

OFFICE OF THE SECRETARY OF STATE

SHEMIA FAGAN  
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CHERYL MYERS  
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ARCHIVES DIVISION

STEPHANIE CLARK  
DIRECTOR

800 SUMMER STREET NE  
SALEM, OR 97310  
503-373-0701

**NOTICE OF PROPOSED RULEMAKING**  
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 855  
BOARD OF PHARMACY

**FILED**

10/25/2022 3:45 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE

FILING CAPTION: Proactive procedural rule review; Creates new Division 115 for Pharmacists

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 11/22/2022 4:30 PM

*The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.*

CONTACT: Rachel Melvin  
971-673-0001  
pharmacy.rulemaking@bop.oregon.gov

800 NE Oregon St., Suite 150  
Portland, OR 97232

Filed By:  
Rachel Melvin  
Rules Coordinator

HEARING(S)

*Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.*

DATE: 11/22/2022

TIME: 9:30 AM

OFFICER: Rachel Melvin

ADDRESS: Oregon Board of Pharmacy  
800 NE Oregon St., Suite 150  
Portland, OR 97232

SPECIAL INSTRUCTIONS:

This hearing meeting will be held virtually via Microsoft Teams.

If you wish to present oral testimony during this hearing, sign up on our website at [www.oregon.gov/pharmacy/pages/rulemaking-information](http://www.oregon.gov/pharmacy/pages/rulemaking-information) or email your contact information to [pharmacy.rulemaking@bop.oregon.gov](mailto:pharmacy.rulemaking@bop.oregon.gov) to receive the link to join the virtual meeting. Please indicate which rule(s) you would like to comment on.

Alternatively, you may dial  
503-446-4951  
Phone Conference ID:  
146 611 440#  
for audio only.

You must submit written comments before 4:30PM on November 22, 2022. Email written comments to [pharmacy.rulemaking@bop.oregon.gov](mailto:pharmacy.rulemaking@bop.oregon.gov).

NEED FOR THE RULE(S)

The proposed rules are based on input provided by the board during both 2020-2024 and 2022-2026 strategic planning meetings in November 2019, November 2020 and November 2021. During these meetings the board requested that rules be updated to clearly articulate the responsibilities of a pharmacist and functions that only a pharmacist may

perform. In October 2022, the board moved to send this package of proposed rules to the November 22, 2022 rules hearing for the purposes of soliciting feedback from stakeholders and the public. The board does not intend to adopt these rules at the December 2022 meeting but will consider comments provided via rulemaking, propose further revisions to these rules, and send through rulemaking again in 2023 to solicit additional feedback prior to considering the adoption of rules concerning Pharmacists. The proposed rules create a new Division 115 for Pharmacists, relocates and reorganizes existing Pharmacists rules from Division 019, Division 020, Division 031 and Division 041 into this new division. If the board adopts Division 115, existing rules related to Pharmacists would be repealed in Division's 019, 020, 031 and 041.

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#### DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

2022 - 2026 Strategic Plan [https://www.oregon.gov/pharmacy/Documents/OBOP\\_Strategic\\_Plan\\_2022-2026.pdf](https://www.oregon.gov/pharmacy/Documents/OBOP_Strategic_Plan_2022-2026.pdf)

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#### STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

Reorganizing proposed rules may provide clarity, transparency and promote patient safety, no effects on racial equity are anticipated. Ensuring licensees and registrants can easily locate licensure and compliance requirements will positively impact all Oregonians in all communities.

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#### FISCAL AND ECONOMIC IMPACT:

None anticipated.

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#### COST OF COMPLIANCE:

*(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).*

There are no known economic impacts to the agency, other state or local government, small businesses or members of the public.

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#### DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses were not involved in the development of proposed revisions to these rules.

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#### WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

Board staff suggests reorganizing proposed rules for transparency and clarity for licensees pursuant to the board's 2022-2026 Strategic Plan.

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#### RULES PROPOSED:

855-019-0100, 855-019-0120, 855-019-0122, 855-019-0123, 855-019-0125, 855-019-0130, 855-019-0140, 855-019-0150, 855-019-0160, 855-019-0170, 855-019-0171, 855-019-0200, 855-019-0205, 855-019-0220, 855-019-0230, 855-019-0240, 855-019-0250, 855-019-0260, 855-019-0265, 855-019-0270, 855-019-0280, 855-019-0290, 855-019-0310, 855-019-0460, 855-019-0470, 855-020-0200, 855-031-0045, 855-041-3000, 855-041-3300, 855-041-3305, 855-041-3310, 855-041-3315, 855-041-3320, 855-041-3325, 855-041-3330, 855-041-3335, 855-041-3340, 855-115-0001, 855-115-0005, 855-115-0010, 855-115-0013, 855-115-0016, 855-115-0019, 855-115-0020, 855-115-0030, 855-115-0040, 855-115-0043, 855-115-0046, 855-115-0055, 855-115-0060, 855-115-0063, 855-115-0066, 855-115-0070, 855-115-0072, 855-115-0074, 855-115-0076, 855-115-0082, 855-115-0084, 855-115-0086, 855-115-0100, 855-115-0105, 855-115-0110, 855-115-0115, 855-115-0120, 855-115-0125, 855-115-0130,

855-115-0135, 855-115-0140, 855-115-0145, 855-115-0180, 855-115-0185

REPEAL: 855-019-0100

RULE SUMMARY: If Division 115 is adopted, Division 019 will be repealed. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0100~~

~~Application~~

~~(1) This Division applies to any pharmacist who is licensed to practice pharmacy in Oregon including any pharmacist located in another state who is consulting, or providing any other pharmacist service, for a patient, pharmacy or healthcare facility in Oregon.¶¶~~

~~(2) Where so indicated, these rules also apply to an intern who is licensed in Oregon.¶¶~~

~~(3) Any pharmacist who engages in the practice of pharmacy in Oregon must be licensed by the Board in accordance with the following rules.¶¶~~

~~(4) A pharmacist who is located in another state and who engages in the practice of pharmacy for a patient, drug outlet or healthcare facility in Oregon, must be licensed by the Board in accordance with the following rules, except that a pharmacist working in an out-of-state pharmacy, who only performs the professional tasks of interpretation, evaluation, DUR, counseling and verification associated with their dispensing of a drug to a patient in Oregon, is not required to be licensed by the Board unless they are the pharmacist in charge (PIC).¶¶~~

~~(5) The Board may waive any requirement of this rule if, in the Board's judgment, a waiver will further public health or safety. A waiver granted under this section shall only be effective when issued in writing.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151, 689.155, 689.255~~

REPEAL: 855-019-0120

RULE SUMMARY: If Division 115 is adopted, Division 019 will be repealed. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0120~~

~~Licensure ¶¶~~

~~(1) Before licensure as a pharmacist, an applicant must meet the following requirements:¶¶~~

~~(a) Provide evidence from a school or college of pharmacy approved by the board that they have successfully completed all the requirements for graduation and, starting with the graduating class of 2011, including not less than 1440 hours of School-based Rotational Internships as that term is defined in OAR 855-031-0005, and that a degree will be conferred;¶¶~~

~~(b) Pass the North American Pharmacist Licensure Examination (NAPLEX) exam with a score of not less than 75. This score is valid for only one year unless the board grants an extension. A candidate who does not attain this score may retake the exam after a minimum of 45 days with a limit of three attempts in a 12 month period, not to exceed a lifetime maximum of 5 times;¶¶~~

~~(c) Pass the Multistate Pharmacy Jurisprudence Examination (MPJE) exam with a score of not less than 75. The applicant may not take the MPJE until they have graduated from a school or college of pharmacy approved by the board. A candidate who does not attain this score may retake the exam after a minimum of 30 days with a limit of three attempts in a 12 month period, not to exceed a lifetime maximum of 5 times. The MPJE score is valid for 6 months unless extended by the board;¶¶~~

~~(d) Complete an application for licensure, provide the board with a valid e-mail address, and a fingerprint card or other documentation required to conduct a criminal background check; and¶¶~~

~~(e) Complete one hour of continuing pharmacy education in pain management, provided by the Pain Management Commission of the Oregon Health Authority.¶¶~~

~~(2) A license, once obtained, will expire on June 30 in odd numbered years and must be renewed biennially.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151, 2021 HB 2078~~

REPEAL: 855-019-0122

RULE SUMMARY: If Division 115 is adopted, Division 019 will be repealed. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0122~~

~~Renewal of Licensure as a Pharmacist ¶¶~~

~~(1) An application for renewal of a pharmacist license must include documentation of: ¶¶~~

~~(a) Completion of continuing pharmacy education requirements as outlined in OAR 855-021; and ¶¶~~

~~(b) Payment of the biennial license fee required in OAR 855-110. ¶¶~~

~~(2) A pharmacist will be subject to an annual criminal background check.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151~~

REPEAL: 855-019-0123

RULE SUMMARY: If Division 115 is adopted, Division 019 will be repealed. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0123~~

~~Liability Limitations for Volunteers~~

~~(1) A pharmacist may register with the Board for the limitation on liability provided by ORS 676.340, which provides a licensee with specific exemptions from liability for the provision of pharmacy services without compensation under the terms of the law.¶~~

~~(2) A no cost registration may be issued by the Board upon receipt of a completed application. Registration requires submission of a signed form provided by the Board in accordance with ORS 676.345(2).¶~~

~~(3) Registration will expire at the licensee's next license renewal date and may be renewed biennially. It is the licensee's responsibility to ensure his or her active registration in this program.¶~~

~~(4) Nothing in this section relieves licensee from the responsibility to comply with Board regulations and still may be subject to disciplinary actions.¶~~

~~(5) Pharmacists providing care under the provisions of ORS 676.340 and 676.345 remain subject to the Board complaint investigation process articulated in ORS 676.175.~~

~~Statutory/Other Authority: ORS 676.340, 689.205~~

~~Statutes/Other Implemented: ORS 676.340, 676.345~~

REPEAL: 855-019-0125

RULE SUMMARY: If Division 115 is adopted, Division 019 will be repealed. This rule will be moved to Div 010: Board Administration and Policies.

CHANGES TO RULE:

~~855-019-0125~~

~~Coaching from Board and Staff~~

~~No member or employee of the Board shall discuss the contents of an examination, its preparation or use with any candidate or other person. No member or employee of the Board shall coach a candidate or any other person on materials that may be used in the examination nor shall they accept any fees for any act of assistance that would bear on the examination.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151~~

REPEAL: 855-019-0130

RULE SUMMARY: If Division 115 is adopted, Division 019 will be repealed. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0130~~

~~Licensure by Reciprocity~~

~~(1) An applicant for licensure as a pharmacist by reciprocity must meet the requirements of ORS 689.265 and the following requirements:¶¶~~

~~(a) Be a graduate of a school or college of pharmacy approved by the Board;¶¶~~

~~(b) Have passed the NAPLEX or equivalent examination with a score of not less than 75;¶¶~~

~~(c) Have passed the MPJE with a score of not less than 75;¶¶~~

~~(d) Be licensed and in good standing in the state from which the applicant bases the reciprocity application;¶¶~~

~~(e) Have either:¶¶~~

~~(A) Been engaged in the practice of pharmacy for period of at least one year including a minimum of 1440 hours of work experience as a licensed pharmacist. Evidence supporting this work experience shall be provided at time of application; or¶¶~~

~~(B) Met the internship requirements of this state within the one-year period immediately before the date of this application. Evidence from the school or college of pharmacy supporting this internship shall be provided at time of application.¶¶~~

~~(2) Licensure as a pharmacist in another state precludes licensure to practice as an intern in the State of Oregon, except an applicant that has been accepted into an Oregon pharmacy residency program or for licensure by examination or by reciprocity who must acquire internship hours to become eligible for licensure, and then only until the required hours have been acquired.¶¶~~

~~(3) An applicant who has obtained their professional degree outside the United States is not eligible for licensure by reciprocity until they have met the requirements of OAR 855-019-0150.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151, 689.265~~



REPEAL: 855-019-0140

RULE SUMMARY: If Division 115 is adopted, Division 019 will be repealed. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0140~~

~~NAPLEX Score Transfer~~

~~(1) An applicant for score transfer must be a graduate of a school or college of pharmacy approved by the Board and must have passed the NAPLEX or equivalent examination with a score of at least 75.~~

~~(2) Prior to taking the NAPLEX examination for their initial state of licensure, an applicant must have requested the National Association of Boards of Pharmacy to score transfer their NAPLEX score to Oregon.~~

~~(3) An applicant must provide the following documentation:~~

~~(a) Oregon Score Transfer Application;~~

~~(b) A passport regulation photograph;~~

~~(c) A copy of a birth certificate, US passport or naturalization documents, or a foreign passport endorsed with a US visa permitting full time employment;~~

~~(d) Evidence of successful completion of all graduation requirements from a school or college of pharmacy approved by the Board.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151, 689.265~~

REPEAL: 855-019-0150

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0150~~

~~Foreign Pharmacy Graduates ¶¶~~

~~(1) Foreign Pharmacy Graduates applying for licensure in Oregon must meet the following requirements:¶¶~~

~~(a) Provide a copy of a valid visa permitting full time employment;¶¶~~

~~(b) Provide a copy of the original certificate issued by the NABP Foreign Pharmacy Graduate Examination Committee (FPGEC); and¶¶~~

~~(c) Pass the North American Pharmacist Licensure Examination (NAPLEX) exam with a score of not less than 75. A candidate who does not attain this score may retake the exam after a minimum of 91 days. This score shall only be valid for one year unless the Board grants an extension;¶¶~~

~~(d) After having completed the required number of intern hours, pass the MPJE with a score of not less than 75. A candidate who does not attain this score may retake the exam after a minimum of 30 days. The MPJE score shall only be valid for 6 months unless extended by the Board.¶¶~~

~~(2) An applicant must complete 1440 hours in pharmacy practice as an intern that must be certified to the Board by the preceptors.¶¶~~

~~(3) An applicant may not count internship hours or practice as a pharmacist completed outside the United States toward Oregon's internship requirement.¶¶~~

~~(4) An applicant may not count internship hours or practice as a pharmacist that is completed before passing the Foreign Pharmacy Graduate Equivalency Examination (FPGEE), and either the TOEFL with TSE, or TOEFL (IBT) exams toward Oregon's internship requirement.¶¶~~

