DC | HEALTH
Health Regulation & Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

2201 SHANNON PLACE SE
2ND FLOOR
WASHINGTON, DC 20020

April 4, 2024

9:31 AM – 11:14 AM

OPEN SESSION MINUTES
(WEBEX MEETING)

Board of Pharmacy Mission Statement:
"To protect and improve the public health through the efficient and effective regulation of the practice of Pharmacy and Pharmaceutical Detailing; through the licensure of Pharmacists, Pharmaceutical Detailers, Pharmacy Interns, and Pharmacy Technicians."

CALL TO ORDER: 9:31 AM

PRESIDING: DR. TAMARA MCCANTS, PHARM.D. R.PH CHAIRPERSON

BOARD MEMBERSHIP/ATTENDANCE:

BOARD MEMBERS:		
	DR. TAMARA MCCANTS, PHARM.D. R.PH CHAIRPERSON	PRESENT
	MR. ALAN FRIEDMAN, R.PH, VICE CHAIRPERSON	PRESENT
	DR. BENJAMIN MILES, PHARM.D. R.PH	LATE ARRIVAL
	DR. ASHLEE BOW, PHARM.D. R.PH	ABSENT
	DR. ALLISON HILL, PHARM.D. R.PH	PRESENT
STAFF:	DR. JUSTIN ORTIQUE, EXECUTIVE DIRECTOR	PRESENT
	KARIN BARRON, HEALTH LICENSING SPECIALIST	PRESENT
	LUANNE GREENAWAY, PROGRAM SPECIALIST	PRESENT
	COUNTEE GILLIAM, BOARD INVESTIGATOR	PRESENT
	DR. REGINAL BELLAMY, SUPERVISORY PHARMACIST	PRESENT
LEGAL STAFF:	CARLA WILLIAMS, SENIOR ASSISTANT GENERAL COUNSEL	PRESENT
	ANGEL CRUZ, ASSISTANT GENERAL COUNSEL	PRESENT
OFFICE OF GOVERNMENT RELATIONS:	KERA JOHNSON	PRESENT
VISITORS:	DON ZOWADER, PUBLIC	
	CHARLENE FAIRFAX, DEPARTMENT OF HEALTH CARE FINANCE	
	JOANNE DIAL, KAISER PERMANENTE	
	JESSICA ADAMS, CARDINAL HEALTH	
	YOLANDA MCKOY-BEACH, WASHINGTON DC PHARMACY ASSOCIATION	
	JEENU PHILLIP, WALGREENS PHARMACY	
	SAMANTHA CHESSIE	
	SUSAN DELMONICO	
	SANDRA LEAL	
	MARIA YOUNG	
	AMINAH JONES	
	TAYIANA REED	
	K. LITTLE	
	MIRANDA COBBS	
	MARK JOHNSON	
	SCOTT TOMERLIN	

Open Session Agenda

Quorum: Yes

Introduction:		
0404-O-01	**Approval of the Open Session Meeting Minutes for:** January 4, 2024 **Motion**: Vice Chair, Mr. Alan Friedman moves the Board to approve the January 4, 2024 open session meeting minutes. **Seconded by**: Board Member, Dr. Allison Hill. Mr. Alan Friedman: Votes in favor of the motion. Dr. Allison Hill: Votes in favor of the motion. **Abstentions: None.** **Motion Carried** February 1, 2024 **Motion**: Vice Chair, Mr. Alan Friedman moves the Board to approve the February 1, 2024 open session meeting minutes. **Seconded by**: Board Member, Dr. Allison Hill. Mr. Alan Friedman: Votes in favor of the motion. Dr. Allison Hill: Votes in favor of the motion. **Abstentions: None.** **Motion Carried**	
Consent Agenda	**None**	
Chairperson Report	**None**	Dr. Tamara McCants
Office of Government Relations (OGR) Report Updates	**Health Occupations Revision Act (HORA) Update:** • DC Health completed a significant revision of the HORA. This revision is the first in seventeen years. The revised HORA received Mayoral approval and has been introduced to the Council as the *Health Occupations Revision General Amendment Act of 2023* (B25-0545). This legislation was heard on December 7th. Over 80 witnesses, many of whom are healthcare	Ms. Kera Johnson

professionals, testified at the hearing. DC Health's Associate Director of Health Professional Licensing Boards provided testimony in support of the revised legislation and answered questions from the Council. A mark-up was held on March 21st, 2024. The revised HORA underwent its initial reading by the Committee of the Whole. The final reading is scheduled for May 7, 2024. Thereafter, the revised HORA will go to the Mayor's office for approval. The following changes are directly related to the Board of Pharmacy:

