Rule Comments

Comments Summary

Total Comments: 122

ANSWER CHOICES	RESPONSES	
Pharmacist	61.48%	75
Pharmacy Technician	20.49%	25
Pharmacy Intern	0%	0
Terminal Distributor of Dangerous Drugs	1.64%	2
Patient/Caregiver	4.10%	5
Organization (please specify)	12.30%	15
TOTAL		122

Comment Letters

1. Animal Policy Group
2. The Ohio State University College of Pharmacy
3. Ohio Pharmacists Association
4. Anonymous (Pharmacy Manager)
5. Independent Pharmacy Cooperative (IPC)
6. Kroger
7. Unite for Safe Medications
8. Ohio Northern University
9. Walgreens
10. Ohio Hospital Association
11. CenterWell Pharmacy
12. Ohio Council of Retail Merchants
13. National Community Pharmacists Association
14. Ohio State Wexner Medical Center
15. CVS Health
16. Kathryn Fletcher (Public)

Rule Comments

OAC 4729:5-5-02 - Establishes minimum standards in an outpatient pharmacy.

Answered: 87

Skipped: 35

Answer Choices	Responses	
Proponent	72.41%	63
Opponent	14.94%	13
Interested Party	12.64%	11
Total		**87**

Please submit any comments you may have on the proposed rule. (NOTE: Comments were optional, not everyone who answered above provided a comment. Comments that included phrases such as "see attached" or "see letter" were excluded).

Pro/Op/IP?	Comment
Interested Party	It's like getting blood out of a turnip or beating a dead horse. Unless the state board has what it takes to stand up to insurance companies and big pharma and right alongside with these standards provide the financial means to bring them to fruition, they are just words on a page. But we know from the past as the state board bows down to the CDC and FDA and big pharma by overlooking the truth about Covid 19 (the shot neither protects the person getting Cov 19 or prevents transmission; masks have been proven to be useless) they will follow suit and not assure to the pharmacy, that there will be a way for them to charge either the patient directly or via the insurance company in order to implement the minimum standards. If you increase the standards, then you must give the pharmacy/ pharmacist the ability to pay for it. But we know that won't happen. You (BOP) are held blameless but just put another burden on pharmacy. These are excellent standards which are definitely needed, that is not the question. But how does one pay for it. But you certainly won't go there.
Interested Party	Appropriate staffing and scheduling needs to be established in conjunction with local pharmacy management. There is significant variety in the type of work seen at different pharmacies, often within the same company. The pharmacy manager should have the ability to adjust corporate staffing models accordingly based on pharmacy needs. If chain pharmacies are forced into increasing staffing to certain levels, a likely outcome is a decrease in pay to employees of the pharmacy. This cannot be allowed, or we will continue to see the decline in the profession that has been occurring.
Interested Party	These rules totally miss the mark. They are too broad and unenforceable. This will not impact retail drug chains.
Interested Party	Pharmacies need to be held accountable if they lack the personal to properly take care of their customers. Pharmacies need to be required to have a minimum number of pharmacy technicians working at all times. I think the minimum should be 3 or 4 at all times depending on size. I should not have to go into work and be the only technician working because corporate cuts our hours so much that we can only have 1 tech working. I travel to different stores all the time and it's just one big mess after another. Customers lives are at risk because we aren't properly staffed at all times.
Interested Party	I understand part of the rules being considered would place a time limit on filling a prescription. In theory this sounds good, but in practice would be impossible to not violate. Medications go on back order constantly and meds require prior authorization from doctors that don't perform that task in a timely manner. These simple scenarios would violate the "fill

	within 72 hours" rule and place more burden on the pharmacy than they can control. Furthermore, rules that punish the pharmacy staff for things out of their hands is counterproductive. The corporation that owns the pharmacy should be the ones held more accountable for the staffing issues. Staff are forced to cut corners or provide less than perfect care due to the lack of staffing, not necessarily because they are bad pharmacists. Allow wordage in the mandates that require higher level managers to "face the music" for violations. They are largely shielded from any repercussions, yet they are the responsible parties for the understaffing
Opponent	I am worried the Ohio Board of Pharmacy is overstepping their authority in issuing mandates that impact how the profession is managed.
Opponent	I have been a pharmacy technician for over 30 years and never needed to have a lunch break. We have always brought our lunch or snacks to work and ate when needed while working. It's never been an issue. We do not need to close for a half hour and then when getting back be behind and having patients angry. It is just not necessary.
Opponent	Mandatory lunch would put additional stress and pressure on the pharmacists which would result in being further behind and having to stay after hours to catch up.
Opponent	We are making rules that impacts severely 80% of the pharmacies and pharmacy owners who do NOT mistreat or overwork their staff inorder to get under control the 20% of the chains and groceries who are severely mistreating and abusing their staff. There should be a requirement that independent pharmacies who employ like 15-20 or less staff do not have to followup these requirements because we already take care of our staff.
Opponent	While I feel that the board should have the ability to place the standards into an outpatient pharmacy, I think it could put unnecessary burden on a pharmacy, when it seems one corporation has taken advantage of the boards previous position. Maybe this could be a remediation strategy for a pharmacy that loses control of their environment, but a pharmacy that is able to operate efficiently with less staffing, should not be handcuffed by this broad stroke policy.
Opponent	Independent pharmacies should be exempt. We are all professionals and sometimes if the demand is there we just need to step up to plate and take care of who's in front of you. Are we to turn people away who have needs? I took an oath to protect my patients and know my limitations.
Proponent	I think the very specific rules and details in these minimum standards are sorely needed especially in the large chain environment. Pharmacists for far to long had no power to change the work environment issues within their pharmacies, since the policies came down from corporate managers who for the most part are not pharmacists and do not pay any consequences for pharmacy errors or risks to patient safety. Pharmacists were afraid to take concerns to non pharmacist supervisors for fear of retaliation. Complaining pharmacists were seen as negative by these nonpharmacist supervisors and they would find a way to get rid of these pharmacists or make their lives miserable so they would quit. These updated rules gives some power back to the on duty pharmacists, especially floaters. I would just hope the BOP staff holds these corporate manager's feet to the fire. It should be the corporate manager that made the policies that led to the unsafe work environment and risk to patient safety that pays the price. Any fines should be assessed to the corporate pharmacist that created the unsafe policies or were informed of the unsafe conditions by the pharmacist and did not do anything about it within a reasonable time frame. $1000 fines mean nothing to a billion dollar corporation. In their minds it is a cost of doing business. I would suggest the fines should be larger to the corporation or charge $1000 per incident per store. I do believe the only way for a corporation to take these rules seriously is for the BOP to suspend the terminal distributor license for the store until the problem is rectified. Closing a pharmacy would result is thousands of revenue lost per day per store until the problem is fixed. Also ensure these corporate managers are not able to find another non transparent way to not be compliant with these rules such as finding another way to define ancillary services like asking pharmacy staff to enroll patients in company programs (like company loyalty or credit card programs or other programs that have nothing to do with improving patient care.) Pharmacists should have sufficient time to counsel patients on

	prescription meds, OTC meds, or the correct uses of devices such as glucose testing machines, inhalers or other devices. I would also ask that any safety concern forms sent to the immediate supervisor should also have to be sent to the district manager or pharmacy supervisor and responded by both individuals. Many chain pharmacists now report to a store manager who is a non pharmacist and typically does not have much power to change an unsafe work situation either. Their reviews also depend on the store attaining budgeted pharmacy hours and other metrics so they will not be willing to give additional hours or other support/resources if they are also not supported by their immediate and regional bosses(likely non pharmacists). These non pharmacist managers suffer no consequences for patient errors that cause harm when the errors was caused by an unsafe pharmacy environment. It is only the pharmacist that made the error that is penalized by the BOP through their license. It is time to hold these corporate decision makers responsible with penalties that have real teeth. I think these proposed rules are a great start to alleviating some of the issues that have created these negative and unsafe work environments.
Proponent	Busy stores should have sufficient overlap hours for pharmacists. One pharmacist working a 13 hour shift and filling 700+ prescriptions is not a safe environment.
Proponent	Understaffing is not only a current risk for all patients in America who need medications, but the future of pharmacy and medication access is impacted as pharmacists leave the profession and students refuse to enter. Thank you for taking the lead in our nation to protect not only patients but pharmacists and the future of the pharmacy profession. These are the types of steps that it will take for America's safe pharmacy and medication access to be saved.
Proponent	(Walgreens CPhT 15+ years) We desperately need safety standards that are mandated by the The Board of Pharmacy. In the past 3-5 years there has been a shift from patient satisfaction to cutting back on any and everything to ensure maximum profits. I have seen management cut staffing to as little as possible, while increasing workloads dramatically. We are told we need to be more efficient with less staff. This has caused an extremely unsafe environment. Technicians are forced to physically work at least 2-3 stations at once. Jumping from filling prescriptions to answering phones to working drive thru to working the front checkout to assisting customers with otc needs then returning to filling prescriptions. We are begging for the board of pharmacies help!!
Proponent	I believe that this has become necessary for the Board to step in to establish minimum standards. It does seem to be overreach into the individual business of, but in the case of the large chains, they have steadily ignored any minimum standards in the pursuit of maximum profit. The time has come to hold their feet to the fire and impose these standards because they never will. They have proved this, beyond a doubt, especially to us as pharmacists and technicians working the front lines.
Proponent	I believe this is appropriate and necessary for our profession.
Proponent	I applaud the Board of Pharmacy for looking into several areas of concern in the profession, but I am concern that the Board would be overstepping in several different areas.
Proponent	Has to happen. We need to protect the public health from overt capitalism as much as possible. Without measures like this, outpatient will only continue to get more and more dangerous in the pursuit of cash.
Proponent	Mandatory lunchtime closing would allow the entire staff to leave the pharmacy at the same time for a break. This would improve staffing and prevent having to work short handed while staggering lunch breaks. Most physician offices close 12-1 each day without a negative impact to their patients or business.
Proponent	While it is positive that the success of this regulation is measured by "compliance with the rules, and minimal questions" this is not the purpose. Please, if you find that any of your rules are not making pharmacy safer in Ohio eliminate them. Power and control are desirable for the BOP, but it belongs to the people of Ohio. While I believe these regulations will help they do not appear to give more power to the people of Ohio. People want choice, and transparency. They want

	recourse when delays affect their health. Ohioans find value in the transparency of discount cards - we can compare price. In the future we will want to compare service. We want pharmacies to state their wait time and then stand by it. Our time is valuable. If a flight is delayed more than 2 hours the consumer has rights.
Proponent	Need to look at why pharmacies are not properly staffed, it's an issue of not giving pharmacies the hours needed to hire. Beyond stressful
Proponent	Please help save community pharmacy in the large corporate environment. Their has been the"Great resignation" of Pharmacists circa 2021 because of working conditions. Have quotason ancillary services and a reasonable Pharm/tech to volume/workload ratio. If you won't, a union will likely take the day in the end. Please be proactive and save us from both.
Proponent	There needs to be laws in place to protect this profession, the majority of which is burned out and has a ptsd response going into the autumn season now
Proponent	The pharmacists in my store routinely work alone. I would like to see minimum standards set to ensure working alone doesn't happen for longer than 1 hour.
Proponent	Took you long enough. Pharmacies have been operating under dangerous conditions for many years.
Proponent	Still having issues with "quotas" especially with giving vaccines. It's too early for flu shots according to most clinical reviews but we are being forced to get at least 6 flu shots per day!
Proponent	It is dangerous what the pharmacy is doing with staffing. There needs to be a minimum amount of staff. I don't feel safe
Proponent	I believe that the focus of pharmacy efforts should be primarily on the health and welfare of its consumers, patients and their families. This means regulatory agency standards must mandate actions which allow staff to work in relatively low-stress conditions which promote clear and thoughtful focus on the efforts which are essential to accurate preparation and delivery of pharmaceutical products. "Health care" is not a place where profit for the organization or its investors should be allowed to be pre-eminent!
Proponent	Biggest concern is staffing. Pharm techs are in very short supply and I worry about pharmacies needing to close if having difficulty staffing.
Proponent	The pharmacist must have adequate support staff in order to provide safe care. Accordingly, he or she should also have the ultimate authority to do what is necessary to ensure minimum standards, including the temporary suspension of services not directly related to the dispensing of medication.
Proponent	Consideration should be given to resources provided to the pharmacist that assist in work load and assure accuracy. This would include software, automation and other tools that assist in dispensing and free up time for the R.Ph. to provide clinical information to patients and care givers. Examples: automated phone system, digital counter with NDC verification, auto dispensing, validation systems.
Proponent	More staff is necessary at big chain pharmacies such as CVS. Pharmacists are rushed to verify prescriptions.

Rule Comments

OAC 4729:5-5-02.1 - Prohibits the use of quotas in the provision of ancillary services in an outpatient pharmacy.

Answered: 79

Skipped: 43

Answer Choices	Responses	
Proponent	79.75%	63
Opponent	10.13%	8
Interested Party	10.13%	8
Total		**79**

Please submit any comments you may have on the proposed rule. (NOTE: Comments were optional, not everyone who answered above provided a comment. Comments that included phrases such as "see attached" or "see letter" were excluded).

Pro/Op/IP?	Comment
Proponent	I totally support the language as long as the corporation does not find another way to get around a quota by defining it as something else. I think this specific language in defining the term quota or the term "provision of ancillary services" is a good start.
Proponent	(Walgreens CPhT 15+ years) The amount of different types of quotas in our pharmacy is unbelievable. We have daily/weekly/monthly task lists, redundant calls to patients regarding picking up/refilling medications, giving a certain amount of vaccines daily/weekly/monthly amongst others. We have been asked to focus on giving patients vaccines. Occasionally they offer 1-5 dollar cash incentives on your paycheck for certain vaccines when out of season.
Proponent	1. Use of Quotas a. The problem is not quotas by itself. The problem is a growing business with growing quotas but no additional help or resources. b. With these growing quotas, I highly suggest you reach out to med safety at some of these big chain pharmacies and see how many medication and vaccine errors there have been just this year alone. Our flu shot goal this year is 1,594 flu shots. (We are considered a lower-medium volume store, doing about 3,000 scripts a week). Have we gotten any additional help? Nope. They actually are cutting our hours. If someone can explain this to me, I will sit down and listen. I have reached out to corporate asking questions to why our hours are being cut after dropping our flu shot goal of 1,594 on top of prescriptions, other vaccines, phone calls, shelf maintenance, inventory management, perpetual inventory, counseling, doctor calls, etc. How are we supposed to manage? Physically, emotionally, and mentally we can't manage. This is an impossible goal. I work 12-hour shifts by myself, have a second staff pharmacist, and a part timer where occasionally we will have enough hours for overlap. Do you realize pharmacists will start leaving the profession (including myself – seriously to the point of looking to go back to school because this is not what pharmacy was when I was an intern) if this continues to happen. You have the power to change this and you have a lot of people rooting for you. How is the workload listed above acceptable for employees but more importantly, our patients? Again, patient safety is compromised. c. "Hitting your numbers will keep you alive today. Hitting your numbers with momentum ensures you stay relevant in the future." Pharmacy has no momentum right now and people are going to start leaving the profession if things are not going to change in Ohio.

Rule Comments

Proponent	Quotas only work if the staffing is adequate. If staffing lacks, some quotas will be left by the wayside. Just like triage. Some quotas are linked to Medicare standards for reimbursements, but again, lacking adequate staff, it is impossible to bring this up to the level required. Pay attention Medicare.
Opponent	I understand not forcing how fast or slow a pharmacist completes certain tasks and patient safety should drive all decisions, but there has to be a difference between quota and metric. In some cases, metrics alone drive the amount of staffing a location may have (i.e. 2 pharmacists for filling 300/scripts per day vs. 3 pharmacists for filling 500/scripts per day). Without having these metrics in play then business would struggle to ensure correct staffing. I believe this section needs to be more strongly worded around PUNISHMENT upon a pharmacist for missing a metric instead of removing metrics altogether.
Opponent	I am worried the Ohio Board of Pharmacy is overstepping their authority in issuing mandates that impact how the profession is managed.
Proponent	Quotas are a distraction from patient care and have a negative impact on patient safety.
Proponent	When being the only technician and having only 1 pharmacist, doing task based metrics can become near impossible to complete on a busy day. Yet we have to fret about them for fear of being yelled at or disciplined for not completing these tasks.
Proponent	The quotas for vaccines are outrageous, especially when the pharmacist is working by themselves.
Proponent	Retail pharmacies are already finding ways to "get around this rule". They are saying you have to commit to a some many ancillary and flu vaccines per season.
Interested Party	Appropriate staffing and scheduling needs to be established in conjunction with local pharmacy management. There is significant variety in the type of work seen at different pharmacies, often within the same company. The pharmacy manager should have the ability to adjust corporate staffing models accordingly based on pharmacy needs. If chain pharmacies are forced into increasing staffing to certain levels, a likely outcome is a decrease in pay to employees of the pharmacy. This cannot be allowed, or we will continue to see the decline in the profession that has been occurring.
Proponent	Still happening! Especially with vaccines! We are required to get at least 6 flu vaccines everyday even though a lot of info states not to start until September
Proponent	I work for a retail pharmacy and so much time is spent on trying to meet quotas and that are unfair and unrealistic when we should be focused on providing proper care and dispensing medication safetly.
Opponent	Once again independent pharmacies do not push quotas on their staff. We have goals of ancillary services. And once again we independents are being punished and controlled and most likely ELIMINATED from being able to keep doors open with this regulations.
Proponent	quotas should be contractually bound, or used for performance bonus, but pharmacy is not, cannot be, cookie cutter. Patient interactions are not all alike, and some need more time than others, so it is subjective rather than an objective analytic tool.
Proponent	Patients should be first. I'm an independent pharmacy owner.
Proponent	Strongly believe quotas are antithetical to our mission in pharmacy.
Interested Party	This will not impact retail drug chains. It is unenforceable and pharmacists interested in keeping their jobs will never interfere.
Proponent	At a minimum a pharmacist should have a technician present during a shift. Employers should not use quota's. The maximum amount of activity (Rx's) must consider technology resources.

Rule Comments

Interested Party	It seems fairly obvious that this action is being taken solely based on the failure of large chain pharmacies to practice in a way that allows their employees to feel valued. I do not think that it is necessary to legislate policy to every business in the state in order to try to fix those problems. The Board should not dictate day to day operations of individual practices. Nor should it attempt the be the advocate for a particular group by forcing daily business management decisions on the whole of Ohio pharmacies. Especially, at a time when the Board knows that pharmacies are closing daily due to reimbursement issues (that's how we got here in then first place), and when the Board admits that its solutions will cost most pharmacies more money in expenditures. If the chain pharmacies had not bought and closed pharmacies and then tried to run their own pharmacies at dangerously low staffing levels, then they would not be in this situation. It's not the Boards role to act as "Union Steward" for chain pharmacy employees.
Proponent	Numerous times have higher corporate leaders have pushed and threatened our job security, to me personally and to other colleagues, over not reaching certain performance based metrics. They did not care about short staffing or the mental abuse they bring by harping on us constantly. It disgusts me as a professional that this was even allowed in the first place
Proponent	The use of quotas in pharmacy should be prohibited. It is an unsafe practice. We work to ensure our patients are taken care of, we do not work to make sure quotas are met, especially vaccines.
Did not indicate	Quotas should NOT exist when it adversely impacts patients safety. While working at CVS there are numerous quotas to drive volume and of course profits. The rule should be clear so that chain pharmacies (especially CVS) figure out a clever way to change the wording so that it is not a "quota" but rather a component of the pharmacist's job function. For example, you as pharmacist failed to administer "x" number of vaccines to eligible patients in August therefore a less than "meets goals" is documented in a review. Not technically a quota but still a QUOTA. That same pharmacist in August may have counseled hundreds of patients, caught numerous dosing errors, stopped medication from being dispensed due to allergy, convinced someone to stop smoking, recommended numerous OTC products for various ailments, recommended patients seek medical attention by a doctor and on and on and on. Yet when CVS reviews the pharmacist they will only look at how many vaccines, how many times the phone was answered in 3 rings (which would never be a problem if there was enough staff to answer), how fast did the online order get done, how many calls to patients asking if they need refills, again I could go on and on but I think the point is made. Let me be crystal clear, I am NOT a disgruntled employee. Do not read this and think that I'm trying to get back at CVS. If my statements are framed in that manner then the individual reading this hasn't experienced what really happens in a CVS pharmacy. CVS has some amazing pharmacists that show up every day to be a great pharmacist, but corporate culture is to push as hard as they can to squeeze out as much volume and profit as possible at the expense of patient safety and the pharmacist's mental health and wellbeing. The public deserves knowing that when they pick up a prescription that the pharmacist had the time and resources to ensure it was appropriate and filled correctly "PERIOD" How is there a difference if a doctor is rushed and makes a mistake and a pharmacist is rushed and makes a mistake? The end result is usually the same patient harm or death, so why are the people in the government that are tasked to protect the public allowing this to happen in chain pharmacies (in particular CVS)? These laws need to be clear and concise so that they don't find a way to get around the rules and continue to put the public at risk. If people think they won't then they are sadly mistaken because the corporate elite cares only about profit, profit, and profit.
Did not indicate	amazing idea
Did not indicate	This would also be nice due to the fact that we lose 'hours' available for staffing every single month.

Rule Comments

4729:5-5-02.2 - Provides mandatory rest breaks for pharmacy personnel.

Answered: 77

Skipped: 45

Answer Choices	Responses	
Proponent	77.92%	60
Opponent	11.69%	9
Interested Party	10.39%	8
Total		**77**

Please submit any comments you may have on the proposed rule. (NOTE: Comments were optional, not everyone who answered above provided a comment. Comments that included phrases such as "see attached" or "see letter" were excluded).

