

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: 8:30 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

June 11, 2026

State Board of Pharmacy
June 11, 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.
Yasmin Mukhtar, Deputy Attorney General, Healthcare
Division, Office of Attorney General

BUREAU PERSONNEL:

Sean C. Barrett, Esquire, Board Counsel
Caroline Bailey, Esquire, Board Prosecutor
Nathan C. Giunta, Esquire, Board Prosecution Liaison
Marc Farrell, Esquire, Regulatory Counsel, Office of
Chief Counsel
Ray J. Michalowski, Esquire, Senior Board Prosecutor
and Prosecution Liaison
Addie Abelson, Esquire, Regulatory Counsel
Sara Trimmer, Pharm.D., R.Ph., Executive Secretary
Willow Marsh, Legislative Aide, Office of Legislative
Affairs
Ashley P. Murphy, Esquire, Board Prosecution Liaison
Alexa Davies

ALSO PRESENT:

Jill Rebuck, Executive Director, Pennsylvania Society
of Health-System Pharmacists
Geoffrey Christ, Senior Pharmacy Compliance Manager,
Chewy Pharmacy
Jacquelyn Sassaman, Pentec Health
Natalie Percival, Assistant Professor of Pharmacy
Practice, Nesbitt School of Pharmacy, Wilkes
University
Daniel Longyhore, Pharm.D., EdD., 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
Dan Ayres, Pharmacist, WellSpan Health

State Board of Pharmacy

June 11, 2026

ALSO PRESENT: (cont.)

Sean Young, Pharm.D., Main Line Health, Co-Chair
Legislative Affairs Committee, Pennsylvania Society
of Health-System Pharmacists
Terry Talbott, R.Ph., Pharmacy Advocate and
Regulatory Consultant, Founder, PraeScriptum
Advisors
Jen Sullivan, Pharm.D., CPPS, Pharmacy Manager of
Quality, WellSpan York Hospital, Pennsylvania
Society of Health-System Pharmacists
Eric Hernandez, Pharm.D., Vice President of Pharmacy
Operations, UPMC
Nicole Fidler, Associate, Malady & Wooten Inc.
Ed Foote, Pharm.D., FCCP, Dean, Philadelphia College
of Pharmacy, Saint Joseph's University
Rhonda Thomas, Pharm.D., MBA, BCPS, BCSCP,
Administrator of Pharmacy Services, Jefferson,
Treasurer, Pennsylvania Society of Health-System
Pharmacists
Christopher Miller, Pharm.D., Director, Pharmacy
Quality and Compliance, Giant Eagle Inc.
Steve Sheaffer, Pharm.D., R.Ph., Past President,
American Society of Health-System Pharmacists
Jessica Walentynowicz, Pharm.D., Regulatory
Coordinator Pharmacy services
Caroline O'Brien, CPht-Adv, CVOP, Technician, Board
Member, Pennsylvania Society of Health-System
Pharmacists
Rachel Ogden, Pharm.D., MS, CGP, Professor, Dean,
School of Pharmacy, Lake Erie College of
Osteopathic Medicine
James Drennen III, Ph.D., BS, Dean, School of
Pharmacy and Graduate School of Pharmaceutical
Sciences, Duquesne University
Navid Hojatti, Pharm.D., Lead Director, Pharmacy
Advocacy and Regulatory Affairs, CVS Health
Andrea Sargent, Pharm.D., Senior Director, Pharmacy
Operation, UPMC
Lawrence Carey, Pharm.D., Clinical Professor, Vice
Dean for Strategic Planning and Assessment, School
of Pharmacy, Temple University
Susan DelMonico, R.Ph., JD, Associate General
Counsel, Deputy Pharmacy Compliance Officer, Genoa
Healthcare
Amanda McKibben, Compliance Manager, Pantherx Rare
Pharmacy

State Board of Pharmacy
June 11, 2026

ALSO PRESENT: (cont.)

Pamela Koerner, BS, Pharm.D., BCPS, Associate
Professor, Associate Dean of Curriculum and
Professional Engagement, School of Pharmacy,
Duquesne University
Jennifer Hoh, Pharm.D., BCCCP, BCEMP, Director of
Experiential Education, Thomas Jefferson University
Lily Phung, Pharm.D.
Jennifer Raibley, Pharm.D., Divisional Pharmacy
Manager, Albertsons Companies
Luke Gilmore, Pharm.D., BCMTMS, Assistant Professor,
Director of Experiential Education, Lake Erie
College of Osteopathic Medicine
Michelle Mikus, Pharm.D., Director of Pharmacy
Services, ConnectiveRx
Mary Hess, Pharm.D., FASHP, FCCM, FCCP, Professor of
Pharmacy Practice, Associate Dean of Student
Affairs, Thomas Jefferson University
Denise Schiff, Pharm.D., Associate Professor,
Associate Dean for Academic Affairs, School of
Pharmacy, university of Pittsburgh
James Profitt, Pharmacy Technician Supervisor, Pentec
Health
Beth Greene, Director of Pharmacy, Penn State Health
Hampden Medical Center
Scott Young
Sovanarath Chi
Lily's Notetaker (Otter.ai)
Call In # 1-484-988-0616
Call In # 1-330-565-2794
Call In # 1-570-765-0782
Call In # 1-814-226-9310
Call In # 1-610-494-8700
Erin Badstuebner, Sargent's Court Reporting Service,
Inc.

