



OREGON BOARD OF PHARMACY

newsletter to promote pharmacy and drug law compliance

No. 684 Recently Adopted Rules: Interpreters and Outlet Types

The Oregon Board of Pharmacy recently adopted rules concerning the use of interpreters and new outlet types.

- **Interpreters:** Per [2021 House Bill \(HB\) 2359](#), pharmacists and interns must work with health care interpreters from the health care interpreter [registry](#) operated by the Oregon Health Authority (OHA) to provide interpretation services. The statute required the Board to write rules to carry out the provisions of the bill. [Rules](#) were adopted by the Board on June 10, 2022, and are effective as of September 1, 2022.

- **855-019-0230 Counseling**

(1)(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.

- **855-041-1133**

Dispensing: Interpretation

(1) Except as provided in subsection (2) of this section, a Pharmacist or Intern must work with a health care interpreter from the health care interpreter registry administered by the Oregon Health

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Authority under ORS 413.558 when communicating with a patient who prefers to communicate in a language other than English or who communicates in signed language, unless the Pharmacist is proficient in the preferred language of the person with limited English proficiency. The Pharmacist or drug outlet may not charge for these services.

(2) provides exceptions for when the pharmacist or intern does not have to work with an interpreter from the registry. (3) requires that personal protective equipment be provided to in-person interpreters. (4) and (5) list the items that must be documented and maintained in pharmacy records.

- **855-041-1165 Patient Medical Record**

. . .The Pharmacist must make a reasonable effort to obtain, record, and maintain the following information:

(5) Patient’s preferred language for communication and prescription labeling . . .

New Drug Outlet Types

- **Remote Dispensing Site Pharmacy (RDSP)** is a telepharmacy as defined by [2021 Senate Bill \(SB\) 629](#). “Telepharmacy” is the delivery of pharmacy services by a pharmacist, through the use of a variety of electronic and telecommunications technologies, to a patient at a remote location staffed by a pharmacy technician. The Board adopted rules for RDSP in [Oregon Administrative Rule \(OAR\) 855-139](#).
- **Pharmacy Prescription Locker (PPL)** is an Oregon location registered as a Retail Drug Outlet PPL using a mechanical system that securely stores completed patient-specific prescription and non-prescription drugs, devices, and related supplies for pickup. Rules for PPLs are located in [OAR 855-143](#).
- **Pharmacy Prescription Kiosk (PPK)** is an Oregon location registered as a Retail Drug Outlet PPK using a mechanical system that stores drugs for preparation and dispensing pursuant to patient-specific prescription and non-prescription drugs, devices, and related supplies. The Board is currently contemplating rules to permit operation of a kiosk.

No. 685 New CPE Requirements

There are new continuing pharmacy education (CPE) requirements for upcoming license renewals.

- **Cultural Competency (All Licensees)**

Starting July 1, 2021, all Board licensees must complete two hours of CPE in cultural competency either approved by OHA under Oregon Revised Statute [\(ORS\) 413.450 \(list\)](#) or **any cultural competency CPE**.

Board staff recognizes that the Accreditation Council for Pharmacy Education (ACPE) does not have a topic designator for cultural competency; therefore, licensees must specify which CPE activity on their profiles should be counted toward the cultural competency requirement. Pharmacists must complete this requirement prior to submission of their June 2023 renewal application. Interns must complete this requirement prior to submission of their November 2023 renewal application. Certified Oregon pharmacy technicians and pharmacy technicians must complete this requirement prior to submission of their June 2024 renewal application. Licensees should upload proof of completion of this CPE requirement to their e-Gov profiles. See article No. 689 in this *Newsletter* for more information on how to do this.

- **Pain Management (Pharmacists Only)**

Starting January 1, 2022, all pharmacists must complete the pain management continuing education (CE) [course](#) offered by the Oregon Pain Management Commission (OPMC) upon initial licensure and with each renewal. The OPMC launched a new version of [“Changing the Conversation About Pain.”](#) The updated course now includes topics such as health equity. Pharmacists will first report completion of the course during the June 2025 renewal cycle via e-Gov. See article No. 689 in this *Newsletter* for more information on how to do this.

No. 686 Rulemaking

The Board adopted two temporary rules at the June 2022 meeting related to the duties of a pharmacist and RDSP prohibited practices.

- **Temporary Rules Adopted in June 2022 – Effective July 1, 2022**

- **Division 019** – related to duties of a pharmacist receiving a prescription; telemedicine; [2022 HB 4034](#). Proposed amendments are necessary to remove conflict between Board regulations and revised telemedicine statutes in Section 14 of 2022 HB 4034. Amendments include removing “not result solely from a questionnaire or an internet-based relationship” and adding “issued pursuant to a valid patient-practitioner relationship” in [OAR 855-019-0210\(2\)\(a\)](#).
- **Division 139** – related to RDSP prohibited practices; 2022 HB 4034. “Removes language that states a Retail Drug Outlet RDSP may not ‘Deliver a prescription.’” Per Section 19 in 2022 HB 4034, “the board may not establish standards for telepharmacy that are more restrictive than standards for the delivery of in-person pharmacy services, including standards regarding prescription and dispensation of drugs.”