Pro/Op/IP?	Comment
Interested Party	Several pharmacies in Indiana have attempted this over the years. Unfortunately, this practice often creates more stress and fatigue for the employees due to having to turn away patients during the set up and closure for a break.
Interested Party	This is a basic worker's right. Did you even review the context in which Illinois (Walgreens, WalMart, Etc) agreed to provide rest breaks? Rather than focusing on the needs of the patient, Illinois chose to once again punish patients by closing the pharmacy. A win-win for chains ...
Opponent	The minimum hours worked to get a lunch are too low. should be over 8 hours mandatory break.
Opponent	Ohio labor laws govern breaks for hourly personnel. If you're the manager and you're not getting proper rest breaks, then do not be the manager.
Proponent	I especially support the language for mandating breaks for those that work more than six hours (this can happen in a chain pharmacy where the second pharmacist make work the evening shift such as 2pm- 10pm without overlap with another pharmacist to be able to take a lunch break. In this instance this evening pharmacist should be allowed to have an uninterrupted meal break in the evening. The pharmacy most likely can not close for a second meal break for the evening pharmacist so I would support allowing them to have an uninterrupted meal if they can stay in the pharmacy to eat, but tell any patients that drop of new prescriptions that these scripts will not be ready until the pharmacist is done with their meal break. 24 hour night shift pharmacists also should be able to have an uninterrupted meal break during the night, although most do not have any technicians or staff working with them after 11pm or midnight. They should be able to close the pharmacy for half hour in the middle of the night.
Proponent	Walgreens CPhT 15 years experience. The only break we take in the pharmacy is a lunch break and that is a pretty new development. We can still choose to work through our lunches, which we do when we are significantly behind on work. I have never taken any 15 minute breaks nor does anyone in our pharmacy. For many many years we didn't take any breaks at all in the pharmacy.
Proponent	1. Meal Breaks a. We are still fighting for UNINTERUPPTED meal breaks. b. The chain I work for finally decided to give us a 30-minute lunch break. HOWEVER, all of our conference calls and manager meetings are scheduled during that break time. If you decide to mandate these breaks, can you please throw in the word "uninterrupted"? c. "Under Federal law and Ohio law, an employer is required to pay its employees for all time spent performing "compensable" work. However,

	employers do not have to compensate employees during "bona fide meal periods." A bona fide meal period, aka a lunch break or dinner break, is an uninterrupted break where the employee is relieved from all job duties for the purpose of eating meals. In other words, whether a lunch break should be paid depends on whether you actually stop working." – Mansell Law That being said, if we have a scheduled lunch break, doesn't that mean it should be "free of work"? You would think this would be common sense but for my employer it is not. This will have to come from you. Please fight for uninterrupted breaks. d. Working 12 hours without any uninterrupted meal breaks is not only a concern for employees, but should be a major concern to public safety. They deserve 100% of our knowledge and concentration when checking prescriptions. Working a 12-hour day with no "real" break is exhausting and compromises patient safety. If you don't do it for us, do it for the patient.
Proponent	Rest periods should be mandatory to take a breather and to recover somewhat from the stress of a very challenging job. In Ohio, however, there are no protections given by Labor Laws, and given the utter disregard of the wellbeing of pharmacy staff by the large chains, this will not change unless specific changes are mandated by Board of Pharmacy. This will surely be challenged in court, but if the Governor, legislature and Board are serious about this, it can be done. As an example, in CA, due to labor rules, a pharmacist can only get credentials to log in once they are clocked in. This means that lunch breaks will be off the the clock, hence no work can be done. Ohio Board can perhaps make this a rule?
Proponent	While I do not disagree with the need for breaks for pharmacists, I am not sure the State of Ohio has regulations around mandatory breaks for any profession. Also, why to the regulations only apply to pharmacists where 12 or more locations are needed? If these are important patient safety regulations, shouldn't the rules be equally applied to all pharmacists in that practice setting?
Proponent	Mandatory closing for a lunch break would improve working conditions for all pharmacies. Having everyone leave at the same time would guarantee an actual break and improve workflow by not having to work short handed while lunch breaks are staggered throughout the afternoon. Most physician offices close from 12-1 without a negative impact to patient care or the business. Why should pharmacy be any different?
Proponent	Fortunately the chain I work for has mandated 30min meal periods. I believe it greatly improved our ability to focus when we have a guaranteed break, so this will be great for independents
Proponent	We only get a 30 minute lunch no other breaks due to understaffing
Proponent	We need the board to step in and help!
Proponent	As a type 1 diabetic who needs to administer insulin and eat at the same time everyday, I fully agree. Food should not be eaten while working, especially in view of patients, whose medications we are handling, or worse skipping eating all together. The employees health is just as important, we need to be healthy to continue our jobs efficiently. I need to be healthy to help the patients stay healthy.
Proponent	Most retail pharmacies have already implemented this and it is GREATLY appreciated.
Proponent	While working 14 hour days with no break, judgement becomes a factor along with focus.
Proponent	A Pharmacist should never work more than 10 hours per shift.
Proponent	Propose not just mandatory break periods but penalties for not using said mandatory periods for breaks.
Proponent	16+ years of not being able to take a break or being told I need to "make time" but having no ability to actually do so has increased my mental stress and anxiety.
Proponent	Closing for lunch helps but public isn't too understanding yet
Proponent	We already do this with our staff in the independent world!!!!

Rule Comments

Proponent	Breaks allow for mental "reset" and "refocus" to ensure patient safety.
Proponent	Honestly, the break should be longer. An hour would do. The public can wait if they expect long lunch breaks for their careers. How are we any different?

Rule Comments

4729:5-5-02.3 - Requires outpatient pharmacies to develop a process to address staffing concerns.

Answered: 78

Skipped: 44

Answer Choices	Responses	
Proponent	75.64%	59
Opponent	8.97%	7
Interested Party	15.38%	12
Total		**78**

Please submit any comments you may have on the proposed rule. (NOTE: Comments were optional, not everyone who answered above provided a comment. Comments that included phrases such as "see attached" or "see letter" were excluded).

Pro/Op/IP?	Comment
Interested Party	Appropriate staffing and scheduling needs to be established in conjunction with local pharmacy management. There is significant variety in the type of work seen at different pharmacies, often within the same company. The pharmacy manager should have the ability to adjust corporate staffing models accordingly based on pharmacy needs. If chain pharmacies are forced into increasing staffing to certain levels, a likely outcome is a decrease in pay to employees of the pharmacy. This cannot be allowed, or we will continue to see the decline in the profession that has been occurring.
Interested Party	All I can say is ... get serious. Loss prevention and employee relations processes at chains are not to protect the employee, but for the company to identify 'risk'. This self-policing never works.
Interested Party	100%. I already know what needs to be done. Corporations shouldn't be allowed to cap hours on a pharmacy. Some Corporations use a matrix that thinks store A can run on this amount of hours and store B can run on this amount of hours. Because of this cap on hours I have worked in stores where we only have 1 technician at a time! Some stores I work at could use another 300 to 400 tech hours a week to properly run the pharmacy and take care of our patients how we should be able too.
Opponent	Any Pharmacy personnel should be allowed to communicate a staffing concern without fear of retaliation. But the answer should be allowed to be "no" without fear of an employee revolution. This rule doesn't seem necessary, but I feel there are more stores than ever that just ignore the concerns of their employees.
Opponent	If your boss or company isn't listening to your concerns-- go work someplace else.
Proponent	I support the rule as stated in previous comments as long as there is transparency and follow through by the immediate and district supervisors (especially when these supervisors are most likely non pharmacists) Pharmacists have no power to hire additional pharmacist or technician staff since their pharmacy hour budgets are controlled by corporate. These rules must have teeth to hold these supervisors accountable and to protect the pharmacist and technician staff from retaliation. Corporations can always find an ambiguous reason to fire a pharmacist who complains about unsafe workplace conditions since Ohio is not a right to work state. They just find a way to label the pharmacist as a low performer by defining their reason for getting rid of the pharmacist as something else other than complaints about unsafe workplace concerns. I would hope that the BOP staff who reviews these complaints by pharmacists will back them up instead of cow towing to the corporation.

Rule Comments

Proponent	Unfortunately large chain reputations have been ruined by poor staffing concerns that go to a deaf ear.
Proponent	(Walgreens CPhT 15 years experience)
Proponent	See attached letter
Proponent	Staffing concerns regularly fall on deaf ears, as if it has not been uttered. Unfortunately staff have no clout to make decisions re the amount of hours allotted for budgeted work. Any ancillary functions simply get added, with no regard as to who is actually there to do it. This will not change, since the corp deems it proprietary. Unless there is a system whereby the immediate supervisor is bypassed for concerns that are not addressed in a reasonable time, or with a reasonable explanation, what recourse is there but to quit. This would become a free-for-all since the authority of any manager is then undermined. Getting the board involved adds layers of complexity, which is not actually in the purview of the board. Safety issues as defined by the Board and/or OSHA are different, and have to be addressed by management anyway.
Proponent	No concerns except for the additional paperwork and record keeping that appears to be required.
Proponent	I would argue that this needs to even go further and have harsh monetary punishments for businesses that ignore the rule, and they will do their best to side step this rule.
Proponent	should be addressed
Proponent	As a life-long resident of the state of Ohio, and a practicing pharmacist in a variety of settings since 1999, I applaud the proposed rules from the Board. I personally support suggested revisions that have been submitted by the Ohio Pharmacists Association as follows: "The OPA provides additional suggestions for revisions to the following items in the rule: 4729:5-5-02.3 (Staffing Concerns): The ability to balance public safety with workload, staffing, and workflow most certainly rests with staffing authority, the pharmacist. While OPA is hesitant to see a regulatory board enter an employee/employer relationship, clear communication on staffing expectations and mechanisms for addressing concerns between pharmacists and their employers is paramount. The OPA appreciates the Board's effort to open these lines of communication; however, the OPA challenges the likelihood that these internal staffing plans will be sought out by pharmacists due to concern for retribution and suggest staffing plan documentation be required in the instance of an inspection that demonstrates workplace safety violations to directly preserve public health and address pharmacist concerns. Specifically, the OPA suggests the wording, "(A) Staffing requests or concerns shall be communicated by the responsible person or pharmacist on duty to the terminal distributor using a form developed by the board and accessible via the board's website (www.pharmacy.ohio.gov)." be changed to, "(A) Staffing requests or concerns shall be communicated by the responsible person or pharmacist on duty to the terminal distributor using a form developed by the board and accessible via the board's website (www.pharmacy.ohio.gov) following a State Board of Pharmacy inspection identifying a violation of safe workplace conditions". 4729:5-5-02.4 (Significant Delays): Similar to the above concerns on 4729:5-5-02.3, this section of the rule also may be more effective if targeted after a report has been made or a violation has been documented in a pharmacy. There are various factors that can cause a prescription to be delayed beyond 72 hours. It would be impossible to capture all these legitimate reasons in the rule. While we applaud the Board's attempt to exclude certain circumstances, the most important factor is the desire of the patient to have the prescription filled and/or the patient to accept the delay. As such, OPA suggests a shift in the wording from, "Receipt of the prescription is said to occur when it is transmitted or submitted to the pharmacy." To "Receipt of the prescription is said to occur when it is transmitted or submitted to the pharmacy and explicitly requested to be filled by the patient." OPA fully supports and seeks to partner with the Board of Pharmacy in their work to address identified pharmacist workplace issues. Representing pharmacists in the state of Ohio, we believe there is no greater value than a pharmacist's professional judgment in caring for patients in community pharmacies. Public safety is best protected when the deliverer

	of care, the pharmacist, is empowered to preserve the standard of care in Ohio and the Board provides guidance to support a safe and effective workplace environment for pharmacy personnel. As the Board progresses on these rules, the OPA supports tying existing law regarding the practice of pharmacy (Sec 4729.01(B)) to safe and effective workplaces provided by a TDDD (4729.55(D)) to enhance public safety. " I am appreciate of the opportunity to provide comment, and of the Board's work in this important matter. Respectfully, Debra L Parker, PharmD Licensed Ohio Pharmacist 1999-Present Dean, University of Findlay
Proponent	The chain pharmacies are all the same on this one. "Understaffed and underpaid". No one wants to be a technician that gets screamed at for their whole shift for things they can't control for $12, $15 or even $18/hr in this economy. It's just not realistic to most people. Being mandatory emotional punching bags to people gets exhausting day in and day out. I understand these people are sick and might be having a bad day, but I am too and I don't deserve to be called inappropriate names for something I don't choose (like prices). Pay people more and more people will want to work for you, in turn making our patients safer.
Proponent	Chain pharmacies are not giving hours needed to bring on new hires
Proponent	We know why we have staffing concerns. Our company doesn't allow adequate staffing.
Proponent	Pharmacies should never pull colleagues from the front store to wait on customers due to staffing. This puts the rest of the store at jeopardy for theft, colleagues being left alone which is also not safe.
Proponent	Staffing needs need to be addressed minimally by the metrics of daily script count and access points per pharmacy. Access points should be off limits if staffing is not minimally sufficient.
Proponent	We get told "everyone is in same boat" but no information on what is being done to address the issue of short staffing.
Proponent	We already do this in the independent world. It is called hiring staff and training them and treating fairly and paying appropriately and having an invested owner.
Proponent	Developing a process is not helpful enough. They need to actually follow that process
Proponent	Dark hours and restricting pharmacy hours are very vital to this dilemma outpatient pharmacies face. Staffing issues are everywhere and we cannot stand to say that the issue will go away on its own. It will not. Would this cause financial harm to large pharmacy retailers? Most likely. However, does the public expect the work to be done fast or done correctly? In this day and age we cannot expect both any longer.

4729:5-5-02.4 - Defines a significant delay in pharmacy services and creates a process whereby an outpatient pharmacy must address such delays.

Answered: 77

Skipped: 45

Answer Choices	Responses	
Proponent	71.43%	55
Opponent	11.69%	9
Interested Party	16.88%	13
Total		**77**

Please submit any comments you may have on the proposed rule. (NOTE: Comments were optional, not everyone who answered above provided a comment. Comments that included phrases such as "see attached" or "see letter" were excluded).

Pro/Op/IP?	Comment
Interested Party	See attached. We are requesting an exemption from the significant delay language for online, nonpublic facing pharmacies and/or pharmacies serving only animal patients. Thanks.
Interested Party	In general I don't mind this rule. But we use Med Sync and compliance packaging, and need to process prescriptions in order to trigger pharmacy ordering points. Sometimes, the doctor has not authorized one or more of the needed medications within that 72 hour window, which would put us out of compliance. Maybe this rule should refer to new prescriptions only (i.e leaving an e script queue overflowing).
Interested Party	72 hours IS the problem from the perspective of patients. Chains can easily provide prescriptions quicker than they do. But, they choose not to for profits sake. And, with all the exceptions provided in the rule, chains have nothing to fear.
Interested Party	Until we can properly staff our pharmacies there will always be huge delays. Corporations can't be allowed to cap pharmacy technician hours. Pharmacies are understaffed because of hour restrictions.
Opponent	How is the pharmacy supposed to control the staff at the office to get a prior auth done, or the staff in the prior auth department at the insurance company, or even the wholesaler or the manufacturer. Why is the pharmacy being held to standards when they are so many other people and groups involved in getting the product to the patient.
Opponent	Take CVS TDL licenses if they can't handle the business they have stolen from their competitors through creating a monopolistic business environment. Let me have the business with fair payment and nobody will wait 72 hours to get there medicine. This is ridiculous.
Opponent	Our pharmacy only fills Rxs as they are requested by the patient. All incoming Rxs are put on the patient file. We still spend about 2 hours/week returning unpicked up Rxs to stock. It cost money to fill them (employee time and adjudication fees and labels and bottles and bags) and it takes an equal amount of time to put them back employee time and adjudication fees and labels and bottles and bags). If we fill every Rx that comes in we will spend five times that time and money putting things back in stock.
Proponent	I especially like this rule. So often times pharmacists have not been able to meet "promise times" because of short staff, yet they have no power to close the pharmacy or the drive thru, or to be able to mandate the supervisor to be able to send additional support staff to get a pharmacy caught up or to be able to finish other non dispensing tasks such

	as inventory management (putting an order away, pulling expired drugs, controlled substance audits or other administrative tasks).
Proponent	Staffing concerns at chain locations have lead to patients experiencing delays in getting their medications. Nearby locations have taken the brunt of this effect.
Proponent	Office of the Dean College of Pharmacy at The Ohio State University 217 Parks Hall□□ 614-292-2266 September 12, 2023 Steven Schierholt, Esq. Executive Director Ohio Board of Pharmacy 77 S. High Street Columbus, Ohio 43215 Re: New Rule 4729:5-5-02 - Establishes minimum standards in an outpatient pharmacy. Dear Director Schierholt, On behalf of The Ohio State University College of Pharmacy (OSUCOP), we appreciate the opportunity to provide our support of your recent rule: 4729:5-5-02 - Establishes minimum standards in an outpatient pharmacy. We would like to express gratitude to the Board of Pharmacy for seeking feedback and addressing the many workplace concerns that are creating negative implications for Ohio pharmacists and pharmacy personnel. OSUCOP has submitted comments on initial drafts released related to workplace rule changes, and we appreciate that many of our previous comments have been considered and addressed in the newly published rule 4729:5-5-02. We are supportive of these new rules. Once implemented, we encourage the Board to evaluate the implementation of the new rules to ensure they are having the anticipated impact and that the Board take further regulatory action as necessary. We suggest one consideration with 4729:5-5-02.4 addressing prescription delays. Due to the common situation involving a prescription being submitted to a pharmacy before a patient is ready for the medication to be filled, we suggest adjusting wording in this rule to define the 72-hour timeline based upon the request to fill by the patient. Thank you again for the opportunity for OSUCOP to provide our feedback on this rule. If there is anything we can do to further support the advancement of this rule, or if you have any questions about our recommendations, please contact me at kroetz.3@osu.edu. Sincerely, Deanna Kroetz, BS Pharm, PhD Dean and Professor
Proponent	Very tough rule to implement, and will have to be specific. Enforcement will also be hard to implement, as there will always be the excuse of "nobody wants to work", "we are actively working on it" etc. Proper documentation of steps being taken will have to be provided.
Proponent	No concerns except that language should be added to detail an expectation that the patient needs or wants the medication. Too often the pharmacy is overwhelmed with prescriptions that are not yet due for filling/refilling for a patient. Having staff focus on these types of medications would be a waste of resources. If the patient needs/wants the medication, then filling within 72-hours seems like a reasonable request.
Proponent	Power failure or circumstances related to weather or natural disaster should be an included exemption to delay.
Proponent	This would be great because then pharmacies can actually air out their grievances with the board instead of an invested party (such as a DM going for a bonus). Being able to tell the board, "we are understaffed, underpaid, mandated to complete thousands (literal thousands) of flu shots, complete all metrics based tasked, and not having a break is causing us to burn out and lose technicians. Leading to a vicious cycle. We would be heard by the board better than our management!
Proponent	No customer should have to wait a week or more for their medication. 48 hours is long enough.
Proponent	I waited 3 days for my prescription my doctor sent in because there wasn't enough staff

Rule Comments

4729:5-5-02.5 - Provides the requirements for managing pharmacy access points in an outpatient pharmacy.

Answered: 72

Skipped: 50

Answer Choices	Responses	
Proponent	70.83%	51
Opponent	12.50%	9
Interested Party	16.67%	12
Total		**72**

Please submit any comments you may have on the proposed rule. (NOTE: Comments were optional, not everyone who answered above provided a comment. Comments that included phrases such as "see attached" or "see letter" were excluded).

Pro/Op/IP?	Comment
Interested Party	define access points please
Interested Party	Self-policing will not impact chains. The only way for chains to continue posting profit increases is to increase paid access to pharmacists.
Opponent	I agree that the pharmacists should have full control of the outpatient pharmacy. We don't need additional rules for this. WE need a free market place and let the pharmacies that are best run survive and the ones that aren't close. Fair payment for all services --- including dispensing medicine.
Proponent	another really good rule- pharmacists should be able to manage the vaccine appointment scheduler software to block certain scheduling times for vaccines, tests, etc if we don't have the pharmacist/ tech staff to support it. We should also be able to close a drive thru lane if there are not enough technicians to manage the front register as well as drive thru, such as when the pharmacist is working by themselves during really busy time frames because the corporate leaders will not allow them to bring in extra technicians during call offs, or will consistently only budget one tech or zero techs when the pharmacy volume warrants more than one tech. Only exception should be for disabled patients that are not mobile to be able to come inside to pick up a prescription. BOP staff should insist on these high volume stores have software or processes to siphen non patient phone calls to call centers or other means, to free up the pharmacists and techs from constant ringing phones. Pharmacists should only have to worry about responding to patient care calls (drug or healthcare questions, counseling questions, calling prescribers to discuss concerns on a prescription, or doctor calls.) Patient refills, drug inventory questions, copay or insurance questions should be able to be sent to a call center or voice mail system if the pharmacy does not have enough staff to constantly answer these calls. Chains have the resources to develop call centers or other processes to support these higher volume pharmacies or create the process where pharmacy personnel can turn on the call center function during emergencies or other unusual circumstances(unusually high volume, computer failure, electricity goes out etc). I thank you for your efforts in creating some serious teeth to these new rules as long as they can be enforced by the BOP staff.
Proponent	No concerns in this section except to ensure section C would allow for electronic storage and does not require printed paper and record keeping.

Proponent	currently should be able to do
Proponent	As a life-long resident of the state of Ohio, and a practicing pharmacist in a variety of settings since 1999, I applaud the proposed rules from the Board. I personally support suggested revisions that have been submitted by the Ohio Pharmacists Association as follows: "The OPA provides additional suggestions for revisions to the following items in the rule: 4729:5-5-02.3 (Staffing Concerns): The ability to balance public safety with workload, staffing, and workflow most certainly rests with staffing authority, the pharmacist. While OPA is hesitant to see a regulatory board enter an employee/employer relationship, clear communication on staffing expectations and mechanisms for addressing concerns between pharmacists and their employers is paramount. The OPA appreciates the Board's effort to open these lines of communication; however, the OPA challenges the likelihood that these internal staffing plans will be sought out by pharmacists due to concern for retribution and suggest staffing plan documentation be required in the instance of an inspection that demonstrates workplace safety violations to directly preserve public health and address pharmacist concerns. Specifically, the OPA suggests the wording, "(A) Staffing requests or concerns shall be communicated by the responsible person or pharmacist on duty to the terminal distributor using a form developed by the board and accessible via the board's website (www.pharmacy.ohio.gov)." be changed to, "(A) Staffing requests or concerns shall be communicated by the responsible person or pharmacist on duty to the terminal distributor using a form developed by the board and accessible via the board's website (www.pharmacy.ohio.gov) following a State Board of Pharmacy inspection identifying a violation of safe workplace conditions". 4729:5-5-02.4 (Significant Delays): Similar to the above concerns on 4729:5-5-02.3, this section of the rule also may be more effective if targeted after a report has been made or a violation has been documented in a pharmacy. There are various factors that can cause a prescription to be delayed beyond 72 hours. It would be impossible to capture all these legitimate reasons in the rule. While we applaud the Board's attempt to exclude certain circumstances, the most important factor is the desire of the patient to have the prescription filled and/or the patient to accept the delay. As such, OPA suggests a shift in the wording from, "Receipt of the prescription is said to occur when it is transmitted or submitted to the pharmacy." To "Receipt of the prescription is said to occur when it is transmitted or submitted to the pharmacy and explicitly requested to be filled by the patient." OPA fully supports and seeks to partner with the Board of Pharmacy in their work to address identified pharmacist workplace issues. Representing pharmacists in the state of Ohio, we believe there is no greater value than a pharmacist's professional judgment in caring for patients in community pharmacies. Public safety is best protected when the deliverer of care, the pharmacist, is empowered to preserve the standard of care in Ohio and the Board provides guidance to support a safe and effective workplace environment for pharmacy personnel. As the Board progresses on these rules, the OPA supports tying existing law regarding the practice of pharmacy (Sec 4729.01(B)) to safe and effective workplaces provided by a TDDD (4729.55(D)) to enhance public safety. " I am appreciate of the opportunity to provide comment, and of the Board's work in this important matter. Respectfully, Debra L Parker, PharmD Licensed Ohio Pharmacist 1999-Present Dean, University of Findlay
Proponent	Our chain requires us to counsel every new prescription. (Even if the patient has been on the medication for the last ten years. The unnecessary interruptions are an overwhelming distraction at our high volume BIG box store. The patients are annoyed that they are being sent to counseling when no changes were made to their maintenance medications and they don't have any questions. They should have the right to decline counseling with their signature. Our BIG box chain requires that all of these people have face time with the pharmacist.
Proponent	Pharmacists should always have the ability to focus on one task. But those services are important to, so coming up with a way to still provide them would be a good idea. appointment based models are becoming the standard

Rule Comments

Proponent	It would be nice to know that I will not be fired when I cannot handle drop off, pick up, drive though, phones, and deliveries all by myself (on top of filling prescriptions and giving vaccines).