State Board of Pharmacy

June 11, 2026

The special regulatory meeting of the State Board of Pharmacy was held on Thursday, June 11, 2025.

Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson, called the meeting to order at 8:30 a.m. There was no Executive Session.

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

Introduction of Board Members/Attendees

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

Report of Regulatory Counsel - Introduction

[Marc Farrell, Esquire, Regulatory Counsel, Office of Chief Counsel, provided a recap of the current status of the General Revisions package, 16A-5427. He noted the Board approved the Annex at the July 29, 2025

1 meeting. He noted the Annex was essentially a locked
2 document for now; however, changes could legally be
3 made at some point. He pointed out there would be an
4 opportunity during the rulemaking process for people
5 to comment. He stated, during the meeting, he would
6 identify a few items to ensure they were correct;
7 however, they would not be going through the Annex
8 provision by provision which had been done over the
9 past 16 years. He explained the preamble would be
10 reviewed during the meeting. The preamble lays out
11 the changes being proposed and the reasoning behind
12 the changes. He noted, generally, stakeholders do
13 not provide input for the preamble.

14 Mr. Barrett noted, if a provision had stakeholder
15 input, then they would be asked for input which would
16 be appreciated.]

17 ***

18 Report of Regulatory Counsel - Law Exam Discussion
19 [Marc Farrell, Esquire, Regulatory Counsel, Office of
20 Chief Counsel, read the law exam language from the
21 approved Annex in §27.24(b). He noted the language
22 which had been approved by the Board. The language
23 added of "or other pharmacy jurisprudence examination
24 identified by the Board" would give the Board the
25 ability to pivot to the Uniform Multistate Pharmacy

1 Jurisprudence Exam (UMPJE). He added the preamble
2 provides an explanation regarding the development of
3 the UMPJE. He noted there were other places in the
4 Annex that mention the law exam and the same pivot
5 language was worked in for those places.

6 Mr. Farrell noted, in addition to the pivot
7 language, new language was added at §27.24(d) which
8 inserted language of "The Board may require evidence
9 of additional Pennsylvania-specific jurisprudence
10 training in addition to the Board-identified pharmacy
11 jurisprudence examination." He explained the goal of
12 the language was to allow the Board the ability to
13 supplement the UPMJE with a module, CE, or training
14 specific to Pennsylvania. He additionally noted the
15 language was a starting point as there had not been a
16 clear resolution on the direction of the Board. He
17 noted the Board could still decide to eliminate the
18 law exam entirely if it desired or could proceed with
19 the language as written.

20 Mr. Barrett shared he had spent much time looking
21 through the Act and determined the Act gives the
22 Board the ability to do examinations but does not
23 specify a law or jurisprudence exam. He noted Chair
24 Roussel proposed language which would not eliminate
25 the law exam but would allow for flexibility going

1 forward. He appreciated her efforts but stated the
2 Independent Regulatory Review Commission (IRRC) may
3 look at it and question the meaning. He commented
4 the issue is not clearcut even in the regulated
5 community. He stated, as written, the proof language
6 gives the Board flexibility within the statutory
7 framework. He noted IRRC would understand the
8 changes were made to keep up with the most modern
9 jurisprudence exam offered. Chair Roussel confirmed
10 she had proposed language at the last meeting which
11 was not accepted. She asked if anyone had proposed
12 language for the law exam section. She also noted
13 working on different language, taking into
14 consideration comments from other Board Members.

15 Mr. Esterbrook commented he did not have language
16 but questioned if the section would be the place
17 where the Board could address the timing of when
18 students could take the law exam.

19 Mr. Barrett replied, in reading the Act, the
20 practical examination has to be taken after the
21 student's education is complete. He stated the Board
22 could allow early testing of the law exam as it was
23 not being called a practical exam. He explained
24 other boards had addressed similar issues through
25 standalone regulations on early examination. He

1 questioned when the appropriate time would be for a
2 student to take the law exam early. He pointed out,
3 while it was up to the Board, it may be better to do
4 a spin-off package regarding early examination. He
5 noted adding early examination to the General
6 Revisions would be a big change and might delay the
7 entire package. He also noted the change would not
8 be simple one liner but would need to include other
9 conditions given pharmacy curriculums are not all
10 homogenous in terms of when certain studies are
11 completed.

