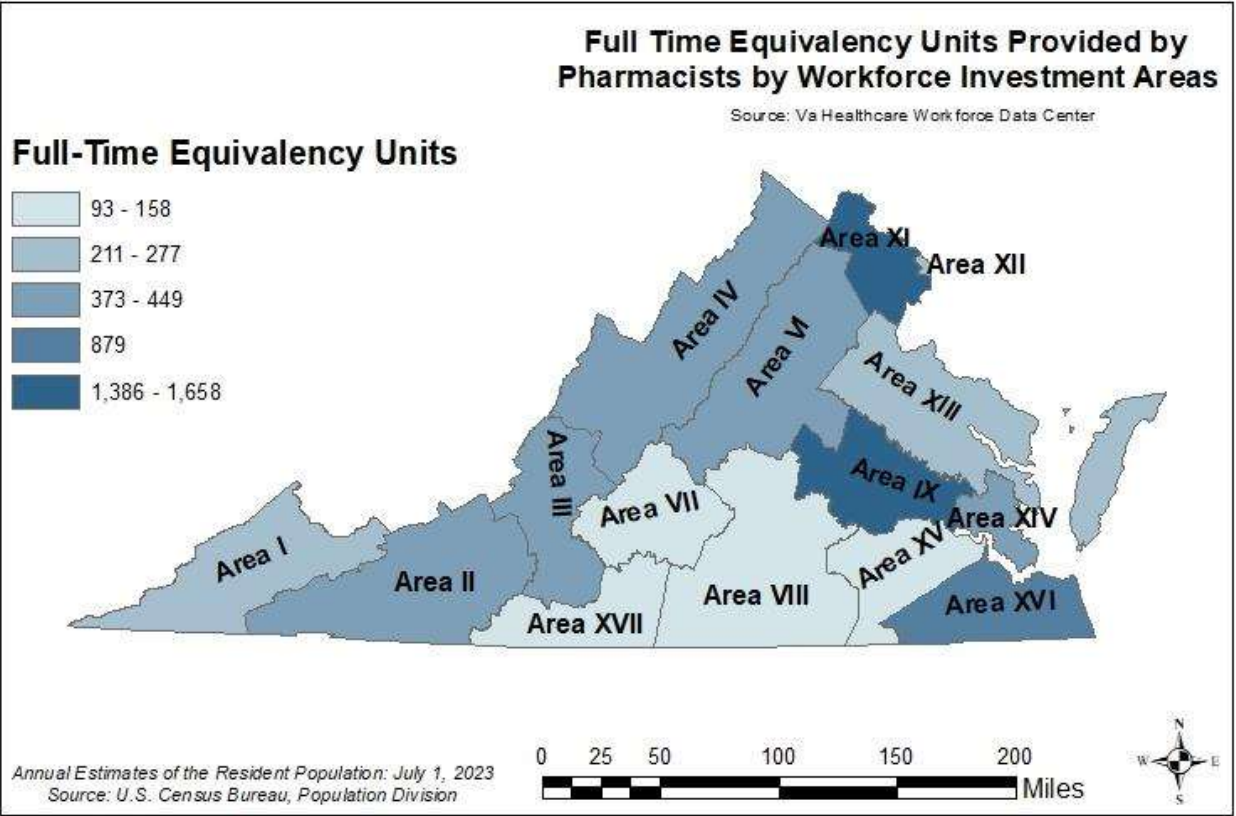
Source: Va. Healthcare Workforce Data Center

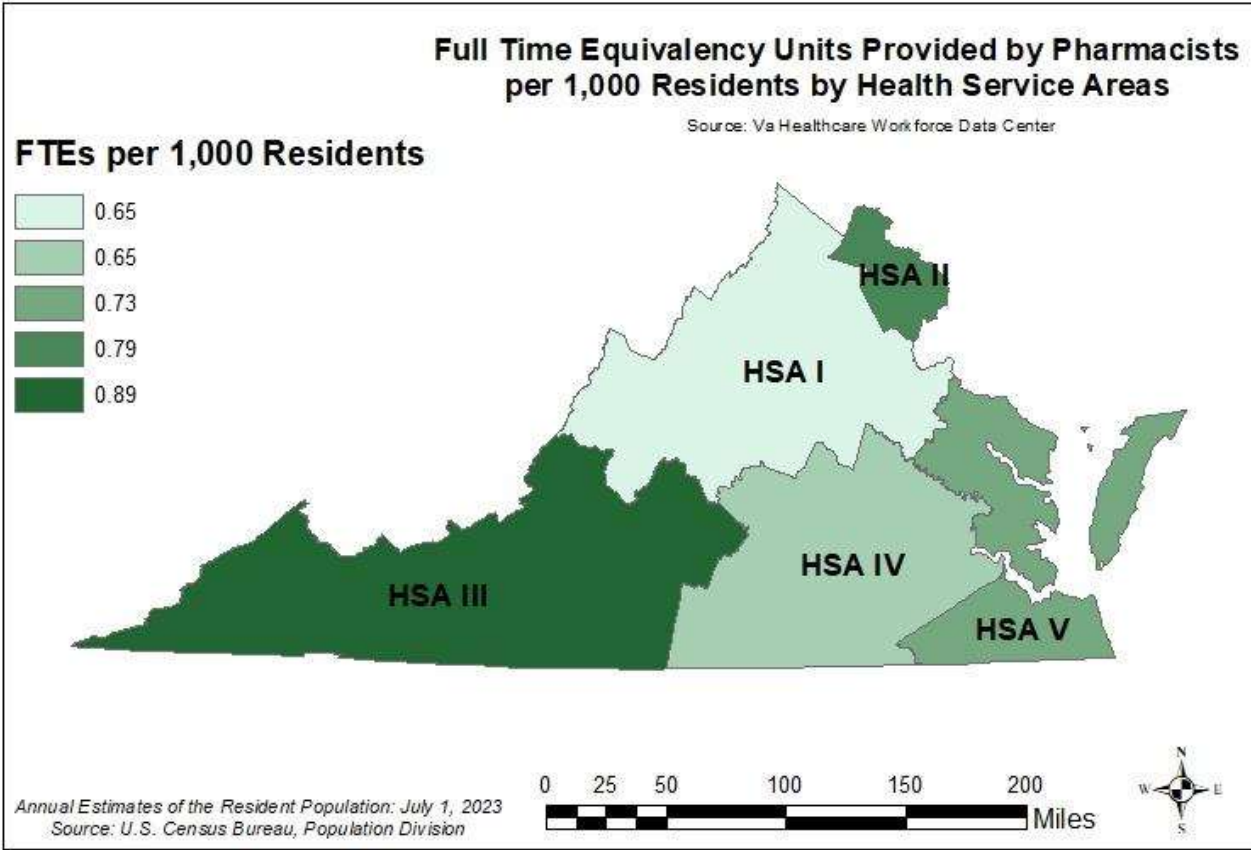
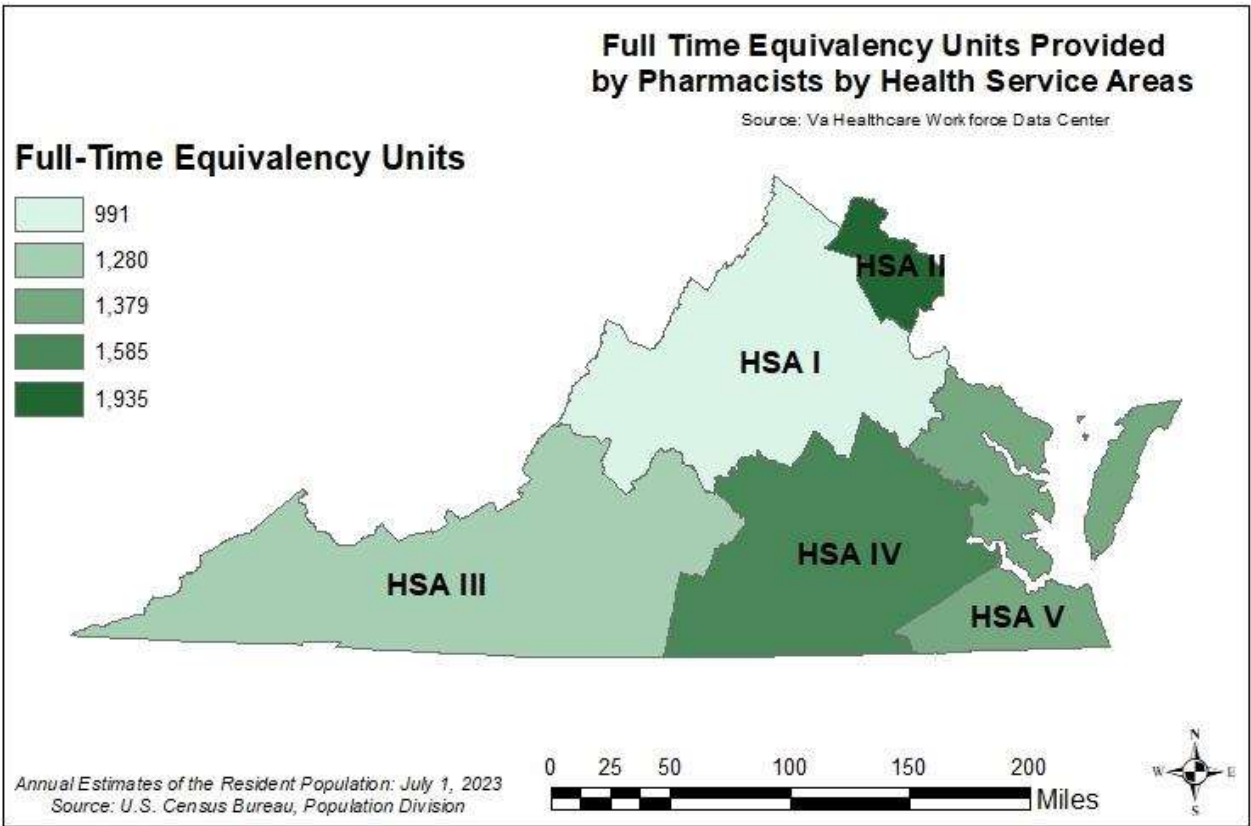
² Number of residents in 2023 was used as the denominator.

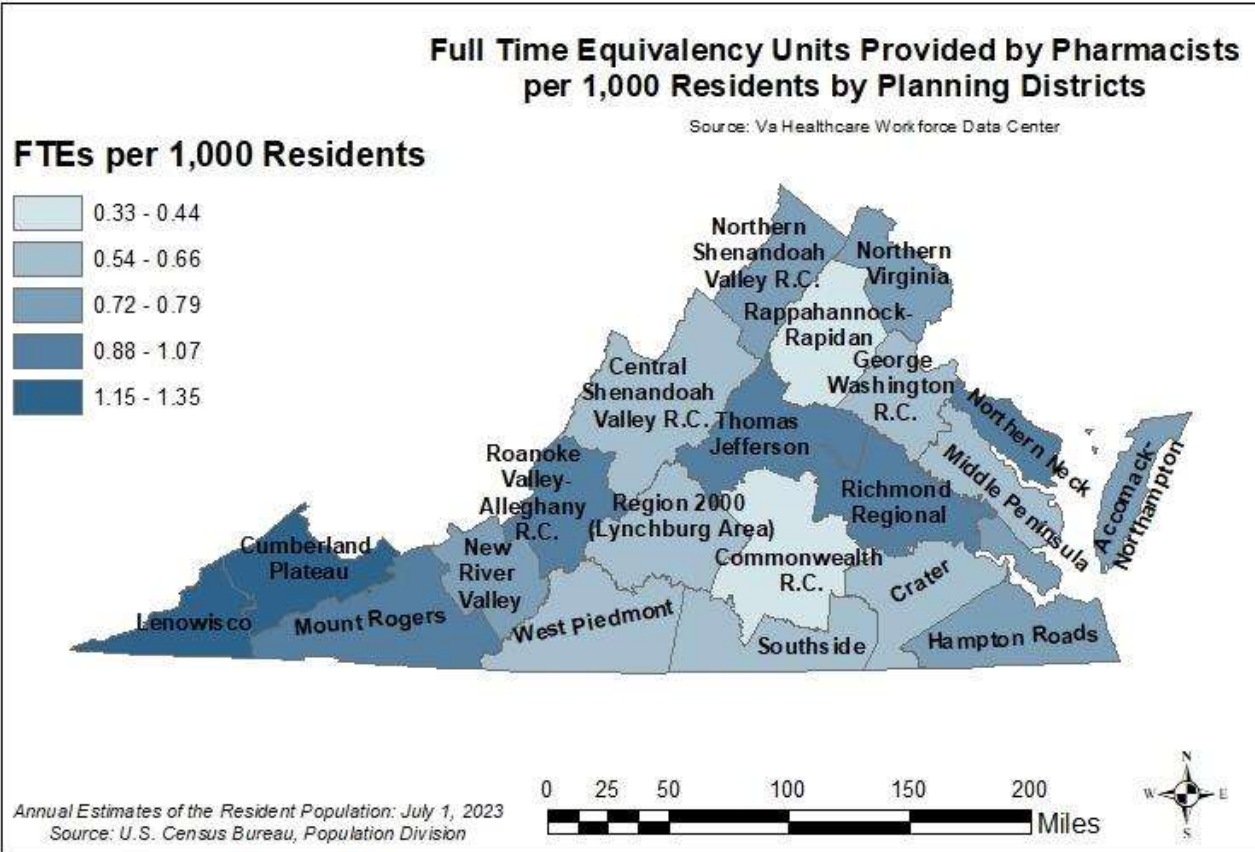
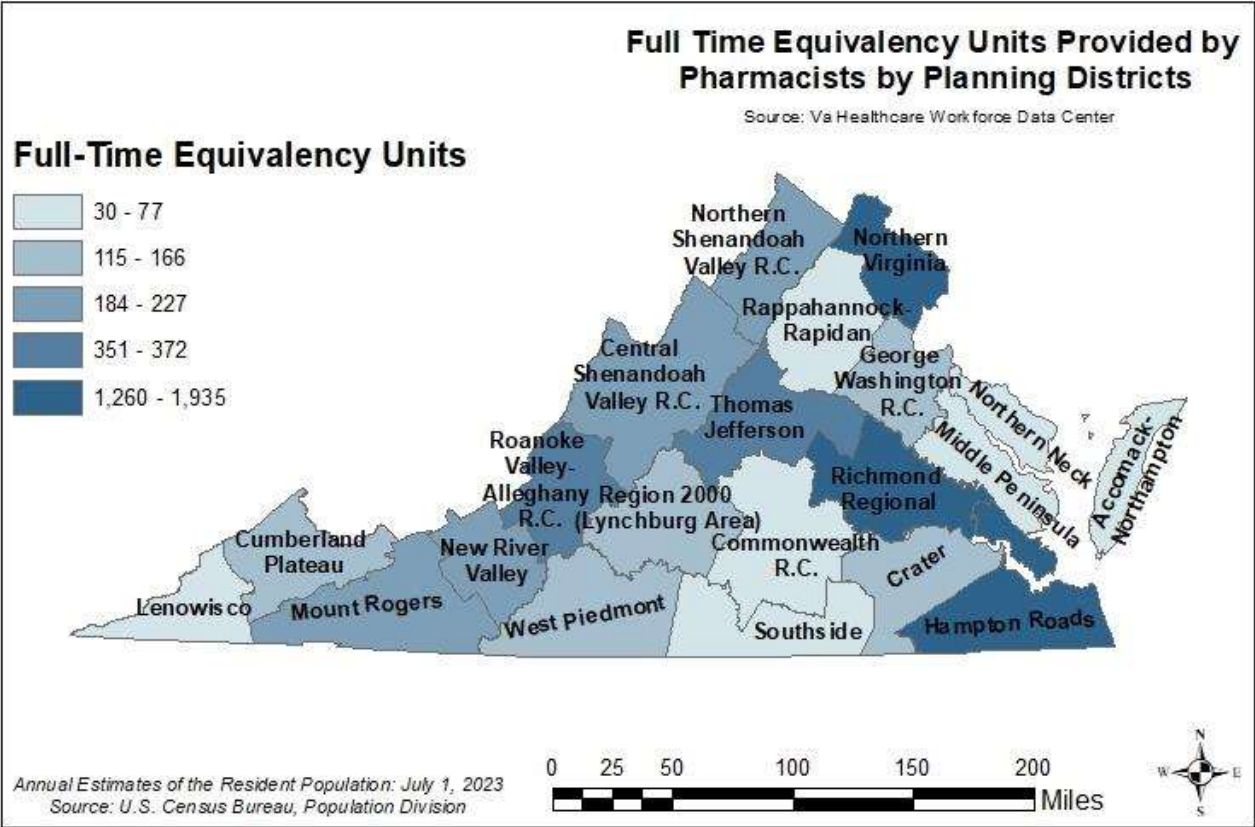
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test & Interaction effect are significant).











Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min	Max
Metro, 1 million+	6,846	93.76%	1.0665	1.0413	1.1559
Metro, 250,000 to 1 million	927	93.64%	1.0680	1.0427	1.1574
Metro, 250,000 or less	1,154	94.19%	1.0616	1.0365	1.1506
Urban pop 20,000+, Metro adj	122	91.80%	1.0893	1.0635	1.1805
Urban pop 20,000+, nonadj	0	NA	NA	NA	NA
Urban pop, 2,500-19,999, Metro adj	349	93.41%	1.0706	1.0452	1.1602
Urban pop, 2,500-19,999, nonadj	293	93.17%	1.0733	1.0479	1.1632
Rural, Metro adj	240	92.08%	1.0860	1.0603	1.1770
Rural, nonadj	129	93.80%	1.0661	1.0409	1.1554
Virginia border state/DC	2,973	91.46%	1.0934	1.0676	1.1850
Other US State	3,908	90.23%	1.1083	1.0821	1.2012

Source: Va. Healthcare Workforce Data Center

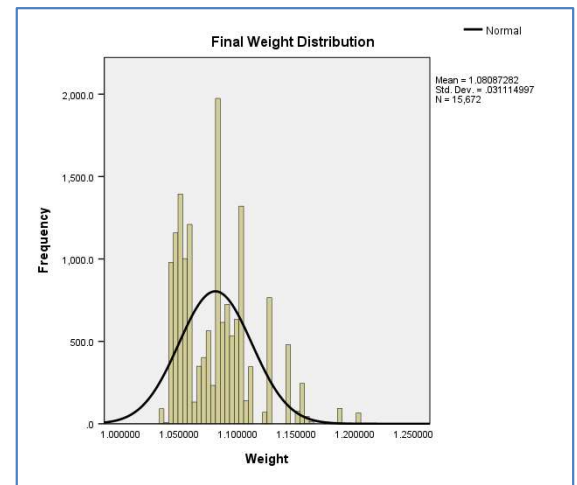
See the Methods section on the HWDC website for details on HWDC Methods:

www.dhp.virginia.gov/hwdc/

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

Age Weight x Rural Weight x Response Rate =
Final Weight.

Overall Response Rate: 0.92515



Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min	Max
Under 30	642	85.36%	1.1715	1.1506	1.2012
30 to 34	2,124	91.05%	1.0982	1.0786	1.1260
35 to 39	2,977	93.92%	1.0647	1.0457	1.0917
40 to 44	2,670	93.26%	1.0723	1.0531	1.0994
45 to 49	2,061	94.32%	1.0602	1.0412	1.0870
50 to 54	1,924	94.75%	1.0554	1.0365	1.0821
55 to 59	1,706	93.55%	1.0689	1.0498	1.0960
60 and Over	2,836	89.60%	1.1161	1.0961	1.1444

Source: Va. Healthcare Workforce Data Center

DRAFT

Virginia's Pharmacy Technician Workforce: 2024

Healthcare Workforce Data Center

January 2025

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

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

More than 11,000 Pharmacy Technicians voluntarily participated in this survey. Without their efforts, the work of the center would not be possible. The Department of Health Professions, the Healthcare Workforce Data Center, and the Board of Pharmacy express our sincerest appreciation for their ongoing cooperation.

Thank You!

