

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

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

MEETING OF:

STATE BOARD OF PHARMACY

TIME: 10:30 A.M.

Held at

PENNSYLVANIA DEPARTMENT OF STATE

2525 North 7th Street

CoPA HUB, Eaton Conference Room

Harrisburg, Pennsylvania 17110

as well as

VIA MICROSOFT TEAMS

June 23, 2026

State Board of Pharmacy
June 23, 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. - Absent
Yasmin Mukhtar, Office of Attorney General

BUREAU PERSONNEL:

Sean C. Barrett, Esquire, Board Counsel
Nathan C. Giunta, Esquire, Board Prosecution Liaison
Marc Farrell, Esquire, Regulatory Counsel, Office of
Chief Counsel
Ray J. Michalowski, Esquire, Senior Board Prosecutor
and Prosecution Liaison
Caroline Bailey, Esquire, Board Prosecutor
Sara Trimmer, Pharm.D., R.Ph., Executive Secretary
Willow Marsh, Legislative Aide, Office of Legislative
Affairs
Cory Ulisse, Pharm.D., Drug Program Specialist
Ashley P. Murphy, Esquire, Board Prosecution Liaison
Jonathan Blake, Esquire, Board Prosecutor
Jessica Zukoski, Senior Legal Analyst
Jason Giurintano, Esquire, Deputy Chief Counsel,
Counsel Division
Kathleen A. Mullen, Esquire, Executive Deputy Chief
Counsel Office of Chief Counsel
Alexa Davies, Legal Intern

ALSO PRESENT:

Rosa Kelly, Regional Supervisor, Northeast Pharmacy,
Costco Wholesale
Amanda Merranko, Director, Community Pharmacy
Services, UPMC
Heather Sakely, Pharm.D., BCPS, BCGP, Director,
Ambulatory Pharmacy Service, UPMC
Matti Hamed, Federal Investigator - Harrisburg, Drug
Enforcement Agency
Raymond Singley, Federal Investigator - Harrisburg,
Drug Enforcement Agency
Alison Panicola, Clinic Coordinator, Acme Markets

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ALSO PRESENT: (cont.)

Jennifer A. Sullivan, Pharm.D., CPPS, Pharmacy
Manager of Quality, WellSpan York Hospital
Terry Talbott, RPh., Pharmacy Advocate and Regulatory
Consultant, Founder, PraeScriptum Advisors
Michelle Mikus, Pharm.D., ConnectiveRX
Misha Patel, Esquire, Government Relations
Specialist, Pennsylvania Medical Society
Jill McCormack, State Government Affairs Director,
National Association of Chain Drug Stores (NACDS)
Jacquelyn Sassaman, Pentec Health
Geoffrey Christ, Senior Pharmacy Compliance Manager,
Chewy Pharmacy
Christopher Miller, Pharm.D., Director, Pharmacy
Quality and Compliance, Giant Eagle Inc.
Brittany Venturella, Pharm.D., CSP, Manager of
Clinical Specialty and Central Fill Pharmacy
Catherine Navagh, Pharm.D., RPh - REMS, ConnectiveRX
Pamela Koerner, Pharm.D., BCPS, Pantherx Rare
Victoria Elliott, R.Ph., CEO, Pennsylvania
Pharmacists Association
Julie Heaney, Coordinator, Outreach, Education &
Communications, Pennsylvania Medical Society
Lisa Braccini-Barletta, MBA, R.Ph., Director of
Pharmacy, Penn State Milton S. Hershey Medical
Center
Jermaine Smith, Vice President of State Advocacy,
National Association of Chain Drug Stores (NACDS)
Paul Darcangelo, Pharm.D., Manager, Lehigh Valley
Health System
Tracy O'Donnell, Manager, Pharmacy Clinical Programs,
ADUSA
Jennifer Welch, Pharm.D., Divisional Pharmacy
Manager, Acme Markets, Albertsons
Michelle Aytay, RPh, CDE, Manager, Pharmacy Affairs
at Walgreens
Judy Kutchman, Manager Professional Practices,
AllianceRx Walgreens Pharmacy
Trisha Miller, Pharm.D., MPH, BCACP, Ambulatory Care
& Public Health Pharmacy Leader, UPMC
Danielle DiCiolla, Manager Regulatory Affairs,
Cardinal Health
William Irvin, Director Regulatory Compliance, CVS
Caremark
Porscha Childs, Pharm.D., R.Ph., Pharmacovigilance
Patient Safety Specialist, Novo Nordisk

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ALSO PRESENT: (cont.)