12 Mr. Farrell agreed with Mr. Barrett. He stated
13 adding the early exam in would likely make the
14 package messier and longer; however, he noted the
15 decision was up to the Board.

16 Mr. Reed questioned if §27.21(b) could be
17 interpreted as being related to the jurisprudence
18 exam even though the section is referring to NAPLEX.
19 He had concerns about §27.24(d) potentially creating
20 problems in saying the Board "may" require evidence
21 of additional Pennsylvania specific jurisprudence.

22 Chair Roussel preferred §27.24(d) be stricken
23 from the Annex entirely. She stated the language was
24 added due to the Board discussing potentially
25 eliminating the law exam requirement.

1 Mr. Barrett explained the language was added due
2 to the discussion of the UMPJE with a state-specific
3 module. He noted, when added a year ago, no one was
4 even using the UMPJE at that point. He added, while
5 he did not want to speak for the Board, it seemed as
6 if it wanted to have a more uniform approach making
7 it easier for people from other states to come into
8 Pennsylvania.

9 Mr. Reed reviewed the language used by states
10 using the UMPJE, and the language was very open to
11 allowing future changes. He pointed out the package
12 had been worked on for 16 years, and at this point,
13 he suggested it needed to be moved along. He cited
14 other important changes related to patient safety,
15 such as changing the timeframe for dispensing return
16 to stock medication. He understood the passion
17 regarding the law exam but stressed the importance of
18 patient safety especially when it came to access of
19 care.

20 Chair Roussel agreed with the law exam but hoped
21 there would be consensus regarding the exam. She
22 noted all pharmacy deans except for one had sent
23 letters supporting changing the law exam to allow for
24 testing at the completion of all didactic work. She
25 explained her suggested amendment would allow the

1 students to take the law exam after completing
2 didactic coursework and then eliminating §27.24(d) to
3 streamline and meet everyone's needs.

4 Mr. Barrett noted he was not an expert in
5 pharmacy school and asked if everyone in the pharmacy
6 world would understand what was meant by after the
7 completion of didactic work.

8 Chair Roussel provided an explanation of when
9 didactic work is done during pharmacy school. She
10 noted being eligible for rotations would also allow
11 students to be eligible for the law exam and was the
12 most clearcut timing.

13 Terry Talbott, R.Ph., Pharmacy Advocate and
14 Regulatory Consultant, Founder, PraeScriptum
15 Advisors, returned to Mr. Barrett's earlier comments
16 on the Act. She noted the Act in section three
17 speaks to licensing and notes the Board may license a
18 pharmacist, who has completed requirements including
19 satisfactory passing an examination but does not
20 state when the person should sit for the exam. She
21 agreed with using the didactic coursework as the
22 milestone.

23 Mr. Barrett located the section of the Act being
24 discussed. He read it aloud, noting the section
25 states the examination is in the practice of pharmacy

1 and can be done after completion of education. He
2 added it was geared more towards NAPLEX then the
3 jurisprudence exam. Ms. Talbott stated arguments
4 could be made either way, but the Board was on firm
5 ground with the didactic.

6 Mr. Barrett raised another question regarding
7 early examination. He noted, for the Physical
8 Therapy Board, students can take the exam 90 days
9 prior to graduation, but schools have to certify the
10 student is on track to graduate. He asked if there
11 was similar point in pharmacy school or if once
12 student completed their APPEs (Advanced Pharmacy
13 Practice Experiences) they were good.

14 Chair Roussel replied students have to complete
15 all coursework before they can progress to their
16 APPEs.

17 Daniel Longyhore, Pharm.D., EdD., Geisinger
18 Health, asked about the Board's interpretation of the
19 wording. He wondered if the jurisprudence exam
20 identified by the Board could only be administered by
21 an outside entity or if schools could administer the
22 exam.

23 Mr. Barrett explained the Administrative Code has
24 clear guidelines regarding how exams have to be
25 offered. He noted the Board generally has to

1 contract with an organization, usually a third-party
2 contractor. He stated contracting with each
3 individual school would be a slippery slope. He
4 pointed out the intent of the provision is to allow
5 the Board the flexibility to shift quicker to new
6 exams in the future.

7 Mr. Reed noted the Act stated the administration
8 of all written, oral or practical shall be prepared
9 and administered by qualified and approved
10 professional testing. Mr. Barrett confirmed the
11 language quoted was pulled from the Administrative
12 Code into the Act.