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The Pharmacy Technician Workforce At a Glance:

The Workforce

Registrants:	13,948
Virginia's Workforce:	12,793
FTEs:	10,010
Trainees*:	8,016

Background

Rural Childhood:	40%
HS Degree in VA:	74%
% Work Non-Metro:	13%

Current Employment

Employed in Prof.:	83%
Hold 1 Full-Time Job:	70%
Satisfied?:	91%

Survey Response Rate

All Registrants:	
Renewing Practitioners:	99%

Education

80%	High School/GED:
Associate Degree:	20%

Job Turnover

56%	Switched Jobs:	4%
Employed Over 2 Yrs.:	54%	

Demographics

Female:	85%
Diversity Index:	62%
Median Age:	37

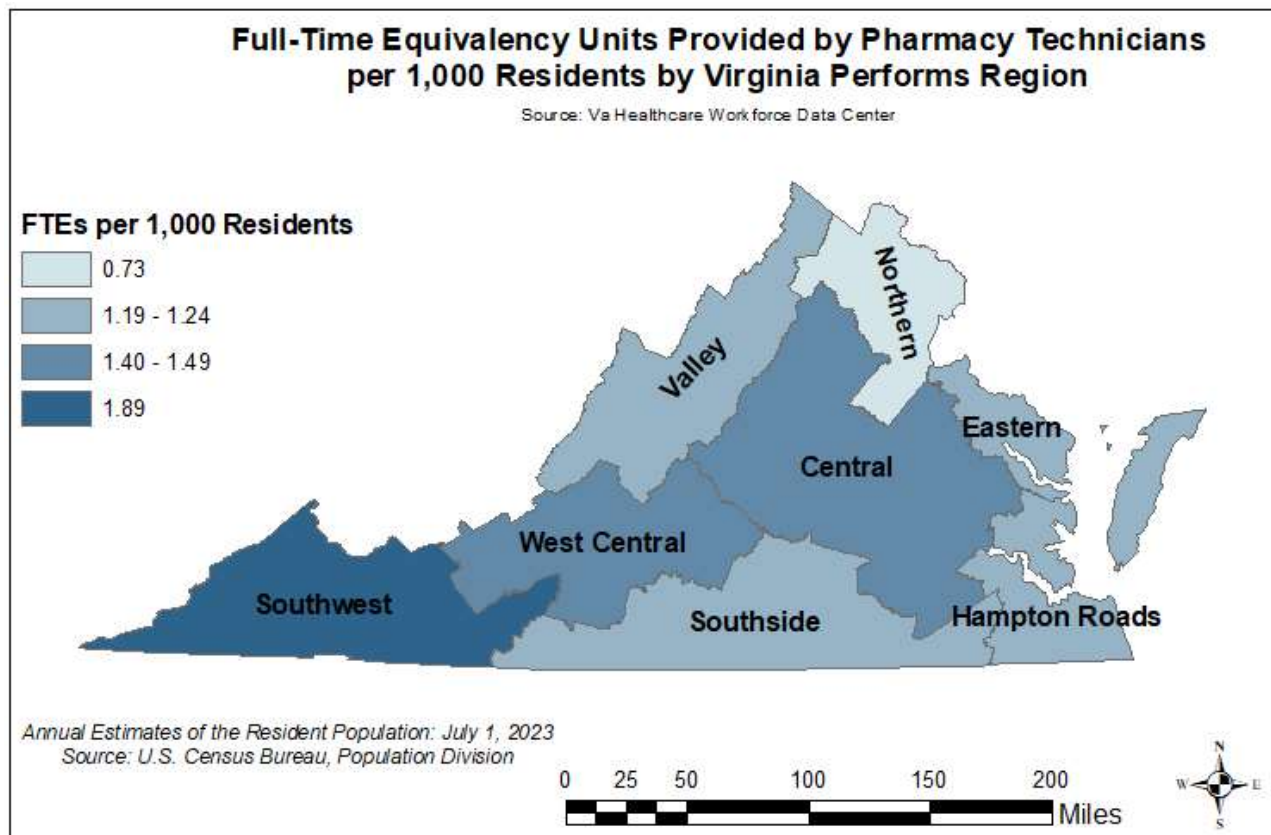
Finances

Median Income:	\$35k-\$40k
Health Insurance:	60%
Under 40 w/ Ed. Debt:	46%

Primary Roles

Medication Disp.:	56%
Administration:	6%
Supervision:	2%

Source: Va. Healthcare Workforce Data Center



*The survey was not available to Pharmacy Technician Trainees.

Results in Brief

This report contains the results of the 2024 Pharmacy Technician Workforce survey. A total of 11,116 pharmacy technicians voluntarily participated in this survey. The Virginia Department of Health Professions' Healthcare Workforce Data Center (HWDC) administers the survey during the registration renewal process, which takes place every December for pharmacy technicians. These survey respondents represent 80% of the 13,948 pharmacy technicians who are registered in the state and 99% of renewing practitioners. Additionally, there were 8,016 pharmacy technician trainees registered with the department of health professions, which represents a 73% increase since 2021.

The HWDC estimates that 12,793 pharmacy technicians participated in Virginia's workforce during the survey period, which is defined as those who worked at least a portion of the year in the state or who live in the state and intend to return to work in the profession at some point in the future. Virginia's pharmacy technician workforce provided 10,010 "full-time equivalency units," which the HWDC defines simply as working 2,000 hours per year.

Among all pharmacy technicians, 85% are female. In addition, the median age of this workforce is 37. In a random encounter between two pharmacy technicians, there is a 62% chance that they would be of different races or ethnicities, a measure known as the diversity index. For those pharmacy technicians who are under the age of 40, this diversity index increases to 66%. The comparable diversity index for Virginia's overall population is 60%. Two out of every five pharmacy technicians grew up in a rural area, and 27% of pharmacy technicians who grew up in a rural area currently work in a non-metro area of Virginia. In total, 13% of all pharmacy technicians work in a non-metro area.

Among all pharmacy technicians, 83% are currently employed in the profession, 70% hold one full-time position, and 50% work between 40 and 49 hours per week. Nearly three out of every four pharmacy technicians are employed in the for-profit sector, while another 18% of pharmacy technicians work in the non-profit sector. The median annual income for pharmacy technicians is between \$35,000 and \$40,000, and 90% receive this income as an hourly wage. More than nine out of every ten pharmacy technicians indicated that they are satisfied with their current work situation, including 50% who indicated that they are "very satisfied."

Summary of Trends

In this section, all statistics for the current year are compared to the 2014 pharmacy technician workforce. The number of registered pharmacy technicians has decreased by 5% (13,948 vs. 14,686). The size of Virginia's pharmacy technician workforce has fallen by 7% (12,793 vs. 13,783), while the number of FTEs provided by this workforce has fallen by 5% (10,010 vs. 10,487). Renewing pharmacy technicians are more likely to respond to the survey (99% vs. 95%).

The percentage of pharmacy technicians who are female has increased (85% vs. 84%), and the median age of this workforce has risen as well (37 vs. 34). At the same time, the diversity index of this workforce has increased (62% vs. 58%), a trend that has also occurred among those professionals who are under the age of 40 (66% vs. 62%). The percentage of pharmacy technicians who grew up in a rural area has declined slightly (40% vs. 41%), and pharmacy technicians who grew up in a rural area are also slightly less likely to work in a non-metro area (27% vs. 28%). In total, the percentage of all pharmacy technicians who work in a non-metro county has fallen (13% vs. 14%). Pharmacy technicians are relatively more likely to hold a baccalaureate degree (20% vs. 17%) as their highest professional degree than a high school degree/GED (56% vs. 59%). Although pharmacy technicians are less likely to hold education debt (36% vs. 39%), the median outstanding balance among those with education debt has increased (\$18k-\$20k vs. \$12k-\$14k).

Pharmacy technicians are more likely to work in the profession (83% vs. 78%), hold one full-time position (70% vs. 62%), and work between 40 and 49 hours per week (50% vs. 40%). In addition, pharmacy technicians are more likely to work for an employer that requires a national certification as a condition for employment (65% vs. 41%). At the same time, pharmacy technicians are also more likely to have received a pay raise after having earned a national certification (45% vs. 35%). Pharmacy technicians are relatively more likely to work in the non-profit sector (18% vs. 13%) than in the for-profit sector (72% vs. 76%). The median annual income of pharmacy technicians has increased (\$35k-\$40k vs. \$20k-\$25k). Pharmacy technicians are more likely to indicate that they are satisfied with their current work situation (91% vs. 89%), including those who indicated that they are "very satisfied" (50% vs. 46%).

A Closer Look:

Registrant Counts		
Registration Status	#	%
Renewing Practitioners	10,647	76%
New Registrants	1,675	12%
Non-Renewals	1,626	12%
All Registrants	13,948	100%

Source: Va. Healthcare Workforce Data Center

HWDC surveys tend to achieve very high response rates. Among all renewing pharmacy technicians, 99% submitted a survey. These represent 80% of the 13,948 pharmacy technicians who were registered at some point in 2024.

Definitions

- 1. **The Survey Period:** The survey was conducted in December 2024.
- 2. **Target Population:** All professionals who held a Virginia registration at some point in 2024.
- 3. **Survey Population:** The survey was available to those who renewed their registration online. It was not available to those who did not renew, including some professionals newly registered in 2024.

Response Rates			
Statistic	Non Respondents	Respondents	Response Rate
By Age			
Under 30	1,279	2,668	68%
30 to 34	416	1,644	80%
35 to 39	330	1,597	83%
40 to 44	224	1,343	86%
45 to 49	152	1,096	88%
50 to 54	149	983	87%
55 to 59	97	788	89%
60 and Over	185	997	84%
Total	2,832	11,116	80%
New Registrations			
Issued in 2024	1,116	559	33%
Metro Status			
Non-Metro	330	1,608	83%
Metro	1,995	8,690	81%
Not in Virginia	507	818	62%

Source: Va. Healthcare Workforce Data Center

Response Rates	
Completed Surveys	11,116
Response Rate, All Registrants	80%
Response Rate, Renewals	99%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Registered Pharmacy Tech.

Number: 13,948
New: 12%
Not Renewed: 12%

Survey Response Rates

All Registrants: 80%
Renewing Practitioners: 99%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Workforce

Pharmacy Tech. Workforce: 12,793
FTEs: 10,010

Utilization Ratios

Registrants in VA Workforce: 92%
Registrants per FTE: 1.39
Workers per FTE: 1.28

Source: Va. Healthcare Workforce Data Center

Definitions

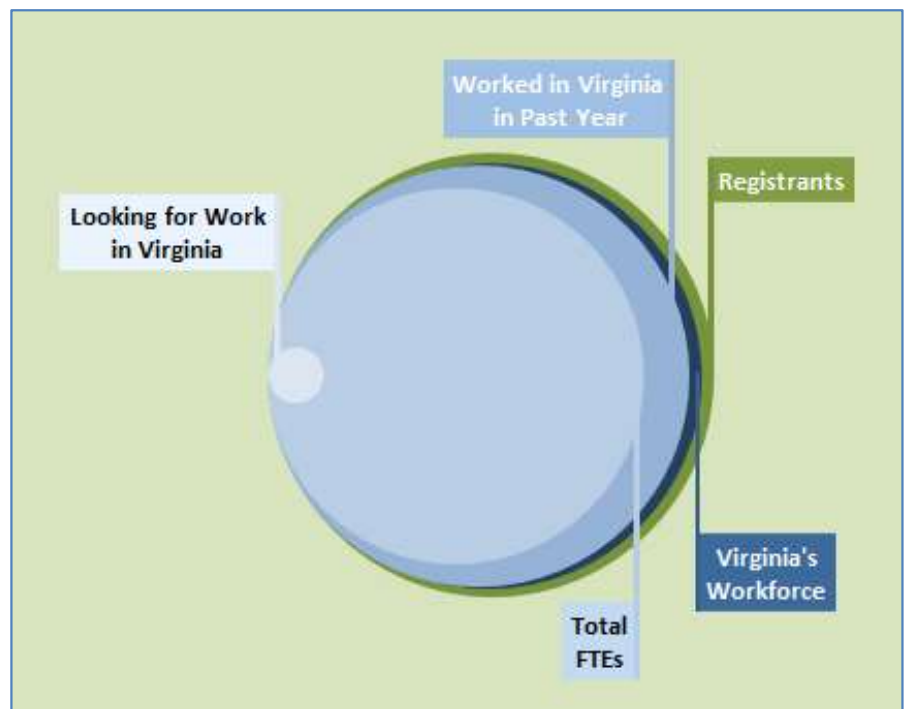
- 1. Virginia's Workforce:** A registrant with a primary or secondary work site in Virginia at any time in the past year or who indicated intent to return to Virginia's workforce at any point in the future.
- 2. Full-Time Equivalency Unit (FTE):** The HWDC uses 2,000 (40 hours for 50 weeks) as its baseline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

Pharmacy Tech. Workforce

Status	#	%
Worked in Virginia in Past Year	12,567	98%
Looking for Work in Virginia	227	2%
Virginia's Workforce	12,793	100%
Total FTEs	10,010	
Registrants	13,948	

Source: Va. Healthcare Workforce Data Center

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



Source: Va. Healthcare Workforce Data Center

A Closer Look:

Age & Gender						
Age	Male		Female		Total	
	#	% Male	#	% Female	#	% in Age Group
Under 30	563	17%	2,738	83%	3,302	31%
30 to 34	244	16%	1,313	84%	1,557	15%
35 to 39	194	14%	1,217	86%	1,411	13%
40 to 44	162	15%	946	85%	1,108	11%
45 to 49	130	15%	758	85%	888	8%
50 to 54	80	10%	752	90%	832	8%
55 to 59	79	13%	541	87%	621	6%
60 and Over	109	13%	718	87%	827	8%
Total	1,562	15%	8,984	85%	10,546	100%

Source: Va. Healthcare Workforce Data Center

Race & Ethnicity					
Race/ Ethnicity	Virginia*	Pharmacy Tech.		Pharmacy Tech. Under 40	
	%	#	%	#	%
White	59%	5,949	56%	3,286	52%
Black	19%	2,381	22%	1,463	23%
Asian	7%	971	9%	555	9%
Other Race	0%	157	1%	84	1%
Two or More Races	3%	438	4%	344	5%
Hispanic	11%	747	7%	590	9%
Total	100%	10,643	100%	6,322	100%

*Population data in this chart is from the U.S. Census, Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: July 1, 2023.

Source: Va. Healthcare Workforce Data Center

Among the 59% of pharmacy technicians who are under the age of 40, 84% are female. In addition, the diversity index among pharmacy technicians who are under the age of 40 is 66%.

At a Glance:

Gender

% Female: 85%

% Under 40 Female: 84%

Age

Median Age: 37

% Under 40: 59%

% 55 and Over: 14%

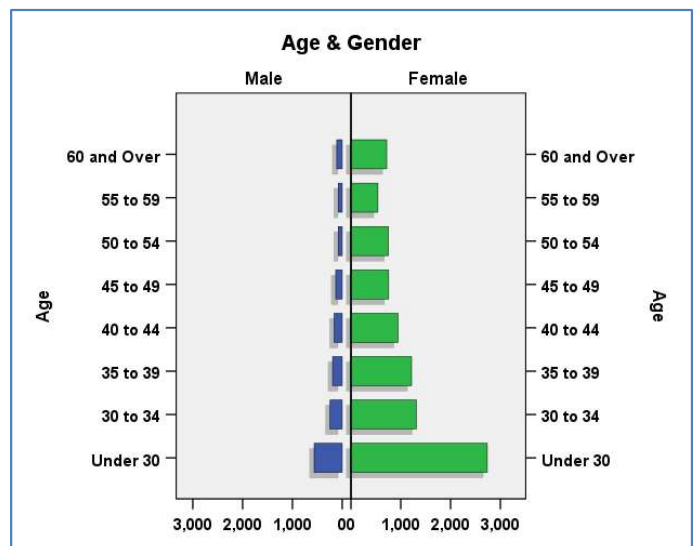
Diversity

Diversity Index: 62%

Under 40 Div. Index: 66%

Source: Va. Healthcare Workforce Data Center

In a chance encounter between two professionals, there is a 62% chance that they would be of different races or ethnicities (a measure known as the diversity index). For Virginia's overall population, the comparable diversity index is 60%.



Source: Va. Healthcare Workforce Data Center

At a Glance:

Childhood

Urban Childhood: 19%
Rural Childhood: 40%

Virginia Background

HS in Virginia: 74%
HS in VA, Past 5 Years: 72%

Location Choice

% Work Non-Metro: 13%
% Rural to Non-Metro: 27%
% Urban/Suburban to Non-Metro: 4%

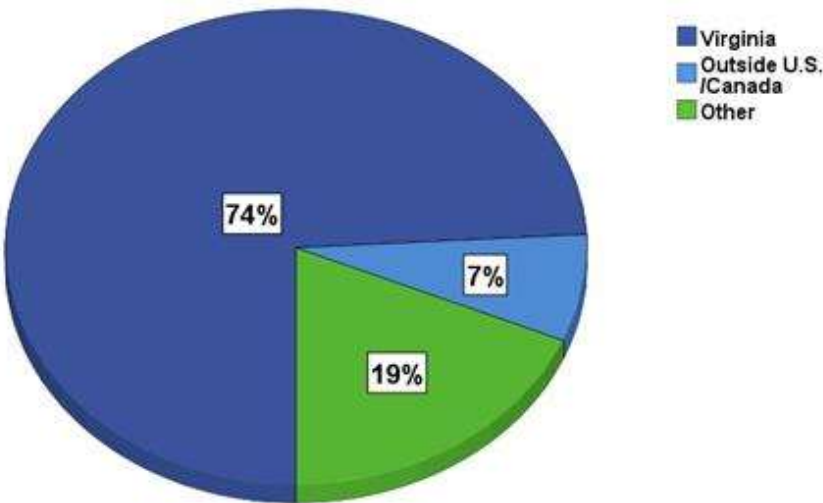
Source: Va. Healthcare Workforce Data Center

A Closer Look:

Primary Location: USDA Rural Urban Continuum		Rural Status of Childhood Location		
Code	Description	Rural	Suburban	Urban
Metro Counties				
1	Metro, 1 Million+	24%	51%	25%
2	Metro, 250,000 to 1 Million	57%	30%	13%
3	Metro, 250,000 or Less	64%	27%	9%
Non-Metro Counties				
4	Urban, Pop. 20,000+, Metro Adjacent	63%	25%	12%
6	Urban, Pop. 2,500-19,999, Metro Adjacent	80%	17%	4%
7	Urban, Pop. 2,500-19,999, Non-Adjacent	93%	3%	4%
8	Rural, Metro Adjacent	89%	9%	3%
9	Rural, Non-Adjacent	70%	22%	9%
Overall		40%	41%	19%

Source: Va. Healthcare Workforce Data Center

High School Location



Among all pharmacy technicians, 40% grew up in a self-described rural area, and 27% of pharmacy technicians who grew up in a rural area currently work in a non-metro county. In total, 13% of all pharmacy technicians are employed in a non-metro area of the state.

Source: Va. Healthcare Workforce Data Center

Top Ten States for Pharmacy Technician Recruitment

Rank	High School Location			
	All Pharmacy Technicians	#	Registered in the Past Five Years	#
1	Virginia	7,710	Virginia	2,926
2	Outside U.S./Canada	757	Outside U.S./Canada	272
3	Maryland	196	Maryland	110
4	North Carolina	179	North Carolina	81
5	New York	157	Florida	69
6	Florida	132	New York	59
7	West Virginia	129	California	47
8	California	108	West Virginia	46
9	Pennsylvania	93	Tennessee	36
10	New Jersey	90	Pennsylvania	34

Source: Va. Healthcare Workforce Data Center

Among all pharmacy technicians, 74% received their high school diploma in Virginia. Among those pharmacy technicians who obtained their initial registration in the past five years, 72% received their high school degree in the state.

In total, 8% of Virginia's registered pharmacy technicians did not participate in the state's workforce in 2024. However, 87% of these professionals worked at some point in the past year, including 68% who currently work as pharmacy technicians.

At a Glance:

Not in VA Workforce

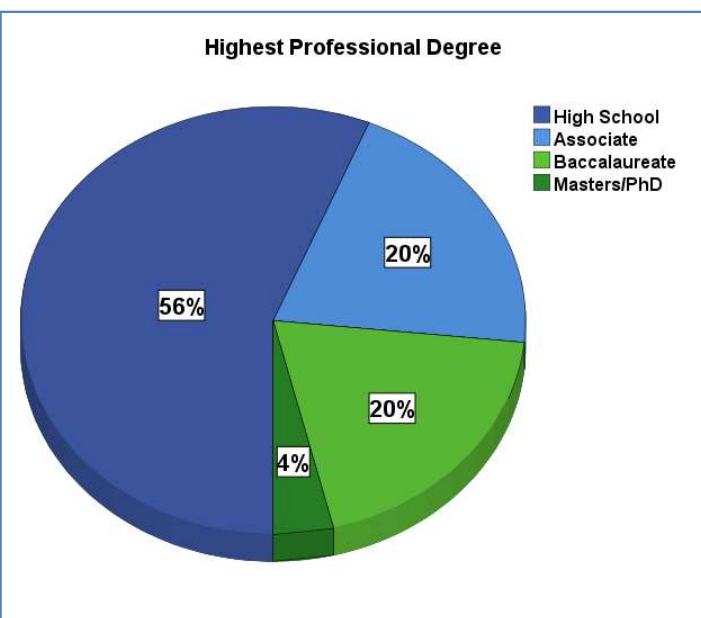
Total:	1,150
% of Registrants:	8%
Federal/Military:	6%
VA Border State/DC:	28%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Highest Professional Degree		
Degree	#	%
High School/GED	5,766	56%
Associate	2,095	20%
Baccalaureate	2,002	20%
Masters	357	3%
PhD	39	0%
Total	10,259	100%

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

More than one-third of all pharmacy technicians currently carry education debt, including 45% of those pharmacy technicians who are under the age of 40. For those pharmacy technicians with education debt, the median outstanding balance is between \$18,000 and \$20,000.