1. The first uniform guidelines for telehealth services, when implemented, in the District of Columbia will:
    a. Allow licensed health professionals to provide telehealth services as a modality to treat patients.
    b. Establish Patient/Health Professional relationships in a telehealth medium.
    c. Require health professionals to register with the Prescription Drug Monitoring Program (PDMP) when prescribing certain medications.
2. The scope of practice for pharmaceutical detailing will be expanded to include:
    a. Virtual communication.
    b. A mode of communication between a representative and a pharmaceutical manufacturer.
    c. Communicating with a licensed health professional for the purposes of selling, providing information on, or promoting pharmaceutical products for the practice of pharmacy.
3. The Pharmacy Practice Act will be expanded to include, among other components:
    a. Compounding, dispensing, and labeling of pharmaceutical products.
    b. Authorizing pharmacists to order and administer vaccinations and immunizations.
    c. Authorizing pharmacists to prescribe a drug device, a device or biological order to perform and interpret certain tests.
    d. Designating pharmacists as health care professionals/providers.

These revisions to the HORA will encourage Medicaid to reimburse pharmacy services.

The Clinical Laboratory Practitioners Amendment Act

	• While the HORA included a requirement for phlebotomist registration, it was never implemented. Consequently, the revised HORA repealed the legislation. Therefore, phlebotomists practicing in the District of Columbia will not be required to register with a health licensing board, (in consideration of present workforce challenges where registration may create hindrances). **DC Health Fiscal Year 2025 Budget Oversight** • DC Health will have its Fiscal Year 2025 Budget Oversight hearing in early April. This hearing offers an opportunity for the Committee on Health to review DC Health's proposed budget for the 2025 Fiscal Year. Two hearings are scheduled, the first of which will occur on April 10, 2024. The final hearing is scheduled for the following day, April 11, 2024. The Board Chair, Dr. McCants, expresses gratitude to the pharmacy leaders of the District of Columbia, for their contributions to the practice of pharmacy in the District of Columbia. Dr. McCants is content with the expansion of the Pharmacy Practice Act as it allows pharmacists to operate and perform in capacities, in which they are skilled/trained.	
Executive Director Report	**Statistical Report on Pharmacy Professionals in the District of Columbia** **PHARMACEUTICAL DETAILERS** 567 **PHARMACISTS** 2,215 **PHARMACY INTERNS** 401 **PHARMACY TECHNICIANS** 1,188 **PHARMACY TECHNICIAN TRAINEES** 120 **PHARMACISTS WITH VAC AUTHORITY** 833 **PHARMACY TECHNICIAN TRAINING PROGRAMS** 13 **Prescription Drug Monitoring Program Updates** • All pharmacists are reminded to register for the *Prescription Drug Monitoring Program* (PDMP) within ninety (90) days of licensure in the District of Columbia at https://districtofcolumbia.pmpaware.net/login. • As a reminder, new licensees will receive notifications regarding registration for the program every thirty (30) days after licensure.	Dr. Justin Ortique

	• The Delegate Registration Option allows pharmacists to appoint a total of two delegates (i.e. a pharmacy intern and/or pharmacy technician) to query the PDMP [on their behalf]. • Further information regarding the District's Prescription Drug Monitoring Program is viewable at https://dchealth.dc.gov/service/prescription-drug-monitoring-program. **DCRx (DC Center for Rational Prescribing)** • The DC Center for Rational Prescribing (DCRx) will publish announcements for four (4) new modules, one of which is *Medication for Opiate Use Disorder*. This module, facilitated by Dr. Chapman of Howard University's College of Medicine and course advisor, Dr. Karen Joan Franklin, is an overview of medication for opioid use disorder and addresses stigmas and barriers to treatment. This module will be available for review and registration at https://dchealth.dc.gov/dcrx within two weeks. **Board of Pharmacy Vacancies:** • The DC Board of Pharmacy is currently seeking two (2) District of Columbia residents to serve on the Board as: 1. A consumer member, and 2. A pharmacy technician. • Interested parties who are health professionals or in training to become one or in a household where there is a health professional or someone training to become one are not qualified for the role of consumer member. • For further information regarding the vacancies, and to apply, please go to: **https://motaboards.theresumator.com/apply/1L8k6Q/Board-Of-Pharmacy**	
Senior Assistant General Counsel Report		
0404-O-02	None	Ms. Carla Williams
Subcommittee Reports		
0404-O-03	**Legislative and Regulatory Subcommittee Report** The Legislative and Regulatory Subcommittee has been reviewing regulations pertaining to workplace conditions. In partnership with the Pharmaceutical Control Division, the subcommittee has aggressively reviewed and updated all rules to ensure appropriate practice environments.	Mr. Alan Friedman

