

OREGON BOARD OF PHARMACY

Newsletter to Promote Pharmacy and Drug Law Compliance.

No. 746 Board Members Adopt New Strategic Plan 2024-2029

The Oregon Board of Pharmacy recently adopted a new **strategic plan**, outlining its direction for the next several years. This plan builds on discussions held during a strategic planning workshop in November 2023. At that workshop, agency staff and Board members identified key trends and challenges facing the pharmacy profession. These discussions led to the creation of six core pillars that define the agency's role and responsibilities.

These pillars are distinct but interconnected, and they form the foundation for the goals and actions outlined in this strategic plan.

Licensees: Individual pharmacists, interns, and pharmacy technicians who provide the knowledge, judgment, and service that is central to the practice of pharmacy.

Goals:

- Promote deployment and effective implementation of newly adopted licensee rules to ensure that they achieve intended outcomes of clarity, diversity, professional competency, and commitment to patient care and safety.
- Enhance and/or support factors that can positively impact the well-being and ability of licensees to serve patients safely and equitably.

Registrants: Organizations and locations that dispense prescription and nonprescription medications to patients and/or care providers, as well as those that manufacture and distribute drugs.

Goals:

- Amend existing rules for pharmacy registrants to clarify

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categories and operating standards, support safe and equitable access, and avoid unnecessary administrative effort.

- Update rules for non-pharmacy registrants: manufacturers, wholesalers, outsourcing facilities, third-party logistics providers, drug distribution agents and nonprescription drug outlets, to address changes in federal regulations.
- Engage with the public and other interested parties to tackle challenges faced by registrants in ensuring equitable access to medication, addressing workforce shortages, and ensuring patient safety.

Innovation: Practices and technologies that further the practice of pharmacy while maintaining a high standard of safety, access, and equity.

Goals:

- Proactively assess and manage the impact of emerging technologies on pharmacy practice, patient safety, diversity, and equity.
- Explore and adopt innovative approaches to enhance access to Board rules, information, and services.

Operations: Processes, procedures, and systems that support safe and

equitable pharmacy practice in Oregon as well as the agency's own ability to deliver high-quality services, while serving as a careful steward of public resources.

Goals:

- Address opportunities to promote efficiency and access to Board-provided services and support.
- Ensure that the agency has the capacity, capability, and diversity to achieve operational and strategic priorities, deliver effective service to customers, and optimize resource utilization.
- Improve support for Board member engagement and participation.

Regulation and Compliance:

Systematic review and updates to Oregon Administrative Rules that govern pharmacy practice and drug dispensing, distribution, and delivery. Continuous assessment of licensees and registrants, which includes investigations and inspections to ensure adherence to regulations.

Goals:

- Continue and refine rule review and revision efforts, balancing patient safety goals with speed of progress, volume of changes, and Board/constituent capacity.
- Address causes and impact of significant growth in case and complaint volume.

Communication: Information conveyed to the public, licensees, and registrants ensuring transparency, fostering effective collaboration, and promoting safety and equity in all aspects of pharmacy practice.

- Enhance and increase understanding of Board communications across the practice of pharmacy and drug supply chain to promote safe and equitable access to medications and promote a culture of trust and professionalism.
- Promote awareness and knowledge of rule changes and other Board actions to support understanding and compliance.
- Develop a more responsive, service-oriented approach to providing timely and useful information to customers and the public.

The plan details specific actions for each pillar. The Board expects meaningful progress on these actions over the next two to five years, acknowledging some will be ongoing priorities beyond that time frame. The Board and agency staff will regularly evaluate progress toward achieving these goals.

No. 747 Board Members Set Rulemaking Priorities

The Board has identified key areas for rulemaking in the coming years. These priorities are based on the recently adopted strategic plan and Board discussions about future needs. Agency staff will propose rule revisions following this order, whenever possible, while considering time constraints and any legislative mandates that might require urgent rule changes. The Board will revisit this priority list on a regular basis. For more information on these topics, please refer to mailing #D in the June 2024 Board meeting [agenda](#).

