

**899 NORTH CAPITOL ST. NE – 2ND FLOOR.
WASHINGTON, DC 20002**

October 7, 2021

9:36 AM – 11:27 AM

**OPEN SESSION MINUTES
(VIA ZOOM MEETING DUE TO THE COVID-19 PUBLIC HEALTH EMERGENCY)**

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: 9:36 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	PRESENT
	DR. ASHLEE BOW, PHARM.D. R.PH	PRESENT
	DR. ALLISON HILL, PHARM.D. R.PH	PRESENT
	GREGORY CENDANA, CONSUMER MEMBER	ABSENT
STAFF:	JUSTIN ORTIQUE, INTERIM EXECUTIVE DIRECTOR	PRESENT
	KARIN BARRON, HEALTH LICENSING SPECIALIST	PRESENT
	LUANNE GREENAWAY, PROGRAM SPECIALIST	PRESENT
	COUNTEE GILLIAM, BOARD INVESTIGATOR	PRESENT
LEGAL STAFF:	CARLA WILLIAMS, SENIOR ASSISTANT GENERAL COUNSEL	PRESENT
VISITORS:	ABDUL REHMAN KHAN, STUDENT, HOWARD UNIVERSITY COLLEGE OF PHARMACY	
	JUAN GABRIEL MEDRANO, DC PHARMACY ASSOCIATION	
	MEGHNA BHATT, UNIVERSITY OF MARYLAND SCHOOL OF PHARMACY	
	ANGELA BRYANT, CVS SPECIALTY PHARMACY	
	CAROLYN PRICE, DC PHARMACY ASSOCIATION	
	KKIRSTEN FINK, KAISER PERMANENTE	
	DON ZOWADER, PUBLIC	
	JEENU PHILLIP, WALGREENS	
	TOYIN TOFADE, HOWARD UNIVERSITY COLLEGE OF PHARMACY	
	BRENDA SAXON	
	DELISA WINSTON	
	HYUN LEE	
	QUTINA MACK	
	KIRSTEN ERRIK	
	CRYSTAL PUWO	
	JAMES WALKER	

Open Session Agenda

Quorum: Yes

Introduction:		
1007-O-01	<p><u>Approval of the Open Session Meeting Minutes for</u></p> <p>August 5, 2021</p> <p>Motion: Board Member Mr. Alan Friedman moves the Board to approve the August 5, 2021 open session minutes.</p> <p>Seconded by: Dr. Allison Hill.</p> <p>Roll Call Vote:</p> <p>Mr. Alan Friedman: Votes in favor of the motion Dr. Benjamin Miles: Votes in favor of the motion. Dr. Ashlee Bow: Abstains from voting on the motion. Dr. Allison Hill: Votes in favor of the motion.</p> <p>Abstentions: Dr. Ashlee Bow.</p> <p>Motion carried.</p> <p><u>Approval of the Open Session Meeting Minutes for</u></p> <p>September 2, 2021</p> <p>Motion: Board Member Mr. Alan Friedman moves the Board to approve the September 2, 2021 open session minutes.</p> <p>Seconded by: Dr. Ashlee Bow.</p> <p>Roll Call Vote:</p> <p>Dr. Benjamin Miles: Votes in favor of the motion. Dr. Ashlee Bow: Votes in favor of the motion. Dr. Allison Hill: Votes in favor of the motion.</p> <p>Abstentions: None.</p> <p>Motion carried.</p>	
<u>Consent Agenda</u>	None	