19

September 11, 2023

Ohio Board of Pharmacy
77 S. High Street
Columbus, Ohio 43215

RE: 4729:5-5-02.4 - Defines a significant delay in pharmacy services and creates a process whereby an outpatient pharmacy must address such delays.

Ohio Board of Pharmacy,

We appreciate the opportunity to comment on the proposed language defining a significant delay in pharmacy services and a process to address such delays (4729:5-5-02.4).

Animal Policy Group (APG) represents online pharmacies dedicated to serving our animal community and the veterinary profession. We recognize that states are addressing pharmacy work environments in a variety of ways. Most of these measures are intended for traditional pharmacies serving human patients. Animal pharmacies are often unintentionally overlooked, much like veterinarians are in regards to prescriber requirements.

In most cases, animal pharmacies process prescriptions within 72 hours, but there are situations where they are not dispensed within that timeframe. Online and/or animal pharmacies operate quite differently from traditional, public-facing pharmacies. Patients/clients are not typically using online pharmacies for time-sensitive medication, especially for animal drugs. Animal pharmacies may have additional delays in serving nontraditional species or providing uncommon medications.

We encourage the board to include an additional exemption for nonpublic-facing, online pharmacies and/or pharmacies serving animal patients. We do not feel the proposed requirements are appropriate for these pharmacies or that these pharmacies are the focus of these types of requirements.

Please let me know if you have any questions. Thank you very much.

Scott Young

Animal Policy Group
Vice President, Legislative and Regulatory Affairs

THE OHIO STATE UNIVERSITY

College of Pharmacy

Office of the Dean
217 Parks Hall
500 West 12th Avenue
Columbus, OH 43210

614-292-2266 Phone

September 12, 2023

Steven Schierholt, Esq.
Executive Director
Ohio Board of Pharmacy
77 S. High Street
Columbus, Ohio 43215

Re: New Rule 4729:5-5-02 - Establishes minimum standards in an outpatient pharmacy.

Dear Director Schierholt,

On behalf of The Ohio State University College of Pharmacy (OSUCOP), we appreciate the opportunity to provide our support of your recent rule: 4729:5-5-02 - Establishes minimum standards in an outpatient pharmacy.

We would like to express gratitude to the Board of Pharmacy for seeking feedback and addressing the many workplace concerns that are creating negative implications for Ohio pharmacists and pharmacy personnel. OSUCOP has submitted comments on initial drafts released related to workplace rule changes, and we appreciate that many of our previous comments have been considered and addressed in the newly published rule 4729:5-5-02.

We are supportive of these new rules. Once implemented, we encourage the Board to evaluate the implementation of the new rules to ensure they are having the anticipated impact and that the Board take further regulatory action as necessary.

We suggest one consideration with 4729:5-5-02.4 addressing prescription delays. Due to the common situation involving a prescription being submitted to a pharmacy before a patient is ready for the medication to be filled, we suggest adjusting wording in this rule to define the 72-hour timeline based upon the request to fill by the patient.

Thank you again for the opportunity for OSUCOP to provide our feedback on this rule. If there is anything we can do to further support the advancement of this rule, or if you have any questions about our recommendations, please contact me at kroetz.3@osu.edu.

Sincerely,

DocuSigned by:
Deanna Kroetz
E8D673BE19F8435...

Deanna Kroetz, BS Pharm, PhD
Dean and Professor

2674 Federated Blvd., Columbus, OH 43235 • Phone: (614) 389-3236 • Fax: (614) 389-4582

September 12, 2023

Executive Director Steven W. Schierholt, Esq.
State of Ohio Board of Pharmacy
77 S High Street, 17th Floor
Columbus, Ohio 43215-6126
RE: Proposed Rule Number(s): 4729:5-5-02; 4729:5-5-02.1; 4729:5-5-02.2; 4729:5-5-02.3; 4729:5-5-02.4; 4729:5-5-02.5

Dear Executive Director Schierholt:

This letter is in response to the solicitation for stakeholder comment on the proposed rule(s) issued under the Common Sense Initiative dated August 11, 2023.

The Ohio Pharmacists Association (OPA) was formed September 2, 1879 in Columbus, Ohio under the name Ohio State Pharmaceutical Association (OSPA). The purpose of the Association was to elevate the character of the pharmaceutical profession, by uniting the reputable druggists of the state, in order to foster the education of those learning the art, and thereby stimulate the talent of those engaged in pharmacy. In cooperation with its members and leaders, the present-day OPA continues to function by this purpose and act to positively impact the profession as these past extraordinary individuals did.

The Ohio Pharmacists Association appreciates the opportunity to provide comments on the proposed rule set related to establishing minimum standards in an outpatient pharmacy. Anytime OPA can improve both public safety and the pharmacy work environment, we will partner towards that improvement. We submit the following comments for your consideration.

Under existing Chapter 4729 of the Ohio Revised Code (ORC), the State of Ohio Board of Pharmacy has standing to regulate the practice of pharmacy through an authorized business entity (Sec 4729.161). Specifically, Terminal Distributor of Dangerous Drugs License (TDDD) holders are required to utilize the services of a pharmacist, and provide the ability of the pharmacist to practice in a safe and effective manner (Sec 4729.55). Within this framework, the pharmacist is required to be in full and actual charge of the pharmacy (Sec 4729.27). All prior cited entities are compelled to cooperate in investigations (Sec 4729.19) and are subject to enforcement (Sec 4729.25) and disciplinary actions (Sec 4729.57). This includes suspension or revocation of a license or other actions provided under rule(s).

Recently, the Board cited multiple TDDD license locations across Ohio with various risks related to public safety and the pharmacist(s) ability to practice in a safe and effective manner. This also raised the question of whether the pharmacist was in full and actual charge of the pharmacy. When a pharmacist is engaged in an environment where they unwillingly place public safety at risk, the question of single, multiple, or systemic cause should be asked. Because pharmacy is an art of practice, it is subjective, to some degree, on what a pharmacist can safely perform in a certain period of time. Their scope is wide (4729.01(B)) and weighted equally in terms of safety (4729.55(D)).

Given this, it is not unreasonable for an experienced Board Inspector to enter a pharmacy (TDDD) and quickly sense if the workload is reasonable for the pharmacist and staff to practice safely. The Board relies on experienced inspectors rather than law enforcement for this very reason.

The OPA stands with the Board of Pharmacy in improving the workplace environment, particularly the community setting. As such, **the OPA supports the following:**

Regarding 4729:5-5-02 (*Minimum Standards*): OPA applauds the Board in better defining *Minimum Standards for the Operation of an Outpatient Pharmacy*. Sec 4729.55(D) is clear in that a TDDD must give pharmacists the ability "to practice in a safe and effective manner." 4729:5-5-02(11) proposes sufficient time and personnel for a pharmacist to complete professional duties and responsibilities. OPA believes this rule to be in harmony with public health and Sec 4729.

Regarding 4729:5-5-02.1 (*Ancillary Services*): OPA supports the Board in the elimination of quotas. Demanding a practice outcome based solely on its quantitative parameters rather than quality of service or needs of the patient for care is detrimental to public health. Broad performance metrics, rather than target functions (quotas), are a standard in the workplace. That said, any broad metrics should be safety- and patient-centered. Upon inspection by the Board, an agent should be able to quickly differentiate the two propositions and consider pharmacist input around how such are implemented by the employer.

Regarding 4729:5-5-02.2 (*Rest Breaks*): Countless studies demonstrate mental acuity deteriorates as someone grows physically and mentally exhausted. In Pharmacy, that corresponds to errors that could negatively impact public health. From the outside, it's hard to evaluate an individual's mental acuity. For this reason, OPA would support the ability of a pharmacist to have the discretion to take a meaningful break after a certain period of work and at their discretion. While no standard currently exists, the law is clear that the TDDD must provide a safe and effective manner for the practice of pharmacy to the pharmacist.

Regarding 4729:5-5-02.3 (*Staffing Concerns*): The ability to balance public safety with staffing, workload, and workflow most certainly rests with staffing authority. The Board has already demonstrated its ability to determine this fine line through recent reports, citations, and investigations. As mentioned prior, an experienced inspector can quickly determine staffing and its relationship to workflow and public safety through observation and dialog.

Specifically, the OPA suggests the wording, "(A) Staffing requests or concerns shall be communicated by the responsible person or pharmacist on duty to the terminal distributor using a form developed by the Board and accessible via the Board's website (www.pharmacy.ohio.gov)." be changed to, "(A) Staffing requests or concerns shall be communicated by the responsible person or pharmacist on duty to the terminal distributor using a form developed by the Board and accessible via the Board's website (www.pharmacy.ohio.gov) ***following a State Board of Pharmacy inspection identifying a violation of safe workplace conditions***."

Regarding 4729:5-5-02.4 (*Significant Delays*): Similar to above concerns on 4729:5-5-02.3, this rule also seems remedial and could be targeted. There are various factors that can cause a prescription to be delayed beyond 72 hours. It would be impossible to capture all these legitimate reasons in the rule. While we applaud the Board's attempt to exclude certain circumstances, the most important factor is the desire of the patient to have the prescription filled and/or the patient to accept the delay.

As such, OPA suggests a shift in the wording from, “Receipt of the prescription is said to occur when it is transmitted or submitted to the pharmacy.” To “Receipt of the prescription is said to occur when it is transmitted or submitted to the pharmacy and ***explicitly requested to be filled by the patient***.”

Regarding 4729:5-5-02.5 (*Outpatient Access*): OPA supports a pharmacist being in control and in change of the pharmacy (Sec 4729.27), and places the professional judgement of the pharmacist in the middle of the equation with regard to public health. OPA would suggest the addition of the same retaliation/discipline provisions regarding this rule.

The Ohio Pharmacists Association fully supports and partners with the Board of Pharmacy’s identification of pharmacist workload issues. Representing the profession, we believe there is no greater value in these matters than professional judgment of which only a pharmacist can truly use to gauge such issues as the above. Public safety is best protected when the pharmacist is empowered to preserve this standard of care, and the Board provides guidance to support a safe and effective workplace environment for pharmacy personnel. As the Board progresses on these rules, the OPA supports tying existing law regarding the practice of pharmacy (Sec 4729.01(B)) to safe and effective workplaces provided by a TDDD (4729.55(D)) to enhance public safety. A standard of care model for pharmacy could be that solution. OPA would rise to that challenge with the Board in building this framework in a collaborative manner.

OPA is thankful for the Ohio State Board of Pharmacy’s provision of this open period of comment and the Board’s focus on public health through pharmacist workplace safety. We trust our thoughts add value to this process. We would request the Board of Pharmacy continues to engage OPA as an active partner in implementation of these rules.

Most Respectfully,

David E Burke, RPh, MBA
Executive Director
Ohio Pharmacists Association

To Whom It May Concern:

Let me start by coping the Pharmacists Oath we all took on graduation day. I still remember that day as if it were yesterday. I have never been prouder for graduating with a Doctor of Pharmacy degree. My dream had finally come true and it truly was the best of times.

"I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:

- *I will consider the welfare of humanity and relief of suffering my primary concerns.*
- *I will promote inclusion, embrace diversity, and advocate for justice to advance health equity.*
- *I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for all patients.*
- *I will respect and protect all personal and health information entrusted to me.*
- *I will accept the responsibility to improve my professional knowledge, expertise, and self-awareness.*
- *I will hold myself and my colleagues to the highest principles of our profession's moral, ethical and legal conduct.*
- *I will embrace and advocate changes that improve patient care.*
- *I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.*

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public."

Fast forward 4 years. 4 years was all it took for me to burn out. I write this letter to not complain but in hopes to see some type of positive change in outpatient pharmacy. I am ashamed it has taken the Ohio State Board this long to propose changes that will not only help grow the profession, but keep our patients safe. The data we now have is essential to uphold the **dignity** of our profession.

We have our data from the survey results. I can sit here and type out all of the data you have already posted and talk about the numbers. I'm not going to do that and please, if you haven't seen the data, visit www.pharmacy.ohio.gov/PWAC and skim the survey results. **It is astonishing, but not surprising.** There is one statistic that stood out to me more than others.

> *18% of respondents strongly agree to the statement "I feel safe voicing any workload concerns to my employer".*

Do we realize that means 82% do NOT feel safe discussing concerns to an employer? 82%!!!!! As a pharmacy manager, if I had to deal with this issue at the store level with my staff, I would consider myself to have failed. If you do not feel safe bringing up workload environment and conditions to your employer, then I would say the safe bet would to be to find a new employer,

right? Wrong. Look at the data. Look at the survey results. It's everywhere. You have the power to make change in our profession. Please help us. This is my last cry for help.

I'm going to touch on two topics. Meal breaks and use of Quotas.

1. Meal Breaks
    a. We are still fighting for UNINTERUPPTED meal breaks.
    b. The chain I work for finally decided to give us a 30-minute lunch break. HOWEVER, all of our conference calls and manager meetings are scheduled during that break time. If you decide to mandate these breaks, can you please throw in the word "uninterrupted"?
    c. "Under Federal law and Ohio law, an employer is required to pay its employees for all time spent performing "compensable" work. However, employers do not have to compensate employees during "bona fide meal periods." A bona fide meal period, aka a lunch break or dinner break, is an uninterrupted break where the employee is relieved from all job duties for the purpose of eating meals. In other words, whether a lunch break should be paid depends on whether you actually stop working." – Mansell Law
        i. That being said, if we have a scheduled lunch break, doesn't that mean it should be "free of work"? **You would think this would be common sense but for my employer it is not. This will have to come from you. Please fight for uninterrupted breaks.**
    d. Working 12 hours without any uninterrupted meal breaks is not only a concern for employees, but should be a major concern to public safety. They deserve 100% of our knowledge and concentration when checking prescriptions. Working a 12-hour day with no "real" break is exhausting and **compromises patient safety.** If you don't do it for us, do it for the patient.
2. Use of Quotas
    a. The problem is not quotas by itself. **The problem is a growing business with growing quotas but no additional help or resources**.
    b. With these growing quotas, I highly suggest you reach out to med safety at some of these big chain pharmacies and see how many medication and vaccine errors there have been just this year alone. **Our flu shot goal this year is 1,594 flu shots**. (We are considered a lower-medium volume store, doing about 3,000 scripts a week). **Have we gotten any additional help? Nope**. **They actually are cutting our hours.** If someone can explain this to me, I will sit down and listen. I have reached out to corporate asking questions to why our hours are being cut after dropping our flu shot goal of 1,594 on top of prescriptions, other vaccines, phone calls, shelf maintenance, inventory management, perpetual inventory, counseling, doctor calls, etc. How are we supposed to manage? **Physically, emotionally, and mentally we can't manage.** This is an impossible goal. I work 12-hour shifts by myself, have a second staff pharmacist, and a part timer where

occasionally we will have enough hours for overlap. Do you realize pharmacists will start leaving the profession (including myself – seriously to the point of looking to go back to school because this is not what pharmacy was when I was an intern) if this continues to happen. You have the power to change this and you have a lot of people rooting for you. How is the workload listed above acceptable for employees but more importantly, our patients? **Again, patient safety is compromised.**

c. "Hitting your numbers will keep you alive today. Hitting your numbers with momentum ensures you stay relevant in the future." Pharmacy has no momentum right now and people are going to start leaving the profession if things are not going to change in Ohio.

If you have made it this far, I appreciate you reading this in its entirety and I really hope you take some of my words into consideration. I'll leave you with the very last line of our oath. "*I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public."* **If you don't do it for us, do it for the safety of the patients.**

Sincerely,

A very sad pharmacy manager looking for a new profession

1550 Columbus Street | 800.755-1531 phone
Sun Prairie, WI 53590 | 800.274-5525 fax

September 12, 2023

By Electronic submission

Executive Director Steven W. Schierholt, Esq.
State of Ohio Board of Pharmacy
77 S High Street, 17th Floor
Columbus, Ohio 43215-6126
RE: Proposed Rule Number(s): 4729:5-5-02; 4729:5-5-02.1; 4729:5-5-02.2; 4729:5-5-02.3; 4729:5-5-02.4; 4729:5-5-02.5

Dear Executive Director Schierholt:

This letter is in response to the solicitation for stakeholder comment on the proposed rule(s) issued under the Common Sense Initiative dated August 11, 2023.

The Independent Pharmacy Cooperative (IPC) is a national trade group representing the interest of nearly 2500 independent pharmacy store owners in all 50 states and the District of Columbia, including over 100 stores in Ohio. Many of our member pharmacies reside in rural, underserved and economically disadvantaged parts of the country. These pharmacies continue to accept the responsibility of being the first point and often only source for delivering health care in their local communities. As a part of our services to members we engage in Government Relations to actively participate in public policy advocacy for our members on both the federal and state level. It is in this capacity that we are submitting our comments on the draft rule noted above.

IPC appreciates that the Ohio Board of Pharmacy's role in protecting the public in Ohio by assuring that pharmacies and all pharmacy personnel have professional responsibilities and rules to ensure that the public served by these health care centers are done in a safe and professional manner. IPC also understands that the Board, in response to much press attention and several investigations into the operations of Ohio pharmacies - focused on major chain pharmacies - has proposed these rules related to establishing minimum standards in an outpatient pharmacy. IPC does agree that pharmacies in Ohio and all other jurisdictions need to operate in ways that ensure public safety and have appropriate work conditions provided the regulations are crafted in a way that is not a "one size fits all" approach that treats small community based independent pharmacies, often the only health care provider in underserved Ohio communities the same as multi-billion dollar large, national and international corporate owned chain and mass retailer pharmacies. We submit the following comments for your consideration.

Under existing Chapter 4729 of the Ohio Revised Code (ORC), the State of Ohio Board of Pharmacy has standing to regulate the practice of pharmacy through an authorized business entity (Sec 4729.161). Specifically, Terminal Distributor of Dangerous Drugs License (TDDD) holders are required to utilize the services of a pharmacist and provide the ability of the pharmacist to practice in a safe and effective manner (Sec 4729.55). Within this framework, the pharmacist is required to be in

full and actual charge of the pharmacy (Sec 4729.27). All prior cited entities are compelled to cooperate in investigations (Sec 4729.19) and are subject to enforcement (Sec 4729.25) and disciplinary actions (Sec 4729.57). This includes suspension or revocation of a license or other actions provided under rule(s).

IPC concurs with the Ohio Pharmacists Association in looking to work with the Ohio Board of Pharmacy to ensure all Ohio pharmacies ensure a good workplace environment.
The Ohio Pharmacists Association stands with the Board of Pharmacy in improving the workplace environment, particularly the retail setting. Turning to page 12 and question 7 of the Common Sense Initiative (CSI) we find:

7. **How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?** *The success of the regulations will be measured by having rules written in plain language, licensee compliance with the rules, and minimal questions from licensees regarding the provisions of the rules. Additionally, the Board will be deploying future surveys of pharmacists and pharmacy personnel to see how the rule is impacting working conditions*.

IPC is concerned that the survey process will become burdensome to our members and their staffs and some may feel a sense of coercion to complete the surveys. IPC asks that for such staff at independent owned pharmacies – defined as a common ownership of 10 or less OH based pharmacies – this survey process be voluntary.

4729:5-5-02 (*Minimum Standards*): IPC concurs with OPA in supporting the Board's better defining *Minimum Standards for the Operation of an Outpatient Pharmacy*. Sec 4729.55(D) is clear in that a TDDD must give pharmacists the ability "to practice in a safe and effective manner." 4729:5-5-02(11) proposes a length of time for a pharmacist to complete professional duties and responsibilities. OPA believes this rule to be in harmony with public health and Sec 4729. While not defining a specific length of time, the Board seems to indicate that the time be based on an individual's efficiency.

4729:5-5-02.1 (*Ancillary Services*): IPC understands the Board's interest in eliminating quotas for large scale corporate owned Ohio pharmacies. We believe that such a quota system isn't applicable for independent pharmacies since many of the pharmacy payer entities do own the chain pharmacies that are at the heart of the problem and have been the focus of investigations in Ohio. Further, there is a difference between quantitative parameters and broad performance metrics. These regulations need to ensure that such payer-based performance metrics are not classified as target functions (quotas).

Regarding 4729:5-5-02.2 (*Rest Breaks*): IPC understands the importance of pharmacy staff needing work breaks when they believe they are necessary for them as an individual. We do not support an arbitrary regulatorily mandated timeframe for such break when these individuals will know when a rest or a break will work best for them. IPC does appreciate some flexibility in these proposed regulations that does allow pharmacy professional staff in an independent pharmacy with the right to choose to work through a shift without a break. Still IPC believe a broader exemption is needed for Ohio independently owned pharmacies.

4729:5-5-02.3 (*Staffing Concerns*): IPC agrees with OPA that the Board has sufficient regulatory authority to determine pharmacy staffing needs through recent reports, citations, and investigations. Rule 4729:5-5-02.3 appears to be more remedial to these reports than standing policy. An experienced BOD inspector can quickly determine staffing and its relationship to workflow and public safety through observation and dialog. A pharmacist, staff member or patient/customer can also file a report with the Board itself. Historically, this would trigger an inspection focused on the concern. To that and upon such finding, only then does 4729:5-5-02.3 seem to make sense than the proposed regulation. Also, for independent pharmacy owners, especially in underserved areas, having limited staff can be a function of finding personnel, prescription volume and the economic conditions for that particular pharmacy location. Independently owned pharmacies are not cutting staff or staff hours to increase corporate profit. They are making staffing needs to fit their individual, unique pharmacy operations. IPC requests this rule provide that it only applies to independent owned pharmacies based on a written filed, compliant with the Ohio Board of Pharmacy.

4729:5-5-02.4 (*Significant Delays*): Like the above concerns on 4729:5-5-02.3, this rule also seems remedial and could be targeted. There are various factors that can cause a prescription to be delayed beyond 72 hours especially when it could be securing the drug from wholesaler sources or payer actions (i.e., prior authorizations, concurrent reviews, review of PBM approval denial appeals). That is a big difference from circumstances where a pharmacy hasn't taken the time to complete the prescription dispensing process within this 72-hour timeframe. Exemptions should be clear that this proposal would not apply during times of Government declared states of emergencies for that pharmacy's location, FDA declared drug shortages for that particular drug or during long 3-day holiday periods and should only defined as 72 hours when a pharmacy is open, not calendar days.

4729:5-5-02.5 (*Outpatient Access*): IPC agrees with OPA in supporting a pharmacist being in control and in charge of the pharmacy (Sec 4729.27) and places the professional judgement of the pharmacist in the middle of the equation with regard to public health.