	These updates are now presented to the Board of Pharmacy for review and feedback. Please be advised that the rules to be reviewed are those of the Pharmaceutical Control Division, which is a separate entity, but one that falls under the leadership of the executive director of the District's Board of Pharmacy. On receipt of the Board's feedback/recommendations, the Pharmaceutical Control Division will review and consider all, thereby drafting regulations with the intent of publishing them in the DC Register. This will begin the comment period for the public, whose feedback/recommendations will be taken into consideration. If non-substantial changes are adopted, they will be published in the Register as final. If, however, substantial changes to the drafted regulations are adopted, the Pharmaceutical Control Division will republish all for public comment and engage in the same process as is followed by the Board of Pharmacy. Vice Chair, Mr. Friedman acknowledges Dr. Ortique, Ms. Williams, and Mr. Cruz, Dr. Bellamy, Dr. Bow, and Dr. Miles for their work on the drafted regulations, which are now presented to the Board by the Legislative and Regulatory Subcommittee. He also acknowledges the subcommittee for its work. The subcommittee will answer questions presented by the Board. Mr. Friedman may yield to Dr. Ortique, Ms. Williams, Mr. Cruz, Dr. Bellamy, and Dr. Miles for responses. (a) Draft 22-B DCMR § 1901 D.C. Mun. Regs. Subt. 22-B, § 1901 1901. GENERAL OPERATING STANDARDS *****Please review the attachments for insight on the drafted/proposed regulatory changes, which are in red font and underlined. Black font represents what is already standard and therefore, unaltered.** Comments: 1. §1901.8: Ancillary services are defined as "services performed by pharmacy staff that are not part of the dispensation process for prescription. Examples of ancillary services include, but are not limited to immunizations, medication therapy management, disease state management and refill reminders. It refers to productivity standards; it is not related to the dispensation process. There can be no productivity or production quotas related to those services…" 2. The word "shall" is a requirement for drafted regulations. 3. The pharmacy technician and pharmacy technician trainee licenses will be added to the regulation in § 1901.9.	

4. Use of the word "may" in § 1901.4 implies a possibility that pharmacists may not be able to take an uninterrupted break or may not be allowed to take an uninterrupted break. The hope and intent of these regulations, therefore, is that they will [not] work [without a break]; that pharmacists will be able to take a break and not come back to quotas that are overwhelming and may jeopardize safe dispensing. Use of the word "shall," in this instance, will ensure that the pharmacy will close so that the pharmacist will take [an uninterrupted] break and get needed rest.

5. The DC Board of Pharmacy reviewed the standard in other states where workplace conditions have been addressed. The six (6) continuous hours are consistent in the states [the subcommittee] reviewed. If the comments are that the standard should be four (4) continuous hours, the Board will take the suggestion into consideration. While six (6) continuous hours may depend on the entirety of the shift, if it is better for the pharmacist to take a break after four (4) hours, the Board will certainly consider and appreciate such feedback from [public] comments.

6. In creating or modifying regulations, the subcommittee will research the standard(s) in other states. While regulations in neighboring jurisdictions are considered first, the subcommittee will research the standard regulations across the United States as it seeks to understand the typical landscape [around us/the District].

7. Every subtopic researched by the subcommittee has been addressed in the regulations that are drafted by the Pharmaceutical Control Division. What is important to the subcommittee is what makes sense for the District of Columbia. While the subcommittee may, sometimes, lean on other states for guidance in creating regulations, there are times when the subcommittee and by extension, the Board, will take the lead for its own reasons.

8. Please note that the subcommittee also includes Dr. Bellamy, the supervisory pharmacist for the Pharmaceutical Control Division. Therefore, the subcommittee includes two (2) pharmacists as well as two (2) legal advisors. The subcommittee expects to complete a comprehensive review of all the regulations and laws under the pharmaceutical control division.

9. The subcommittee is expediting the concerns of workplace conditions that are directly affecting what occurs in pharmacies: from the patient whose prescription is not dispensed, to the one who received the wrongly dispensed prescription(s).

10. Judgment concerning staff schedules is reserved for pharmacy personnel with clinical knowledge on staffing. The updated HORA includes language that ensures appropriate staffing in a pharmacy. Therefore, language stating that a pharmacy technician is required while the pharmacist is on duty is covered in the updated HORA.