<p><u>Chairperson Report</u></p>	<p><u>Interprofessional Workgroup</u></p> <ul style="list-style-type: none"> ➤ The Interprofessional Workgroup has nothing to report. However, Dr. Nesbitt met with the executive staff of each Licensing Board on Monday, October 4, 2021, to discuss temporary licensure for health professionals who are in good standing in the state(s) where they are licensed. Temporary licensure will allow health professionals reciprocating licensure to the District to work, (with full privilege of a permanent license), while awaiting permanent licensure from the District. ➤ The DC Board of Pharmacy wishes all a Happy Pharmacy Month and thanks the pharmacy community for its work. ➤ Dr. McCants and Dr. Hill attended the NABP Districts 1 and 2 Meetings, where Dr. Hill served as the Secretary Treasurer. ➤ The NABP established a task force to review waiver provisions that were allowed due to the COVID-19 pandemic. Dr. McCants served on the task force and announces that the task force will review each provision and decide which provisions are to be extended or made permanent. ➤ Dr. McCants encourages the pharmacy community to actively participate in NABP activities and its upcoming annual meeting, which is scheduled to occur on May 19-21, 2022 at the Sheraton Wild Horse Pass in Phoenix, Arizona. 	<p>Dr. Tamara McCants</p>
<p><u>Executive Director Report</u></p>	<p><u>Statistical Report on pharmacy professionals in the District of Columbia</u></p> <ul style="list-style-type: none"> ➤ Pharmacists: 2,036 ➤ Pharmacists with Vaccination and Immunization Authority: 709 ➤ Pharmacy Interns: 789 ➤ Pharmacy Technicians: 887 ➤ Pharmacy Technician Trainees: 155 ➤ Pharmacy Technician Training Programs: 14 ➤ Pharmaceutical Detailers: 746 <p><u>Prescription Drug Monitoring Program (PDMP) Updates</u></p> <ul style="list-style-type: none"> ➤ All pharmacists are reminded to register for the <i>Prescription Drug Monitoring Program</i>. Information regarding registration can be found on https://dchealth.dc.gov/service/prescription-drug-monitoring-program. <p><u>DC RX (DC Center for Rational Prescribing)</u></p> <ul style="list-style-type: none"> ➤ DCRX is continuing to publish continuing education credit courses, all of which can be reviewed at dchealth.dc.gov/dcrx. ➤ The following continuing education credits are available for completion: <ol style="list-style-type: none"> 1. Pregnancy Related Hypertension and Diabetes: Therapeutic Management (1.5 ACPE credits) 2. Implicit Bias (1.00 ACPE credit) 	<p>Dr. Justin Ortique</p>

<u>Senior Assistant General Counsel Report</u>		
1007-O-02	<p><u>Notice of Emergency And Proposed Rulemaking</u></p> <p>(a) Continuing Education for Sars-Cov-2 Vaccine Counseling</p> <p>Motion: Board Member, Dr. Benjamin Miles moves the Board to formalize the policy that the Board will accept COVID-19 continuing education credits as required by the <i>Notice of Emergency and Proposed Rulemaking on Sars-Cov-2 Vaccine Counseling</i>, which were completed in the current renewal cycle between March 1, 2021, and September 30, 2021.</p> <p>Seconded by: Dr. Allison Hill.</p> <p>Roll Call Vote: Mr. Alan Friedman: Votes in favor of the motion. Dr. Benjamin Miles: Votes in favor of the motion. Dr. Ashlee Bow: Votes in favor of the motion. Dr. Allison Hill: Votes in favor of the motion.</p> <p>Abstentions: None.</p> <p>Motion carried.</p>	Ms. Carla Williams
<u>Subcommittee Reports</u>		
1007-O-03	<p><u>Legislative and Regulatory Subcommittee Report</u></p> <ul style="list-style-type: none"> ➤ Mr. Friedman acknowledges the members of the subcommittee – Dr. Bow, Dr. Miles, Dr. White, Dr. Ortique, and Ms. Williams. The committee has met every month thus far, and discusses recommendations, decision points and next step action items. ➤ The committee shares its work today and encourages feedback from the Board and members of the public. ➤ The subcommittee will formally make recommendations, (which will include subject matter pertaining to the pharmaceutical control division), to the Board at the Open Session of the December 2021 monthly meeting. ➤ The subcommittee is continuing the update of Chapter 65 seeks to bring the standards to a current practice environment. Topics from the Town Hall Meeting of January 2021 as well as the <i>Pharmacy Practice Act</i> are in consideration as the committee updates the regulations. <p><u>The Subcommittee’s Revisions to Chapter 65:</u></p> <ul style="list-style-type: none"> ➤ Education and Training Requirement (Section 6502.1 (b)): <ul style="list-style-type: none"> • All pre-licensure professional practice will be the same. The use of the word “independent” as it pertains to pre-licensure hours will be removed from requirements throughout Chapter 65. 	Mr. Alan Friedman