Need for Exceptions for Independently Owned Pharmacies: As stated at the beginning of this comment on these proposed rules, and in accordance with the Ohio regulatory CSI, the Ohio Board of Pharmacy should not take a "one size fits all" approach to these rules apply equally to a large, corporate owned pharmacy as to a small, community based independent pharmacy that may be the only health care provider in a county or for more than 10 miles. Many Ohio independent pharmacies are a sole pharmacist owned and operated facilities with a limited number of staff because they serve a limited number of patients given the population of their communities. These proposed rules could prove very burdensome for them to comply with. For these reasons, either in each proposed regulation or as a new subparagraph section at the end 4729:5-5-02, IPC respectfully requests that the Board provide language for exemptions from these sections for Ohio independently owned TDDD, defined as a common ownership of 10 or less Ohio based TDDD locations, from these provisions if any of the following conditions are met:

1) The TDDD has only one pharmacist in-charge who also owns and operates the pharmacy location;

2) The TDDD is located in a federal designated medically underserved area (MUA) or medically underserved population (MUP);

3) The TDDD has on one registered Pharmacy Technician or only one registered Pharmacy Technician on site during a specific work period; and

4) the TDDD is located in an Ohio community where the nearest TDDD is located 10 or more travel distance miles or 15 minutes of travel time from that TDDD location.

In addition to these exception and exemptions, the final rule should provide a mechanism for any Ohio independently owned pharmacy TDDD to seek a written hardship waiver from the Board for these regulations and that waiver should be considered by the Board with a written decision no later than 30 days from the date of the written submission, unless it is mutually agreed upon by the applicant and the Ohio BOP to extend the Board's consideration of the waiver request for a mutually agreed upon time frame.

IPC believes these changes will make these final rules compliant with the Ohio CSI requirements.

IPC appreciates the opportunity to provide this written comment on Ohio BOP Proposed Rules regarding pharmacy workplace standards. We look forward to working with Ohio Board of Pharmacy to adopt reasonable rules that protect the public, reflects the need for professional pharmacy working standards while also recognizing the need for flexibility to not have a "one size fits all" approach in these rules – consistent with Ohio's Common Sense Initiative regulation development requirements - that require the Board to include in its final regulations appropriate regulatory flexibilities for Ohio's independent pharmacies and their staff.

If you have any questions or need any additional information, please feel free to contact me by either by email (john.covello@ipcrx.com or by phone (609-915-4888).

Respectfully submitted,

John Covello
Director of Government Relations
Independent Pharmacy Cooperative

The Kroger Co.
Kroger Health
www.krogerhealth.com

555 Race St.
5th Floor
Cincinnati, Ohio 45202

September 12, 2023

Executive Director Steven W. Schierholt, Esq.
State of Ohio Board of Pharmacy
77 S High Street, 17th Floor
Columbus, Ohio 43215-6126

Re: Proposed Rules on Minimum Standards and Working Conditions

Dear Mr. Schierholt:

The Kroger Co. appreciates the opportunity to submit comments in reference to the Ohio Board of Pharmacy's proposed new and amended rule changes to **4729:5-5-02.1/5 – Minimum Standards and Working Conditions**. The Board's efforts to establish new rules governing quotas and workforce standards based on prior pharmacist surveys is commendable. Upon review of these proposed rules and the surveys they are based on, however, we have identified several issues that would exacerbate the concerns the Board is attempting to address in some ways and overstep its authority in others.

4729:5-5-02.1 – Provision of Ancillary Services in an Outpatient Pharmacy

Kroger does not utilize metrics to evaluate the performance of our pharmacy teams. However, metrics remain an important tool for determining the healthcare needs of community. Vaccines are more than an "ancillary service." They are a life-saving resource that can be overlooked by patients without their pharmacist's urging or intervention. Metrics help pharmacies organize and better prepare pharmacy teams serve patients. The Board's revised rule defining "quotas" still discounts that important function.

Public health is only effective through quantitative repetitiveness – administering services such as vaccines, testing, etc. for highly communicable diseases to patients. As the most accessible healthcare providers in America, pharmacists fill that need every day. Measuring a pharmacy's impact vis-à-vis the vaccine rates in the community it serves, for example, is a necessary component to meeting that need. Since Ohio is an at-will employment state, the usage of metrics is an unnecessary benchmark on which to hinge a pharmacist's employment. Instead, the elimination of metrics for non-prescription services will only mask the potential shortcomings of that pharmacy – including potential shortfalls in staffing – which would negate the intent of the proposed rule 4729:5-5-02.3 on staffing levels and result in an underserved community.

4729:5-5-02.2 – Mandatory Rest Breaks for Pharmacy Personnel

Kroger provides break time for our pharmacy staff, closing each afternoon for 30 minutes for

The Kroger Co.
Kroger Health
www.krogerhealth.com

555 Race St.
5th Floor
Cincinnati, Ohio 45202

lunch. In instances where staff shifts overlap, the pharmacy team can choose to stay open during that time. This break is above and beyond what is required by state or federal law. Currently, Ohio does not have any laws requiring employers to provide employees with meal or rest breaks, nor does the federal Fair Labor Standards Act. We do not believe the Board has the authority to establish or enforce such regulations in the pharmacy setting. It is currently, and should remain, the responsibility of the employer to set workplace standards for its staff in a way that balances the needs of employees as well as the healthcare needs of the community the pharmacy serves. Government-imposed breaks may not align with the workload of the pharmacy and lead to backlogs in workload and safety lapses.

4729:5-5-02.5 – Outpatient Pharmacy Access Points

Kroger supports the spirit of the proposed rule to trust a pharmacist's professional judgement and have a plan in place for handling pharmacist concerns that arise. However, in many instances, such situations can be corrected when, or even before, they become a problem if the pharmacist-in-charge communicates the issue to their supervisor or other leadership position. The employer is in the best position to shift resources as needed to address the concerns without limiting patient access to vaccines, testing and other necessary services.

Rulemaking Origin and Methodology

We believe the premise from which these new rules are derived is a flawed standard of measurement. Just 20% of Ohio pharmacists were concerned enough to respond to the 2021 Pharmacy Survey in some way and just two-thirds of those respondents answered questions on how the proposed rules would impact them. The survey was also conducted at the height of the COVID-19 pandemic when working conditions were uniquely stressful and not indicative of today's work environment, nor reflective of the improvements pharmacies have made to the workplace since. At Kroger, these improvements in workflow include a 25% increase in the use of automation to fill prescriptions – reducing both workload and error rates. We also:

- Significantly invested in the expanded use of automated fill technology to ease the workload burden on pharmacists.
- Designated specific hours to vaccines only to limit calls and other workplace distractions.

Further, the repeated issuance of citations to companies for workforce violations demonstrates that a mechanism is already in place for the Board to address its concerns. Additional rules would be duplicative and run counter to the goals of Ohio's Common Sense Initiative which include, "eliminate excessive and duplicative rules and regulations..." The citations issued by the Board and the articles cited[1] by the Board in the Board's Business Impact Analysis on the

[1] "These issues are further reinforced through inspections detailing significant staffing issues at outpatient

The Kroger Co.
Kroger Health
www.krogerhealth.com

555 Race St.
5th Floor
Cincinnati, Ohio 45202

Proposed Rules reflect ongoing issues with a specific chain. We believe the Board should use its existing authority to address these concerns and can adequately remedy them with an application of the penalties sufficient to dissuade further recurrence.

Finally, the suggestion that companies operating pharmacies can simply hire more pharmacists runs contrary to the existing realities of current workforce conditions. America is facing a significant and well-documented[2] shortage of pharmacists, making this hiring mandate nearly impossible to meet. The estimates shown by the Board on the cost of fulfilling this mandate ($13,717,248 in the case of Kroger) are much lower than the actual costs associated with recruiting and employing 96 additional pharmacists and would represent a significant financial burden imposed on businesses by the government.

In conclusion, The Kroger Co. has significant concerns about the Proposed Rule as drafted and its potential adverse impact on patient access and the practice of pharmacy. We stand ready to work with the Board to address its concerns on these or other issues in a way that works best for pharmacies, pharmacies, and the patients they serve. Please do not hesitate to contact Jeff Steckman at jeff.steckman@kroger.com if you have any questions.

Sincerely,

Colleen Lindholz
President, Kroger Health

---

pharmacies, including patient delays and the loss of controlled substances: "Corners are cut to dispense prescriptions," CVS employee tells Ohio Board of Pharmacy: https://ohiocapitaljournal.com/2023/07/07/corners-are-cut-to-dispenseprescriptions-cvs-employee-tells-ohio-board-of-pharmacy/
Problems at understaffed CVS pharmacies are said to be widespread. The Ohio AG is taking a look: https://ohiocapitaljournal.com/2023/08/03/problems-at-understaffedcvs-pharmacies-are-said-to-be-widespread-the-ohio-ag-is-taking-a-look/" Pg. 5, CSI - BIA - Minimum Standards and Working Conditions, https://www.pharmacy.ohio.gov/documents/lawsrules/proposedrules/commonsense/csi%20-%20bia%20-%20minimum%20standards%20and%20working%20conditions%20(comments%20due%209.12.2023).pdf

[2] https://www.bls.gov/ooh/healthcare/pharmacists.htm#tab-1

Unite For Safe Medications

PO Box 513
Park Hills, MO 63601

9/12/2023

Ohio Board of Pharmacy
77 S High St
Columbus, OH 43215

Dear Board of Pharmacy Members:

Our organization supports the proposed guidelines to ensure safer staffing of pharmacies in Ohio. Staff staffing and safe working conditions are basic needs to ensure safe medication access, and I'm thankful to see a Board of Pharmacy begin to truly protect patients by acknowledging that the current failure to meet these basic needs is causing patient harm and harm to the profession overall.

Pharmacists and patients must be protected from corporate chain pharmacies' purposeful, abusive, and chronic understaffing. When purposeful understaffing is directly tied to errors, pharmacists should not be held as accountable as the executives and corporations demanding understaffing.

Understaffing is not only a risk for all patients in America who need medications, but the future of pharmacy and medication access is impacted as pharmacists leave the profession and students refuse to enter.

Thank you for taking the lead in our nation to protect not only patients but pharmacists and the future of the pharmacy profession.

Sincerely,

Loretta Boesing

Founder of Unite For Safe Medications

OHIO
NORTHERN
UNIVERSITY
THE RAABE COLLEGE OF PHARMACY
OFFICE OF THE DEAN

September 12, 2023

Steven W. Schierholt, Esq.
Executive Director
Ohio State Board of Pharmacy
77 S High Street, 17th Floor
Columbus, Ohio 43215-6126

RE: New Rule 4729:5-5-02 - Establishes minimum standards in an outpatient pharmacy

Dear Director Schierholt:

This letter is in response to the solicitation for stakeholder comment on the proposed rule(s) issued under the Common Sense Initiative dated August 11, 2023.

Founded in 1884, the Ohio Northern University Raabe College of Pharmacy (ONU) is one of seven colleges of pharmacy in the state of Ohio. With more than half of our more than 7,000 living alumni licensed in the state of Ohio, the practice of pharmacy in the state is of the utmost importance to our faculty and administration. Additionally, our mission is to provide a transformative education to prepare student pharmacists to enter the pharmacy workforce and care for the members of their community. For these reasons, ONU commends the Ohio State Board of Pharmacy in working to improve the community pharmacy workplace.

Specifically, ONU **supports** the following:

4729:5-5-02 (*Minimum Standards*): We applaud the Board in better defining *Minimum Standards for the Operation of an Outpatient Pharmacy*. Sec 4729.55(D) is clear in that a TDDD must give pharmacists the ability "to practice in a safe and effective manner." 4729:5-5-02(11) proposes sufficient time and personnel to complete professional duties and responsibilities by a pharmacist.

4729:5-5-02.1 (*Ancillary Services*): We support the Board in the elimination of quotas. Demanding a practice outcome on quantity instead of quality of service or patient needs potentially detrimental to public health. Broad performance metrics, rather than target functions (quotas), may be an important part of job performance and evaluation, but any metric utilized by an employer needs to be safety- and patient-centered.

4729:5-5-02.2 (*Rest Breaks*): ONU supports the ability of a pharmacist to have the discretion to take a meaningful break after a certain period of work and at their discretion as well as the provisions in 4729:5-5-02.2 (A) (2). While no standard currently exists, the law is clear that the TDDD must provide a safe and effective manner for the practice of pharmacy to the pharmacist.

4729:5-5-02.3 (*Staffing Concerns*): ONU feels the public safety with workload, staffing, and workflow most certainly rests with staffing authority, the pharmacist. Consistent with 'just culture' the pharmacist should have the authority to raise concerns with staffing concerns directly with the Ohio State Board of Pharmacy. To the degree possible, the Ohio State Board of Pharmacy should also ensure no retribution against a pharmacist raising concerns by his/her employer.

4729:5-5-02.5 (*Outpatient Access*): ONU strongly supports that a pharmacist be in control and in charge of the pharmacy (Sec 4729.27).

ONU suggests the following **revision**:

4729:5-5-02.4 (*Significant Delays*): There are various factors that can cause a prescription to be delayed beyond 72 hours and while the intent of the rule is noted, it would be impossible to capture all these legitimate reasons in the rule. To ensure the patient is part of the prescription process, ONU suggests an addition to the working to "Receipt of the prescription is said to occur when it is transmitted or submitted to the pharmacy and ***explicitly requested to be filled by the patient***."

On behalf of the administration, faculty, and students, ONU fully supports the Ohio State Board of Pharmacy and their work to improve community pharmacy workplace issues. Pharmacists have long been a trusted and accessible healthcare provider that promotes public health. Ensuring a safe working environment for pharmacists in Ohio is also an important part of the educational environment for the student pharmacists in Ohio. As a long-established College of Pharmacy in the state of Ohio, ONU looks to continue to advance the profession of pharmacy and patient safety. We would request that the State Board of Pharmacy continue to engage with the pharmacy community and Colleges of Pharmacy in the state of Ohio on implementation of the rules.

Sincerely,

Stuart J Beatty, PharmD, BCACP, FAPhA
Dean and Professor
Ohio Northern University Raabe College of Pharmacy

Nichole Cover, R.Ph.
Director, Pharmacy Affairs
Walgreen Co.
p: 224-507-9405
nichole.cover@walgreens.com

September 11, 2023

Via https://www.surveymonkey.com/r/DTRrules

State of Ohio Board of Pharmacy
Attention: Steven Schierholt, Esq.
Executive Director
77 S. High St., 17th Floor
Columbus, OH 43215

Re: Proposed Rules: Minimum Standards and Working Conditions

Dear Executive Director Schierholt,

On behalf of all pharmacies owned and operated by Walgreen Co. licensed in the state of Ohio, we thank the Board for the opportunity to provide comments on your draft Minimum Standards and Working Conditions rules. Walgreens appreciates the Board's time and effort related to reviewing these regulations and considering public comments for improving patient safety and healthcare services provided by pharmacies.

4729:5-5-02 Minimum Standards for the Operation of an Outpatient Pharmacy

Walgreens supports the Board's role of protecting patient health and safety in the State of Ohio. Incorporating subjective terms such as "sufficient" into a number of sections here creates a regulatory framework that is nearly impossible for drug outlet owners to anticipate all outcomes that could potentially impact compliance. How would the board determine what is considered sufficient, and maintain a consistent approach to enforcement, across a very diverse group of drug outlets that utilize vastly different workflow models and levels of technology. Therefore, we ask that the board strike the following language:

~~*4729:5-5-02 (B) In accordance with division (D) of section 4729.55 of the Revised Code, an outpatient pharmacy licensed as a terminal distributor of dangerous drugs shall:*~~

~~*(1) Ensure sufficient personnel are scheduled to work at all times in order to prevent fatigue, distraction, or other conditions which interfere with a pharmacist's ability to practice with reasonable competence and safety. Staffing levels shall not be solely based on prescription volume but shall consider any other requirements of pharmacy personnel during working hours.*~~

~~*(2) Provide sufficient tools and equipment in good repair and minimize excessive distractions to support a safe workflow for a pharmacist to practice with reasonable competence and safety to address patient needs in a timely manner. All tools and equipment shall be housed in a suitable, well-lit, and well-ventilated room or department and maintained in a clean, sanitary, and orderly condition.*~~

~~*(10) Provide adequate security for all dangerous drugs in accordance with the requirements of agency 4729 of the Administrative Code. A pharmacy shall maintain the current contact information for the pharmacy's security system vendor and shall immediately provide this information upon the request of an agent, inspector, or employee of the board.*~~

~~*(11) Provide sufficient time for pharmacists to complete professional duties and responsibilities, including:*~~

~~*(a) Drug utilization review;*~~
~~*(b) Immunization;*~~
~~*(c) Patient counseling; - 23 -*~~
~~*(d) Dispensing of prescriptions;*~~
~~*(e) Patient testing; and*~~
~~*(f) All other duties of a pharmacist as authorized by Chapter 4729. of the Revised Code*~~

4729:5-5-02.1 - Provision of Ancillary Services in an Outpatient Pharmacy

Walgreens appreciates that the Board did not include prohibition on quotas related to volume of prescriptions dispensed as there are several different workflow models utilized to fulfill the dispensing portion of the prescription process. It is important to enforce consistent standards across all segments of pharmacy. While Walgreens agrees with the concept of a prohibition on the use of quotas for performance evaluations, there is a significant concern with the utilization of metrics in pharmacy and how an inspector or the Board may decide to interpret this utilization. Walgreens recently announced the removal of the use of metrics from performance evaluations and believes that the onus should be on individual pharmacy owners to manage the utilization of metrics effectively and responsibly. Many current reimbursement models and Specialty Accreditation (i.e., URAC (Utilization Review Accreditation Commission) Standards rely on the use of metrics to assist in measuring adherence, utilization, patient impact, quality measures, etc. As this information is captured and shared back to pharmacy teams, the concern is the perception that these are seen as quotas, when in fact they are simply providing updates.

In summary, The Board is attempting to solve, through rulemaking, an issue that involves human behavior. Human behavior regardless of if the licensee acts in the best interest of the patient, is not limited to how many stores you own or if you are independent, chain, or a health system. The world of pharmacy utilizes many other metrics to assist in gauging customer service, patient care services, and quality. Leaders within the pharmacy may decide to set internal goals to improve quality or customer service or help change patients' lives through an improvement in services offered. The concern is: how does an inspector or the Board differentiate between a goal and a quota for ancillary pharmacy services? We believe one key component of quotas, that the Board has not addressed, is the punitive nature associated with quotas. As a pharmacy owner, if I offer my pharmacy staff incentives for reaching certain milestones – is that a quota? We do not believe it is since there are no punitive actions associated with not reaching these milestones. However, as these rules are currently proposed, an inspector or the Board may interpret this as a quota.

Walgreens therefore recommends instead of banning quotas that the Board issue guidance surrounding the proper use of metrics and improper utilization of quotas. These proposed rules may then serve as notice to all pharmacies that continued utilization of quotas may result in future rulemaking. As mentioned, the utilization of metrics can be open to individual interpretation, therefore Walgreens recommends that the Board strike the proposed rule language prohibiting quotas:

~~(B) In accordance with division (D) of section 4729.55 of the Revised Code, an outpatient pharmacy licensed as a terminal distributor of dangerous drugs shall not establish any productivity or production quotas relating to the provision of ancillary services.~~
~~(1) For purposes of this rule, "quota" means a fixed number or formula related to the duties of pharmacy personnel, against which the pharmacy or its agent measures or evaluates the number of times either an individual performs tasks or provides services while on duty.~~
~~(2) For purposes of this rule, "quota" does not mean any of the following:~~
~~(a) A measurement of the revenue earned by a pharmacy not calculated in relation to, or measured by, the tasks performed, or services provided by pharmacy personnel.~~
~~(b) Any evaluation or measurement of the competence, performance, or quality of care provided to patients of pharmacy personnel if the evaluation does not use quotas.~~
~~(c) Any performance metric required by state or federal regulators.~~

4729:5-5-02.2 - Mandatory Rest Breaks for Pharmacy Personnel

Walgreens supports the Board's proposed rules regarding rest breaks and currently has policies and procedures in place that support this process. However, we ask that the Board does not create rules that differentiate between independently owned small businesses and "chain" pharmacies when creating rules and instead create uniform practice standards across all community pharmacies caring for patients across Ohio. Therefore, we ask that the board strike any language which creates this division including the following language:

~~*4729:5-5-02.2(B)(2)*~~
~~*(B)(2) For an outpatient pharmacy licensed as a terminal distributor of dangerous drugs that is owned or operated by a company with eleven or fewer outpatient pharmacies operating in this state:*~~
~~*(a) A pharmacy may close when a pharmacist is on break based on the professional judgment of the pharmacist on duty;*~~
~~*(b) If a pharmacy does not close while the pharmacist is on break, the pharmacist must ensure adequate security of drugs by taking their break within the pharmacy or on the premises. The pharmacist on duty must determine if pharmacy personnel may continue to perform duties and if the pharmacist is able to provide adequate supervision; and*~~
~~*(c) If the pharmacy remains open, only prescriptions dispensed by a pharmacist pursuant to this chapter of the Administrative Code may be sold when the pharmacist is on break. An offer to counsel any person filling a prescription shall be offered pursuant rule 4729:5-5-09 of the Administrative Code. Persons who request to speak to the pharmacist shall be told that the pharmacist is on break and that they may wait to speak with the pharmacist or provide a telephone number for the pharmacist to contact them upon return from break. Pharmacists returning from break shall immediately attempt to contact persons who requested counseling.*~~

4729:5-5-02.3 - Staffing Requests or Concerns in an Outpatient Pharmacy

Walgreens asks that the Board strike the requirement to report staffing concerns on a predetermined form. Walgreens agrees that pharmacy personnel should share concerns and as an Ohio Licensed pharmacy permit holder, would encourage and support being compliant. However, Walgreens believes that the responsibility should be on individual pharmacy owners to address these concerns effectively and responsibly. Therefore, we recommend striking the following language:

~~*4729:5-5-02.3 - Staffing Requests or Concerns in an Outpatient Pharmacy*~~
~~*(A) Staffing requests or concerns shall be communicated by the responsible person or pharmacist on duty to the terminal distributor using a form developed by the board and accessible via the board's website (www.pharmacy.ohio.gov).*~~
~~*(1) Executed staffing forms or reports shall be provided to the immediate supervisor of the responsible person or pharmacist on duty, with one copy maintained in the pharmacy for three years for immediate inspection by an agent, inspector, or employee of the board.*~~
~~*(2) The responsible person or pharmacist on duty shall report any staffing issues directly to the board if the responsible person or pharmacist on duty believes the situation warrants immediate board review because it presents an immediate danger to the health and safety of the public.*~~
~~*(B) Outpatient pharmacies licensed as terminal distributors of dangerous drugs shall review completed staffing reports and shall:*~~
~~*(1) Respond to the reporting staff member to acknowledge receipt of the staffing request or concern;*~~
~~*(2) Resolve any issues listed in a timely manner to ensure a safe working environment for pharmacy staff and appropriate medication access for patients;*~~
~~*(3) Document any corrective action taken, steps taken toward corrective action as of the time of inspection, or justification for inaction, which documentation shall be maintained on-site for a period of three years for immediate inspection by an agent, inspector, or employee of the board; and*~~