~~(5) The Board may waive any requirement of this rule if a waiver will further public health or safety. A waiver granted under this section shall only be effective when it is issued in writing.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151, ORS 689.255~~

REPEAL: 855-019-0160

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0160~~

~~Nuclear Pharmacists~~

~~In order to qualify under these rules as a nuclear pharmacist, a pharmacist shall:~~

- ~~(1) Meet minimal standards of training and experience in the handling of radioactive materials in accordance with the requirements of the Radiation Protection Services of the Department of Human Services; and~~
- ~~(2) Be a pharmacist licensed to practice in Oregon; and~~
- ~~(3) Submit to the Board of Pharmacy either:~~
  - ~~(a) Evidence of current certification in nuclear pharmacy by the Board of Pharmaceutical Specialties; or~~
  - ~~(b) Evidence that they meet both the following:~~
    - ~~(A) Certification of a minimum of six month on-the-job training under the supervision of a qualified nuclear pharmacist in a nuclear pharmacy providing radiopharmaceutical services; and~~
    - ~~(B) Certification of completion of a nuclear pharmacy training program in a college of pharmacy or a nuclear pharmacy training program approved by the Board.~~
- ~~(4) Receive a letter of notification from the Board that the evidence submitted by the pharmacist meets the above requirements and has been accepted by the Board.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151~~

REPEAL: 855-019-0170

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0170~~

~~Reinstatement of License ¶¶~~

~~(1) A pharmacist who fails to renew their license by the deadline may reinstate their license as follows:¶¶~~

~~(a) By payment of the license fees and delinquency fees for all years during which the license was lapsed and for the current year; and¶¶~~

~~(b) By providing certification of completion of the continuing pharmacy education requirement in OAR 855-021 for all years in which the license was lapsed; and¶¶~~

~~(c) If their license has been lapsed for more than one year, pass the MPJE with a score of not less than 75; and¶¶~~

~~(d) Complete an application for licensure, provide the board with a valid e-mail address, and a fingerprint card or other documentation required to conduct a criminal background check.¶¶~~

~~(2) A pharmacist in good standing who retired from the practice of pharmacy after having been licensed for not less than 20 years need only pay the annual license fees for the year in which they seek a license, however they must provide certification of completion of continuing pharmacy education requirement in OAR 855-021 for all years since their retirement and pass the MPJE with a score of not less than 75.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151, ORS 689.275~~

REPEAL: 855-019-0171

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0171~~

~~Reinstatement of a Revoked or Surrendered License~~

~~A person whose pharmacist license has been revoked or surrendered shall have the right, at reasonable intervals, to petition to the Board in writing for reinstatement of such license. The written petition to the Board shall be made in conjunction with the application process identified in OAR 855-019-0120.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151, 689.275~~

REPEAL: 855-019-0200

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

#### ~~855-019-0200~~

#### ~~Pharmacist: General Responsibilities ¶¶~~

~~ORS 689.025 states that "the practice of pharmacy in the State of Oregon is declared a health care professional practice affecting the public health, safety and welfare". Pharmacy practice is a dynamic patient-oriented health service that applies a scientific body of knowledge to improve and promote patient health by means of appropriate drug use, drug-related therapy, and communication for clinical and consultative purposes. A Pharmacist licensed to practice pharmacy by the board has the duty to use that degree of care, skill, diligence and reasonable professional judgment that is exercised by an ordinarily careful Pharmacist in the same or similar circumstances.¶¶~~

~~(1) A Pharmacist is responsible for their own actions; however, this does not absolve the pharmacy from responsibility for the Pharmacist's actions.¶¶~~

~~(2) A Pharmacist and pharmacy are responsible for the actions of Interns, Certified Oregon Pharmacy Technicians, and Pharmacy Technicians.¶¶~~

~~(3) Only a Pharmacist may practice pharmacy as defined in ORS 689.005, to include the provision of patient care services. Activities that require reasonable professional judgment of a Pharmacist include but are not limited to:¶¶~~

~~(a) Drug Utilization Review;¶¶~~

~~(b) Counseling;¶¶~~

~~(c) Drug Regimen Review;¶¶~~

~~(d) Medication Therapy Management;¶¶~~

~~(e) Collaborative Drug Therapy Management or other post-diagnostic disease state management, pursuant to a valid agreement;¶¶~~

~~(f) Practice pursuant to State Drug Therapy Management Protocols;¶¶~~

~~(g) Prescribing a drug or device, as authorized by statute;¶¶~~

~~(h) Ordering, interpreting and monitoring of a laboratory test;¶¶~~

~~(i) Oral receipt or transfer of a prescription; and¶¶~~

~~(j) Verification of the work performed by those under their supervision.¶¶~~

~~(4) A Pharmacist must:¶¶~~

~~(a) Comply with all state and federal laws and rules governing the practice of pharmacy;¶¶~~

~~(b) Ensure each Intern, Certified Oregon Pharmacy Technician and Pharmacy Technician only assists in the practice of pharmacy under the supervision, direction, and control of a Pharmacist;¶¶~~

~~(c) Ensure non-Pharmacist personnel only perform duties they are licensed and trained to perform.¶¶~~

~~(d) Know the identity of each Intern, Certified Oregon Pharmacy Technician and Pharmacy Technician under their supervision, direction and control at all times;¶¶~~

~~(e) When supervising an Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician, determine how many licensed individuals the Pharmacist is capable of supervising, directing and controlling based on the services being provided.¶¶~~

~~(f) Ensure and enforce the drug outlet written procedures for use of Certified Oregon Pharmacy Technicians and Pharmacy Technicians as required by OAR 855-025-0035;¶¶~~

~~(g) Ensure the security of the pharmacy area including:¶¶~~

~~(A) Providing adequate safeguards against theft or diversion of prescription drugs, and records for such drugs;¶¶~~

~~(B) Ensuring that all records and inventories are maintained in accordance with state and federal laws and rules;¶¶~~

~~(C) Ensuring that only a Pharmacist has access to the pharmacy when the pharmacy is closed.¶¶~~

~~(5) A Pharmacist may delegate final verification of drug and dosage form, device, or product to a Certified Oregon Pharmacy Technician or Pharmacy Technician per ORS 689.005 when the following conditions are met:¶¶~~

~~(a) The Pharmacist utilizes reasonable professional judgment to determine that a Certified Oregon Pharmacy Technician or Pharmacy Technician may perform final verification;¶¶~~

~~(b) The Certified Oregon Pharmacy Technician or Pharmacy Technician does not use discretion in conducting final verification;¶¶~~

~~(c) The Pharmacist delegating final verification is supervising the Certified Oregon Pharmacy Technician or Pharmacy Technician; and¶¶~~

~~(d) Ensure the Certified Oregon Pharmacy Technician or Pharmacy Technician is performing a physical final verification.~~

~~(6) A Pharmacist may permit and Intern under their direction and supervision to perform any task listed in OAR 855-019-0200(3), except that an Intern may not:~~

~~(a) Perform the duties of a Pharmacist until after the Intern has successfully completed their first academic year, and only after successful completion of coursework corresponding to those duties;~~

~~(b) Prescribe a drug or device; or~~

~~(c) Perform final verification or verification as defined in OAR 855-006-0005.~~

~~Statutory/Other Authority: ORS 689.205, 2022 HB 4034~~

~~Statutes/Other Implemented: ORS 689.025, ORS 689.151, ORS 689.155, ORS 689.645, ORS 689.682, ORS 689.689, 2022 HB 4034~~

REPEAL: 855-019-0205

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0205~~

~~Duty to Report ¶~~

- ~~(1) Failure to answer completely, accurately and honestly, all questions on the application form for licensure or renewal of licensure is grounds for discipline.¶~~
- ~~(2) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result in denial of the application.¶~~
- ~~(3) A pharmacist must report to the board within 10 days if they:¶~~
  - ~~(a) Are convicted of a misdemeanor or a felony; or¶~~
  - ~~(b) If they are arrested for a felony.¶~~
- ~~(4) A pharmacist who has reasonable cause to believe that another licensee (of the board or any other Health Professional Regulatory Board) has engaged in prohibited or unprofessional conduct as these terms are defined in OAR 855-006-0005, must report that conduct to the board responsible for the licensee who is believed to have engaged in the conduct. The reporting pharmacist must report the conduct without undue delay, but in no event later than 10 working days after the pharmacist learns of the conduct unless federal laws relating to confidentiality or the protection of health information prohibit disclosure.¶~~
- ~~(5) A pharmacist who reports to a board in good faith as required by section (4) of this rule is immune from civil liability for making the report.¶~~
- ~~(6) A pharmacist who has reasonable grounds to believe that any violation of these rules has occurred, must notify the board within 10 days. However, in the event of a significant drug loss or violation related to drug theft, the pharmacist must notify the board within one (1) business day.¶~~
- ~~(7) A pharmacist must notify the board in writing, within 15 days of any change in e-mail address, employment location or residence address.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.455~~



REPEAL: 855-019-0220

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0220~~

~~Drug Utilization Review (DUR)-~~

~~(1) A pharmacist shall maintain a record for each patient that contains easily retrievable information necessary for the pharmacist to perform a DUR and to identify previously dispensed drugs at the time a prescription or drug order is presented for dispensing or preparing for administration. The pharmacist shall make a reasonable effort to obtain, record, and maintain the following information:¶¶~~

~~(a) Full name of the patient for whom the drug is prescribed;¶¶~~

~~(b) Address and telephone number of the patient;¶¶~~

~~(c) Patient's gender, age or date of birth;¶¶~~

~~(d) Chronic medical conditions and disease states of the patient;¶¶~~

~~(e) A list of all drugs or devices the patient is currently obtaining at that pharmacy showing the name of the drug or device, strength of the drug, the quantity and date received, and the name of the prescribing practitioner;¶¶~~

~~(f) Known allergies, adverse drug reactions, and drug idiosyncrasies;¶¶~~

~~(g) Pharmacist comments relevant to the individual's drug therapy, including any other information specific to that patient or drug; and¶¶~~

~~(h) Additional information, which may relate to DUR, or for the monitoring of the patient as appropriate.¶¶~~

~~(2) Patient records shall be maintained for at least three years.¶¶~~

~~(3) The pharmacist or intern shall perform a DUR prior to dispensing or preparing for administration any prescription or refill.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151, 689.155~~

REPEAL: 855-019-0230

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0230~~

~~Counseling~~

~~(1) The Pharmacist or Intern must orally counsel the patient or patient's agent on the use of a drug or device as appropriate.~~

~~(a) The Pharmacist or Intern must counsel the patient on a new prescription and any changes in therapy, including but not limited to a change in directions or strength, or a prescription which is new to the pharmacy.~~

~~(b) Only the Pharmacist or Intern may accept a patient's or patient's agent's request not to be counseled. If, in their reasonable professional judgment, the Pharmacist or Intern believes that the patient's safety may be affected, the Pharmacist or Intern may choose not to release the prescription until counseling has been completed.~~

~~(c) The Pharmacist or Intern that provides counseling or accepts the request not to be counseled must document the interaction.~~

~~(d) A Pharmacist must not allow non-Pharmacist personnel to release a prescription that requires counseling, or accept the request not to be counseled.~~

~~(e) For a prescription delivered to a patient, except at a pharmacy or a pharmacy prescription locker, the Pharmacist must offer in writing, to provide direct counseling and information about the drug, including information on how to contact the Pharmacist.~~

~~(f) For each patient, the Pharmacist or Intern must determine the amount of counseling that is reasonable and necessary under the circumstance to promote safe and effective use or administration of the drug or device, and to facilitate an appropriate therapeutic outcome for that patient.~~

~~(g) When communicating (e.g. counseling, patient care services, billing) with a patient who prefers to communicate in a language other than English or who communicates in signed language, the Pharmacist or Intern must work with a health care interpreter from the health care interpreter registry administered by the Oregon Health Authority under ORS 413.558 unless the Pharmacist is proficient in the patient's preferred language.~~

~~(2) Counseling on a refill prescription must be such as a reasonable and prudent Pharmacist would provide including but not limited to changes in strength or directions.~~

~~(3) A Pharmacist may provide counseling in a form other than oral counseling when, in their reasonable professional judgment, a form of counseling other than oral counseling would be more effective.~~

~~(4) A Pharmacist or Intern must initiate and provide counseling under conditions that maintain patient privacy and confidentiality.~~

~~(5) For a discharge prescription from a hospital, the Pharmacist must ensure that the patient receives appropriate counseling.~~

~~Statutory/Other Authority: ORS 689.205, 2021 HB 2359~~

~~Statutes/Other Implemented: ORS 689.151, ORS 689.155, 2021 HB 2359~~

REPEAL: 855-019-0240

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0240~~

~~Consulting Pharmacist Practice~~

~~(1) Subject to the provisions of OAR 855-019-0100(4), a consulting pharmacist who provides services to any person or facility located in Oregon, must be an Oregon licensed pharmacist. ¶¶~~

~~(2) A consulting pharmacist for an Oregon licensed healthcare facility must perform all duties and functions required by the healthcare facility's licensure as well as by any relevant federal and state laws and rules. ¶¶~~

~~(3) A consulting pharmacist must maintain appropriate records of their consulting activities for three years, and make them available to the Board for inspection. ¶¶~~

~~(4) A consulting pharmacist is responsible for the safe custody and security of all their records and must comply with all relevant federal and state laws and regulations concerning the security and privacy of patient information. ¶¶~~

~~(5) A consulting pharmacist may store health protected records outside an Oregon licensed facility if registered as an Oregon Consulting or Drugless Pharmacy outlet as defined by OAR Chapter 855, division 41. ¶¶~~

~~(6) A consulting pharmacist for a facility that is required by the Board to have a consultant pharmacist but which does not have additional consulting requirements under the terms of its licensure with any other state agency, shall provide services that include but are not limited to the following: ¶¶~~

~~(a) Provide the facility with policies and procedure relating to security, storage and distribution of drugs within the facility; ¶¶~~

~~(b) Provide guidance on the proper documentation of drug administration or dispensing; ¶¶~~

~~(c) Provide educational materials or programs as requested.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151, 689.155~~