Matthew Turner, Senior Pharmacy Manager, UPMC
Daniel Longyhore, Pharm.D., Ed.D., Geisinger Health
Mayank Amin, Pharm.D., R.Ph., Owner, Skipjack
Pharmacy
Regan Ceraso, RPh, Director of Quality and
Compliance, Grane Rx
Sarah S. Firda, Pharm.D., BCACP, Clinical Pharmacist,
Penn Medicine, University of Pennsylvania Health
System
Caroline (Carly) Ross, Pharmacy Manager, UPMC
Community Pharmacy Services
Rhonda Thomas, Pharm.D., MBA, BCPS, BCSCP,
Administrator of Pharmacy Services, Jefferson,
Treasurer, Pennsylvania Society of Health-System
Pharmacists
Jill Rebuck, Executive Director, Pennsylvania Society
of Health-System Pharmacists
Sean Young, Pharm.D., Main Line Health, Co-Chair
Legislative Affairs Committee, Pennsylvania Society
of Health-System Pharmacists
Meghan Dixon, Pharm.D., RPh, Clinical Pharmacy
Specialist, Giant Martins
Kevin Lundy, Vice President, Government Relations at
Bright Spring Health
Becky Taylor, Vice President of Pharmacy Service
Line, UPMC
Brian Simpkins, Pharm.D., BCPS, Director of Acute
Pharmacy Services, Geisinger College of Health
Sciences
Dustin Tighe, Learning Operations Manager, Chewy
Pharmacy
Bradley Dudeck, Pharm.D., Assistant Professor,
Geisinger College of Health Sciences
Ashley Addison, Pharm.D, Executive Fellow,
Pennsylvania Pharmacists Association
Anthony Bixler, R.Ph., WellSpan York Hospital, Co-
Chair Legislative Affairs Committee, Pennsylvania
Society of Health-System Pharmacists
Caroline O'Brien, CPhT-Adv, CVOP, Technician, Board
Member, Pennsylvania Society of Health-System
Pharmacists
Danielle Brigham, Ambulatory Care Pharmacist, UPMC
Dimiana Kolfa
Lily Phung, Pharm.D.

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ALSO PRESENT: (cont.)

Sarada, Vanguri

Alhaji Jalloh

Sarah Cronin

Lisa Kimbrough

Jeff M

Larry Jones, R.Ph.

Call In # 1-612-251-6508

Call In # 1-484-951-8593

Call In # 1-412-508-8291

Call In # 1-715-808-3765

Call In # 1-518-878-2811

Derek Richmond, Sargent's Court Reporting Service,
Inc.

1 ***

2 State Board of Pharmacy

3 June 23, 2026

4 ***

5 The scheduled meeting of the State
6 Board of Pharmacy was held on Tuesday, June 23, 2025.
7 Christine Roussel, Pharm.D., BCOP, BCSCP, Chairperson
8 called the meeting to order at 10:32 a.m.

9 ***

10 [Pursuant to Section 708(a)(5) of the Sunshine Act,
11 at 9:00 a.m., the Board entered into Executive
12 Session with Sean C. Barrett, Esquire, Board Counsel,
13 for the purpose of conducting quasi-judicial
14 deliberations and to receive the advice of Board
15 Counsel. The Board returned to open session at 10:30
16 a.m.]

17 ***

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

22 Mr. Barrett also noted, at 9:00 a.m., the Board
23 entered into Executive Session for the purpose of
24 conducting quasi-judicial deliberations on a number
25 of matters and to receive the advice of counsel.]

Introduction of Board Members/Attendees

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

Approval of Minutes

CHAIR ROUSSEL:

We want to amend the agenda, and I want
to seek approval for the minutes for
April 28th of 2026.

Are there any edits that you guys
found to the meeting minutes? Okay.

The June 11th minutes were just
published, so we're only going to
consider April 28th.

Is that acceptable to everyone?

Okay.

Anybody want to make a motion?

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MS. HART:

Hart, second.

CHAIR ROUSSEL:

Okay. Any discussion?

1 We'll call the vote.

2

3 Reed, aye; Hart, aye; Esterbrook, aye;
4 Claggett, aye; Mukhtar, aye; Roussel,
5 aye.

6 [The motion carried unanimously.]

7 ***

8 Amend the Agenda

9 MR. BARRETT:

10 Based on discussion, the Board Chair
11 would entertain a motion to amend the
12 Agenda to add a discussion item for the
13 Act 34 of 2025 notice for approval.

14 ACTING COMMISSIONER CLAGGETT:

15 Claggett, so moved.

16 MS. HART:

17 Hart, second.

18 CHAIR ROUSSEL:

19 Any discussion?

20 We'll call the vote.

21

22 Reed, aye; Hart, aye; Esterbrook, aye;
23 Claggett, aye; Mukhtar, aye; Roussel,
24 aye.

25 [The motion carried unanimously.]

Discussion - Act 34 of 2025

[Sean C. Barrett, Esquire, Board Counsel, referred to a draft version of the notice required under Act 34 of 2025 for the Board's consideration and approval.

Mr. Barrett explained the requirement under Act 34 of 2025 for pharmacists to post a notice for customers related to the pricing of drugs and providing information on finding health care insurance at pennie.com. The notice will also provide the link to the Pharmacy Board's website.]

MR. BARRETT:

Based on discussion and no other comments, the Board Chair would entertain a motion to approve the notice under Act 34 of 2025.

ACTING COMMISSIONER CLAGGETT:

Claggett, so moved.

MS. HART:

Hart, second.

CHAIR ROUSSEL:

Any discussion?

We'll call the vote.