~~*(4) Communicate corrective action taken or justification for inaction to the responsible person or reporting pharmacist.*~~

4729:5-5-02.4 - Significant Delays in the Provision of Pharmacy Services

Walgreens has for over a century been a steadfast believer and deliverer of safe and effective access to pharmacy and health services within the communities of Ohio and across the nation. When a patient decides to have their pharmacy and health services delivered at a Walgreen location, our organization considers an "informal contract" has been executed with that patient, and it is Walgreens responsibility to live up to the "terms" by meeting the patient's healthcare needs in a consistent and reasonable manner. The patient always holds the ultimate right to have their healthcare needs fulfilled by another provider. The creation of a state regulatory scheme that interjects itself between the patient and the pharmacy provider is an unparalleled level of intrusion into business practices and customer service. Walgreens continues to be open to dialogue and collaboration with the board on any specific instances where limited patient access to services could cause patient harm. We ask that the board strike the following language:

~~*4729:5-5-02.4 - Significant Delays in the Provision of Pharmacy Services*~~
~~*(A) An outpatient pharmacy has a duty to properly dispense lawful prescriptions for dangerous drugs or devices without significant delay.*~~
~~*(1) For purposes of this rule, "significant delay" means a prescription that was submitted to the pharmacy for processing by a prescriber, patient, or caregiver and has yet to be dispensed (e.g., final verification) by a pharmacist within seventy-two hours of receiving the prescription. Receipt of the prescription is said to occur when it is transmitted or submitted to the pharmacy.*~~
~~*(2) For purposes of this rule, "significant delay" does not mean any of the following:*~~
~~*(a) A prescription that has been submitted to the pharmacy but where there is a documented drug shortage, or the pharmacy documents the drug is not available from the pharmacy's drug distributor.*~~
~~*(b) A prescription that has been submitted to the pharmacy that requires clarification or consultation by the issuing prescriber.*~~
~~*(c) A prescription that has been submitted to the pharmacy that requires a prior authorization or is otherwise delayed because of the patient's prescription insurance coverage.*~~
~~*(d) A prescription that is for a compounded drug product.*~~
~~*(e) A prescription that the pharmacist, using their professional judgement, determines is of doubtful, questionable, or suspicious origin.*~~
~~*(B) Each prescription that experiences a significant delay, as defined in paragraph (A) of this rule, shall be considered a violation of this rule and shall subject the outpatient pharmacy to disciplinary action in accordance with rule 4729:5-4-01 of the Administrative Code.*~~
~~*(C) Immediately upon discovery or at the request of an agent, inspector, or employee of the board, a pharmacy experiencing a significant delay shall implement one or more of the following remediation measures to dispense all prescriptions that are experiencing a significant delay:*~~
~~*(1) Limiting pharmacy hours (e.g., dark hours);*~~
~~*(2) Transferring prescriptions to another pharmacy, upon patient consent;*~~
~~*(3) Increasing pharmacy staff; or*~~
~~*(4) Any other strategy that is mutually agreed upon by the outpatient pharmacy and the agent, inspector, or employee of the board. - 30 - (D) As part of the remediation process required in paragraph (C) of this rule, the outpatient pharmacy shall implement a process that triages lifesaving and life-sustaining medications that are experiencing a significant delay.*~~

4729:5-5-02.5 - Outpatient Pharmacy Access Points

Walgreens has and continues to openly engage with pharmacy staff and leadership to ensure that our pharmacists are appropriately supported to provide safe and effective pharmacy and health services to those in Ohio communities. Each of the sections below reference "in the pharmacist's professional judgment." This term of phrase is inherently subjective in nature and could lead to disruptions in patient care delivery if a pharmacist, by

means of these proposed regulations, discontinues pharmacy access points without first engaging and looking for solutions with their organization. Walgreens stands ready to engage with the board on any specific instances where patient safety is a concern. It is for these reasons that Walgreens feels this section should be removed from these proposed rules:

~~*(A) Except as provided for in paragraph (B) of this rule, a pharmacy shall develop and implement an organizational policy that permits a pharmacist to do all the following:*~~
~~*(1) Limit the provision of ancillary services if, in the pharmacist's professional judgment, the provision of such services cannot be safely provided or may negatively impact patient access to medications; and*~~
~~*(2) Limit pharmacy access points, if, in the pharmacist's professional judgment, limiting such access points will prevent fatigue, distraction, or other conditions which interfere with a pharmacist's ability to practice with reasonable competence and safety.*~~
~~*(B) In the absence of an organizational policy in paragraph (A), an outpatient pharmacy shall not override the control of the pharmacist on duty as follows:*~~
~~*(a) A pharmacist's decision not to administer or supervise immunizations or provide other ancillary services if, in the pharmacist's professional judgment, the provision of such services cannot be provided safely or may negatively impact patient access to medications. The pharmacy shall offer to make an appointment for the patient or may refer the patient to another location offering immunizations.*~~
~~*(b) A pharmacist's decision to limit pharmacy access points if, in the pharmacist's professional judgment, limiting such access points will prevent fatigue, distraction, or other conditions which interfere with a pharmacist's ability to practice with reasonable competence and safety. Such limitations shall not interfere with a patient's ability to drop off or receive dispensed prescriptions during the pharmacy's posted hours of operation.*~~
~~*(C) Organizational policies developed in accordance with paragraph (A) of this rule shall be maintained in the pharmacy for three years for immediate inspection by an agent, inspector, or employee of the board.*~~

Walgreens appreciates the work of the Pharmacy Workload Advisory Committee (PWAC) and thanks the Board for the opportunity to comment on these proposed regulations. If the Board would like additional information, please feel free to contact me.

Sincerely,

Nichole Cover, RPh

OHIO HOSPITAL ASSOCIATION

Collaborating to
Ensure a Healthy Ohio

September 12, 2023

Steven W. Schierholt, Esq.
Executive Director
Ohio Board of Pharmacy
77 S. High St., 17th Floor
Columbus, OH 43215

Re: OHA Comments on Proposed Rule 4729:5-5-02 – 02.5 (Minimum Standards/Quotas/Rest Breaks/Staffing);
Submitted via: https://www.surveymonkey.com/r/MINSTAND

Dear Executive Director Schierholt:

On behalf of our 248 member hospitals and 15 health systems, the Ohio Hospital Association appreciates the opportunity to comment on the Pharmacy Board's proposed rules regarding Minimum Standards, Quotas, Rest Breaks, Staffing and other issues regarding outpatient pharmacies. Our members value the Board's willingness to receive our feedback and the collaborative relationship we have with the Board. In response to the publication of these proposed rules, OHA convened a representative group of hospital pharmacy leaders to provide their perspective on the rules.

Our feedback regarding the proposed rules follows:

It appears the Pharmacy Board has attempted to be responsive to some of OHA's comments shared on the quota and rest breaks rules that were circulated for comment last fall and winter, and on which OHA commented in November 2022 (regarding the quota rule) and January 2023 (regarding the rest break rule). One thing the Board did was make the new proposed rules applicable to "outpatient pharmacies." The limitation to outpatient pharmacies may have been an effort to address some of our concerns about operationalizing these rules in a hospital setting. However, we are concerned that the newly proposed rules remain very difficult to operationalize in a hospital outpatient pharmacy without seriously impacting patient care and hospital operations.

OHA is concerned that the Board is attempting to regulate the minutiae of pharmacy practice and operations in a way that broadly impacts hospital operations and patient care, even though we believe the real target of the regulation is the large pharmacy chains. The large pharmacy chains have been the subject of intense media scrutiny for how they run their operations, and they were the target of the overwhelming majority of negative responses to the Pharmacist Workload Advisory Committee's survey of pharmacists. OHA's concern is that the Board's efforts to regulate bad actors will sweep up hospital outpatient pharmacies which do not operate in the same way as the large pharmacy chains.

We believe that if the Pharmacy Board is concerned about the operations in large pharmacy chains, the regulations should be directed at those actors. **We urge the Pharmacy Board to exempt outpatient pharmacies that are owned or operated by hospitals or health systems from these regulations.**

Examples of how these proposed rules will adversely impact hospital pharmacy operations include:

- Proposed rule -02.1 prohibits the use of quotas related to the provision of "ancillary services." However, in some hospitals, there are dedicated hospital outpatient pharmacy professionals whose job is solely or predominately to provide "ancillary services" as that term is defined in the rule. Accordingly, the provision of ancillary services by those individuals does not interfere with other roles as pharmacy personnel. But the rule would forbid quotas related to those individuals' work.

- Proposed rule -02.2 defines circumstances in which a pharmacy must close to allow for a 30-minute break, with some exceptions. We recognize that there are exceptions to the rule for those pharmacies operated by a company with fewer than 12 pharmacies. However, if a large health system owns hospital outpatient pharmacies at 12 locations, this rule would apply to them and is simply unworkable in a hospital setting. It would be cleaner, and still achieve what we believe to be the Board's objectives (regulation of large chain pharmacies), to just exempt hospital- or health system-owned pharmacies from this rule. For the reasons stated in our January 20, 2023 comment letter, closing a hospital outpatient pharmacy to accommodate a mandatory break is not practical from a patient care perspective.

- Mandatory breaks for hospital outpatient pharmacists are not practical and will delay care. Hospital outpatient pharmacists are routinely consulted by physicians and other clinicians regarding patient care issues. Mandatory breaks will result in delays in patient care, not just for the patient whose clinician is trying to contact the pharmacist who is on a break, but all other patients whose care will be delayed as the hospital outpatient pharmacist returns from the break to a stack of messages and orders that the pharmacist is now behind on and has to work through. As noted in our January 20, 2023 comment letter, hospital pharmacies are required to meet federal requirements under the Medicare Conditions of Participation, including requirements to dispense drugs in a safe and timely manner and in accordance with acceptable standards of practice. In many cases involving hospital outpatients, delays in care resulting from mandatory breaks would not meet these federal requirements.

- For example, many health systems have community family health centers with a variety of different primary care providers and an outpatient pharmacy attached. A mother who has received care for a child in the pediatrician's office at the family health center, and who is sent downstairs to the pharmacy to pick up a prescription on her way out would potentially face at least a 30-minute delay in receiving the prescription (the break time plus time spent dealing with a backlog that resulted during the break). Some parents will be forced to leave to go back to work, rather than wait, and may not make it back to the pharmacy. Delays in care often result in no care at all, as families attend to other priorities.

- The delays detailed in proposed rule -02.4 simply do not occur frequently in hospital outpatient pharmacies, so this provision seems like a regulatory overreach as it relates to hospital pharmacies. When unexpected delays occur, hospitals have processes in place to remedy those delays to minimize any adverse impact on patients.

> Closing access points as proposed in rule -02.5 does not accurately reflect the integrated nature of a hospital and hospital outpatient pharmacy. Most hospital outpatient pharmacies only have a single access point – a single pickup window or medication delivery to the bedside. Furthermore, many hospital outpatient pharmacies may have dedicated personnel performing the ancillary functions complementary to the medication dispensation process. Since this work is being completed in parallel to and with separate personnel to the medication dispensing it would not make sense to close the ancillary services. Doing so would negatively impact patient access to medications which is contrary to the intention of this rule.

There are many other instances of these proposed rules simply not being operational in a hospital. Furthermore, the breadth and vagueness of some of the rules would make compliance very difficult, as it is impossible to know how the Board would interpret certain requirements. For example, how will the Board survey (under proposed -02(B) for whether a pharmacy has "excessive distractions" or takes adequate steps to "prevent fatigue?" Is a tired employee who works a second job outside of the pharmacy a reflection of how the pharmacy has scheduled or choices the employee makes outside of employment by the pharmacy? How will the Board survey for whether the pharmacy resolved staffing issues "in a timely manner to ensure a safe working environment (-02.3(B)(2)? How will the Board determine whether a pharmacy retaliated against someone who reported staffing concerns? How will the Board determine that an individual did not receive a promotion they "otherwise would have received" or did not receive a salary increase to which they are "otherwise entitled?" Is the Board really equipped to make these complicated human resources determinations?

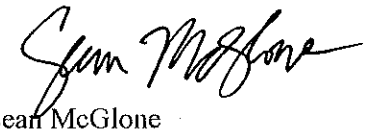
OHA appreciates the problem the Pharmacy Board is trying to solve, and we support efforts to ensure safe and effective pharmacy services. However, the operations of hospital outpatient pharmacies are fundamentally different than retail pharmacy chains, and we urge the Board to recognize that distinction and regulate them differently (in this case, by carving out hospital- or health system-owned pharmacies from the rules). These rules will impair hospital outpatient pharmacies' ability to provide safe patient care and will unnecessarily impair access to care.

Finally, we have heard from several hospital pharmacists who would be insulted to be required to take a mandatory break. They view these proposed rules as a degradation of their professionalism and their necessary and valuable role in the direct care of hospital patients. They do not want to have to ignore a cardiologist's call regarding a patient care issue because they are on a mandatory break – doing so is a slight against their important role in the care of hospital patients.

Thank you again for the opportunity to provide feedback from the hospital pharmacy leader perspective. OHA's representative group of hospital pharmacists would welcome the opportunity to discuss this feedback with you as the Board continues to process these rules. Please feel free to contact me with questions or to schedule a call with our group of hospital pharmacists.

[signature on next page]

Sincerely,



Sean McGlone
Sr. V.P. & General Counsel

cc: Cameron McNamee, Ohio Board of Pharmacy

CenterWell Pharmacy

September 12, 2023

Executive Director Steven W. Schierholt, Esq.
State of Ohio Board of Pharmacy
77 S High Street, 17th Floor
Columbus, OH 43215-6126

Submitted electronically via surveymonkey.com

RE: Proposed Rule 4729:5-5-02.4 – Significant delays in the provision of pharmacy services

Dear Executive Director Schierholt:

This letter is in response to the solicitation for stakeholder feedback on proposed rule 4729:5-5-02.4 issued by the Common Sense Initiative on August 11, 2023. CenterWell Pharmacy appreciates the opportunity to provide comments on this proposed rule.

CenterWell Pharmacy, Inc. (CenterWell Pharmacy) is a full-service home delivery pharmacy serving patients across all 50 states. CenterWell Pharmacy provides holistic care that is personalized and coordinated with easy-to-use options so our patients can receive the care and prescriptions they need exactly when they need them. This includes home delivery services, as well as retail and specialty pharmacy services. Our pharmacies employ many pharmacists and pharmacy technicians who are critical to ensuring that patients across the country have access to the medication that they need. CenterWell Pharmacy's largest dispensing facility, which opened in 2008, is located in West Chester Township, Ohio.

For many months, the Board has been working on rulemaking related to quotas. CenterWell Pharmacy and other interested parties submitted feedback along the way. Overall, we appreciate the Board's recognition of the public comments on its previous proposals and the changes that were made as a result. While we applaud these efforts, we have concerns on the new language relating to significant delays.

- ***The Board's proposal still does not fully consider the differing pharmacy models within the State, including closed-door pharmacies.***

  It appears the proposed language on significant delays is intended to focus on community and retail settings. The proposal sets a 72-hour deadline for prescriptions to be dispensed, but the expectation of what steps need to occur within that timeframe is unclear. While the language includes some exceptions, there are other reasons why a prescription may not be dispensed in 72 hours. For example, this could include additional time needed for a patient to pick up a prescription at their convenience or for a prescription to be delivered to a patient.

  CenterWell Pharmacy proactively educates its patients about our standard turn-around times for prescriptions to be received, filled, and delivered to the patient's home. In the event our stated timeframe cannot be met due to circumstances outside of our control, we contact patients to discuss alternative ways to access the medications they need.

  Additionally, many specialty medications require careful coordination of delivery with

CenterWell Pharmacy

patients, and those agreed upon delivery dates may exceed 72 hours based on patient availability and when they need the medication.

Recommendation

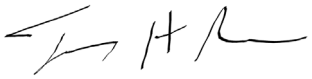
While we appreciate the changes in comparison to the previous versions of the proposed rules on quotas, the current proposal on significant delays does not completely distinguish between the varying pharmacy models in Ohio. Given these factors, ***CenterWell Pharmacy strongly recommends that the Board reconsider the draft rule's language on significant delays and its applicability to closed-door pharmacies.***

In other proposed rules, there are clear delineations that exempt outpatient pharmacies that are not open to the public. We would appreciate a similar distinction as it relates to significant delays and suggest the following:

> *(E) The requirements of this rule do not apply to outpatient pharmacies that are not open to the public (e.g., closed door pharmacies.) An outpatient pharmacy that is not open to the public shall deliver medication by a date agreed upon and/or provided to the patient. If the timeframe cannot be met, the pharmacy shall discuss with the patient how to obtain his or her medication through alternative means.*

Thank you for the opportunity to provide feedback to the Board on this proposed rule. Please feel free to contact me if you have any questions related to the comments.

Sincerely,



Travis Garrison
Associate Vice President, State Affairs
tgarrison2@humana.com

September 12, 2023

Steven Schierholt, Executive Director
Ohio Board of Pharmacy
77 South High Street, 17th Floor
Columbus, OH 43215

Mr. Schierholt,

On behalf of the chain drug members of the Ohio Council of Retail Merchants, I write to share that we are very disappointed that the latest rule package proposing a completely new 4729:5-5-02 and creating five new subsections has been submitted for consideration. The first version of a new 4729:5-5-02 proposed back in April of 2023 was onerous and unnecessary. This new package is even more so with the addition of 4729:5-5-02.4, Significant Delays in the Provision of Pharmacy Services.

As I stated in May, it is very important to note at the onset that the Board is basing the proposed new rules on survey results from a minority of Ohio pharmacists during a historic pandemic that severely impacted healthcare in many settings with high stress and fatigue, but particularly retail settings. In 2020 and 2021 during the pandemic, there were increased demands for COVID-19-related services, as well as challenges with staffing due to medical leaves and attrition of healthcare workers. Based on the 2021 survey responses reported by the Board, only 26.41% of pharmacists in Ohio responded to the survey and of those, 71% did indicate they did not have adequate time to complete their jobs in a safe and effective manner. This is not at all surprising based on the state of healthcare during the pandemic. Many companies that operate pharmacies in Ohio have made changes since 2021 to improve work-life balance due to the strains placed on their employees during the pandemic. As the Board reported, all but two large chains are now closed for lunch breaks. In order to be attractive to new employees and retain current employees, companies will continue to listen to feedback from their employees and make changes to how they operate, without the need for Board of Pharmacy rules pertaining to this.

We also contend that this rule package is unnecessary as the Board already has the authority to act on unsafe conditions reported by a pharmacist. These new regulations would cause unintended consequences that would negatively impact patient access to care and pharmacist work-life balance and would result in significantly increased costs to the businesses being regulated, as noted in the CSI Business Impact Analysis. With the current workforce shortage pharmacies and other health care employers are struggling with, the proposed rule changes would only exacerbate the conditions the Board contends it is trying to improve.

This new rule package is still reliant upon subjective terms such as “sufficient personnel,” “excessive distractions,” “sufficiently trained,” and “sufficient time.” In 4729:5-5-02(B)(11), the proposed rule states, “Provide sufficient time for a pharmacist to complete professional duties and responsibilities, including…” To properly engineer to be compliant, metrics would need to be reviewed and would potentially violate other sections of the proposed rule. A utopian labor budget would potentially need to be created. Infinite resources, including time, are not possible to provide.

The profession of pharmacy continues to advance its scope of practice, and the Board of Pharmacy has worked very hard on rules and regulations that expand the care that pharmacists can provide Ohioans. Proposed 4729:5-5-02.1 focuses on quotas on “ancillary services” not directly involved in the dispensation of dangerous drugs, which includes “immunizations, medication therapy management… and refill reminders.” This language infers it is fine to have quotas on the number of prescriptions being dispensed but not to have meaningful goals to advance care for Ohioans that prevent disease or reduce hospital admissions. Also, the definition of “quota” has a detrimental side effect. The number of tasks and services performed by pharmacy personnel are used to determine labor needs, so not being able to evaluate tasks and services to determine how much labor is needed to operate safely is counter intuitive.

Proposed 4729:5-5-02.2 would not be universal for community pharmacy as it makes exceptions for small chains and independent pharmacies when it should apply to all pharmacies equally. If safety really is a concern for the Board, why would there be a difference? If this is to protect the public health, is the Board indicating that the risk is higher at an independent pharmacy? There should not be two standards as there is not a material difference in the burden as it relates to the practice of pharmacy and public safety. This inequality is anti-competitive and would punish successful companies by saddling them with an additional burden.

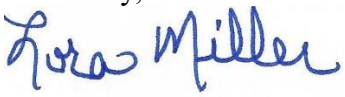
The new 4729:5-5-02.4 addressing significant delays in the provision of pharmacy services requires that a prescription be dispensed within 72 hours of receiving a prescription and allows for only five exceptions. Some pharmacy systems allow patients to submit a refill request and select their pick-up date and time further out than 72 hours. The proposed language does not take this scenario into consideration.

In proposed 4729:5-5-02.5, without truly defining what is or is not an unsafe condition, the language limiting access points leaves a lot to interpretation by the pharmacist, the Board and the employer. Any interpretation that is unrealistically conservative will negatively impact patient care. For example, there are patients who are unable to come into a building and rely on alternate access points such as drive-thru windows. Those patients would be negatively impacted by frequent restrictions that would result in that access point being unavailable to them. Even without the proposed rule, if a pharmacist discusses with his or her supervisor about a closed access point, and if that pharmacist truly believes the employer is creating an unsafe condition by forcing them to keep it open, the pharmacist can currently report this to the Board and the Board has the authority to act on it.

I close by reiterating that we find the proposed rule package to be unnecessary, subjective, burdensome and costly and would result in many unintended consequences. We respectfully request that the rule package be withdrawn in its entirety.

Please let me know if you have any questions or wish to discuss any of the points made in this letter.

Sincerely,



Lora Miller
Director of Governmental Affairs & Public Relations
Ohio Council of Retail Merchants
50 W. Broad St., Ste.1111
Columbus, OH 43215
614-271-8262
loram@ohioretailmerchants.com

cc: CSIPublicComments@governor.ohio.gov
joseph.baker@governor.ohio.gov
stephanie.mccloud@governor.ohio.gov
aaron.crooks@governor.ohio.gov
Matthew.kelly@governor.ohio.gov
jmccormack@nacds.org
Ohio Chain Drug Committee

NCPA
NATIONAL COMMUNITY PHARMACISTS ASSOCIATION

WWW.NCPA.ORG

September 12, 2023

Steven W. Scheirholt, Esq.
Executive Director
The State of Ohio Board of Pharmacy
77 S High Street
Columbus, OH 43215

RE: RULES 4729:5-5-02; 4729:5-5-02.1; 4729:5-5-02.2; 4729:5-5-02.3; 4729:5-5-02.2 4729:5-5-02.4; 4729:5-5-02.5

Dear Mr. Scheirholt,

I am writing to you on behalf of the National Community Pharmacists Association regarding proposed amendments to **4729:5-5-02; 4729:5-5-02.1; 4729:5-5-02.2; 4729:5-5-02.3; 4729:5-5-02.2 4729:5-5-02.4; 4729:5-5-02.5.** NCPA commends the State of Ohio Board of Pharmacy in addressing the issues of pharmacy staffing and workflow that have resulted in documented public safety concerns. Rule 4729:5-5-02 establishes minimum standards for Ohio outpatient pharmacies such as ensuring sufficient time and personnel to compete professional duties and responsibilities. These standards include requiring access to tools and equipment to allow pharmacies to operate efficiently and to better serve patients. We applaud the language in Rule 4729:5-5-02.2 that grants exceptions to owners of 11 or fewer pharmacies to have the pharamcist in charge determine whether the pharmacy needs to be closed when a pharmacist is on break.