REPEAL: 855-019-0250

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0250~~

~~Medication Therapy Management~~

~~(1) Medication Therapy Management (MTM) is a distinct service or group of services that is intended to optimize the therapeutic outcomes of a patient. Medication Therapy Management can be an independent service provide by a pharmacist or can be in conjunction with the provision of a medication product with the objectives of:~~

- ~~(a) Enhancing appropriate medication use;~~
- ~~(b) Improving medication adherence;~~
- ~~(c) Increasing detection of adverse drug events;~~
- ~~(d) Improving collaboration between practitioner and pharmacist; and~~
- ~~(e) Improving outcomes.~~

~~(2) A pharmacist that provides MTM services shall ensure that they are provided according to the individual needs of the patient and may include but are not limited to the following:~~

- ~~(a) Performing or otherwise obtaining the patient's health status assessment;~~
- ~~(b) Developing a medication treatment plan for monitoring and evaluating the patient's response to therapy;~~
- ~~(c) Monitoring the safety and effectiveness of the medication therapy;~~
- ~~(d) Selecting, initiating, modifying or administering medication therapy in consultation with the practitioner where appropriate;~~
- ~~(e) Performing a medication review to identify, prevent or resolve medication related problems;~~
- ~~(f) Monitoring the patient for adverse drug events;~~
- ~~(g) Providing education and training to the patient or the patient's agent on the use or administration of the medication;~~
- ~~(h) Documenting the delivery of care, communications with other involved healthcare providers and other appropriate documentation and records as required. Such records shall:~~
  - ~~(A) Provide accountability and an audit trail; and~~
  - ~~(B) Be preserved for at least three years and be made available to the Board upon request except that when records are maintained by an outside contractor, the contract must specify that the records be retained by the contractor and made available to the Board for at least three years.~~
- ~~(i) Providing necessary services to enhance the patient's adherence with the therapeutic regimen;~~
- ~~(j) Integrating the medication therapy management services within the overall health management plan for the patient; and~~
- ~~(k) Providing for the safe custody and security of all records and compliance with all relevant federal and state laws and regulations concerning the security and privacy of patient information.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151, 689.155~~

REPEAL: 855-019-0260

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0260~~

~~Collaborative Drug Therapy Management~~

~~(1) As used in this rule "Collaborative Drug Therapy Management" (CDTM) means the participation by a practitioner and a pharmacist in the management of drug therapy pursuant to a written agreement that includes information on the dosage, frequency, duration and route of administration of the drug, authorized by a practitioner and initiated upon a prescription order for an individual patient and:~~

~~(a) Is agreed to by one practitioner and one pharmacist; or~~

~~(b) Is agreed to by one or more practitioners in a single organized medical group, such as a hospital medical staff, clinic or group practice, including but not limited to organized medical groups using a pharmacy and therapeutics committee, and one or more pharmacists.~~

~~(2) A pharmacist shall engage in collaborative drug therapy management with a practitioner only under a written arrangement that includes:~~

~~(a) The identification, either by name or by description, of each of the participating pharmacists;~~

~~(b) The identification, by name or description, of each of the participating practitioners or group of practitioners;~~

~~(c) The name of the principal pharmacist and practitioner who are responsible for development, training, administration, and quality assurance of the arrangement;~~

~~(d) The types of decisions that the pharmacist is allowed to make, which may include:~~

~~(A) A detailed description of the types of diseases, drugs, or drug categories involved, and the activities allowed in each case;~~

~~(B) A detailed description of the methods, procedures, decision criteria, and plan the pharmacist is to follow when conducting allowed activities;~~

~~(C) A detailed description of the activities the pharmacist is to follow including documentation of decisions made and a plan or appropriate mechanism for communication, feedback, and reporting to the practitioner concerning specific decisions made. In addition to the agreement, documentation shall occur on the prescription record, patient profile, a separate log book, or in some other appropriate system;~~

~~(D) Circumstances which will cause the pharmacist to initiate communication with the practitioner, including but not limited to the need for a new prescription order and a report of a patient's therapeutic response or any adverse effect.~~

~~(e) Training requirement for pharmacist participation and ongoing assessment of competency, if necessary;~~

~~(f) Quality assurance and periodic review by a panel of the participating pharmacists and practitioners;~~

~~(g) Authorization by the practitioner for the pharmacist to participate in collaborative drug therapy; and~~

~~(h) A requirement for the collaborative drug therapy arrangement to be reviewed and updated, or discontinued at least every two years;~~

~~(3) The collaborative drug therapy arrangement and associated records must be kept on file in the pharmacy and made available to any appropriate health licensing board upon request.~~

~~(4) Nothing in this rule shall be construed to allow therapeutic substitution outside of the CDTM agreement.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151, 689.155~~

REPEAL: 855-019-0265

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0265~~

~~Administration of Drugs~~

~~(1) In accordance with ORS 689.655, a pharmacist may administer a drug or device as specified in this rule.¶¶~~

~~(2) A pharmacist who administers a drug or device must:¶¶~~

~~(a) Observe, monitor, report, and otherwise take appropriate action regarding desired effect, side effect, interaction, and contraindication associated with administering the drug or device; and¶¶~~

~~(b) Ensure a record is kept for three years of such activities. This record shall include but is not limited to:¶¶~~

~~(A) Patient identifier;¶¶~~

~~(B) Drug or device and strength;¶¶~~

~~(C) Route and site of administration;¶¶~~

~~(D) Date and time of administration;¶¶~~

~~(E) Pharmacist identifier.¶¶~~

~~(3) The pharmacist must be acting:¶¶~~

~~(a) Under the direction of or pursuant to a lawful prescription or order issued by a licensed practitioner acting within the scope of the practitioner's practice or;¶¶~~

~~(b) In accordance with a written protocol or collaborative drug therapy agreement with a licensed practitioner.¶¶~~

~~(4) The pharmacist must be able to document that they have received training on the drug or device to be administered and the route of administration. Such training may include a program approved by the ACPE, curriculum based programs from an ACPE-accredited college, state or local health department programs, training by an appropriately qualified practitioner, or programs approved by the Board.¶¶~~

~~(5) The pharmacist may administer a drug or device in conjunction with training the patient or the patient's caregiver how to administer or self-administer the drug or device.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.655~~

REPEAL: 855-019-0270

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0270~~

~~Qualifications-~~

~~(1) In this rule and in OAR 855-019-0280, an intern who is appropriately trained and qualified in accordance with Section (3) of this rule may perform the same duties as a pharmacist, provided that the intern is supervised by an appropriately trained and qualified pharmacist.¶¶~~

~~(2) A pharmacist may administer vaccines to persons who are at least 7 years of age as provided by these rules. For the purposes of this rule, a person is at least 7 years of age on the day of the person's seventh birthday.¶¶~~

~~(3) A pharmacist may administer vaccines under section (1) or section (2) of this rule only if:¶¶~~

~~(a) The pharmacist has completed a course of training approved by the Board and maintained competency;¶¶~~

~~(b) The pharmacist training includes, injection site, and Cardiopulmonary Resuscitation (CPR) specific to the age and population the pharmacist treats;¶¶~~

~~(c) The pharmacist holds active CPR certification issued by the American Heart Association or the American Red Cross or any other equivalent program intended for a healthcare provider that contains a hands-on training component and is valid for not more than three years, and documentation of the certification is placed on file in the pharmacy;¶¶~~

~~(d) The vaccines are administered in accordance with an administration protocol written and approved by the Oregon Health Authority (OHA); and¶¶~~

~~(e) The pharmacist has a current copy of the CDC reference, "Epidemiology and Prevention of Vaccine-Preventable Diseases."¶¶~~

~~(4) A pharmacist otherwise in compliance with section three of this rule may, during a declared emergency, administer a vaccine to a person who is at least three (3) years of age when;¶¶~~

~~(a) The Governor declares a state of public health emergency and authorizes the reduced age limitation; or¶¶~~

~~(b) The Public Health Director, during a declared disease outbreak, authorizes a reduction in the age limit.¶¶~~

~~(5) A pharmacist may not delegate the administration of vaccines to another person.~~

~~Statutory/Other Authority: ORS 689.205 433.441, 433.443, 2015 OL Ch 295~~

~~Statutes/Other Implemented: ORS 689.151, 689.155, 689.645, 2015 OL Ch 295~~

REPEAL: 855-019-0280

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0280~~

~~Protocols, Policies and Procedures-~~

~~(1) Prior to administering a vaccine to a person who is at least 7 years of age a pharmacist must follow protocols written and approved by the Oregon Health Authority (OHA) for administration of vaccines and the treatment of severe adverse events following administration of a vaccine.¶¶~~

~~(2) A pharmacist during a declared emergency may administer a vaccine to a person who is at least three (3) years of age when;¶¶~~

~~(a) The Governor declares a state of public health emergency and authorizes the reduced age limitation; or¶¶~~

~~(b) The Public Health Director, during a declared disease outbreak, authorizes a reduction in the age limit.¶¶~~

~~(3) The pharmacy must maintain written policies and procedures for handling and disposal of used or contaminated equipment and supplies.¶¶~~

~~(4) The pharmacist must give the appropriate Vaccine Information Statement (VIS) to the patient or legal representative with each dose of vaccine covered by these forms. The pharmacist must ensure that the patient or legal representative is available and has read, or has had read to them, the information provided and has had their questions answered prior to administering the vaccine.¶¶~~

~~(5) The pharmacist must report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS) and to the primary care provider as identified by the patient.¶¶~~

~~(6) The pharmacist may prescribe, administer or dispense immunizations, including oral vaccines, as established by written protocols approved by OHA.~~

~~Statutory/Other Authority: ORS 689.205, 433.441, 433.443, 2015 OL Ch 295~~

~~Statutes/Other Implemented: ORS 689.151, 689.155, 689.645, 2015 OL Ch 295~~



REPEAL: 855-019-0290

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0290~~

~~Record Keeping and Reporting~~

- ~~(1) A pharmacist who administers a vaccine to a patient must fully document the administration in the patient's permanent record.¶¶~~
- ~~(2) A pharmacist who administers any vaccine must report the following elements to the OHA ALERT Immunization Information System in a manner prescribed by OHA within 15 days of administration. This replaces the former requirement to notify the primary health care provider. A pharmacist is not required to notify the primary health care provider.¶¶~~
  - ~~(a) The name, address, gender and date of birth of the patient;¶¶~~
  - ~~(b) The date of administration of the vaccine;¶¶~~
  - ~~(c) The NDC number of the vaccine, or other acceptable standardized vaccine code set;¶¶~~
  - ~~(d) The address of the pharmacy where vaccine was administered unless automatically embedded in the electronic report provided to the OHA ALERT Immunization System;¶¶~~
  - ~~(e) The phone number of the patient when available;¶¶~~
  - ~~(f) The dose amount, manufacturer, site of administration, lot number and expiration date of the vaccine when available;¶¶~~
- ~~(3) A pharmacist who administers any vaccine will keep documentation of current CPR training. This documentation will be kept on site and available for inspection.¶¶~~
- ~~(4) A pharmacist who administers any vaccine will follow storage and handling guidance from the vaccine manufacturer and the Centers for Disease Control and Prevention (CDC).¶¶~~
- ~~(5) For the purpose of participation in the Oregon Vaccines for Children program,¶¶~~
  - ~~(a) The vaccine eligibility code for each dose must be reported to the ALERT Immunization Information System in the manner prescribed by OHA, and¶¶~~
  - ~~(b) The pharmacist is recognized as a prescriber.¶¶~~
- ~~(6) If providing state or federal vaccines during a pandemic as determined by the CDC, the event and priority code as specified by OHA must be provided upon request in the manner prescribed by OHA.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151, 689.155, 689.645~~

REPEAL: 855-019-0310

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0310~~

~~Grounds for Discipline~~

~~The State Board of Pharmacy may suspend, revoke, or restrict the license of a pharmacist or intern or may impose a civil penalty upon the pharmacist or intern upon the following grounds:¶¶~~

~~(1) Unprofessional conduct as defined in OAR 855-006-0005;¶¶~~

~~(2) Repeated or gross negligence;¶¶~~

~~(3) Impairment, which means an inability to practice with reasonable competence and safety due to the habitual or excessive use of drugs or alcohol, other chemical dependency or a mental health condition;¶¶~~

~~(4) Being found guilty by the Board of a violation of the pharmacy or drug laws of this state or rules pertaining thereto or of statutes, rules or regulations of any other state or of the federal government;¶¶~~

~~(5) Being found guilty by a court of competent jurisdiction of a felony as defined by the laws of this state;¶¶~~

~~(6) Being found guilty by a court of competent jurisdiction of a violation of the pharmacy or drug laws of this state or rules pertaining thereto or of statutes, rules or regulations of any other state or of the federal government;¶¶~~

~~(7) Fraud or intentional misrepresentation in securing or attempting to secure the issuance or renewal of a license to practice pharmacy or a drug outlet registration;¶¶~~

~~(8) Permitting an individual to engage in the practice of pharmacy without a license or falsely using the title of pharmacist;¶¶~~

~~(9) Aiding and abetting an individual to engage in the practice of pharmacy without a license or falsely using the title of pharmacist;¶¶~~

~~(10) Being found by the Board to be in violation of any violation of any of the provisions of ORS 435.010 to 435.130, 453.025, 453.045, 475.035 to 475.190, 475.805 to 475.995 or 689.005 to 689.995 or the rules adopted pursuant thereto; or¶¶~~

~~(11) Failure to perform appropriately the duties of a pharmacist while engaging in the practice of pharmacy as defined in ORS 689.005.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.151, 689.155, 689.405, OL 2009, Ch. 756~~

REPEAL: 855-019-0460

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0460~~

~~Naloxone—Delivery of Care and Prescribing ¶¶~~

~~(1) A pharmacist, having determined that there is an identified medical need, can prescribe naloxone and the necessary medical supplies to administer naloxone for opiate overdose.¶¶~~

~~(a) When dispensing any opiate or opioid prescription in excess of 50 morphine milligram equivalents (MME); ¶¶~~