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| <ol style="list-style-type: none"> 1. Drug Storage 2. Remote Dispensing Site Pharmacy (RDSP) 3. Clinical Pharmacy Agreements/ Collaborative Drug Therapy Management 4. Applicability of Pharmacist Rules 5. Safe Pharmacy Practice Conditions 6. Drug Distribution Agent (DDA/3PL) 7. Manufacturers | <ol style="list-style-type: none"> 8. Outlet Requirements for Pharmacist-in-Charge (PIC) 9. Telework – Supervision 10. Non-Prescription Drug Outlets (NPDO) 10. Community Health Clinic – Security – Tie 11. Wholesalers – Tie 11. Inspections for Non-Resident Pharmacies – Tie 12. Outsourcing Facilities (503b) – Tie 12. Pharmacies – Tie |
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No. 748 Rulemaking

Rules Adopted in June 2024	Rules Adopted in August 2024
<p>Division 115 – Pharmacists – PIC Qualifications & Limitations – Repeal effective June 20, 2024.</p>	<p>OAR 855-115-0345 Pharmacists – Services: Prescribing – Protocol Compendium – Temporary Rule Noticed effective August 8, 2024</p> <ul style="list-style-type: none"> • Coronavirus 19 Vaccines (v. 08/2024) • Inactivated Influenza Vaccines and Recombinant Influenza Vaccines 2024-2025 (v. 08/2024) • Live Attenuated Influenza Vaccine 2024-2025 (v. 08/2024) • Respiratory Syncytial Virus Vaccine (v. 08/2024)
<p>Division 115 – Pharmacists – Services: Prescribing – Formulary & Protocol Compendium – Effective June 20, 2024.</p> <ul style="list-style-type: none"> • Each protocol amendment may be viewed here. 	<p>Division 115 – Pharmacists – Services: Prescribing – Protocol Compendium</p> <ul style="list-style-type: none"> • Each protocol amendment may be viewed here.
<p>Division 115 – Pharmacists – Services: Prescribing Practices – Short-acting Opioid Antagonists – Effective June 20, 2024.</p>	<p>Division 135 – Continuing Pharmacy Education – Definitions & General Requirements – Veterinary – Effective August 9, 2024.</p>

No. 748 Rulemaking

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Rules Adopted in June 2024	Rules Adopted in August 2024
<p>Division 120 – Interns & Preceptors – Prohibited Practices – Effective June 20, 2024.</p>	<p>Division 139 – Remote Dispensing Site Pharmacy – Outlet: General Requirements – Mileage – Effective August 9, 2024.</p>
<p>Division 020 – Pharmacist Prescriptive Authority – Protocol Compendium – Repeal effective June 20, 2024.</p>	
<p>Divisions 006/041/043/045/080/115/120/135/139/141 – Standards Adopted by Reference – Effective June 20, 2024.</p>	
<p>Division 115 – Pharmacists – Responsibilities: Outlet – Delegation of Final Verification – Effective June 20, 2024.</p>	

No. 749 Syringe Access in Oregon: Protecting Communities

In February 2018, the Board adopted a **statement** that acknowledged the opioid crisis and the critical role of sterile syringes in reducing negative health outcomes and the spread of disease.

Oregon law allows pharmacies and other retail outlets to sell syringes without a prescription, and for syringe exchange programs to distribute them freely, as they are not considered drug paraphernalia per Oregon

Revised Statutes (ORS) 475.525(3). Pharmacists must not sell or give a syringe to a minor (under 18 years old) unless they demonstrate a lawful need for the device as outlined in ORS 475.744.

Public health studies have consistently shown that legal syringe access:

- **Reduces** syringe reuse and sharing,

- **Does not** promote injection drug use,¹
- **Does not** increase criminal activity, and
- **Can decrease** HIV and hepatitis C transmission rates by up to 50%.^{2,3}

Despite this information, a recent study by researchers at the Oregon State University College of Pharmacy found that only 57% of community

1 Institute of Medicine. *Preventing HIV Infection Among Injecting Drug Users in High-Risk Countries: An Assessment of the Evidence*. National Academies Press, 2006.