NCPA represents the interest of America's community pharmacists, including the owners of more than 19,400 independent community pharmacies across the United States and 398 independent community pharmacies in Ohio Virginia that employ over 4,000 full-time employees who filled over 25.1 million prescriptions last year. Our members are small business owners who are among America's most accessible health care providers in many communities.

Increased workload and reports of burnout, even before the COVID-19 pandemic, have been associated with medication and dispensing errors. Regulators auditing pharmacies in Oklahoma found understaffed facilities, employees working around unopened delivery boxes and discovered that a specific pharmacy was up to two weeks behind on filling prescriptions because of inadequate staffing.[1] The state's Board of Pharmacy recommended increased training for technicans and removing some required metrics along with other tasks that could over burden the staff. Missouri's Board of Pharmacy formed a taskforce on workplace conditions, including staffing, prescription volumes, this being a response to reports of pharmacisits and staff feeling pressured to meet metrics and not having adequate time to complete tasks.[2] Ohio is no different from Oklahoma and Missouri, which is why it is incumbent on this Board to approved these proposed rules. Many of these issues are less prevalent in independent settings, which is why we support the exception for 11 pharmacies or fewer which, includes

[1] Ellen Gabler *CVS Fined for Prescription Errors and Poor Staffing at Pharmacies* New York Times, July 16, 2020, *available at* https://www.nytimes.com/2020/07/16/business/cvs-pharmacies-oklahoma.html

[2] Annika Merrilees *Missouri board to investigate working conditions at pharamcies after hundreds complain* St. Louis Post-Dispatch, July 3, 2020, *available at* https://www.stltoday.com/business/local/missouri-board-to-investigate-working-conditions-at-pharmacies-after-hundreds-complain/article_7a872c83-93a6-58d3-bd26-097ffefdbfa5.html

100 Daingerfield Road
Alexandria, VA 22314-2888
703.683.8200 PHONE
703.683.3619 FAX

the vast majority of independent pharmacies in the state, and grants them the flexibility to manage their staff and care for their patients.

Since the COVID-19 pandemic, pharmacists in Ohio and across the country have had to respond to a greater workload and have risen to the occasion by delivering quality services that may not have been accessed by the public due to capacity limits and spacing restrictions. As the demand has increased for pharmacy services and care, it is imperative that pharmacy staff are protected so they can deliver the highest quality of care possibleAs we enter flu season, the demand of pharmacy services will continue to increase and it is critical that safeguards are put in place assist pharmacists and pharmacies to practice and operate to the best of their ability.

NCPA appreciates the opportunity to provide comments supportive of the proposed rules that promote quality patient care by defining minimum standards of outpatient pharmacies. The proposed rules maintain accountability within the practice of pharmacy and better protects patients when providing care and other services. If you have any questions, please do not hesitate to contact me at belawoe.akwakoku@ncpa.org.

Sincerely,

Belawoe Akwakoku
Associate Director, State Government Affairs
National Community Pharmacists Association

Cc: The State of Ohio Board of Pharmacy

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

September 12, 2023

Steven Schierholt, Esq.
Executive Director
Ohio State Board of Pharmacy 77
S High Street
Columbus, OH 43215

Re: Request for comments – Re: OHA Comments on Proposed Rule 4729:5-5-02 – 02.5 (Minimum Standards/Quotas/Rest Breaks/Staffing); Submitted via: www.pharmacy.ohio.gov/comments

Dear Director Schierholt,

On behalf of The Ohio State University Wexner Medical Center (OSUWMC), we appreciate the opportunity to provide feedback on your recent request for public comments on "4729:5-5-02: Minimum Standards/Quotas/Rest Breaks/Staffing. We would first like to express gratitude to the Board of Pharmacy for working to seek feedback and addressing the many workplace concerns that are creating negative implications for Ohio pharmacists and pharmacy personnel. Many of the concerns shared by pharmacy personnel in Ohio have identified fear that patient safety and well-being are being compromised due to workplace issues. Additionally, it appears the Board has attempted to be responsive to some of our comments shared last fall and winter related to the quota rule and rest break rule. **However, the newly proposed rules remain very difficult to operationalize in a hospital outpatient pharmacy without impacting patient care.**

OSUWMC is an academic medical center that provides over 1.9 million outpatient visits, over 60,000 patient admissions, and over 130,000 emergency department visits each year. OSUWMC recognizes the importance of the pharmacist as a member of the healthcare team and utilizes the expertise of the pharmacist in a variety of patient care settings across OSUWMC, including, but not limited to, hospital outpatient (community) pharmacies, inpatient generalists, inpatient specialists, ambulatory care generalists, and ambulatory care specialists. With multiple licensed hospital outpatient pharmacies across Central Ohio, these rules are relevant to the workplace practices of our pharmacies.

As written, **these rules seem to be directed toward a traditional large chain community pharmacie**s and we urge the Board to direct changes towards the those organizations and **exempt outpatient pharmacies that are owned and operated by hospitals and health systems**, **in the same way the proposed rules exempt closed door pharmacies.**

Pharmacists who work in traditional large chain community pharmacies need support which is evident from their feedback. In reviewing the Ohio Survey Results from 2020 and 2021, there is a stark difference in the response from pharmacists who work in large chain pharmacies compared to pharmacists who work in any other setting. We support efforts to improve the working conditions in traditional large chain community pharmacies. Enrollment in pharmacy school continues to drop across the country and we need to do everything we can support the practice of pharmacy in this setting. Alternatively, the Board could consider a separate TDDD type for outpatient pharmacies

owned and operated by hospitals and health systems. Hospital outpatient pharmacies operate within the same electronic medical record as the institution and pharmacists who practice in these locations function more like their peer institutional pharmacists. Additionally, as health systems continue to grow, they may soon operate more than 12 hospital outpatient pharmacies across their enterprise.

Examples of how these rules will negatively impact hospital outpatient pharmacies are outlined below and we would strongly request the Board to differentiate hospital outpatient pharmacies.

- Proposed rule 4729:5-5-02.1 prohibits the use of quotas related to the provision of "ancillary services." However, in many hospitals, there are dedicated hospital outpatient pharmacy professionals whose job is solely or predominately to provide "ancillary services" as that term is defined in the rule. Accordingly, the provision of ancillary services by those individuals does not interfere with other roles as pharmacy personnel. But the rule would forbid quotas related to those individuals' work. **We would request that hospital outpatient pharmacies be exempt from 4729:5-5-02.1 in the same manner as closed door pharmacies.**

- Proposed rule 4729:5-5-02.2 defines circumstances in which a pharmacy must close to allow for a 30-minute break, with some exceptions. It is not practice to close a hospital outpatient pharmacy from a patient care perspective. We appreciate the Board's attempt to exclude companies with fewer than 12 pharmacies which likely exempts all or most hospital outpatient pharmacies. However, as health systems continue to grow they could reach the 12 location limit in the near future. **For this reason we would request that hospital outpatient pharmacies be exempt from 02-2 in the same manner as closed door pharmacies.** This would be cleaner and allow the Board to support pharmacists practicing in traditional large chain community pharmacies.

    - Mandatory breaks for hospital outpatient pharmacists are not practical and will delay care. Hospital outpatient pharmacists are routinely consulted by physicians and other clinicians regarding patient care issues. Mandatory breaks will result in delays in patient care, not just for the patient whose clinician is trying to contact the pharmacist who is on a break, but all other patients whose care will be delayed as the hospital outpatient pharmacist returns from the break to a stack of messages and orders that the pharmacist is now behind on and has to work through. Hospital pharmacies are required to meet federal requirements under the Medicare Conditions of Participation, including requirements to dispense drugs in a safe and timely manner and in accordance with acceptable standards of practice. In many cases involving hospital outpatients, delays in care resulting from mandatory breaks would not meet these federal requirements.

    - Given the relationship with the medical teams many of our staff stated they would be insulted to be required to take a break. They view the proposed rule as a degradation of their professionalism and their necessary and valuable role in the direct care of patients. They do not want to be treated differently than their institutional peers and be required to ignore a cardiologist's call regarding a patient care issue because they are on a mandatory break.

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

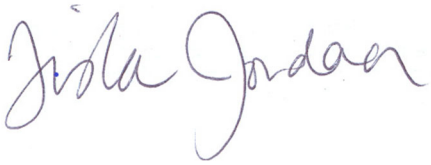
- In addition, there may be situations when an employee may decide to work through their uninterrupted lunch period – to complete other tasks, potentially leave early at the end of the day, etc. As a department we always recommend that the staff take their lunch break but do allow flexibility for the employee to make this decision if needed.

- Proposed rule 4729:5-5-02.4 outlines a process when significant delays in the provision of pharmacy services occur. **The rules as outlined, simply do not apply to hospital outpatient pharmacies and therefore we request exemption.** If a delay were to occur, the hospital has processes in place to remedy and avoid any delay in care as we would for any patient seeking care within the institution.

- Proposed rule 4729:5-5-02.5 address closing access points. These proposed rules do not accurately reflect the nature of health system or hospital outpatient pharmacies operations. Most or nearly all hospital outpatient pharmacies are within the institution or ambulatory medical building and have a single point of access. Hospital outpatient pharmacies have dedicated staff performing ancillary duties such as discharge medication delivery, prior authorization, and medication assistance in conjunction with traditional dispensing. This workflow is completed in parallel and therefore it does not make sense to close ancillary services. Closing ancillary services will have a negative impact on patient care and will dramatically impact the discharge process. **The rules as outlined in -02.5, simply do not apply to hospital outpatient pharmacies and therefore we request exemption.**

OSUWMC supports the Board of Pharmacy's steps to address workplace environments putting patients and pharmacy personnel at risk, **and strongly recommend that terminal distributors of hospital outpatient pharmacies be excluded due to the patient acuity experienced in these settings as well as existing practices and policies in place that already support the general intent of this rule**. We also encourage the Board to bring together hospital pharmacy leaders to develop rules that work for the hospital outpatient pharmacy setting and do not put patient safety at risk. I would be happy to discuss these recommendations further at the e-mail listed below.

Sincerely,



Trisha A. Jordan, PharmD, MS
Chief Pharmacy Officer
Assistant Dean for Medical Center Affairs
The Ohio State University Wexner Medical Center
Trisha.jordan@osumc.edu

CVSHealth

John Long
Director Regulatory Affairs, CVS Health

One CVS Drive
Woonsocket, RI 02895

p 614-572-9008
f 614-766-6957

john.long@cvshealth.com

VIA ELECTRONIC MAIL **DRAFT 7**

September 10, 2023

Cameron McNamee
Director Policy and Communications
The State of Ohio Board of Pharmacy
77 South High Street
Columbus, OH 43215
Cameron.McNamee@pharmacy.ohio.gov

Re: Comment proposed rule 4729:5-5-02 –Minimum Standards for the Operation of an Outpatient Pharmacy FILE NEW RULE

Mr. McNamee,

I am writing to you in my capacity as Pharmacy Regulatory Affairs Director for CVS Health and its family of pharmacies located across Ohio. CVS Health ("CVS") appreciates the opportunity to submit comments on the State of Ohio Board of Pharmacy ("Board") proposed new updated rule 4729:5-5-02, which provides the minimum standards for the operation of an outpatient pharmacy.

Section 4729:5-5-02 - Minimum Standards for the Operation of an Outpatient Pharmacy

CVS agrees that today's retail pharmacy operation is a complex, dynamic healthcare work environment employing highly skilled professionals. For this reason, CVS has developed a sophisticated and robust scheduling program that uses the resources of experienced industrial engineers, statisticians, analysts, and pharmacists to ensure that sufficient pharmacy personnel are scheduled to work in our retail pharmacies to support the needs of our patients and communities. As part of this proprietary program, several metrics are used to forecast the needs for the pharmacy workday schedule. These metrics are used by CVS pharmacist managers to schedule the appropriate amount of personnel during the week. A few of these

key metrics include drug utilization review, patient counseling, immunization administration, patient testing, and prescription volume. Proper scheduling of employees is vital to ensure the healthcare needs of the communities that CVS serves is met.

A successful part of CVS's nationwide approach to assist pharmacist workload and increase dispensing quality is the expanded use of pharmacy technology and automation. Technology and automation have been embraced by the majority of the state boards of pharmacy to help reduce pharmacist workload and improve working conditions. CVS does not believe that the proposed regulation, likely to be enforced with a high degree of subjectivity and variability, offers a true solution to perceived issues in a complex working environment. Rather, CVS requests that the Board work with industry stakeholders to draft regulations that promote innovation, reduce regulatory barriers and allow for the same technology and automations to be used in Ohio as it is used across the United States. Specifically, the ability to freely share work amongst pharmacies and allow for automated technology that minimizes pharmacy distractions and improves dispensing quality. CVS has experienced a reluctance by the Board, through several regulatory barriers imposed by the Board, to allow pharmacies to utilize proven technology and workflow solutions, which reduces pharmacist distraction and workload, further exacerbating the current employment challenges that many pharmacies are facing in Ohio.

An important reason to focus on enhancements to pharmacy automation and technology is the forecasted decrease in pharmacists. American Association of Colleges of Pharmacy (AACP) data has shown significant decreases in the number of students interested in pursuing pharmacy careers. In fall 2011, AACP found that there were 106,815 applicants to pharmacy school, a figure that dropped to 76,525 by fall 2015 and 40,552 by fall 2021. In less than a decade, pharmacy school applications had decreased by more than 60%.[1]

Section 4729:5-5-02.1 – Provision of ancillary Services in an Outpatient Pharmacy

CVS supports the idea of not allowing individual quotas in the provision of ancillary services. CVS also supports the Board's allowance of pharmacies using metrics to support the overall business planning and for the use of metrics in the proper scheduling and staffing to help serve the patients and communities that CVS proudly serves.

Section 4729:5-5-02.2 – Mandatory Rest Breaks for Pharmacy Personnel

CVS was the first national drug store chain to require a daily mandatory pharmacy closure for 30 minutes to allow for pharmacy personnel rest breaks. We are encouraged that several other organizations have followed, providing their pharmacist, interns, and pharmacy technicians this needed break time. CVS also supports non-retaliation for all of its employees when they voice their opinions or concerns. However, the Board's attempt to define and regulate the definition of discipline and retaliation doesn't account for the various justified scenarios that may present, whereby the proposed broad definition of retaliation may be applied inappropriately. For example, if a pharmacist decides that they do not want to work a certain shift,

it may mean that they see a decrease in hours with a corresponding decrease in pay. It also follows that a pharmacy may want to transfer the pharmacist to a store that could meet the desired hours of the pharmacist. CVS is concerned that the Board is engaging in rulemaking that has not received the proper statutory authority to regulate pharmacy business practices and therefore, is considered a statutory overreach.

To ensure clarity in this section of the proposed rule, CVS proposes the following language in the first paragraph of 4729:5-5-02.2:

(A) Except in a documented emergency that would endanger the health and safety of patients, an outpatient pharmacy licensed as a terminal distributor of dangerous drugs shall not require pharmacy personnel to work longer than twelve continuous hours in any workday and shall allow at least eight hours of scheduled off time between consecutive shifts.

(2) An outpatient pharmacy shall not retaliate or discipline a pharmacist for refusing to work longer than twelve continuous hours. As used in this rule, retaliation or discipline of an employee includes, but is not limited to, the following:

(a) Removing or suspending the employee from employment;

(b) Withholding from the employee salary increases or employee benefits to which the employee is otherwise entitled;

~~(c) Transferring or reassigning the employee;~~

(d) Denying the employee a promotion that otherwise would have been received;

(e) Reducing the employee's ~~in pay or~~ position.

4729:5-5-02.4 – Significant Delays in the Provisions of Pharmacy Services

A critical component of pharmacy practice is to ensure prescriptions are dispensed to patients in a timely and safe basis. CVS generally supports 4729:5-5-02.4, however, CVS offers the below amendment to account for a situation where a community-based pharmacy is closed every weekend and a national or religious holiday falls on a Monday.

(A) An outpatient pharmacy has a duty to properly dispense lawful prescriptions for dangerous drugs or devices without significant delay.

(1) For purposes of this rule, "significant delay" means a prescription that was submitted to the pharmacy for processing by a prescriber, patient, or caregiver and has yet to be dispensed (e.g., final verification) by a pharmacist within seventy-two business hours of receiving the prescription. Receipt of the prescription is said to occur when it is transmitted or submitted to the pharmacy.

While the proposed rule provides five examples that will not be defined as a "significant delay", several other scenarios are not included in the Board approved list, which will surely be proven to be incomplete

CVSHealth

over time. For example, all pharmacies do not have contractual access to all medications, such as specialty medications; a pharmacy may be out of stock and unable to receive the wholesaled medication over a weekend or holiday; or a pharmacy may choose not to carry a slow moving/high cost medication in which there may be a delay in obtaining the medication. CVS suggests the following changes that will allow pharmacists to utilize professional discretion for reasons not included in this list.

(A) An outpatient pharmacy has a duty to properly dispense lawful prescriptions for dangerous drugs or devices without significant delay.

(2) For purposes of this rule, "significant delay" does not mean any of the following, which includes but is not limited to:

(f) The pharmacist shall always use professional judgment in the dispensing of prescriptions that will not be included a significant delay.

4729:5-5-02.5 – Outpatient Pharmacy Access Points

The Board has offered no scientific or clinical analysis that multiple patient access points have any relevance to the pharmacist's workload or fatigue. To the contrary, multiple access points help improve patient continuity of care. The disabled and elderly quite often use the drive through window portion of the pharmacy, while other patients prefer to walk to the pharmacy counter. In a typical pharmacy workflow, ancillary pharmacy personnel, not pharmacists, are the first contact for patients through all access points. Also, 4729:5-5-02.5(B)(b) places the pharmacist in an impossible position. The closing of any pharmacy access point clearly means that a patient's choice on where to drop off or pick up a prescription will be interfered with. By allowing the pharmacist to close access points to pharmacy care, the Board is unnecessarily creating a patient safety and continuity of care issue. CVS believes 4729:5-5-02.5 of this proposed rule will directly affect the ability of the most vulnerable population from properly receiving the pharmacy care that they deserve and need. CVS requests this section to be stricken or drafted in a manner to account for patient continuity of care and ease of compliance.

We appreciate the opportunity to provide feedback to the Board and as always thank you for your consideration. Please contact me directly at XXX-XXX-XXXX if you have any questions.

Best regards,

[1] Antrim,Aislinn. “Despite Rapid Growth of Institutions, Pharmacy School Applications Decline”, Pharmacy Times, April 5,2023

Rule Comments

Mcnamee, Cameron

From: [redacted]
Sent: Wednesday, September 13, 2023 11:38 AM
To: Mcnamee, Cameron
Subject: FW: CVS Consumer Injury Tip
Attachments: KathrynFletcher-CVS-PharmacyTimeline.pdf; HHS-ResponseLetter.pdf; BOP-Investigation-Status.jpg; Signature-Comparison-Documents.pdf; Signature-Comparison-Documents.pdf; HealthPartners Itemization and Subro Lien Info.pdf.pdf; CVS-Facebook-Messages.pdf

Kathryn Fletcher's comment for the *Minimum Standards in an Outpatient Pharmacy* rule package.

From: Kathryn Fletcher [redacted]
Sent: Wednesday, August 16, 2023 6:26 PM
To: Mcnamee, Cameron <Cameron.McNamee@pharmacy.ohio.gov>
Cc: CSIPublicComments <CSIPublicComments@governor.ohio.gov>
Subject: CVS Consumer Injury Tip

Hello,

I'm a consumer who was harmed by an understaffed CVS Pharmacy in Minnesota. I'm currently working with my Minnesota State Senator (Heather Gustafson) to propose similar legislation to the newly proposed Ohio rules that came from the AG's investigation of CVS. The Minnesota Board of Pharmacy has an open & active investigation of CVS into my case since last year. For background, I was administered the wrong vaccine (a duplicate), hospitalized and given an initial diagnosis of Interstitial Lung Disease (which can be terminal) and is a rare condition associated with the flu vaccine. Not only did CVS ignore me when I caught the error in my medical records, their headquarters implied I was somehow at fault. I have retained an attorney, but CVS will not cover my bills, and even withheld my medical records and consent forms until investigators at HHS Headquarters threatened sanctions. I have a video of the pharmacists admitting I never signed the consent forms and that they turned all documents over to the CVS Headquarters in 2021. Despite having CVS on camera admitting I never signed the forms, CVS miraculously produced "signed" documents with a squiggle on them. Here is a link to the video of the admission:

I have submitted my complaint to the Minnesota Attorney General but I wanted to make your office aware of my situation and I'm happy to provide any documentation to the Ohio BOP and the AG's office as evidence that this is a widespread issue and not isolated.

Thank you for standing up for consumers and the working conditions of pharmacy staff.

Regards,
Kathryn Fletcher
[redacted]

--
sent from my iPhone

Rule Comments

Rule 4729:5-5-02 - Comment Summary

Individual Responses

- 119 Individual Responses
  - 92 Support
  - 12 Oppose
  - 15 Interested Party

Organizational Responses

- Walgreens
- CVS Health
- Ohio Council of Retail Merchants
- CenterWell Pharmacy (Humana)
- Cleveland Clinic
- The Ohio State University College of Pharmacy

	A	B	C	D
1	Commenter Type (select one)		What is your position on the proposed rule?	Please submit your comments on the proposed rule. (NOTE: Rule comments are public record and respondents who wish to remain anonymous should avoid providing any identifying information).
2	Pharmacy Technician		Support	We need rules in place that support our pharmacists. My company has meal breaks and this helps. We recently cut back on metrics but more needs to be done. Pharmacists are over worked and under appreciated. More important , they are severely distracted while performing their job. This should not be the norm. Would one expect a brain surgeon to be bothered during surgery? Same goes for a pharmacist. They are positioned in our pharmacy so they are visible to the public. I understand how this is beneficial for the patient, as the pharmacist is the easiest accessible healthcare professional. They are literally being watched all the time and from many angles. These dangerous drugs they are dispensing are also life saving medications. They can't afford errors and the pharmacist needs to be able to perform their duties free of distractions. Retail pharmacies should not be allowed to dictate how a pharmacist performs. Also, they should only have to answer to another pharmacist and not another management personnel who is less educated and unfamiliar with how the pharmacy business runs. More rules such as the ones proposed will only benefit pharmacists and their staff in their ability to deliver safe healthcare services. Another way to relieve some of the distractions is to explore a position such as a "Pharmacist's Assistant ". Similar to a physicians assistant. This position could do more than a certified tech while under a pharmacist's supervision, just like most medical offices do now with their physicians assistant and doctors.