Reed, aye; Hart, aye; Esterbrook, aye;

1 Claggett, aye; Mukhtar, aye; Roussel,
2 aye.

3 [The motion carried unanimously.]

4 ***

5 [Before the appointments, Sean C. Barrett, Esquire,
6 Board Counsel, noted that any opinions offered by any
7 presenters were not necessarily the opinions of the
8 Board. None of the information is intended to
9 provide legal advice, and because the Board is having
10 someone present should not be taken as an approval or
11 disapproval by the Board to conduct a pharmacy in any
12 manner, nor under the rules and regulations of the
13 Board.]

14 ***

15 Appointment - Pharmacy Locker Presentation

16 [Rosa Kelly, Regional Supervisor, Northeast Pharmacy,
17 Costco Wholesale, voiced her appreciation to the
18 Board for the opportunity to present on Costco's
19 Fastlane Delivery Kiosk Program in order to move
20 forward with its installation. She discussed a
21 collective goal to improve access to healthcare and
22 prescription medications as the patient population
23 ages.

24 Ms. Kelly discussed expanding of Costco pharmacy
25 hours at locations where prescription volume warrants

1 to assist patients looking for pharmacies as
2 competitors close their doors. Prescription pickup
3 lockers will be installed in Costco pharmacies across
4 the Commonwealth to expand prescription pickup
5 options, especially on Sundays or in the evenings
6 when the pharmacies are closed. She explained how
7 the lockers preserve the pharmacist resources.

8 Ms. Kelly provided details on the kiosks. The
9 lockers are optional for the patient. An audio/video
10 consultation on the kiosk is provided with a licensed
11 pharmacist. When the pharmacy is closed, remote
12 pharmacists licensed in Pennsylvania provide the
13 consultation. A list of licensed pharmacists to
14 assist Costco was provided to the Board.

15 The locker may be assigned pharmacy, optical, e-
16 commerce or a combination of items. There are
17 multiple layers of physical and electronic security,
18 including video capture of all interactions with
19 kiosk. Robust policies and procedures are followed
20 regarding reconciliation, maintenance, and
21 emergencies.

22 Ms. Kelly reviewed the policies and procedures
23 for excluded prescriptions, locker audits and
24 inspections, security cameras, need for manual
25 opening of lockers, controlled locker temperatures,

1 and patient consent for locker pickup. She referred
2 to images of a pharmacy kiosk and a high-volume kiosk
3 configuration for the Board's review.

4 Ms. Kelly reviewed the PA legislature and laws on
5 lockers, noting hospital centers in Pennsylvania that
6 offer prescription locker pickup, which are
7 generations older than the proposed lockers of
8 Costco. She noted Delaware recently approved the
9 locker prototype. The kiosks are live in Virginia,
10 and New Jersey recently voted to move forward with
11 the approval process for the lockers. Ms. Kelly
12 discussed the practice of pharmacy expanding into
13 innovation to address the needs of the aging
14 population and pharmacy staff limitations.

15 Ms. Kelly outlined the specifics of the Costco
16 lockers, such as easy access for patients, filled and
17 verified prescriptions by PA licensed pharmacists,
18 real-time audio/visual consultations, physical
19 electronic security, and robust policies and
20 procedures. She provided a visual of the segregated
21 bin assignments on the lockers. A slide reflecting
22 the levels of access to the kiosks was discussed.

23 Ms. Kelly detailed the prescription locker
24 workflow for a locker pickup from when the patient
25 chooses locker pickup, receives a prescription ready

1 text, assignment of locker, and patient receipt of a
2 unique locker code for pickup. The item is returned
3 to stock if not picked up within eight days.

4 Ms. Kelly played videos depicting the loading and
5 pickup of the prescriptions in an iLocal unit. A
6 sample text message sent to the patient was
7 displayed, noting a link for payment of prescription.
8 She presented a slide stating the states that have
9 live kiosks, noting a current total of 150 Costco
10 lockers with additional installations weekly. She
11 noted information regarding patient and warehouse
12 feedback. Ms. Kelly stated Costco was moving forward
13 with the installation of the lockers with
14 finalization being the end of March 2027.

15 Mr. Barrett stated the Board was neither
16 approving or disapproving the kiosks. The
17 presentation was to notify the Board of new
18 technologies. All licensees are expected to comply
19 with the Practice Act and regulations. He advised
20 pharmacies to consult their attorneys regarding the
21 installation of technology under the law in the
22 Commonwealth of Pennsylvania.

23 Ms. Kelly stated legal counsel was consulted on
24 the matter, and Costco was moving forward with the
25 installation of kiosks in Pennsylvania.

1 Mr. Reed questioned why pet meds were excluded.
2 Ms. Kelly explained pet meds are not eligible for the
3 Pay-Ahead program due to taxation rules against
4 veterinary prescriptions, but eventually will be
5 eligible.

6 Anthony Bixler, R.Ph., WellSpan York Hospital,
7 questioned pickup for multiple medications, one being
8 a controlled substance. Ms. Kelly explained the link
9 for Pay-Ahead would identify the controlled substance
10 as not eligible for locker pickup.]