13 Jill Rebuck, Executive Director, Pennsylvania
14 Society of Health-System Pharmacists (PSHP), strongly
15 supported the removal of §27.24(d) as the text was
16 added in an effort to move away from the
17 jurisprudence exam. She stated, if an exam is
18 required, then there should not be any additional
19 layers on top of the exam.

20 Chair Roussel stated she wanted to share her
21 proposed language in addition to striking §27.24(d).
22 Her proposed language would read, "A candidate
23 enrolled in an ACPE accredited Doctor of Pharmacy
24 program may sit for the multistate jurisprudence exam
25 or other Board approved jurisprudence exam upon

1 completion of all required didactic coursework.
2 Completion of the professional degree shall be
3 required prior to issuance of a pharmacist license
4 but not for the eligibility to sit for the
5 jurisprudence exam." She noted mention had been made
6 by others regarding allowing students to only take
7 the exam early once but she suggested less words were
8 better. She tried to embody the comments and through
9 processes shared in the last meeting.

10 Ms. Hart and Mr. Esterbrook agreed with Chair
11 Roussel's proposed language. Mr. Barrett stated the
12 Board could throw the language into the General
13 Revisions and see if it sticks. He questioned if not
14 limiting the number of times a student could test
15 early could have side effects. He commented being
16 worried if a student failed multiple times while in
17 APPEs, then their focus may be taken away from their
18 ability to learn. He shared past experiences from
19 friends in law school who failed the bar exam
20 multiple times and got stuck in a feedback loop.

21 The Board agreed it would not want language added
22 limiting the students to taking the law exam once.
23 Ms. Talbott disagreed but was no longer on the Board.
24 Ms. Talbott shared there are some states which only
25 allow students to test once, and if they fail, then

1 they have to wait.

2 Chair Roussel commented students will never be in
3 a more supportive environment to test then while
4 still in school. She noted, while she would like to
5 hear from the deans, she was not sure there should be
6 full discussions on the topic. She added there would
7 be opportunity for additional comment periods in
8 addition to IRRC comments.

9 Ms. Talbott mentioned there was a section in
10 either the regulation or the Act where if the exam
11 was failed more than three times, the Board had to be
12 petitioned to allow a fourth try. She noted the
13 Board could always tell a student, who does not have
14 a professional degree yet, that they cannot take the
15 exam a fourth time while in school. Mr. Reed noted
16 she was referencing the Act where it states the
17 applicant shall have the privilege of examination
18 only after satisfactorily completing additional
19 preparation as directed and approved by the
20 government.

21 Chair Roussel asked what the time frame was for
22 retaking the law exam. Ms. Trimmer stated the law
23 exam was 30 days, and the NAPLEX was 45 days.]

24 ***

25 CHAIR ROUSSEL:

1 Does the Board have consensus to go
2 through with striking D for
3 clarification because we changed it and
4 then adopting that bullet? And should
5 we have a formal vote and then close
6 the discussion on the law exam?

7 MR. BARRETT:

8 I'm okay with that.

9 MR. ESTERBROOK:

10 So moved, Esterbrook.

11 MS. HART:

12 Second.

13 CHAIR ROUSSEL:

14 All right. Any further discussion?

15 Call the vote.

16

17 Hart, aye; Reed, aye; Esterbrook, aye;
18 Claggett, aye; Roussel, aye; Mukhtar,
19 aye.

20 [The motion carried unanimously. Mr. Slagle did not
21 vote due to technical issues.]

22 ***

23 [Mr. Barrett noted the vote would eliminate §27.24(d)
24 and add the provision for early exam. He noted there
25 may need to be language changes, but the spirit of

1 what Chair Roussel proposed would remain, recognizing
2 the intent of the Board was to allow early law exam
3 testing.

4 Mr. Farrell explained the Annex would eventually
5 be published in the *Pennsylvania Bulletin*, allowing
6 for people to weigh in on what the Board had decided.
7 He noted their decision does not come as a surprise
8 as the debate had been on-going for some time. He
9 appreciated the resolution, allowing Counsel to move
10 forward.]

11 ***

12 Report of Regulatory Counsel - General Revisions

13 Preamble Discussion

14 [Marc Farrell, Esquire, Regulatory Counsel, Office of
15 Chief Counsel, explained the purpose of the preamble,
16 noting the stakeholders did not have a copy, nor
17 would they generally be provided a copy to begin
18 with. He noted flagging a few points which the Board
19 could help fill the background in on. He noted the
20 preamble was not complete with mainly the technology
21 and automation explanation sections not finished. He
22 planned to have the unfinished sections complete for
23 discussion at the the next regularly scheduled
24 meeting.

25 Mr. Farrell's first question related to the

1 definition of long-term care facility. He noted some
2 language had been added referencing hospices,
3 assisted living, personal care homes, and
4 correctional facilities. He asked if there was any
5 background or explanation for the change other than
6 the obvious.