	A	B	C	D
3	Pharmacist		Support	The board needs to mandate the same lunch times throughout the retail pharmacies. Competing chains will want to stay open during times the other pharmacies are closed or close at an unusual lunch time especially on the weekends when staffing is limited. This will inundate certain pharmacies to perform the majority of the workload during those break hours. This is unsafe. There should be no penalty for staff closing at exactly the time posted for their lunch break. Patients line up at the windows and the drive thru knowing what time we open and close without any regard. This can also apply to staying closed longer if we're finishing up a transaction with patients past the start of a mandated lunch time. Doctors offices have set times for their lunch but their operation is mainly appointment based compared to the on-demand pharmacy workflow. The ratio of trainees and registered/certified techs need to also be re-evaluated. There needs to be a minimum and maximum numbers of techs per pharmacist like with interns. Even with the introduction of registered techs and trainees, the quality of hires has decreased significantly since Covid. This, unfortunately, applies to interns as well. The test to become registered for certain chains are not supervised. There are registered techs that are extremely limited in their knowledge of the medications and the law. Any medication error ultimately is on the pharmacist. Certain chains are still having goals to meet instead of metrics as a workaround for the quota mandate. There needs to be a defined (very expensive) monetary penalty for pharmacies trying to push the boundaries if reported to the BOP. Any time an infarction happens, it needs to be posted on the BOP homepage and on the e-newsletter.
4	Pharmacist		Support	At this ruling is the saving grace for all pharmacists.
5	Pharmacist		Support	
6	Pharmacist		Support	These minimum standards are insufficient to improve the safety and well-being of the patients and employees of outpatient pharmacies do to severe understanding and overworking. While working at CVS the pharmacy is constantly understaffed and unsafe and I am told not to take my break to make up for it. CVS does not schedule or staff the pharmacy to give enough time to safety compete professional duties and responsibilities. CVS keeps requiring us to fill more prescriptions faster and by not meeting this requirement they have excluded me from any end of year bonus. CVS keeps circumventing safety and workload requirements to the detriment of patients and employees. These updates are much too nonspecific to improve the safety and workload of the pharmacy.
7	Pharmacist		Support	time to put a stop to immunization and MTM quota while not providing adequate help. Also could change the fact that pharmacies have 5 phone lines, 2 drive thru lanes, 2 counters and only 1 pharmacist and 1 tech working.
8	Pharmacist		Support	

	A	B	C	D
9	Pharmacist		Support	
10	Pharmacy Technician		Support	As a current employee of CVS, I am incredibly proud of the Board of Pharmacy for standing against unnecessary quotas on ancillary services and standing up for the rights of employees to breaks. I completely support this rule and encourage it's immediate adoption.
11	Pharmacist		Support	There must be a more clear meaning/definition of proper staffing. Corporate chains cut staffing and add more workload and we are forced to do more with less. There also needs to be more definition of sufficient training and sufficient time to do our job. Most chains do not give enough time for training new staff. We are lucky if we get a couple weeks. This is not sufficient. Sufficient time is linked to proper staffing. If we were properly staffed we would have the time to do our job. The other issue is the 12 hour rule. I think that 12 hours is too long. Chain pharmacies only have 1 pharmacist on duty at a time. When you are working 12 hours there is more risk of fatigue and chances for errors. You never hear of a commercial pilot flying for 12 hours and only getting 30 minutes for a break. Truck drivers can only drive 11 hours in a 14 hour window. Why does the board of pharmacy think it is ok for 1 pharmacist to be on duty for this long? Especially with all of the ancillary services we are juggling with dispensing prescriptions. Our brains must be at full throttle the the entire time. This puts the general public at great risk. I am not sure why in this country we allow other professions to have limits and breaks, but we push our healthcare workers to the breaking point. You can review the stats on medical errors in this country. If you care about protecting the public then please make sure these rules are really what needs to be done and they are enforced.
12	Pharmacy Intern		Support	The proposed rule will allow pharmacists to provide enhanced patient-centered care by focusing on dispensing functions and building patient relationships. Stressful and unsafe staffing scenarios and metrics take away the attention of a pharmacist which allows more room for dispensing errors. This proposed rule will create a safer environment in all capacities.
13	Pharmacy Technician		Support	

	A	B	C	D
14	Pharmacist		Support	The one component that was not addressed in this Workload rule is a nonretaliation clause for those that report staffing issues/concerns. Ensure this is applied to the pharmacy license, not the pharmacists: “Violation of these rules may result in administrative discipline for a Board of Pharmacy licensee. Discipline might include reprimand, denial of a license, suspension of a license, monetary fine and/or revocation of a license” Perhaps it is implied but I think this should be very clear that any violation noted would be issued to the pharmacy and not the pharmacist (or PIC) as long as proof of reporting any workforce problems/concerns were reported/requested to corporate management. Below was a concern from another colleague at NeoMed. “There are a few things that stand out to me as potentially conflicting/concerning: re: Page 11, 11a vs. 11bii - I feel like there may be confusion and conflict regarding quotas related to 'counting services' vs. measuring quality, competence, performance etc and the potential for employers to circumvent this rule by noting that a specific metric is related to 11bii rather than 11a...”
15	Pharmacist		Support	1.)The one component that was not addressed in this Workload rule is a non retaliation clause for those that report staffing issues/concerns. 2.)Ensure this is applied to the pharmacy license, not the pharmacists: “Violation of these rules may result in administrative discipline for a Board of Pharmacy licensee. Discipline might include reprimand, denial of a license, suspension of a license, monetary fine and/or revocation of a license” Perhaps it is implied but I think this should be very clear that any violation noted would be issued to the pharmacy and not the pharmacist (or PIC) as long as proof of reporting any workforce problems/concerns were reported/requested to corporate management. 3. “There are a few things that stand out to me as potentially conflicting/concerning: re: Page 11, 11a vs. 11bii - I feel like there may be confusion and conflict regarding quotas related to 'counting services' vs. measuring quality, competence, performance etc and the potential for employers to circumvent this rule by noting that a specific metric is related to 11bii rather than 11a...”
16	Pharmacist		Support	
17	Pharmacist		Support	About time
18	Pharmacist		Support	Pharmacists should have pharmacy school curriculum courses and continuing education requirements to learn about the veterinary drugs that they are marketing. Especially those involved in on line sales.

	A	B	C	D
19	Pharmacist		Support	This rule has several aspects that are admirable in its proposed result.However, this will all be for naught because of several factors.Until and unless all pharmacists, especially in retail, are required to physically clock in/out to account for actual hours worked, the current practice of coming in earlier and staying later to catch up on the escalating workloads will continue unabated. This can be easily done, as is now with technicians required to be on the clock to get credentials. This practice skews the actual working conditions in the pharmacy and creates the impression that the staffing is commensurate to the workload, which we all know is unsustainable. (see OH State Board survey 2021).This is in large part due to the favorable (for employers) lax employment laws in the state of Ohio. No employer gets penalized for "voluntary" over-work and overtime does not need to be paid. Ever...Next whitewashed area is the retailers supposed lack of staff, which leads to shorter hours. The only penalized parties are, you guessed it, pharmacists who had hours cut, because that is the only way to cut their payroll and increase corporate profits. The workload did not change. The spin from the chains is that they cannot get enough pharmacists and technicians to work for them. That is partially correct, pharmacists and technicians are not willing to work for them, under the conditions that are imposed on the teams in the stores. There are other factors also contributing to the loss of personnel in pharmacies, mostly finding better paying jobs in other industries with less of the stress and guilt of working for an employer that does not care for your well-being and family.Until chain stores (especially) are legally forced by Pharmacy Boards and Labor Laws to change how they do business, and the scourge of PBM reimbursement is curtailed, I don't see that this well-meaning, but eventually pointless exercise will change anything at all.I have been a pharmacist for nearly 30 years, and I am truly worried for the future of our profession in the current climate.
20	Pharmacy Technician		Support	
21	Pharmacy Technician		Support	

	A	B	C	D
22	Pharmacist		Support	I support this ruling hands down and feel as if it should have been implemented a year or two ago! The stress in the workplace has escalated immensely since covid and I am grateful that our state board is now taking steps to minimize that. It will be great to see the quotas taken away as that is drilled into us daily on how many shots are expected of us and if we don't make our quota ….why?? There are so many distractions that go on in an outpatient pharmacy between being pulled every which way; answering patients questions, giving vaccines, taking doctor calls, recommending OTCs, counseling customers, etc. besides trying to fill prescriptions, that it can be very hard to concentrate! Our staffing is based on the number of prescriptions we fill and I feel as if that is not always accurate and on the days that we may have someone call off, it is VERY challenging to try to work around that. If, in the event we make an error, we are never allowed to use distractions, illness, short staffing, etc as an excuse and we all know that we ARE human and all those should come into consideration! Way to go state board for backing up our profession and bringing pharmacy back to what it should be!
23	Pharmacist		Support	I have been a retail pharmacist for over 30 years. I work for a large chain. My chain does allow a 30 minute lunch break and two 15 minute breaks during my 10 to 11 hour shifts. However, due to the high volume no one ever takes the 15 minute breaks. On weekends there is only one pharmacist on duty making the 15 minute breaks virtually impossible. Stools or chairs need to be provided in the pharmacy so that the pharmacist that is standing long hours can occasionally get off of their feet. Physical fatigue and pain is a real distraction! We have had district managers remove stools from the pharmacy saying that they are not necessary. We are down to one stool for a staff of 8 people on weekdays and 4 to 5 people on weekends. Our regional manager actually asked if we really needed the last stool! I said yes as the techs place drug totes on it as they process the drug order. (They really do.) Retail pharmacy is the only healthcare setting where the healthcare professionals are unable to sit. Where did this crazy idea that retail pharmacists must stand the entire day come from? I have read that California requires stools for their pharmacists. It seems like a small request to prevent the distraction of fatigue and pain from standing long hours. I would probably pick up more shifts if I weren't so physically exhausted from standing all day! (Even the chains should support that idea)

	A	B	C	D
24	Pharmacist		Support	My interpretation of this proposal is basically an attempt to give (or appear to give) the RPh working in the retail pharmacy more power or say in what goes on in that pharmacy. I'm conflicted because I really feel like the RPh should have always been in control and these companies have just gone too far in walking all over OUR profession through their interpretation of the laws. I personally have washed my hands of most responsibility in my pharmacy over the last decade because of my eroding control over operations. These companies only care about profits and shareholders and have increasingly treated the RPh's as the "body with the license". How can we be held responsible for anything while being forced to operate in situations we know are ridiculously unsafe? It created a standard where the RPh no longer prioritizes the PATIENT due to being over burdened with stats, metrics & other things which in turn dont get the time they deserve (if they ever deserved any) because there just isn't enough hours in the day (or in our case, minutes in an hour). We all have to work to feed our families. Our employers SHOULD BE falling all over themselves to remove tasks and distractions, not think up new and creative things that they can force us to do just because they've "already got us there". This proposal is a nice step in the right direction, but it's really sad that it took so many RPh's to flee retail for good and thousands of pleas for help to the board. I do understand that healthcare is a "business" and this country needs to change many things regarding its approach to health, but someone NEEDS to actually care about patients health at some point in this system (actually, several points). I'm sorry if that means less increase in profits year over year. Maybe it's time we don't see(th) dollars in peoples illnesses?
25	Pharmacist		Support	
26	Pharmacy Intern		Support	
27	Pharmacist		Support	We can no longer give vaccines all day long and safely fill prescriptions. Flu vaccines need to done thru flu clinics like they used to be.
28	Pharmacy Technician		Support	
29	Pharmacy Technician		Support	
30	Pharmacist		Support	My concern is that (C)(1)(b) will be used as a loophole. I have worked in pharmacies where there were two pharmacists working and even though company policy said that we could take 30 minute breaks with the other pharmacist covering, we couldn't realistically take those breaks and continue to keep the pharmacy running. If I stepped out for 30 minutes, I would come back to a pharmacy that was backed up with prescriptions, vaccines, patient phone calls, etc. If a high volume pharmacy doesn't have to close, the pharmacists won't actually take the breaks they need.

	A	B	C	D
31	Pharmacist		Support	Reducing the use of quotas and the use of meal breaks are vital to keep pharmacy more alive during all of this mess. We have pharmacies where the pharmacist is either alone or with only one technician and that's unacceptable. Meal breaks are necessary to keep burn out down. What really needs to be done is something for pharmacy to use to legally block certain people in the population from harassing pharmacy staff and allowing pharmacists to legally tell a patient to not come back if they are being a real threat to the pharmacy team operation in an outpatient setting. Will the rule lower pharmacy profit? Most likely so the state has to account for that; we are tired of the burn out. Tired of the work shortages. Tired of the stress. And most of us are tired of the general population acting like spoiled brats. We don't go into their workplaces and yell at them; why should they do the same to us?
32	Other (please specify)	Pharmacy operations manager	Support	Post pandemic has seen a decrease in immunization appointments and an increase in prescription. Despite the growing work load, corporate continues to cut hours limiting the number of technicians that can be scheduled. This is causing further burnout with most days only having one technician opening. The environment of the pharmacy is also a struggle as during the summer we have to bring in 2 dehumidifiers to keep the humidity percentage below 80%. These are brought in by staff and not provided by the company. There are several other issues. Metrics technically aren't used for performance, yet goals for other things (such as immunizations) continue to be set and are expected to be met. We are being told filling prescriptions isn't a priority and that patients should wait so that we can make even more phone calls than in the past. The list goes on. There aren't real changes at all. It is still overworking employees with unrealistic expectations.
33	Pharmacist		Support	These rules are too vague. Any rule that allows for this much interpretation will fall on deaf ears. Our corporate overlords have no idea how much work is involved in ancillary services. Our RPhs are forced to work 10 or 12 hour shifts. While we're "given" a single 30-minute break during a 12 hour shift… our quotas basically require us to work through those breaks. Side bar: 12 hour shifts should merit TWO 30-minute breaks. Please protect our profession. Please provide specific requirements.
34	Pharmacist		Support	It appears that the rule is leaving most decisions to the pharmacist on duty, which is great. I would like to know exactly how the board will not allow "recourse" to a pharmacist that does report possible violations to the rule. Also will there be any type of template as to how many pharmacists/tech hours are required as a minimum according to the volume of scripts filled.
35	Pharmacist		Support	

	A	B	C	D
36	Pharmacist		Support	I am very supportive of requirements for minimum staffing. The proposed rule is needed to ensure patient safety and prevent pharmacist fatigue. I would like to see a more defined metrics or more robust guidelines for justifying what will be considered adequate staffing. As worded, the proposed rule is too vague. I suggest defining volume thresholds triggering additional pharmacist and technician staffing with consideration for prescription volume limiting the duration of a shift as well.
37	Pharmacist		Support	It could be added if any RPh or techs with current license must practice biweekly to keep their license in good standing. This would help the supervisors of the organization learn and understand the daily work flow of the pharmacy.
38	Pharmacist		Support	If there are not CLEARLY DEFINED guidelines then nothing is going to change. To say that we need "sufficient personnel" means nothing, Who defines sufficient? Corporations that do NOT work in the pharmacy and May not even be pharmacist. As long as a Pharmacist in the building to open the pharmacy we will continue to run short staffed or with no staff and we will continue to jeopardize our mental well-being as well as our patients safety. Running a pharmacy with one pharmacist and one technician is NOT safe and not practical: when there is a drive through, an out window, and in window, phones ringing, and prescriptions to actually fill. That does not include any additional services or the 50 phone calls we make a day. Updating a rule with vague terms, such as "adequate time to complete tasks" and "sufficient personnel" are both decisions that will not be made by the pharmacist or even at the store level, but by a corporation who is for Profit NOT patient safety or well-being of the staff.
39	Pharmacist		Support	Whistleblower protections should be included for non-compliance reporting. Bonuses involving quotas that are "optional" should be considered by the board of pharmacy as potential abuses of the system by corporations. I can see a world where a large chain pharmacy says "these metrics are optional, the bonuses you get are optional", but then business practice involves meetings and conference calls and intimidation by district leaders insisting we meet the optional quotas.
40	Pharmacist		Support	The new rules proposed are a step in the right direction. I appreciate the boards efforts in this manner. I worry that submitting a staffing request to the board would still create repercussions from the employer despite the rule. Maybe consider Californias pharmacist staffing rules where the pharmacist is required to have a ratio of 2:1 techs per pharmacist and the pharmacist cannot work alone.
41	Pharmacist		Support	I don't think this goes far enough. There should be 2 - 15 minute breaks and a 30 minute lunch for 8 hours worked at a minimum.
42	Pharmacy Technician		Support	I hope this can help Us all however CVS has always found a way around restrictions.

	A	B	C	D
43	Pharmacist		Support	People call off for various legitimate reasons- got sick, child got sick, baby sitter called off- that you may not be able to work around. What happens next? You can't always find a substitute. It is stressful working short staffed.
44	Pharmacist		Support	I feel that requiring so many immunizations in a specified time period has a negative impact on taking care of patients prescription needs on a daily basis. If you have the time to push them then fine....if not it is a burden and added stress.
45	Pharmacist		Support	
46	Pharmacist		Support	
47	Pharmacist		Support	I believe that what you all are attempting to do is wonderful. To make the job of being a pharmacist more enjoyable and safer. My only fear with the quota rule is how are the chains going to work around that, to continue to tighten the noose & make us feel as though we are not doing enough. Constant call lists, monster vaccination goals etc. How will they work around this rule. That is my only concern. Otherwise I feel it will improve the life of an RPh.
48	Pharmacy Technician		Support	Too little too late and not enough teeth. The industry has been gutted by your lackadaisical inability to advocate for its professional base.
49	Pharmacist		Support	WE NEED AN HOUR BREAK!!!!
50	Pharmacist		Support	
51	Pharmacist		Support	Overall support. However, a standard for the pharmacy should also include a stool or chair for the pharmacist and technicians to sit whenever standing is not necessary to perform a task. In addition, "sufficient staffing" needs to be defined. It's too vague.
52	Pharmacist		Support	As a pharmacist that gets emails and text messages regarding quotas of immunizations almost daily, I fully support this proposed rule to reduce stress and ensure safe prescription filling standards.
53	Pharmacist		Support	I would like to have it written that these rules will apply to ALL pharmacists - hourly, salary, salary-exempt.
54	Pharmacist		Support	Always feel understaffed. I work hard to take care of people.
55	Pharmacist		Support	

	A	B	C	D
56	Pharmacist		Support	I'm a huge supporter of this rule, however there are some sections that I feel could use some tightening up. 1.Paragraph B(1) says that pharmacies shall "Ensure sufficient personnel are scheduled..." How do we determine what sufficient staffing is? Alternatively, how can one show that the pharmacy's current staffing is insufficient? Staffing has probably been the #1 concern amongst outpatient pharmacy workers. The definition of sufficient staffing or who determines this definition (pharmacists who work at each particular location, perhaps?) should be clarified. 2.Section B(10) states that pharmacies shall "Provide adequate time for a pharmacist to..." (give shots, do DURs, counsel, etc). Again, what is 'adequate time'? or, who decides what 'adequate time' should be for each professional duty? Perhaps this should also be determined by the pharmacists at each individual site, adopted as policy in writing, and be subject to change only by consensus of acting pharmacists-on-duty at the individual site? 3. Section B(12) says that pharmacies shall "allow at least eight hours of off time between consecutive shifts" for employees. This isn't enough time. This requirement should be changed to at least 10 hours. Eight hours is how much sleep you need, not how much time you need to get home, eat, sleep, wake up, get ready, and get back to your worksite. C'mon. 4. Section D (1st paragraph) says that a pharmacy shall "not override the control of the pharmacist on duty regarding aspects of the practice of pharmacy..." etc. The definition of "Pharmacist on Duty" should be clarified. If District Leaders/Managers/etc. could fit this definition by legal argument, then this part of the rule could become useless, since it is often from District Leaders that these unreasonable demands come. The rest of the rule looks great, although I'm sure others will find different things that could use improvement. This will be a huge step forward to taking our profession back from Capitalist entities that have no interest in the well being of their employees or the patients they serve. Thank you for putting this in motion, sad though it is that it needs to be done at all.
57	Pharmacist		Support	
58	Pharmacy Technician		Support	My pharmacists work 12hr shifts, without breaks, for 6/7 days a week; sometimes 7/7, every other week. I don't know how they do it without making mistakes, and having to be responsible for any mistakes the techs may make. I think a break during the 12hrs would help to refresh our pharmacists and relieve at least some of the stress of being so busy, while having to double check everything we do, and having peoples' lives at stake if they would miss something wrong.
59	Pharmacist		Support	I think you can support community pharmacists even more, but this is a good first step. I think a rule could be made for adequate staffing in terms of pharmacy technicians.

	A	B	C	D
60	Pharmacist		Support	Rest breaks are necessary for pharmacists to have a mental break and for health of the employees. We deserve a chance to eat a snack/lunch and use the restroom without being interrupted multiple times. Safety issues become apparent during those interruptions. Quotas are also dangerous when numbers are the only thing important to a corporation. We are supposed to care about our patients and they are supposed to be more than just a number.
61	Pharmacist		Support	Thank you, thank you for these rule changes. I cannot tell you how many times in the past two years I would try to juggle everything corporate wanted me to do without enough staff, and spend the rest of my night just praying I had not made a medication error in all the chaos. Or alternatively I would take steps to keep the pharmacy more manageable (take less vaccines or close drive through, etc) and spend the night praying I would not be fired. These rules I feel will be very beneficial for patient safety and the mental health of pharmacy staff. The only concern I have is for the situation where, at a chain pharmacy "with twelve or more" Ohio pharmacists, there are normally two pharmacists working overlapping shifts and for whatever reason (sickness most often), one pharmacist works alone their entire shift or even the entire day. This is a situation that does happen every now and then, and it is unclear how the pharmacist/ pharmacy would take their break in that situation since it was not planned or originally scheduled. Based on the rules as written, the pharmacy would have to close for the break I believe, but it is a bit unclear.
62	Pharmacy Technician		Support	It is better for patient safety, if we are less fatigued, and re-energized.
63	Pharmacist		Support	
64	Pharmacist		Support	It is not clear if these rules apply to pharmacists or other licensed staff at a medical marijuana dispensary. I think that they should.
65	Pharmacist		Support	We are overworked and patient safety is definitely affected. We waste more time on soliciting immunizations, dealing with phone calls and emails about immunizations, even conference calls if we don't do enough (quota). It's overwhelming and frustrating. I don't mind doing immunizations and I'm glad I can help keep the community safe from disease, but it's too much of a focus, especially when the majority of us are trying to run on either a short staff or a young staff that has yet to complete their tech training. And more and more keeps being thrown at us...more paperwork, more surveys, more people to call (because we are supposed to call or message to get them in for shots too). It's all about profit, not care. Please help us, I used to enjoy this job. It's all about money and nothing about service.