2 Turner KME, Hutchinson S, Vickerman P, et al. The impact of needle and syringe provision and opiate substitution therapy on the incidence of hepatitis C virus in injecting drug users: pooling of UK evidence: Impact of NSP and OST on HCV. *Addiction*. 2011;106(11):1978-1988.

3 Des Jarlais DC, Arasteh K, Friedman SR. HIV among drug users at Beth Israel Medical Center, New York City, the first 25 years. *Substance Use & Misuse*. 2011;46(2-3):131-139.

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pharmacies in Oregon were willing to sell a 10-pack of syringes without a prescription.⁴ This gap between law and practice creates a barrier to essential harm reduction tools.

When pharmacists and pharmacies restrict syringe sales, they miss an opportunity to:

- Decrease individual and community harm,
- Prevent the spread of infectious diseases, and
- Promote and protect public health, safety, and welfare.

The Board **strongly encourages** pharmacists and pharmacies to

increase access to sterile syringes. By following existing laws and removing personal bias, we can reduce the stigma associated with syringe sales, improve patient care, and have a significant impact on community health.

⁴ Abreu V, McGinnis MF, Justen SF, Suchy N, Irwin A. Quantifying Nonprescription Syringe Access in Oregon Pharmacies. Poster presented at the American Pharmacists Association Institute on Substance Use Disorders; May 2024; Salt Lake City, Utah.



No. 750 Warning About Phone and Fax Scam Impersonating Agency Staff and the Board

Agency staff have received reports of scammers targeting pharmacists with phone calls and faxes, pretending to be from the Board.

- Here is how to protect yourself:
 - **Never give out personal or payment information over the phone** unless you are sure the caller is legitimate. The Board will **never** request fees or payments over the phone.
 - **Beware of scare tactics.** Scammers may claim that your license is under investigation by the Board, Food and Drug

Administration, or Drug Enforcement Administration. They might threaten disciplinary action, revocation, or even arrest if you do not pay a fine immediately.

- **Do not trust the caller ID.** Scammers can disguise their phone numbers to appear legitimate (“spoofing”).
- **Be wary of fake identification.** Scammers may provide false names and agency staff ID numbers to seem credible.

- What to do if you get a suspicious call:
 - **Hang up immediately.** Do not engage with the scammer.
 - **Contact the Board directly.** Call the agency at 971/673-0001 or email pharmacy.board@oregon.gov to verify any concerns.

By following these steps, licensees and registrants can avoid falling victim to scams.

No. 751 Board Member/Agency Staff News

The Board and agency staff extend their heartfelt thanks to **Rachael DeBarmore** and **Ian Doyle**, Board members, and **Karen MacLean**, **Jennifer Davis**, and **Craig Vesterby**, agency staff, for their exceptional service to the Board and the citizens of Oregon. Additionally, the Board welcomes **Amy Kirkbride**, **Victoria Kroeger**, and **Ana Pinedo** as Board members and **Chelsea Dascher** as agency staff.

Board Member News

- The Board and agency staff thank **Rachael DeBarmore** for her dedicated service to the Board and the citizens of Oregon. She has been a distinguished Board member for the past eight years, from July 2016 through June 2024. Rachael's extensive background in retail and health systems proved invaluable to the Board's discussions. Her insights were critical when evaluating situations related to patient safety and the impact of Board decisions on this complex health care environment.

Highlights of Rachael's tenure:

- **Board Leadership:** Served as Board president (2018-2019) and vice president (2017-2018).
- **Strategic Planning & Innovation:** Participated in the Board's strategic planning process, website renovation, and implementation of a new licensing database and online services.
- **Promoting Public Health:** Actively involved in implementing legislative directives and rules to improve pharmacy services, such as pharmacist prescribing authority for contraceptives and naloxone, establishing the Public Health and Pharmacy Formulary Advisory Committee, and addressing patient needs through initiatives like limited English proficiency labeling, prescription readers, and cultural competency training.
- **Navigating Challenges:** Played a key role in navigating the COVID-19 pandemic and other public health emergencies.