7 Chair Roussel explained the change was due to
8 there being so many different types of institutions.
9 She noted some of the automation language only spoke
10 to long-term care when there was much more, such as
11 inpatient behavioral health facilities and inpatient
12 substance use disorder facilities. In addition, the
13 term nursing home is no longer widely used. She
14 stated the Board was trying to be more global in
15 their approach to different areas of pharmacy
16 services, because pharmacy is everywhere.

17 Ms. Hart noted there are changes all of the time.
18 Chair Roussel agreed, adding in the future, with the
19 way healthcare was going, there are different care
20 home models. She noted there are current programs
21 where patients go to a location during the day but
22 sleep in their own homes.

23 Chair Roussel had a question regarding automation
24 in the Annex, stating the section uses the term long-
25 term care. She wanted to ensure the section was not

1 pigeonholed to any specific institutional or medical
2 facility. Mr. Farrell noted medical facility was not
3 a defined term. He requested the Annex section
4 number she had mentioned.

5 Chair Roussel replied she was referring to
6 §27.204(c). The section was discussed before Mr.
7 Farrell realized the Annex had been notated
8 incorrectly, and §27.204(c) was intended to be struck
9 from the Annex. Chair Roussel thanked him for the
10 clarification and agreed striking the section would
11 resolve her concern.

12 Chair Roussel questioned another part of §27.204,
13 noting there had been discussion regarding a
14 provision "when an automated medication system is
15 used in conjunction with barcode medication
16 administration process performed by licensed
17 healthcare practitioners, pharmacist verification may
18 be performed at the medication order level. The
19 pharmacist shall ensure the clinical appropriateness
20 of the order, while the accuracy of the product
21 selection and stocking may be verified through
22 validated automated medication systems procedures and
23 institutional quality programs." Neither Mr. Farrell
24 or Mr. Barrett recognized the provision. Mr. Farrell
25 would review the record to see if the provision had

1 inadvertently been pulled out. Chair Roussel noted
2 she had meant to bring up the concern earlier, but
3 the Board never got past the law exam when discussing
4 the General Revisions.

5 Mr. Farrell's next question regarded §27.18(v).
6 He noted Counsel included a paragraph in the preamble
7 stating "at the request of PSHP, the Board is
8 proposing to amend §27.18(v) to provide an exception
9 for non-patient specific medications when being
10 vended from central automation or an automated
11 dispensing cabinet. He asked if anyone could provide
12 information regarding the significance of the
13 addition.

14 Chair Roussel read §27.18(v) and provided an
15 explanation of what the section meant. She provided
16 examples of hospital settings. She noted most
17 patients, if taking an antibiotic, would be taking
18 one of three strengths which are stocked on the
19 floor. The antibiotics are compounded but non-
20 patient specific. She added the language also helps
21 clarify pre-compounded IVs, which are often emergent,
22 and there is not enough time to have someone put
23 their name on it. Mr. Farrell commented the
24 information was what he needed, noting it seemed to
25 be something already happening in the real world.

1 Chair Roussel confirmed he was correct.

2 Mr. Farrell moved on to §27.19(e)(1) where an
3 amendment had been proposed to allow pharmacy interns
4 to provide counsel. In addition, the Board had
5 expanded the allowable means by which counsel can be
6 provided to include video. He asked if there was any
7 additional background regarding interns which could
8 be provided, such as if it was already happening and
9 how it would be beneficial moving forward.

10 Chair Roussel noted interns were already
11 providing counseling under the supervision of a
12 pharmacist. She noted the added language is a point
13 of clarification.

14 Ms. Talbott agreed the language was a
15 clarification of the state of practice today and
16 counseling would still happen under the supervision
17 of the pharmacist. Adding video provides another
18 method for patients to access pharmacy care.

19 Mr. Reed commented in thinking about pharmacy
20 practice today, pharmacists get pulled out of the
21 pharmacy to do a medication therapy management
22 session or an immunization. Meanwhile, the intern
23 can do the counseling while the patient is there.

24 Mr. Farrell noted §27.20(b) inserted language for
25 "valid" prescription and eliminated "signed by a

1 medical practitioner." It was commented "valid" was
2 added because of the number of invalid prescriptions.
3 As for the eliminated language, Chair Roussel
4 explained for electronic purposes, prescriptions are
5 not physically signed anymore. The language also
6 conforms to federal standards.

7 Regarding §27.20(c)(4), Mr. Farrell noted the
8 current language reads "for the purposes of this
9 section, a prescription does not include an order for
10 medication which is dispensed for immediate
11 administration to a patient in an institution." He
12 noted "for immediate administration" was being struck
13 and asked for an explanation on why the language may
14 be too limiting.

