

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: 10:40 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

June 17, 2025

State Board of Pharmacy
June 17, 2025

BOARD MEMBERS:

Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson
Matthew Eaton, Deputy Commissioner, on behalf of
Arion R. Claggett, Acting Commissioner, Bureau of
Professional and Occupational Affairs
Eric Esterbrook, R.Ph., Vice Chairperson - Absent
Janet Getzey Hart, R.Ph., Secretary - Absent
James Reed Jr., R.Ph.
John R. Slagle, R.Ph.
Ester Blair, Office of Attorney General

BUREAU PERSONNEL:

Sean C. Barrett, Esquire, Board Counsel
Nathan C. Giunta, Esquire, Board Prosecution Liaison
Caroline A. Bailey, Esquire, Board Prosecutor
Tyesha C. Miley, Esquire, Board Prosecutor
Ashley P. Murphy, Esquire, Board Prosecutor
Marc Farrell, Esquire, Regulatory Counsel, Office of
Chief Counsel, Department of State
Ray J. Michalowski, Esquire, Senior Board Prosecutor
and Prosecution Liaison
Sara Trimmer, Pharm.D., R.Ph., Executive Secretary
Willow Marsh, Legislative Aide, Department of State
Andrew LaFratte, MPA, Deputy Policy Director,
Department of State

ALSO PRESENT:

Jill Rebuck, Executive Director, Pennsylvania Society
of Health-System Pharmacists
Larry Jones, Pennsylvania Society of Health-System
Pharmacists
Chelsey Walker, Pharm.D, M.H.S.A., Director of
Pharmacy Service, Meadville Medical Center
Susan DelMonico, R.Ph, Associate General Counsel,
Deputy Pharmacy Compliance Officer, Genoa
Healthcare
Jessica Leyva, Member Relations Coordinator, National
Association of Boards of Pharmacy
Gregory Duran, Area Healthcare Supervisor, Walgreens
Jennifer Welch, Pharm.D, Divisional Pharmacy Manager,
Acme/Sav-on
Jeffrey Krist, Senior Compliance Manager, Chewy
Pharmacy

State Board of Pharmacy
June 17, 2025

ALSO PRESENT: (cont.)

Amanda Abernathy, Director of Population Health and
Quality at UNC Health Blue Ridge
Adam Womack, Pharmacist in Charge, LifeMD
Michelle Aytay, Manager, Pharmacy Affairs, Walgreens
Charlotte Harris, Pharmacy Intern, Duquesne
University
Rebecca (Becky) Taylor, Pharm.D., MBA, BCPC, FASHP
Lauren Finoli, Pharm.D., BCPS, BCCCP, Manager of
Pharmacy Clinical Services, Allegheny General
Hospital
Jacquelyn Sassaman, Pentec Health
Trisha Miller, Pharm.D., MPH, BCACP, Ambulatory Care &
Public Health Pharmacist, University of
Pittsburgh Medical Center
Misha Patel, M.D., Curriculum Education Assistant,
Geisinger Commonwealth School of Medicine
Brett Rodgers, Senior Manager for Pharmacy
Automation, University of Pittsburgh Medical
Center
Jessica Covaci, Pharm.D, Director of Pharmacy
Government Affairs, Albertsons Companies
Kerry Maloney, Esquire, Associate Counsel, UPMC
Katie Gruber, MSW, CADC, Data and Training Manager,
The Pennsylvania Medical Society
Valerie Pentland, Pharm.D, Staff Pharmacist,
ConnectiveRx
Rachel DiPaolantonio, Pharm.D, Pharmacy Clinical
Program Director, Weis Markets
Brian Lenich, Pharm.D
Nitin Patel, Enterprise Specialty Pharmacy Director,
Jefferson Health
Lauren Grantz, Pharm.D, Administrator of Outpatient
Services, Lehigh Valley Health Network
Danielle DiCiolla, Manager, Regulatory Affairs,
Cardinal Health
Kimberly Burns, R.Ph., J.D., School of Pharmacy, Lake
Erie College of Osteopathic Medicine
Zachery Leslie, Pharm.D, Area Healthcare Supervisor,
Walgreens
Andrea Sargent, Pharm.D, Senior Director, Pharmacy
Operations, UPMC
David Klinger, R.Ph., MHL, System Director,
Operations and Compliance, Geisinger
Stacy Flynn, R.Ph, Prime Therapeutics

State Board of Pharmacy
June 17, 2025

ALSO PRESENT: (cont.)

Rick Seipp, Pharm.D, Value Drug Company
Nicole Fidler, Associate, Malady & Wooten
Christopher Miller, Pharm.D., Giant Eagle
Grace Sesi, Executive Director, Regulatory Affairs,
CVS Health, Chairperson, Michigan Bureau of
Pharmacy
Matthew Schonder, R.Ph, MBA, Director of Pharmacy,
University of Pittsburgh Medical Center McKeesport
Jill McCormack, State Government Affairs Director,
National Association of Chain Drug Stores
Natahsha Baumgartner, Assistant Director of
University Health Services Operations, Penn State
University
Ashley Brown, Nurse Practitioner, Thomas Jefferson
University Hospital
Veronica Ng, Director of Government Relations,
Walgreens
Cory Ullisse, Pharm.D, Pharmacy Clinician Services
Ben Dimarco, Senior Legal Counsel, CVS Health
Margaret Barca, Senior Manager, Pharmacy Technical,
UPMC
Nichole Cover, R.Ph., Director, Pharmacy Affairs,
Walgreens
Anthony Bixler, R.Ph., Staff Pharmacist, Wellspan
York Hospital
Agatha Gradkowski, PY4, Duquesne University, Student
Pennsylvania Pharmacists Association
Natalie Klek, Pharm.D, Pennsylvania Pharmacists
Association
Victoria Elliott, R.Ph., CEO, Pennsylvania
Pharmacists Association
Terry Talbot, Director Pharmacy and Retail Advocacy,
CVS Health
Jon Ference, Pharm.D, Dean, Nesbitt School of
Pharmacy, Wilkes University
Matt Popowicz
Nick Pelczar
Jessica Cole
Stephen Buhun
Rhonda Thomas
Nosson Berkovits
Madison Carpenter

State Board of Pharmacy
June 17, 2025

ALSO PRESENT: (cont.)

Scott Young

Sheetal K

Call-In 1-215-441-4428

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

1 ***

2 State Board of Pharmacy

3 June 17, 2025

4 ***

5 The regularly scheduled meeting of the State
6 Board of Pharmacy was held on Tuesday, June 17, 2025.
7 Christine Roussel, Pharm.D, BCOP, BCSCP, Chairperson,
8 called the meeting to order at
9 10:40 a.m.

10 ***

11 [Pursuant to Section 708(a)(5) of the Sunshine Act,
12 at 9:00 a.m., the Board entered into Executive
13 Session with Sean C. Barrett, Esquire, Board Counsel,
14 for the purpose of conducting quasi-judicial
15 deliberations and to receive the advice of Board
16 Counsel. The Board returned to open session at 10:40
17 a.m.]

18 ***

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

23 Mr. Barrett also noted the Board entered into
24 Executive Session for the purpose of conducting
25 quasi-judicial deliberations on a number of matters

1 that are currently pending before the Board and to
2 receive the advice of counsel.]