- The requirement of “two rotations totaling six hundred and sixty (660) hours of pre-licensure professional practice, and five hundred and ten (510) hours of independent pre-licensure professional practice will be removed from the regulations. 2. Work performed updated to state that work must be pharmacy related.
- Education and Training Requirement (Section 6502.2 (a))
 - The regulation will be revised to state: “The Board shall give credit for pre-licensure professional practice required by §§ 6502.1(b) if it meets the following requirements.”
 - **The requirement stating “seventy percent (70%) of the work was spent performing the following pharmacy tasks” will be removed.**
 - Education and Training Requirement (Section 6502.2 (b))
 - The regulation will be **revised** to state: “Work performed in the following areas **shall be pharmacy-related** and is subject to a maximum of five hundred (500) hours of credit:
 - I. Work-study in industry or government;
 - II. Research; and
 - III. Community service projects.
 - Education and Training Requirement (Section 6502.3): **The word “independent” and requirements §§ 6502.1(b)(2) and (3) will be removed from this regulation.**
 - Education and Training Requirement (Section 6502.4): **The word “independent” will be removed from this regulation.**
 - Education and Training Requirement (Section 6502.5): **The regulation concerning “the graduating class of 2014” will be removed.**
 - License by Examination (Section 6504.3(ii)): **The regulation regarding proof of legal authorization to be in the United States will be removed.**
 - License by Examination (Section 6504.5 – 6504.7): **The regulation regarding failure to pass the NAPLEX and MPJE examinations will yield to the NAPLEX and MPJE Re-Take policies adopted by the DC Board of Pharmacy.**

Board Chair, Dr. Tamara McCants interjects to inform Mr. Friedman and the subcommittee that the jurisdictions under [NABP’s] Districts 1 and 2 do not restrict pharmacist licensure applicants by limiting the number of times they could sit the NAPLEX and MPJE examinations.

Mr. Friedman will re-address the Re-Take policies in light of Dr. McCants’ comment.

Mr. Abdul Rehman Khan, 4th Year College of Pharmacy Student asks for clarification on the MPJE Re-Take policy clause, which states:

"The Board shall not approve an applicant under this section who fails to successfully complete the MPJE examination during the first five (5) attempts to retake the MPJE examination; and shall not approve an application for licensure from the applicant if filed by the applicant within three (3) years after the fifth failed attempt."

Board Counsel, Ms. Carla Williams informs Mr. Khan that an applicant who has failed the MPJE five times in the District, may reciprocate licensure into the District, after three years [of the last, failed attempt].