15 Mr. Longyhore explained the language was being
16 struck to accommodate cart pills where 24 hours of
17 medication are dispensed to a floor for a patient, so
18 if immediate does not have a timeframe linked to it,
19 the multiple doses might be administered 12 to 24
20 hours.

21 Mr. Farrell next moved to §27.26 where the 1,000
22 hours versus 1,500 hours for pharmacy interns is
23 mentioned. He noted the Board was seeking to make
24 the temporary waiver from 2018 permanent. Board
25 Members confirmed he was correct. Mr. Barrett noted

1 the change keeps up with other jurisdictions. Ms.
2 Talbott and Chair Roussel provided additional
3 clarification. Mr. Farrell noted he had gleaned the
4 shared information from prior meeting minutes and
5 just wanted to confirm.

6 Mr. Farrell noted §27.52(e) is being amended to
7 provide the graduates of non-ACPE accredited pharmacy
8 schools must achieve foreign pharmacy graduate
9 examination committee certification before applying
10 for a pharmacy intern registration or pharmacist
11 license. Ms. Talbott noted NABP recommended the
12 change.

13 Regarding §27.102, the statement of policy for
14 redistributing underdelivered medications. He noted
15 the Board was raising the timeframe from the current
16 six months to 12 months. Mr. Reed commented 12
17 months was the standard everywhere else. It was
18 noted the practice was not currently active in
19 Pennsylvania as there are fines. Chair Roussel
20 commented the six-month timeframe also creates wasted
21 drugs. Mr. Farrell stated there was no downside to
22 extending the time to 12 months.

23 Chair Roussel explained nothing was wrong with a
24 drug just because it was counted into a different
25 bottle and then not picked up. She appreciated

1 earlier comments by Mr. Reed acknowledging the wasted
2 drugs create bigger issues for rural and small
3 pharmacies.

4 Chair Roussel noted her concerns were covered
5 with healthcare facility and long-term care. She had
6 another question with §27.203-1. She noted language
7 was added; however, she questioned §27.203-1(a)(6).
8 She stated the provision states the delivering
9 pharmacy is responsible for making the offer to
10 counsel the patient while other places stated the
11 counseling can be done by central pharmacy services.
12 She added the section conflicts with added language.

13 Ms. Talbott stated the provision should be a
14 little six under §27.203-1 (a)(5) where it states
15 each pharmacy engaging in centralized prescription
16 processing shall be jointly responsible for providing
17 counseling. She would then eliminate §27.203-
18 1(a)(6). Mr. Farrell noted the section could be
19 easily corrected.

20 Chair Roussel commented pharmacists are able to
21 do diagnostic work and asked if the definition of the
22 practice of pharmacy needed to be adjusted to include
23 the diagnostic work. Ms. Talbott noted the
24 definition already included "other" which does some
25 heavy lifting and would cover Chair Roussel's

1 question. Mr. Barrett commented he is always careful
2 about touching the scope of practice via regulation,
3 because if something is inconsistent with the Act,
4 then it can cause many problems.

5 Chair Roussel commented on §27.204 regarding
6 automated medication systems. She noted the section
7 was struck through, but she wanted to make sure there
8 was something regarding verification when using an
9 automated medication system. She added specific
10 language was proposed at the Board meeting in Wilkes-
11 Barre.

12 Ms. Talbott replied the language was not added,
13 because there are validations written into the SOPs.
14 She noted pharmacists write their SOPs to prove they
15 are meeting the spirit of the law, and if an
16 inspector disagreed, the pharmacist could plead their
17 case before the Board.

18 Chair Roussel preferred to see wording that says
19 the accuracy of product selection and stocking may be
20 verified through the validated automated medication
21 dispensing system and institutional quality
22 assurance.

23 Ms. Talbott stated §27.204(b)(1) covers her
24 concerns with saying "a licensed pharmacist is
25 responsible for the supervision of the operation of

1 the system" meaning SOPs are written to ensure the
2 supervision. Mr. Barrett noted sometimes less words
3 are more.

4 Chair Roussel stated her concerns had been
5 addressed and asked if anyone else had additional
6 concerns.

7 Ray J. Michalowski, Esquire, Senior Board
8 Prosecutor and Prosecution Liaison, explained
9 Prosecution has been seeing cases where two
10 pharmacies, neither of which are central fill
11 pharmacies, are working together to fill
12 prescriptions where things go into a queue for
13 pharmacist verification at another branch of a
14 typically larger pharmacy chain. He noted they had
15 discussed central processing where there is joint
16 responsibility, but Prosecution was looking for
17 language to address the situation whether or not
18 central fill or central processing was involved. He
19 added Prosecution receives complaints about who is
20 responsible when an error is made. He was looking
21 for language regarding responsibility which applies
22 to more than the central fill process.