~~(b) To an individual seeking naloxone; ¶¶~~

~~(c) To an entity seeking naloxone.¶¶~~

~~(2) The pharmacist shall determine that the individual (or the individual on behalf of an entity) seeking naloxone demonstrates understanding of educational materials related to opioid overdose prevention, recognition, response, and the administration of naloxone.¶¶~~

~~(3) The pharmacist may prescribe naloxone in any FDA approved dosage form and the necessary medical supplies needed to administer naloxone.¶¶~~

~~(4) The pharmacist shall dispense the naloxone product in a properly labeled container.¶¶~~

~~(5) Naloxone may not be prescribed without offering to provide oral counseling to the authorized recipient, which may include dose, effectiveness, adverse effects, storage conditions, and safety.¶¶~~

~~(6) The pharmacist must document the encounter and the prescription, and maintain records for three years.¶¶~~

~~(7) Any person, having once lawfully obtained naloxone may possess, distribute or administer it for the purpose of reversing opiate overdose.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.684, ORS 689.305, ORS 689.681, ORS 689.682, 2019 OL Ch. 470~~

REPEAL: 855-019-0470

RULE SUMMARY: If adopted, repeals Division 019. Existing Pharmacist rules from Division 019 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-019-0470~~

~~Emergency Insulin~~

~~Emergency Insulin. A pharmacist who has completed a Board-approved ACPE-accredited training program may prescribe and dispense emergency refills of insulin and associated insulin-related devices and supplies, not including insulin pump devices, to a person who has evidence of a previous prescription from a licensed health care provider; in such cases, a pharmacist shall prescribe the lesser of a 30-day supply or the smallest available package size, and not more than three emergency refills and supplies in a calendar year.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: 2019 OL Ch. 95~~

REPEAL: 855-020-0200

RULE SUMMARY: If adopted, repeals Division 020. Existing Pharmacist rules from Division 020 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-020-0200~~

~~Formulary Compendium~~

~~A pharmacist may prescribe, according to rules in this Division, an FDA-approved drug and device listed in the following compendium, pursuant to a diagnosis by a health care practitioner who has prescriptive authority and who is qualified to make the diagnosis. The diagnosis must be documented.¶¶~~

~~Devices and supplies:¶¶~~

~~(1) Diabetic blood sugar testing supplies;¶¶~~

~~(2) Injection supplies;¶¶~~

~~(3) Nebulizers and associated supplies;¶¶~~

~~(4) Inhalation spacers;¶¶~~

~~(5) Peak flow meters;¶¶~~

~~(6) International Normalized Ratio (INR) testing supplies;¶¶~~

~~(7) Enteral nutrition supplies; ¶¶~~

~~(8) Ostomy products and supplies; and¶¶~~

~~(9) Non-invasive blood pressure monitors~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.645, ORS 689.649~~

REPEAL: 855-031-0045

RULE SUMMARY: If adopted, repeals this rule from Division 031. Existing Pharmacist rules from Division 031 would be reorganized and relocated to newly created Division 115 Pharmacists in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

~~855-031-0045~~

~~School and Preceptor Registration and Responsibilities~~

- ~~(1) A preceptor license may be issued by the Board upon receipt of a completed application.¶¶~~
- ~~(2) A pharmacist preceptor must have been an actively practicing pharmacist for at least one year immediately prior to supervising an intern.¶¶~~
- ~~(3) A preceptor license must be renewed biennially and will expire on June 30 in odd numbered years.¶¶~~
- ~~(4) The preceptor may report to the Board voluntarily, the progress and aptitude of an intern under the preceptor's supervision, or must do so upon request of the Board.¶¶~~
- ~~(5) The preceptor must be responsible for supervision of the majority of the intern's SRI hours and must provide the intern with internship experiences, which in the preceptor's judgment will increase the intern's competency in the practice of pharmacy.¶¶~~
- ~~(6) Before supervising an intern in an SRI program, a preceptor must complete any training program required by the school of pharmacy.¶¶~~
- ~~(7) A preceptor must advise each school of pharmacy when they are supervising students from more than one school at the same time. This applies to both in-state and out-of-state schools or colleges of pharmacy.¶¶~~
- ~~(8) A preceptor must verify that their intern is currently licensed with the Board.¶¶~~
- ~~(9) A pharmacist acting as a preceptor in a federal facility is not required to be licensed as a pharmacist in Oregon, but is required to be licensed as a preceptor with the Board.¶¶~~
- ~~(10) The school of pharmacy must maintain a record of each intern's SRIs. This record must be made available to the Board upon request.¶¶~~
- ~~(11) A school of pharmacy located in Oregon must submit a report on their experiential education program to the Board at the end of each academic year. This report must include the names of students who successfully completed the program and graduated from the school. The school must maintain a list of preceptors and SRI sites, in and out-of-state, approved by the school and must make this list available to the Board upon request.¶¶~~
- ~~(12) All records related to a student must be available for three years after the student graduates.~~

~~Statutory/Other Authority: ORS 689.151, 689.205~~

~~Statutes/Other Implemented: ORS 689.255~~

AMEND: 855-041-3000

RULE SUMMARY: Proposed amendments revise rule title by removing "Consulting/Drugless Pharmacy Outlets" and strikes (4). Amendments are necessary in implementing new Division 115 Pharmacist rules.

CHANGES TO RULE:

855-041-3000

Central Fill and Remote Processing Outlet Designations - Purpose and Scope ¶¶

(1) The purpose of OAR 855-041-3005 through OAR 855-041-3045 is to provide minimum requirements of operation for centralized prescription drug filling by a pharmacy.¶¶

(2) The purpose of OAR 855-041-3100 through OAR 855-041-3130 is to provide minimum requirements of operation for remote prescription processing by a pharmacy.¶¶

(3) Prior to initiating one of the above drug outlet models, a description of how the model will be utilized must be submitted to the ~~Board~~.¶¶

~~(4) The purpose of OAR 855-041-3300 through 855-041-3340 is to establish a secure environment where a consulting pharmacist can provide pharmaceutical care and store health protected information in a consulting or drugless pharmacy. Prior to initiating this model, a description of how the model will be utilized to improve patient safety must be submitted to the Bboard.~~

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.155

REPEAL: 855-041-3300

RULE SUMMARY: The newly created Division 115 Pharmacists clarifies and provides clear expectations for a pharmacist engaged in the independent practice of pharmacy. Repealing this rule removes the drug outlet registration requirement for a pharmacist engaged in the independent practice of pharmacy where there are no drugs being dispensed, delivered or distributed. These changes are needed to provide clarity of expectations to both drug outlets and licensees.

CHANGES TO RULE:

~~855-041-3300~~

~~Purpose and Scope~~

~~The purpose of OAR 855-041-3300 through 855-041-3340 is to establish a secure environment where a consulting pharmacist can provide pharmaceutical care and store health protected information in a single physical location. This location may be an office located in a home or other secure location. Registration is not required if records used or generated by a consulting pharmacist are stored in a location registered by the Board as a retail or institutional drug outlet or if the location is under the control of a practitioner who uses the services of the consulting pharmacist. The consulting pharmacist must be able to provide the Board with documentation of their pharmaceutical care activities. These rules are intended to ensure that a location where a pharmacist is engaged in Independent Pharmacy Practice may safely store records and protected health information. An applicant must submit to the Board for approval policies and procedures and a description of how their consulting or drugless pharmacy will be utilized to improve patient safety.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.155~~



REPEAL: 855-041-3305

RULE SUMMARY: The newly created Division 115 Pharmacists clarifies and provides clear expectations for a pharmacist engaged in the independent practice of pharmacy. Repealing this rule removes the drug outlet registration requirement for a pharmacist engaged in the independent practice of pharmacy where there are no drugs being dispensed, delivered or distributed. These changes are needed to provide clarity of expectations to both drug outlets and licensees.

CHANGES TO RULE:

~~855-041-3305~~

~~Definitions~~

~~The following words and terms, when used OAR 855-041-3300 through 855-041-3340 shall have the following meanings, unless the context clearly indicates otherwise. Any term not defined in this section shall have the definition set out in the OAR chapter 855, division 6.~~

~~(1) "Consulting or Drugless Pharmacy" means any single physical location where pharmaceutical care services are performed or protected health information may be stored without the storage, possession, or ownership of any drug.~~

~~(2) "Consulting Pharmacist" means any pharmacist as defined by OAR chapter 855, division 6 and is described by chapter 855, division 19.~~

~~(3) "Independent Pharmacy Practice" means the provision of pharmaceutical services not related to physically handling or dispensing pharmaceuticals drugs or devices. This practice is characterized by the practice of an Oregon licensed pharmacist acting as an independent contractor whether or not directly employed or affiliated with an entity that is licensed by the Board. This service also does not include the provision of pharmaceutical care that is conducted within the physical confines or location of a licensed pharmacy registered with the Board.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.155~~

REPEAL: 855-041-3310

RULE SUMMARY: The newly created Division 115 Pharmacists clarifies and provides clear expectations for a pharmacist engaged in the independent practice of pharmacy. Repealing this rule removes the drug outlet registration requirement for a pharmacist engaged in the independent practice of pharmacy where there are no drugs being dispensed, delivered or distributed. These changes are needed to provide clarity of expectations to both drug outlets and licensees.

CHANGES TO RULE:

~~855-041-3310~~

~~Registration~~

~~(1) The Consulting Pharmacy shall be registered as a retail or institutional drug outlet and comply with all the requirements of licensure as defined in OAR 855-041-1080 through 855-041-1100.~~

~~(2) The location must be available for inspection by the Board.~~

~~(3) A consulting pharmacist for an Oregon licensed healthcare facility must perform all duties and functions required by the healthcare facility's licensure, as well as any applicable federal and state laws and rules.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.155~~

REPEAL: 855-041-3315

RULE SUMMARY: The newly created Division 115 Pharmacists clarifies and provides clear expectations for a pharmacist engaged in the independent practice of pharmacy. Repealing this rule removes the drug outlet registration requirement for a pharmacist engaged in the independent practice of pharmacy where there are no drugs being dispensed, delivered or distributed. These changes are needed to provide clarity of expectations to both drug outlets and licensees.

CHANGES TO RULE:

~~855-041-3315~~

~~Personnel~~

- ~~(1) Each pharmacy must have a pharmacist-in-charge. To qualify for this designation, the person must hold a license to practice pharmacy in the state of Oregon and in the state in which the pharmacy is located if the pharmacy is out-of-state. The pharmacist-in-charge must be in good standing with both licensing Boards;¶~~
- ~~(2) The pharmacy must comply with all applicable state and federal laws and rules governing the practice of pharmacy and maintain records in compliance with requirements of federal law and Board rules;¶~~
- ~~(3) A consulting pharmacist who provides services to any person or facility located in Oregon, must be an Oregon licensed pharmacist except that a pharmacist working in an out-of-state pharmacy, who only performs the professional tasks of interpretation, evaluation, DUR, counseling and verification associated with their dispensing of a drug to a patient in Oregon; and¶~~
- ~~(4) Prospective drug utilization reviews, refill authorizations, interventions and patient counseling not associated with the dispensing of a drug for an Oregon patient must be performed by an Oregon licensed pharmacist.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.155~~

REPEAL: 855-041-3320

RULE SUMMARY: The newly created Division 115 Pharmacists clarifies and provides clear expectations for a pharmacist engaged in the independent practice of pharmacy. Repealing this rule removes the drug outlet registration requirement for a pharmacist engaged in the independent practice of pharmacy where there are no drugs being dispensed, delivered or distributed. These changes are needed to provide clarity of expectations to both drug outlets and licensees.

CHANGES TO RULE:

~~855-041-3320~~

~~Confidentiality~~

~~(1) Each consulting pharmacy must comply with all applicable federal and state laws and rules regarding confidentiality, integrity and privacy of patient information.~~

~~(2) Each consulting pharmacy must ensure that electronic data systems are secure and comply with applicable federal and state laws and rules.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.155~~

REPEAL: 855-041-3325

RULE SUMMARY: The newly created Division 115 Pharmacists clarifies and provides clear expectations for a pharmacist engaged in the independent practice of pharmacy. Repealing this rule removes the drug outlet registration requirement for a pharmacist engaged in the independent practice of pharmacy where there are no drugs being dispensed, delivered or distributed. These changes are needed to provide clarity of expectations to both drug outlets and licensees.

CHANGES TO RULE:

~~855-041-3325~~

~~General Provisions and Minimum Standards-~~

~~(1) A consulting pharmacy shall:~~

~~(a) Maintain appropriate reference materials for drug information according to the scope of consulting services.~~

~~(b) Be located in a secure room with a door and suitable lock, and accessible only to persons authorized by the pharmacist in charge.~~

~~(c) Provide storage sufficient to secure confidential documents and any hardware necessary to access information.~~

~~(d) Be constructed in a manner of materials that make the space separate and distinct from the rest of the home or office building, and that protects the records from unauthorized access.~~

~~(2) A consulting pharmacy located in a residence must be approved by the Board.~~

~~(3) The consulting pharmacist must be able to provide the Board, upon request, with documentation of their pharmaceutical care activities.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.155~~

REPEAL: 855-041-3330

RULE SUMMARY: The newly created Division 115 Pharmacists clarifies and provides clear expectations for a pharmacist engaged in the independent practice of pharmacy. Repealing this rule removes the drug outlet registration requirement for a pharmacist engaged in the independent practice of pharmacy where there are no drugs being dispensed, delivered or distributed. These changes are needed to provide clarity of expectations to both drug outlets and licensees.

CHANGES TO RULE:

~~855-041-3330~~

~~Security Requirements~~

- ~~(1) All consulting services must occur in a secure environment that includes but is not limited to:~~
  - ~~(a) A closed system or other electronic storage device that is password protected;~~
  - ~~(b) A secure room or safe that is locked to store records when the pharmacist is not directly monitoring them;~~
  - ~~(c) Sufficient encryption for securing confidential documents and any hardware used in accessing authorized patient health information by electronic connection; and~~
  - ~~(d) A data processing system that complies with all federal and state laws and rules to ensure compliant security software.~~
- ~~(2) Records stored at a practitioner's office must be kept secure either with other records at the facility or independently in a locked room where only the pharmacist, and physician and their agents have access;~~
- ~~(3) All records must be stored at the approved consulting or drugless pharmacy; and~~
- ~~(4) Any breach in the security of the system or breach of confidentiality must be documented and reported to the Board within seven days.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.155~~

REPEAL: 855-041-3335

RULE SUMMARY: The newly created Division 115 Pharmacists clarifies and provides clear expectations for a pharmacist engaged in the independent practice of pharmacy. Repealing this rule removes the drug outlet registration requirement for a pharmacist engaged in the independent practice of pharmacy where there are no drugs being dispensed, delivered or distributed. These changes are needed to provide clarity of expectations to both drug outlets and licensees.