- License by Score Transfer (Section 6505.2(a)(2)(ii)): **The regulation regarding proof of legal authorization to be in the United States will be removed.**
- License by Score Transfer (Section 6505.4 – 6505.5): **The regulation regarding failure to pass the NAPLEX and MPJE examinations will yield to the NAPLEX and MPJE Re-Take policies adopted by the DC Board of Pharmacy.**
- License by Reciprocity with Licensure Transfer (Section 6506.2(a)(1)(ii)): **The regulation regarding proof of legal authorization to be in the United States will be removed.**
- License by Reciprocity with Licensure Transfer (Section 6506.4 – 6506.5): **The regulation regarding failure to pass the NAPLEX and MPJE examinations will yield to the NAPLEX and MPJE Re-Take policies adopted by the DC Board of Pharmacy.**
- License by Reciprocity with Waiver of Licensure Transfer (Section 6507.2(a)(1)(ii)): **The regulation regarding proof of legal authorization to be in the United States will be removed.**
- License by Reciprocity with Waiver of Licensure Transfer (Section 6507.2(d)): **The following will be added to Section 6507 as a requirement:**
 - **To apply for a license by reciprocity with waiver of licensure transfer, an applicant shall:**
 - d. **Successfully complete the MPJE examination after receiving Board approval to take the examination and arrange to have the score result sent directly to the Board.**
- Registration of Pharmacy Interns (Section 6509.2): **The regulation concerning "the graduating class of 2014" will be removed.**
- Registration of Pharmacy Interns (Section 6509.6) (e): **The subcommittee will review and revise this requirement.**
- Pre-Licensure Professional Practice of Pharmacy Interns (Section 6510.1) (e): **The word "independent" and adherence to §§ 6502.1(b)(2) and (3) will be removed from this regulation.**
- Pre-Licensure Professional Practice of Pharmacy Interns (Section 6510.11) (e): **The word "independent" and adherence to §§ 6502.1(b)(2) and (3) will be removed from this regulation.**

- Duties of a Preceptor (Section 6511.1) (e): **The word “independent” and adherence to §§ 6502.1(b)(2) and (3) will be removed from this regulation.**
- Duties of a Preceptor (Section 6511.5): **The requirement stating “seventy percent (70%) of the work was spent performing the following pharmacy tasks” will be remove.**
- Duties of a Preceptor (Section 6511.1) (e): **The word “independent” and adherence to §§ 6502.1(b)(2) and (3) will be removed from this regulation.**
- Duties of a Preceptor (Section 6511.7): **The regulation will be removed.**
- Duties of a Preceptor (Section 6511.8): **The subcommittee will revise this regulation.**
- Administration of Immunizations and Vaccinations (Section 6512):
 - **The subcommittee is unable to change specific regulations under this section as it requires changes is legislation by the DC Council. While the subcommittee seeks to broaden the scope of this regulation, it must await changes within the HORA to do so.**
- Administration of Immunizations and Vaccinations (Section 6512.2 (b)(3)): **The language of this regulation will be revised to state: “Has successfully completed an ACPE or ASHP-approved course approved by the Board of Pharmacy, which:**
 - A. Is evidence-based;**
 - B. Includes study material;**
 - C. Includes hand-on training in techniques for administering immunizations or vaccines;”**
- Administration of Immunizations and Vaccinations (Section 6512.2 (b)(3) (F)): **The regulation will be revised to remove the topics of study as the subcommittee is satisfied with the content of the ACPE and ASHP-approved courses.**
- Administration of Immunizations and Vaccinations (Section 6512.5): **The language of this regulation may change in accordance to revision of the statute.**
- Administration of Immunizations and Vaccinations (Section 6512.6): **The language of this regulation will be revised to broaden the scope thereby including persons under 12 years of age. The regulation will expand the vaccination options to include those recommended by the Center for Disease Control (CDC). These recommendations are pending changes made to the HORA.**

Board Chair, Dr. Tamara McCants asks the subcommittee to address vaccination administration by pharmacy technicians. However, Board Counsel, Ms. Carla Williams, informs the Board that vaccination administration by pharmacy technicians must be added to a pharmacy technician’s scope of practice in the HORA [before the Board is able to add such regulations to Section 6512]. Ms. Williams continues by stating that pharmacy technicians are currently administering vaccines under the Prep

Act, which carries emergency provisions that allow vaccinations by pharmacy technicians. However, on expiration of these provisions, pharmacy technicians will no longer be able to administer vaccines unless legislation is included in the HORA that allows a pharmacy technician to vaccinate.