23 Mr. Reed commented Mr. Michalowski's concerns
24 were addressed in §27.203-2(a)(3) where pharmacies
25 performing centralized drug order processing shall

1 create operating policies and procedures including an
2 audit trail that records and documents the essential
3 drug order process and the individuals accountable at
4 each step.

5 Mr. Michalowski clarified Prosecution was seeing
6 what used to happen with central fill pharmacies now
7 happening between two retail pharmacies.

8 Ms. Talbott pointed out §27.203-2(a) states "for
9 the purposes of this section, centralized drug order
10 processing means processing by a pharmacy of a
11 request from another pharmacy, patient or prescriber
12 to process, fill or refill a drug order, perform
13 processing function or provide cognitive or
14 pharmaceutical care services. Each function may be
15 performed by the same or different person and at the
16 same or different locations. Two or more pharmacies
17 may centralize drug order processing if the following
18 requirements are met." She noted the section
19 proceeds to explain the requirements, but Mr.
20 Michalowski's concerns were caught in the language.
21 Mr. Michalowski noted the broadening of the original
22 definition solved his query.

23 Mr. Michalowski shared additional concerns where
24 Prosecution is restricted in what they can do when a
25 pharmacist is working within a system created by a

1 pharmacy. He noted they would like to charge the
2 pharmacy responsible for creating the systems but due
3 to older language are limited from charging the
4 pharmacy. He added there seemed to be
5 inconsistencies where places say a pharmacist may not
6 do something and then in the next paragraph say a
7 pharmacist or pharmacy. He explained many times
8 where a pharmacist is doing something, it is because
9 that is the way the pharmacy does it. The pharmacist
10 is prosecuted, because there is not a way to get to
11 the pharmacy other than a general catch-all that
12 requires an expert opinion if the pharmacy wants to
13 fight the charge. He requested broader language
14 encompassing both pharmacists and pharmacies be
15 considered.

16 Chair Roussel commented Mr. Michalowski had
17 raised an amazing point. She shared she recently
18 participated in a session on CAPA (Corrective Action,
19 Preventative Action) which did a one-hour program on
20 system issues and how they should be exhausted prior
21 to looking at people issues.

22 Mr. Michalowski noted, at the very least, §27.18,
23 standards of practice, might be able to be reviewed
24 to have it be equally applicable to both pharmacies
25 and pharmacists. He added, in the standards of

1 practice, there are places where things are system
2 based. He acknowledged pharmacists should still
3 exercise professional judgement even when working in
4 a system but noted a lot of systems errors occur
5 where the pharmacies should at least be co-
6 responsible with the pharmacists.

7 Mr. Barrett and Mr. Farrell noted they would look
8 at addressing Mr. Michalowski's concerns. Mr.
9 Barrett did not want to be too broad where pharmacies
10 are made liable for things they did not have control
11 over.

12 Chair Roussel thanked Mr. Michalowski for sharing
13 his concerns. She noted receiving comments
14 requesting clarification around opioid education,
15 facility definitions and other nuanced things. She
16 asked what the proper forum would be for addressing
17 the comments, noting the comments sent were
18 thoughtful but she questioned where they would fit
19 in.

20 Mr. Farrell stated the Board and Counsel would
21 never cut off any public comment or feedback but
22 timing wise the package was past the point of opening
23 the package up for analysis. He noted, when the
24 package was published as proposed in the *Pennsylvania*
25 *Bulletin*, comments received would be considered and

1 adjustments could be made to the Annex at that time.
2 He added people were always welcome to comment during
3 every public Board meeting; however, certain topics
4 may not be able to be addressed at that time.

5 Mr. Barrett commented, with every regulation
6 package, there is always someone who sees something
7 as ambiguous. He added it was not possible to every
8 fully eliminate where someone questioned how a
9 definition applied to them. He reiterated there
10 would be another opportunity for comments to be
11 reviewed after IRRC makes comments and the totality
12 of the package can be considered.

13 Chair Roussel opened the floor up to any other
14 specific issues like actual contradictions beyond
15 clarifications. Mr. Barrett asked, if someone
16 happens to come across conflicts or contradictions,
17 they should reach out to himself or Mr. Farrell so
18 they can look into the issue.

19 Mr. Longyhore asked if they were also discussing
20 the call that went out for feedback on opioid
21 education and immunization. Mr. Barrett stated that
22 was a separate package which would be addressed at
23 the next meeting.]