At a Glance:

Education

High School/GED: 56%

Associate Degree: 20%

Education Debt

Carry Debt: 36%

Under Age 40 w/ Debt: 45%

Median Debt: \$18k-\$20k

Source: Va. Healthcare Workforce Data Center

Among all pharmacy technicians, 56% hold either a high school degree or a GED as their highest professional degree.

Education Debt

Amount Carried	All Pharm. Tech.		Pharm. Tech. Under 40	
	#	%	#	%
None	4,949	64%	2,532	55%
Less than \$10,000	842	11%	634	14%
\$10,000-\$19,999	628	8%	483	11%
\$20,000-\$29,999	417	5%	304	7%
\$30,000 or More	892	12%	614	13%
Total	7,728	100%	4,567	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Top Certifications

PTCB:	64%
ExCPT:	11%
Total w/ Cert.:	75%

National Certifications

Required:	65%
Pay Raise w/ Cert.:	45%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Professional Certifications		
Certification	#	% of Workforce
Pharmacy Technician Certification Board (PTCB)	8,191	64%
Exam for Certification of Pharmacy Technicians (ExCPT)	1,457	11%
Total with Certification	9,648	75%

Source: Va. Healthcare Workforce Data Center

Three out of every four of Virginia's pharmacy technicians hold a professional certification, including 64% who hold a Pharmacy Technician Certification Board (PTCB) credential.

Among all pharmacy technicians, 65% work for an employer that requires a national certification as a condition of employment. In addition, 45% of pharmacy technicians have received an increase in pay after having obtained a national certification.

National Certifications		
Required for Employment?	#	%
Yes	6,572	65%
No	3,592	35%
Pay Raise with Certification?	#	%
Yes	4,276	45%
No	4,887	51%
No Certification Held	384	4%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Employment

Employed in Profession: 83%
Involuntarily Unemployed: 1%

Positions Held

1 Full-Time: 70%
2 or More Positions: 9%

Weekly Hours:

40 to 49: 50%
60 or More: 3%
Less than 30: 15%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Current Work Status		
Status	#	%
Employed, Capacity Unknown	16	< 1%
Employed in a Pharmacy Technician-Related Capacity	8,530	83%
Employed, NOT in a Pharmacy Technician-Related Capacity	1,375	13%
Not Working, Reason Unknown	0	0%
Involuntarily Unemployed	57	1%
Voluntarily Unemployed	244	2%
Retired	62	1%
Total	10,283	100%

Source: Va. Healthcare Workforce Data Center

Among all pharmacy technicians, 83% are currently employed in the profession, 70% hold one full-time job, and 50% work between 40 and 49 hours per week.

Current Positions		
Positions	#	%
No Positions	363	4%
One Part-Time Position	1,797	18%
Two Part-Time Positions	159	2%
One Full-Time Position	7,089	70%
One Full-Time Position & One Part-Time Position	661	7%
Two Full-Time Positions	24	0%
More than Two Positions	16	0%
Total	10,109	100%

Source: Va. Healthcare Workforce Data Center

Current Weekly Hours		
Hours	#	%
0 Hours	363	4%
1 to 9 Hours	277	3%
10 to 19 Hours	418	4%
20 to 29 Hours	734	7%
30 to 39 Hours	2,489	25%
40 to 49 Hours	4,889	50%
50 to 59 Hours	342	3%
60 to 69 Hours	80	1%
70 to 79 Hours	81	1%
80 or More Hours	156	2%
Total	9,829	100%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Annual Income		
Income Level	#	%
Volunteer Work Only	74	2%
Less than \$15,000	416	9%
\$15,000-\$19,999	194	4%
\$20,000-\$24,999	289	7%
\$25,000-\$29,999	281	6%
\$30,000-\$34,999	524	12%
\$35,000-\$39,999	561	13%
\$40,000-\$44,999	677	15%
\$45,000-\$49,999	493	11%
\$50,000-\$69,999	749	17%
\$70,000 or More	215	5%
Total	4,474	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Annual Income

Median Income: \$35k-\$40k

Benefits

Health Insurance: 60%

Retirement: 57%

Satisfaction

Satisfied: 91%

Very Satisfied: 50%

Source: Va. Healthcare Workforce Data Center

Job Satisfaction		
Level	#	%
Very Satisfied	5,021	50%
Somewhat Satisfied	4,105	41%
Somewhat Dissatisfied	677	7%
Very Dissatisfied	254	3%
Total	10,056	100%

Source: Va. Healthcare Workforce Data Center

The typical pharmacy technician earns between \$35,000 and \$40,000 per year. In addition, 77% of all pharmacy technicians receive at least one employer-sponsored benefit, including 60% who have access to health insurance.

Employer-Sponsored Benefits			
Benefit	#	%	% of Wage/Salary Employees
Paid Leave	5,409	63%	61%
Health Insurance	5,132	60%	58%
Dental Insurance	4,970	58%	56%
Retirement	4,847	57%	55%
Group Life Insurance	2,925	34%	33%
Signing/Retention Bonus	763	9%	9%
At Least One Benefit	6,587	77%	74%

*From any employer at time of survey.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Employment Instability in the Past Year		
In The Past Year, Did You . . . ?	#	%
Experience Involuntary Unemployment?	104	1%
Experience Voluntary Unemployment?	357	3%
Work Part-Time or Temporary Positions, but Would Have Preferred a Full-Time/Permanent Position?	313	2%
Work Two or More Positions at the Same Time?	1,160	9%
Switch Employers or Practices?	557	4%
Experience At Least One?	2,089	16%

Source: Va. Healthcare Workforce Data Center

Only 1% of pharmacy technicians were involuntarily unemployed at some point in the past year. By comparison, Virginia's average monthly unemployment rate was 2.9%.¹

Location Tenure				
Tenure	Primary		Secondary	
	#	%	#	%
Not Currently Working at This Location	190	2%	176	11%
Less than 6 Months	796	8%	181	11%
6 Months to 1 Year	964	10%	164	10%
1 to 2 Years	2,355	25%	339	21%
3 to 5 Years	2,434	26%	355	22%
6 to 10 Years	1,225	13%	160	10%
More than 10 Years	1,473	16%	205	13%
Subtotal	9,437	100%	1,580	100%
Did Not Have Location	589		11,001	
Item Missing	2,767		213	
Total	12,793		12,793	

Source: Va. Healthcare Workforce Data Center

Nine out of every ten pharmacy technicians receive an hourly wage at their primary work location.

At a Glance:

Unemployment Experience

Involuntarily Unemployed: 1%
Underemployed: 2%

Turnover & Tenure

Switched Jobs: 4%
New Location: 22%
Over 2 Years: 54%
Over 2 Yrs., 2nd Location: 46%

Employment Type

Hourly Wage: 90%
Salary/Commission: 9%

Source: Va. Healthcare Workforce Data Center

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

Employment Type		
Primary Work Site	#	%
Salary/Commission	745	9%
Hourly Wage	7,368	90%
By Contract/Per Diem	39	0%
Business/Practice Income	12	0%
Unpaid	38	0%
Subtotal	8,202	100%

Source: Va. Healthcare Workforce Data Center

¹ As reported by the U.S. Bureau of Labor Statistics. The non-seasonally adjusted monthly unemployment rate fluctuated between a low of 2.3% and a high of 3.5%. At the time of publication, the unemployment rate from November 2024 was still preliminary, and the unemployment rate from December 2024 had not yet been released.

At a Glance:

Concentration

Top Region:	24%
Top 3 Regions:	69%
Lowest Region:	2%

Locations

2 or More (Past Year):	18%
2 or More (Now*):	15%

Source: Va. Healthcare Workforce Data Center

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

A Closer Look:

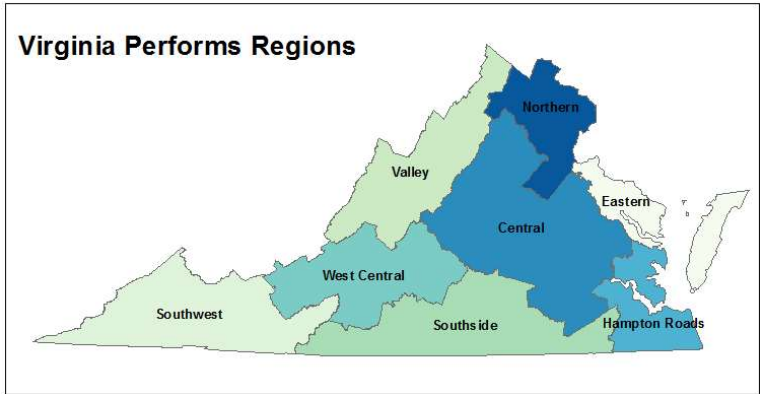
Regional Distribution of Work Locations				
Virginia Performs Region	Primary Location		Secondary Location	
	#	%	#	%
Central	2,234	24%	385	23%
Eastern	178	2%	32	2%
Hampton Roads	2,040	22%	386	23%
Northern	2,143	23%	374	22%
Southside	379	4%	53	3%
Southwest	684	7%	87	5%
Valley	578	6%	99	6%
West Central	1,067	11%	204	12%
Virginia Border State/D.C.	12	0%	24	1%
Other U.S. State	22	0%	48	3%
Outside of the U.S.	2	0%	3	0%
Total	9,339	100%	1,695	100%
Item Missing	2,865		98	

Source: Va. Healthcare Workforce Data Center

Number of Work Locations				
Locations	Work Locations in Past Year		Work Locations Now*	
	#	%	#	%
0	227	2%	361	4%
1	7,639	79%	7,848	81%
2	1,200	13%	989	10%
3	464	5%	382	4%
4	41	0%	20	0%
5	20	0%	14	0%
6 or More	47	1%	22	0%
Total	9,637	100%	9,637	100%

*At the time of survey completion, December 2024.

Source: Va. Healthcare Workforce Data Center



Source: Va. Healthcare Workforce Data Center

Among all pharmacy technicians, 15% currently have multiple work locations, while 18% have had multiple work locations over the past year.

A Closer Look:

Location Sector				
Sector	Primary Location		Secondary Location	
	#	%	#	%
For-Profit	6,304	72%	1,079	75%
Non-Profit	1,546	18%	230	16%
State/Local Government	590	7%	77	5%
Veterans Administration	72	1%	10	1%
U.S. Military	166	2%	29	2%
Other Federal Gov't	103	1%	15	1%
Total	8,781	100%	1,440	100%
Did Not Have Location	589		11,001	
Item Missing	3,423		352	

Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Sector

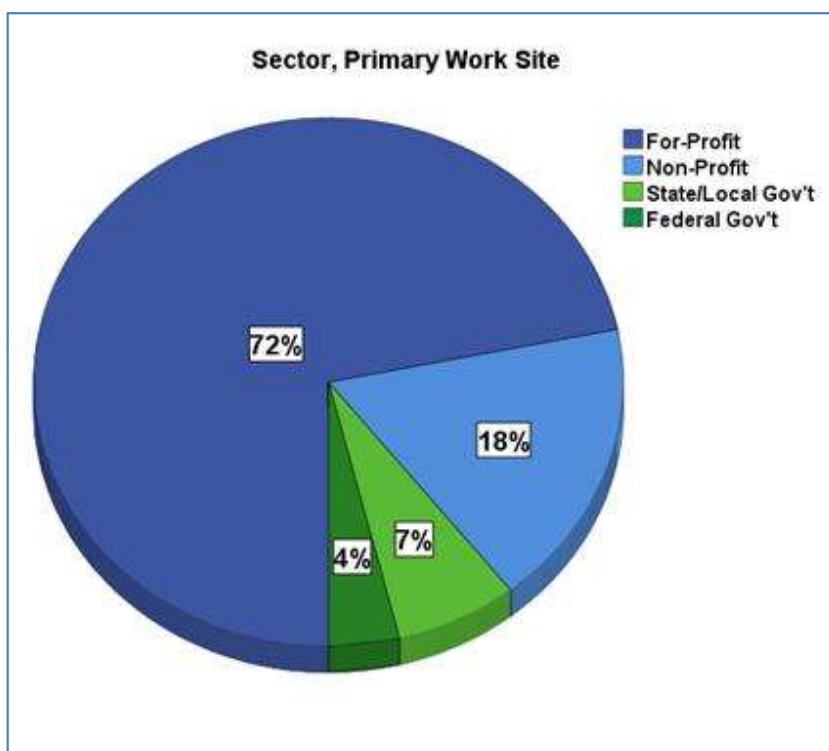
For-Profit:	72%
Federal:	4%

Top Establishments

Large Chain Pharmacy: (11+ Stores)	30%
Hospital/Health System: (Inpatient)	16%
Independent Community Pharmacy (1-4 Stores):	9%

Source: Va. Healthcare Workforce Data Center

Nine out of every ten pharmacy technicians work in the private sector, including 72% who work in the for-profit sector. Another 7% of pharmacy technicians work for a state or local government.



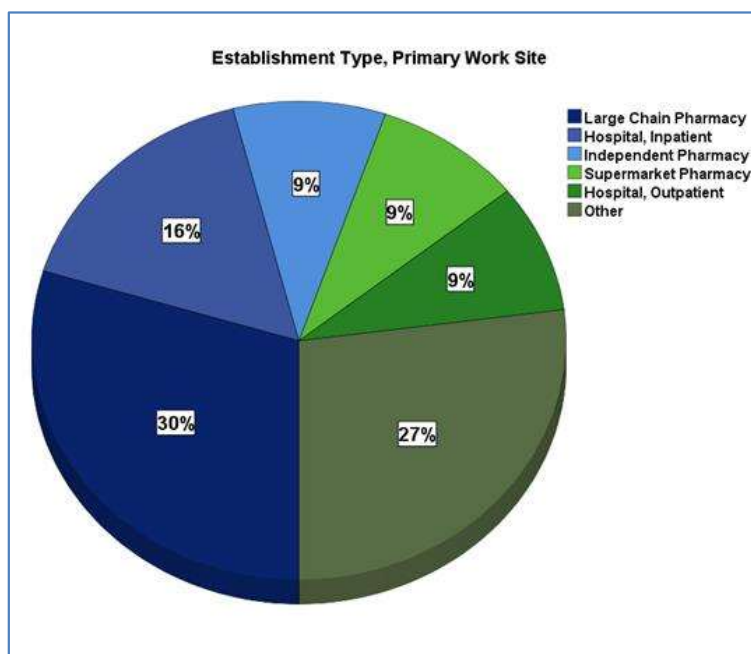
Source: Va. Healthcare Workforce Data Center

Location Type				
Establishment Type	Primary Location		Secondary Location	
	#	%	#	%
Large Chain Community Pharmacy (11+ Stores)	2,598	30%	459	33%
Hospital/Health System, Inpatient Department	1,426	16%	178	13%
Independent Community Pharmacy (1-4 Stores)	807	9%	132	10%
Supermarket Pharmacy	787	9%	122	9%
Hospital/Health System, Outpatient Department	758	9%	88	6%
Mass Merchandiser (i.e., Big Box Store)	316	4%	41	3%
Nursing Home/Long-Term Care	293	3%	44	3%
Clinic-Based Pharmacy	286	3%	41	3%
Pharmacy Benefit Administration (e.g., PBM, Managed Care)	253	3%	23	2%
Mail Service Pharmacy	189	2%	12	1%
Small Chain Community Pharmacy (5-10 Stores)	123	1%	34	2%
Home Health/Infusion	113	1%	17	1%
Academic Institution	80	1%	31	2%
Wholesale Distributor	35	0%	6	0%
Manufacturer	32	0%	6	0%
Other	647	7%	155	11%
Total	8,743	100%	1,389	100%
Did Not Have Location	589		11,001	

Source: Va. Healthcare Workforce Data Center

Three out of every ten pharmacy technicians in Virginia work in a large chain community pharmacy, while another 16% work in the inpatient department of a hospital.

For pharmacy technicians who also have a secondary work location, 33% work in a large chain community pharmacy, while 13% work in the inpatient department of a hospital.



Source: Va. Healthcare Workforce Data Center

At a Glance: (Primary Locations)

Languages Offered

Spanish:	17%
Arabic:	8%
Vietnamese:	7%

Means of Communication

Virtual Translation:	40%
Other Staff Member:	32%
Respondent:	32%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Languages Offered		
Language	#	% of Workforce
Spanish	2,202	17%
Arabic	1,002	8%
Vietnamese	953	7%
Chinese	906	7%
Korean	888	7%
French	884	7%
Hindi	881	7%
Tagalog/Filipino	836	7%
Persian	699	5%
Urdu	695	5%
Amharic, Somali, or Other Afro-Asiatic Languages	589	5%
Pashto	573	4%
Others	411	3%
At Least One Language	3,017	24%

Source: Va. Healthcare Workforce Data Center

Nearly one out of every five pharmacy technicians are employed at a primary work location that offers Spanish language services for patients.

Means of Language Communication

Provision	#	% of Workforce with Language Services
Virtual Translation Service	1,205	40%
Other Staff Member is Proficient	959	32%
Respondent is Proficient	955	32%
Onsite Translation Service	655	22%
Other	174	6%

Source: Va. Healthcare Workforce Data Center

Two out of every five pharmacy technicians who are employed at a primary work location that offers language services for patients provide it by means of a virtual translation service.

At a Glance: (Primary Locations)

Typical Time Allocation

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

Roles

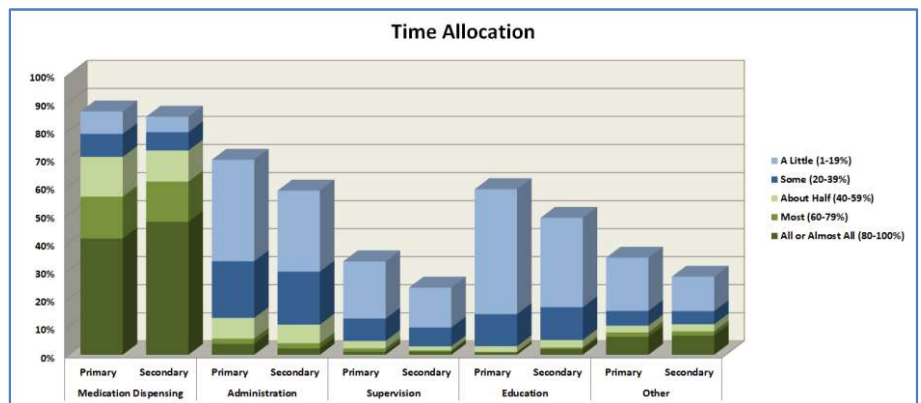
Medication Disp.: 56%
Administration: 6%
Supervision: 2%
Education: 1%

Patient Care Pharm. Tech.

Median Admin. Time: 1%-9%
Avg. Admin. Time: 10%-19%

Source: Va. Healthcare Workforce Data Center

A Closer Look:



More than half of all pharmacy technicians fill a medication dispensing and customer service role, defined as spending 60% or more of their time in that activity.

Time Allocation										
Time Spent	Medication Disp.		Admin.		Supervision		Education		Other	
	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site	Pri. Site	Sec. Site
All or Almost All (80-100%)	41%	47%	4%	2%	1%	1%	1%	2%	6%	7%
Most (60-79%)	15%	14%	2%	2%	1%	0%	0%	1%	2%	1%
About Half (40-59%)	14%	11%	7%	7%	3%	1%	2%	3%	2%	3%
Some (20-39%)	8%	7%	20%	19%	8%	7%	11%	12%	5%	5%
A Little (1-19%)	8%	5%	36%	29%	20%	14%	45%	32%	19%	12%
None (0%)	13%	15%	30%	41%	67%	76%	41%	51%	65%	72%

Source: Va. Healthcare Workforce Data Center

A Closer Look:

Retirement Expectations				
Expected Retirement Age	All		50 and Over	
	#	%	#	%
Under Age 50	1,728	23%	-	-
50 to 54	356	5%	22	1%
55 to 59	463	6%	92	6%
60 to 64	1,150	15%	346	21%
65 to 69	1,999	27%	677	42%
70 to 74	574	8%	242	15%
75 to 79	164	2%	68	4%
80 and Over	93	1%	26	2%
I Do Not Intend to Retire	986	13%	148	9%
Total	7,514	100%	1,621	100%

Source: Va. Healthcare Workforce Data Center

At a Glance:

Retirement Expectations

All Pharmacy Technicians

Under 65: 49%

Under 60: 34%

Pharm. Tech. 50 and Over

Under 65: 28%

Under 60: 7%

Time Until Retirement

Within 2 Years: 5%

Within 10 Years: 14%

Half the Workforce: By 2054

Source: Va. Healthcare Workforce Data Center

Nearly half of all pharmacy technicians expect to retire by the age of 65. Among pharmacy technicians who are age 50 and over, 28% expect to retire by the age of 65.

