COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

F I N A L M I N U T E S

MEETING OF:

STATE BOARD OF PHARMACY

TIME: 10:30 A.M.

Held at

PENNSYLVANIA DEPARTMENT OF STATE

2525 North 7th Street

CoPA HUB, Eaton Conference Room

Harrisburg, Pennsylvania 17110

as well as

VIA MICROSOFT TEAMS

April 28, 2026

State Board of Pharmacy
April 28, 2026

BOARD MEMBERS:

Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson
Arion R. Claggett, Acting Commissioner of Professional and Occupational Affairs
Eric Esterbrook, R.Ph., Vice Chairperson
Janet Getzey Hart, R.Ph., Secretary
James Reed Jr., R.Ph.
John R. Slagle, R.Ph.
Molly Pohlhaus, Deputy Attorney General

BUREAU PERSONNEL:

Sean C. Barrett, Esquire, Board Counsel
Nathan C. Giunta, Esquire, Board Prosecution Liaison
Marc Farrell, Esquire, Regulatory Counsel, Office of Chief Counsel, Department of State
Ray J. Michalowski, Esquire, Senior Board Prosecutor and Prosecution Liaison
Caroline Bailey, Esquire, Board Prosecutor
Sara Trimmer, Pharm.D., R.Ph., Executive Secretary
Willow Marsh, Legislative Aide, Office of Legislative Affairs
Taylor Koch, Fiscal Chief, Bureau of Finance and Procurement
Danie Bendesky, Special Assistant for Strategic Initiatives
Cory Ulisse, Pharm.D., Drug Program Specialist
Ashley P. Murphy, Esquire, Board Prosecution Liaison
Jonathan Blake, Esquire, Board Prosecutor
Jessica Zukoski, Senior Legal Analyst, Department of State
Jason Giurintano, Esquire, Deputy Chief Counsel, Counsel Division
William Zupko, Pharm.D., Drug Program Specialist

ALSO PRESENT:

Jill Rebuck, Executive Director, Pennsylvania Society of Health-System Pharmacists
Geoffrey Christ, Senior Pharmacy Compliance Manager, Chewy Pharmacy
Jacquelyn Sassaman, Pentec Health
Victoria Elliott, R.Ph., CEO, Pennsylvania Pharmacists Association
Ashley Addison, Pharm.D, Executive Fellow, Pennsylvania Pharmacists Association

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ALSO PRESENT: (cont.)

Natalie Percival, Assistant Professor of Pharmacy Practice, Nesbitt School of Pharmacy, Wilkes University
Daniel Longyhore, Pharm.D., Ed.D., Geisinger Health
William Irvin, Director Regulatory Compliance, CVS Caremark
Anthony Bixler, R.Ph., WellSpan York Hospital, Co-Chair Legislative Affairs Committee, Pennsylvania Society of Health-System Pharmacists
Jen Sullivan, Pharm.D., CPPS, Pharmacy Manager of Quality, WellSpan York Hospital
Sean Young, Pharm.D., Main Line Health, Co-Chair Legislative Affairs Committee, Pennsylvania Society of Health-System Pharmacists
Jonathan Ference, Dean, Nesbitt School of Pharmacy, Wilkes University
Bradley Dudeck, Pharm.D., Assistant Professor, Geisinger College of Health Sciences
Brittany Venturella, Pharm.D., CSP, Manager of Clinical Specialty and Central Fill Pharmacy
Charlotte Harris, Emerus
Matthew Popowicz, Cardinal Health
Lisa Braccini-Barletta, MBA, R.Ph., Director of Pharmacy, Penn State Milton S. Hershey Medical Center
Jessica Clancy, Pharm.D., MS, Coordinator of Professional Development and Training, Hospital of the University of Pennsylvania
Cassandra Morey, Pharm.D., BCSCP, Pharmacy Clinical Specialist, Regulatory Compliance, Guthrie
Nicole Fidler, Associate, Malady & Wooten Inc.
Amanda Abernathy, Pharmacy Technician Training Coordinator, UPMC
Judy Kutchman, Manager Professional Practices, AllianceRx Walgreens Pharmacy
Zayne Kemler, Paralegal, Government Relations, Myers Brier & Kelly LLP
Porscha Childs, Pharm.D., R.Ph., Pharmacovigilance Patient Safety Specialist, Novo Nordisk
Danielle DiCiolla, Manager Regulatory Affairs, Cardinal Health
Sheetal Kamath, Pharmacist Specialist, UPMC
Donna Watson, Pharm.D., R.Ph., DICVP, FSVHP, Director of Pharmacy Services, Ryan Veterinary Hospital, University of Pennsylvania

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ALSO PRESENT: (cont.)

Misha Patel, Esquire, Government Relations Specialist, Pennsylvania Medical Society
Ed Foote, Pharm.D., FCCP, Dean, Philadelphia College of Pharmacy, Saint Joseph's University
Mayank Amin, Pharm.D., R.Ph., Owner, Skipjack Pharmacy
Nichole Cover, R.Ph., Director of Pharmacy Affairs, Walgreens Co.
Gabriel Sodium, APPE Student, Pennsylvania Pharmacists Association
Zachery Adams, Executive Director, Center for Rural Pennsylvania
Matti Hamed, Drug Enforcement Agency
Kristy Minchanka, Drug Enforcement Agency
Bradley Dudeck, Pharm. D., Assistant Professor, Geisinger College of Health Sciences
Rosa Kelly, Regional Supervisor, Northeast Pharmacy, Costco Wholesale
Linh Huynh, Pharm.D., Residency Coordinator, Albertsons Companies
Amber Rupp, Pharm. D., Pharmacist, Walmart
DeLisa Winston, B.Pharm., Pharmacy Regulatory and Compliance Specialist, Children's National Hospital
Rhonda Thomas, Pharm.D., MBA, BCPS, BCSCP, Administrator of Pharmacy Services, Jefferson, Treasurer, Pennsylvania Society of Health-System Pharmacists
Shanshan Zhang, Pharm.D., R.Ph., Director of Operations, KabaFusion
Zachary Balodis, Pharm.D., PGY1 Pharmacy Resident, Lehigh Valley Health Network
Jennifer Gateau, Pharm.D., Pharmacy Resident, Albertsons Companies
Neal Watson, Director, Member Relations and Government Affairs, National Association of Boards of Pharmacy
Bridget Regan. MBA, R.Ph., Assistant Professor, School of Pharmacy, University of Pittsburgh
Christopher Miller, Pharm.D., Director, Pharmacy Quality and Compliance, Giant Eagle Inc.
Rachel DiPaolantonio, Pharm.D., Pharmacy Clinical Program Coordinator, Weis Markets
Tiffany Booher, MA, LPC, CAADC, CIP, CCSM, Director, Peer Assistance Monitoring Programs, Foundation of the Pennsylvania Medical Society

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ALSO PRESENT: (cont.)
Alexander Bastecki, Pharm.D., Omnicare
Victoria Mottola, Pharm.D., District Leader RX, CVS Health
Thai Nguyen, Pharm.D., Pharmacy Program Manager, Allegheny County Health Department
Steve Sheaffer, Pharm.D., R.Ph., Past President, American Society of Health-System Pharmacists
Joshua Finger, Pharm.D., Dragonfly Health
Sophia Herbert, Pharm.D., Assistant Professor, School of Pharmacy, University of Pittsburgh
Taylor Makatura, Pharm.D., R.Ph., Pharmacist, Walgreens Co.
Regan Ceraso, B.Pharm., Director of Quality and Compliance, Grane Rx
Joni Carroll, Pharm.D., Assistant Professor, School of Pharmacy, University of Pittsburgh
Michelle Patterson, Pharm.D., BCACP, CDCES, Ambulatory Care Clinical Pharmacy Specialist, Main Line Health
Brian Simpkins, Pharm.D., BCPS, Director of Acute Pharmacy Services, Geisinger College of Health Sciences
Jessica Walentynowicz, Pharm.D., Regulatory Coordinator Pharmacy services
Caroline O'Brien, CPht-Adv, CVOP, Technician, Board Member, Pennsylvania Society of Health-System Pharmacists
Paul Darcangelo, Pharm.D., Manager, Lehigh Valley Health System
Dustin Tighe, Learning Operations Manager, Chewy Pharmacy
Guillermo Beades, Esquire, Partner, Frier Levitt
Nicole DeWitt, Esquire, Frier Levitt
Bela Patel, Respondent
Ryan Racino, Respondent
Rosa Kelly
Radhika Patel
Sarah Cronin
Scott Young
Helen C.
Call In # 1-814-516-2079
Call In # 1-267-230-8179
Call In # 1-909-856-6224
Call In # 1-215-834-7294
Erin Badstuebner, Sargent's Court Reporting Service, Inc.

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State Board of Pharmacy

April 28, 2026

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The rescheduled meeting of the State Board of Pharmacy was held on Tuesday, April 28, 2025. Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson called the meeting to order at 10:32 a.m.

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[Pursuant to Section 708(a)(5) of the Sunshine Act, at 9:00 a.m., the Board entered into Executive Session with Sean C. Barrett, Esquire, Board Counsel, for the purpose of conducting quasi-judicial deliberations and to receive the advice of Board Counsel. The Board returned to open session at 10:32 a.m.]