3 ***

4 Introduction of Board Members/Attendees

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

6 Chairperson, requested an introduction of Board
7 members and attendees. A quorum of Board members was
8 present.]

9 ***

10 Approval of the Minutes for the April 29, 2025
11 meeting

12 CHAIR ROUSSEL:

13 Can I get a motion to approve the
14 minutes?

15 MR. REED:

16 I make a motion that we approve the
17 minutes.

18 MR. EATON:

19 Matthew Eaton, second.

20 CHAIR ROUSSEL:

21 Any edits or discussions?

22 MR. BARRETT:

23 Just for the record, that's the minutes
24 of the April 29, 2025 meeting.

25 CHAIR ROUSSEL:

1 Yes, it is. Thank you very much. Motion
2 to approve. We'll call the vote.

3
4 Reed, aye; Eaton, abstain; Slagle, aye;
5 Blair, aye; Roussel, aye.

6 [The motion carried. Mr. Eaton abstained from voting
7 on the motion.]

8 ***

9 Approval of the Agenda for the June 17, 2025 meeting
10 [Christine Roussel, Pharm.D., BCOP, BCSCP,
11 Chairperson, asked if there were any amendments to
12 the agenda. There were none.]

13 ***

14 Report of Board Prosecution

15 [Tyesha C. Miley, Esquire, Board Prosecutor,
16 presented the Consent Agreement for Case No. 24-54-
17 000488. Ms. Miley noted Agenda Item No. 3 would be
18 tabled to the August 26, 2025 Board meeting.]

19 ***

20 [Ashley P. Murphy, Esquire, Board Prosecutor,
21 presented the Consent Agreement for Case No. 22-54-
22 017377.]

23 ***

24 [Ray J. Michalowski, Esquire, Senior Board Prosecutor
25 and Prosecution Liaison, on behalf of Nathan Giunta,

1 presented the Consent Agreements for Case No. 22-54-
2 013804, Case No. 24-54-009250, Case No. 25-54-002378,
3 and Case No. 25-54-003759.

4 Mr. Michalowski also presented the Consent
5 Agreements for Case No. 25-54-004629 and Case No. 25-
6 54-006984.]

7 ***

8 [Chair Roussel commented that it appeared that Mr.
9 Michalowski's office had been very busy. He
10 requested Mr. Michalowski update the Board on the
11 prosecutions and inspections.

12 Mr. Michalowski noted an inspector in
13 Philadelphia was leaving for another job in the
14 Commonwealth, so a replacement will soon be needed.
15 He meets with the inspectors on a bi-monthly basis to
16 keep updated on their progress.

17 Chair Roussel requested an update on the new USP
18 compounding regulations that were published in
19 November 2023.

20 Mr. Michalowski discussed feedback that people
21 were ready for those updates. He stated some had
22 originally over interpreted and some had under
23 interpreted the regulations.

24 Chair Roussel questioned whether the inspectors
25 had access to the education. She specifically

1 mentioned the compounding education the North
2 Carolina.

3 Mr. Michalowski responded that the inspectors had
4 received education on compounding practices. He
5 suggested a representative of DEI be invited to a
6 Board meeting to updated the Board on their
7 practices.]

8 ***

9 MR. BARRETT:

10 Based on the presentation of
11 prosecution, do any members of the
12 Board wish to return to Executive
13 Session for further discussion on any
14 of these matters.

15 Hearing none, based on the report
16 of prosecution, I believe the Board
17 Chair would entertain a motion to
18 approve the Consent Agreements at Item
19 No. 2, Case No. 24-54-000488; Item No.
20 4, Case No. 24-54-017377; Item No. 5,
21 Case No. 22-54-013804; Item No. 6, Case
22 No. 24-54-009250; Item No. 7, Case No.
23 25-54-002378; Item No. 8, Case No. 25-
24 54-003759; Item No. 9, Case No. 25-54-
25 004629; and Item No. 10, Case No. 25-

1 54-006984.

2 MR. REED:

3 So moved, Jim Reed.

4 MR. EASTON:

5 Eaton, second.

6 CHAIR ROUSSEL:

7 Excellent. Any discussion? We'll call
8 the vote.

9

10 Reed, aye; Eaton, aye; Slagle, aye;

11 Blair, aye; Roussel, aye.

12 [The motion carried unanimously. The Respondents'
13 names are Item No. 2, Case No. 24-54-000488, Akina
14 Pharmacy; Item No. 4, Case No. 22-54-017377, Joshua
15 Chungh, R.Ph.; Item No. 5, Case No. 22-54-013804, The
16 Medicine Shoppe; Item No. 6, Case No. 22-54-009250,
17 Luke Taylor, R.Ph.; Item No. 7, Case No. 25-54-
18 002378, Northeast Discount Pharmacy; and Item No. 8,
19 Case No. 25-54-003759, Aequita Pharmacy.]

20 ***

21 Report of Board Counsel - Final Adjudication Orders

22 MR. BARRETT:

23 Based on Executive Session

24 deliberations, I believe the Board

25 Chair would entertain a motion to

1 approve the Final Adjudications Orders,
2 subject to a couple of typographical
3 corrections at Item No. 13, Lehigh
4 Pharmacy and Item No. 14, Wynnefield
5 Pharmacy.

6 MR. REED:

7 Jim Reed, I move to accept the Final
8 Adjudication Orders for Lehigh Pharmacy
9 and Wynnefield Pharmacy.

10 MR. EATON:

11 Eaton, second.

12 CHAIR ROUSSEL:

13 Any discussion? Let's call the vote.

14

15 Reed, aye; Eaton, aye; Slagle, aye;

16 Blair, aye; Roussel, aye.

17 [The motion carried unanimously.]

18 ***

19 Matters for Deliberation

20 MR. BARRETT:

21 Based on Executive Session
22 deliberations, I believe the Board
23 Chair would entertain a motion to
24 delegate the following matters to a
25 hearing examiner for hearings and

1 proposed orders. Item No. 15, Amy
2 Crea, R.Ph., Case No. 24-54-003807;
3 Item No. 16. Kathleen Samicolo, R.Ph.,
4 Case No. 24-54-005564; Item No. 17,
5 Wiltherkeen Auguste, R.Ph., Case No.
6 24-54-011085; Item No. 18, Broad &
7 Grange Pharmacy, Case No. 24-54-011086;
8 Item No. 19, Ahmed Moftah, R.Ph., Case
9 No. 24-54-015788; Item No. 20, Penn
10 Specialty Pharmacy, Case No. 24-54-
11 015790; and Item No. 21, Rohail Bilal,
12 R.Ph., Case No. 24-54-016034.

13 MR. REED:

14 Reed moves to forward the matters of
15 deliberation to hearings.

16 MR. EATON:

17 Eaton, second.

18 CHAIR ROUSSEL:

19 Any discussion? Let's call the vote.

20

21 Reed, aye; Eaton, aye; Slagle, aye;

22 Blair, aye; Roussel, aye.

23 [The motion passed unanimously.]

24

25 Review of Applications

1 MR. BARRETT:

2 Under Review of Applications, based on
3 Executive Session deliberations, I
4 believe the Board Chair would entertain
5 a motion to approve the Application of
6 Adenike Otegbola for Pharmacist by
7 Reciprocity.

8 MR. REED:

9 So moved.

10 MR. EATON:

11 Second.

12 CHAIR ROUSSEL:

13 Any discussion? Let's call the vote.

14

15 Reed, aye; Eaton, aye; Slagle, aye;

16 Blair, aye; Roussel, aye.

17 [The motion carried unanimously.]

18 ***

19 MR. BARRETT:

20 For Item No. 23, based on Executive
21 Session deliberations, I believe the
22 Board Chair would entertain a motion to
23 direct the Executive Secretary to send
24 a discrepancy to the applicant,
25 Santhosh Mathew, asking for additional

1 information.

2 MR. REED:

3 So moved.

4 MR. EATON:

5 Eaton, second.

6 CHAIR ROUSSEL:

7 Any discussion that we didn't already
8 have?

9

10 Reed, aye; Eaton, aye; Slagle, aye;

11 Blair, aye; Roussel, aye.

12 [The motion carried unanimously.]