11. In response to the following questions raised regarding §1901.3 where it states "a pharmacist may volunteer to work no longer than 12 continuous hours:"
    a) [Are there instances] where pharmacists [work] more than 12 hours?
    b) When is [this] the case and why?
    c) Should this provision be included in the updated HORA?
    d) If pharmacists are working longer than 12 hours, how many hours are they working?
    e) At what point should a pharmacist's shift [end]?
    f) [If we say a pharmacist's] judgment and sharpness is clouded [at 12 hours of continuous work], in what environment does a pharmacist work longer than 12 hours?

❖ Pharmacists within the hospital environment may volunteer to work past the 12-hour mark in unusual circumstances, i.e. an unscheduled absence, in case of an emergency or in the case of a late arrival for duty.

12. The subcommittee will conduct a survey of other states' regulations to determine if a pharmacist is restricted to working a 12, 14 or 16-hour day at maximum, and include a time period in the drafted regulations. The subcommittee and the Pharmaceutical Control Division will, therefore, consider any comments concerning this matter during the public comments period.

(b) Draft 22-B DCMR § 1920 D.C. Mun. Regs. Subt. 22-B, § 1920 1920. PHARMACIST-IN-CHARGE

*****Please review the attachments for insight on the drafted/proposed regulatory changes, which are in red font and underlined. Black font represents what is already standard and therefore, unaltered.**

Comments:

1. §1920.8: The designated, alternative pharmacist, who will conduct the biennial inventory where the outgoing pharmacist-in-charge is not able to complete it, may be a staff pharmacist.

2. The subcommittee will consider language that covers the added duties to be completed by the pharmacy intern. The subcommittee seeks to use language that is appropriate regardless of changes to the regulations.

3. The updated regulations will ensure that the pharmacy license holder will not impede the pharmacist's ability to complete duties correctly nor [interfere] with the pharmacist's duty to protect the public. As such, the subcommittee seeks to amend sanctions that will be imposed by the Pharmaceutical Control Division. Therefore, draft regulations will include penalties beyond financial sanctions, thereby allowing the District's Department of Health to enforce regulations and ensure that pharmacy license holders are held accountable. Hence, the requirement that pharmacies will be required to document compliance with the regulations.

4. Regulations specific to institutional pharmacies will be addressed in a separate section of the drafted regulations.

5. The subcommittee will revisit and, if necessary, revise the drafted regulations concerning the minimum number of years of experience required to qualify for the position of Pharmacist-in-Charge, as well as the minimum number of hours that the pharmacist-in-charge is required to work, specifically if he/she is the pharmacist-in-charge of more than one location. The subcommittee will consider the regulations of other jurisdictions, especially those nearest to the District, in finalizing its regulations concerning the aforementioned matters.

(c) Draft 22-B DCMR § 1999 D.C. Mun. Regs. Subt. 22-B, § 1999 1999. DEFINITIONS

*****Please review the attachments for insight on the drafted/proposed regulatory changes, which are in red font and underlined. Black font represents what is already standard and therefore, unaltered.**

Comments:

1. Ancillary service, while already defined and discussed, references "institutional pharmacy" and defines it in broader terms than that of a hospital. Other healthcare environments, including the urgent care clinic (which was added) fall under this definition.

2. The productivity standard intended is a fixed number or formula related to the duties of pharmacy staff, against which the pharmacy or its agent measures or evaluates the number of times either an individual performs a task or provides a service

while on duty.

3. Quota does not mean the measurement of revenue earned by a pharmacy nor calculated in relation to or measured by the task performed or service provided by pharmacy staff.

4. The subcommittee's review of regulations in other jurisdictions indicates that, more recently, rule changes, additions to legislation, or [new] legislations are introduced on productivity [within the pharmacy environment].

5. In response to the comment that the word "quota" implies negative consequences, the subcommittee states that:
   a) The challenge in drafting regulations is to be able to hold [personnel] accountable [by using] set numbers or set metrics or a set definition. However, [a word such as "quota"] is much more nuanced. [So, in drafting regulations], the subcommittee seeks a balance between a reasonable workflow that ensures a safe working environment [within a pharmacy] and a [business] that is profitable.
   b) "Quota" is defined here as seen in the language of drafted regulations from the state of Ohio.

6. Regulations are not drafted [with the intention] to try to stop pharmacists or pharmacies from being profitable; the issue is patient care. To provide services, staff are required and if a decision must be made between having limited staff to provide all services and ensuring patient care and safety, then the decision to [safely dispense medication] to patients may be prioritized.

7. In brief, appropriate staff are required to provide [all] services. Drafted policies and procedures on how to provide all services in a pharmacy environment [while] empowering the pharmacist on duty, the pharmacist-in-charge, as well as the director of [the] pharmacy and determining how to complete tasks and provide services in a safe manner, [are the factors considered in ensuring] how "we're going to do all of this, clinically safe." The subcommittee is, therefore, trying to equip the pharmacist, the pharmacist-in-charge, and the line pharmacist with tools needed to provide safe service [for the workday].