- Continuing Education Requirements (Section 6513): The regulations under Section 6513 are already updated and can be viewed at <https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/Chapter%2065%20%20Pharmacist.2021.pdf>.
- Board of Pharmacy (Section 6518): **Removed from the regulations.**

Dr. Toyin Tefade asks of the committee if it has considered regulation to allow pharmacy interns and students the ability to vaccinate on a non-emergency protocol.

Board Counsel, Ms. Carla Williams, remarks that Section 6512.12 allows pharmacy students to administer vaccines for influenza to persons eighteen years of age or older:

"A pharmacist certified to administer immunizations and vaccinations may permit a pharmacy student in a pharmacy experiential program, who has successfully completed a Board-approved certification course to administer influenza vaccinations under the pharmacist's direct supervision to an individual who is eighteen (18) years of age or older."

Board Chair, Dr. Tamara McCants suggests that this regulation is revised to align to the national standard of pharmacy practice.

Board Counsel, Ms. Carla Williams informs the Board that the Boards of Medicine and Pharmacy are in partnership for the administration of vaccinations and immunizations and that the Board of Pharmacy may not expand the scope of practice unilaterally. However, the Board of Pharmacy may work with the Board of medicine to expand regulations that do not require changes to the HORA.

Dr. McCants suggests that a Board-approved certification course trains the student to administer all types of vaccinations. In a collaborative effort with the Board of Medicine, the Board of Pharmacy should revise the language to "administer vaccinations under the pharmacist's direct supervision."

Dr. Toyin Tefade remarks that "experiential program" suggests that the pharmacy student must be in rotation to administer vaccines. She suggests that the language is revised to include pharmacy students "under supervision," and reflects the national standard of pharmacy practice.

The Subcommittee's Revisions to the Pharmacy Practice Act:

- The subcommittee revised the definition of the practice of pharmacy to include the following language concerning the administration of immunizations and vaccinations:

- *"the **order and** administration of immunizations and vaccinations **in accordance with the Centers for Disease Control and Prevention's (CDC) published guidelines and recommended immunization schedules for adults, and adolescents and children ages three (3) and older with written informed parental consent** when certified by the Board of Pharmacy to do so; **conducting health screenings, including ordering, performing, and interpreting CLIA-waived tests...**"*

➤ Regarding Collaborative Practice Agreements, the subcommittee extracted the following language:

- "Either directly or through rulemaking." Therefore, the definition of collaborative practice agreement is as follows: *"Collaborative practice agreement" means a voluntary written agreement between a licensed pharmacist and a licensed physician that has been approved by the Board of Pharmacy and the Board of Medicine, or between a licensed pharmacist and another health practitioner with independent prescriptive authority licensed by a District health occupation board, that defines the scope of practice between the licensed pharmacist and licensed physician, or other health practitioner, for the initiation, modification, or discontinuation of a drug therapy regimen."*

➤ The Definition of Prescription:

- The subcommittee added "biologic" to the definition and removed the following language: *"specifying the address of the person for whom or, with respect to auto-injectable epinephrine, the school to which the drug or device is ordered and directions for use to be placed on the label."*
- The updated definition of prescription is therefore: *"Prescription" means any order for a drug, medicinal chemical, **biologic**, or combination or mixtures thereof, or for a medically prescribed medical device, in writing, or on an approved electronic form, dated and signed by an authorized health professional, or given orally to a pharmacist by an authorized health professional or the person's authorized agent and immediately reduced to writing by the pharmacist or pharmacy intern."*

Board Chair, Dr. Tamara McCants asks the subcommittee to explain the rationale for the age restriction, for ages three (3) and older.

Board Counsel, Ms. Carla Williams, informs the Board that the age restriction is consistent with the language of the Prep Act. The subcommittee realizes that the pharmacist's role during the pandemic will not be the same after. Therefore, in an effort to expand the role of the pharmacist without consideration from the Board of Medicine, and without new legislation in the HORA, the subcommittee has adopted the language of the Prep Act to expand the authority of the pharmacist.