CHANGES TO RULE:

~~855-041-3335~~

~~Policies and Procedures~~

~~The consulting pharmacy must maintain a current policy and procedures manual that includes at a minimum:¶~~

~~(1) A policy on protecting confidentiality and integrity of patient information;¶~~

~~(2) An outline of responsibilities and scope of services;¶~~

~~(3) A policy on compliance with federal and state laws and rules;¶~~

~~(4) An operational Quality Assurance Program;¶~~

~~(5) A policy that describes use of computer systems.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.155~~

REPEAL: 855-041-3340

RULE SUMMARY: The newly created Division 115 Pharmacists clarifies and provides clear expectations for a pharmacist engaged in the independent practice of pharmacy. Repealing this rule removes the drug outlet registration requirement for a pharmacist engaged in the independent practice of pharmacy where there are no drugs being dispensed, delivered or distributed. These changes are needed to provide clarity of expectations to both drug outlets and licensees.

CHANGES TO RULE:

~~855-041-3340~~

~~Records~~

~~(1) The recordkeeping and storage requirements in OAR 855-041-3300 through 855-041-3340 are in addition to the requirements of other recordkeeping and storage rules of the Board. Records and documentation may be written, electronic or a combination of the two.¶¶~~

~~(2) Each recordkeeping system must include quality improvement program documentation;¶¶~~

~~(3) The PIC must ensure maintenance of written or electronic records and reports as necessary to ensure patient health, safety, and welfare. Records must include but need not be limited to:¶¶~~

~~(a) Patient profiles and records;¶¶~~

~~(b) A list of current employees and their license numbers;¶¶~~

~~(A) Verification of each license and registration;¶¶~~

~~(B) The name of the individual responsible for verification of licensure and registration status.¶¶~~

~~(c) Copies of all contracts for consulting services and collaborative therapy agreements;¶¶~~

~~(d) Copies of all consultation reports submitted to practitioners and facilities.~~

~~Statutory/Other Authority: ORS 689.205~~

~~Statutes/Other Implemented: ORS 689.155~~



ADOPT: 855-115-0001

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to the newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

Other health care boards in Oregon and other states consider counseling to patients who are located in Oregon to require licensure. This would bring us in alignment with other boards and ensure that the Board is following statutory mandates regarding licensure requirements for those practicing pharmacy in Oregon.

CHANGES TO RULE:

855-115-0001

Applicability

(1) This Division applies to any Pharmacist who engages in the practice of pharmacy.¶

(2) Only persons licensed with the board as a Pharmacist may practice pharmacy and must act in compliance with statutes and rules. ¶

(3) A pharmacist who is located in another state and who engages in the practice of pharmacy for a patient, drug outlet or healthcare facility in Oregon, must be licensed by the board in accordance with the following rules, except that a pharmacist located in another state who is working for an out-of-state pharmacy, who only performs the professional tasks of interpretation, evaluation, DUR, and verification associated with the out-of-state pharmacy dispensing of a drug into Oregon, is not required to be licensed by the board.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.255

ADOPT: 855-115-0005

RULE SUMMARY: Placeholder for future definition rules.

CHANGES TO RULE:

855-115-0005

Definitions

Placeholder for future rules.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.205

ADOPT: 855-115-0010

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0010

Licensure: Qualifications: General

(1) Before licensure as a Pharmacist, an applicant must meet the qualifications required that are applicable to their method of licensure:¶

(a) Examination or Score Transfer in OAR 855-115-0020; or¶

(b) Reciprocity in OAR 855-115-0025.¶

(2) If residing in the United States, proof of citizenship, legal permanent residency or qualifying visa, as required by 8 USC 1621.¶

(3) Foreign pharmacy graduates must also meet the requirements of OAR 855-115-0013 prior to applying for a Pharmacist license.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, 2021 HB 2078

ADOPT: 855-115-0013

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0013

Licensure: Qualifications: Pharmacist Foreign Pharmacy Graduates

Foreign Pharmacy Graduates applying for licensure in Oregon must meet the following requirements:

(1) Provide a copy of the original certificate issued by the NABP Foreign Pharmacy Graduate Examination Committee (FPGEC); and

(2) Submit evidence of 1440 hours in pharmacy practice as an Intern. An applicant must not count internship hours or practice as a pharmacist toward Oregon's internship requirement that was completed:

(a) Outside the United States; or

(b) Before obtaining the FPGEC certification.

(3) Graduates from a Canadian Council for Accreditation of Pharmacy Programs (CCAPP) accredited pharmacy program with a curriculum taught in English are exempt from (1) and (2). These graduates must be:

(a) Licensed as a pharmacist in a US state or jurisdiction with a minimum of 1440 hours in pharmacy practice in a US state or jurisdiction; and

(b) The license is not suspended, revoked, canceled or otherwise completely restricted from the practice of pharmacy for any reason.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, ORS 689.255

ADOPT: 855-115-0016

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0016

Licensure: Qualifications: Pharmacist Examination or Score Transfer

(1) To receive licensure as a Pharmacist by examination or score transfer, an applicant must meet the following requirements: ¶

(a) Provide evidence from a board-approved school or college of pharmacy that: ¶

(A) A degree has been conferred; and ¶

(B) The applicant has completed a minimum of 1440 hours of School-based Rotational Internships as that term is defined in OAR 855-031-0005. ¶

(b) Pass the North American Pharmacist Licensure Examination (NAPLEX) exam. A passing result is valid for 12 months. A candidate who does not pass may retake the exam after a minimum of 45 days with a limit of three attempts in a 12 month period, not to exceed a lifetime maximum of 5 failed attempts; ¶

(c) Pass the Oregon Multistate Pharmacy Jurisprudence Examination (MPJE) exam. A passing result is valid for 12 months. A candidate who does not pass may retake the exam after a minimum of 30 days with a limit of three attempts in a 12 month period, not to exceed a lifetime maximum of 5 failed attempts. ¶

(d) Complete one hour of continuing pharmacy education in pain management, provided by the Pain Management Commission of the Oregon Health Authority. ¶

(2) An applicant who has obtained their professional degree outside the United States is not eligible for licensure via examination or score transfer until they have met the requirements of OAR 855-115-0013. ¶

(3) An applicant applying via score transfer must request the National Association of Boards of Pharmacy to transfer their NAPLEX score to Oregon.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 413.590, ORS 689.151, ORS 689.285, 2021 HB 2078

ADOPT: 855-115-0019

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0019

Licensure: Qualifications: Pharmacist- Reciprocity

(1) An applicant for licensure as a Pharmacist by reciprocity must meet the requirements of ORS 689.265 and the following requirements:¶

(a) Be a graduate of a board-approved school or college of pharmacy;¶

(b) Have passed the NAPLEX;¶

(c) Have passed the Oregon MPJE. A passing result is valid for 12 months. A candidate who does not pass may retake the exam after a minimum of 30 days with a limit of three attempts in a 12 month period, not to exceed a lifetime maximum of 5 failed attempts; ¶

(d) Provide proof that each pharmacist license granted to the applicant is not suspended, revoked, canceled or otherwise completely restricted from the practice of pharmacy for any reason except nonrenewal or the failure to obtain required continuing education credits in any state where the applicant is licensed but not engaged in the practice of pharmacy.¶

(e) Have either:¶

(A) Been engaged in the practice of pharmacy for period of at least 12 months including a minimum of 1440 hours of work experience as a licensed Pharmacist. Evidence supporting this work experience must be provided at time of application; or¶

(B) Met the internship requirements of this state within the one-year period immediately before the date of this application. Evidence from the school or college of pharmacy supporting this internship must be provided at time of application. ¶

(2) An applicant who has obtained their professional degree outside a US state or jurisdiction is not eligible for licensure by reciprocity until they have met the requirements of OAR 855-115-0013.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, ORS 689.265, ORS 689.405

ADOPT: 855-115-0020

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0020

Licensure: Application- Pharmacist

- (1) An application for licensure as a Pharmacist may be accessed on the board website.¶
- (2) The board may issue a license to a qualified applicant after the receipt of:¶
  - (a) Official transcript from a board-approved school or college of pharmacy;¶
  - (b) Passing result from NABP for the NAPLEX and MPJE;¶
  - (c) A completed application including:¶
    - (A) Payment of the fee prescribed in OAR 855-110;¶
    - (B) A current, passport regulation size photograph (full front, head to shoulders);¶
    - (C) Personal identification or proof of identity;¶
    - (D) Certificate of completion for the one hour of continuing pharmacy education in pain management, provided by the Pain Management Commission of the Oregon Health Authority; ¶
  - (d) A completed national fingerprint-based background check; and¶
  - (e) A completed moral turpitude statement or a written description and documentation regarding all conduct that is required to be disclosed.¶
- (3) Penalties may be imposed for any of the following grounds: ¶
  - (a) Failure to completely and accurately answer each question on the application for licensure or renewal of licensure;¶
  - (b) Failure to disclose any requested information on the application;¶
  - (c) Failure to respond to requests for information resulting from the application; and¶
  - (d) Any other grounds found in ORS 689.405.¶
- (4) An application submitted to the board that is not complete within 90 days from applicant submission will be expired. Once expired, an applicant who wishes to continue with the application process must reapply by submitting a new application, along with all documentation, and all fees. While a new application and documentation is required, the board may still consider information that was provided in previous applications. ¶
- (5) The license of a Pharmacist expires June 30 in odd numbered years and may be renewed biennially.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, ORS 689.225, ORS 689.285

ADOPT: 855-115-0030

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0030

Licensure: Renewal or Reinstatement- Pharmacist

(1) An application for renewal of a Pharmacist license must:

(a) Pay the biennial license fee required in OAR 855-110;

(b) Complete the continuing pharmacy education requirements as outlined in OAR 855-021; and

(c) Be subject to an annual criminal background check; and

(d) Provide a completed moral turpitude statement or a written description and documentation regarding all conduct that is required to be disclosed.

(2) A Pharmacist who fails to renew their license by the expiration date and whose license has been lapsed for 12 months or less may apply to renew their license and must pay a late fee required in OAR 855-110.

(3) A person who fails to renew their pharmacist license by the expiration date and whose license has been lapsed for greater than 12 months may apply to reinstate their pharmacist license. To reinstate the person must:

(a) Apply per OAR 855-115-0020;

(b) Provide certification of completion of the continuing pharmacy education requirement in OAR 855-021 for all years in which the license was lapsed; and

(c) Meet the requirements below, if applicable.

(4) A person must pass the Oregon MPJE if their pharmacist license has been lapsed for more than three years. A passing result is valid for 12 months. A candidate who does not pass may retake the exam after a minimum of 30 days with a limit of three attempts in a 12 month period, not to exceed a lifetime maximum of 5 failed attempts.

(5) If the pharmacist license has been lapsed for more than five years and has not maintained an active pharmacist license in another US state or jurisdiction, a person must comply with (4) and take and pass the NAPLEX. A passing result is valid for 12 months. A candidate who does not pass may retake the exam after a minimum of 45 days with a limit of three attempts in a 12 month period, not to exceed a lifetime maximum of 5 failed attempts.

(6) In lieu of reinstatement, a person may apply for licensure via reciprocity if the person has maintained an active pharmacist license in good standing in another US state or jurisdiction.

(7) A person whose Pharmacist license has been retired for more than 12 months need only pay the annual license fees for the year in which they seek a license, however they must also complete the requirements in (3).

(8) A person whose Pharmacist license has been suspended, revoked or restricted has the right, at reasonable intervals, to petition to the board for reinstatement of such license pursuant to ORS 689.445 and in conjunction with the application process identified in OAR 855-115-0020.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, ORS 689.275, ORS 689.445



ADOPT: 855-115-0040

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0040

Licensure: Lapse

(1) A Pharmacist may let their license lapse by failing to renew or request that the board accept the lapse of their license prior to the expiration date.¶

(a) Lapse of a license is not discipline.¶

(b) The board has jurisdiction to proceed with any investigation or any action or disciplinary proceeding against the licensee.¶

(c) A person must not practice pharmacy if the license is lapsed.¶

(d) A person may apply for renewal or reinstatement of their license according to OAR 855-115-0030.¶

(2) If a Pharmacist requests to lapse their license prior to the expiration date, the following applies:¶

(a) The license remains in effect until the board accepts the lapse.¶

(b) If the board accepts the lapse, the board will notify the licensee of the date the license terminates.¶

(c) The board will not accept the lapse if an investigation of or disciplinary action against the licensee is pending.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.153

ADOPT: 855-115-0043

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0043

Licensure: Retire

(1) A Pharmacist may request that the board retire their license if the Pharmacist is in good standing, has been licensed as a Pharmacist for at least 20 years and is no longer practicing pharmacy.¶

(a) A retired license is not considered discipline: ¶

(b) The board has continuing authority under ORS 689.153.¶

(c) A person must not practice pharmacy if the license is retired.¶

(d) A person may apply for renewal or reinstatement according to OAR 855-115-0030.¶

(2) If a Pharmacist requests to retire their license prior to the expiration date of the license, the following applies:¶

(a) The license remains in effect until the board accepts the request to retire the license.¶

(b) If the board accepts the request to retire the license, the board will notify the licensee of the date the license is no longer active. ¶

(c) The board will not accept the request to retire the license if an investigation of or disciplinary action against the licensee is pending.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.153

ADOPT: 855-115-0046

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0046

Licensure: Voluntary Surrender

A Pharmacist may request that the board accept the voluntary surrender of their license.¶

(1) A voluntary surrender of a license is discipline. ¶

(2) The license remains in effect until the board accepts the surrender.¶

(3) If the board accepts a request for voluntary surrender, the board will issue a final order terminating the license, signed by the licensee and a board representative. The termination date is the date the licensee is sent the executed final order. ¶

(4) The licensee must cease practicing pharmacy from the date the license terminates.¶

(5) A voluntarily surrendered license cannot be renewed. A former licensee who wants to obtain a license must apply for reinstatement per OAR 855-115-0030 unless the final order prohibits the licensee from doing so.¶

(6) The board has jurisdiction to proceed with any investigation or any action or disciplinary proceeding against the licensee.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.153

ADOPT: 855-115-0055

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0055

Registration: Pharmacist Preceptor

(1) A preceptor license may be issued by the board upon receipt of a completed application.¶

(2) A Pharmacist preceptor must have been an actively practicing Pharmacist for at least 12 months immediately prior to supervising an Intern.¶

(3) A preceptor license must be renewed biennially and will expire on June 30 in odd numbered years.¶

(4) The preceptor may report to the board voluntarily, the progress and aptitude of an Intern under the preceptor's supervision, or must do so upon request of the board.¶

(5) The preceptor is responsible for supervision of the majority of the Intern's SRI hours and must provide the Intern with internship experiences, which in the preceptor's judgment will increase the Intern's competency in the practice of pharmacy.¶

(6) Before supervising an Intern in an SRI program, a preceptor must complete any training program required by the school of pharmacy.¶

(7) A preceptor must advise each school of pharmacy when they are supervising students from more than one school at the same time. This applies to both in-state and out-of-state schools or colleges of pharmacy.¶

(8) A preceptor must verify that their Intern is currently licensed with the board.¶

(9) A Pharmacist acting as a preceptor in a federal facility is not required to be licensed as a Pharmacist in Oregon, but is required to be licensed as a preceptor with the board.¶

(10) The school of pharmacy must maintain a record of each Intern's SRIs. This record must be made available to the board upon request.¶

(11) A school of pharmacy located in Oregon must submit a report on their experiential education program to the board at the end of each academic year. This report must include the names of students who successfully completed the program and graduated from the school. The school must maintain a list of preceptors and SRI sites, in and out-of-state, approved by the school and must make this list available to the board upon request.¶

(12) All records related to a student must be available for three years after the student graduates.