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Introduction of Board Members/Attendees

[Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, requested an introduction of Board members and attendees. A quorum was present.]

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[Sean C. Barrett, Esquire, Board Counsel, noted the pharm meeting was being recorded, and those who continued to participate were giving their consent to

be recorded.

Mr. Barrett also noted the Board entered into Executive Session for the purpose of conducting quasi-judicial deliberations on a number of matters that are currently pending before the Board and to receive the advice of counsel.]

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Report of Board Prosecution

[Ashley P. Murphy, Esquire, Board Prosecution Liaison, presented the Consent Agreements for Agenda Item No. 8, Case No. 23-54-007353; and Agenda Item No. 9, Case No. 26-54-001747.]

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[Nathan C. Giunta, Esquire, Board Prosecution Liaison, presented the Consent Agreements for Agenda Item No. 10, Case No. 25-54-000525; Agenda Item No. 11, Case Nos. 26-54-000752 and 26-54-001677; and Agenda Item No. 12, case No. 26-54-004811.

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[Ray J. Michalowski, Esquire, Senior Board Prosecutor and Prosecution Liaison, presented the VRP Consent Agreement for Agenda Item No. 13, Case No. 26-54-005236.]

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MR. BARRETT:

Based on the report of Prosecution and the Consent Agreements presented to the Board, I believe the Board Chair would entertain a motion to approve the Consent Agreements at Item No. 8, Case 23-54-007353; and Item No. 9, Case 26-54-001747.

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MR. SLAGLE:

Second.

CHAIR ROUSSEL:

Okay. Any further discussion? Let's call the vote.

MR. BARRETT:

Just for the record, Board Member Reed did recuse himself for the deliberations of both of those items.

Reed, recuse; Slagle, aye; Esterbrook, aye; Claggett, aye; Hart, aye; Pohlhaus, aye; Roussel, aye.

[The motion carried. Mr. Reed was recused from deliberations and voting on the matters. The Respondents are as follows: Agenda Item No. 8, Case

No. 23-54-007353, Jennifer Anne Mcaleer, R.Ph.; and Agenda Item No. 9, Case No. 26-54-001747, Alexander Michael Brucker, RPh.]

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MR. BARRETT:

Based on the presentation of Prosecution, I believe the Board Chair would entertain a motion to approve the Consent Agreements at Item No. 10, Case No. 25-54-000525; Item No. 12, Case No. 26-54-004811; and Item No. 13, Case No. 26-54-005236.

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MR. SLAGLE:

Slagle, second.

CHAIR ROUSSEL:

Okay. Any further discussion? Otherwise, we'll call the vote on this motion.

Reed, aye; Slagle, aye; Esterbrook, aye; Claggett, aye; Hart, aye; Pohlhaus, aye; Roussel, aye.

[The motion carried unanimously. The Respondents are

as follows: Agenda Item No. 10, Case No. 25-54-000525, Jill Susanna Link, RPh; and Agenda Item No. 12, Case No. 26-54-004811, Michael R. Benzon, RPh.]

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MR. BARRETT:

Based on Executive Session deliberations and presentation of Prosecution, based on those discussions, I believe the Board Chair would entertain a motion to reject as too lenient the Consent Agreement at Item No. 11, Case No. 26-54-000752 and Case No. 26-54-001677.

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MR. SLAGLE:

I'll second that.

MR. BARRETT:

Just for the record, Board Member Reed and Board Member Esterbrook did recuse themselves from the deliberation on that matter.

CHAIR ROUSSEL:

Any further discussion? We'll call the vote.

Reed, recuse; Slagle, aye; Esterbrook, recuse; Claggett, aye; Hart, aye; Pohlhaus, aye; Roussel, aye.

[The motion carried. Mr. Reed and Mr. Esterbrook were recused from deliberations and voting on the matter.]

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Approval of Minutes

CHAIR ROUSSEL:

So moving forward, for the minutes that were submitted for February 24, 2026, were there any edits or any discussion on them?

Otherwise, I'll entertain a motion to approve those minutes.

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MR. SLAGLE:

I'll second that.

CHAIR ROUSSEL:

Any further discussion? We'll call the vote on the minutes.

Reed, aye; Slagle, aye; Esterbrook,

aye; Claggett, aye; Hart, aye; Pohlhaus, aye; Roussel, aye.

[The motion carried unanimously.]

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Report of Board Counsel - Motion to Deem Facts Admitted

MR. BARRETT:

At Item No. 14, based on Executive Session deliberations, I believe the Board Chair would entertain a motion to deny the Motion to Deem Facts Admitted and delegate to a Hearing Examiner for Case No. 24-54-012863, The Drug Store on East State.

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MR. SLAGLE:

I'll second.

CHAIR ROUSSEL:

Any further discussion? We'll call the vote.

Reed, aye; Slagle, aye; Esterbrook, aye; Claggett, aye; Hart, aye; Pohlhaus, aye; Roussel, aye.

[The motion carried unanimously.]

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Report of Board Counsel - Deliberation

MR. BARRETT:

No. 15, based on Executive Session deliberations, I believe the Board Chair would entertain a motion to delegate the matter at Item No. 15, Case No. 25-54-016325, Stefen Mishchuk, R.Ph., to a Hearing Examiner for a Hearing and to issue a Proposed Adjudication and Order.

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MR. SLAGLE:

Slagle, I'll second.

CHAIR ROUSSEL:

Any further discussion? Let's call the vote.

Reed, aye; Slagle, aye; Esterbrook, aye; Claggett, aye; Hart, aye; Pohlhaus, aye; Roussel, aye.

[The motion carried unanimously.]

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Appointment - Updated Fee Recommendation
[Taylor Koch, Fiscal Chief, Bureau of Finance and Procurement (BFP), explained at the February 2026 meeting, BFP had presented the Board with their annual financial presentation and concluded that BFP would be presenting a fee increase package. After meeting with the Board and being enlightened by expectations of pharmacy technician numbers, BFP went back to the drawing board. He was pleased to state BFP would no longer be making a fee increase recommendation.

Mr. Koch provided the Board with pharmacy technician registration numbers. In February, there were about 2,200 registrations. When the reports were run again on April 9, 2026, there were 9,700 registrations. He explained he ran the reports one more time a couple of days before the April meeting and the number had increased to 10,500 pharmacy technicians. He added the increase in registrations had dramatically increased the Board's revenue and was the main driver for the decision to not recommend the fee increase.

Mr. Koch presented new projections for the current biennium. He noted the projection was still a negative; however, BFP expected the numbers to

continue to climb further into 2026. He stated BFP was comfortable with where things were shaking out for future projections.

Chair Roussel shared appreciation for Mr. Koch's feedback. She noted there was commentary on the potential fee increase at the last meeting and Mr. Koch took it seriously.

Mr. Koch stated BFP wanted to take into consideration what the Board was bringing to the table as BFP relies on insight from the Board.

Mr. Barrett commented the deadline for pharmacy technician registration is June 28, 2026. He suggested running the numbers after that point to see where the actual population wound up at. He noted the projection was 20,000 registrations and he anticipated the final number to be close.

Mr. Koch explained BFP always runs the numbers for all of the boards when doing reports for any of them. He intended to visit the Board again later in the summer to review final numbers from the 2024/2025 biennium, at which time he would have pharmacy technician numbers as well.]

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Appointment - Rural Pennsylvania Presentation

[Christine Roussel, Pharm.D., BCOP, BCSCP,

Chairperson, explained the Board is focused on the safety of patients. As part of the mission to protect Commonwealth residents, the Board is concerned about ensuring there are enough pharmacists and pharmacies available in Pennsylvania. She noted the research from the Center for Rural Pennsylvania is thoughtful and conducted by an agency independent from the Board.

Zachery Adams, Executive Director, Center for Rural Pennsylvania, stated the Center is a bipartisan, bicameral legislative service agency, which works on behalf of the General Assembly. He added the Board makeup includes two Senators, one from each party and two Representatives, also one from each party. The Center's mandate is to elevate issues in rural communities to promote the vitality of rural residents and the places they call home across the Commonwealth.

He explained the Center executes their mandate in three ways. First, through funded research. Secondly through in-house research and data collected by staff. Thirdly, through the Center's public hearing series focused on emerging issues that are relevant to rural communities. He noted the Center had two main focuses for the rest of 2026, data

centers and their growth across Pennsylvania; and the Rural Health Transformation Plan.

Mr. Adams stated he wanted to ground his comments on pharmacy deserts in the Commonwealth's population change and the work the Center did in partnership with Penn State Harrisburg's demographic center. The Center commissioned the study in 2023 to provide a projection of the Commonwealth's population through 2050. He noted the overarching narrative was that the Commonwealth's population was projected to plateau through 2050. He added, when looking at the data on the county level, the southeastern portion of the state is steadying the population to maintain the plateau. The population in the majority of rural counties is expected to decline with a few notable exceptions like Centre County, home of Penn State. He explained the data could be used to predict population changes down to the municipality level. He noted the demographic changes can indicate a number of things related to healthcare, specifically access to pharmacies.