11 ***

12 Appointment - Rural Health Transformation Initiatives
13 [Amanda Merranko, Director, UPMC Community Pharmacy
14 Services, and Heather Sakely, Pharm.D., BCPS, BCGP,
15 Director, UPMC Ambulatory Pharmacy Service, presented
16 to discuss barriers to medication access in rural
17 Pennsylvania, especially as Pennsylvanians age and
18 pharmacies close.

19 Ms. Merranko referred to a map depicting the
20 pharmacy closures and deserts from 2020 to 2025,
21 specifically at UPMC Kane. She reviewed barriers for
22 patients to obtain medications following discharge,
23 which creates patient safety and health equity
24 concerns. Reasons for why post-discharge medication
25 access matters was delineated, such as MOUD

1 initiation and higher risk for ED visits and
2 readmissions.

3 Ms. Merranko noted a study published in *Heart,*
4 *Lung and Circulation* evaluated the potential to
5 decrease avoidable readmission in patients with heart
6 failure. She discussed policy opportunities for
7 Pennsylvania through its regulations by creating ways
8 to increase medication access at discharge and being
9 creative with the definition of a pharmacy. States,
10 such as Ohio, are supporting hybrid pharmacy
11 licensure in hospitals.

12 Ms. Sakely discussed her practice with seeing
13 patients in an outpatient geriatric clinic. She
14 noted many ways patients do not get their prescribed
15 medications. She detailed the role of an ambulatory
16 pharmacist, especially in the rural areas, and
17 modernizing pharmacy care.

18 Ms. Sakely suggested expanding the role of
19 pharmacy interns and technicians for engagement with
20 the patients. She reiterated the need for a hybrid
21 license within hospitals. She referred to the Costco
22 kiosks as being innovative. She discussed options
23 for the modernization of the pharmacy workforce
24 regulations.

25 Jill Rebuck, Executive Director, Pennsylvania

1 Society of Health-System Pharmacists, voiced PSHP's
2 membership support of remote monitoring and kiosks.
3 She noted the health systems are very interested in
4 the hybrid licenses.

5 Brian Simpkins, Pharm.D., BCPS, Director of Acute
6 Pharmacy Services, Geisinger College of Health
7 Sciences, discussed actively working to improve med-
8 to-bed programs and pursuing new innovative
9 strategies to make pharmacy services available to
10 all.]

11 ***

12 Appointment - Decoding DEA Regulations
13 [Matti Hamed, Federal Investigator - Harrisburg, Drug
14 Enforcement Agency, and Raymond Singley, Federal
15 Investigator - Harrisburg, Drug Enforcement Agency,
16 presented on decoding DEA Regulations.

17 Ms. Hamed noted the presentation would provide
18 clarity to the public regarding existing requirements
19 under DEA law and policies. She outlined the process
20 for DEA's Controlled Substance Ordering System (CSOS)
21 record keeping. Electronic records are permitted for
22 DEA's record keeping requirements. The electronic
23 D222 form can be reconciled to meet the Code of
24 Federal regulations.

25 Ms. Hamed discussed the steps for an DEA audit.

1 A supplier may generate electronic reports through
2 CSOS for review in the audit. All orders must be
3 reconciled. She referred to an audit as balancing a
4 checkbook, comparing the debits and the credits. The
5 debits are the receiving records, such as the
6 invoices, DEA Form 222 and CSOS reports. DEA numbers
7 must be included on the forms. Ms. Hamed explained
8 how the biennial (beginning) inventories are counted.

9 Ms. Hamed reviewed what is considered as credits,
10 such as dispensation records, sales records,
11 theft/loss records, destruction records, and closing
12 inventory. DEA audits are performed before opening
13 hours to not disrupt the pharmacy's ability to
14 dispense to patients. A physical count of medication
15 on hand is conducted by pharmacy staff, monitored by
16 DEA staff. At least eight controlled substances are
17 counted and verified by the NDC numbers, both generic
18 and name brands.

19 Ms. Hamed explained theft/loss reporting
20 requirements. A theft or loss must be reported in
21 writing (email) to the DEA within one business day.
22 A DEA form 106 must be completed within 45 calendar
23 days. The supplier is responsible for any loss in
24 transit. Local police should also be contacted for
25 any thefts.

1 Ms. Hamed reviewed the six factors to consider
2 for theft/loss reporting under the Code of Federal
3 Regulations. She presented scenarios for identifying
4 quantity, specific controlled substances, attributes
5 to the loss, pattern of losses, substance candidates
6 for diversion, and local trends for missing
7 controlled substances.

8 Ms. Hamed explained the Code of Federal
9 Regulations were written for multiple types of
10 business. She urged all to reach out to the DEA for
11 information and assistance on reporting.

12 Ms. Hamed provided information to mitigate many
13 issues. She noted compounding pharmacies must do an
14 exact measurement of Schedule III-V controlled
15 substances for inventories. A system should be set
16 up for accountability records for extemporaneous
17 compounding. She referred all to the Pharmacy Manual
18 on the DEA Diversion Control Division/Publications &
19 Manuals website.