24 ***

25 Pharmacy Technician Discussion

1 [Christine Roussel, Pharm.D., BCOP, BCSCP,
2 Chairperson, raised the issue of pharmacy technician
3 registrations. She received many phone calls
4 surrounding the registration and patient safety. She
5 noted the Board was unable to extend the deadline.
6 She highlighted the work Ms. Trimmer accomplished
7 with the registration. She also pointed out Acting
8 Commissioner Claggett had taken steps to assist by
9 dedicating staff from other boards to the
10 registration process over the past several months.

11 Mr. Barrett agreed he had still been getting
12 deadline extension requests but noted the deadline is
13 a statutory requirement which cannot be waived by the
14 Board. He reported receiving emails from 5:00 a.m.
15 until 9:00 p.m. on a daily basis. He stated
16 applications are being processed as quickly as
17 possible, but there is a backlog due to the sheer
18 number of registrations being received. He
19 commented, for every 2,000 applications processed,
20 staff receive 2,700. He was unable to make any
21 guarantees on what would happen after June 28, 2026.

22 Ms. Rebuck commented, as she came in, she had
23 heard there was a 22-day processing time. She added
24 some members shared that they submitted their
25 paperwork prior to May. She asked, if 22 days was

1 average, should people who have been waiting longer
2 than 22 days or since April, wait and trust the
3 process?

4 Ms. Trimmer responded people in the situation
5 mentioned by Ms. Trimmer should call. She stressed
6 it was better to call than email at this point. She
7 explained the current applications being processed
8 are from the middle of May. Any application prior to
9 that point would have had a discrepancy sent if
10 clarification was needed. She encouraged technicians
11 to check their email, including their spam. She
12 noted staff is in the process of resending all
13 discrepancy emails regardless of when they were
14 originally sent in an effort to prompt people to take
15 care of any issues. She added one of the biggest
16 issues is matching child abuse CE which has to be 100
17 percent matching.

18 Ms. Rebuck thanked Ms. Trimmer for the
19 clarifications. She would also talk to colleagues at
20 PPA (Pennsylvania Pharmacists Association) to share
21 the information.

22 Acting Commissioner Claggett mentioned the PALS
23 dashboard should also be checked prior to calling.
24 Ms. Trimmer added there may be an easily resolved
25 discrepancy.

1 Mr. Reed requested additional information on what
2 someone would see if looking at their PALS dashboard.
3 Ms. Trimmer explained, if the dashboard says "pending
4 review," then an evaluator has not been assigned and
5 the application has not been reviewed. If the
6 dashboard says "completed" or "discrepancy," then the
7 application had been reviewed. Discrepancy means
8 staff may need additional information from the
9 technician to continue processing the application.
10 She provided additional details on what technicians
11 may see. She noted, if everything was submitted
12 correctly, the application can be processed within
13 ten minutes.

14 Mr. Barrett noted there had not been a ton of
15 issues related to the forms. He implored everyone
16 listening to use the forms and not just send letters
17 as it makes it easier to review the received
18 information.

19 Chair Roussel noted, prior to calling, a person
20 should first check their PALS account and then search
21 their email for anything from pa.gov.

22 Anthony Bixler, R.Ph., WellSpan York Hospital,
23 Co-Chair Legislative Affairs Committee, Pennsylvania
24 Society of Health-System Pharmacists, asked for
25 confirmation a letter of good standing was only

1 required if someone has a registration from another
2 state. Mr. Barret confirmed he was correct. Ms.
3 Trimmer mentioned, if the person was registered in
4 Pennsylvania, like an LPN, then she could pull the
5 information from PALS. Mr. Barrett also noted the
6 technician could also send in a screenshot of the
7 other state board's website with the pertinent
8 information in lieu of paying the other state to send
9 the Board a letter of good standing.]

10 ***

11 [Christine Roussel, Pharm.D., BCOP, BCSCP,
12 Chairperson, noted the next Board meeting was on June
13 23, 2026. She added, at the prior meeting, the
14 Center for Rural Pennsylvania presented and she
15 welcomed individuals who wanted to present at future
16 meetings.]

17 ***

18 Adjournment

19 MR. ESTERBROOK:

20 Motion to adjourn.

21 MS. HART:

22 Second.

23 CHAIR ROUSSEL:

24 No discussion. All right. Thank you,
25 guys, so much. This was very, very

1 helpful.

2 ***

3 [There being no further business, the State Board of
4 Pharmacy Meeting adjourned at 10:04 a.m.]

5 ***

6

7 CERTIFICATE

8

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

14

15

16



17

Erin Badstuebner,

18

Minute Clerk

19

Sargent's Court Reporting

20

Service, Inc.

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STATE BOARD OF PHARMACY
REFERENCE INDEX

June 11, 2026

TIME

AGENDA

8:30	Official Call to Order
8:33	Introduction of Board Members/Attendees
8:37	Report of Regulatory Counsel
9:52	Pharmacy Technician Registration
10:04	Adjournment