Dr. McCants suggests that the subcommittee consider expanding the pharmacist's authority to administer vaccinations and immunizations by prescription, thereby eliminating the age restriction.

Mr. Jeenu Phillips supports Dr. McCants' suggestion by stating that there are states around the country where age is not specified in administration of vaccinations and immunization. [Instead], the authority is provided to the pharmacist to administer vaccinations and immunizations. Therefore, to expand the pharmacist's authority for vaccination and immunization administration, the Board should refrain from specifying age.

Mr. Phillip also states that if expanded authority of pharmacists may require legislation, then the Board should consider adding [language] that states pharmacists are allowed to make therapeutic changes as well.

The Subcommittee's Address Regarding Workplace Safety:

- In response to this topic which was raised during the Open House in January 2021, the subcommittee is address workplace safety.
- The subcommittee is aware of the survey concerning workplace safety and is interested in knowing the results.
- While the subcommittee is uncertain that it is able to effect change in workplace safety through the regulatory environment. However, the subcommittee is interested in knowing the answers to specific questions, that may influence the subcommittee to modify the regulatory environment in the District of Columbia.
- The subcommittee has drafted a survey for dissemination among the District's licensees, which are categorized under safe work environments and breaks. The survey will cover these topics as well:
 - Staffing/Time Management
 - Patient Safety
 - Background Information
 - The Work Environment
 - The Number of Hours Worked Per Shift and Per Week
 - The Number of Years Employed as a Pharmacist or Pharmacist Technician.
 - Dr. Ortique is working to produce the survey via Survey Monkey, and the subcommittee expects to present the data at the Open Session of the December 2021 meeting.

Dr. Toyin Tefade suggests an "other" option for the survey. Mr. Friedman responds by stating that the subcommittee will consider including the option.

The Subcommittee's Address Regarding NO CALL STATE (Chapter 13 – Pharmaceutical Control Division):

- The Intent in addressing this matter is that the subcommittee will make a recommendation to the pharmaceutical control division regarding the authority of pharmacists to fill the original and refills without returning to the pharmacy under ninety (90) days.

Mr. Jeenu Phillip recommends that the subcommittee change the ninety (90) day supply to one hundred (100) day supply in response to health plan

requests of one hundred (100) days, whereas regulations restrict the pharmacists to ninety (90) day supplies.

The Subcommittee's Address Regarding Pharmacist-In-Charge Duties
(Chapter 19 – Pharmaceutical Control Division):

- The subcommittee has broadened the scope of the Pharmacist-In-Charge to include the following:
 - Resident and non-Resident pharmacies are not allowed to operate without a Pharmacist-In-Charge.
 - The Pharmacist-In-Charge must have not less than two years of active pharmacy practice experience in the United States.
 - Be physically present in the pharmacy a minimum of thirty-two (32) hours per week.
 - Not serve as the pharmacist-in-charge for more than one (1) pharmacy at a time except upon obtaining written permission from the Director.
 - Complete the affidavit of responsibilities and duties attesting to understanding and accepting the duties and responsibilities of a pharmacist-in-charge as set forth in this chapter.
 - If the Pharmacist-in-Charge will be absent from the pharmacy or on leave for more than thirty (30) days, a new Pharmacist-In-Charge will be designated, and the Director will be notified.
 - The Pharmacist-In-Charge will accept standards of professional conduct and practice, and applicable District and federal laws, duties, and responsibilities:
 1. To supervise all of the professional employees of the pharmacy.
 2. To ensure that all persons working in the pharmacy, including those participating in an internship, residency, or fellowship program at the pharmacy are appropriately licensed or registered with the Board
 3. To supervise all of the non-professional employees of the pharmacy regarding any duties related to the procurement, sale or storage of drugs.
 4. To establish and supervise the record keeping system for the purchase, sale, possession, storage, safekeeping, and return of drugs.
 5. **Establishing and ensuring** the quality assurance programs are in place for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems. Quality assurance programs shall be designed to prevent drug diversion **and to decrease and monitor prescription errors.**
 6. Establishing or developing policies and procedure for the procurement, storage, **compounding,**

dispensing, security, and disposition of drugs and devices, and for the communication of required information to the public in relation to drug therapies beyond the offer to counsel.