Mr. Adams stated, as population shifts occur, there is a market demand made to shift where pharmacies or primary care facilities are. He added access to care cannot be market based. The

fundamental public good to access to healthcare and access to pharmacies has to be considered. He also explained the population trends show Pennsylvania's population is aging, and the number of individuals over the age of 65 is expected to continue to increase through 2050. The number of youths in Pennsylvania is expected to slightly decrease before plateauing. He showed maps of the shifting age in populations from 2020 to 2050. He commented there were exceptions with some rural counties showing on increase in youth population, noting the population story was not a monolith across rural Pennsylvania.

Mr. Adams noted the population age is important in considering pharmacy deserts. He presented a map demonstrating the percentage of occupied households with no vehicle, particularly households with individuals who are 65 and older. He noted the data reflects real implications for being able to easily get medications from a pharmacy as statewide the number of households with an individual over 65 is 13 percent. He added, when considering a pharmacy desert in terms of mileage, it is important to realize that, even if a household is within five miles of a pharmacy, they may not have access to a vehicle to get their medication easily.

Mr. Adams presented data from the Department of State, showing the number of pharmacies in Pennsylvania as of May 2025. He noted the data was from just prior to the RiteAid closing announcement; however, he added RiteAid pharmacies only represented ten percent of the statewide total of pharmacies. The next map presented reflected an attempt at visualizing access to pharmacies and where pharmacy deserts existed in Pennsylvania. He commented the Center was able to estimate how the RiteAid closures would affect pharmacy access in terms of percentage of change. He noted a limited impact across the majority of counties with several having a more pronounced impact with the closures. He added there were two counties which saw a significant impact as related to percent of closure.

Mr. Adams highlighted workforce data from across the Commonwealth. He noted while there are more pronounced pharmacy deserts in rural communities, when looking at the number of pharmacists per capita, the numbers were about equal between rural and urban communities. He reviewed projected growth across pharmacy occupations. Pharmacists are projected to grow by about two percent over the next seven years, and pharmacy technicians were projected to increase

by just over six percent. In 2025, there were just under 4,000 open jobs posting across all pharmacist positions. Out of the open positions, there were 900 clinical pharmacists, 900 hospital-based pharmacists and 1,800 retail pharmacists. He noted the data was useful when having conversations with partners in higher education to help make the case for new pharmacy or pharmacy tech programs.

Chair Roussel pointed out the data showed 7,300 open pharmacy technician positions in 2025.

Mr. Adams showed the degrees conferred that can assist with conversations with higher education partners when compared to the demand for pharmacists.

Mr. Adams highlighted a study done by the Center, funded in 2024 and published in 2025. The study examined access to opioid use disorder medications across the Commonwealth. He noted a disparity in the availability of methadone and buprenorphine to help individuals manage their opioid use disorder. 61 percent of rural counties do not have an opioid treatment program based in their counties. He noted, even where programs are available, there was still limited access to the drugs to help people with their recovery. The limited access can be related to stigma, transportation, and even availability to the

medications.

Chair Roussel commented the presentation was amazing and enlightening. She used some of the Center's statistics and planned to use more in the future. She noted, with the packed Agenda, she would open up limited commentary but would welcome an opportunity for more discussion in the next meeting.

Daniel Longyhore, Pharm.D., Ed.D., Geisinger Health, extended his appreciation for what the Center was doing, especially with drawing attention to opioid treatment programs and the disparities within the Commonwealth. He stated, while he loved that the Center was partnering with leaders in academia, he wondered how the Center was partnering with pharmacists across the system.

Mr. Adams replied the Center has a small staff of six people who make every effort to present to the Health and Human Services Committee in both the Senate and House. In addition, the Center is in the Health and Human Services building, so he has met with both Secretaries to present the research. He noted Secretary Bogen reads every health policy related report that comes out of the Center. Therefore, the opioid treatment programs are on the awareness of the people who are able to drive more

resources and expertise to help address the situation.

Mr. Longyhore suggested connecting with Mr. Adams regarding alternate dispensing models or mobile dispensing units to help advance access for those who live in rural areas.

Chair Roussel noted Secretary Bogen had recommended the Center to her, noting Secretary Bogen was a huge supporter of the Center.

Jonathan Ference, Dean, Nesbitt School of Pharmacy, Wilkes University, commented on behalf of the pharmacy schools. He stated any resources that could be put in high schools regarding the profession would help get more individuals applying to the schools. He stressed the need for attention to the profession at both the middle and high school levels.

Nichole Cover, R.Ph., Director of Pharmacy Affairs, Walgreens Co., commented the Center should be careful when looking at licensed pharmacists per capita as the data is based on where people live and not tied to a facility within the area. She offered to share data with the Center regarding pharmacy deserts.

Chair Roussel noted a number of pharmacies in Pennsylvania have closed and the small increase in

the number of non-residential pharmacies is not closing the gap. She pointed out the Board is limited by how they can effectuate change when working within their limitations dictated by law. She added the Board has some ability when promulgating regulations to look at barriers. In addition, the Board is open to hearing how it can best serve the people of Pennsylvania. She noted the Board had received letters from the five schools of pharmacy in Pennsylvania, which talked about the barriers to getting students licensed.

Victoria Elliott, R.Ph., CEO, Pennsylvania Pharmacists Association (PPA), mentioned PPA has been using data from the Center for their efforts, which are on the legislative side and focused on closures. She noted the Center's efforts have opened some eyes on opportunities around scope for pharmacists to potentially fill gaps, which they currently cannot because of limitations.]

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Appointment - DEA Registration of EMS

[Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, explained the DEA was invited to present in regards to the recent rulemaking on emergency medical services (EMS). She noted the Board would

like to make meetings as meaningful as possible and encouraged attendees to inform the Board of any topics they would like to hear presented.

Sean C. Barrett, Esquire, Board Counsel, stated if anything presented seemed to be legal advice or interpretation of a rule or statute, the Board is not conferring that advice. He encouraged anyone who needs advice to seek their own independent counsel.

Matti Hamed, Drug Enforcement Agency (DEA), echoed Mr. Barrett's disclaimer, noting the presentation is not legal advice and has no legal effect. She added her slideshow was the same one she presented to the Bureau of EMS; however, the rulemaking impacts pharmacies and hospitals in additions to EMS agencies as registrants. Ms. Hamed stated the EMS regulations published on March 9, 2026, in the *Federal Register* included very specific language. She noted, while she would not go into detail, but pointed out language regarding designated location versus registered location would impact how EMS is able to share their controlled substances without having distribution rules over them.

Ms. Hamed stated EMS have four ways in which they can register. The new way is to register as an EMS agency. EMS can also operate under a practitioner

registration, typically their medical director. The last two ways they can register are to operate under a hospital or clinic registration, either being fully supplied by the hospital or by privately working with an agreement to be supplied by the hospital. She noted focusing on the regulations for the EMS agency to be registered independently.

Ms. Hamed explained one of the major benefits of being independently registered as an EMS agency is, if a medical director leaves, there is no issue with having to transfer their controlled substances from one DEA registration to the other. She noted one way the DEA tracks diversion is from one DEA registration to another DEA registration. With the EMS agency being registered independently, there is no transfer needing to happen and the agency is responsible themselves for the controlled substances.

EMS agencies can get a DEA registration with privileges in Schedule 2 through Schedule 5, and it can administer those controlled substances outside the presence of their medical director. Ms. Hamed explained EMS agencies are still required to have a medical director; however, the new rules mean it can administer the controlled substance in an emergency situation outside the director's presence provided

they have a state license and are compliant with a standing or verbal order from their director. In Pennsylvania, there has to be a physical record of the protocol that the medical director has signed off on.

Ms. Hamed noted many EMS agencies have a central station house and then operate out of multiple locations within a county or area. She stated this was unique in terms of DEA registration types as the EMS agency could have one registration and designate other locations to deliver controlled substances but it did not have to operate as though it was distributing controlled substances. She added the DEA does need to be informed ahead of time if the EMS agency will be operating in that manner.

Ms. Hamed reviewed the definition of a registered location, which is where the controlled substances will be sent when ordered. She noted when tracking from the agency's distributer to their registration, the DEA will look at the controlled substances arriving at the registered location, and then the substances can be delivered to the agency's other locations to be loaded onto vehicles for emergency administration. The EMS agencies have the same record keeping requirements of other registrants

including pharmacies. The EMS agencies are also required to keep documentation of the deliveries of controlled substances to their designated locations. The records have to be kept at both the registered and designated locations. Ms. Hamed reviewed the types of records, which was the same as what would normally be included for any controlled substance in a pharmacy.

Ms. Hamed stated, even if the EMS agency is under a different registration type like a hospital registration, the same records are required to be kept. She added, regardless of registration type, the EMS agencies should be operating in a similar manner. She noted one area of concern for EMS is the security requirements, which have been fleshed out in the regulations for EMS as individual registrants.

Ms. Hamed discussed security regulations. EMS agencies can store controlled substances at any of their registered or designated locations or in its vehicles. If stored in a vehicle, the controlled substances must be locked under certain circumstances and the vehicle must have security. If going to an emergency situation or actively operating in an EMS capacity, the EMS can have the controlled substance on their person. When not in an emergency situation

or at a designated or registered location, the controlled substances need to be stored in a securely locked cabinet or lockbox that is secured. The only time a vehicle can be unlocked if is the vehicle is in a locked enclosure at a registered or designated location or while at the scene of an emergency. She also noted the language of the regulation specifies, when traveling to or from an emergency, the controlled substances must be locked up. She reiterated the only time the controlled substances are not required to be locked up is while on an EMS' person or in their jump bag at an emergency scene.