Statutory/Other Authority: ORS 689.151, ORS 689.205

Statutes/Other Implemented: ORS 689.255

ADOPT: 855-115-0060

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0060

Registration: In-State Volunteer Pharmacist

(1) A Pharmacist may register with the board for the limitation on liability provided by ORS 676.340, which provides a licensee with specific exemptions from liability for the provision of pharmacy services without compensation under the terms of the law. ¶

(2) A no cost registration may be issued by the board upon receipt of a completed application. Registration requires submission of a signed form provided by the board in accordance with ORS 676.345(2). ¶

(3) Registration will expire at the licensee's next license renewal date and may be renewed biennially. It is the licensee's responsibility to ensure his or her active registration in this program. ¶

(4) Nothing in this section relieves licensee from the responsibility to comply with board regulations and still may be subject to disciplinary actions. ¶

(5) Pharmacists providing care under the provisions of ORS 676.340 and ORS 676.345 remain subject to the board complaint investigation process articulated in ORS 676.175.

Statutory/Other Authority: ORS 676.340, ORS 689.205

Statutes/Other Implemented: ORS 676.340, ORS 676.345

ADOPT: 855-115-0063

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0063

Notification: Out-of-State Volunteer Pharmacist

(1) A pharmacist who is not licensed in Oregon may, without compensation and in connection with a coordinating organization or other entity, practice pharmacy for 30 days each calendar year. The Pharmacist is not required to apply for licensure or other authorization from the board to practice pharmacy under this section.¶

(2) To practice pharmacy under this section, the pharmacist who is not licensed in Oregon must submit on a form prescribed by the board, at least 10 days prior to commencing practice in this state, to the board:¶

(a) Proof that the pharmacist is in good standing and is not the subject of an active disciplinary action in any jurisdiction in which the pharmacist is authorized to practice;¶

(b) An acknowledgement that the pharmacist must provide services only within the scope of practice of pharmacy and will provide services pursuant to the scope of practice of this state or the health care practitioner's licensing agency, whichever is more restrictive;¶

(c) An attestation that the pharmacist will not receive compensation for practice in this state;¶

(d) The name and contact information of the coordinating organization or other entity through which the pharmacist will practice; and¶

(e) The dates on which the pharmacist will practice in this state.¶

(3) Except as otherwise provided, a pharmacist practicing under this section is subject to the laws and rules governing the pharmacy profession that the pharmacist is authorized to practice and to disciplinary action by the appropriate health professional regulatory board.

Statutory/Other Authority: ORS 689.205, ORS 689.315, 2022 HB 4096

Statutes/Other Implemented: ORS 689.151, 2022 HB 4096

ADOPT: 855-115-0066

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0066

Notification: Nuclear Pharmacists

In order to qualify under these rules as a nuclear Pharmacist, a Pharmacist must:

(1) Meet minimal standards of training and experience in the handling of radioactive materials in accordance with the requirements of the Radiation Protection Services of the Department of Human Services; and

(2) Be a Pharmacist licensed to practice in Oregon; and

(3) Submit to the Board of Pharmacy either:

(a) Evidence of current certification in nuclear pharmacy by the Board of Pharmacy Specialties; or

(b) Evidence that they meet both the following:

(A) Certification of a minimum of six month on-the-job training under the supervision of a qualified nuclear Pharmacist in a nuclear pharmacy providing radiopharmaceutical services; and

(B) Certification of completion of a nuclear pharmacy training program in a college of pharmacy or a nuclear pharmacy training program approved by the board.

(4) Receive a letter of notification from the board that the evidence submitted by the Pharmacist meets the above requirements and has been accepted by the board.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0070

Pharmacist: General Responsibilities

A Pharmacist licensed to practice pharmacy by the board has the duty to use that degree of care, skill, diligence and reasonable professional judgment that is exercised by a careful and prudent Pharmacist in the same or similar circumstances.

(1) Each Pharmacist is responsible for their own actions; however, this does not absolve the drug outlet from responsibility for the Pharmacist's actions.

(2) Each Pharmacist and each drug outlet are responsible for the actions of each Intern, Certified Oregon Pharmacy Technician, Pharmacy Technician and non-licensed pharmacy personnel.

(3) With the exception of healthcare providers working within the scope of their licensure, only a Pharmacist is permitted to:

(a) Practice pharmacy as defined in ORS 689.005;

(b) Evaluate and interpret a prescription;

¶

(c) Conduct a Drug Utilization Review or Drug Regimen Review;

(d) Consult with any prescriber, other healthcare professional or authorized agent;

(e) Counsel a patient or the patient's agent regarding a prescription, either prior to or after dispensing, or regarding any medical information contained in the patient's record or chart.

(f) Advise on therapeutic values, content, hazards and use of drugs and devices;

(g) Interpret the clinical data in a patient record system or patient chart.

(h) Conduct Medication Therapy Management;

(i) Practice pursuant to a Clinical Pharmacy Agreement;

(j) Practice pursuant to a Statewide Drug Therapy Management Protocol;

(k) Prescribe a drug or device, as authorized by statutes and rules;

(l) Administer a drug or device;

(m) Order, interpret and monitor a laboratory test within the scope of pharmacy practice as authorized under ORS 689;

(n) Receive a new or transferred prescription orally;

(o) Verify the work performed by those under their supervision; and

(p) Delegate tasks to other healthcare providers who are appropriately trained and authorized to perform the delegated tasks.

(4) A Pharmacist may permit an Intern under their supervision to perform any task listed in (3), except that an Intern must not:

(a) Perform the duties of a Pharmacist until after the Intern has successfully completed their first academic year, and only after successful completion of coursework corresponding to those duties;

(b) Prescribe a drug or device; or

(c) Perform final verification or verification as defined in OAR 855-006-0005.

(5) A Pharmacist must not permit a Certified Oregon Pharmacy Technician or Pharmacy Technician under their supervision, direction and control to perform any task listed in (3).

(6) A Pharmacist must:

(a) Comply with all state and federal laws and rules governing the practice of pharmacy;

(b) Control each aspect of the practice of pharmacy;

(c) Ensure each prescription contains all the elements required in OAR 855-041 or OAR 855-139.

(d) Ensure the patient record contains the elements required in OAR 855-041 or OAR 855-139.

(e) Perform appropriately the duties of a Pharmacist while engaging in the practice of pharmacy as defined in ORS 689.005;

(f) Ensure prescriptions, prescription refills, and drug orders are dispensed:

(A) Accurately;

(B) To the correct party;

(C) Pursuant to a valid prescription;

(D) Pursuant to a valid patient-practitioner relationship; and



- (E) For a legitimate medical purpose;¶
- (g) Ensure each Intern only practices pharmacy under the supervision of a Pharmacist;¶
- (h) Ensure each Certified Oregon Pharmacy Technician and Pharmacy Technician only assists in the practice of pharmacy under the supervision, direction, and control of a Pharmacist;¶
- (i) Ensure non-Pharmacist personnel only perform duties they are licensed and trained to perform.¶
- (j) Know the identity of each Intern under their supervision, and Certified Oregon Pharmacy Technician and Pharmacy Technician under their supervision, direction and control at all times;¶
- (k) Ensure that the supervision of non-Pharmacist personnel does not exceed their capacity to safely supervise based on the workload and services being provided.¶
- (l) Ensure there is sufficient staff to provide services in a safe and timely manner. The Pharmacist on duty may temporarily shut down touchpoints and services at the discretion of the Pharmacist, if determined in their reasonable professional judgment, that there is insufficient staff to provide services in a safe and timely manner.¶
- (m) Conduct themselves in a professional manner at all times and not engage in any form of discrimination, harassment, intimidation, or assault in the workplace.¶
- (n) Review, adhere to, and enforce the drug outlet written policies and procedures. The review must:¶
  - (A) Occur upon employment and with each update; and¶
  - (B) Be documented and records retained by the outlet; and¶
- (o) Ensure the security of each pharmacy area including:¶
  - (A) Providing adequate safeguards against theft or diversion of prescription drugs, and records for such drugs;¶
  - (B) Ensuring that all records and inventories are maintained in accordance with state and federal laws and rules;¶
  - (C) Ensuring that only a Pharmacist has access to the pharmacy when the pharmacy is closed.¶
- (7) A Pharmacist may delegate final verification of drug and dosage form, device, or product to a Certified Oregon Pharmacy Technician or Pharmacy Technician per ORS 689.005 when the following conditions are met:¶
  - (a) The Pharmacist utilizes reasonable professional judgment to determine that a Certified Oregon Pharmacy Technician or Pharmacy Technician may perform final verification;¶
  - (b) The Certified Oregon Pharmacy Technician or Pharmacy Technician does not use discretion in conducting final verification;¶
  - (c) The Pharmacist delegating final verification is supervising the Certified Oregon Pharmacy Technician or Pharmacy Technician; and¶
  - (d) Ensure the Certified Oregon Pharmacy Technician or Pharmacy Technician is performing a physical final verification.¶
- (8) Each Pharmacist on duty and the PIC is responsible for the conduct, operation, management and control of the pharmacy.

Statutory/Other Authority: ORS 689.205, 2022 HB 4034

Statutes/Other Implemented: ORS 689.025, ORS 689.151, ORS 689.645, ORS 689.689, 2022 HB 4034

ADOPT: 855-115-0072

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0072

Responsibilities: Confidentiality

(1) No licensee of the board who obtains any patient information can disclose that information to a third-party without the consent of the patient except as provided in (a)-(e) of this rule.¶

(2) A licensee can disclose patient information:¶

(a) To the board:¶

(b) To a practitioner, Oregon licensed Pharmacist, Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician, if disclosure is authorized by a Pharmacist and disclosure is necessary to protect the patient's health or well-being:¶

(c) To a third-party when disclosure is authorized or required by law:¶

(d) As permitted pursuant to federal and state patient confidentiality laws or:¶

(e) To the patient or to persons as authorized by the patient.¶

(3) A licensee or registrant of the board must not access or obtain any patient information unless it is accessed or obtained for the purpose of patient care or as allowed in (1)(a)-(e) of this rule.

Statutory/Other Authority: ORS 689.205, ORS 689.305, ORS 689.315

Statutes/Other Implemented: ORS 689.155

ADOPT: 855-115-0074

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0074

Responsibilities: Duty to Report

(1) Unless state or federal laws relating to confidentiality or the protection of health information prohibit disclosure, each Pharmacist must report to the board without undue delay, but within: ¶

(a) 1 business day:¶

(A) Confirmed significant drug loss; or ¶

(B) Any loss related to suspected drug theft of a controlled substance. ¶

(b) 10 days if they:¶

(A) Are convicted of a misdemeanor or a felony; ¶

(B) Are arrested for a felony; or ¶

(C) Have reasonable cause to believe that any suspected violation of ORS 475, ORS 689 or OAR 855 has occurred.¶

(c) 10 working days if they:¶

(A) Have reasonable cause to believe that another licensee (of the board or any other Health Professional Regulatory Board) has engaged in prohibited or unprofessional conduct to that licensee's board; or ¶

(B) Suspect records are lost or stolen.¶

(d) 15 days of any change in:¶

(A) Legal name;¶

(B) Name used when practicing pharmacy; ¶

(C) Preferred email address;¶

(D) Personal phone number;¶

(E) Personal physical address;¶

(F) Personal mailing address; or ¶

(G) Employer.¶

(2) A Pharmacist who reports to a board in good faith as required by ORS 676.150 is immune from civil liability for making the report.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 676.150, ORS 689.151, ORS 689.155, ORS 689.455

ADOPT: 855-115-0076

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0076

Responsibilities: Training

(1) Pharmacists must complete:

(a) Initial training that includes on-the-job and related education that is commensurate with the tasks that the Pharmacist will perform, prior to the performance of those tasks; and

(b) Ongoing training to ensure continued competency in tasks that are performed.

(2) The outlet must retain records of training in (1).