Within the next two years, 18% of all pharmacy technicians expect to pursue additional educational opportunities, and 6% expect to increase their patient care hours.

Future Plans		
Two-Year Plans:	#	%
Decrease Participation		
Leave Profession	979	8%
Leave Virginia	412	3%
Decrease Patient Care Hours	232	2%
Decrease Teaching Hours	122	1%
Increase Participation		
Increase Patient Care Hours	802	6%
Increase Teaching Hours	626	5%
Pursue Additional Education	2,262	18%
Return to the Workforce	118	1%

Source: Va. Healthcare Workforce Data Center

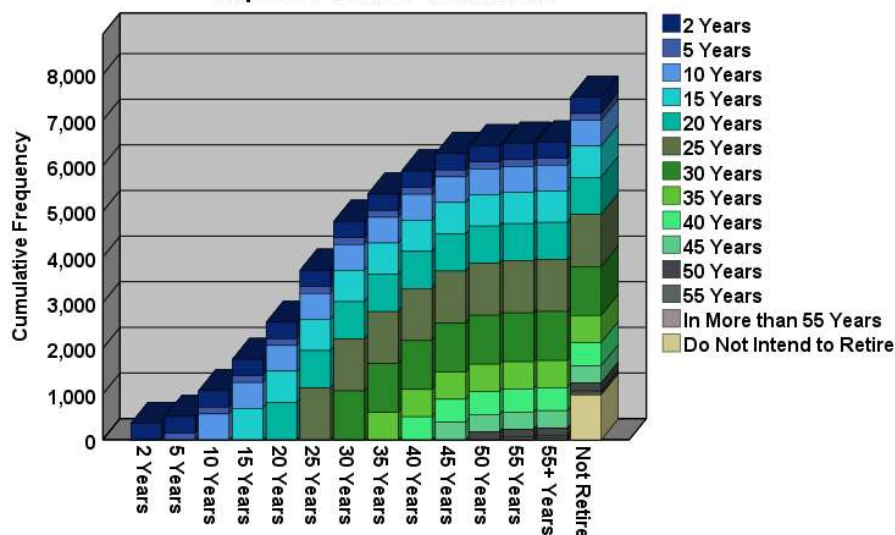
By comparing retirement expectation to age, we can estimate the maximum years to retirement for pharmacy technicians. While 5% of pharmacy technicians expect to retire in the next two years, 14% expect to retire within the next ten years. Half of the current workforce expect to retire by 2054.

Time to Retirement

Expect to Retire Within. . .	#	%	Cumulative %
2 Years	360	5%	5%
5 Years	148	2%	7%
10 Years	565	8%	14%
15 Years	689	9%	23%
20 Years	813	11%	34%
25 Years	1,142	15%	49%
30 Years	1,072	14%	64%
35 Years	596	8%	72%
40 Years	505	7%	78%
45 Years	382	5%	83%
50 Years	174	2%	86%
55 Years	53	1%	86%
In More than 55 Years	28	0%	87%
Do Not Intend to Retire	986	13%	100%
Total	7,514	100%	

Source: Va. Healthcare Workforce Data Center

Expected Years to Retirement



Source: Va. Healthcare Workforce Data Center

Using these estimates, retirement will begin to reach 10% of the current workforce every five years by 2044. Retirement will peak at 15% of the current workforce around 2049 before declining to below 10% of the current workforce again around 2059.

At a Glance:

FTEs

Total: 10,010
FTEs/1,000 Residents²: 1.148
Average: 0.82

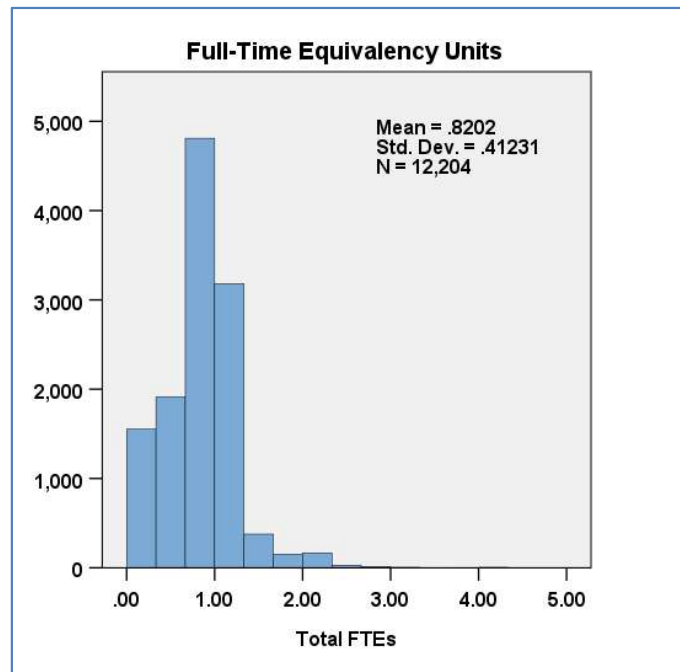
Age & Gender Effect

Age, *Partial Eta*²: Small
Gender, *Partial Eta*²: None

*Partial Eta*² Explained:
*Partial Eta*² is a statistical
measure of effect size.

Source: Va. Healthcare Workforce Data Center

A Closer Look:

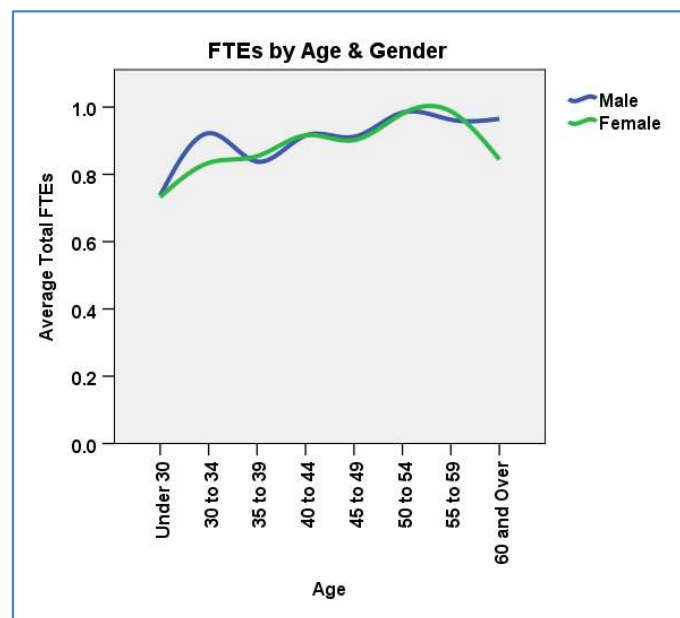


Source: Va. Healthcare Workforce Data Center

The typical pharmacy technician provided 0.84 FTEs in 2024, or approximately 34 hours per week for 50 weeks. Although FTEs appear to vary by age, statistical tests did not verify that a difference exists.³

Full-Time Equivalency Units		
	Average	Median
Age		
Under 30	0.73	0.68
30 to 34	0.82	0.83
35 to 39	0.77	0.83
40 to 44	0.90	0.84
45 to 49	0.85	0.84
50 to 54	0.95	0.94
55 to 59	0.92	0.91
60 and Over	0.89	0.99
Gender		
Male	0.85	0.93
Female	0.84	0.93

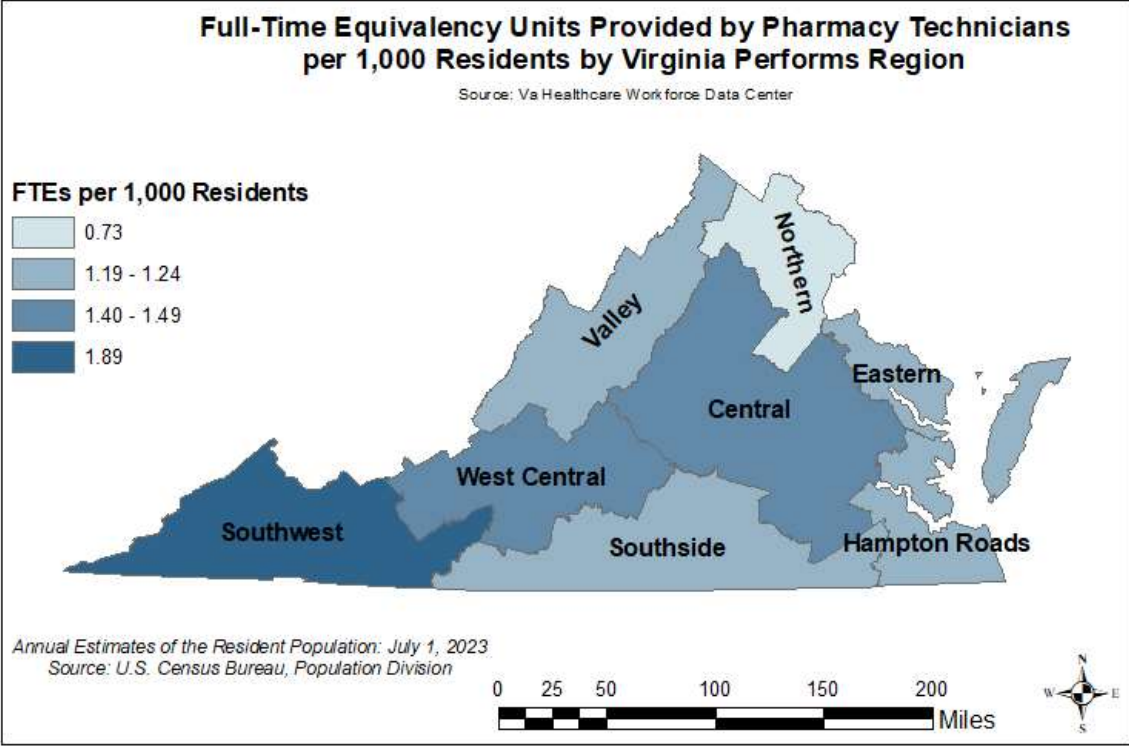
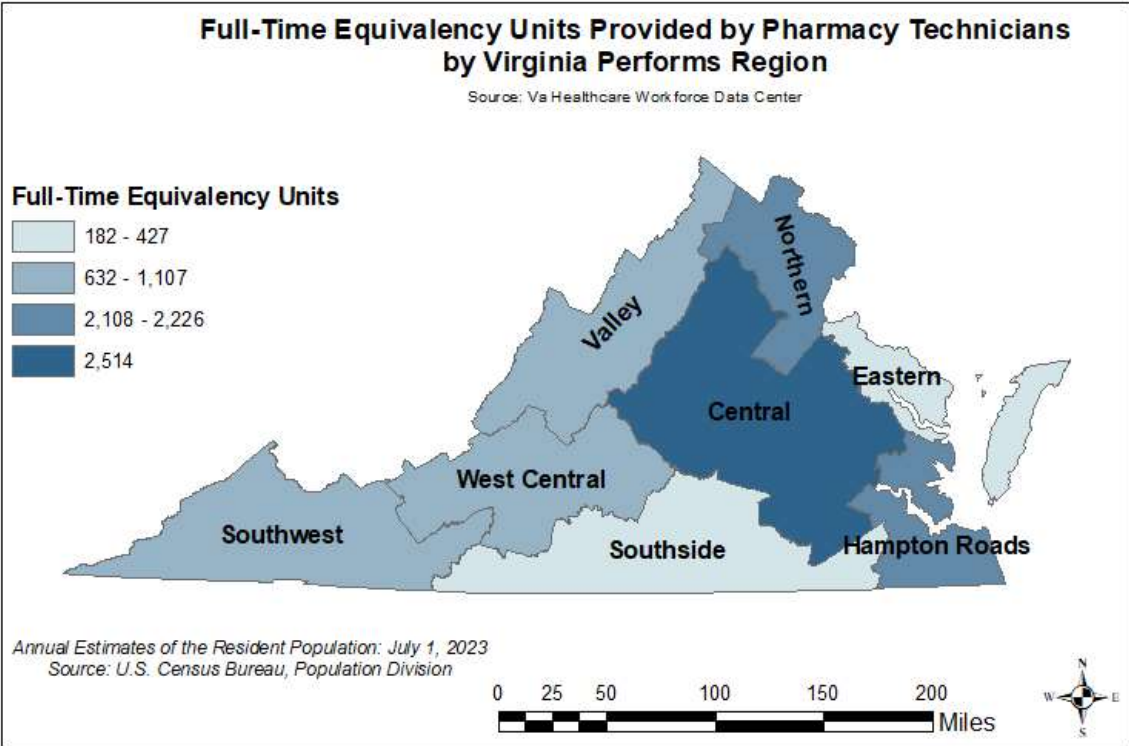
Source: Va. Healthcare Workforce Data Center

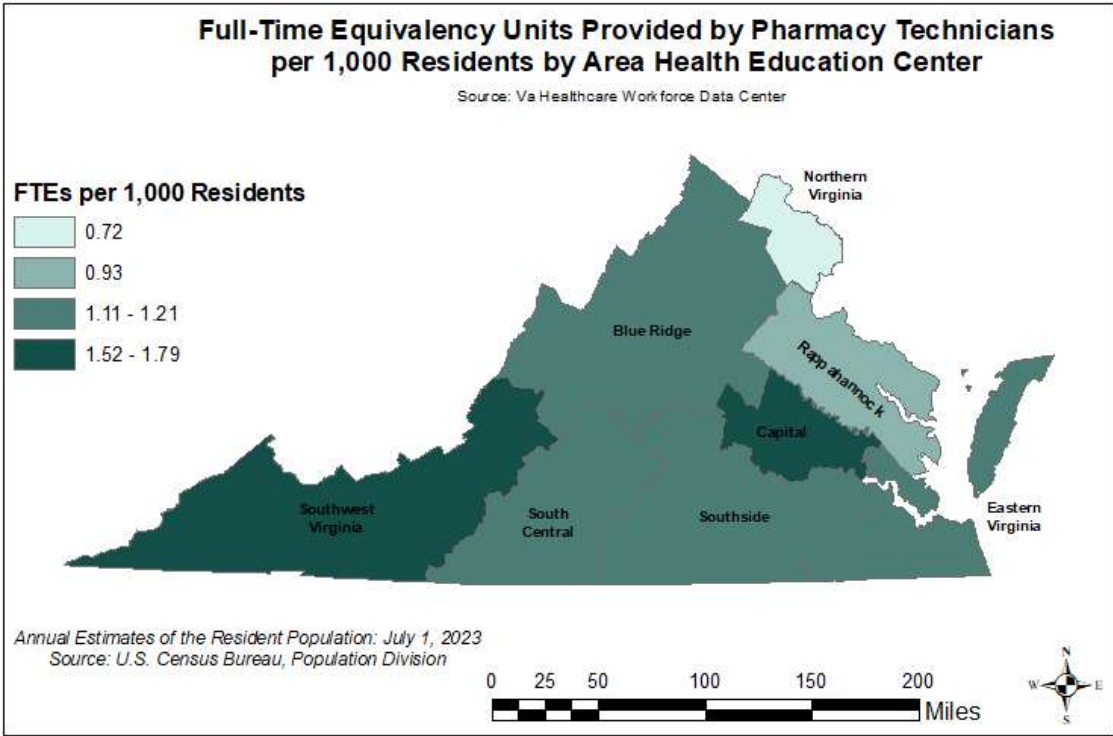
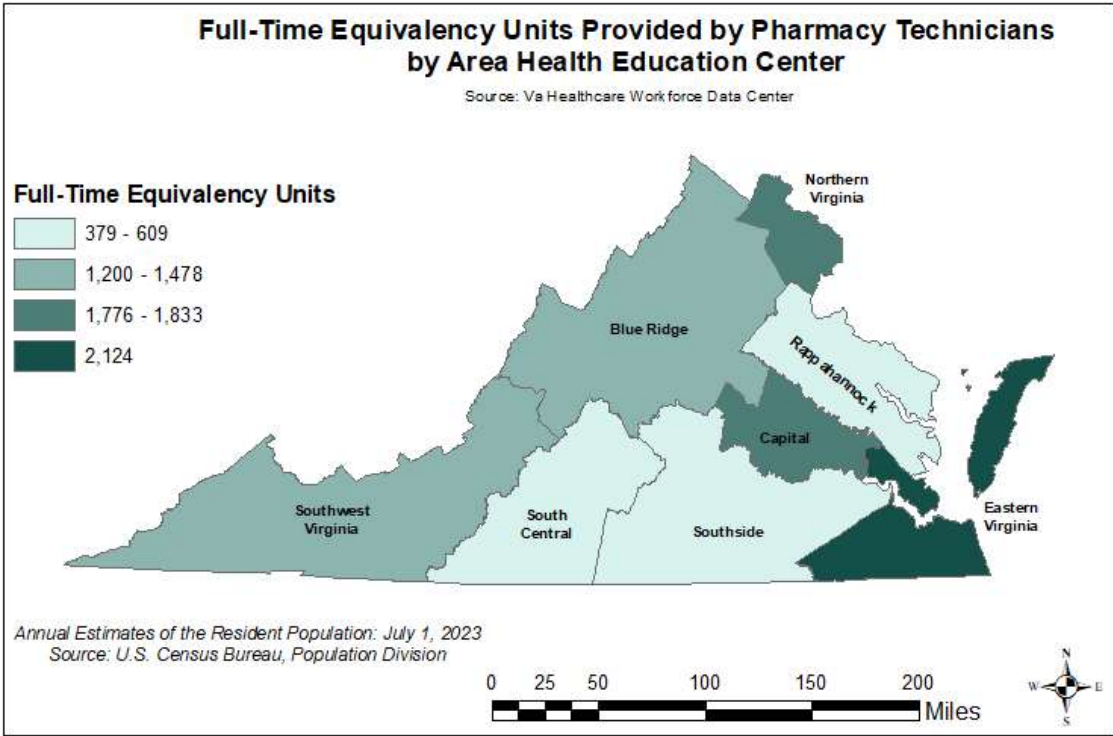