13 ***

14 MR. BARRETT:

15 Item No. 24, based on Executive Session
16 deliberations, I believe the Board
17 Chair would approve the Non-Resident
18 Pharmacy Application of Pharmacare USA
19 of Edison Dept.

20 MR. REED.

21 I make a motion that we approve the
22 Non-Resident Pharmacy Application for
23 Pharmacare USA of Edison Dept.

24 MR. EATON:

25 Eaton, second.

1 CHAIR ROUSSEL:

2 Any discussion? Call the vote.

3

4 Reed, aye; Eaton, aye; Slagle, aye;

5 Blair, aye; Roussel, aye.

6 [The motion carried unanimously.]

7

8 Report of Board Counsel

9 [Sean C. Barrett, Esquire, Board Counsel, stated SB
10 95 was recently introduced. The Bill would have
11 implications on pharmacy and EMS providers. He
12 explained, in summary, the Bill would allow EMS
13 providers to provide packaged doses of Naloxone or
14 other opioid medications to reverse opioid overdoses
15 to a family member or other individual of the
16 patient. Another amended section would require
17 pharmacists to provided certain price disclosure
18 information to customers as well as maintain certain
19 records. He suggested, if anyone had interest in the
20 Bill, to read the text on the General Assembly
21 website and talk to local representatives.

22 He noted other pharmacy bills being promulgated,
23 but there has been no movement to note as of yet.]

24

25 Report of Board Chairperson

1 [Christine Roussel, Pharm.D., BCOP, BCSCP,
2 Chairperson, shared that Jim Reed, Sarah Trimmer and
3 herself attended the National Association of Boards
4 of Pharmacy (NABP) meeting in May 2025. She stated
5 the role of the Board of Pharmacy is to ensure the
6 safety and well-being of the public through
7 establishing standards of practice as well as
8 enforcing relevant laws and regulations. She added
9 that going to NAPB was extremely helpful for
10 perspective as well as networking.

11 Chair Roussel conveyed the main session related
12 to regulating technology to support innovation in the
13 protection of the public. There was a poster session
14 about engaging with pharmacy technology and the
15 accuracy of the technology. She found this helpful
16 as it noted the regulations being written now need to
17 stand the test of time in the future when it comes to
18 technology.

19 Chair Roussel also mentioned the Board of
20 Pharmacy Action Decision Tree and a Just Approach to
21 discipline sessions. The NABP published a useful
22 tool that modifies just culture to be pharmacy
23 specific. She explained the NABP website has the
24 Board of Pharmacy action tree, pharmacy personnel
25 evaluation, and pharmacy facility evaluation

1 resources available for free. This is a valuable
2 resource for looking at medication error, how the
3 errors occur, and specifically at how to evaluate the
4 people that make those errors. She further explained
5 the continuing education focused on how quasi-
6 judicial deliberations, which will help the Board be
7 very thoughtful and objective in its work.

8 Mr. Reed concurred that the decision tree was
9 good. It demonstrated not just the punitive effects
10 when errors are made but also how to learn from them.
11 It also helped show if an event was related to human
12 quality or reckless conduct from using AI. He was
13 blown away with the technology that exists and
14 thinking about drafting regulations to be prepared
15 for the future.

16 Chair Roussel also mentioned a specific poster by
17 a student that demonstrated the accuracy of AI for
18 drug information is only 90.8 percent accurate, while
19 for pharmacists the accuracy is 100 percent.]

20 ***

21 Report of Acting Commissioner
22 [Matthew Eaton, Deputy Commissioner, Delegate for
23 Arion R. Claggett, Acting Commissioner, Bureau of
24 Professional and Occupational Affairs, was introduced
25 by Chair Roussel who provided a summary of his

1 professional background including that he also sits
2 on the Medical Marijuana Advisory Board.

3 Mr. Eaton provided updated information on the
4 licensing system. He stated, for the Board of
5 Pharmacy, Sarah Trimmer as well as the Division Chief
6 for Health Licensing and members of the
7 Commissioner's office are continuing to work with the
8 third-party vendor to replace the current system,
9 PALS, with the new system, Evoke.

10 Mr. Eaton shared that meetings are ongoing and
11 continuous as phase one. The Board of Pharmacy is
12 scheduled to go live in early 2026, which has also
13 completed the future state mapping at this point.

14 Chair Roussel questioned the name of the new
15 system. Mr. Eaton responded that the Bureau did not
16 get to choose the name. It was selected by the
17 vendor, System Automation. He added that Evoke is an
18 off the shelf system being used in other states.

19 Victoria Elliott R.Ph., CEO, Pennsylvania
20 Pharmacists Association, questioned the timing of the
21 system in relation to the implementation of the
22 Technician Registration Regulations. She inquired if
23 the technicians would have to start out on PALS and
24 then convert to Evoke during the year and whether
25 there was a plan for the implementation. Mr. Eaton

1 responded that information will be imputed into the
2 Evoke system as it occurs, but there is the ability
3 to customize the system with new regulation changes.
4 Chair Roussel added that there needs to be more
5 clarity around when the system will be going live to
6 fully answer Ms. Elliott's question.

7 Larry Jones, Pennsylvania Society of Health-
8 System Pharmacists, questioned the phases of the
9 conversion. Mr. Eaton responded that there are only
10 two phases, and most of the health licensing boards,
11 including the Board of Pharmacy, will be in phase
12 one.]

13 ***

14 Report of Executive Secretary

15 [Sara Trimmer, Pharm.D., R.Ph., Executive Secretary,
16 shared her report on current licensing. She stated
17 the graduation season is winding down, and the
18 current processing times for pharmacists by exam, by
19 score transfer, and by reciprocity are at about five
20 business days. For graduates, as long as all of the
21 data is correct, students are eligible to test within
22 days of their application submission.

23 Chair Roussel asked if there is a lot of pressure
24 from other applications to be processed. Ms. Trimmer
25 responded that applications for new pharmacies

1 remained low with a processing time of five to seven
2 business days. She stated the loss of a DEI
3 inspector for the Commonwealth will probably present
4 the biggest challenge for new pharmacies and for
5 final inspections on closing pharmacies. She added
6 that the influx of closures is at 100 since the June
7 9, 2025. Despite the challenges, she shared that the
8 pharmacy is marked as closed, so that the pharmacy
9 manager of a closed location can take on the role of
10 pharmacy manager elsewhere if needed. She added that
11 the process is being completed as soon as possible to
12 assure there is no risk to the continuity of care for
13 patients.

14 Chair Roussel questioned the number of pharmacy
15 licensees in the Commonwealth. Ms. Trimmer answered
16 there are about 2,400 to 2,500; however, the data is
17 currently being gathered as the renewals are
18 processed.

19 Chair Roussel thanked Ms. Trimmer and her team
20 for focusing and pushing so hard during this time
21 especially with new graduates.]

22 ***

23 Report of Board Members - No Report

24 ***

25 Discussion - Agenda Item No. 25, NABP Forum, October

1 27-30, 2025, Rosemont, Illinois
2 [Christine Roussel, Pharm.D., BCOP, BCSCP,
3 Chairperson, shared that the NABP Forum, October 27,-
4 30, 2025, was specifically looking at executive
5 officers, board members, compliance officers and
6 legal counsel. She stated the NABP Forum is a closed
7 meeting. The focus is on protecting public health
8 through educating on writing regulations, evaluating
9 regulations, and looking at safety cases. She
10 strongly recommended sending Ms. Trimmer and Mr.
11 Barrett, if they are available, along with a third
12 person. She explained there would be much value in
13 networking with out of state colleagues as there are
14 not many to network with in-state. She also
15 anticipates that the Board Chair will change for the
16 following year, and this may be an opportunity for
17 the new Board Chair to participate in the executive
18 officer forum.