- **Modernization & Efficiency:** Contributed to the adoption of 281 permanent and 15 temporary rules, streamlining processes for pharmacists and pharmacy technicians.
- The Board and agency staff thank **Ian Doyle** for his dedicated service to the Board and the citizens of Oregon. He has been a distinguished Board member for the past four years, from July 2020 through June 2024. Ian's unique perspective as a pharmacy educator and pharmacist brought valuable insights to the Board's discussions. His expertise in patient safety and the diverse pharmacy work environment proved crucial when evaluating complex issues.

Highlights of Ian's tenure:

- **Leadership:** Served as Board president (2023-2024) and vice president (2022-2023).
- **Promoting Equity in Pharmacy Services:** Actively participated in implementing legislative directives and rules to improve access to pharmacy services, including initiatives such as limited English proficiency labeling, prescription readers, and cultural competency training.
- **Navigating Challenges:** Played a key role in guiding the Board through the COVID-19 pandemic.
- **Modernization & Efficiency:** Contributed to the adoption of 270 permanent and temporary rules, streamlining processes for pharmacists and pharmacy technicians.
- **Policy & Rulemaking Expertise:** Provided thoughtful contributions to policy discussions and rulemaking, advancing the Board's mission of public health, safety, and welfare.

Rachel and Ian's dedication to patient safety and his commitment to ensuring equitable access to pharmacy services have been instrumental to the Board's success. The Board will miss their leadership and expertise. Board members and

agency staff thank Rachel and Ian for their dedicated service to the Board and the citizens of Oregon.

- The Board welcomes **Amy Kirkbride, RPh**, as a new pharmacist member. Amy earned her bachelor of science in pharmacy from Oregon State University. She is a manager of clinical pharmacy services for Kaiser, where she has led teams in delivering exceptional patient care through services like telephonic anticoagulation management and appointment-based consultations. She is passionate about staff development and has a proven track record of building strong, collaborative teams. In addition to her clinical expertise, Amy is a recognized leader in the pharmacy community, receiving awards for her contributions and actively advocating for the profession.
- The Board welcomes **Victoria Kroeger, PharmD, RPh**, as a new pharmacist member. Victoria earned her doctor of pharmacy from the University of Wisconsin–Madison. She is a manager of state pharmacy affairs with Walgreens, where she oversees policy support for 18 states. With almost 20 years of experience in health care, Victoria brings a wealth of knowledge and expertise to the Board. As a licensed pharmacist in four states, Victoria has a proven track record of building strong relationships and improving patient outcomes.
- The Board welcomes **Ana Pinedo, COPT**, to the Board as a new pharmacy technician member. Ana has over 18 years of experience working in retail and outpatient pharmacies, obtained national certification in 2006, and currently works at Sky Lakes Pharmacy. In addition to her pharmacy experience, Ana has a strong commitment to her community. For the past six years, she has been a resource (foster) parent with the Oregon Department of Human Services. She has a passion for patient care and community involvement.