Ms. Hamed noted receiving questions during her Bureau of EMS presentation about the slight difference in security requirements between EMS agencies and hospitals or practitioners. She noted hospital pharmacies can technically disperse controls. She explained in the Code of Federal Regulations, Schedule 2 through 5, can be dispersed as long as done in a way that discourages and prevents diversion. However, she stated, in a vehicle, the substances must be securely locked away.

Chair Roussel emphasized, within the Commonwealth, especially in rural areas, hospitals are supplying EMS with controlled substances, so if

the EMS agency is not registered independently, it will have a DEA licensed physician. In addition, if not registered independently, the EMS agency cannot independently obtain controlled substances through a wholesaler. She stated, if an EMS chooses not to register independently with the DEA, hospitals can continue to supply them for patient specific scenarios where the patient has been administered controlled substances. All other transfers will require 222 documentation for the transfer of controlled substances in bulk.

Ms. Hamed stated Chair Roussel was correct regarding documentation. She clarified, if an EMS agency is dropping a patient off, the hospital can resupply the EMS for the single even to replace what was used. The allowance was created to make it easier for EMS to get to emergency situation faster and smooth out the process. She stressed proper documentation was needed for any bulk transfers.

Chair Roussel noted the importance of the hospital providing inpatient specific emergent scenarios in the settings of mass casualties and rural care. She asked, if a hospital pharmacy supplies controlled substances to EMS and the substances have not yet been administered to a

patient, do the substances being held by EMS need to be included in the registrant hospital's biennial inventory.

Ms. Hamed confirmed, in the proposed scenario, the registrant is responsible for the controlled substances and would need included in any documentation kept by the hospital.

Chair Roussel commented regarding waste. She noted Ms. Hamed stated EMS is required to keep records when they waste substances. She asked who would be the appropriate person for an EMS to seek to co-sign on waste and if the person could be a second EMS. She noted the best practice for waste was a license healthcare provider.

Ms. Hamed replied because paramedics are licensed, two paramedics would suffice. She also noted EMS providers often have nurses, which could be then be the second person.

Chair Roussel confirmed that EMS should be wasting within its own agency and not seeking outside employees to observe their wasting.

Ms. Hamed stated there was not any language in the Code of Federal Regulations to bar EMS from seeking outside employees.

Chair Roussel provided an example scenario of an

EMS going into a hospital with a syringe of fentanyl. She asked if it was acceptable for the EMS to ask a licensed professional in the hospital to observe the waste in the syringe or if the licensed professional could state they were uncomfortable observing the waste as they had not observed the source container or administration of the substance. She asked if any licensed professional can refuse to cosign somebody else's waste if they cannot state the origin of the product and feel confident in their observation.

Ms. Hamed stated the DEA has no regulation over a licensed professional stating they cannot witness waste. She stated the observation would need to be something written into the policy or contract between the hospital and the EMS.

Mr. Esterbrook asked, for additional clarification, if someone was a witness of waste under a different registrant, would that now classify the witness as now taking some possession to validate the waste.

Ms. Hamed replied the registration under which the substance is being wasted would be the only one that applied and it would not matter if the witness was under a different registration.

Chair Roussel asked if Ms. Hamed would be willing

to return in the future for other presentations, noting Ms. Hamed's education was fabulous. She noted pharmacists want to comply with everything required by the DEA.

Ms. Hamed thanked the Board for having the DEA present and stated she was willing to return in the future.]

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Appointment - UMPJE & Pharmacy Compact

[Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, explained the National Association of Boards of Pharmacy (NABP) had been invited to provide perspective on the Uniform Pharmacy Jurisprudence Examination (UMPJE) and the Pharmacy Compact.

Neal Watson, Director, Member Relations and Government Affairs, National Association of Boards of Pharmacy, stated NABP is the independent, international, and impartial association that assists its member boards in protecting public health. NABP serves all 50 jurisdictions as well as the District of Columbia, Guam and Puerto Rico. Current associate members also include all ten Canadian providences.

Mr. Watson explained there are primarily three options with exam options, the multistate pharmacy jurisprudence exam (MPJE), UMPJE, and the early MPJE

(EMPJE). He noted Pennsylvania was currently using the MPJE for which eligibility is determined at the time of graduation. The UMPJE is the newest exam and was launched on April 1, 2026.

Regarding the EMPJE, Mr. Watson stated the pilot program in North Dakota and Wisconsin allowed eligible students who had completed didactic to take the MPJE prior to graduation. The program has been expanded past North Dakota and Wisconsin and will be enabled for the UMPJE. He explained how the pilot program worked. Schools in the program provided NABP unofficial transcripts for NABP to confirm student eligibility. All students were able to create an E-profile with NABP, had to pass the law course, add their education records to the E-profile, and apply for eligibility. Students in the pilot program were only permitted to have one attempt to take the MPJE during the pilot phase. He explained the pilot program has turned into a full-blown program with several states looking to adopt the program in July.

Mr. Watson explained the timeline of the UMPJE starting with the resolution being adopted in 2023 at the annual meeting. By January 2026, NABP had developed and launched the UMPJE practice exam. Six states adopted the UPMJE early for the April 1, 2026

exam launch. He stated information on the exam was available on the NABP website including a content outline, which can be used as a guide for studying for the exam as well as for schools use in educating students prior to the exam. The next cohort to take the exam will be on June 1, 2026. He noted states close to Pennsylvania that had adopted UMPJE are Ohio, Maryland, and West Virginia with Virginia adopting later in 2026.

Mr. Watson explained the format of the UMPJE. The exam is computer-based, has 120 questions with a three-option multiple choice and has a two-and-a-half-hour exam time. The test is administered through Pearson Vue. The pre-exam has 40 questions with a 50-minute time limit. Students receive a detailed score report, allowing the opportunity to review shortcomings and positive gains in preparation of the actual exam.

Mr. Watson addressed why jurisdictions should use the UMPJE. He stated as pharmacists seek licensure in multiple jurisdictions, there is a need for portability. The UMPJE was designed as a flexible and diverse exam that could be universally applied in multiple jurisdictions while only taking the exam once. He noted, for implementation, boards may need

to amend current statuary language or regulations. He added NABP can assist with the amended language. He provided a list of states who had already adopted UMPJE, were adopting the UMPJE in June or July or who were in the process of either promulgating or amending rules to allow for the acceptance of UMPJE.

Mr. Watson shared key takeaways, noting the UMPJE should be looked at as an additional resource for boards rather than a mandate. He noted the UMPJE is not a federal law exam and is designed to assess the knowledge of applicable universal laws and regulation to ensure the pharmacist has the competency to protect states as well as public health and patient safety. He added some states have also elected to adopt an optional state specific module that can be independently administered by the states or states can lean on NABP for the state specific.

Mr. Watson stressed the importance of portability. With NABP housing the electronic license transfer process, NABP is looking to expedite the transfer process. NABP was directed to review a privileged practice model or compact similar to other professions like nursing and dental. One of the recommended requirements was the UMPJE or that participants had at least taken a jurisprudence exam,

which could be grandfathered in. He stated NABP is working with the Council of State Governments, which is funded and approved by the Department of Defense federally to work on professional compacts.

Mr. Watson explained for any NABP's exams, a practice analysis is conducted every five years as well as multiple reviews on each year. He noted if a state board of pharmacy wished to review items, NABP would give them access to do so. He shared there are examination resources available at NABP. For the UMPJE, representatives from each district, academia, board counsels, compliance officers and board members took part in the item development process just as they do with the MPJE. He also noted NABP has the tools now to monitor questions 24 hours a day, seven days a week, allowing questions that may be an issue to be flagged. This allows problematic questions to be pulled from the exam quickly for further review. This process is available for both the UMPJE and state-specific MPJE.

Chair Roussel asked how much the UMPJE would cost for a student who does not yet have the income of a pharmacist, noting it was a $170 examination fee and a $100 non-refundable application fee.

Mr. Watson confirmed NABP stuck with the MPJE

pricing for the UMPJE.

Chair Roussel added on top of the $270 to take the law exam, there was also a $90 fee for the practice exam. She asked if the student failed the exam, would the student then need to pay $270 to take the exam again.

Mr. Watson stated the fee would by minus the application fee and would be a reset fee.

Chair Roussel questioned the the cost of the NAPLEX.

Mr. Watson was not positive of the NAPLEX fee but thought it was just over $300.

Chair Roussel asked Mr. Ference what his students were paying for NAPLEX.

Mr. Ference stated his understanding of NAPLEX was the fee for 2025/2026 was $620. Adding in MPJE, students were paying a little shy of $900.

Chair Roussel noted the $900 did not include access to the $90 practice exam and assumed the student passed everything the first time. She thanked Mr. Watson for his presentation, noting the Board looked forward to his guidance on other things related to the examinations.]

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[A Formal Hearing was held from 12:10 p.m. until 1:33

p.m. in the Matter of Bela Patel, R. Ph, Case No. 25-54-016082.]

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[The Board recessed from 1:34 p.m. until 1:48 p.m.]

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[A Formal Hearing was held from 1:48 p.m. until 2:31 p.m. in the Matter of Ryan Racino, R. Ph, Case No. 25-54-009098.]