19 Mr. Barrett stated the Board did not need to
20 decided who to send at the current moment but should
21 vote on how many people to send.]

22 CHAIR ROUSSEL:

23 Anybody want to make a motion?

24 MR. REED:

25 I'll make the motion that we request

1 three representatives be sent to the
2 NABP Forum.

3 MR. EATON:

4 Eaton, second.

5 CHAIR ROUSSEL:

6 Any discussion? All right. We'll call
7 the vote.

8

9 Reed, aye; Eaton, aye; Slagle, aye;

10 Blair, aye; Roussel, aye.

11 [The motion carried unanimously.]

12 ***

13 Discussion - Agenda Item No. 26, Score Transfers

14 [Sara Trimmer, Pharm.D., R.Ph., Executive Secretary,
15 discussed the score transfers and the time frame in
16 which they are accepted. She explained that score
17 transfer requests can be submitted through the NABP
18 up to 89 days after taking the North American
19 Pharmacist Licensure Examination (NAPLEX). Due to
20 this, the Commonwealth has been utilizing a 90-day
21 window for applicants to apply using the score
22 transfer method.

23 After talking to neighboring states, Ms. Trimmer
24 learned that on average most states allow for score
25 transfer to be used for one year after NAPLEX with

1 New York allowing score transfer for five years. She
2 stated the way they have been doing it is that, once
3 someone was licensed in another state, they could no
4 longer apply via score transfer and had to apply by
5 reciprocity.

6 Ms. Trimmer asked the Board if it could be a
7 little more concrete of a timeline for how long a
8 score transfer could be accepted.

9 Chair Roussel pulled up the ACT from 1961 and it
10 was silent on score transfer. She stated there was
11 nothing prohibiting the Board from giving a time
12 period to score transfers. She said there is value
13 in making the process less cumbersome and less costly
14 to young people. Five years may be a lot of work,
15 but that one year seems more appropriate given that
16 in some states once you have a license there is a
17 limit before you can apply for reciprocity in another
18 state. Ms. Trimmer was not sure of the practices of
19 other states but, in the Commonwealth, if an
20 applicant is licensed in another state before
21 applying in Pennsylvania, the applicant would be
22 required to change their application from score
23 transfer to reciprocity.

24 Mr. Barrett requested additional clarification to
25 confirm the details. Ms. Trimmer responded that

1 because there is no actual timeline stated in the
2 regulations, the office has just been using a 90-day
3 window. However, with graduation season, NABP has
4 been reaching out about students who have taken
5 NAPLEX but are just past the 90 days. The students
6 may have passed the exam but applied by score
7 transfer in multiple states, not knowing where they
8 would wind up at. If the applicant was approved in
9 another state before obtaining approval in
10 Pennsylvania, the students are being charged the \$105
11 for score transfer and then another \$400 for
12 application by reciprocity. It is burdensome for the
13 students. She questioned the Board as to a clear
14 timeline on how long the score transfer could be
15 used, instead of reciprocity.

16 Chair Roussel noted, since the ACT is silent on
17 the matter, she was not sure that it could be
18 regulated.

19 Mr. Barrett stated, since the Board has the
20 ability to provide for examination, the Board could
21 limit how they use the score. The Board would have
22 to decide if it would be in a reciprocity sense or a
23 general sense. He questioned, what happens if
24 someone does a score transfer and then waits two
25 years before actually applying? Does the

1 Commonwealth then need to locate a score transfer
2 from two years prior? He also raised concerns about
3 how an out-of-state applicant should be treated and
4 if the real issue was the fee concern.

5 Ms. Trimmer stated there are not many applicants
6 in this scenario, but NABP raised the concern with
7 her because of graduation season.

8 Mr. Barrett stated the Board does not have an
9 obligation to do reciprocity just because an
10 applicant is licensed in another state. If an
11 applicant submits their qualifications with the
12 required information, the Board should be able to
13 grant an initial license.

14 Chair Roussel stated the finances for new
15 graduates should definitely be a concern that the
16 Board considers, perhaps the Board should consider
17 allowing a two-year window for score transfers to be
18 accepted.

19 Mr. Michalowski suggested, if the Board would add
20 a time frame in its regulations, it would also need
21 to be added that the first state of licensure is
22 considered the applicant's home state for future
23 reporting and disciplinary actions.

24 Mr. Barrett did not see a need to add a statement
25 about a home state, because all 50 states already

1 have the obligation to report any discipline. He
2 suggested not adding the score transfer changes to
3 the general revision package. He suggested that a
4 new regulation package could be started in the future
5 for this and similar issues.

6 The Board stated Ms. Trimmer should direct
7 questions on the time line to use the score transfer
8 Mr. Barrett to determine if the Board needs to make a
9 per person decision. The Board will consider a
10 reasonable time frame in the future.]

11 ***

12 Discussion - Scope of Injectable Administration

13 [Sara Trimmer, Pharm.D., R.Ph., Executive Secretary,
14 introduced the topic of the scope of injectable
15 administration. She stated several pharmacists have
16 called expressing an interest in administering Botox.
17 Upon researching, she found that according to the
18 American Academy of Facial Aesthetics that other
19 medical professionals in rare cases, like pharmacists
20 or paramedics, may qualify in certain jurisdictions.
21 She also learned that the practice is uncommon and
22 highly regulated. She added that the Pennsylvania
23 §24.401 injectable qualifications assume injectables
24 are vaccines, medications and biological.

25 Mr. Barrett could not provide an advisory opinion

1 but believed the ability to administer injectables or
2 biologics is tied to an agreement with a medical
3 professional and at least for vaccines the Advisory
4 Committee on Immunization Practices (ACIP)
5 guidelines. He cautioned pharmacists to consult with
6 an attorney before considering administering
7 something like Botox.

8 Ms. Trimmer told the pharmacists over the phone
9 that she was unable to give out an advisory opinion.
10 Mr. Barrett suggested advising them to look at the
11 scope of practice of other professions.

12 Mr. Eaton agreed with Mr. Barrett. He stated
13 something is not authorized by the licensee's license
14 and that action is in general a license, firm
15 practice by one or numerous other boards, the person
16 taking the action could be prosecuted. He advised
17 that people essentially should stay in their own
18 lane.

19 Chair Roussel stated, reading directly from the
20 regulations, that pharmacists apply for the authority
21 to administer injectable medications, biologicals,
22 and immunizations. The route of administrations list
23 subcutaneous, intradermal and intramuscular
24 injections. She would question the type of product
25 and where it is being injected.

1 Mr. Eaton agreed that Chair Roussel was correct
2 in the wording of the regulation.]

3 ***

4 Discussion - Rite Aid

5 [Christine Roussel, Pharm.D., BCOP, BCSCP,
6 Chairperson, discussed the closure of Rite Aid.

7 Mr. Barrett stated this is a newsworthy topic and
8 every week he notes more Rite Aid locations are
9 closing. He expressed appreciation for the ideas and
10 proposals that have been sent by various associations
11 to both the General Assembly and the Board Counsel.
12 He offered to speak for the Board by stating that the
13 Board wants to do what it can to help the community,
14 but there was the scope of what it can or cannot do.
15 He could not discuss what was being discussed with
16 the General Assembly, but they are looking into how
17 to solve some of the issues.