No. 687 Compliance: Dual Language Labeling and Required Signage

Compliance officers frequently receive questions concerning Limited English Proficiency laws.

- **Dual Language Labeling for Limited English Proficiency Patients**

Starting July 1, 2021, all pharmacies are required to comply with [ORS 689.564 \(2019 SB 698\)](#), which states “. . . if a patient is of limited English proficiency and the prescribing practitioner, patient or an authorized representative of the patient so requests, a prescription drug dispensed by a pharmacy bear a label in **both** English and in the language requested.” (emphasis added) Pharmacies are also required to post signage to notify patients that this service is available.

[OAR 855-041-1132](#) **Limited English Proficiency and Accessibility**

(1) Upon request of a prescriber, patient or a patient’s agent, each drug dispensed by a pharmacy for a patient’s self-administration **must bear a label in both English and the language requested for an individual** with limited English proficiency, defined as a person who is not fluent in the English language. This does not apply to a drug outlet dispensing a drug intended for administration by a healthcare worker.

(2) When dispensing a drug under (1), **a pharmacy must provide labels and informational inserts in both English and one of the following languages:**
(a) Spanish; (b) Russian; (c) Somali; (d) Arabic; (e) Chinese (simplified); (f) Vietnamese; (g) Farsi; (h) Korean; (i) Romanian; (j) Swahili; (k) Burmese; (l) Nepali; (m) Amharic; and (n) Pashtu. (emphasis added)

[OAR 855-041-1035](#) **Minimum Equipment Requirements**

(1) Each retail drug outlet and institutional drug outlet must have the following:

(g) Signage in a location easily seen by the public where prescriptions are dispensed or administered:

(B) Providing notification **in each of the languages** required in [OAR 855-041-1132](#) of the right to free, competent oral interpretation and translation services, including translated prescription labels, for patients who are of limited English proficiency, in compliance with federal and state regulations if the pharmacy dispenses prescriptions for a patient’s self-administration; (emphasis added)

Upon inspection, compliance officers are finding that some pharmacies are not fully compliant with these regulations. Registrants and licensees should verify that signage posted contains the 14 languages required by law and that they produce a dual-language label upon request of a

patient. A poster with the statement “You have a right to free language services. Just ask your pharmacist. Point to your language, and we will call an interpreter. We can also print medicine labels in your language as well as English.” is available on the Board’s website in the 14 required languages under [Compliance Resources](#).

No. 688 Compliance: Technician Final Verification

Effective in March 2022, Section 24 of [2022 HB 4034](#) states “A pharmacist may delegate, and a pharmacy technician may perform under the supervision of the pharmacist, final verification. In delegating final verification under this section, a pharmacist shall use the pharmacist’s reasonable professional judgment and shall ensure that the final verification does not require the exercise of discretion by the pharmacy technician.” The bill defines final verification as “after prescription information is entered into a pharmacy’s electronic system and reviewed by a pharmacist for accuracy, a physical verification that the drug and drug dosage, device or product selected from a pharmacy’s inventory pursuant to the electronic system entry is the prescribed drug and drug dosage, device or product.” In June 2022, the Board adopted [rules](#) to carry out the provisions of the bill.

No. 689 Licensing: Using e-Gov for CPE Records

With the Board’s online [e-Gov](#) system, licensees can maintain their own record and upload documents directly into their profile. Returning users should use their previously created credentials to access their account. New users will need to register for a new personal account. Instructions for creating a new account are located [here](#). Once you are logged in to your account, click on “Update License Info” in the menu and then navigate to “Attach Document” into the selected license account.

CPE documents that should be uploaded to your [e-Gov](#) profile include:

1. All licensees: cultural competency with each renewal per [OAR 855-021-0005\(1\)\(c\)](#) for pharmacists, [855-021-0007\(1\)](#) for interns, and [855-021-0009\(1\)\(c\)](#) for certified Oregon pharmacy technicians and pharmacy technicians.
2. Pharmacist only: contraceptive certification certificates per [OAR 855-019-0415\(2\)](#).
3. Pharmacist only: pain management CPE provided by the Pain Management Commission of OHA with each renewal per [OAR 855-021-0005\(1\)\(d\)](#).
4. Licensees are also encouraged to upload all non-ACPE-accredited CE to [e-Gov](#) as it is not automatically uploaded to National Association of Boards of Pharmacy® [CPE Monitor](#)®. ACPE-accredited CPE is automatically uploaded to CPE Monitor.

No. 690 Board Member News

The Board wishes to acknowledge the service of **Wassim Ayoub** and welcomes two new members, **Rosemarie Hemmings** and **Priyal Patel**.