- Pharmacist-In-Charge (Section 1920.5 (g) and (h)) **will be removed from the regulation.**
- Additional duties of the Pharmacist-In-Charge (Section 1920.6):
 - The Pharmacist-In-Charge is responsible for the accuracy and completeness of the biennial inventory of all controlled substances and shall sign and date the biennial inventory upon its completion. This requirement applies whether the inventory is conducted by the pharmacist-in-charge or another licensed pharmacist.
 - Section 1920.7: details when the biennial inventory must be conducted by:
 1. The outgoing Pharmacist-In-Charge shall conduct an inventory of all controlled substances in the pharmacy before leaving the position.
 2. The incoming Pharmacist-In-Charge shall conduct an inventory of all controlled substances in the pharmacy within seventy-two (72) hours after beginning to function as the Pharmacist-In-Charge.
 - Section 1920.8: If the outgoing Pharmacist-In-Charge is unable to perform the inventory required by § 1920.6, the pharmacy owner shall designate an alternative pharmacist, other than the incoming Pharmacist-In-Charge to perform the inventory in the outgoing Pharmacist-In-Charge's place.
 - Section 1920.11: It shall be a violation of the pharmacy permit for any person to subvert the authority of the Pharmacist-In-Charge by impeding the management of the prescription department in the compliance of federal and state pharmacy laws and regulations.

Mr. Jeenu Philip comments on the Pharmacist-In-Charge eligibility requirement as stated in Section 1920.3 (b). Mr. Phillip informs the Board that language of this regulation may be misinterpreted by a future Board to mean that a Pharmacist-In-Charge is required to have two years of pharmacist experience instead of two years of pharmacy practice experience.

Board Chair, Dr. Tamara McCants responds to Mr. Phillip's comments by stating that academia is currently not preparing pharmacists to serve as administrators in a pharmacy setting. However, the language "for good cause shown" can be utilized to allow and justify a candidate for the position of Pharmacist-in-Charge.

Mr. Phillip further states that the Board should consider language that observes an alternative, such as a Pharmacist-In-Charge training for candidates that do not have the two years of experience.

	<p><u>The Subcommittee’s Address Regarding The Opioid Crisis:</u></p> <ul style="list-style-type: none"> ➤ The Opioid Labelling Amendment Act of 2020: The subcommittee is actively discussing DC Council’s legislation concerning the Opioid Labelling Amendment Act. <p><u>The Subcommittee’s Topics for Future Discussions:</u></p> <ul style="list-style-type: none"> ➤ Pharmacist to Pharmacy Technician Ratio, ➤ Tech-Check-Tech (in hospital and/or retail environments), ➤ Central or Remote Processing, ➤ Collaborative Drug Therapy Management, ➤ Birth Control Prescribing by Pharmacists, ➤ Requirements for Pharmaceutical Detailer Licensure (Chapter 83) ➤ Requirements for Pharmacy Technician Licensure (Chapter 99). <p>The subcommittee will present formal recommendations to the Board at the Open Session of the December, 2021 monthly meeting. The recommendations that are approved by the Board will be published in the DC register. The public comment period will follow, at which point all stakeholders may comment on the recommendations. If there are no comments on the recommendations, all will go through the regulatory process. If there are comments that might necessitate substantial changes, the recommendations will return to the Board for consideration.</p>	
1007-O-04	<p><u>Communications Subcommittee Report</u></p> <ul style="list-style-type: none"> ➤ The DC Board of Pharmacy has submitted a newsletter for publication to NABP for the month of November. The newsletter will be available for review by email. 	Dr. Ashlee Bow
<u>Matters for Consideration</u>		
1007-O-05	<p><u>Administration of Monoclonal Antibodies by Pharmacy Students Inquiry</u> <u>Bonnie Levin, PharmD, MBA, FASHP</u> <u>AVP, Pharmacy Services, MedStar Health</u></p> <ul style="list-style-type: none"> (a) Email Communication (b) Ninth Amendment to Declaration Under the Public Readiness and Emergency Preparedness Act for Medical Countermeasures Against COVID-19 (c) Expanding Access to COVID-19 Therapeutics HHS PREP Act Declaration: 9th Amendment <p>The Board determines that Dr. Levin must act under the authority granted through the PREP Act and is required to comply with the provisions expressed in the PREP Act.</p>	
NABP E-Newsletter	<p><u>September 22, 2021</u></p> <p>Help Educate Patients on the Importance of Buying Medication From Verified Sites</p>	Dr. Tamara McCants