18 Mr. Barrett added that there are some issues
19 mainly to controlled substances that there are
20 federal regulations that the Commonwealth cannot
21 touch or they risk creating scenarios where people
22 violate federal law. He understood that many people
23 wanted the Board to start changing regulations, but
24 the regulatory process is slow. Rite Aid will be a
25 distant memory before any regulations the Board

1 creates are passed. He further stated the General
2 Assembly is the quickest way to make something
3 happen. Emergency declarations require a declaration
4 from the Governor, but that is not the situation at
5 this point.

6 Mr. Barrett stated many of the issues are related
7 to the manpower to process transfers and who is
8 licensed to handle the transfers and communications
9 of the transfers. Ms. Trimmer was directed to notify
10 Mr. Barret of any complaints about Rite Aids, so he
11 could stay on top of the matter. Not many complaints
12 have been received. He noted the closure process
13 will not be seamless.

14 Victoria Elliott, R.Ph., CEO, Pennsylvania
15 Pharmacists Association, started by thanking the
16 Board and acknowledging that there is appreciation
17 for the limitations of the Board. She stated, in the
18 trenches, there a sense of frustration that there has
19 been radio silence from across the spectrum of the
20 Commonwealth. She understood that there are
21 discussions taking place, but she is working to get
22 information out to their membership about avenues to
23 resolve problems that arise. She also stated part of
24 the issues are more from a business perspective, like
25 the difference in open hours between Rite Aid and any

1 other pharmacy.

2 Ms. Elliott stated manpower is definitely a
3 concern, but many are stepping up to help patients.
4 She further stated there are only so many hours in a
5 given day. Ms. Elliott discussed an issue with
6 certain organizations noting the availability of a
7 prescription but then the prescription cannot be
8 obtained to help the customer. She acknowledged
9 possible alternatives. She implored the Board to
10 work with other Boards, in particular the Medicine
11 Board, to come up with joint solutions to solve
12 problems similar to those in California.

13 Ms. Elliott noted the volume increases in some
14 locations. Some locations have experienced close to
15 100 percent or more in increases of prescriptions.
16 Many of the increases are due to reimbursement
17 issues, which the Board has no control over. She
18 noted a meeting with DHS to gain fair reimbursement
19 for Medicaid so that all pharmacies do not continue
20 to lose money on prescriptions. She suggested one
21 relief would be with Board waivers so that pharmacies
22 can easier swell their rosters to help with the
23 volume.

24 Mr. Barrett stated the California Statement of
25 Policy was sent to Arion Claggett, Acting

1 Commissioner, to consider working on something
2 similar across the Boards. He expected his inbox to
3 be overwhelming with complaints with Rite Aid
4 closing. He attributes the lack of complaints to the
5 pharmacists and doctors stepping up to assist
6 patients. Mr. Barrett stated proposals are being
7 drafted to address the problem.

8 Ms. Elliott suggested that the Board consider
9 creating a tracker similar to the Ohio Board where
10 the public at large can view in real time what
11 pharmacies are closed or open. Mr. Barrett stated a
12 tracker system is being considered.

13 Chair Roussel stated the possibility of
14 dovetailing the Department of Health vaccine tracker
15 was considered, but it is not accurate when looking
16 at the Rite Aid closures.

17 Chair Roussel reminded everyone that the Board of
18 Pharmacy is limited in their authority, but do listen
19 to the concerns of the public. The focus is patient
20 care, and non-compliance in taking medications is a
21 real issue.

22 Mr. Michalowski stated his office is working with
23 Rite Aid. Even though they do not license the chain,
24 it helps with coordinating the closures. Rite Aid
25 has been very cooperative in letting his office know

1 where the records are going in an orderly process.
2 His office has designated one person to have all of
3 the prosecutorial pieces. He reiterated that the
4 number of patient complaints have been relatively
5 low.

6 The question was posed again regarding the issue
7 with the transfer of scripts for patients,
8 particularly where to file a complaint if somebody is
9 just sitting on a script that the pharmacy needs.
10 Mr. Barrett could not provide an advisory opinion at
11 this time. The matter could potentially come before
12 the Board if someone is not complying with
13 regulations regarding transfers.

14 Mr. Michalowski also stated that one of the
15 difficulties in this particular case is that the
16 closure occurred very quickly due to the bankruptcy.
17 Rite Aid so far has done a good job with getting
18 their records to other places, but the reality is
19 that his office prosecuting a pharmacy that will not
20 exist in 60 days or even now is not possible.

21 Ms. Trimmer stated, in the chat, Scott Young
22 posted Washington guidance on transfers of non-
23 controls but additional means due to Rite Aid. Mr.
24 Barrett with review the message to consider in
25 drafting the proposals on transfers. Pennsylvania's

1 regulations on transfers are more silent than other
2 states. He reiterated the change would probably have
3 to come from the General Assembly as a regulatory
4 change would take too long. He encouraged all to
5 provide information on the practices of other states
6 or associations.

7 Mr. Barrett also stated the Board would have a
8 special meeting, if needed, if there was an issue
9 that needed action in a timely manner.

10 Chair Roussel thanked everyone for their
11 participation in the discussion surrounding Rite Aid
12 and for appreciating the limitations that come from
13 working within the regulatory structure.]

14 ***

15 Public Discussion

16 [Jill Rebuck, Executive Director, Pennsylvania
17 Society of Health-System Pharmacists, stated House
18 Bill 446 was amended and would be up for a vote on
19 June 25, 2025. The Bill is associated with
20 medication being offered to patients upon discharge
21 from an ambulatory or any healthcare facility,
22 hospital, et cetera, with the intent being common
23 societal good if a bulk medication would otherwise be
24 thrown out. That was the medication could instead go
25 home with the patient if the provider felt it was

1 appropriate.]

2 ***

3 [Larry Jones, Pennsylvania Society of Health-System
4 Pharmacists reported that House Bill 1140 with
5 regards to contraceptive access had passed the House
6 and was going to Senate Committee. He did not
7 anticipate it would go this far in its present form,
8 but some changes had been made.]

9 ***

10 [Anthony Bixler, R.Ph., Staff Pharmacist, Wellspan
11 York Hospital, asked, in regards to technician
12 registration, if the initial length had been decided.
13 He wanted to know how they intended to regulate the
14 first initial application to get them on the odd
15 number renewal. Chair Roussel stated the matter had
16 not yet been decided.

17 Mr. Bixler also asked if there is an employee,
18 who as a requirement of their job is a pharmacy
19 technician, but they do not necessarily fulfill the
20 requirements in the regulations as a pharmaceutical
21 technician, such as a buyer, 340B analyst or a med
22 reconciliation person, would they still be required
23 to register?

24 Mr. Barrett stated if the employee has a job
25 duty, regardless of their title, that falls within

1 the scope of practice of a pharmacy technician, then
2 they need to be registered to perform those acts. He
3 added that any tasks that they perform outside of
4 that scope is irrelevant.

5 Chair Roussel added that a buyer, for example,
6 would have some responsibility in handling the drugs
7 that they buy and should be aware of the regulations
8 surrounding what they are buying.

9 Larry Jones, Pennsylvania Society of Health-
10 System Pharmacists, suggested that the positions
11 brought up are specialty job descriptions. Everyone
12 has to help when the pharmacy is short staffed, so it
13 would be safer to register no matter what the job
14 description is in the medication process.]

15 ***

16 Report of Board Counsel - Regulatory Report -
17 Regulatory Status Report
18 [Marc Farrell, Esquire, Regulatory Counsel, Office of
19 Chief Counsel, Department of State, provided the
20 Regulatory Status Report.