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Report of Regulatory Counsel - Regulation 16A-5432 - Final Annex and Preamble

[Marc Farrell, Esquire, Regulatory Counsel, Office of Chief Counsel, stated the Board currently has three active regulation packages compared to six open at the same time the prior year. He noted one of the pending packages was a giant one.

Mr. Farrell stated the first regulation on the list was 16A-5432, Licensure by Endorsement or Act 41 Rulemaking. He recapped the regulation process for 16A-5432, noting it was published in the Pennsylvania Bulletin for 30 days. No public comments were received and Independent Regulatory Review Commission (IRRC) did not have any comments. The Regulation was now queued up for be given deemed approved status by IRRC provided the final rulemaking is submitted in a

format substantially the same as what was delivered on proposed. He stated the Board had the draft final annex and draft final preamble in their package for the Act 41 rulemaking, both of which were very similar to what was approved by the Board during the proposed phase. He added, if the Board approved the final drafts, Regulatory Counsel would proceed with the final steps.]

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CHAIR ROUSSEL:

I would entertain a motion and have them both together if somebody wanted to move them both.

MR. BARRETT:

Well, and Marc, what's the actual verbiage that you need at this point moving on?

MR. FARRELL:

I would just say, like, the Board would advocate a motion to adopt the Final Annex and Preamble for Rulemaking 5432.

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MR. ESTERBROOK:

Second, Esterbrook.

CHAIR ROUSSEL:

Any further discussion? Call the vote.

Reed, aye; Slagle, aye; Esterbrook, aye; Claggett, aye; Hart, aye; Pohlhaus, aye; Roussel, aye.

[The motion carried unanimously.]

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Report of Regulatory Counsel - Regulation 16A-5435 - ABC MAP Opioid Education and Immunization Education

[Sean C. Barrett, Esquire, Board Counsel, noted sending out a rough draft, not an exposure draft, to stakeholders for 16A-5435. He noted the ABC-MAP opioid education portion was intended to be status quo with the opioid education policy that had been in effect for about a year since the statute. The other part of the regulation was regarding removing the three-year requirement for the training for the authorization to administer injectables.

Mr. Barrett reviewed sections the Board had already discussed such as the definitions and the continuing education (CE) component, which would require an applicant for licensure as a pharmacist to have completed at least two years of education in

pain management or the identification of addiction and two hours of education in the practice of prescribing or dispensing opioids within one year of obtaining licensure. The education must be taken as part of an ACPE accredited school or college or as part of a CE program. He noted the language relates back to the CE regulations.

He stated a section was added that the requirement applies only to holders of a current DEA registration or those who utilize the DEA registration of another. He added this allowed for some wiggle room if a pharmacist does not deal with opioids, then they may not have to do the CE. However, if the pharmacist is practicing somewhere like a CVS, where they are under a DEA number, they will need to do the CE. He stated most of the language was pulled straight from the statute and follows other Boards who have already adopted the opioid education CEs.

Mr. Barrett explained a section was inserted for licensing by reciprocity with requirements similar to that of initial licensure. Under 27.31, for biennial renewal, a section was added that at least two of the required 30 hours of CE shall be completed in the CE of pain management, identification of addiction, or

in the practice of prescribing or dispensing of opioids. He noted language had been added regarding CE providers who are offering a CE course solely in the same topics, which utilize the Pennsylvania support curriculum but are not ACPE certified, must apply to the Board for approval. The application for approval must be submitted at least 60 days prior to the start of the program consistent with other non-ACPE accredited programs.

Mr. Barrett noted the regulation would be sent out as a full exposure draft but he wanted to work out some of the language with the Board before sending out the full exposure draft.

Ms. Elliott requested confirmation that the language for initial licensure would recognize that students are already satisfying the requirement when they apply.

Sara Trimmer, Pharm.D., R.Ph., Executive Secretary, replied many Pennsylvania schools will submit the opioid education form while out-of-state schools submit the form later.

Mr. Barrett stated the statute requires that a pharmacist obtain the education within one year of licensure, so it was usually satisfied when students come out of school. He added the intent is not to

make it any more difficult to comply with the section.

Mr. Barrett moved onto the administration of injectables part of the regulation. His first change was to add citation language. Under education requirements in section 27.407(a)(1), there was a reference to completing the course within a three-year period prior to the application. He noted the three-year requirement had created some headaches for licensees coming out-of-state who may have been administering injectables for 20 years but then have to retake a course because they had not done so within three years. He explained his first thought was to remove the three-year language. He examined surrounding states and the only state with a temporal requirement was New York, making Pennsylvania an outlier.

Geoffrey Christ, Senior Pharmacy Compliance Manager, Chewy Pharmacy, commented he has experience as he reciprocated from Delaware. He explained how Delaware works with their immunization education.

James Reed Jr., R.Ph. commented the intent with the three years was to ensure if someone was coming into Pennsylvania, they were proficient on giving immunizations. He was in favor of eliminating the

time period, but the Board would need to determine a way to ensure a person is efficient when they came into Pennsylvania.

Chair Roussel provided an example of having not dispensed oncology agents in a number of years, but is Board certified to do so and takes all CEs. She wondered if it was within the scope of normal professional practice to look up information for a drug one has not seen in 15 years. She stated there is a standard of care, and once knowledge is gained and competency is shown, the knowledge can be regained.

Mr. Barrett noted, when reviewing the requirements, he thought maybe language could be put in only for out-of-state people. However, then there was the concern of someone who maintains their immunization certification by doing their CEs every two years but may have never actually injected However, they are authorized and there may be someone coming from out-of-state who has injected for 20 years but is now in a disadvantaged position. He questioned how to deal with one person while also dealing with the flip side of the coin. He noted other states seemed to have the requirement that if the person had taken the course, did not immunize for

ten years, and then wanted a job, they could just get their CPR certification and immunize.

Mr. Reed stated there may be pharmacists within Pennsylvania in the described situation where they got certified, did not use the certification, but may want to use the certification in the future.

Mr. Barrett explained there was a limiting principle. He did not think it was consistent with any other state to have a requirement based on particular scenarios.

Ms. Elliott commented immunization requirements changed every year, and even for reactivation, a person cannot work backwards because nothing is relevant.

Chair Roussel noted a clinical part where pharmacists are constantly doing CEs and have the clinical knowledge to look up what is appropriate for the vaccination. She provided an example of the technical part like the actual practice on oranges with saline. She commented the Board of Pharmacy in Delaware is in a different position than Pennsylvania. Delaware went to the legislature and requested a pharmacy modernization act. As part of the process, they are going through regulations, redlining the regulations and removing anything they

consider bloat or unnecessary stipulations that can otherwise be managed by standard of care. Chair Roussel stated, for Pennsylvania, any additional limiting wording is unnecessary. She added pharmacists are prudent that they would not do anything not in their scope of practice nor would employers allow them.

Mr. Barrett noted, for pharmacy techs, the ability to administer is delegated from the pharmacist, but they also have to have training. However, there is no temporal requirement for the pharmacy tech training.

Chair Roussel commented medical assistants are similar to pharmacy techs. She asked if the Board was in favor of removing all stipulation around time and allowing it to be within the pharmacist's judgement.

Mr. Barrett commented reactivations might be stickier than initial licensure. He explained, under the current scheme, if a pharmacist's license was lapsed for less than two years, then they would only have to do the CE required for the lapsed biennial. However, if a license was lapsed for more than two years, the pharmacist would basically need to retake the entire course. He asked if the Board still

wanted to have a section stating after so many years of being lapsed, then the pharmacist had to take the course again if they are also required to do the missed CE. Ms. Elliott pointed out the time dependency of immunization requirements.

Mr. Barrett considered the possibility of capping number of required CEs. He also questioned if it was worth having a CE requirement if the temporal requirement was eliminated.

Mr. Christ stated the way CEs are done, as an article with follow-up questions, is the worst way to learn. He questioned the validity of the requirement if the CE was just reading an ACPE article and then answering questions.

Chair Roussel disagreed with Mr. Christ. She noted everybody learns differently and some people can read something and be more functional with the information than listening in a classroom.

Janet Getzey Hart, R.Ph., Secretary, commented with nursing, a nurse can step away for five or ten years, choose to come back to the profession, and just restart their job. She stated the Board was putting an additional burden on pharmacists if they had completed the course and the Board had a record of the completion.

Mr. Barrett stated his only concern would be potential inequality between people who maintain the license and do CEs versus someone who does the CEs infrequently. He asked if there was a fine point where the Board wanted to say in order to reactivate, the pharmacist needed to do two CE hours. The pharmacist would not be required to take CEs for each missed biennial.

Chair Roussel liked the idea of two CE hours as it would give the pharmacist a review in everything they needed.

Mr. Barrett discussed changes to the regulation's language. He noted he would remove the temporal issue from the initial licensure and put in an educational requirement for a lapsed license that is consistent with someone who has maintained their license. He explained a motion would be needed to send the draft out as an exposure draft for 30 days, allowing the regulated community to submit comments. After the 30 days, the Board would come back to vote on a proposed version.]

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MR. BARRETT:

So, subject to the changes as discussed, remove the language for each

biennial renewal period, the authority was lapsed, I believe the Chair would entertain a motion to approve the regulation 16A-5435, ABC-MAP Opioid Education and Immunization Education to be sent out to the stakeholders for an exposure draft.