8. The pharmacy license holder, however, is responsible for the correct framework that will allow the aforementioned to happen.

9. In summary, the subcommittee is trying to find the balance between what is necessary to run a business – not just a pharmacy or any other business – but any business where metrics may be used to determine revenue, staffing, volume,

	and competency/evaluation. After reviewing the regulations and reading about the struggles of many states, the subcommittee hopes, in addition to the aforementioned, to ensure [a] professional environment [for pharmacy personnel] [that does not] unfairly or inappropriately infringe on patient safety. 10. The subcommittee will welcome further comment when the regulations are published, i.e. what is favorable vs. what the pharmaceutical control division should reconsider.	
0404-O-04	**<u>Communications Subcommittee Report</u>** • All pharmacy professional licensees in the District of Columbia should have received the newsletter dated March 26, 2024. If anyone is not in receipt of it, please inform the Board. • The Communications Subcommittee is welcoming ideas or articles for the next edition. All requests for publishing are accepted at ashlee.bow@dcbc.dc.gov. • Dr. McCants encourages the pharmacy professional public to read the newsletters disseminated by the DC Board of Pharmacy.	Dr. Allison Hill
NABP E-Newsletter	**March 20, 2024** NAM Collaborative Announces March 18 as Annual, National Health Workforce Well-Being Day CDC Prepares Health Care Providers for Possible Tetanus Shot Shortage This Summer FDA Proposes Criteria for Drugs That Qualify for DDC Lists FDA Discusses AI in Recent Paper FDA's Advisory Committee Recommends Trivalent Seasonal Influenza Vaccines for 2024-2025 Innovations: Let's Talk About Speech vs. Conduct ISMP Publishes 2024-2025 Best Practice Recommendations for Hospitals **March 27, 2024** NABP Launches Examination Preparation Videos to Assist Candidates CDC Issues Health Advisory with Recommendations for Measles Prevention as Cases Increase in the US and Globally	Dr. Tamara McCants

	White House Introduces New Challenge to Save Lives from Overdose HRSA Allocates $50 Million to Rural Opioid Treatment and Recovery Initiative HRSA Allocates $50 Million to Rural Opioid Treatment and Recovery Initiative Note to the Public: To receive weekly updates from NABP, please sign up by using the following link: https://nabp.pharmacy/newsroom/news/.	
Comments from the Public	Dr. Jeenu Phillip, Director of Pharmacy Affairs for Walgreens Pharmacy, asks the Board to confirm changes to the HORA pertaining to: 1. The definition/scope of practice of pharmacy. 2. The pharmacy technician's vaccination and immunization authority. Board Counsel, Ms. Carla Williams informs Dr. Phillip that the subcommittee has added language to the HORA, which will allow pharmacy technicians to administer immunizations and vaccinations without restriction to COVID-19 and influenza vaccines. Regarding the scope of practice for pharmacists: Ms. Williams states that the subcommittee updated the language in the HORA pertaining to immunizations. The changes in the HORA now reflect the authority that was granted [to pharmacists] during the COVID-19 Pandemic. Consequently, the language pertaining to the standing order and protocol was removed. The updated HORA will also show added clinical services that the pharmacist will provide. In summary: the scope of practice for pharmacists is greatly expanded in the updated HORA.	
Motion to Adjourn the Open Session	**Board Member, Dr. Allison Hill, moves the Board as follows:** "Madam Chair, I move that the Board closes the Open Public session portion of the meeting and move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the following purposes: to discuss disciplinary matters pursuant to § 2-575(b)(9); to seek the advice of counsel to the board, to preserve the attorney-client privilege, or to approve settlement agreements pursuant to § 2-575(b)(4); and to plan, discuss, or hear reports concerning ongoing or planned investigations pursuant to § 2-575(b)(14)." **Seconded by**: Dr. Benjamin Miles. **Roll Call Vote:** Mr. Alan Friedman: Votes in favor of the motion. Dr. Benjamin Miles: Votes in favor of the motion. Dr. Allison Hill: Votes in favor of the motion.	

	Abstentions: None. **Motion Carried.**	

This concludes the Public Open Session of the meeting. The Board will now move into the Closed Executive Session portion of the meeting pursuant to D.C. Official Code § 2-575(b) for the reasons set forth in the motion.

Open Session Meeting Adjourned at 11:14 AM

This meeting is governed by the Open Meetings Act. Please address any questions or complaints arising under this meeting to the Office of Open Government at opengovoffice@dc.gov.