21 He discussed the pharmacy technician regulation,
22 16A-5433. It was approved by IRRC at its May 15,
23 2025 public meeting. It has been approved by the
24 Office of Attorney General and is currently with the
25 Pennsylvania Legislative Reference Bureau to be

1 published as final in the June 28, 2025 edition of
2 the *Pennsylvania Bulletin*. He stated it would go
3 into effect after being published and would be coming
4 off of the reports for the next Board meeting. He
5 conveyed his thanks for everybody's work on the
6 regulation.

7 Mr. Farrell stated the next regulation was
8 16A-5430 regarding child abuse reporting
9 requirements. This was published as proposed on June
10 7, 2025, and was now in the 30-day public comment
11 period, which will end on July 7, 2025.

12 Mr. Farrell stated 16A-5432, relating to Act 41
13 licensure by endorsement package, has been completely
14 drafted and in the internal departmental approval
15 phase with Senior Regulatory Counsel.

16 He next stated that 16A-5434 is the regulations
17 surrounding Covid-19 immunizations. This will be the
18 vehicle to get Act 80 and Act 77 updates and make the
19 statute and the regulations match each other. Work
20 will resume in the 2nd quarter of 2025 for this
21 package.

22 Mr. Farrell discussed 16A-5435, which relates to
23 the ABC map for opioid education and prescribing. He
24 shared it waits other health care Boards to draft
25 their regulations before proceeding.

1 Victoria Elliott, R.Ph., CEO Pennsylvania
2 Pharmacists Association, asked what information was
3 being sent out from the Board for the technicians and
4 what the actual application process was going to be.

5 Mr. Barrett responded that the PALS
6 infrastructure was in place for the applications. He
7 said the technicians will have the year to register
8 and do not have to do it first thing when it goes
9 into effect. He will check with Acting Commissioner
10 Claggett to see if there were plans in place, but the
11 issue is that there is not currently an existing
12 licensed population to send out an email blast. He
13 stated notices could be put on the Board's website,
14 and as issues arise, a FAQ area with common issues
15 could be added to the site.

16 Larry Jones, Pennsylvania Society of Health-
17 System Pharmacists, suggested that perhaps the list
18 of licensed pharmacies could be a starting point for
19 an email blast, because technicians are in those
20 pharmacies.

21 Mr. Jones posed a question about the child abuse
22 regulation and if the course was going to a part of
23 the initial submission due to the timing of the
24 regulations. Mr. Barrett responded that the initial
25 three-hour CE course requirement will start July 1,

1 2025, and expire in 2027. The timelines will be
2 considered with the renewal cycle, but the child
3 abuse requirement is a General Assembly requirement.

4 Another question was posed as to whether the
5 technicians would be able to register online starting
6 on July 1. Mr. Barrett believed PALS is set up to
7 just push a button to make the application active.
8 It was reemphasized to report any issues so they can
9 quickly be addressed.]

10 ***

11 Report of Board Counsel - Regulatory Report - 16A-
12 5427 - General Revisions - Proposed Annex
13 [Marc Farrell, Esquire, Regulatory Counsel, Office of
14 Chief Counsel, Department of State, discussed 16A-
15 5427 - General Revision - Proposed Annex. He stated
16 the entire chapter of regulations was split into
17 three parts, which were dealt with separately. The
18 changes from those discussions were brought back to
19 the Board in the last two Board meetings on March 3,
20 2025, and April 29, 2025, which then produced the
21 consolidated annex circulated on June 4 reflecting
22 the changes discussed.

23 He discussed the comments from the Pennsylvania
24 Society of Health-System Pharmacists (PSHP), the
25 overview of which noted their opposition to having

1 any jurisprudence exam requirement.

2 Chair Roussel noted discussions in open
3 regulatory sessions regarding the exam and
4 considering the use of the Multistate Jurisprudence
5 Exam (MPJE) or the Unified Jurisprudence Exam (UPJE).

6 Jill Rebuck, Executive Director, Pennsylvania
7 Society of Health-System Pharmacists, stated the PSHP
8 respected the Board's decision, but wanted to go on
9 record for opposing, which is consistent with their
10 national organization, the American Society of
11 Health-System Pharmacists. She explained the reason
12 for the opposition is to increase interstate practice
13 flexibility, to support ongoing education of the
14 workforce, pertinent federal and state laws, and to
15 acknowledge that it is a professional obligation of
16 their workforce to practice in compliance with
17 federal and state laws. She mentioned that Governor
18 Shapiro has talked about the shortage being a
19 priority and the desire to ease the process for
20 medical professionals to work in Pennsylvania. She
21 also noted the inability to locate data that
22 reflected that a pharmacist's ignorance was against
23 the law.

24 Mr. Farrell stated the next comment submitted was
25 from the Lake Erie College of Osteopathic Medicine,

1 which does support the jurisprudence exam.

2 Mr. Reed stated there are five states or
3 territories that do not require the exam; Alaska,
4 Idaho, Michigan, Vermont and the Virgin Islands.

5 Chair Roussel stated that fewer pharmacy students
6 are graduating each year, and there is the concern of
7 finding willing pharmacists who want to work. She
8 said another topic of discussion is when reviewing
9 the disciplines of the Board's licensees, some do not
10 know the requirement to report pharmacy location
11 changes, which is low level discipline.

12 Mr. Barrett questioned if it was going to be a
13 controversial issue in the pharmacy education sphere
14 and examination sphere to change to the uniform
15 examination or if they alter the method. He was
16 concerned that the general revisions package was not
17 the time or place to make potentially controversial
18 changes since the controversial issues tend to weigh
19 down the non-controversial issues. He added the
20 Board would have to provide rationale to IRRC to
21 explain any changes to the exam.

22 Chair Roussel noted two Board members were not at
23 the meeting, and one definitely has stronger opinions
24 on the exam topic. She suggested going to the UPJE
25 and then as more states jump on to eliminate the

1 exam, the Board could further discuss the issue.
2 IRRC would require more discussion if the Board
3 eliminated the exam, and more letters would be
4 received by the Board.

5 Mr. Barrett concurred and said there would be
6 people on both sides of the table, which is why the
7 Board would need to be prepared to explain its
8 decision. He reiterated that leaving it in the
9 general revisions would slow down its progress, but
10 at some point, the Board would have to develop a
11 record of considering the topic.

12 Chair Roussel questioned where the topic would
13 lie on the controversy meter. MPJE versus the UPJE
14 will not be very exciting. No exam versus exam would
15 likely cause excitement. The Pharmacy Board is not
16 the only Board in Pennsylvania that requires multiple
17 exams.

18 Chair Roussel also stated the most recent update
19 has moved to a universal jurisprudence exam, and then
20 the Board may require additional Pennsylvania
21 specific training, such as an additional two-hour CE.
22 The CE probably has more value than students taking a
23 universal law exam.

24 Ms. Rebuck stated the concern was that a
25 Pennsylvania specific requirement on top of the exam

1 would create another cog in the wheel. She explained
2 that many pharmacists are practicing in multiple
3 states, sometimes even on the same day. Going to the
4 UPJE does not necessarily mean that the bordering
5 states will also use it as their exam. She further
6 noted discussions of dropping the exam entirely in
7 the coming years, which is the eventual realistic
8 outcome. She also questioned the idea of
9 Pennsylvania specific training on top of the UPJE as
10 more work for tracking and for the pharmacist to
11 complete.

12 Chair Roussel asked Mr. Farrell what the other
13 sticking issues were in the current regulatory
14 package.

15 Mr. Farrell discussed the Board requiring
16 evidence of additional Pennsylvania training may have
17 created a gray area that covered most of the bases
18 but allowed for future growth and expansion that
19 could work for a number of different scenarios.