ACING COMMISSIONER CLAGGETT:

Claggett, so moved.

MR. ESTERBROOK:

Esterbrook, second.

CHAIR ROUSSEL:

Excellent. Any discussion? Let's call the vote.

Reed, aye; Slagle, aye; Esterbrook, aye; Claggett, aye; Hart, aye; Pohlhaus, aye; Roussel, aye.

[The motion carried unanimously.]

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Report of Regulatory Counsel - General Revision Jurisprudence Exam Discussion

[Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson stated, at the prior meeting, the Board had discussed separating Sections 27.21 through

27.25, pertaining to the jurisprudence law exam, from the General Revisions package.

Mr. Barrett stated no decision had been made at the prior meeting. He added, in speaking with Mr. Farrell, it seemed that separating the law exam portion would not accelerate the language for the law exam.

Chair Roussel commented, historically, the Board has had multiple regulatory packages that have come from outside of the Board that have been moved along through reviews and gotten out of the Board. However, the General Revisions package has been in progress for 12 years, through six different members of Counsel and has not moved. She noted, in the past, there had been discussion about splitting the General Revisions package to move it faster, but the package was put back together at some point. She expressed concerns that, with the length of the preamble, the package would not be able to move in a timely manner. She explained 40 percent of the states in the United States had already adopted change surrounding the law exam, whether it was elimination of the exam or adopting the UPJE. She stated Pennsylvania is sitting with their law exam language in a 45-page document that still needs a lot

of work.

Chair Roussel noted his time spent reviewing the language and suggested the Board would be doing a disservice to themselves and students if the law exam section was not separated out. Separating the law exam into its own package would allow it to move faster through the regulatory process. She stated, with less students going into pharmacy schools and pharmacies closing, it was a priority for the Board to think about how pharmacists are being licensed and what is being done because there are not enough people to work in pharmacies.

Chair Roussel understood Mr. Barrett's position and respected it, but in her time on the Board, she had seen little packages go through the process and be effectuated while the big package had not moved. She questioned if pharmacists are a priority and staff pharmacies is a priority, then was it enough to divorce the law exam as its own package. She noted the package would be six pages with its own preamble.

Mr. Barrett pointed out if the package was separated, the Board would first have to submit a memo to the Governor's Policy Office for approval. Then the package would have to start at the beginning of the regulatory process with an exposure draft.

Due to the built-in time frames of literal months, the new package would still be on a similar timeframe to the General Revisions package.

Mr. Farrell questioned what was exactly being considered in separating the law exam. He asked if the Board was considering abolishing the law exam.

Chair Roussel replied the wording around the law exam should be managed separately. She explained she has proposed wording, which would allow for the UPJE, other jurisprudence exams, or training as identified by the Board. She stated her language would leave options open for the Board to decide on an exam or training like CEs for when the package was through the rulemaking process.

Mr. Esterbrook commented the discussion should not be around if the Board should be changing the language but should only be about either keeping the law exam with the big package or separating it out. He stated it sounded like the package would be slower if separated.

Mr. Barrett stated the package may not be slower as there were a number of variables. He added the Board could separate the packages, but he wanted there to be an understanding that the new package would not be starting from the current point.

Chair Roussel shared concerns about the length of the preamble, which would need prepared for General Revisions, noting Mr. Farrell had sent her a list of questions that would need considered for each line change. She argued, by the time the preamble was written, the memo Mr. Barrett discussed could be approved for a separate law exam package and the exposure draft would be ready to go out. She also mentioned the Board's discussions about the possibility of a special meeting to deal with the General Annex followed by a regular meeting and possibly two additional special meetings. If the Board wanted meaningful change, the law exam should be separated.

Mr. Reed asked if Chair Roussel was willing to start from scratch. She confirmed she was willing but did not think it was from scratch.

Mr. Barrett noted the language was not from scratch, but the timeline would be starting over.

Acting Commissioner Claggett asked Mr. Farrell to share his recommendation.

Mr. Farrell stated his recommendation would depend on a clear direction from the Board. He noted, if the Board wanted to eliminate the law exam entirely, it would be one thing. However, he agreed

with the status of the current General Revisions draft. He added the current draft would still allow for the flexibility to choose another jurisprudence exam and includes additional Pennsylvania based training. He stated, based on the workload assessment and the addition of a new Regulatory Counsel, he was confident he could have the entire preamble for the General Revisions prepared prior to the June meeting.

Chair Roussel noted sending Mr. Farrell a draft of the preamble from the prior meeting. He stated he had not seen the draft, but it would certainly help.

Mr. Barrett asked if having the special meeting in June to focus on the preamble would be helpful.

Mr. Farrell agreed with the idea of the meeting, but it would be up to the Board. He stated the draft could be presented to the Board prior to the special June meeting, at which time the draft could be discussed in detail, with a possible vote at the regularly scheduled June meeting.

The date for a special meeting was briefly discussed before June 11, 2026, was decided on.

Mr. Farrell appreciated Chair Roussel's work on the draft. He noted the preamble is daunting, but the six questions he sent Chair Roussel do not need

answered for every change but are more of a framework on how to approach drafting the preambles.

Chair Roussel suggested forcing a vote on separating out Section 27.21 through 27.25.

Mr. Farrell asked for Chair Roussel to define what she meant by separate out.

Chair Roussel replied she meant to do the regulatory package individually for pharmacist licensure, just as separate packages had been done for licensure by endorsement and the opioid and immunization education.

Mr. Farrell noted, if the sections are left as currently drafted, nothing would be accomplished by separating them from the main General Revisions package. He noted making the packages run side by side would likely slow down the package due to the levels of review needed. He added, if separated to eliminate the law exam, it would be a different story.

Chair Roussel stated the point of separating the law exam would be to avoid having the law exam discussion diluted. She added there have been conversations regarding the proposed language but the Board has seemed to give up when they have run out of time. She added the Board had never really been able

to review the proposed language and ensure it met all of the intentions. She looked at updated wording but could not send it out until the discussions in public session. She hoped her wording would meet the intentions of all of the stakeholders at the table.

Mr. Barrett understood Chair Roussel's concerns. He stated, if the Board intended to change the language from what was already drafted, then the section should probably be pulled out of the General Revisions. However, if the Board intended to leave the language as written, he recommended leaving the section in the General Revisions package.

Mr. Reed asked if everything was kept as a full package, if the Board could discuss different language at the June 11, 2026 meeting.

Mr. Barrett noted the whole package was already so far into the process that changing language at the last minute before sending it out would not look great for IRRC in terms of ensuring everyone had input. He appreciated PPA for sending out a survey but noted there was not a clear consensus on the law exam. He noted the two divides are either using the UPMJE or eliminating the exam.

Chair Roussel pointed out the deans of four Pennsylvania pharmacy schools were in support of

eliminating the law exam. She added the deans have their finger on the pulse of the students.

Mr. Reed commented much of the discussion around eliminating the law exam seemed to be about getting pharmacists licensed quicker or making the licensure process easier. He stated, with the number of students in pharmacy school, he was not sure the law exam was the root cause of why people are not going into the profession. He added NAPLEX pass rates have been dropping, which is also hindering people from entering the profession but there would never be a consideration to eliminate NAPLEX. He noted being in favor of using the universal exam as opposed to eliminating the law exam entirely. He would allow students to take the exam while in pharmacy school.

Chair Roussel stated a matter that stood out in the letter was that the Board had previously allowed under Act 34 in 2025, out-of-state pharmacists in good standing to get provisional endorsement licenses without taking the MPJE. She also noted there is a significant economic burden for student when considering the price of the law exam, practice exam and NAPLEX plus any additional fees if the student does not pass the first time. In addition, in states without a law exam, NAPLEX scores seemed to go up

because students were not focused on studying for two exams.

Acting Commissioner Claggett stated a decision needed to be made and asked if a vote to separate would be taking place.]

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MR. ESTERBROOK:

I make a motion to take it out and separate the stuff about the law. We need someone to second that.

CHAIR ROUSSEL:

Can I second it?

MR. BARRETT:

You can.

CHAIR ROUSSELL:

Okay, I second it. Any more discussion other than the impassioned pleas that we've already listened to? All right, so the motion on the table is separating out this section. We can call the vote.

Reed, nay; Slagle, aye; Esterbrook, aye; Claggett, nay; Hart, nay; Pohlhaus, abstain; Roussel, aye.

[The motion failed. Mr. Reed, Acting Commissioner Claggett, and Ms. Hart opposed to the motion. Ms. Pohlhaus abstained from the vote, noting she had only been with the Board for two months and did not feel she could properly make an educated vote.]

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[Additional discussion surrounding the vote continued. Ms. Hart requested clarification on what the Board was voting on.

Mr. Barrett stated the vote was on removing the law exam from the General Revisions package and working on the law exam section separately. He noted the Board could not keep the law exam in the regulations now and then do a separate package down the road to eliminate the exam as it would create substantial confusion in the regulated community.

When asked, Mr. Barrett clarified his statements. He stated, by regulated community, he meant the people who are looking to become pharmacists, who would look at requirements prior to entering school. It would create confusion if they entered school expecting to take the uniform law exam and then suddenly the Board changes, and there's no exam. He added regulations are not meant to be made in sand and should be made sturdier so the regulated

community knows the expectations to become a pharmacist.