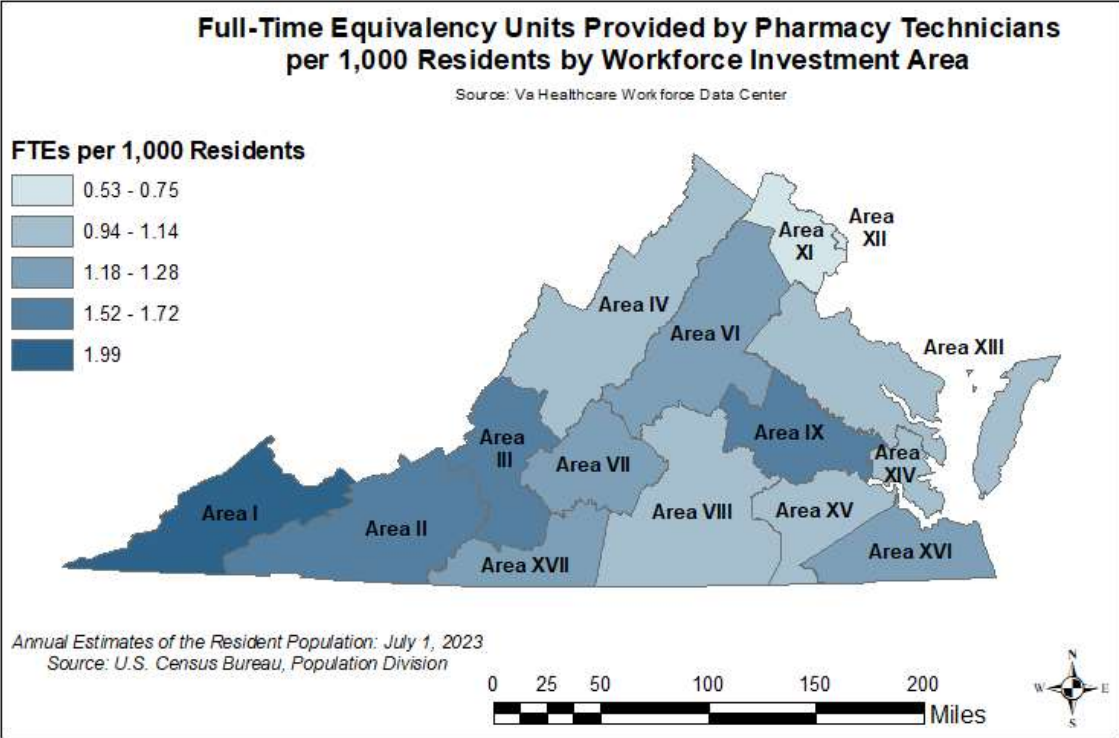
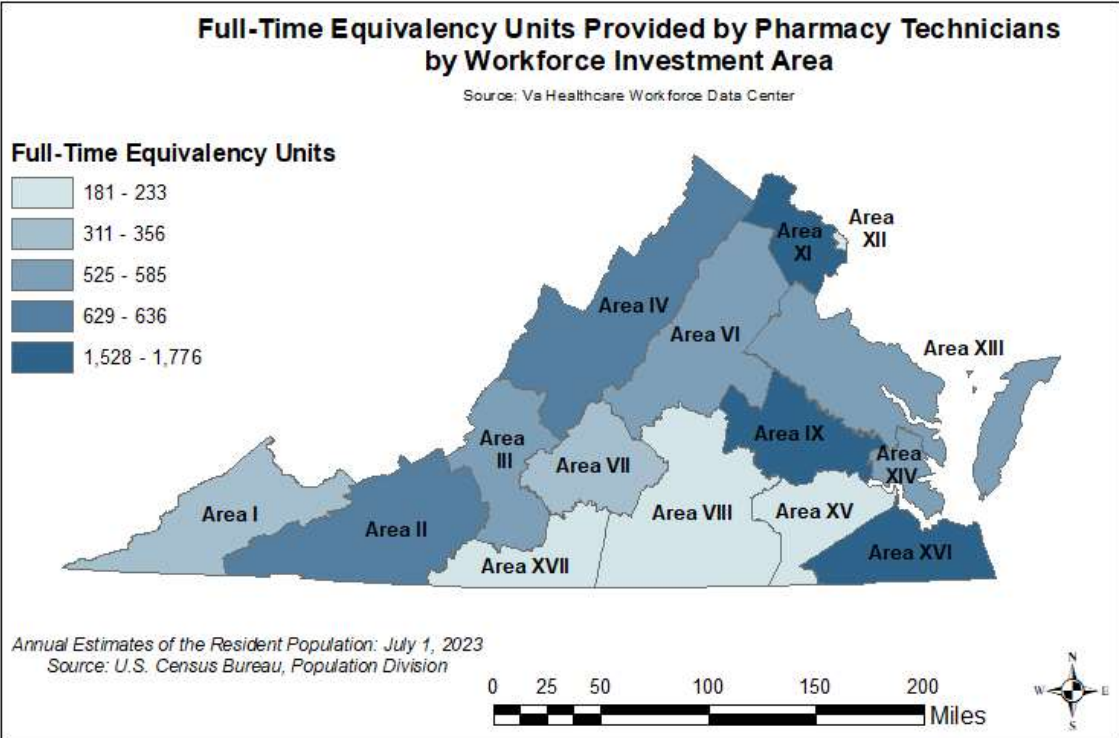
Source: Va. Healthcare Workforce Data Center

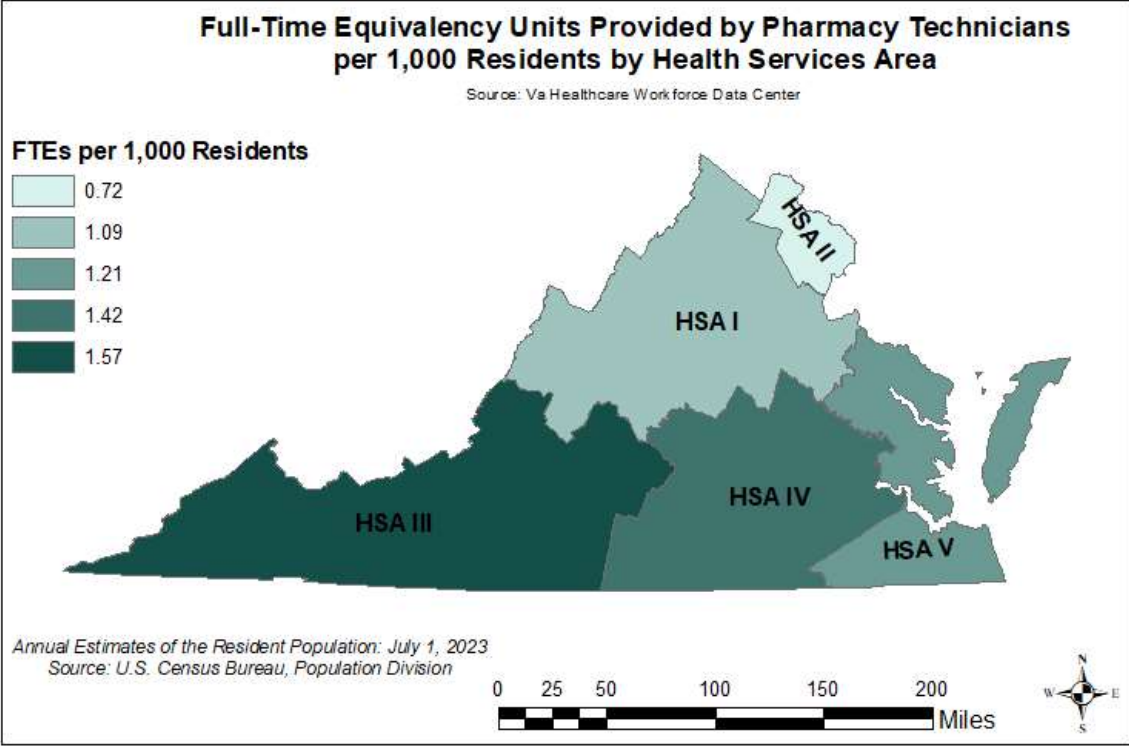
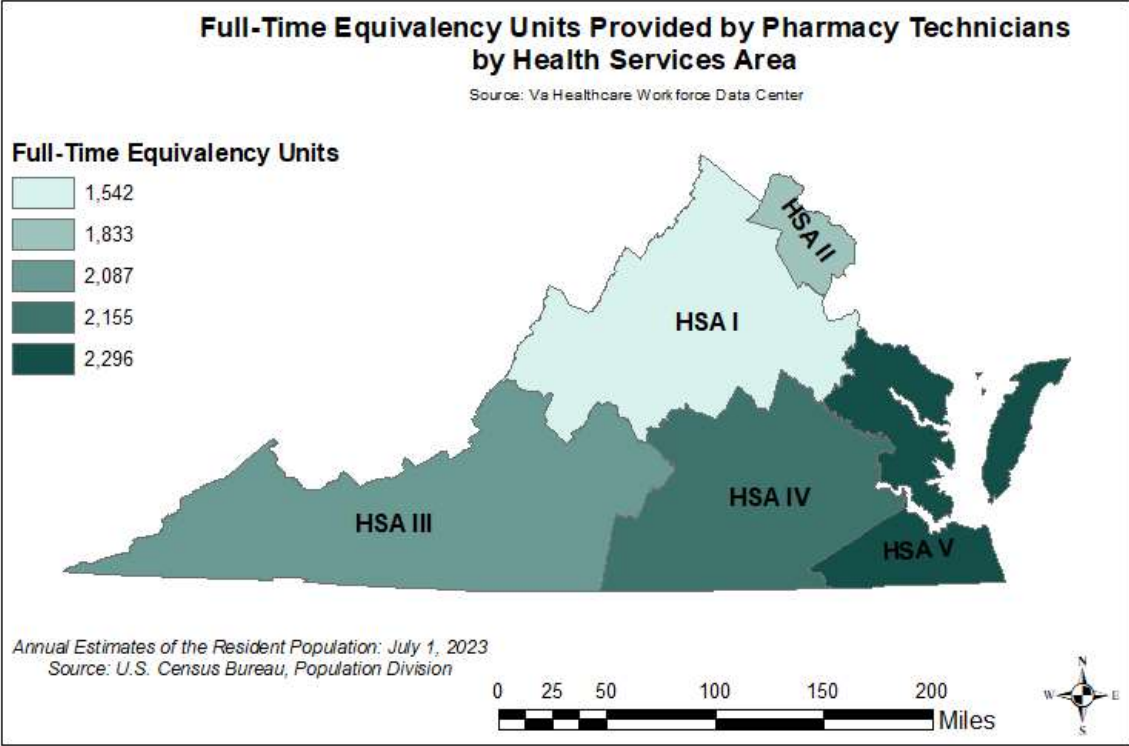
² Number of residents in 2023 was used as the denominator.

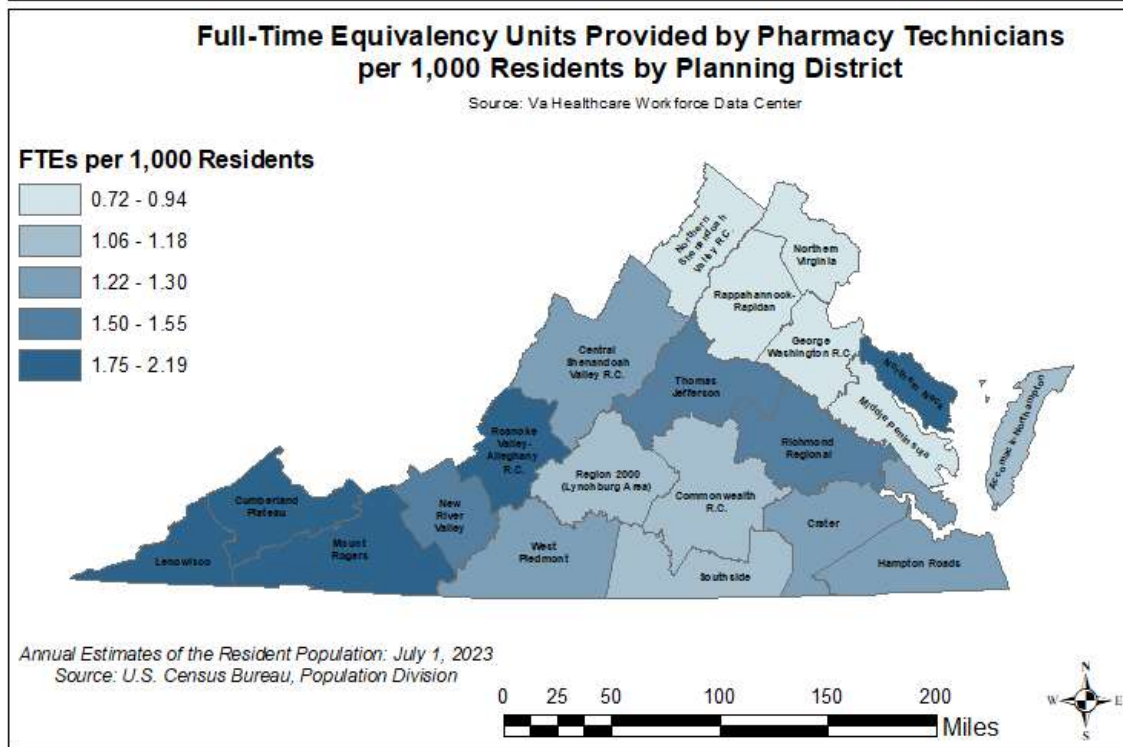
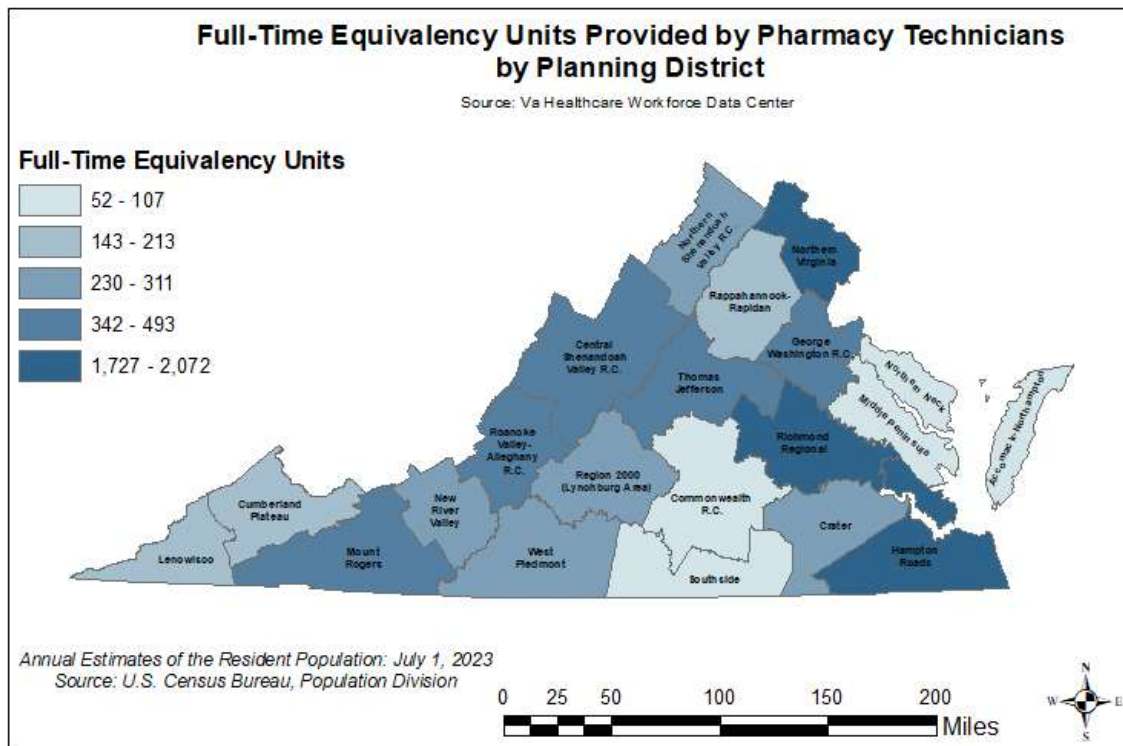
³ Due to assumption violations in Mixed between-within ANOVA (Levene's Test was significant).











Appendix

Weights

Rural Status	Location Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Metro, 1 Million+	8,201	80.98%	1.235	1.105	1.456
Metro, 250,000 to 1 Million	1,232	83.52%	1.197	1.072	1.412
Metro, 250,000 or Less	1,252	81.47%	1.227	1.099	1.447
Urban, Pop. 20,000+, Metro Adj.	293	85.32%	1.172	1.049	1.382
Urban, Pop. 20,000+, Non-Adj.	0	NA	NA	NA	NA
Urban, Pop. 2,500-19,999, Metro Adj.	670	83.43%	1.199	1.073	1.413
Urban, Pop. 2,500-19,999, Non-Adj.	477	81.76%	1.223	1.095	1.442
Rural, Metro Adj.	309	80.58%	1.241	1.111	1.463
Rural, Non-Adj.	189	84.66%	1.181	1.057	1.393
Virginia Border State/D.C.	845	65.33%	1.531	1.370	1.805
Other U.S. State	480	55.42%	1.805	1.615	2.128

Source: Va. Healthcare Workforce Data Center

Age	Age Weight			Total Weight	
	#	Rate	Weight	Min.	Max.
Under 30	3,947	67.60%	1.479	1.382	2.128
30 to 34	2,060	79.81%	1.253	1.170	1.802
35 to 39	1,927	82.87%	1.207	1.127	1.735
40 to 44	1,567	85.71%	1.167	1.090	1.678
45 to 49	1,248	87.82%	1.139	1.064	1.638
50 to 54	1,132	86.84%	1.152	1.076	1.656
55 to 59	885	89.04%	1.123	1.049	1.615
60 and Over	1,182	84.35%	1.186	1.107	1.705

Source: Va. Healthcare Workforce Data Center

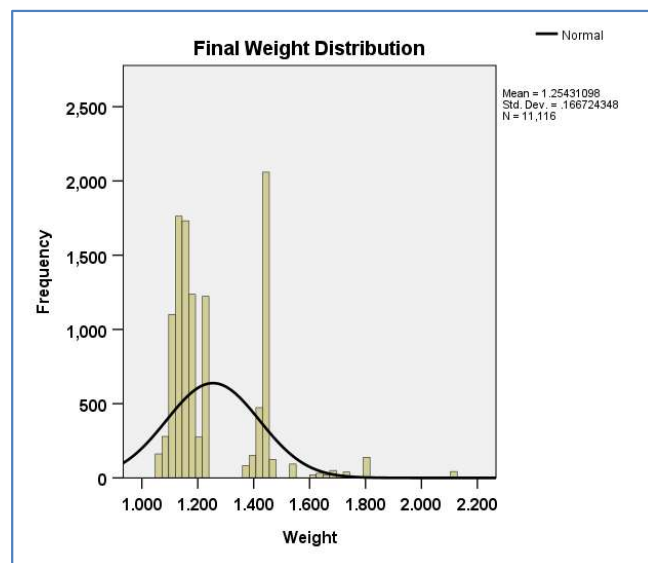
See the Methods section on the HWDC website for details on HWDC methods:

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

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

Age Weight x Rural Weight x Response Rate = Final Weight.

Overall Response Rate: 0.796960



Source: Va. Healthcare Workforce Data Center

2026 Meeting Options

Full Board Meeting

March

- Wed. 3/4
- Tues. 3/10
- Tues. 3/17

June

- Tues. 6/9
- Tues. 6/16
- Thurs. 6/25

September

- Wed. 9/2
- Tues. 9/15
- Tues. 9/29

December

- Tues. 12/1
- Wed. 12/2
- Tues. 12/8

Regulations Committee Meeting

May

- Tues. 5/5
- Wed. 5/6

November

- Tues. 11/3
- Tues. 11/10

Virginia Board of Pharmacy
March 25, 2025
Licenses Issued

	8/1/23 - 10/31/23	11/1/23 - 1/31/24	2/1/24 - 4/30/24	5/1/24 - 7/31/24	8/1/24 - 10/31/24	11/1/24 - 1/31/25	License Count 3/10/2025
Business CSR	29	20	47	49	114	74	1,601
CE Courses	0	0	0	0	0	0	9
EMS Designated Locations					403	199	602
Limited Use Pharmacy Technician	0	0	0	0	0	0	4
Medical Equipment Supplier	2	4	3	8	6	1	201
Non-restricted Manufacturer	0	0	0	2	1	0	36
Outsourcing Facility	0	0	0	0	0	0	1
Permitted Physician	0	0	0	0	0	0	0
Pharmacist	273	131	164	212	262	177	16,410
Pharmacist Volunteer Registration	0	0	0	0	0	0	0
Pharmacy	11	13	18	7	11	5	1,725
Pharmacy Intern	133	74	79	52	72	121	957
Pharmacy Technician	327	327	407	461	527	427	12,784
Pharmacy Technician Trainee	1,069	1,085	864	964	1,175	900	7,649
Physician Selling Controlled Substances	37	23	15	18	46	17	544
Limited Use Practitioner Dispensing	1	2	2	1	1	4	15
Nonresident Manufacturer	7	8	5	4	13	1	233
Nonresident Medical Equipment Supplier	10	15	9	16	9	8	361
Nonresident Outsourcing Facility	0	0	3	1	2	4	36
Nonresident Pharmacy	27	23	26	27	33	12	975
Nonresident Third Party Logistics Provider	12	6	6	8	12	7	249
Nonresident Warehouser	10	4	9	15	9	17	169
Nonresident Wholesale Distributor	12	8	9	12	12	7	617
Physician Selling Drugs Location	3	5	1	8	3	9	126
Pilot Programs	1	1	4	0	1	0	9
Repackaging Training Program	0	0	0	0	0	0	2
Restricted Manufacturer	0	0	0	0	0	0	28
Third Party Logistics Provider	0	0	0	0	0	0	5
Warehouser	2	2	1	2	1	2	118
Limited Use Facility Dispensing	0	1	0	1	1	1	6
Wholesale Distributor	2	1	1	2	1	3	59
Total	1,968	1,753	1,673	1,870	2,715	1,996	45,531



Virginia Department of Health Professions

Current Count of Licenses

Quarterly Summary

Quarter 2 - Fiscal Year 2025

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".