Board Staff News

- The Board extends a warm welcome to four new staff members.
- **Chelsea Dascher** will serve as the strategic initiatives manager, overseeing the planning and implementation of the Strategic Plan, Diversity, Equity, Inclusion, and Belonging Plan, Affirmative Action Plan, and other priority initiatives. She will manage executive administrative support, strategic planning, and public relations, ensuring effective communication, progress tracking, and adherence to agency policies and procedures. Chelsea is an accomplished program manager with 10 years of experience driving initiatives across the social impact sector, companies, and the government. Chelsea holds a master of science in international development from the University of Edinburgh and a bachelor of arts degree in political science from UC Santa Cruz.
- **Deborah King** joined the team as a full-time licensing representative on August 12, in a limited duration position through June 30, 2025. Deborah brings a wealth of experience from her previous roles at the Oregon Health Authority, including her time with the Center for Health Statistics, OVERS Help Desk, and the Certification Unit in Vital Records. A proud Oregon native and Portland State University graduate, Deborah is committed to excellence and justice-oriented action.
- **Amanda Andersen** will be assisting at the front desk. Amanda also works with the Oregon Mortuary and Cemetery Board but has graciously agreed to lend her support as a temporary employee over the next several weeks.
- **Ciji Shelton-Flores** began her role as business operations supervisor 2 (chief financial and administrative officer) on August 19. Ciji brings over 15 years of experience in government operations, with a strong background in program

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administration, human resources, finance, and leadership. In her new role, Ciji will oversee a broad range of administrative activities, including budget development, procurement, office management, and project oversight. Her commitment to public service and her expertise in fostering collaboration and operational excellence will make her a valuable asset to our leadership team.

- The Board also bids farewell to departing staff members **Karen Maclean**, **Craig Vesterby**, and **Jennifer Davis**. Karen Maclean retired after a distinguished 23-year career with the Board. Joining in 2001, she witnessed the agency grow from 11 to 24 full-time employees. Her contributions spanned licensing, administration, budgeting, rulemaking, and Board coordination. Craig Vesterby joined the licensing team in September 2023. Craig's contributions included providing support to callers, assisting with continuing education audits, processing payments, and managing the license categories of Correctional Facilities and Animal Euthanasia drug outlets. Pharmacist Consultant Jennifer Davis leaves after four years of dedicated service. Her expertise and enthusiasm were instrumental to the Board's work. Jennifer's ability to clarify complex processes was invaluable to licensees, registrants, and the public. The Board and

staff express sincere gratitude for the dedication of all departing employees to public safety and the pharmacy profession. We wish Karen a fulfilling retirement and Craig and Jennifer the best in their future endeavors.

- Lastly, the Board congratulates **Gary Runyon** on his transition to the role of pharmacist consultant (health care investigator/advisor) from his current position as compliance officer. Since joining the team in November 2023, Gary has led significant improvements in inspection processes and helped increase efficiency across the compliance department. Gary has also represented the agency by attending regional conferences and workshops, working with pharmacy leaders at roundtables, and presenting to legislative members. With over 20 years of diverse pharmacy experience, Gary will now focus on conducting research on pharmacy practice, preparing draft policies and administrative rules, and collaborating on furthering the Board's strategic initiatives. Gary will also play a key role in education and outreach efforts, presenting on pharmacy laws and regulations, maintaining relationships with key stakeholders, and facilitating agency communications. The Board is confident in Gary's ability to quickly adapt and continue making valuable contributions.



No. 752 Pharmacy Break-ins and Theft

Over the past few weeks, the Board has been notified of several break-ins involving community pharmacies across the state. All pharmacy managers and pharmacists are encouraged to immediately review

the physical and nonphysical security measures in place.

Consider the following measures to increase the protection of your pharmacy from theft:

No. 752 Pharmacy Break-ins and Theft

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- Request an on-site visit by your alarm company for an evaluation of the system's adequacy;
 - If the outer building or store is open before or after the pharmacy hours, devise a way to keep the pharmacy's alarm system activated;
 - Install a loud exterior alarm siren if one does not already exist;
 - Review the alarm service contract and make certain that it specifies that the alarm company will notify the police immediately upon any triggering of the alarm;
 - Request an on-site visit by an officer of the law enforcement agency with jurisdiction over your location to discuss response time and vulnerable areas, such as roof entry points and drive-up windows.
- Internal security measures to review may include the following:
- Do not leave controlled substances (CS) on the counter where they may be accessible by reaching over the dividing partition;
 - Keep all CS out of sight of the public;
 - Keep all CS in a locked cabinet or other safe limited access area;
 - Change locks, codes, and combinations when there are changes in pharmacy personnel.

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