Acting Commissioner Claggett stated, because the vote ended in a tie, it meant the General Revisions package would stay together.

Chair Roussel asked if edits could still be made to the proposed language.

Mr. Barrett stated edits would cost additional time; however, it was up to the Board in how they wanted to proceed.

Chair Roussel noted she had not wavered in her thought process about the wording around training. She added Mr. Farrell had edited the regulation in good faith; however, the law exam section had not been given enough consideration during meetings. She stated she would be proposing a language change at the regulatory meeting.

Acting Commissioner Claggett noted the all-day meeting would not have an Executive Session and could start as early as the Board wanted. He suggested an 8:30 a.m. start time.

Mr. Farrell stated the meeting would work for him. He would prepare the draft preamble, so the Board could spend time making sure it agreed with the preamble while also making time to discuss the exam

issue. He hoped everyone could walk away from the meeting knowing what direction the Board wanted to go in with the exam.

Chair Roussel noted the Board was not supposed to discuss Board activity with each other outside of the meeting. She asked if there was a way to share her proposed language prior to the meeting.

Mr. Barrett offered to send the language to Dr. Trimmer and a OneDrive could be set up for the meeting. It was noted other Board Members could also propose language.

Acting Commissioner Claggett stated comments could be added to the folder and everyone needed to review the folder prior to the meeting.

Mr. Barrett asked the Board Members to be prepared on how they wanted to vote.

Chair Roussel noted there were also the four letters from the deans, a letter from PSHP and the survey from PPA.

Ms. Elliott stated there were also follow-up comments submitted from PPA, but she would follow-up with PPA's policy committee. She noted PPA was not meeting, so there would not necessarily be a PPA recommendation. She noted PPA's board agrees a change is needed and it was open to options.]

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Report of Board Chairperson

[Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, stated she would be waiving her report for the meeting. She mentioned the pharmacy inspection form was being prepared by the inspection team. She extended appreciation to the inspection team as well as all of the Board's colleagues at the Department of State, especially the Board's counsel.]

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Report of Acting Commissioner - No Report

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Report of Executive Secretary - No Report

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Report of Board Members - No Report

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Review of Applications

MR. BARRETT:

Based on Executive Session deliberations, I believe the Board Chair would entertain a motion to provisionally deny the applications of Item No. 20, Francis Reppert for Pharmacy Technician Trainee and Item No. 21, William Reames for Pharmacy

Technician registration.

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MR. ESTERBROOK:

Esterbrook, second.

CHAIR ROUSSEL:

Any discussion? Let's call that vote.

Reed, aye; Slagle, aye; Esterbrook, aye; Claggett, aye; Hart, aye; Pohlhaus, aye; Roussel, aye.

[The motion carried unanimously.]

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MR. BARRETT:

Based on Executive Session deliberations, I believe the Board Chair would entertain a motion to approve the Nonresident Reactivation of IHS Pharmacy.

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MR. ESTERBROOK:

Esterbrook, second.

CHAIR ROUSSEL:

Any further discussion? Call the vote.

Reed, aye; Slagle, aye; Esterbrook, aye; Claggett, aye; Hart, aye; Pohlhaus, aye; Roussel, aye.

[The motion carried unanimously.]

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CHAIR ROUSSEL:

For No. 23, of note, I did recuse when it was discussed but I can still entertain motions.

MR. BARRETT:

Based on Executive Session deliberations, I believe we would share with you a motion to approve the Satellite Remodel application of Geisinger Medical Center Pharmacy.

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MR. ESTERBROOK:

Esterbrook, second.

CHAIR ROUSSEL:

Any discussions? Call the vote.

Reed, aye; Slagle, aye; Esterbrook, aye; Claggett, aye; Hart, aye;

Pohlhaus, aye; Roussel, recuse.
[The motion carried. Chair Roussel was recused from deliberations and voting on the matter.]
***
Discussion - Ratify - Terry Talbott MPJE Question Writing
MR. BARRETT:
I believe the Board Chair would entertain a motion to ratify Terry Talbott to write the 2026 MPJE question writing as the Board's representative.
ACTING COMMISSIONER CLAGGETT:
Claggett, so moved.
MR. ESTERBROOK:
Esterbrook, second.
CHAIR ROUSSEL:
Any discussion other than the expression of gratitude? Nothing else to say, let's call that vote.

Reed, aye; Slagle, aye; Esterbrook, aye; Claggett, aye; Hart, aye; Pohlhaus, aye; Roussel, aye.
[The motion carried unanimously.]
***

Discussion - Intern Hour Waiver

MR. BARRETT:

This is the intern hour waiver that we've had in effect for However, many years. I believe it is the interest of the Board to continue that waiver.

Based on discussions to continue that, I believe the Board Chair would entertain a motion to extend the 500-hour intern hour waiver. And we'll say effectively through January 1st of 2028.

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MR. ESTERBROOK:

Esterbrook, second.

CHAIR ROUSSEL:

Any discussion? All right, progress.

Reed, aye; Slagle, aye; Esterbrook, aye; Claggett, aye; Hart, aye; Pohlhaus, aye; Roussel, aye.

[The motion carried unanimously.]

***

Discussion - 14th Annual Inter-governmental Working

Meeting - June 17, 2026

[Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, explained the Board gets invited every year to the FDA Inter-governmental Workgroup meeting. She stated the meeting has been remote for years and was live again in Washington, D.C. She added, if anyone felt strongly about compounding, they could go. She asked for a nomination or recommendation for someone to go to the meeting.]

***

MR. REED:

I recommend Christine Roussel to go.

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MR. ESTERBROOK:

Esterbrook, second.

CHAIR ROUSSEL:

Any discussions? All right. We'll call the vote.

Reed, aye; Slagle, aye; Esterbrook, aye; Claggett, aye; Hart, aye; Pohlhaus, aye; Roussel, aye.

[The motion carried unanimously.]

***

Discussion - Pharmacy Technician Registration

[Sara Trimmer, Pharm.D., R.Ph., Executive Secretary, stated application were coming in fast and furious. She noted as of that morning, there were 2,289 registered trainees and 11,470 registered technicians. She suggested putting the application number on diplomas if the applicant is sending in their high school diploma because they did not answer the question. She stated names can be different and the application number helps staff find the application. She noted getting 60 to 100 uploads in one afternoon. She appreciated everyone's patience with the process.

Mr. Reed asked what the current turnaround time was if everything was good for an application.

Dr. Trimmer stated the current turnaround time was 20 days because of the number of applications coming in.

Chair Roussel noted the timeframe was impressive. She added staff had been diverted to work on the pharmacy technician registrations. She stated the Board has been well supported by BPOA. She asked what would happen if someone waited until the 26th to submit their application with the 28th being the deadline.

Mr. Barrett stated he could not speak for Prosecution and how aggressive Prosecution would be after June 18, 2026. He noted technically after June 28th, technicians had to have their registration in hand, not just an application submitted. The registration would be needed at that point to continue practicing as a pharmacy technician.

Chair Roussel noted there was a new law approved by the Governor that people would be allowed to get their money back if applications took over a certain number of days. She asked if the Board needed to be concerned.

Mr. Barrett offered to follow-up on her question, but his understanding was for a standard application, the timeframe would be over 45 days. If there were issues with an application, like criminal history, the 45 days would not be applicable.

Chair Roussel was pleased the Board did not need to worry. She noted there had been questions about who would be permitted to work in a pharmacy as of the end of June 2026. To work in a pharmacy, a person would need to be a licensed pharmacist, a pharmacy intern, a pharmacy technician or a pharmacy technician trainee. Someone would not need to be both an intern and a technician.]

***

[Eric Esterbrook, R.Ph., Vice Chairperson, discussed attending PPA Legislative Day with Mr. Reed. They met with groups of students, answered questions about the Board and shared what the Board does.

Mr. Reed thanked PPA for the opportunity, noting it was well received by the students.]

***

Public Comment

[Geoffrey Christ, Senior Pharmacy Compliance Manager, Chewy Pharmacy, explained Chewy has a rigorous training program and people are not allowed to perform certain jobs until they have been assessed. He noted, in the pharmacy technician language, there is nothing regarding a time period for when a trainee can be moved to technician registration.

Mr. Barrett confirmed Mr. Christ was correct, and there was no timeline.

Mr. Christ asked if someone had filed their application prior to June 28, 2026 but might not have submitted all supporting documents, if the person would still be eligible for grandfathering.

Mr. Barrett believed the language was that an application had to be submitted prior to the date, offered to check on it.

Mr. Christ next asked about the positions allowed to work in a pharmacy.

Chair Roussel stated someone had to be registered if they are practicing pharmacy. She noted the registration was dependent on the activities being performed. She noted if someone was cleaning, doing deliveries or a cashier, they did not need to be registered. She apologized if she misspoke.

Mr. Christ stated he was concerned about latency in processing the applications. He asked if someone had applied prior the deadline, and the application had not been processed, would the person still be able to perform their duties as a technician who was already working in the pharmacy. He noted all of his company's applications were submitted; however, some had yet to receive a response.