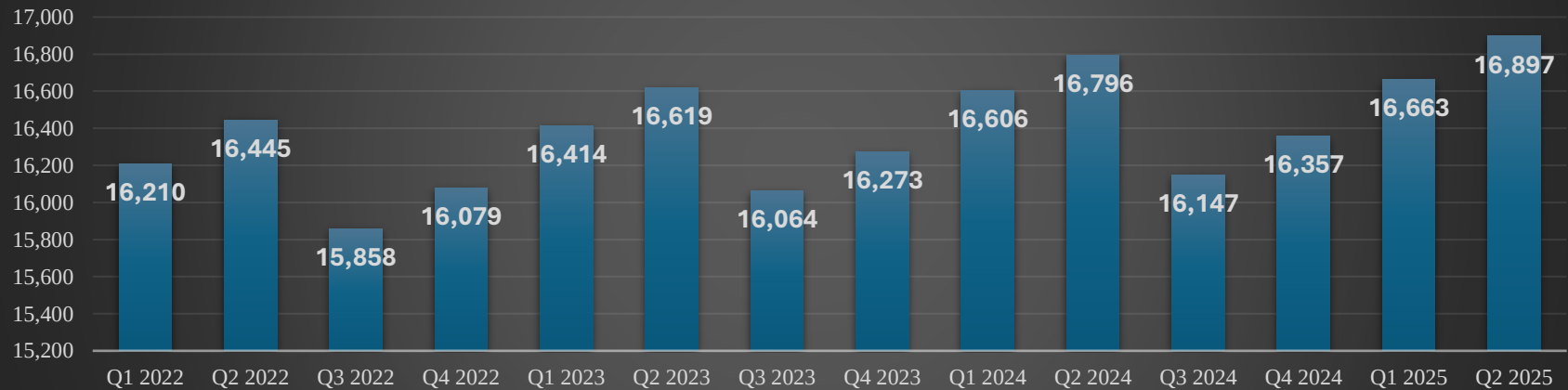
Quarter Date Ranges	
Quarter 1	July 1 - September 30
Quarter 2	October 1- December 31
Quarter 3	January 1 - March 31
Quarter 4	April 1 - June 30

BOARD	Occupation	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	CURRENT Q2 2025
Optometry	Optometrist	77	77	78	65	65	65	65	49	50	51	51	46	46	46
	Optometrist-Volunteer Registration	-	-	-	-	-	-	-	-	1	-	-	-	-	-
	Professional Designation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	TPA Certified Optometrist	1,716	1,736	1,749	1,708	1,758	1,784	1,808	1,777	1,820	1,852	1,879	1,819	1,842	1,867
	Total	1,793	1,813	1,827	1,773	1,823	1,849	1,873	1,826	1,871	1,903	1,930	1,865	1,888	1,913
Pharmacy	Business CSR	1,478	1,510	1,399	1,463	1,507	1,529	1,423	1,465	1,508	1,533	1,417	1,498	1,599	1,702
	CE Courses	9	9	9	9	9	9	9	9	9	9	9	9	9	9
	EMS Designated Location	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Humane Society	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Limited Use Facility Dispensing	-	-	-	-	-	1	2	3	3	3	4	4	5	6
	Limited Use Pharmacy Technician	8	8	7	7	7	7	7	7	7	7	6	6	5	5
	Limited Use Practitioner Dispensing	-	-	1	2	2	3	3	3	4	6	8	8	10	12
	Medical Equipment Supplier	230	229	209	217	223	226	213	220	226	224	205	212	216	224
	Non-Resident Manufacturer	209	215	206	213	218	224	217	226	231	236	229	232	245	248
	Non-Resident Medical Equipment Supplier	363	373	331	354	361	369	346	355	367	379	345	367	380	390
	Non-resident Outsourcing Facility	34	33	30	29	32	33	35	33	32	31	31	33	33	37
	Non-resident Pharmacy	876	885	882	898	910	911	924	923	923	934	943	962	973	982
	Non-Resident Wholesale Distributor	644	660	624	634	643	641	610	624	635	641	612	624	633	637
	Non-restricted Manufacturer	29	30	31	32	34	34	35	35	35	35	32	34	36	36
	Non-Resident Third Party Logistics Prov.	186	191	181	181	194	206	207	219	229	238	234	241	247	254
	Non-resident Warehouse	96	101	98	99	105	115	109	114	123	130	127	142	154	167
	Outsourcing Facility	-	-	-	-	-	-	1	1	1	1	1	1	1	1
	Permitted Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacist	16,210	16,445	15,858	16,079	16,414	16,619	16,064	16,273	16,606	16,796	16,147	16,357	16,663	16,897
	Pharmacist-Volunteer Registration	-	-	-	-	-	-	-	1	-	-	-	-	-	-
	Pharmacy	1,770	1,767	1,773	1,768	1,765	1,765	1,762	1,755	1,751	1,738	1,744	1,737	1,730	1,726
	Pharmacy Intern	1,499	1,457	1,247	1,312	1,267	1,352	1,166	1,235	1,213	1,274	1,074	1,125	1,110	1,144
	Pharmacy Technician	13,689	14,042	12,421	12,924	13,522	13,875	12,312	12,871	13,310	13,640	12,275	12,807	13,437	13,925
	Pharmacy Technician Trainee	3,309	4,628	5,930	6,258	6,977	8,041	8,581	8,178	8,190	8,063	8,095	8,014	8,234	8,016

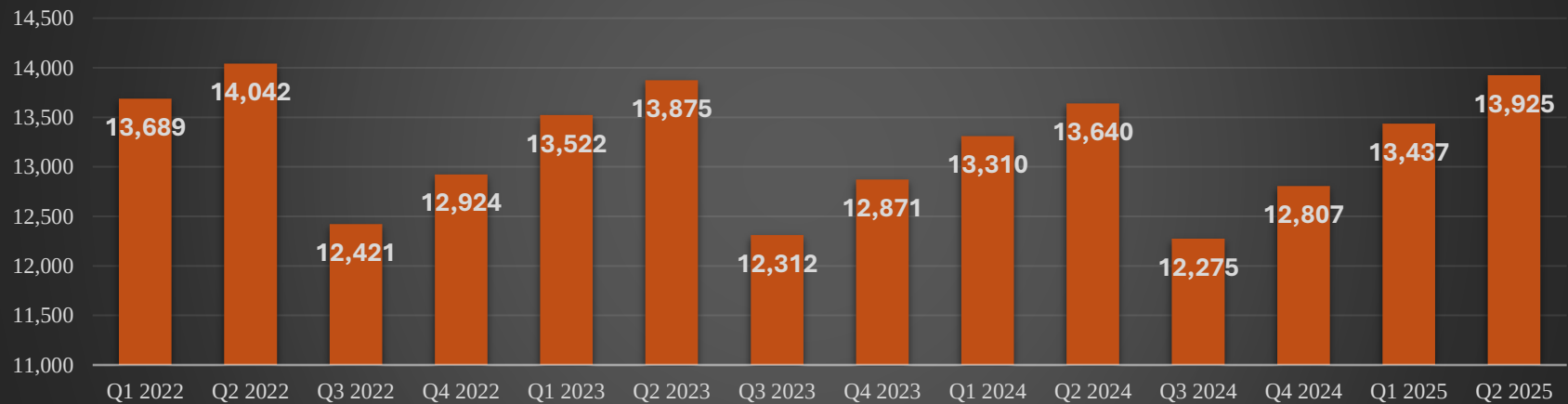
Licensing Report

Quarter Date Ranges: Q1: July 1 – September 30 | Q2: October 1 – December 31 | Q3: January 1 – March 31 | Q4: April 1 – June 30

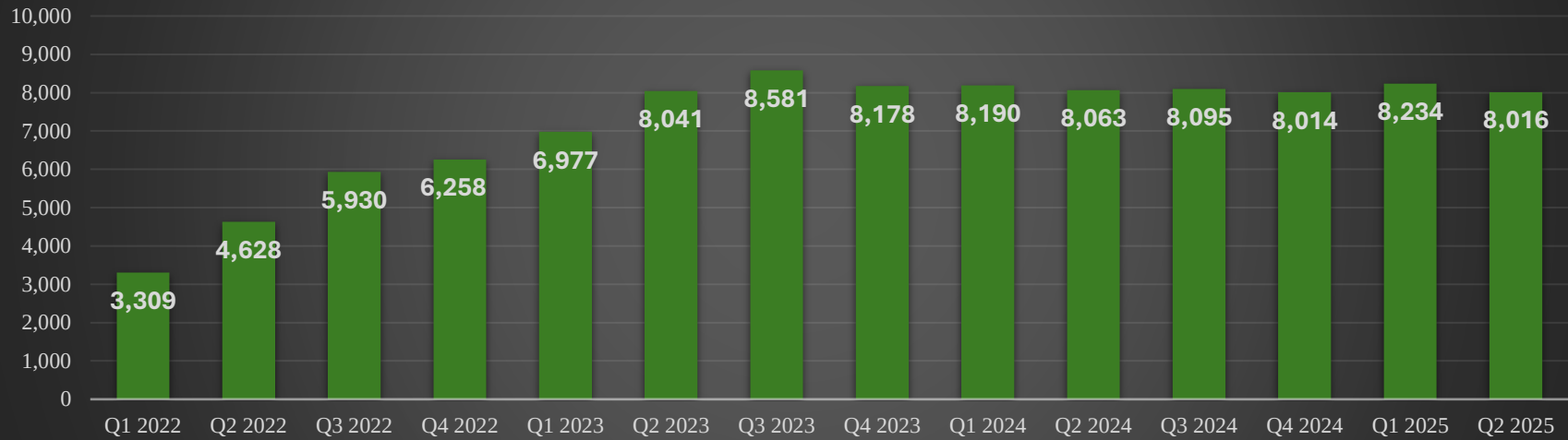
Pharmacist Current License Count



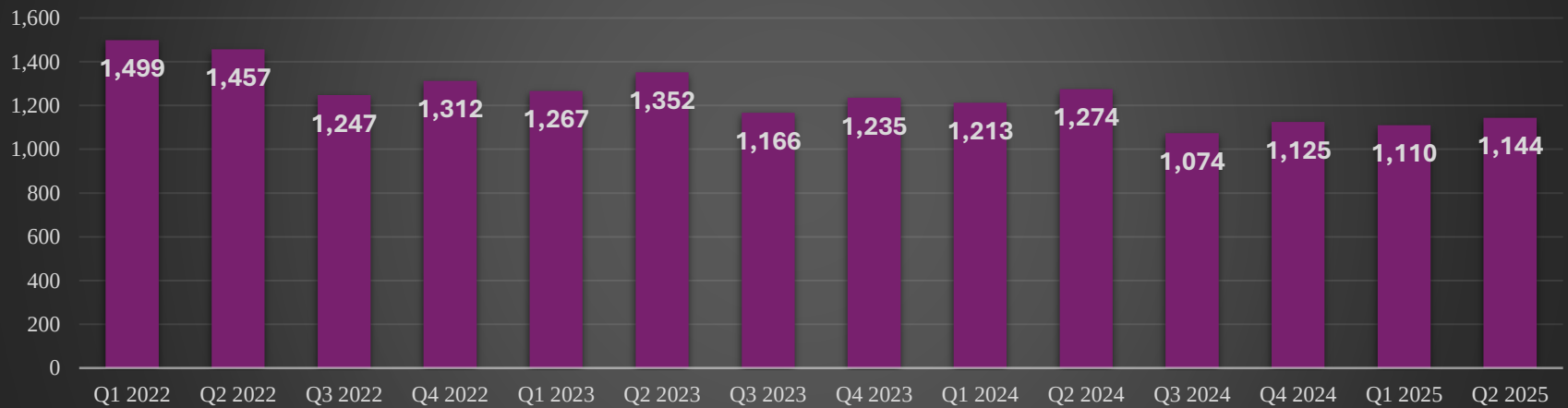
Pharmacy Technician Current License Count



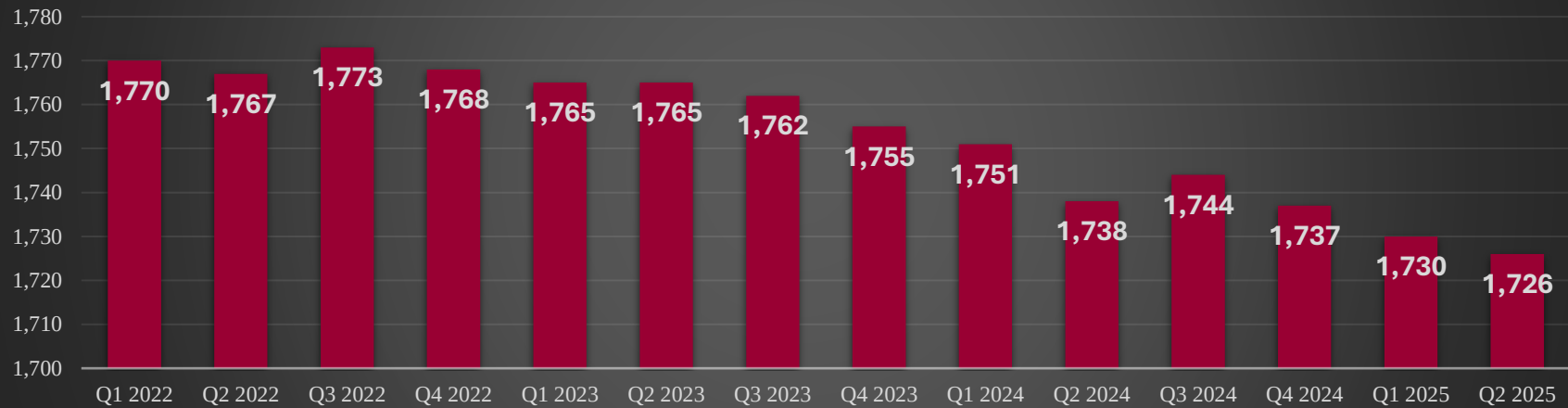
Pharmacy Technician Trainee Current License Count



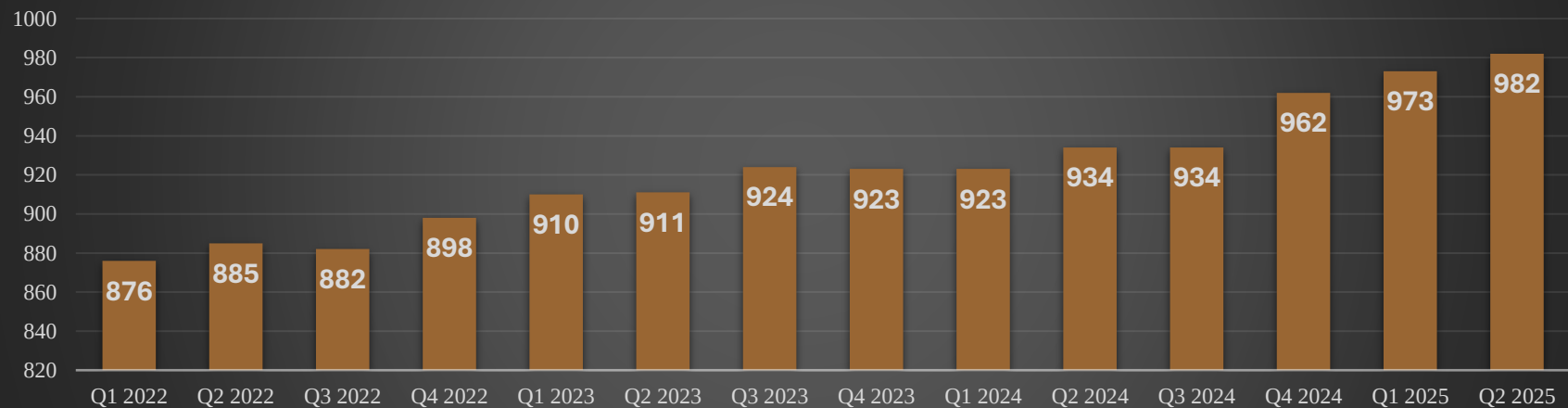
Pharmacy Intern Current License Count



Resident Pharmacy Current Permit Count



Non-Resident Pharmacy Current Permit Count





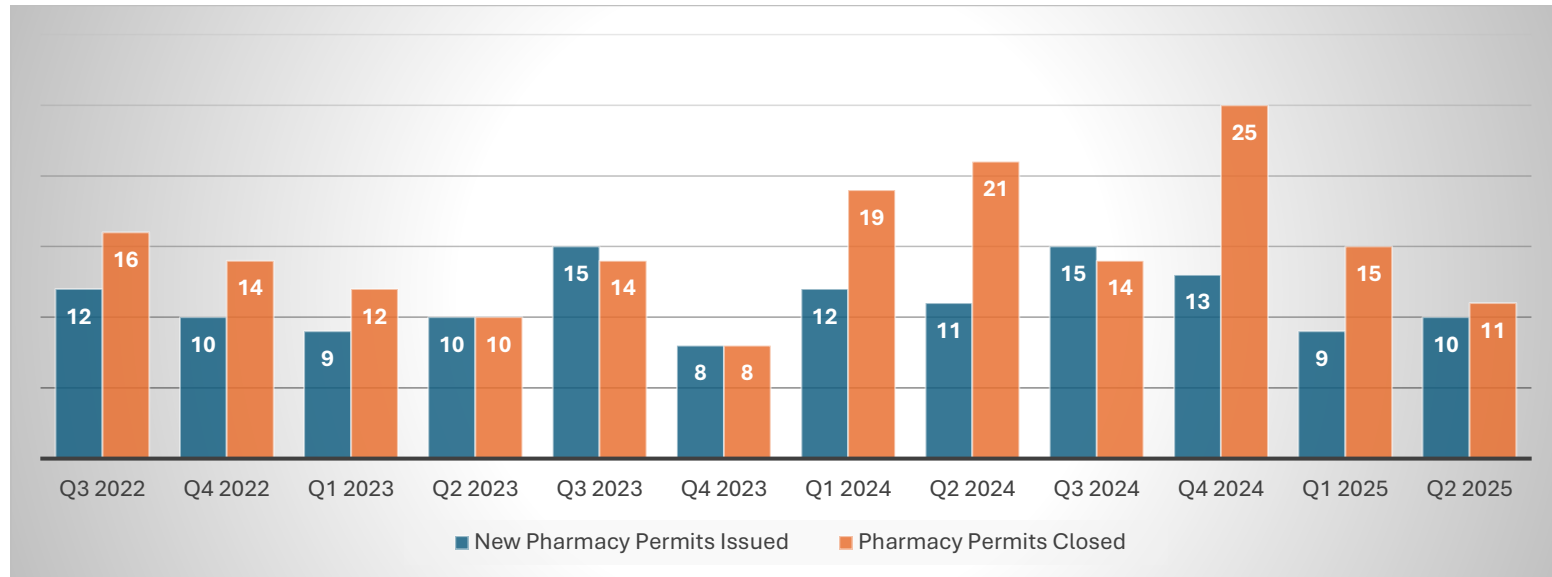
Virginia Department of
Health Professions
New License Count
Quarterly Summary
Quarter 2- Fiscal Year 2025
 Licenses issued by board and occupation during the quarter.