20 Raymond Singley provided a scenario of
21 incorrectly uploading information to the Prescription
22 Drug Monitoring Program (PDMP) when a pharmacy sells
23 to a doctor and setting off red flags. He cautioned
24 to carefully check quantities of all controlled
25 substances when received from supplier. He stressed

1 the importance of documenting all counts. Mr.
2 Singley discussed looking at non-controlled
3 substances as an indicator of theft.

4 Chair Roussel stated hospitals monitor Zofran,
5 Benadryl, Gabapentin and Propofol. She discussed the
6 minimum weighable quantity of a pharmaceutical
7 balance and where volume is lost.

8 Ms. Hamed and Mr. Singley answered questions
9 regarding the standard of counting for a biennial
10 inventory. The need to keep good records was
11 emphasized no matter the facility. The specific
12 rules for the destruction of end-user medication were
13 reviewed, noting the DEA Pharmacist Manual.

14 The utilization of systems for electronic
15 receiving and documentation as opposed to paper-based
16 for record keeping was discussed.

17 The presenters and public were recognized for
18 their informative discussion.]

19 ***

20 Report of Board Prosecution -

21 [Christine Roussel, Pharm.D., BCOP, BCSCP,
22 Chairperson, reported there was no official report
23 from Board Prosecution; however, she asked if there
24 were any updates to the inspection form related to
25 compliance with compounding and what the Board could

1 do in support.

2 Ray J. Michalowski, Esquire, Senior Board
3 Prosecutor and Prosecution Liaison, replied the
4 inspection form in question was not under the purview
5 of Prosecution but was rather a discussion between
6 the Board and BEI as the inspections were not
7 investigative. He noted Prosecution is always able
8 to advise and help with the process; however, they
9 are not the driving force behind compounding
10 compliance inspections.

11 Mr. Barrett shared the last update he had from
12 BEI was there was an issue updating the forms with
13 the PALS system; however, an update could be
14 implemented with the new system.

15 Acting Commissioner Claggett noted BEI could be
16 invited to a meeting for discussion. Mr. Michalowski
17 added BEI had just transitioned to a new director who
18 was very cooperative.

19 Chair Roussel shared some of the Board Members
20 went to NABP (National Association of Boards of
21 Pharmacy) for their annual meeting, and she
22 volunteered on the resolutions committee. One of
23 the committee's initiatives was to look at the
24 standard NABP blueprint for inspections. The
25 document for 797 and 795 is 125 pages long. She

1 noted she would be satisfied if Pennsylvania's
2 inspection form filled the page from edge to edge.

3 Mr. Michalowski stated the issue with NABPs
4 inspection form is that they have to accommodate the
5 rules and regulations for all jurisdictions in the
6 form. Chair Roussel appreciated his perspective;
7 however, NABP was trying to not accommodate all
8 states but to stick to USP standards and have other
9 states adopt their form to have consistent
10 inspections across multiple jurisdictions.

11 Mr. Michalowski noted a lot of states also
12 separately license compounding pharmacies while
13 Pennsylvania does not. Chair Roussel agreed and
14 added the Board also can not start asking questions
15 of licensees just due to the Board's interests. Mr.
16 Barrett commented the Board could ask questions in a
17 survey but could not do anything legally binding. In
18 addition, he noted any additional license classes
19 would be a change coming from the General Assembly.

20 Geoffrey Christ, Senior Pharmacy Compliance
21 Manager, Chewy Pharmacy commented he was not touting
22 a 125-page inspection form; however, he shared Chewy
23 Pharmacy had run into issues during the opening
24 inspection of their sterile/non-sterile compounding
25 facility. Many jurisdictions deemed the Pennsylvania

1 inspection form to be inadequate because it does not
2 include anything regarding compliance with 797 and
3 800. He advocated for a more robust form.

4 Chair Roussel thanked Mr. Christ for sharing.
5 She noted she is not advocating for any changes to
6 the legislation about licensing types.]

7 ***

8 Report of Board Counsel - No Report

9 ***

10 Report of Regulatory Counsel

11 [Marc Farrell, Esquire, Regulatory Counsel, Office of
12 Chief Counsel, stated one year ago the Board had six
13 open regulations and were now down to three open
14 packages. Regulation 16A-5432, Licensure by
15 Endorsement was delivered to Independent Regulatory
16 Review Commissioner (IRRC) and was scheduled to be
17 deemed approved at their July 16, 2026 meeting.
18 Regulation 16A-5435, ABC-MAP Opioid Education, is in
19 the proposed rulemaking stage.

20 Mr. Farrell explained 16A-5427, General
21 Revisions, was the main topic of the special
22 regulatory meeting held 12 days prior. The purpose
23 of the meeting was to get clear Board guidance on law
24 exams and to solicit Board feedback and input on the
25 Preamble. He noted generally the Preamble is not

1 circulated to stakeholders for input, adding there
2 was not a document to share with stakeholders for the
3 special meeting. He acknowledged consternation from
4 stakeholders that it was difficult to follow the
5 meeting without the Preamble. He emphasized all
6 stakeholder input is reflected in the Annex within
7 the changes. He added the Preamble is the supporting
8 document.