Mr. Barrett confirmed, if an application had not been approved, they would not be able to work as a technician after the deadline. He noted, if there were outstanding applications and it had been a long time, he would send an email or call Dr. Trimmer. He added there may be a reason why an application is being held up. He also noted the timeframe for the turnaround was as quick as possible given the number of applications.

Mr. Reed commented more emails or calls may slow the process down.

Dr. Trimmer recommended reaching out if there was a legal review for an application and if nothing had been heard back for four weeks. She noted staff is not trying to forget about anyone but unintentional oversight may happen with the number of daily submissions.

Mr. Barrett noted getting batches of 20 or 30 criminal histories to review. He stated, if there was a legal review and it had been a few weeks, to let Dr. Trimmer know.

Dr. Trimmer stated status checks are not needed for applications submitted within the last couple of weeks. She added submissions keep pouring in and she is trying to be as efficient as possible.

Mr. Christ stated a couple of his people had certificates from other jurisdictions. He asked if the logs or letters of good standing had to come directly from the other jurisdiction's board.

Dr. Trimmer stated the applicant can print out the letter as long as there is a date included of when the search was done and it had to be within six months of their application.

Mr. Christ commented he appreciated Dr. Trimmer

as in his last role in Delaware, they did something similar with grandfathering social workers.

Mr. Barrett went back to Mr. Christ's question on grandfathering. He stated, based on the language, he would assume if the application was in prior to June 28th, the Board could look at it with respect to the grandfathering provision. He noted a legal answer would likely not be available until the Board ran into the situation. He stated the Board would punish people over the processing time. He added the grandfathering provision would go away for applicants after June 28, 2026.

Nichole Cover, R.Ph., Director of Pharmacy Affairs, Walgreens Co., stated many of the Board's regulations came from the Michigan language that she helped to write. She stated, in Michigan, the Board had an FAQ on common denominators to avoid getting some of the email correspondence. She noted the importance of a document covering generalities or questions which can help lead to a lot less tickets.

Mr. Barrett understood where Ms. Cover was coming from. He stated the problem with putting out an expanded definition is people will start questioning various cut outs. He added the Board does not have the ability in their Act to interpret. He noted the

Board did have an FAQ and Dr. Trimmer also posted a video on the submission process. He explained, in terms of practice related questions, the Board cannot answer pharmacy tech questions. He stated he will usually try to provide people with the regs where they may find the answer at.

Ms. Cover commented on the experience in Michigan.

Mr. Barrett stated where possible the applicants are being given the benefit of the doubt, especially for people currently working. He noted the Board has had very few pharmacy tech applications to consider on the merit. He added the Board and staff understood people could potentially lose their employment if they are not certified in time.

Ms. Cover commented, in Michigan, the Board relied heavily on the FAQ document help people.

Victoria Elliott, R.Ph., CEO, Pennsylvania Pharmacists Association, shared, in terms of the application process, she has seen a technician take care of everyone's registration for an independent pharmacy. She has also seen licensed pharmacists do the same but include everyone in the pharmacy even drivers and cashiers. She also shared the technician took screenshots of the process and led people

through the process in a town hall.

Mr. Barrett stated the process has become more streamlined, but the wait times are going up due to the high volume of applications. He expected a bit of a dip before the numbers spike again right before the deadline.

Chair Roussel pointed out when determining who to register, people should look at the definition of the practice of pharmacy.

Mr. Barrett noted over time he expected the definition to be broadened through Board orders after the enactment when Prosecution starts alleging people are practicing.

Ms. Cover commented on appearances before the Board for technicians trying to register that need Board approval. She noted the June 23, 2026 meeting could have many appearances scheduled with the deadline but questioned if there was a way for people to be cleared without an appearance. She provided an example and asked if someone had applied by May 1, but did not find out they needed to appear until June 28th, would they have to wait until August to work.

Mr. Barrett explained the application review process. He noted most of the applications with legal issues are handled through himself and the

application committee. He added, if an application winds up on an Agenda, there is usually an issue that is going to hold the person up and the Board needs additional information. He noted the number of people in that situation is a very small minority. Out of almost 12,000 applications there have only been three or four so far.

Chair Roussel commented the Board is constantly checking their emails to work through everything in real time whenever possible.]

***

[Rosa Kelly, Regional Supervisor, Northeast Pharmacy, Costco Wholesale, inquired if the Board had a stance on prescription pharmacy pickup lockers within Pennsylvania. She noted the law appeared to be silent on the subject. She asked if she could be granted an audience at the next Board meeting to discuss a presentation on pharmacy pickup lockers successfully installed in several states across the country.

Mr. Barrett stated the audience could be granted. He agreed the law was silent. He noted, because there was nothing specific regarding drug lockers or pharmacy pickup lockers, it would not be appropriate for the Board to comment on if they were allowable

under the current rules and regulations. He recommended consulting Costco's legal representation for their interpretation.

Chair Roussel mentioned, if Ms. Kelly had anything that could improve the practice of pharmacy that are within the regulations, there was a small window to submit comments regarding the annex.

Ms. Kelly consulted with Costco's legal counsel, who advised her to ask for an audience with the Board. She noted she would be presenting at Delaware's Board of Pharmacy meeting in May 2026 in hopes pharmacy lockers would be included in their new regulations. She added Costco did not want to install pharmacy lockers without having Board approval to do so. She asked what was needed prior to her presentation.

Acting Commissioner Claggett asked Ms. Kelly to tailor her presentation to a 15-minute window and send it to Dr. Trimmer three to four weeks ahead of time.]

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[Geoffrey Christ, Senior Pharmacy Compliance Manager, Chewy Pharmacy, expressed gratitude to the Bureau of Enforcement and Inspection for looking at the inspection forms. He stated Chewy built a non-

sterile compounding lab and found it difficult to get licensure in other jurisdictions because of the lack of information on their inspection report. He added a big issue was, even though the report did not use the word compliance, there was no checklist indicating the lab was competent.

Mr. Barrett indicated there would likely still be some technical hiccups in making a new form happen.

Chair Roussel asked if Chewy had NABP or a third-party inspector come in to inspect and how much the inspection would cost a licensee.

Mr. Christ noted the NABP inspection would cost between $7,000 and $8,000 and an extra $17,000 for an expediated inspection.]

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[Nichole Cover, R.Ph., Director of Pharmacy Affairs, Walgreens Co., commented, when she was with the Michigan Board of Pharmacy, it created a public work group, which ran just like a meeting to deal with reviewing rules. The group allowed various stakeholders to provide language for rules and regulations. She encouraged the Board to consider starting a similar group as it helped to move things along much faster in Michigan.

Mr. Barrett noted many of the timeframes in the

regulatory process in Pennsylvania are due to statutory requirements.

Ms. Cover replied the group could still help work things out ahead of time.

Acting Commissioner Claggett thanked Ms. Cover for her feedback. He noted every state is different and cannot all interact the same way.]

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[Pursuant to Section 708(a)(5) of the Sunshine Act, at 3:58 p.m., the Board entered into Executive Session with Sean C. Barrett, Esquire, Board Counsel, for the purpose of conducting quasi-judicial deliberations and to receive the advice of Board Counsel. The Board returned to open session at 4:20 p.m.]

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MR. BARRETT:

> Based on the hearings today, the evidence before the Board, and with noting that the records remain open for two weeks to submit additional evidence, I believe the Board Chair would entertain a motion to direct Counsel to draft an Adjudication and Order consistent with Executive Session

discussions on Item No. 5, Bela Patel, RPh, Case No. 25-54-016082 and Item No. 6, Ryan Racino, RPh, Case No. 25-54-009098.

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MR. ESTERBROOK:

Esterbrook, second.

CHAIR ROUSSEL:

Any further discussion? Let's call the vote.

Reed, aye; Slagle, aye; Esterbrook, aye; Claggett, aye; Hart, aye; Pohlhaus, aye; Roussel, aye.

[The motion carried unanimously.]

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Adjournment

CHAIR ROUSSEL:

And with that, I will entertain a motion to close this meeting.

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MR. ESTERBROOK:

Second.

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[There being no further business, the State Board of Pharmacy Meeting adjourned at 4:22 p.m.]

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CERTIFICATE

I hereby certify that the foregoing summary minutes of the State Board of Pharmacy meeting, was reduced to writing by me or under my supervision and the minutes accurately summarize the substance of the State Board of Pharmacy meeting.

Erin Badstuebner,
Minute Clerk
Sargent's Court Reporting Service, Inc.

STATE BOARD OF PHARMACY
REFERENCE INDEX
April 28, 2026

TIME	AGENDA
9:00	Executive Session
10:32	Return to Open Session
10:32	Official Call to Order
10:33	Introduction of Board Members/Attendees
10:38	Report of Prosecution
10:46	Approval of Minutes
10:48	Report of Board Counsel
10:49	Appointment - Updated Fee Recommendation
10:56	Appointment - Rural Pennsylvania Presentation
11:24	Appointment - DEA Registration of EMS
11:47	Appointment - UPJE & Pharmacy Compact
12:10	Hearing - Bela Patel, RPh
1:34	Recess
1:48	Hearing - Ryan Racino, RPh
2:32	Report of Regulatory Counsel
3:27	Review of Applications
3:30	Discussion
3:37	Public Comment
3:58	Executive Session
4:20	Return to Open Session
4:20	Motions on Hearings
4:22	Adjournment