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 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	CURRENT
BOARD	Occupation														
Pharmacy	Non-resident Outsourcing Facility	2	1	-	2	2	1	1	-	-	-	-	3	2	5
	Non-resident Pharmacy	13	22	22	28	23	17	28	18	24	21	25	28	30	20
	Non-resident Wholesale Distributor	11	17	10	4	11	4	9	10	14	9	8	9	15	7
	Non-restricted Manufacturer	1	1	1	1	2	-	2	-	-	-	-	1	2	-
	Outsourcing Facility	-	-	-	-	-	-	1	-	-	-	-	-	-	-
	Permitted Physician	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Pharmacist	332	210	161	194	327	164	152	184	317	168	136	185	296	183
	Pharmacist-Volunteer Registration	1	-	1	-	1	2	-	1	4	-	-	-	-	-
	Non-resident Third Party Logistics Prov.	4	6	4	2	12	13	12	11	11	11	5	8	7	13
	Non-resident Warehouser	5	6	5	1	6	9	3	4	9	6	8	13	13	15
	Pharmacy Intern	178	34	115	86	88	126	132	83	85	104	88	69	76	86
	Pharmacy	8	12	12	10	9	10	15	8	12	11	15	13	9	10
	Pharmacy Technician	397	309	407	445	528	292	383	463	376	270	412	445	562	427
	Pharmacy Technician Training Program	1	1	2	2	-	-	-	-	-	-	-	-	-	-
	Pharmacy Technician Trainee	988	1,431	1,456	692	1,072	1,186	983	971	966	1,103	999	903	1,125	958
	Physician Selling Controlled Substances	41	17	20	24	27	40	30	13	31	28	18	7	48	28
	Physician Selling Drugs Location	3	2	4	5	3	3	3	4	3	4	3	3	6	8
	Pilot Programs	-	-	1	2	1	-	-	2	-	2	1	3	-	1
	Repackaging Training Program	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Licensing Report

Quarter Date Ranges: Q1: July 1 – September 30 | Q2: October 1 – December 31 | Q3: January 1 – March 31 | Q4: April 1 – June 30



March 25, 2025 - Full Board of Pharmacy Meeting

Quarterly Inspection Completed Review by License Type – Date Range: 10/01/2024 – 12/31/2024

Insp Status	License Type	Change of Location	Compliance	New	Pilot	Reinspection	Remodel	Routine	Grand Total
Completed	Business CSR	10		91		4	23	27	155
	Third Party Logistics Provider			1				2	3
	Medical Equipment Supplier			4				3	7
	Non-restricted Manufacturer						2		2
	Pharmacy	1	3	8	2	9	69	113	205
	Physician Selling Drugs Location	1		8		1		5	15
	Pilot Programs				1				1
	Warehouser			1		1		2	4
	Wholesale Distributor			2		2	2	4	10
Completed Total		12	3	115	3	17	96	156	402
Completed Virtual	Business CSR	1		36		1	6		44
	Medical Equipment Supplier			1					1
	Pharmacy					2	39		41
Completed Virtual Total		1		37		3	45		86
Grand Total		13	3	152	3	20	141	156	488

March 25, 2025 - Full Board of Pharmacy Meeting

Routine Pharmacy Inspections – Date Range: 10/01/2024 – 12/31/2024

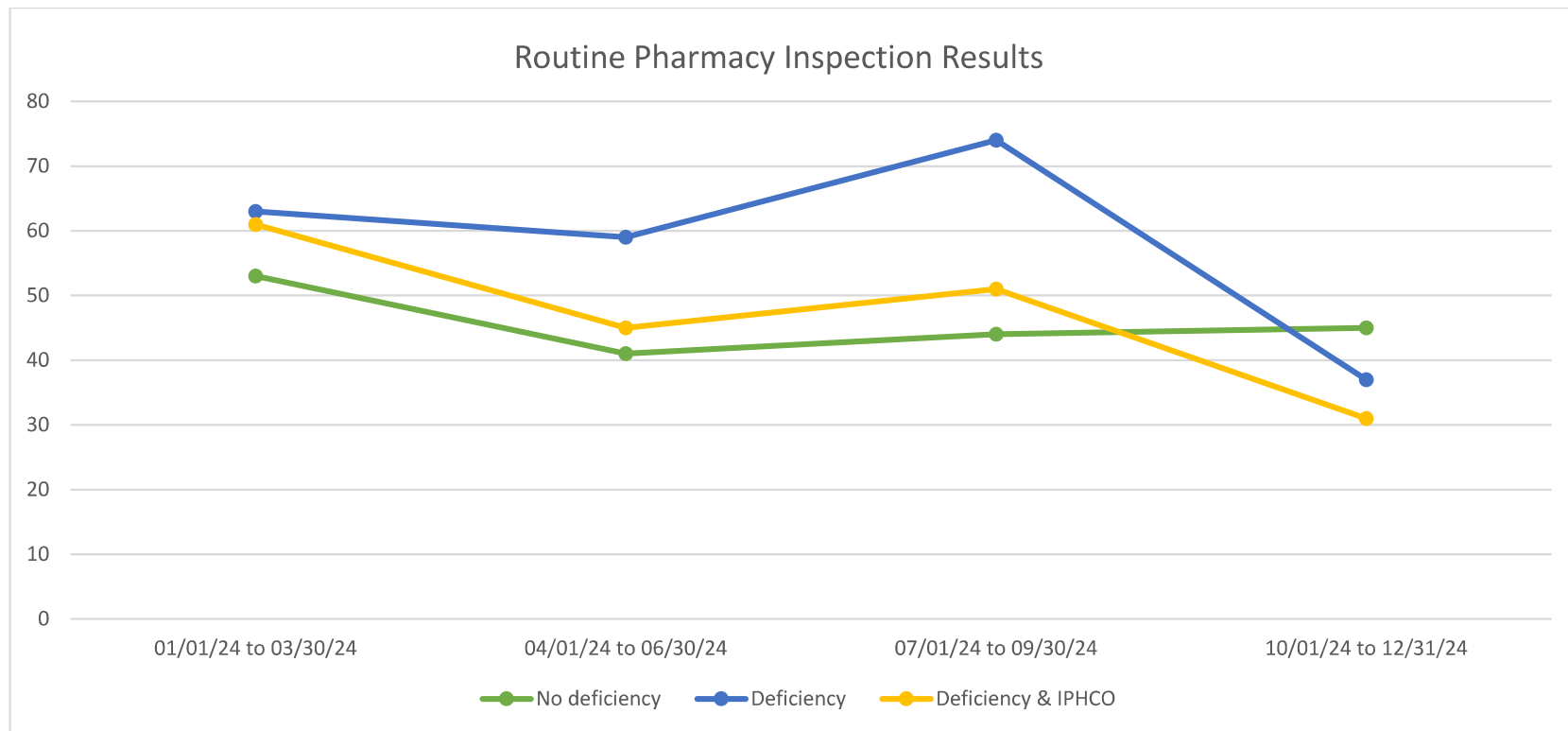
Top 5 cited deficiencies

Description	Number of times cited
133. Compounding facilities and equipment used in performing non-sterile compounds not in compliance with 54.1- 3410.2	20
127. Repackaging records and labeling not kept as required or in compliance	10
130a. Compounded products not properly labeled	10
15. Perpetual inventory not being maintained as required as it does not: • Include all Schedule II drugs received or dispensed; • Accurately indicate the physical count of each Schedule II drug “on-hand” at the time of performing the inventory; • Include a reconciliation of each Schedule II drug at least monthly; or • Include a written explanation of any difference between the physical count and the theoretical count. Monthly perpetual inventory is performed more than 7 days prior or more than 7 days after designated calendar month for which an inventory is required.	9
148. Theft/unusual loss of drugs reported to the board but report not maintained by pharmacy.	9

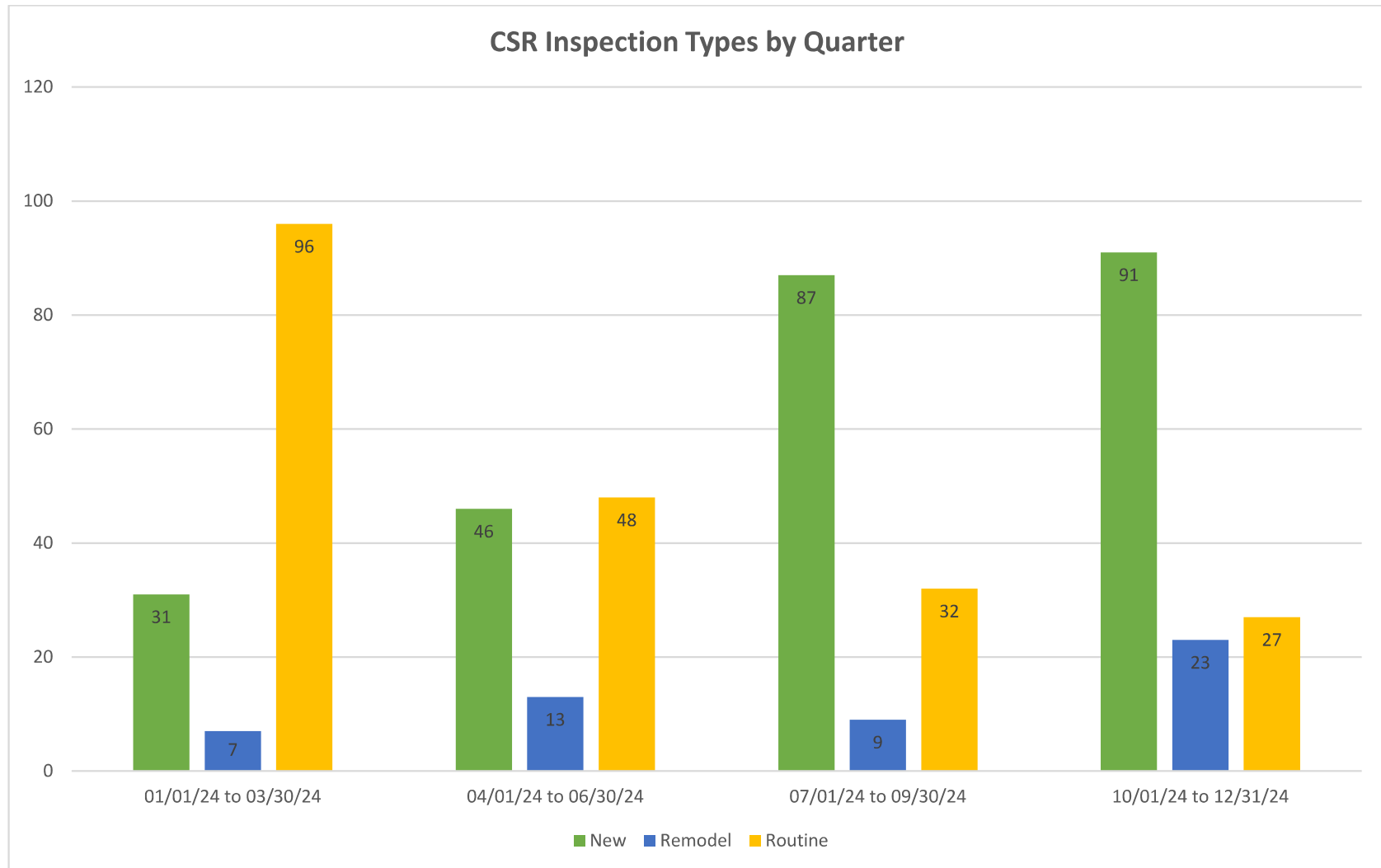
March 25, 2025 - Full Board of Pharmacy Meeting

Routine Inspection Results - 10/01/2024 – 12/31/2024

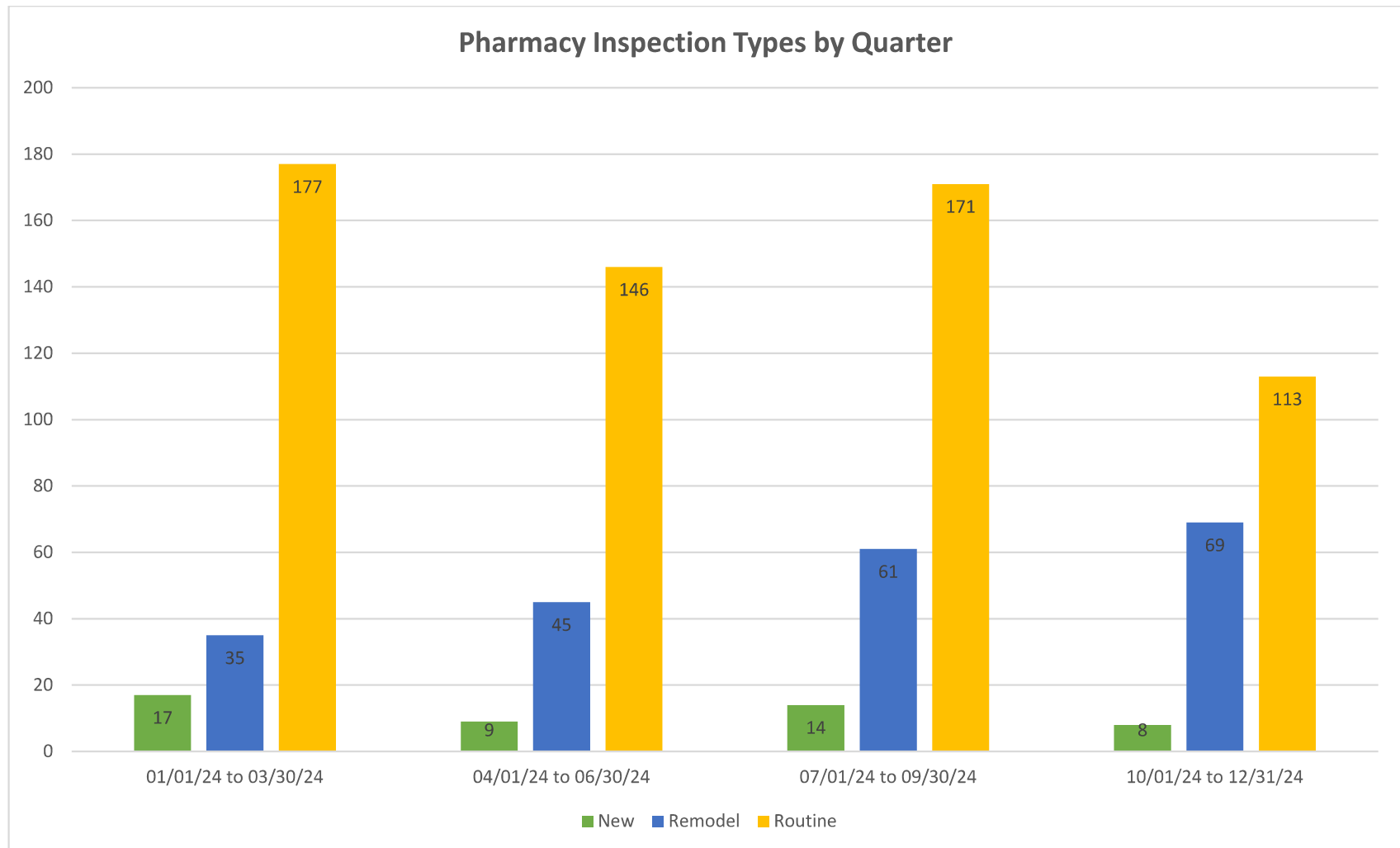
License Type	Deficiency	Deficiency & IPHCO	No Deficiency	Grand Total
Business CSR	10		17	27
Wholesale Distributor			4	4
Medical Equipment Supplier	1		2	3
Pharmacy	37	31	45	113
Physician Selling Drugs Location	3		2	5
Third Party Logistics Provider			2	2
Warehouser	1		1	2
Grand Total	52	31	73	156



March 25, 2025 - Full Board of Pharmacy Meeting



March 25, 2025 - Full Board of Pharmacy Meeting

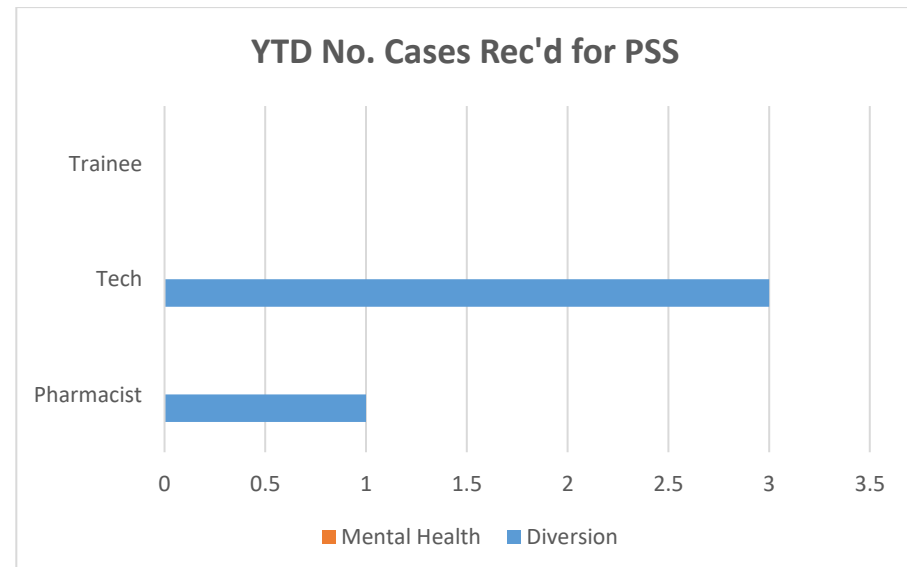
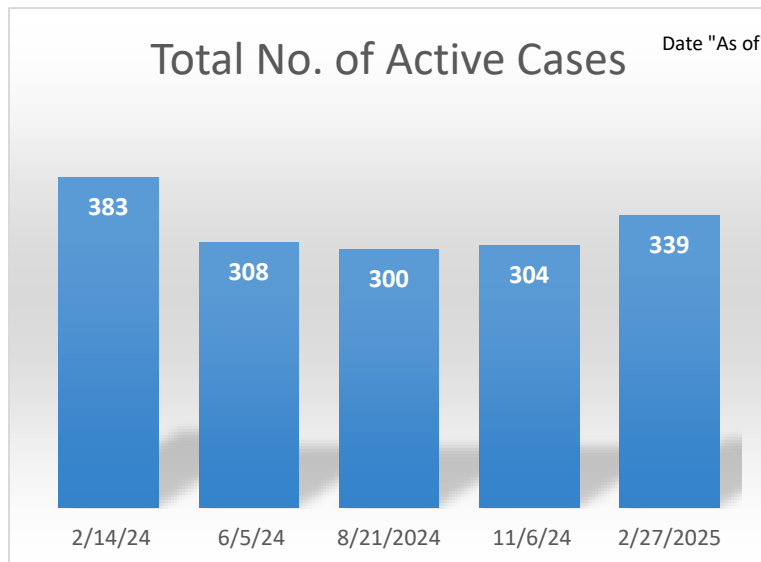


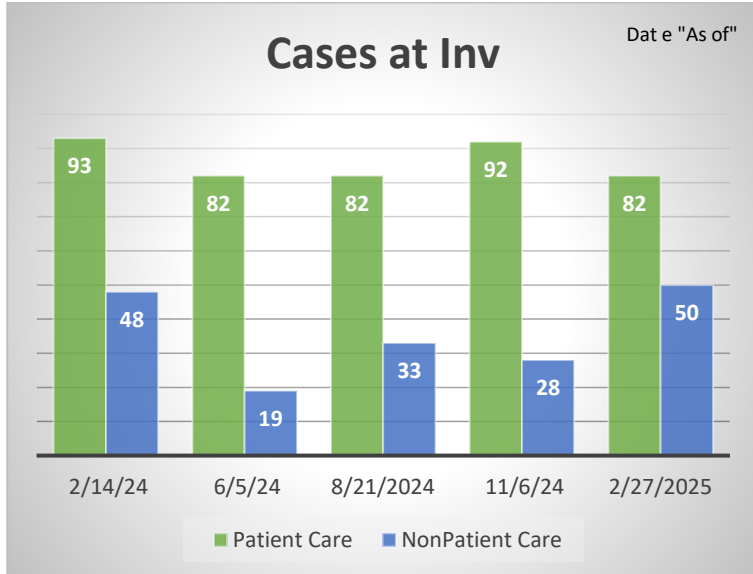
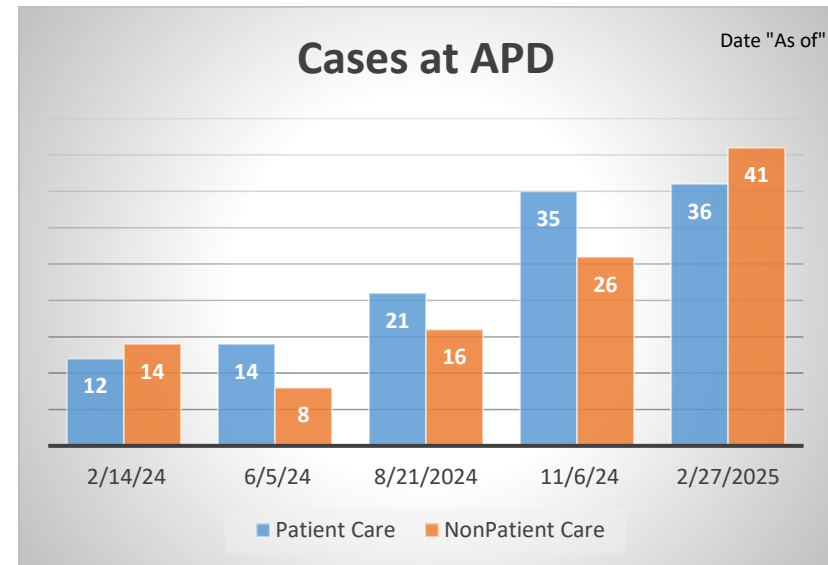
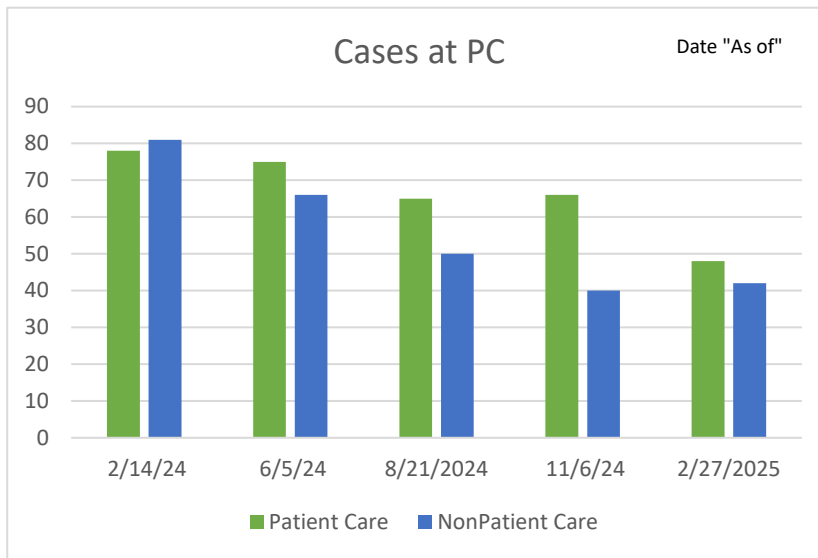
New Pharmacy Inspector in Northern Virginia - Amber Darr, PharmD.
New part-time Senior Inspector being hired.