- The Board and staff thank **Wassim Ayoub** for his dedicated service to the Board and to the citizens of Oregon. He has been a distinguished Board member for the past four years, from July 2018 through June 2022, and served his last year as Board president. His time on the Board was one of dramatic change in the profession and in life itself. Here is a brief list of the accomplishments and activities during Wassim’s tenure on the Board:
 - navigation of a worldwide pandemic as a Board member, community pharmacy supervisor, and with his family;
 - reinvigoration of the strategic planning process to help move forward numerous updates to rules for technicians, technologies, and in general;
 - implementation of a new, more accessible website;
 - implementation of a new licensing database and e-Gov for online services for licensees;
 - development of the formulary and protocol compendia to allow pharmacist post-diagnostic and protocol prescribing;
 - adoption of rules to create a renewable pharmacy technician license;
 - hiring a new executive director; and
 - welcoming four new members to the Board.
- The Board welcomes **Rosemarie Hemmings, LCSW**, as its new public member. Dr Hemmings has a master’s degree in social work and a PhD in public health. Currently, she is an assistant professor in community dentistry and director of social work at Oregon Health & Science University (OHSU) School of Dentistry. With over 30 years of experience as a social worker, Dr Hemmings has been in private practice as a psychotherapist for over 15 years and currently has a practice in Beaverton, OR, where she focuses on working with Black, Indigenous, and People of Color (BIPOC) communities, including working with individuals, couples, and families. Additionally, she serves as a mentor to several BIPOC social work students and social workers in the Portland, OR area and consults with various organizations on diversity, equity, and inclusion-related matters.

- The Board welcomes **Priyal Patel, RPh**, as its new pharmacist member. Dr Patel earned her doctor of pharmacy degree from Idaho State University in 2015 and bachelor of pharmaceutical sciences in India. She is a clinical pharmacist at both North Bend Medical Center and Bay Area Hospital and is also co-owner of Broadway Pharmacy in North Bend, OR. She previously worked as a site manager for a behavioral health pharmacy and pharmacist-in-charge for high-volume chain pharmacy drugstores. Her experience includes medication drop boxes, opioid task force, serving patients with chronic and severe mental illness, transitions of care, and chronic disease state management.

No. 691 Public Health and Pharmacy Formulary Advisory Committee News

The Board acknowledges the service of **Amy Valdez, Evon Anukam, and Kat Chinn** and welcomes three new members to the Public Health and Pharmacy Formulary Advisory Committee (PHPFAC): **Lorinda Anderson, Elisha Lee, and Sarah Wickenhagen**.

- The Board and staff thanks **Amy Valdez, Evon Anukam, and Kat Chinn** for their dedicated service to the PHPFAC, the Board, and to the citizens of Oregon. As inaugural members of the PHPFAC, these committee members were involved in groundbreaking work, which includes development of rules pertaining to pharmacist prescribing via the compendia, recommending 14 protocols, and nine formulary items to the Board for addition to the protocol and formulary compendia.
- **Lorinda Anderson, RPh**, is a clinical assistant professor at Oregon State University and the OHSU College of Pharmacy who teaches pharmacy practice and women's health. She also works as a clinical pharmacist at the Good Samaritan Regional Medical Center in Corvallis, OR. Dr Anderson graduated from the University of Utah College of Pharmacy and completed a PGY-1 residency. She is also a board-certified pharmacotherapy specialist with a primary interest in women's health. She has a special interest in outcomes focusing on pharmacists prescribing in the community setting, which includes creating training programs for prescribing hormonal contraceptives and administering coronavirus disease 2019 monoclonal antibodies.
- **Elisha Lee, RPh**, is a staff pharmacist at Postal Prescription Services in Portland. Ms Lee graduated from Northeastern University School of Pharmacy and Pharmaceutical Sciences. She is certified in project management, medication therapy management, and health coaching. In her free time, she enjoys spending time with her dog, sewing, hiking, kayaking, gardening, and traveling.
- **Sarah Wickenhagen, APRN**, is a family nurse practitioner at Salem Health. She received a bachelor of science degree in nursing from the University of Mobile and a master of science and doctor of nursing practice from OHSU. She served in the United

States Army as a staff nurse, the Oregon Army National Guard as an aviation medicine nurse practitioner, and the US Army Reserves. She has a special clinical interest in global health, women's health, and veterans' health issues, and is a volunteer for humanitarian health missions to Africa and Nepal.

No. 692 Board Staff News

The Board extends a warm welcome to three new staff members. **Naomi Graham** has assumed the office manager position, and **Kimberlee Anderson** and **Allison Vesterby** have joined the team of licensing representatives. The Board would also like to acknowledge the departure of two licensing representatives, **Jennifer Hummel** after 11 years of service and **Sean Gilbert** after nearly four years of service with the Board. The Board wishes them well in their new endeavors and will miss their contributions to the Board and the licensees and registrants they served.

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Joe Schnabel, PharmD, RPh - State News Editor

Lemrey "Al" Carter, PharmD, MS, RPh - National News Editor & Executive Editor

Megan Pellegrini - Publications and Editorial Manager

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