9 Mr. Farrell reported Regulatory Counsel was still
10 in the process of making changes to the Preamble
11 based on discussions during the special meeting and
12 he planned to bring it to the Board for review at
13 their next meeting. He described the intended
14 timeline, noting his goal was to publish the package
15 as proposed before the end of the year, triggering
16 the 30-day public comment period and IRRC comment
17 period. He hoped there would not be many comments
18 thanks to the input received during the process,
19 thereby allowing a quick turnaround to the final
20 package. He explained at the end of the legislative
21 session in even years, around November 30th, sine die
22 happens when the legislature adjourns. Sine die
23 creates a regulatory blackout period where no new
24 final rulemakings can be submitted until new
25 committees are formed around mid-February. He

1 envisioned submitting the final package mid-February
2 2027, with IRRC approval potentially in March or
3 April.

4 Mr. Barrett commented the sine die period would
5 be good timing. Mr. Farrell agreed, noting the
6 blackout period would be a good time to complete the
7 work needed to submit as soon as the committees are
8 published.

9 Chair Roussel asked if there was a map of the
10 regulatory process which the Board could have. Mr.
11 Farrell confirmed he had a map which he would send to
12 the Board.]

13 ***

14 [Regan Ceraso, RPh, Director of Quality and
15 Compliance, Grane Rx, commented on previous
16 discussion regarding compounding inspection forms.
17 She noted over the past six to ten years, there have
18 been several states which did not accept the
19 Pennsylvania inspection form, requiring Grane Rx to
20 use the VPP (Verified Pharmacy Program) inspection to
21 keep their license in those states as a compounding
22 pharmacy. She added Grane Rx would support a more
23 robust inspection form.

24 Chair Roussel asked for an estimate of the money
25 spent on the VPP inspections over the years. Ms.

1 Ceraso replied inspections are required every two
2 years at between \$6,000 and \$8,000. Chair Roussel
3 estimated Grane RX had spent approximately \$50,000 to
4 have outside licensure because the state form does
5 not meet their needs.]

6 ***

7 Report of Regulatory Counsel (cont.)

8 [Chair Roussel noted the opioid education package was
9 separate from the general revisions and asked if
10 people had comments, if they should submit the
11 comments separately.]

12 Mr. Barrett explained an exposure draft was sent
13 out and the comment period just closed. However,
14 because he was still looking at the comments, he had
15 not made any changes to the Annex yet and encouraged
16 anyone who still had comments to send them in. He
17 planned to present the Annex and comments at the next
18 meeting.]

19 ***

20 Report of Board Chairperson

21 [Christine Roussel, Pharm.D., BCOP, BCSCP,
22 Chairperson, stated she hoped everyone was enjoying
23 the content the Board was bringing into the meetings
24 from entities like the DEA, Center for Rural
25 Pennsylvania, and Department of Health. She

1 encouraged everyone submit ideas and questions for
2 future education.

3 She reported Board Members, including herself,
4 recently attended the NABP annual meeting which
5 allows them to be better in their roles as the Board,
6 with the first role being to protect the public. At
7 the NABP meeting, she attended an educational
8 presentation which specifically looked at alternative
9 funding programs. The presentation looked at
10 complaints being received from patients who were
11 receiving medications shipped to them in non-English
12 packaging. One of the main cases was Biktarvy, an
13 HIV medication, being routed through third party
14 vendors by insurance plans, leading to shipments from
15 other countries, like Turkey, straight to patients'
16 homes. She noted there was an ongoing major lawsuit
17 related to the Biktarvy case; however, the same was
18 happening from Mexico, African countries, and Canada.
19 She added, when prescriptions are rerouted through
20 Canada, they are often counterfeit medications, not
21 Canadian medications. She explained the FDA is aware
22 but has declined to issue formal guidance while all
23 reaffirming most drug importation outside of
24 authorized state programs is generally not permitted
25 and may expose patients to unapproved or unsafe

1 medications.

2 Mr. Esterbrook commented on a presentation
3 regarding deceptive issues and scams. A current
4 scam, involving expensive non-controlled medications
5 involves a pharmacy's wholesaler account essentially
6 being hacked. An order is placed for \$10,000 to
7 \$20,000 on a single invoice and then upon delivery,
8 the scammers have a courier pick up the medications.
9 He encouraged all pharmacies in Pennsylvania to be
10 aware of who they are speaking to and verifying any
11 special couriers. Chair Roussel commented

12 wholesalers probably have education for pharmacies
13 because the counterfeiters are posing as wholesalers.

14 Chair Roussel introduced new Board Member, Yasmin
15 Mukhtar, Office of Attorney General. Ms. Mukhtar
16 shared she was a Senior Deputy Attorney General out
17 of the Pittsburgh office. Chair Roussel welcomed Ms.
18 Mukhtar, adding it was important to have a balance
19 between pharmacists and non-pharmacists on the Board.