	<p>Final Guidance Released on Biosimilar Development and BPCI Act</p> <p>DEA to Hold Next Drug Take Back Day on October 23rd</p> <p>Toolkit Available to Help Educate Older Adults on Safe Acetaminophen Use</p> <p>Pharmacists in Two New York Counties Required to Include Safe Disposal Kits With Every Opioid Prescription</p> <p>FDA Continues Collaboration With Drug Compounders Through Compounding Quality Center of Excellence</p> <p>SAMHSA Awards More Than \$123 Million to Combat Opioid Epidemic</p> <p>September 29, 2021</p> <p>COVID-19 Booster Authorized for Certain Groups</p> <p>NABP Joins Other Regulatory Associations In Launching Opioid Regulatory Collaborative</p> <p>Montana Board of Pharmacy Reinstates Emergency Rule to Help Pharmacists Oversee, Administer Vaccinations</p> <p>DEA Warns of Increase in Counterfeit Pills Containing Fentanyl</p> <p>Recall Issued for Cefazolin Injection Products Due to a Lack of Sterility Assurance</p> <p>DEA Announces Virtual Red Ribbon Rally October 5 to Help Promote Drug-Free Lifestyles</p> <p>Celebrate World Heart Day by Raising Awareness on How Substandard, Falsified Medicines Can Endanger Cardiac Patients</p> <p>Note to the Public: To receive weekly updates from NABP, please sign up by using the following link:</p> <p>https://nabp.pharmacy/newsroom/news/</p>	
<p><u>Comments from the Public</u></p>	<p><u>Mr. Don Zowader, Public:</u></p> <ul style="list-style-type: none"> ➤ Mr. Zowader comments on therapeutic exchange at the retail level, and states that the Board’s main function is to keep patients safe. He concludes that there is a serious difference in therapeutic substitution in a hospital setting and therapeutic substitution at the retail store. Mr. Zowader encourages the Board to take proceedings very carefully and thoughtfully. 	

	<p><u>Mr. Jeenu Phillip, Walgreens</u></p> <ul style="list-style-type: none"> ➤ The pharmacist/technician ratio will receive strong opposition at the retail level. The national consensus is that the ratio is being eliminated, and states observing the ratio experience an under-utilization of technicians. [In summary], instituting the pharmacist/technician ratio is a bad idea; the flexibility gained in the absence of a ratio is optimal. 	
<p><u>Motion to Adjourn the Open Session</u></p>	<p>Board member, Dr. Benjamin Miles moves as follows:</p> <p>“Madam Chair, I move that the Board close 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).”</p> <p>Seconded by: Dr. Ashlee Bow.</p> <p>Roll Call Vote:</p> <p>Mr. Alan Friedman: Votes in favor of the motion. Dr. Benjamin Miles: Votes in favor of the motion. Dr. Ashlee Bow: Votes in favor of the motion. Dr. Allison Hill: Votes in favor of the motion.</p> <p>Abstentions: None.</p> <p>Motion Carried.</p>	

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: 27 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.