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.155

ADOPT: 855-115-0082

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0082

Drug Utilization Review (DUR)

(1) A Pharmacist must complete a drug utilization review (DUR) by reviewing the patient record prior to dispensing each prescription drug or device for the purpose of identifying the following:¶

(a) Over-utilization or under-utilization:¶

(b) Therapeutic duplication:¶

(c) Drug-disease contraindications:¶

(d) Drug-drug interactions:¶

(e) Incorrect drug dosage or formulation:¶

(f) Inappropriate duration of treatment:¶

(g) Drug-allergy interactions; and¶

(h) Drug misuse.¶

(2) Upon recognizing a concern with any of the items in (1)(a)-(h), the Pharmacist must take steps to mitigate or resolve the problem and document the steps taken and outcome.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, ORS 689.155

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0084

Counseling

(1) The Pharmacist must counsel the patient or patient's agent on the use of a drug or device:¶

(a) Upon request: ¶

(b) When the drug or device has not been previously dispensed to the patient by the pharmacy:¶

(c) When there has been a change in the dose, formulation, or directions; or¶

(d) For any refill that the Pharmacist deems counseling is necessary. ¶

(2) A Pharmacist is not required to counsel a patient or patient's agent when the patient or patient's agent refuses such consultation. If refused: ¶

(a) Only the Pharmacist can accept a patient's or patient's agent's request not to be counseled, when counseling is required; ¶

(b) The Pharmacist may choose not to release the prescription until counseling has been completed:¶

(3) The Pharmacist that provides counseling or accepts the request not to be counseled must document their identity and the provision or declination of counseling at the time of the interaction:¶

(4) A Pharmacist must not allow a prescription to be released from the drug outlet when counseling is required, prior to the counseling or acceptance of the request not to be counseled by a Pharmacist:¶

(5) For each prescription, the Pharmacist must determine the manner and amount of counseling that is reasonable and necessary under the circumstance to promote safe and effective use or administration of the drug or device, and to facilitate an appropriate therapeutic outcome for that patient. ¶

(6) When communicating (e.g. counseling, patient care services, billing) with a patient who prefers to communicate in a language other than English or who communicates in signed language, the Pharmacist must work with a health care interpreter from the health care interpreter registry administered by the Oregon Health Authority under ORS 413.558 unless the Pharmacist is proficient in the patient's preferred language.¶

(7) Counseling on a new prescription may include, but is not limited to, the following elements:¶

(a) Name and description of the drug:¶

(b) Dosage form, dose, route of administration, and duration of drug therapy:¶

(c) Intended use of the drug and expected action:¶

(d) Special directions and precautions for preparation, administration, and use by the patient:¶

(e) Common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur:¶

(f) Techniques for adherence and self-monitoring drug therapy:¶

(g) Proper storage and appropriate disposal method(s) of unwanted or unused medication:¶

(h) Refill information:¶

(i) Action to be taken in the event of a missed dose; and¶

(j) Pharmacist comments relevant to the individual's drug therapy, including any other information peculiar to the specific patient or drug.¶

(8) Counseling on a refill prescription may include, but is not limited to, the following elements:¶

(a) Name and purpose of the medication:¶

(b) Directions for use, including technique:¶

(c) Perceived side effects; and¶

(d) Adherence.¶

(9) Additional forms of drug information (e.g., Medication Guide, Patient Package Inserts, Instructions for Use) must be used to supplement counseling when required by federal law or rule. ¶

(10) A Pharmacist must initiate and provide counseling under conditions that maintain patient privacy and confidentiality.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, ORS 689.155

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0086

Pharmacist-in-Charge: Qualifications, Limitations, and Duties

(1) In order to be a Pharmacist-in-Charge (PIC), a Pharmacist must:

(a) Complete at least 2000 hours of pharmacy practice as a Pharmacist within the last 2 years in a US state or jurisdiction;

(b) Complete a board provided PIC training course either before the appointment or within 90 days after the appointment and every 5 years thereafter effective July 1, 2025;

(c) Be employed by the outlet; and

(d) Be actively engaged in pharmacy activities at the drug outlet and be physically present at the drug outlet for a sufficient amount of time as needed to effectively supervise drug outlet activities, be responsible for the daily operation of the drug outlet and ensure drug outlet compliance.

(2) A Pharmacist must not be designated PIC of more than three pharmacies. The following drug outlet types do not count towards this limit:

(a) Pharmacy Prescription Kiosk in OAR 855-141;

(b) Pharmacy Prescription Locker in OAR 855-143.

(3) The PIC must perform all of the following:

(a) Notify the board of becoming the PIC within 15 days of the occurrence, on a form provided by the board;

(b) Be responsible for the daily conduct, operation, management and control of the drug outlet;

(c) Establish, maintain, and enforce written policies and procedures governing the practice of pharmacy in coordination with the outlet;

(d) Ensure maintenance of accurate records governing the practice of pharmacy in coordination with the outlet;

(e) Ensure compliance with all federal and state laws and rules governing the practice of pharmacy;

(f) Assess and approve personnel who may access the areas where drugs and records are stored;

(g) Ensure personnel with access to the areas where drugs and records are stored are trained and records retained;

(h) Ensure personnel that require licensure have been granted and maintain licensure with the board;

(i) Ensure licensed personnel work within the duties permitted by their licensure;

(j) Ensure non-licensed personnel only perform work that does not require licensure;

(k) Ensure the pharmacy is operated in a professional manner at all times;

(l) Ensure adequate staffing to provide safe and timely patient care based on workload volume and services provided in coordination with the drug outlet;

(m) Ensure the drug outlet contains the reference material and equipment needed;

(n) Enforce a continuous quality improvement program for dispensing services;

(o) Submit a plan of correction for observations noted on an inspection within the time allowed by the board;

(p) Complete an inspection on the PIC Annual Self-Inspection Form by July 1 each year and within 15 days of becoming PIC. The completed self-inspection forms must be signed and dated by the PIC and maintained for three years from the date of completion;

(q) Complete and document a controlled substance inventory with discrepancy reconciliation as follows:

(A) Within 15 days of a change in PIC, an inventory of all controlled drugs as required by OAR 855-080;

(B) Annually (within 367 days) for all controlled drugs as required by OAR 855-080;

(C) Monthly (within 31 days) for Schedule II controlled drugs.

(r) Ensure the drug outlet reports data as required by the Oregon Health Authority for PDMP, ALERT, Death with Dignity and communicable diseases.

(s) Ensure the drug outlet delivers prescriptions accurately;

(t) Notify the board of ceasing to be the PIC within 15 days of the occurrence, on a form provided by the board.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, ORS 689.155

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions. These rules replace the current Consulting/Drugless outlet rules in Division 041.

CHANGES TO RULE:

855-115-0100

Services: Independent Practice of Pharmacy

- (1) A Pharmacist engaged in the independent practice of pharmacy must:
  - (a) Be responsible for the daily conduct, operation, management and control of their practice;
  - (b) Ensure compliance with all federal and state laws and rules governing the practice of pharmacy;
  - (c) Document services provided and maintain a record of such services including the date, time and identification of the licensee and the specific activity or function;
  - (d) Ensure the Pharmacist and personnel have access to reference material and equipment needed based on the services provided;
  - (e) Ensure services are provided with required interpretation and translation per ORS 689.564;
  - (f) Ensure services occur in a sanitary, secure and confidential environment;
  - (g) Ensure all computer equipment used for the independent practice of pharmacy;
  - (A) Establishes and maintains a secure connection to patient information including but not limited to patient demographics, medical records, pharmacy records and clinical visit documentation;
  - (B) Prevents unauthorized access to patient information; and
  - (C) Is configured so information from any patient records are not duplicated, downloaded, or removed from the electronic database when an electronic database is accessed remotely;
  - (h) Ensure patient records are stored at a health care organization, practitioner, pharmacy, or pharmacist office and must be maintained in a secure manner that ensures only those authorized have access to such records; and
  - (i) Register as a drug outlet if involved in the dispensing, distribution or delivery of drugs.
- (2) A Pharmacist who personally possesses or stores drugs or devices when acting in the usual course of business and within their scope of practice, must comply with (1) and the following:
  - (a) Be responsible for drugs and devices in their possession;
  - (b) Only receive drugs from an Oregon Registered Drug Outlet (e.g. Wholesaler, Manufacturer or Pharmacy);
  - (c) Restrict access to such drugs and devices;
  - (d) Ensure security including provisions for adequate safeguards against loss, theft or diversion of such drugs and devices;
  - (e) Comply with the drug storage rules for pharmacies in OAR 855-041-1036;
  - (f) Ensure drugs and devices that are recalled, outdated, damaged, deteriorated, misbranded, adulterated, counterfeit, or identified as suspect or illegitimate, or otherwise unfit for dispensing must be documented, quarantined and physically separated from other drugs and devices until they are destroyed or returned to the supplier;
  - (g) Maintain records pertaining to the acquisition, storage, administration, and disposal of such drugs and devices.
- (3) A Pharmacist who utilizes an Intern, Certified Oregon Pharmacy Technician, Pharmacy Technician, must comply with (1) and the following:
  - (a) Only utilize Interns when under the Pharmacist's supervision;
  - (b) Only utilize Certified Oregon Pharmacy Technicians and Pharmacy Technicians when under the Pharmacist's supervision, direction and control; and
  - (c) Ensure licensed personnel work within the duties permitted by their licensure;
- (4) A Pharmacist who utilizes licensees remotely, must comply with (1), (3) and the following:
  - (a) Utilize a fully operational audiovisual communication system and have appropriate technology or interface to allow access to information required to complete assigned duties;
  - (b) Ensure telephone audio is recorded and stored for all patient interactions completed by Interns, Certified Oregon Pharmacy Technicians, and Pharmacy Technicians;
  - (c) Supervise each Intern and supervise, direct and control each Certified Oregon Pharmacy Technician, and Pharmacy Technician via an audiovisual communication system;
  - (d) Use reasonable professional judgment to determine the frequency of "check-ins" for each non-Pharmacist personnel being supervised via the audiovisual communication system with a minimum of at least once per work shift to ensure patient safety, compliance with federal and state laws, and documents the interaction;
  - (e) Be readily available to answer questions and fully responsible for the conduct and accuracy of the licensees;



and¶

(f) Ensure each Intern knows the identity of the Pharmacist who is providing supervision at all times.¶

(g) Ensure each Certified Oregon Pharmacy Technician and Pharmacy Technician knows the identity of the Pharmacist who is providing supervision, direction, and control at all times.¶

(h) Use reasonable professional judgment to determine the percentage of patient interactions for each licensee that must be observed or reviewed to ensure public health and safety with a minimum of 5% of patient interactions observed or reviewed;¶

(i) Review patient interactions within 48 hours of the patient interaction to ensure that each licensee is acting within the authority permitted under their license and patients are connected with a Pharmacist upon request;¶

(j) Document the following within 24 hours of the observation or review in (i):¶

(A) Number of each licensee's patient interactions;¶

(B) Number of each licensee's patient interactions Pharmacist has observed or reviewed;¶

(C) Date and time of licensee patient interaction Pharmacist has observed or reviewed;¶

(D) Date and time of Pharmacist observation or review of licensee's patient interaction; and¶

(E) Pharmacist notes of each interaction observed or reviewed; and¶

(k) Reports any violation of OAR 855 to the Oregon registered Drug Outlet Pharmacy within 24 hours of discovery and to the board within 10 days.¶

(5) All documentation and records required by this rule must be retained and made available to the board per 855-102-0050.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.155

ADOPT: 855-115-0105

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0105

Pharmacist Consulting Practice

(1) A Pharmacist who provides services to an Oregon licensed healthcare facility must perform all duties and functions required by the healthcare facility's licensure as well as by any relevant federal and state laws and rules.

(2) A Pharmacist who provides services to a correctional facility, long term care facility, community-based care facility, hospital drug room, or charitable pharmacy that does not have additional pharmacist service requirements under the terms of its licensure with any other state agency, must provide services that include but are not limited to the following:

(a) Provide the facility with policies and procedure relating to security, storage and distribution of drugs within the facility;

(b) Provide guidance on the proper documentation of drug administration or dispensing;

(c) Provide educational materials or programs as requested.

(3) A Pharmacist who provides services to an Oregon licensed healthcare provider must follow all state and federal laws and rules related to the practice of pharmacy.

(4) A Pharmacist must maintain appropriate records of their services in (2) - (4) for three years, and make them available to the board for inspection.

(5) A Pharmacist may store health protected records outside an Oregon licensed facility as permitted in OAR 855-115-0100.