20 Ms. Mukhtar commented her office is very concerned
21 about access to healthcare which is a focus for the
22 Attorney General. Chair Roussel thanked Ms. Mukhtar,
23 noting the Board looked forward to hearing more about
24 how the Attorney General is passionate about access
25 to healthcare including medications and pharmacist

1 clinical services.]

2 ***

3 Report of Acting Commissioner - No Report

4 ***

5 Report of Executive Secretary - No Report

6 ***

7 [Mr. Barrett noted there was a chat comment asking
8 about how to receive emails regarding regulations.
9 He explained there was a link on the Board's website
10 to sign up for emails and for the stakeholder list.

11 In addition, Mr. Farrell put the resource account
12 information into the chat for comments to be sent
13 to.]

14 ***

15 Report of Board Members - No Report

16 ***

17 Review of Applications

18 MR. BARRETT:

19 Based on Executive Session discussions
20 with the Board, I believe the Board
21 Chair would entertain a motion to
22 provisionally deny the application of
23 Jason Holland, Mark Manfred, Donovan
24 Rutledge, Sarah Schneider, and Scott
25 Settnek.

1 ACTING COMMISSIONER CLAGGETT:

2 Claggett, so moved.

3 MS. HART:

4 Hart, second.

5 CHAIR ROUSSEL:

6 Would anyone like any discussion?

7 Hearing no discussion, let's call the
8 vote.

9

10 Reed, aye; Hart, aye; Esterbrook, aye;
11 Claggett, aye; Mukhtar, aye; Roussel,
12 aye.

13 [The motion carried unanimously.]

14 ***

15 MR. BARRETT:

16 Based on Executive Session, I believe
17 the Board Chair would entertain a
18 motion to provisionally deny the
19 application of Shawn Yingling as a
20 pharmacy technician.

21 ACTING COMMISSIONER CLAGGETT:

22 Claggett, so moved.

23 MS. HART:

24 Hart, second.

25 CHAIR ROUSSEL:

1 Any discussion? Call the vote.

2

3 Reed, aye; Hart, aye; Esterbrook, aye;
4 Claggett, aye; Mukhtar, aye; Roussel,
5 aye.

6 [The motion carried unanimously.]

7

8 MR. BARRETT:

9 Item No. 15, Geisinger Medical Center
10 Pharmacy. This is the one where the
11 Chairperson Roussel did recuse from.

12 Based on Executive Session
13 deliberations, I believe the Chair
14 would entertain a motion to approve the
15 change in location for the satellite
16 pharmacy.

17 ACTING COMMISSIONER CLAGGETT:

18 Claggett, so moved.

19 MS. HART:

20 Second.

21 CHAIR ROUSSEL:

22 Discussion? Call the vote.

23

24 Reed, aye; Hart, aye; Esterbrook, aye;
25 Claggett, aye; Mukhtar, aye; Roussel,

1 recuse.

2 [The motion carried. Chair Roussel was recused from
3 deliberations and voting on the matter.]

4 ***

5 Discussion - Pharmacy Technician Registration

6 [Christine Roussel, Pharm.D., BCOP, BCSCP,
7 Chairperson, highlighted the great job being done by
8 Mr. Barrett, noting he worked to approve as many
9 applications as possible to reduce the number needing
10 Board approval. She also acknowledged the importance
11 of the technician workforce.

12 Mr. Barrett stated he sees only a fraction of the
13 applications submitted and the credit should go to
14 Ms. Trimmer and BPOA staff who are working to get as
15 many applications processed as possible including
16 until 9:00 p.m. during the week and on Saturdays.

17 Ms. Trimmer stated almost 17,000 registrations
18 were issued through that morning. She noted staff is
19 working to process as quickly as possible to evaluate
20 applications. She added employers asking technicians
21 to call hinders the process if they have not checked
22 their status on their PALS account. She explained
23 the difference between pending review, completed or
24 discrepancy statuses. She added wait times are
25 insane due to being inundated with applications and

1 phone calls.

2 Mr. Barrett recognized Ms. Trimmer and her team
3 are working through the process, even on Saturdays.
4 He noted the Board and staff tried to get ahead by
5 encouraging early applications in anticipation of a
6 late rush.

7 Jill Rebuck, Executive Director, Pennsylvania
8 Society of Health-System Pharmacists asked how many
9 applications were still pending or were in the queue
10 to be reviewed. Ms. Trimmer replied processing is
11 running at about 16 days. She added another report
12 period would be ending that night and she anticipated
13 the processing time would be reduced further thanks
14 to overtime. Ms. Rebuck restated her question,
15 asking for the approximate number of remaining
16 technician registrant applications still to be
17 processed. Acting Commissioner Claggett stated there
18 are so many applications in the queue with more
19 received every day so there was not a specific number
20 which could be given.

21 Lisa Braccini-Barletta, MBA, R.Ph., Director of
22 Pharmacy, Penn State Milton S. Hershey Medical
23 Center, asked if the Board would grant any
24 consideration for technicians to continue practicing
25 after June 28, 2026 if their application was

1 submitted prior to June 28 but was still pending.