20 Mr. Reed shared his experience of starting in
21 Arizona and how back then one knew that they were not
22 going to practice in California unless they actually
23 went to California. He also stated many people got
24 licensed in surrounding states with a two-year
25 reciprocity to New York to avoid the extra wet lab

1 requirement in New York.

2 Ms. Trimmer noted in the chat Scott Young had
3 posted that Illinois had passed a resolution urging
4 the removal of the MPJE, and New Hampshire is
5 discussing it.

6 Mr. Barrett stated that none of Pennsylvania's
7 surrounding states have removed the exam. Even if
8 Pennsylvania removed it, it would not help with
9 portability between states.

10 Chair Roussel stated the main concern is being
11 able to have pharmacists come to Pennsylvania or
12 remote in to help, if needed. She added, if the
13 person took the UPJE and Pennsylvania accepted the
14 UPJE, it would be portable. However, if the
15 applicant did not take the exam and Pennsylvania only
16 had a CE requirement, it would be easier to complete
17 to practice in Pennsylvania.

18 Mr. Barrett reviewed the regulatory language. The
19 Board may entertain additional discussion regarding
20 the exam.

21 Chair Roussel questioned if an online three
22 credit CE would count as an exam if the topic was
23 jurisprudence.

24 Mr. Barrett responded that the administrative
25 code requires that an exam be administered by a

1 contracted third party.

2 Larry Jones, Pennsylvania Society of Health-
3 System Pharmacists, questioned why the test at the
4 end of the CE would not be an exam.

5 Chair Roussel responded it was not considered an
6 exam because of the lack of third-party observation.
7 She questioned Mr. Farrell as to what would happen if
8 the Board approved the current edits to the
9 regulatory package for submission, but when the
10 package came back to the Board, if it could make
11 changes to eliminate the exam.

12 Mr. Farrell stated it would likely take a while
13 to write the rest of the package, so in the
14 hypothetical situation posed by Chair Roussel, the
15 Board could put the brakes on the package until it
16 gets to the IRRC. He added, once the package is at
17 IRRC, the scope of the package cannot be broadened.

18 Mr. Jones shared his experience at Temple where
19 they reviewed law for one hour a week and then took
20 an exam at the end of the semester. He stated, at
21 the time, the exam satisfied Pennsylvania law. He
22 noted prior discussion about taking the exam early or
23 a state dedicated exam. Mr. Barrett questioned the
24 uniformity of Mr. Jones' experience and who would
25 develop such a test. Mr. Jones stated perhaps a

1 couple of entities could come together as a third
2 party to develop the test.

3 Chair Roussel stated there are many psychometrics
4 that go into testing, so she would not be in favor of
5 them creating their own Pennsylvania state test. The
6 Board should use the exam from NABP plus or minus a
7 CE if it would want. There would be a logistical
8 barrier. She elaborated that offering to let
9 students take it in their last year allows the
10 student to be supported by their school, and it will
11 also help allow them to move to any state if it is a
12 requirement of graduation.

13 Mr. Reed conveyed his opinion that if the Board
14 pushed the regulation through as currently written,
15 that would also give the Board time to collect data
16 from states that have eliminated the exam. He stated
17 they could ask if there are more issues from a
18 statutory perspective in those states. the Board
19 COULD have leverage with IRRC if it could say that
20 these states eliminated the exam and there had not
21 been an increase in prosecutions across those states.

22 Mr. Farrell added there was no language in the
23 regulation about taking the exam early. Chair
24 Roussel stated the regulation should state that if
25 the student is eligible to go out on Advanced

1 Pharmacy Practice Experience (APPE) rotations, then
2 they should be eligible to sit for the UPJE.

3 Mr. Farrell asked if that would have to be
4 approved by NABP, and the language might have to read
5 "assuming that it is approved by the provider."

6 Chair Roussel added that sitting early for the
7 exam is not happening in Pennsylvania right now due
8 to the existing regulations.

9 Jon Ference, Pharm.D, Wilkes University, shared
10 that the Nesbitt School of Pharmacy at Wilkes
11 University is in favor of eliminating the
12 jurisprudence exam entirely; however, they recognize
13 the Board's pragmatic approach and view the UPJE as a
14 step in the right direction. He offered the
15 language, "the Pharmacy jurisprudence examination
16 identified by the Board will be available for
17 administration anytime during the professional phase
18 for the Doctor of Pharmacy program as deemed
19 appropriate by the individual colleges or schools of
20 pharmacy," as possible language the Board could use
21 for the regulation to allow students to sit early.
22 This would also allow students to separate the
23 preparation for NAPLEX from the preparation for the
24 jurisprudence exam.

25 Ms. Rebuck added the suggested verbiage came out

1 of a forum that PSHP hosted for all seven schools of
2 pharmacy. She further added that PSHP did not come
3 up with the language but did assist the schools by
4 helping them come together.

5 Mr. Barrett questioned the idea of delegating
6 that much authority to individual schools as there
7 might be a different standard at each school.

8 Ms. Rebuck suggested alternate verbiage that a
9 few schools had been agreeable with, which stated
10 "The pharmacy jurisprudence examination identified by
11 the Board will be available for administration
12 anytime during the professional phase of the Doctor
13 of Pharmacy program after didactics are completed and
14 students are eligible for APPE rotations." She added
15 this provides a specific definition.

16 Mr. Barrett stated the Board would have to define
17 each one of the terms, so there was a discrete
18 definition. Certain schools might define different
19 phases of education differently. He stated
20 ultimately the language will need to be interpreted,
21 possibly by NABP, in terms of what exam is being
22 granted.

23 Ms. Trimmer stated Kimberly Burns, R.Ph., J.D.,
24 School of Pharmacy, Lake Erie College of Osteopathic
25 Medicine, posted in the chat that the NABP is

1 offering it. The NAPB offers it for states that
2 reach out to them. Ms. Burns added there are pilot
3 schools offering it during the APPE year.

4 Chair Roussel stated North Dakota was one of the
5 pilot states, and she had asked a Board member there
6 about the language. They were unable to share
7 wording, because it is a pilot program and not
8 written into their regulations yet. They were also
9 unable to provide any pilot statements for the
10 program.

11 Chair Roussel agreed that the Board should
12 revisit the licensing language in July. She will
13 provide formal written requests to try to determine
14 specific language used. She summarized that the
15 Board basically has options such as students taking
16 the UPJE early with CE or the release of the law
17 completely but using an associated CE. She
18 acknowledged that the Board heard the concern
19 surrounding the CE. The Board will also look at the
20 specific wording for state students taking the exam
21 as six-year students.

22 Mr. Farrell conveyed that the annex seems
23 informal, but he will be presenting a more scaled
24 back version with just the essentials that will more
25 like a traditional annex.

1 He directed the Board to the area where the
2 definition of drug order was struck out, but now may
3 stay but be corrected to MPJE.

4 Mr. Farrell referenced the language, "and
5 performs functions such as the prospective drug
6 review," that was removed. "Pharmacy manager" was
7 changed to "pharmacist in charge". He stated this
8 change was made throughout the document. The word
9 "owner" was also added.

10 Mr. Farrell next directed the Board to the 27.12
11 practice of pharmacy and delegation of duties,
12 pharmacy intern subsection (c)(2) adds in "This
13 restriction does not apply to any break 30 minutes of
14 less which the pharmacist may take." There was
15 discussion if it should reference back to the
16 provision that allows pharmacists to take a break so
17 they decided to possibly add "so pursuant to...". Mr.
18 Farrell said the same language would be used with
19 regard to pharmacy technician trainees. He noted a
20 comment about the immunization issue, and it was
21 decided to deal with it in the final amendment or
22 rulemaking.