(6) Records and documents must be retained according to OAR 855-102-0050.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, ORS 689.155

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0110

Administration of Vaccines, Drugs, or Devices

(1) In accordance with ORS 689.645 and ORS 689.655, a Pharmacist may administer a vaccine, drug or device as specified in this rule.¶

(2) A Pharmacist who administers a vaccine, drug or device must:¶

(a) Document that they have received practical training on the vaccine, drug or device, injection site and administration technique that is to be utilized: ¶

(A) For vaccines, the training must be at least 20 hours and approved by the Accreditation Council for Pharmacy Education (ACPE). This training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines. Records of such training must be retained according to OAR 855-102-0050.¶

(B) For non-vaccine drugs or devices, the training must include programs approved by the ACPE, curriculum-based programs from an ACPE-accredited college, state or local health department programs, training by an appropriately qualified practitioner, or programs approved by the board.¶

(C) For orally administered drugs, training is not required.¶

(b) Hold active CPR certification issued by the American Heart Association or the American Red Cross or any other equivalent program intended for a healthcare provider that is specific to the age and population receiving the vaccine, drug or device, contains a hands-on training component, and is valid for not more than three years. The most current CPR certification record must be retained according to OAR 855-102-0050.¶

(c) Ensure that any drugs administered to a patient were stored in accordance with the drug storage rules for pharmacies in ORS 855-041-1036. For vaccines, the Pharmacist must also follow the guidance in the Centers for Disease Control and Prevention (CDC) Vaccine Storage and Handling Toolkit (v. 4/12/2022).¶

(d) Observe, monitor, report, and otherwise take appropriate action regarding desired effect, side effect, interaction, and contraindication associated with administering the vaccine, drug or device; and¶

(e) Ensure that vaccine, drug or device administration is documented in the patient's permanent record. ¶

(f) Ensure records and documents are retained according to OAR 855-102-0050. Records of administration must include but are not limited to:¶

(A) Patient identifier;¶

(B) Vaccine, drug or device and strength;¶

(C) Route and site of administration;¶

(D) Date and time of administration;¶

(E) Pharmacist identifier.¶

(3) For vaccines only, the requirements in (2) and the following apply, the Pharmacist must:¶

(a) Have access to a current copy of the CDC reference, "Epidemiology and Prevention of Vaccine-Preventable Diseases" (v. 8/2021);¶

(b) Give the appropriate Vaccine Information Statement (VIS) to the patient or patient's agent with each dose of vaccine covered by these forms. The Pharmacist must ensure that the patient or patient's agent is available and has read, or has had read to them, the information provided and has had their questions answered prior to administering the vaccine.¶

(c) Report all vaccinations administered to the ALERT IIS in accordance with OAR 333-049-0050, or for COVID-19 immunizations, in accordance with OAR 333-047-1000.¶

(d) Report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS) and to the primary care provider as identified by the patient. ¶

(4) The Pharmacist must be acting:¶

(a) Under the direction of or pursuant to a lawful prescription or order issued by a licensed practitioner acting within the scope of the practitioner's practice; or¶

(b) In accordance with a statewide drug therapy management protocol per OAR 855-020-0300 or clinical pharmacy agreement per OAR 855-115-0120; or¶

(c) In accordance with a written administration protocol issued by the Oregon Health Authority and approved by the board. ¶

(5) The Pharmacist may administer a drug or device in conjunction with training the patient or the patient's agent

how to administer or self-administer the drug or device. Injectable vaccines must not be dispensed to the patient or the patient's agent for self-administration.<sup>¶</sup>

(6) Except as required in (2), records and documents must be retained according to OAR 855-102-0050.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.655

ADOPT: 855-115-0115

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0115

Services: Laboratory

(1) A Pharmacist must only order and receive laboratory test when:¶

(a) Managing drug therapy pursuant to the terms of a clinical pharmacy agreement with a provider under OAR 855-115-0120;¶

(b) Providing patient care services pursuant to the terms of the post-diagnostic formulary listed in OAR 855-115-1140 that is developed under ORS 689.645 and adopted by the board under ORS 689.649; ¶

(c) Providing patient care services pursuant to and as allowed by the terms of a protocol listed in OAR 855-115-1145 that is developed under ORS 689.645 and adopted by the board under ORS 689.649;¶

(d) Permitted under a Health Screen Testing Permit pursuant to ORS 438.010(8); ORS 438.060; ORS 438.130(2); ORS 438.150(5), (6) and (7); OAR 333-024-0370, OAR 333-024-0375, OAR 333-024-0380, OAR 333-024-0385, OAR 333-024-0390, OAR 333-024-0395 and OAR 333-024-0400; or¶

(e) Monitoring a therapeutic response or adverse effect to drug therapy under ORS 689.005.¶

(2) A pharmacy may perform a laboratory test as permitted under ORS 689.661.¶

(3) Records and documents must be retained according to OAR 855-102-0050.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, ORS 689.155

ADOPT: 855-115-0120

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0120

Services: Clinical Pharmacy Agreement

(1) A Pharmacist or pharmacy may engage in a Clinical Pharmacy Agreement with a health care organization, physician or naturopathic physician only under a written agreement that includes:¶

(a) The identification, either by name or by description, of each participating Pharmacist:¶

(b) The identification, either by name or description, of each participating physician, naturopathic physician, or providers of a healthcare organization:¶

(c) The name of the principal Pharmacist and physician, naturopathic physician or provider on behalf of the healthcare organization who are responsible for development, training, administration, and quality assurance of the agreement:¶

(d) The types of decisions that the Pharmacist is allowed to make, which must include a detailed description of the:¶

(A) Methods by which a physician or naturopathic physician or a provider on behalf of a healthcare organization enters a patient into the agreement:¶

(B) Diagnoses, drugs, or drug categories involved, and the activities allowed; The drug information must include the dosage, frequency, duration and route of administration of the drug.¶

(C) Methods, procedures, decision criteria, and plan the Pharmacist is to follow when conducting allowed activities:¶

(D) Documentation the Pharmacist is to complete concerning decisions made and a plan or appropriate mechanism for communication, feedback, and reporting to the practitioner concerning specific decisions made. In addition to the agreement, documentation must occur on the prescription record, patient profile, a separate log book, or in some other appropriate system:¶

(E) Circumstances which will cause the Pharmacist to initiate communication with the practitioner, including but not limited to the need for a new prescription order and a report of a patient's therapeutic response or any adverse effect.¶

(e) Training requirement for Pharmacist participation and ongoing assessment of competency, if necessary:¶

(f) Quality improvement and periodic review by a panel of the participating Pharmacists and practitioners:¶

(g) Authorization by the practitioner for the Pharmacist to participate in collaborative drug therapy; and¶

(h) A requirement for the Clinical Pharmacy Agreement to be reviewed and updated, or discontinued at least every two years:¶

(2) The Pharmacist must document and keep a record of each patient encounter where the clinical pharmacy agreement is utilized. ¶

(3) Records and documents must be retained according to OAR 855-102-0050.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, ORS 689.155

ADOPT: 855-115-0125

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0125

Services: Medication Therapy Management

(1) Medication Therapy Management (MTM) is a distinct service or group of services that is intended to optimize the therapeutic outcomes of a patient. Medication Therapy Management can be an independent service provided by a Pharmacist or can be in conjunction with the provision of a medication product with the objectives of:

(a) Enhancing appropriate medication use;

(b) Improving medication adherence;

(c) Increasing detection of adverse drug events;

(d) Improving collaboration between practitioner and Pharmacist; and

(e) Improving outcomes.

(2) A Pharmacist that provides MTM services must ensure that they are provided according to the individual needs of the patient and must include but are not limited to the following:

(a) Performing or otherwise obtaining the patient's health status assessment;

(b) Developing a medication treatment plan for monitoring and evaluating the patient's response to therapy;

(c) Monitoring the safety and effectiveness of the medication therapy;

(d) Selecting, initiating, modifying or administering medication therapy in consultation with the practitioner where appropriate;

(e) Performing a medication review to identify, prevent or resolve medication related problems;

(f) Monitoring the patient for adverse drug events;

(g) Providing education and training to the patient or the patient's agent on the use or administration of the medication where appropriate;

(h) Documenting the delivery of care, communications with other involved healthcare providers and other appropriate documentation and records as required. Such records must:

(A) Be accurate;

(B) Identify the person who completed each action;

(C) Records and documents must be retained according to OAR 855-102-0050.

(i) Providing necessary services to enhance the patient's adherence with the therapeutic regimen; and

(j) Integrating the medication therapy management services within the overall health management plan for the patient.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, ORS 689.155

ADOPT: 855-115-0130

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0130

Services: Prescribing Practices- Formulary or Protocol Compendia

(1) A Pharmacist located and licensed in Oregon may prescribe and dispense FDA-approved drugs and devices included on either the Formulary or Protocol Compendia, set forth in this Division. ¶

(2) A Pharmacist must only prescribe a drug or device consistent with the parameters of the Formulary and Protocol Compendia, and in accordance with federal and state regulations. ¶

(3) The Pharmacist is responsible for recognizing limits of knowledge and experience and for resolving situations beyond their expertise by consulting with or referring patients to another health care provider.¶

(4) For each drug or device the Pharmacist prescribes via the Formulary or Protocol Compendia, the Pharmacist must:¶

(a) Ensure training and education requirements have been met prior to engaging in prescribing activities. A copy of all required training and education must be retained according to OAR 855-102-0050; ¶

(b) Collect subjective and objective information about the patient's health history and clinical status. If prescribing pursuant to the Formulary Compendia in OAR 855-115-0140, a diagnosis from the patient's healthcare provider is required. ¶

(c) Assess the information collected in (b). Any physical assessment must be performed in a face-to-face, in-person interaction and not through electronic means.¶

(d) Create an individualized patient-centered care plan that utilizes information obtained in the assessment to evaluate and develop a care plan; and¶

(e) Implement the care plan, to include:¶

(A) Addressing medication and health-related problems and engaging in preventive care strategies;¶

(B) Initiating, modifying, discontinuing, or administering medication therapy as permitted by the Formulary or Protocol Compendia;¶

(C) Providing education and self-management training to the patient or caregiver;¶

(D) Contributing to coordination of care, including the referral or transition of the patient to another health care professional; and¶

(E) Scheduling follow-up care as needed to achieve goals of therapy; ¶

(f) Monitor and evaluate the effectiveness of the care plan and make modifications to the plan;¶

(g) Provide notification to the patient's identified primary care provider or other care providers when applicable within five business days following the prescribing of a Formulary or Protocol Compendia drug or device.¶

(5) If consultation is provided through an electronic means, the Oregon licensed Pharmacist must use an audiovisual communication system to conduct the consultation.¶

(6) All records and documents must be retained according to OAR 855-102-0050 and must be made available to the patient and provider upon request.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.645, ORS 689.649



ADOPT: 855-115-0135

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0135

Prescribing: Prohibited Practices

(1) A Pharmacist must not prescribe a vaccine, drug or device. ¶

(a) To self or a spouse, domestic partner, parent, guardian, sibling, child, aunt, uncle, grandchild and grandparent, including foster, in-law, and step relationships or other individual for whom a Pharmacist's personal or emotional involvement may render the Pharmacist unable to exercise detached professional judgment in prescribing; and ¶

(b) When the Formulary or Protocol Compendia requires referral to non-Pharmacist provider. ¶

(2) An Intern must not prescribe a vaccine, drug or device. ¶

(3) A Pharmacist must not require, but may allow, a patient to schedule an appointment with the pharmacist for the prescribing or administering of an injectable hormonal contraceptive or the prescribing or dispensing of a self-administered hormonal contraceptive.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.645, ORS 689.649

ADOPT: 855-115-0140

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0140

Formulary Compendium

A Pharmacist may prescribe, according to OAR 855-115-1130 and OAR 855-115-0135, a FDA-approved drug and device listed in the following compendium, pursuant to a diagnosis by a health care practitioner who has prescriptive authority and who is qualified to make the diagnosis. The diagnosis must be documented.

Devices and supplies:

(1) Diabetic blood sugar testing supplies;

(2) Injection supplies;

(3) Nebulizers and associated supplies;

(4) Inhalation spacers;

(5) Peak flow meters;

(6) International Normalized Ratio (INR) testing supplies;

(7) Enteral nutrition supplies;

(8) Ostomy products and supplies; and

(9) Non-invasive blood pressure monitors

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.645, ORS 689.649

ADOPT: 855-115-0145

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0145

Protocol Compendium

A Pharmacist may prescribe, according to OAR 855-115-1130 and OAR 855-115-0135, a FDA-approved drug and device listed in the following compendium, pursuant to a statewide drug therapy management protocol. ¶

(1) Continuation of therapy (v. 06/2021)¶

(2) Conditions¶

(a) Cough and cold symptom management¶

(A) Pseudoephedrine (v. 06/2021);¶

(B) Benzonatate (v. 06/2021);¶

(C) Short-acting beta agonists (v. 06/2021);¶

(D) Intranasal corticosteroids (v. 06/2021);¶

(b) Vulvovaginal candidiasis (VVC) (v. 06/2021);¶

(c) COVID-19 Monoclonal Antibody (mAb) (v. 12/2021);¶

(d) COVID-19 Antigen Self-Test (v. 12/2021); and¶

(e) COVID-19 Antiviral (v. 12/2022).¶

(3) Preventative care¶

(a) Emergency Contraception (v. 06/2021);¶

(b) Male and female condoms (v. 06/2021);¶

(c) Tobacco Cessation, NRT (Nicotine Replacement Therapy) and Non-NRT (v. 06/2022);¶

(d) Travel Medications (v. 12/2022);¶

(e) HIV Post-exposure Prophylaxis (PEP) (v. 12/2022);¶

(f) HIV Pre-exposure Prophylaxis (PrEP) (v. 12/2022); and¶

(g) Contraception (v. 12/2022).¶

[Publications referenced are available for inspection in the office of the Board of Pharmacy per OAR 855-010-0021.]

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.645, ORS 689.649, ORS 689.689

ADOPT: 855-115-0180

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0180

Naloxone - Delivery of Care and Prescribing

(1) A Pharmacist, having determined that there is an identified medical need, can prescribe naloxone and the necessary medical supplies to administer naloxone for opiate overdose.¶

(a) When dispensing any opiate or opioid prescription in excess of 50 morphine milligram equivalents (MME): ¶

(b) To an individual seeking naloxone: ¶

(c) To an entity seeking naloxone.¶

(2) The Pharmacist must determine that the individual (or the individual on behalf of an entity) seeking naloxone demonstrates understanding of educational materials related to opioid overdose prevention, recognition, response, and the administration of naloxone.¶

(3) The Pharmacist may prescribe naloxone in any FDA approved dosage form and the necessary medical supplies needed to administer naloxone.¶

(4) The Pharmacist must dispense the naloxone product in a properly labeled container.¶

(5) Naloxone must not be prescribed without offering to provide oral counseling to the authorized recipient, which may include dose, effectiveness, adverse effects, storage conditions, and safety.¶

(6) The Pharmacist must document the encounter and the prescription, and maintain records for three years.¶

(7) Any person, having once lawfully obtained naloxone may possess, distribute or administer it for the purpose of reversing opiate overdose.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.684, ORS 689.305, ORS 689.681, ORS 689.682

ADOPT: 855-115-0185

RULE SUMMARY: Proposed rule adoption includes updating, relocating and reorganizing existing Pharmacist rules from Division's 019, 020, 031 and 041 to newly created Division 115 in alignment with the board's strategy to systematically organize all Divisions.

CHANGES TO RULE:

855-115-0185

Emergency Insulin

Emergency Insulin. A Pharmacist may prescribe and dispense emergency refills of insulin and associated insulin-related devices and supplies, not including insulin pump devices, to a person who has evidence of a previous prescription from a licensed health care provider; in such cases, a Pharmacist must prescribe the lesser of a 30-day supply or the smallest available package size, and not more than three emergency refills and supplies in a calendar year.

Statutory/Other Authority: ORS 689.205, ORS 689.696

Statutes/Other Implemented: ORS 689.645, ORS 689.696