2 Mr. Barrett explained the date of June 28th was
3 set by statute by the General Assembly. The Board
4 had no ability to waive, modify, or expand the
5 requirement. If an application is still pending
6 after June 28th, it does not give the person the
7 legal status to practice as a pharmacy technician in
8 Pennsylvania until the registration is actually
9 issued. He noted the Board made every effort to
10 reiterate the need to get applications in early in
11 anticipation of the late rush. In addition, he noted
12 neither the Board, nor Prosecution could comment on
13 if prosecution of individuals would be recommended.

14 Larry Jones, R.Ph., commented on a conflict he
15 saw with people registering as both pharmacy
16 technicians and pharmacy interns. He stated pharmacy
17 interns should supersede pharmacy technicians
18 regardless of what the employer wants. He added
19 having dual registration could potentially confuse
20 inspectors as well as confuse job descriptions.

21 Chair Roussel acknowledged his comments, noting
22 the Board recognizes that interns are distinct from
23 technicians and that although an intern can do all
24 the functions of a technician, technicians cannot do
25 the functions of an intern. She encouraged all

1 pharmacies to ensure their human resource departments
2 understood the differences between the two roles.

3 Mr. Jones asked if an inspector came in and an
4 intern was in the job description of a technician but
5 was performing advanced duties allowed as an intern,
6 would the inspector cite the pharmacy based on the
7 job description.

8 Mr. Barrett stated the Board is only concerned
9 with the person performing the job they are
10 registered as and not with the job title. He
11 emphasized the Board looks at the job duty being
12 performed. If a person is a registered pharmacy
13 technician performing technician duties, then they
14 are good. If a person is a pharmacy intern
15 performing things an intern can do, then they are
16 good.

17 Mr. Jones reiterated his concerns with potential
18 conflicts. Mr. Barrett restated an intern can
19 generally do any tasks performed by a technician. He
20 added there have been situations where someone has
21 both registrations and from the Board's perspective,
22 there is nothing wrong.

23 Geoffrey Christ, Senior Pharmacy Compliance
24 Manager, Chewy Pharmacy noted there was discussion
25 regarding access to healthcare and pharmacy deserts,

1 both in rural and urban areas. He shared Chewy
2 operates a multi-jurisdictional practice and employs
3 a great number of technicians. He noted they
4 submitted over 200 applications and were still
5 waiting to get back a number of them. He
6 acknowledged the Board had no wiggle room under the
7 statute to adjust the deadline. He stated Chewy was
8 likely not the only site where the workforce was
9 likely to be impacted if registrations were not
10 processed by June 28th. He added there would like be
11 additional strains on the drug delivery system
12 throughout the state.]

13 ***

14 Discussion - Law Exam Question Review
15 [Christine Roussel, Pharm.D., BCOP, BCSCP,
16 Chairperson, explained the Board needed to approve a
17 specific person to review law exam questions for the
18 Board. She recommended Terry Talbot for the role.]

19 ***

20 MR. BARRETT:

21 Based on the discussion, I believe the
22 Board Chair would entertain a motion to
23 approve Terry Talbot to review the law
24 exam questions for the MPJE for 2026.

25 ACTING COMMISSIONER CLAGGETT:

1 Claggett, so moved.

2 MS. HART:

3 Hart, second.

4 CHAIR ROUSSEL:

5 Any discussion? Call the vote.

6

7 Reed, aye; Hart, aye; Esterbrook, aye;

8 Claggett, aye; Mukhtar, aye; Roussel,

9 aye.

10 [The motion carried unanimously.]

11 ***

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

13 Chairperson, noted it was potentially Ms. Hart's last

14 meeting with the Board. She presented Ms. Hart with

15 a plaque commemorating her 12 years on the Board.]

16 ***

17 Public Comment - None.

18 ***

19 Adjournment

20 CHAIR ROUSSEL:

21 I would like to see if anybody would

22 like to now put forth a motion to

23 adjourn the meeting.

24 ACTING COMMISSIONER CLAGGETT:

25 Claggett, so moved.

1 MS. HART:

2 Hart, second.

3 CHAIR ROUSSEL:

4 Any discussion? I think we are in consensus to
5 adjourn the meeting.

6 ***

7 [There being no further business, the State Board of
8 Pharmacy Meeting adjourned at 12:30 p.m.]

9 ***

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CERTIFICATE

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



Derek Richmond,

Minute Clerk

Sargent's Court Reporting
Service, Inc.

STATE BOARD OF PHARMACY
REFERENCE INDEX
June 23, 2026

TIME	AGENDA
9:00	Executive Session
10:30	Return to Open Session
10:30	Official Call to Order
10:32	Introduction of Board Members/Attendees
10:34	Approval of Minutes
10:35	Amendment of Agenda
10:35	Discussion
10:38	Appointment - Pharmacy Locker presentation
10:57	Appointment - Rural Health Transformation Initiatives
11:10	Appointment - Decoding DEA Regulations
10:47	Report of Prosecution
11:53	Report of Regulatory Counsel
12:03	Report of Chairperson
12:11	Review of Applications
12:14	Discussion
12:30	Adjournment