23 Mr. Farrell noted a change to strike the word
24 "written" prior to the word "protocol". He discussed
25 the verbiage relative to the size of the pharmacy

1 counter. He stated the language was struck out
2 regarding the counter length if two pharmacists were
3 working at the same time.

4 On page 23, the word "dilaudid" was changed to
5 "hydromorphone". Mr. Farrell discussed language
6 that would echo the language from the beginning part
7 of subsection one.

8 Mr. Farrell stated the language was added "except
9 non-patient specific medications when being vended
10 from central automation or an automated dispensing
11 cabinet." He stated that "or electronic" was added
12 and "A written" was changed to "An". He added that
13 on page 31 "or video" was added.

14 Mr. Farrell directed everyone to the pharmacist
15 section 27.21. The discussion originally was to
16 strike the language about "B.S." and just leave
17 "Doctor of Pharmacy or other," but he was concerned
18 about possible hypothetical situations.

19 Mr. Farrell requested the Board revisit the
20 language about 1983 and the FDLE. He asked if they
21 could eliminate the language surrounding the FDLE
22 since it does not exist anymore. There was a
23 discussion where Ms. Trimer pointed out that she
24 still occasionally receives applications that
25 prompted a conversation with NABP. She specifically

1 mentioned an application where the applicant did not
2 have proof that they had taken the FDLE. Their Board
3 of Pharmacy gave Ms. Trimmer the microfilm that
4 showed the test was not taken, so the applicant had
5 to sit for the law exam in Pennsylvania. Mr.
6 Barrett pointed out that it could also be a
7 reciprocity issue if someone was licensed in maybe
8 California but decided to retire close to family in
9 Pennsylvania but also still wanted to work.

10 Mr. Ference noted, on page 36, he did the math
11 wrong regarding college credits and it should read
12 "48 college credits" not "60 college credits". The
13 same change would also need to happen on page 37.

14 Mr. Farrell stated on page 37, there were three
15 areas struck out (d)(1), (d)(2) and (d)(3). Those
16 area would say "{Reserved}" instead of striking them
17 out in their entirety so that (d)(4) would not be
18 renumbered and confuse other regulations that refer
19 to it.

20 Mr. Farrell moved on to the top of page 60 where
21 he incorporated a change in the language based on
22 what he thought was agreed upon in the meetings
23 dealing with testing and validation. He stated that
24 the old language about the automated medication
25 system was replaced with "included the manufacturer's

1 name and model, if applicable, and included a
2 description of how the system is used, consistent
3 with the pharmacy's internal policies and
4 procedures." He added that subsection (3) on the
5 same page was modified to add for medication system
6 "records, electronic data kept by the automated
7 medication system and any corresponding policies
8 readily" in reference to Board inspection.

9 Mr. Farrell stated the section related to the
10 testing and validations of systems the language "is
11 working within vendor-specified operations,
12 including---" was added. Discussion was had if it
13 should read "vendor-specified" or "manufacturer-
14 specified". The question was also raised if it
15 should be "or," "and," or "or/and". It was decided
16 that both vendor and manufacturer would be used with
17 "or".

18 Mr. Farrell conveyed that there was a comment on
19 page 73 that the language in subsection (f) was
20 unclear. Ms. Rebuck responded that the language was
21 as intended, because it was added to match the Act
22 for clarity.

23 Mr. Farrell wanted to confirm that he has
24 subsection (10) correct as he thought perhaps the
25 phrase "pharmacist leaders with administrative

1 authority" needed to be defined or if it should be a
2 more generic term. There was debate on if the IRRC
3 would ask for it to be defined. Mr. Barrett stated
4 the confusion was with whatever term was selected to
5 be after pharmacist and whatever the Board chose
6 would need to be defined to stated that role was
7 different from that of a regular pharmacist. It was
8 decided that the phrase "pharmacists with
9 administrative authority over the practice site"
10 would be the best language to use to convey the
11 meaning without having to define what the language
12 meant.

13 Mr. Farrell stated that the Board discussed
14 submitting electronically and batch files. He asked
15 Ms. Trimmer her thoughts on it, and she discussed
16 getting to a point where everything was completed
17 electronically with no one needing to lay hands on
18 paper.

19 There was additional discussion about removing
20 the phrase "batch file" as it could quickly become an
21 outdated term. Ms. Rebuck stated her main concern
22 with removing the language was that individual files
23 and information would have to be submitted instead of
24 a larger batch of files at one time. After
25 discussion, it was decided that the phrase "aggregate

1 file" might be a better choice then "batch file," but
2 that the intent was still the same.

3 Mr. Farrell stated the last revision was
4 subsection (f). It was an entirely new section being
5 added based on language brought up by Mr. Jones in a
6 previous meeting. He read the section to say "In
7 accordance with 28 Pa. Code §107.64 (relating to
8 administration of drugs) and any applicable bylaws,
9 rules and regulations of and institution's medical
10 staff, a pharmacy operating with the institution
11 shall submit all proposed services to be provided by
12 authorized pharmacists, pharmacy interns, pharmacy
13 technicians and pharmacy technician trainees, to the
14 institution's medical staff or pharmacy committee for
15 approval." Mr. Jones agreed with the language.

16 Mr. Farrell will pare everything down for the
17 next meeting. The requests were made for him to
18 focus on the pharmacist in charge, the MPJE section,
19 and making sure a sentence was added about students
20 during their APPE.

21 Mr. Jones added that the child abuse issue about
22 timing for technicians solves itself, because even
23 though the initial certification is a three year, it
24 expires in two years so the first three-year cycle
25 will automatically drop in for 2029. Mr. Barrett

1 said it will still rely on when they initially apply.

2 Chair Roussel asked if Mr. Barrett thought the
3 Board needed to publish FAQs related to the pharmacy
4 technician training. She suggested it would be
5 helpful since pharmacy technicians have a wide
6 variety of educational backgrounds and because there
7 are people who have never been licensed before.

8 Mr. Barrett will discuss the matter with Acting
9 Commissioner Claggett.

10 Mr. Farrell hoped, with the next meeting on July
11 29th, he could bring back the regulations to be voted
12 on by the Board. He was asked by Ms. Rebuck if he
13 could give a best-case scenario for the regulations
14 to be fully in effect. He stated, given the steps it
15 still needed to go through, possibly between one and
16 two years.]

17 ***

18 Adjournment

19 CHAIR ROUSSEL:

20 Is there a motion to adjourn?

21 MR. REED:

22 Motion to adjourn.

23 MR. EATON:

24 Second.

25 ***

1 [There being no further business, the State Board of
2 Pharmacy Meeting adjourned at 1:35 p.m.]

3 ***

4
5 CERTIFICATE

6
7 I hereby certify that the foregoing summary
8 minutes of the State Board of Pharmacy meeting, was
9 reduced to writing by me or under my supervision and
10 the minutes accurately summarize the substance of the
11 State Board of Pharmacy meeting.

12
13
14 

15 Erin Badstuebner,

16 Minute Clerk

17 Sargent's Court Reporting
18 Service, Inc.

STATE BOARD OF PHARMACY
REFERENCE INDEX

June 17, 2025

TIME	AGENDA
9:00	Executive Session
10:40	Return to Open Session
10:40	Official Call to Order
10:41	Introduction of Board Members/Attendees
10:45	Approval of Minutes
10:45	Report of Board Prosecution
11:02	Report of Board Counsel
11:05	Review of Applications
11:07	Report of Board Counsel (cont.)
11:08	Report of Chairperson
11:13	Report of Acting Commissioner
11:17	Report of Executive Secretary
11:25	Discussion
12:01	Public Comments
12:03	Report of Regulatory Counsel
1:35	Adjournment