Discipline Program Report

Open Cases as of 2/27/25:

	PC	APD	Investigation	FH	IFC	Other	Pending Closure	Entry	OAG	TOTALS
Patient Care Cases	48	36	82	1	15	0	0	0	0	182
Non-Patient Care Cases	42	41	50	7	11	1	4	0	1	157
									TOTAL:	339





Upcoming Disciplinary Proceedings		
March 26, 2025	Dowdy/Nash	IFC
March 27, 2025	Garvin/Yuan	Innovative Pilot
April 15, 2025	All Members	Formal Hearings
April 16, 2025	Agency Subord.	IFC
April 23, 2025	Yuan/RichardsSpruill	IFC
May 8, 2025	Agency Subord.	IFC
May 15, 2025	All Members	Formal Hearing
May 29, 2025	Ratliff/Hoffer	IFC
June 4, 2025	Nash/TBD	IFC
June 5, 2025	Garvin/Yuan	Innovative Pilot

Upcoming Disciplinary Proceedings:

January 8, 2025	Ratliff/Hoffer	Informal Conferences
January 9, 2025	All members	Formal Hearings
January 28, 2025	Agency Sub	Informal Conferences
February 18, 2025	All members	Formal Hearings
February 19, 2025	Dowdy/Nash	Informal Conferences
February 26, 2025	Yuan/Kale	Informal Conferences
March 4, 2025	Ratliff/Hoffer	Informal Conferences
March 25, 2025	All members	Full Board Mtg & Formal Hearings

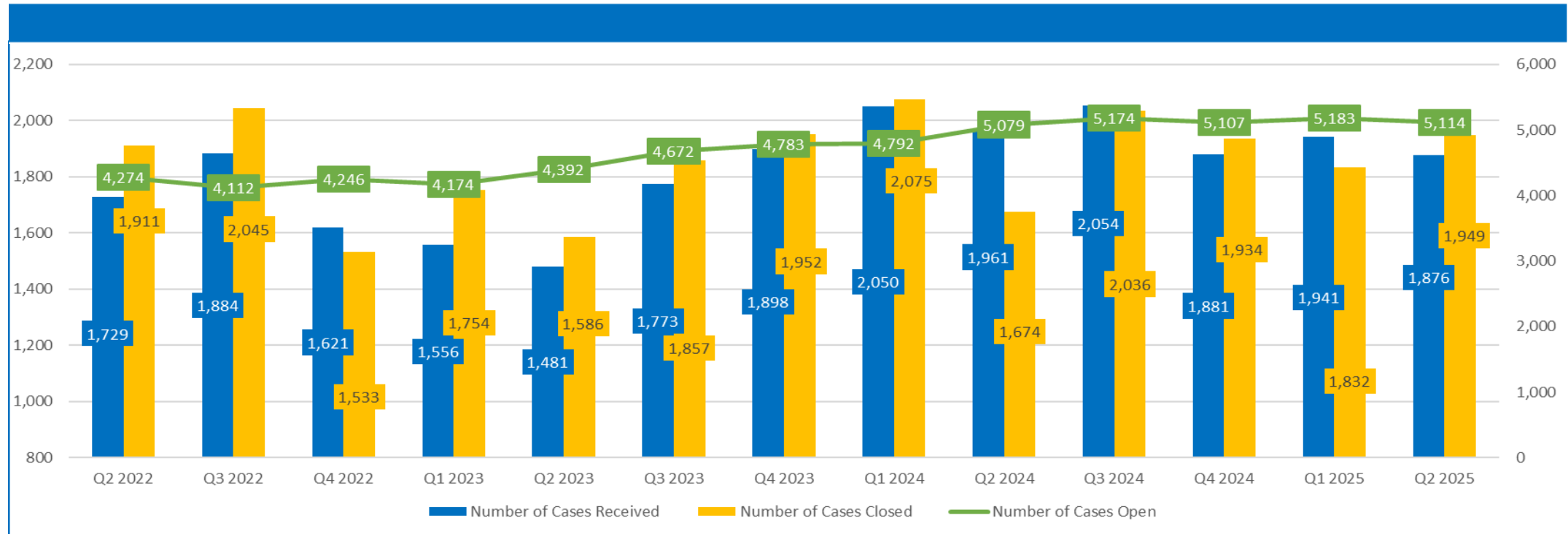
Cases Received, Open & Closed

Agency Summary

Quarter 2 – Fiscal Year 2025

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



Cases Received, Open & Closed

Agency Summary

Quarter 2 – Fiscal Year 2025

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

														CURRENT
		Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025
Pharmacy	Number of Cases Received	208	220	185	215	210	204	249	206	179	204	172	174	167
	Number of Cases Open	329	399	409	416	437	384	442	390	372	383	348	321	310
	Number of Cases Closed	228	154	181	228	214	288	220	257	199	195	210	200	179
Physical Therapy	Number of Cases Received	9	15	3	15	13	10	4	10	27	10	9	18	15
	Number of Cases Open	47	46	39	35	34	36	35	31	55	52	33	39	46
	Number of Cases Closed	8	18	10	21	18	8	5	14	4	15	29	12	9
Psychology	Number of Cases Received	32	24	34	20	18	22	31	39	35	32	45	46	41
	Number of Cases Open	159	144	162	163	169	174	172	167	157	154	159	170	167
	Number of Cases Closed	13	39	22	26	16	24	49	44	43	37	40	35	43

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times (with Continuance Days): Quarterly Performance Measurement, Q2 2021 - Q2 2025

Arne W. Owens

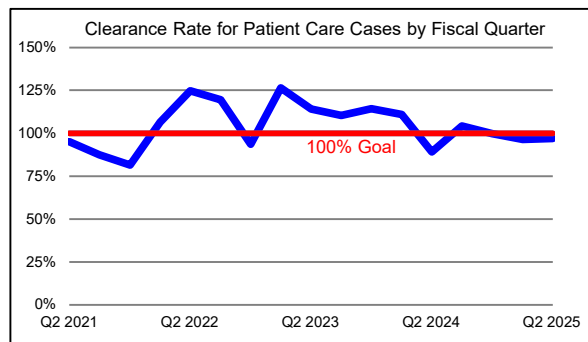
Director

"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."
DHP Mission Statement

In order to uphold its mission relating to discipline, DHP continually assesses and reports on its disciplinary case processing performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement; these three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation. This report includes the number of days that a case was in the continuance activity.

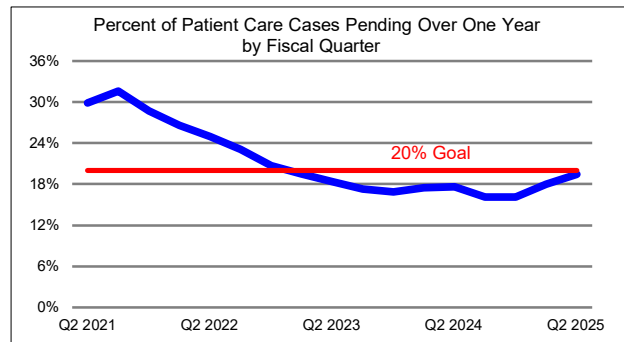
Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

The current quarter's clearance rate is 97%, with 1,277 patient care cases received and 1,238 closed.



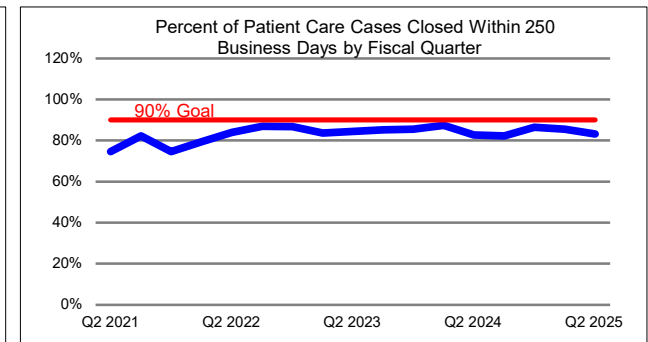
Age of Pending Caseload - the percent of open patient care cases over 250 business days old. This measure tracks the backlog of patient care cases older than 250 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 250 business days at no more than 20%.

The current quarter shows 19% patient care cases pending over 250 business days, with 719 of the 3,696 patient care cases pending over 250 business days.



Time to Disposition - the percent of patient care cases closed within 250 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 250 business days.

The current quarter shows 83% patient care cases pending over 250 business days, with 984 of the 1,183 cases closed within 250 business days.



Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days), by Board

Medicine

Clearance Rate: 79%

419 Cases Received

330 Cases Closed

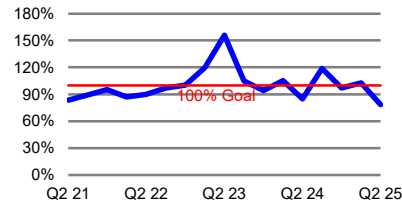
Pending Caseload: 6%

48 cases out of 770 are pending over 250 Days

Time to Disposition: 96%

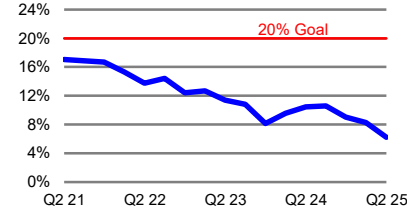
306 cases out of 319 were closed within 250 Days

Clearance Rate

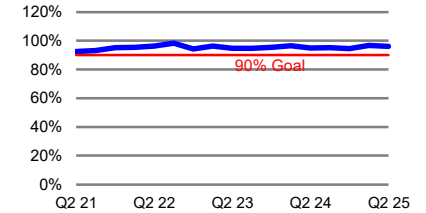


Age of Pending Caseload

(percent of cases pending over one year)



Time to Disposition



Dentistry

Clearance Rate: 71%

103 Cases Received

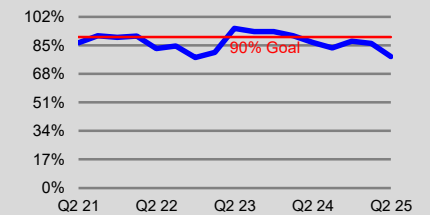
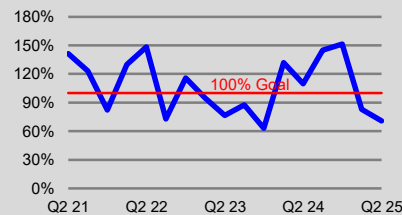
73 Cases Closed

Pending Caseload: 14%

44 cases out of 306 are pending over 250 Days

Time to Disposition: 78%

54 cases out of 69 were closed within 250 Days



Pharmacy

Clearance Rate: 93%

95 Cases Received

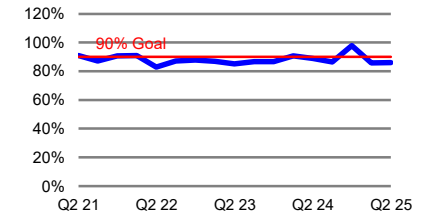
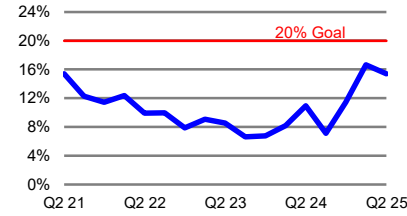
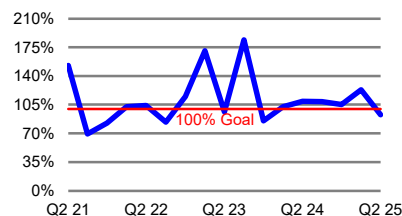
88 Cases Closed

Pending Caseload: 15%

28 cases out of 182 are pending over 250 Days

Time to Disposition: 86%

74 cases out of 86 were closed within 250 Days



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.

Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

Virginia Department of Health Professions

Patient Care Disciplinary Case Processing Times (with Continuance Days): Quarterly Performance Measurement, Q2 2021 - Q2 2025

Arne W. Owens

Director

"To ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information to health care practitioners and the public."

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In order to uphold its mission relating to discipline, DHP continually assesses and reports on its disciplinary case processing performance. Extensive trend information is provided on the DHP website, in biennial reports, and, most recently, on Virginia Performs through Key Performance Measures (KPMs). KPMs offer a concise, balanced, and data-based way to measure disciplinary case processing. Clearance Rate, Age of Pending Caseload and Time to Disposition uphold the objectives of the DHP mission statement; these three measures, taken together, enable staff to identify and focus on areas of greatest importance in managing the disciplinary caseload. The following pages show the KPMs by board, listed in order by caseload volume; volume is defined as the number of cases received during the previous 4 quarters. In addition, readers should be aware that vertical scales on the line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation. This report includes the number of days that a case was in the continuance activity.

Clearance Rate - the number of closed cases as a percentage of the number of received cases. A 100% clearance rate means that the agency is closing the same number of cases as it receives each quarter. DHP's goal is to maintain a 100% clearance rate of allegations of misconduct.

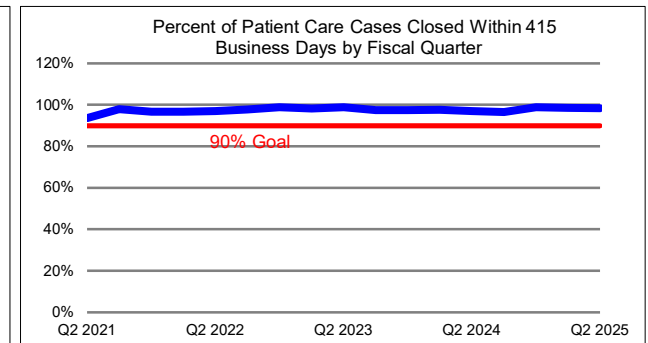
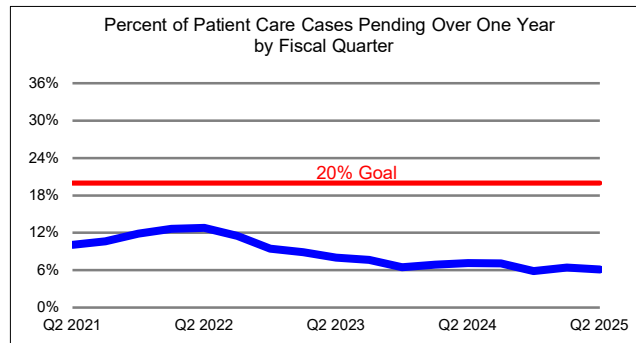
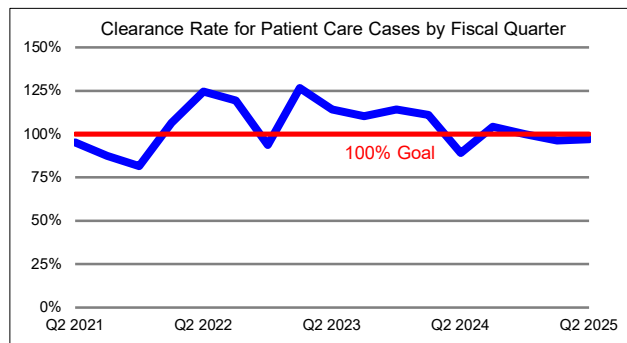
Age of Pending Caseload - the percent of open patient care cases over 415 business days old. This measure tracks the backlog of patient care cases older than 415 business days to aid management in providing specific closure targets. The goal is to maintain the percentage of open patient care cases older than 415 business days at no more than 20%.

Time to Disposition - the percent of patient care cases closed within 415 business days for cases received within the preceding eight quarters. This moving eight-quarter window approach captures the vast majority of cases closed in a given quarter and effectively removes any undue influence of the oldest cases on the measure. The goal is to resolve 90% of patient care cases within 415 business days.

The current quarter's clearance rate is 97%, with 1,277 patient care cases received and 1,238 closed.

The current quarter shows 6% patient care cases pending over 415 business days, with 226 of the 3,696 patient care cases pending over 415 business days.

The current quarter shows 98% of patient care cases being resolved within 415 business days, with 1,164 of the 1,183 cases closed within 415 business days.



Virginia Department of Health Professions - Patient Care Disciplinary Case Processing Times (with Continuance Days), by Board

Medicine

Clearance Rate: 79%

419 Cases Received

330 Cases Closed

Pending Caseload Over 415 Days: 3%

24 cases out of 770 are pending over 415 Days

Time to Disposition Within 415 Days: 100%

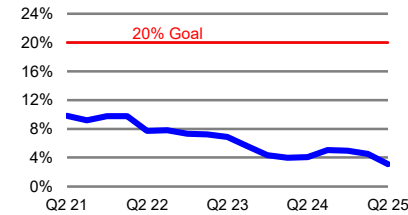
318 cases out of 319 were closed within 415 Days

Clearance Rate

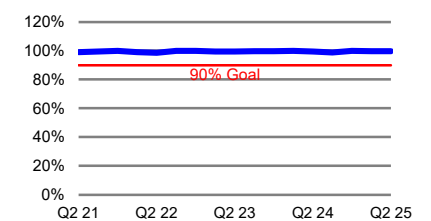


Age of Pending Caseload

(percent of cases pending over one year)



Time to Disposition



Dentistry

Clearance Rate: 71%

103 Cases Received

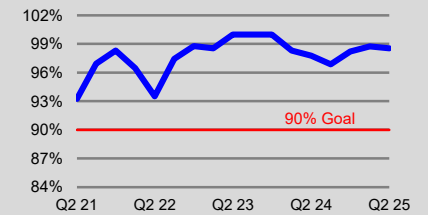
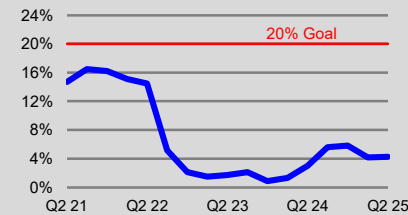
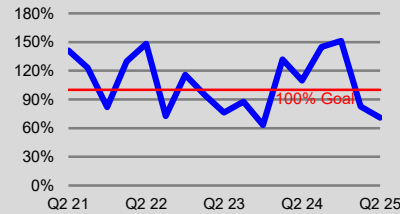
73 Cases Closed

Pending Caseload Over 415 Days: 4%

13 cases out of 306 are pending over 415 Days

Time to Disposition Within 415 Days: 99%

68 cases out of 69 were closed within 415 Days



Pharmacy

Clearance Rate: 93%

95 Cases Received

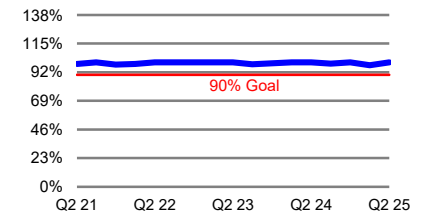
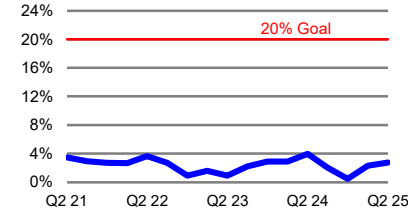
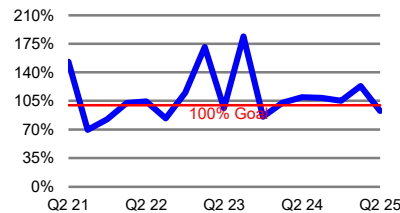
88 Cases Closed

Pending Caseload Over 415 Days: 3%

5 cases out of 182 are pending over 415 Days

Time to Disposition Within 415 Days: 100%

86 cases out of 86 were closed within 415 Days



Note: Vertical scales on line charts change, both across boards and measures, in order to accommodate varying degrees of data fluctuation.
Note: If no cases are received and some cases are closed, we assign 100% as clearance rate

Executive Director's Report – March 25, 2025

Staff:

- ❖ Vacant disciplinary administrative assistant position

In-person or Virtual Meetings Recently Attended:

- ❖ Forensic Science Board Meeting
- ❖ Monthly Regional EMS Medication Kit Transition Workgroup -Juran/O'Halloran
- ❖ VPhA Legislative Day
- ❖ Discussions regarding JCHC Pharmacy Desert Study
- ❖ VPhA Annual Meeting
- ❖ Tri-Regulator Symposium
- ❖ Opioid Regulatory Collaborative