	A	B	C	D
66	Pharmacy Technician		Support	our companies main focus is shots currently. instead of focusing on pts and their meds being filled efficiently, we have to field calls from corporate about how many shots and what kinds because 'not all types count'? so protection is not the main goal like they claim :) unfair to the workers and our customers
67	Pharmacist		Support	
68	Pharmacist		Support	
69	Pharmacist		Support	Regarding page 9 paragraph b 1,2: the use of the word sufficient is far too vague to benefit anyone with the possible exception of the employer. Who is to decide what is a sufficient amount of help or sufficient tech hours to protect the pharmacist and the clients from mistakes or overwork? If the employer is to decide what is sufficient, they will surely base the decision on money and not real world situation. This will be the exact opposite of what would be helpful to the pharmacy environment. Realistic guidelines must be set out to define the use of the word sufficient in order to curtail the employer taking advantage of their right to define the word 'sufficient' in any way they see fit
70	Pharmacist		Support	
71	Pharmacist		Support	Regarding the 12 hr maximum shift: can an outpatient pharmacy require a pharmacist to work more than 12 hrs using the 1/2 hour meal break as a reasoning that the pharmacist is not working 12 consecutive hours? I've heard some managers made that claim. The text should state explicitly the maximum shift is 12 hours including the meal break. Also with regards to staffing: the pharmacist on duty should have more flexibility in determining staffing rather than an outpatient pharmacy fixing the amount of tech hours they can use.
72	Pharmacist		Support	Overall I am support of the proposed rule, but I have many reservations about rules that call out differences based on the number of outpatient pharmacy locations. Why can't all of these pharmacists be treated the same? What is special about 11 locations (section C2)? I will also be interested to see how some of these judgement rules can be enforced as pharmacists have different levels of performance and comfort - how will the board decide if there is an infraction?
73	Pharmacy Technician		Support	Proper staffing at pharmacies is absolutely critical to prioritize patient safety, deliver exceptional quality of service, and manage therapy and medication effectively. Insufficient staffing can lead to errors, delays, and negative patient outcomes. By investing in adequate staffing levels, pharmacies can not only improve patient safety and outcomes, but also enhance their reputation as a trusted and reliable healthcare provider. So, let us prioritize proper staffing to ensure the best possible care for patients.

	A	B	C	D
74	Pharmacist		Support	While this rule is long overdue, it is such a huge win for our profession. This is placing professional judgement back into the hands of those working on the front lines and is the first rule of this kind I have seen in my 20+ year pharmacy career. Big chain organizations have literally destroyed so many pharmacists, to a point that many discourage the next generation from entering the profession. I'm so proud of all of those that have put the time in to develop this rule. Maybe pharmacists will become the most trusted professionals again.
75	Pharmacist		Support	The "sufficient staffing" is ambiguous. As former Ohio BOP Inspector George Pavlich told me back in 2009, what 1 person finds sufficient someone else may find insufficient and your company can fire you for not keeping up with what the company fees is enough help, not the individual pharmacist. This vague language changes nothing. Large chains will argue they provide enough payroll for everything even when I feel they don't. This rule doesn't provide any good support for staffing levels. We need direct laws that are direct on tech ratios and rxs per hour.
76	Pharmacist		Support	It should be unlawful for a pharmacist to work an entire shift alone without at least one technician to support the volume of prescriptions and distractions. It should be the pharmacist's responsiblity to close the pharmacy provided there is another location within the same chain open or other pharmacies open to serve patients.
77	Pharmacy Technician		Support	
78	Pharmacist		Support	I do not think this law is specific enough. I am happy that the BOP is finally stepping in to do some preservation for the field of pharmacy, but fear this is not going to be enough. This law specifies 'outpatient pharmacy/distributer of drugs' when many pharmacist work behind the scenes for these major retail chain pharmacies and aren't considered 'outpatient/distributors of drugs,' but rather central pharmacies or remote off site locations designed to off load much of the burden these customer facing 'outpatient pharmacies' have endured for years. We all know that the field is changing and retail/outpatient pharmacies have cut hours and stores are closing because technology and the field are shifting to mail order/remote work. While not discrediting what this law will do for outpatient pharmacies, let's not forget where much of the workload is being designed to go. These central pharmacies are the ones being pushed to do well over 800 prescriptions in a single shift and this law will do nothing to ensure they are receiving mandatory breaks, lunches, or putting patient safety first. There are often no 'ancillary' job functions for these employees, but their sole job is one giant quota of how many prescriptions can you do in SECONDS. This law feels like a bandaid to a shifting problem to temporarily keep peace.
79	Pharmacist		Support	

	A	B	C	D
80	Pharmacy Technician		Support	This does nothing to help independent pharmacies. We don't get breaks either. We are told that we aren't allowed to take breaks and to eat on the job which isn't sanitary.
81	Pharmacy Technician		Support	"Scheduling conflicts" is too vague of language. Pharmacies will need clear language on minimum staffing requirements in order to remain compliant. Hours are currently being cut on how long pharmacies are open, as well as from available technician support. Stores are being closed, leading to increased demand at remaining pharmacies.
82	Pharmacy Technician		Support	Mandatory breaks are a good start but there is no reason to be open a full 12 hours. The 30 minute lunch break isn't really enough time to fully eat and rest. Upon opening back up we usually get bombarded with angry people. Pick up counter and drive through typically have several people waiting, while the phone lines are ringing off the hook. Retail pharmacy is causing people to quit with all the demands placed on staff.
83	Pharmacist		Support	Maybe address unhealthy working conditions. For example, many stores require standing only for work. No sitting. It's bad for your body and also for morale to work in pain. There is no reason we shouldn't be able to rest our body as long as the work doesn't suffer (and it doesn't) Aldi cashiers get to sit and they are also paid more than most techs in this state. I've never heard a complaint about it. So why aren't we, professionals, allowed to be comfortable and human?
84	Pharmacy Technician		Support	
85	Pharmacist		Support	
86	Pharmacy Technician		Support	
87	Pharmacist		Support	Quotas take away from being able to properly perform the standard functions of a pharmacist by forcing the pharmacists to rush through the filling process in order to make cold calls to meet said quotas
88	Pharmacist		Support	
89	Pharmacist		Support	This is way overdue. Thank you
90	Pharmacist		Support	
91	Pharmacist		Support	I fully support this rule and appreciate the long overdue help from the BOP to help us make sure we are practicing safely.

	A	B	C	D
92	Pharmacist		Support	I am a licensed pharmacist in the State of Ohio, license 02322517. Overall, the new rule changes are a very welcome action by the Board; please do not allow large chain retailers to soften the impact of these new changes. Specifically related to rule 11 "Not establish any productivity or production quotas relating to the provision of ancillary services..." there needs to be specific language preventing such quotas or ancillary services from being used to affect pharmacy staff compensation, whether base pay, yearly performance raises, or bonus/incentive calculation. This strikes at the heart of what the board is trying to do to prevent these kinds of ancillary services from directly affecting patient access to medication and preventing staff fatigue/reducing medication errors.
93	Pharmacy Technician		Support	
94	Pharmacist		Oppose	This rule is weak sauce and does not go far enough. there should be limits to the number of prescriptions a pharmacist can fill in a day and also the number of technicians provided should be regulated as well. Many pharmacists work without enough staff and are expected to verify 50 or more prescriptions an hour. This is unsafe
95	Pharmacist		Oppose	The ambiguity of these rules is further proof of how toothless the board of pharmacy truly is. This benefits neither pharmacist nor patients and shows the priorities of the board lie with keeping the cooperations happy.

	A	B	C	D
96	Pharmacist		Oppose	I would move to strike section 11. It is not reasonable for the state board of pharmacy to incorporate into the administrative code the inability for the employer to establish productivity metrics for staff. "Ancillary services" are those services performed by pharmacy personnel that are not directly involved in the dispensation of dangerous drugs as set forth in this chapter of the Revised Code. Examples of such services include, but are not limited to, immunizations, medication therapy management, disease state management, and refill reminders. There are some pharmacy staff members whose sole job is ancillary task work. By reading the rule, any productivity metrics for these caregivers would be forbidden. (11) Not establish any productivity or production quotas relating to the provision of ancillary services; (a) For purposes of this rule, "quota" means a fixed number or formula related to the duties of pharmacy personnel, against which the pharmacy or its agent measures or evaluates the number of times either an individual performs tasks or provides services while on duty. (b) For purposes of this rule, "quota" does not mean any of the following: (i) A measurement of the revenue earned by a pharmacy not calculated in relation to, or measured by, the tasks performed, or services provided by pharmacy personnel. (ii) Any evaluation or measurement of the competence, performance, or quality of care provided to patients of pharmacy personnel if the evaluation does not use quotas. (iii) Any performance metric required by state or federal regulators. William Kupka, PharmD
97	Pharmacist		Oppose	The threshold for Rule 13 C should be raised from 12. We have low enough volume to have lunch breaks already while supervising technicians but would not be able to due to being above the threshold of being owned by a company with 12 or more stores. This arbitrary number should be increased or allow both 13-C-1 and 13-C-2 the option to not close but to allow pharmacy personnel to continue to perform tasks while the pharmacist is in the pharmacy. Closing for 30 minutes would have an unnecessary and negative impact on our business.
98	Pharmacist		Oppose	"The Board did not include a prohibition on quotas related to the volume of prescriptions dispensed" By not doing so, the Board is allowing detrimental activities to continue as chain pharmacies abuse staffing levels and require herculean volume metrics out of their pharmacists. Most chains have designed their systems to make cuts to staffing to "become more efficient" when those cuts simply become unfeasible. The boards lack of ruling undermines the entire effort.
99	Pharmacist		Oppose	I oppose the portion of the proposed rule that limits a pharmacist to only working a twelve-hour shift. Many of us are accustomed to working a thirteen-hour shift and see no need to implement this change. It should be left up to the pharmacist to decide if they are comfortable working a long shift or not. Putting a cap on working hours will further restrict public access to pharmacies.

	A	B	C	D
100	Pharmacist		Oppose	If this rule is to establish the minimum standards for both occupational and public safety, can you clarify why number of sites has bearing on the standards? An outpatient pharmacy is an outpatient pharmacy to the pharmacist working within and especially to the patient obtaining care from the pharmacy. What evidence shows that an independent outpatient pharmacy is inherently safe and thus should be exempt from certain standards? Minimum standards, if necessary to preserve occupational and public safety, should be equitable. Please clarify in the rule language that data and discussions of data are not quotas. Businesses of all types and medical practices of all types rely on data to ensure quality patient care and drive continual quality improvement. The rule is not clear that data regarding immunizations and other clinical services are able to be discussed without being at risk for perception as a quota. Lastly, if such prohibition on quotas is deemed necessary, may the board share what evidence was used that shows both occupational and public safety benefit?
101	Pharmacist		Oppose	All the proposed rules must also be applied to inpatient/hospital pharmacies as well.
102	Pharmacist		Oppose	-This is a step in the right direction but the wording needs updated. Why is the focus on outpatient only? Strike that word and change to "pharmacies" in general. Idk what lobbying the institutions did but that's odd considering the safety and burnout was high for that setting too. -Why is the definition of independent pharmacies 11 or less owned stores? That's a lot of businesses. Independent pharmacies should be 1 max. Any more and you should NOT be exempt from this rule as described in the rule. Also what's to stop the big chains from creating shell corporations of 10 pharmacies each to avoid being labeled as a "chain"? -Define what "adequate staffing" means. Otherwise it will be left much up to interpretation and too subjective. The more subjectivity, the higher likelihood that the big chains and big hospital systems will use legal loopholes to skirt the rules. -I am disappointed that this doesn't prohibit the use of quotas on prescription volume. Without addressing this issue, I'm sorry to say that this bill and countless hours of a multi-year task force funded by taxpayers will have been wasted on a half measure. We aren't asking that you limit how many prescriptions a pharmacy can dispense but rather prohibit them from enacting quotas for that task. That is one of the largest sources of abuse in retail pharmacy; management will continue to set unrealistic quotas for prescription volume for techs and pharmacists. There shouldn't be a quota on safety related items. The aspects of quotas and safety cannot coexist without explicit measurable definitions on their meanings and restrictions. The survey is a scathing report on the status of pharmacy work environments and this bill largely falls short of fixing the real problems. Have you noticed Walgreens not being able to hire pharmacists even with a 75k sign on bonus lol? That says a lot. There isn't a shortage of pharmacists. There's a shortage of pharmacists willing to work in bad work environments.

	A	B	C	D
103	Pharmacy Technician		Oppose	I believe that ancillary pharmacy service quotas are unnecessary and do not contribute to better patient care. However, I do not believe that regulating ancillary pharmacy service quotas is the answer. Instead, the Board should consider delegating responsibilities to Certified Pharmacy Technicians (CPhTs), who are capable of providing a wide range of services. CPhTs have proven themselves to be invaluable members of the healthcare team, particularly during the COVID-19 pandemic, where they played a critical role in administering vaccines. With additional training, CPhTs could perform tech-check-tech on non-controlled refills, freeing up pharmacists to spend more time on data review and patient care. This would help to alleviate the workload of pharmacists, reducing the likelihood of burnout and turnover and ultimately improving patient care. Unfortunately, I believe that the Ohio Pharmacists Association's negative view of pharmacy technicians is preventing pharmacists from receiving the relief they need. The Association's demeaning attitude towards pharmacy technicians has led to a lack of investment in technician training and development, preventing them from performing more advanced tasks and contributing more fully to patient care. This lack of investment has also contributed to high turnover rates among technicians, further exacerbating pharmacist workload.
104	Pharmacy Technician		Oppose	As a pharmacy technician, I strongly believe that decisions regarding my lunch breaks should be made between me and my employer, rather than being mandated by the State Board of Pharmacy. While I appreciate the Board's concern for the wellbeing of pharmacy personnel, I feel that this regulation is an unnecessary intrusion into the daily operations of pharmacies. As a professional in the field, I am well aware of the importance of taking breaks and staying properly nourished and hydrated during a long workday. However, I also understand that every pharmacy operates differently, and what may work for one may not work for another. It is crucial that the decision on when and how long to take lunch breaks is made on a case-by-case basis between the employer and the employee. Additionally, I believe that imposing such regulations on lunch breaks will only create additional administrative burdens for both the Board and the pharmacies. Compliance with this regulation may require additional paperwork and tracking of break times, which could ultimately take away from the time that could be spent on patient care.
105	Pharmacist		Oppose	Rule #5: Maintain a stock of drugs sufficient to compound and prepare the types of prescriptions offered by the pharmacy It is nearly impossible with the current manufacture's shortages. How am I to maintain an adequate stock of medications that are on national back-order?

	A	B	C	D
106	Pharmacist		Interested Party	As a pharmacist who has had experience with scheduling technician help according to a company algorithm that calculates payroll demand, a situation that concerns me the most that is not adequately addressed by the proposed rule is when a chain pharmacy deems that a single pharmacist on duty is sufficient to maintain pharmacy operations during certain times of the workday. Not only is it important to ensure enough staff is scheduled to ensure a high level of patient safety while the pharmacist performs their clinical duties, but it is also important to consider the safety of the employees themselves. Over the past 6 years working as a technician, then intern, then pharmacist, I have witnessed pharmacies being targets of drug diversion as well as violent crime. Thankfully, no such incident ever happened to me while I was alone, however, there have been plenty of instances where I or another pharmacist had to be scheduled to work by themselves at night due to payroll hours needing allotted during the busiest times of the day to ensure operational standards are being met. The majority of the pharmacies that I have worked in require me to turn my back from the pharmacy counter to, for example, tend to the drive-thru. Every time that I needed to tend to the drive-thru window while working by myself was an opportunity for a potential armed robber to jump the counter and steal controlled substances from the shelves. Furthermore, I was unable to walk customers toward certain OTC products or take a quick bathroom break unless an employee from a different department was willing to guard the counter while I was gone. To ensure that both patient and pharmacy personnel safety standards are met, I would be willing to change my position on the proposed rule from "interested" to "support" if a provision is added that ensured that an outpatient pharmacist would not be required to work alone. There has been a precedent established for such a provision. In 2018, the California state legislature and governor approved SB 1442, which ensures that except for certain stipulations a community pharmacy "shall not require a pharmacist employee to engage in the practice of pharmacy at any time the pharmacy is open to the public, unless either another employee of the pharmacy or, if the pharmacy is located within another establishment, an employee of the establishment within which the pharmacy is located, is made available to assist the pharmacist at all times." A provision such as this would further enable pharmacists to provide a higher level of customer service and care while mitigating certain safety risks to pharmacies and the personnel staffing them.
107	Pharmacist		Interested Party	It's a great initiative! This would definitely add respect and dignity to the profession and make it a safer work environment for the pharmacy worker as well as patient. However I wish this break was paid for… that is it should be a paid break.
108	Pharmacist		Interested Party	It still seems that companies will be able to say you must do x number of vaccines (or whatever) to receive a positive designation on a yearly review.

	A	B	C	D
109	Pharmacy Technician		Interested Party	
110	Pharmacist		Interested Party	This comment is related to improving the pharmacist's workflow in a retail setting: Refills should be able to be checked and approved by 2 Certified Pharmacy Technicians. The benefits to this would be many. Thank you for your consideration.
111	Pharmacist		Interested Party	My question would be how would immunizations then be handled? Currently pharmacists are running in and out of pharmacy at the demand of all types of immunizations that can be scheduled or walk in appointments. Pulling pharmacist from their main role of dispensing. Would there be designated immunization times with dedicated staff to only immunize?
112	Pharmacist		Interested Party	The one part I don't like is limiting the hours to 12 . I like the 13 hours as that gives time to catch up early in the morning from 8 to 9 am before patients starts to pick up more at 9 am. The last couple hours in the evening gives the team time to finish what is due and restock and clean. Plus do all the outdated and other inventory management. Some chains lowered their opening hours but the team still have to do everything in shorter amount of time so it's more stressful.
113	Pharmacist		Interested Party	
114	Pharmacist		Interested Party	Max days in a row that are required to be worked with the option of volunteering for additional days
115	Pharmacist		Interested Party	The use of the word "sufficient" in both B(1) and (2) is too vague in my opinion. Leaves too much room for the chains to make their own definition of "sufficient" which whey have proven incapable of doing. More clarity/spelled out minimums/etc is needed in these areas or the whole issue of staffing might as well not be addressed at all.
116	Pharmacist		Interested Party	Ensure sufficient personnel are scheduled to work at all times in order to prevent fatigue, distraction, or other conditions which interfere with a pharmacist's ability to practice with reasonable competence and safety. Staffing levels shall not be solely based on prescription volume but shall consider any other requirements of pharmacy staff during working hours. How will the BOARD ensure a reporting pharmacist concerns are addressed and penalties for employer retaliation for reporting a violation?
117	Other (please specify)	Sr Vice President of Pharmacy with RPh credentials	Interested Party	This looks great, however, letting a pharmacist volunteer for more than 12hours seems like a poor idea. Unless this can just be left out and assumed, it will be taken advantage of by employers and the pharmacist will continue to be placed in a position of danger.

	A	B	C	D
118	Pharmacist		Interested Party	This rule has several aspects that are admirable in its proposed result. However, this will all be for naught because of several factors. Until and unless all pharmacists, especially in retail, are required to physically clock in/out to account for actual hours worked, the current practice of coming in earlier and staying later to catch up on the escalating workloads will continue unabated. This can be easily done, as is now with technicians required to be on the clock to get credentials. This practice skews the actual working conditions in the pharmacy and creates the impression that the staffing is commensurate to the workload, which we all know is unsustainable. (see OH State Board survey 2021). This is in large part due to the favorable (for employers) lax employment laws in the state of Ohio. No employer gets penalized for "voluntary" over-work and overtime does not need to be paid. Ever... Next whitewashed area is the retailers supposed lack of staff, which leads to shorter hours. The only penalized parties are, you guessed it, pharmacists who had hours cut, because that is the only way to cut their payroll and increase corporate profits. The workload did not change. The spin from the chains is that they cannot get enough pharmacists and technicians to work for them. That is partially correct, pharmacists and technicians are not willing to work for them, under the conditions that are imposed on the teams in the stores. There are other factors also contributing to the loss of personnel in pharmacies, mostly finding better paying jobs in other industries with less of the stress and guilt of working for an employer that does not care for your well-being and family. Until chain stores (especially) are legally forced by Pharmacy Boards and Labor Laws to change how they do business, and the scourge of PBM reimbursement is curtailed, I don't see that this well-meaning, but eventually pointless exercise will change anything at all. I have been a pharmacist for nearly 30 years, and I am truly worried for the future of our profession in the current climate.

	A	B	C	D
119	Pharmacist		Interested Party	This rule has several aspects that are admirable in its proposed result. However, this will all be for naught because of several factors. Until and unless all pharmacists, especially in retail, are required to physically clock in/out to account for actual hours worked, the current practice of coming in earlier and staying later to catch up on the escalating workloads will continue unabated. This can be easily done, as is now with technicians required to be on the clock to get credentials. This practice skews the actual working conditions in the pharmacy and creates the impression that the staffing is commensurate to the workload, which we all know is unsustainable. (see OH State Board survey 2021). This is in large part due to the favorable (for employers) lax employment laws in the state of Ohio. No employer gets penalized for "voluntary" over-work and overtime does not need to be paid. Ever... Next whitewashed area is the retailers supposed lack of staff, which leads to shorter hours. The only penalized parties are, you guessed it, pharmacists who had hours cut, because that is the only way to cut their payroll and increase corporate profits. The workload did not change. The spin from the chains is that they cannot get enough pharmacists and technicians to work for them. That is partially correct, pharmacists and technicians are not willing to work for them, under the conditions that are imposed on the teams in the stores. There are other factors also contributing to the loss of personnel in pharmacies, mostly finding better paying jobs in other industries with less of the stress and guilt of working for an employer that does not care for your well-being and family. Until chain stores (especially) are legally forced by Pharmacy Boards and Labor Laws to change how they do business, and the scourge of PBM reimbursement is curtailed, I don't see that this well-meaning, but eventually pointless exercise will change anything at all. I have been a pharmacist for nearly 30 years, and I am truly worried for the future of our profession in the current climate.

4729:5-5-02 – Minimum Standards for the Operation of an Outpatient Pharmacy (RESCIND CURRENT RULE AND FILE NEW)

(A) As used in this rule,

(1) "Pharmacy personnel" means any of the following who are licensed or registered in accordance with Chapter 4729. of the Revised Code:

(a) Pharmacist;

(b) Pharmacy intern;

(c) Certified pharmacy technician;

(d) Registered pharmacy technician;

(e) Pharmacy technician trainee.

(2) "Ancillary services" are those services performed by pharmacy personnel that are not directly involved in the dispensation of dangerous drugs as set forth in this chapter of the Revised Code. Examples of such services include, but are not limited to, immunizations, medication therapy management, disease state management, and refill reminders.

(B) In accordance with division (D) of section 4729.55 of the Revised Code, an outpatient pharmacy licensed as a terminal distributor of dangerous drugs shall:

(1) Ensure sufficient personnel are scheduled to work at all times in order to prevent fatigue, distraction, or other conditions which interfere with a pharmacist's ability to practice with reasonable competence and safety. Staffing levels shall not be solely based on prescription volume but shall consider any other requirements of pharmacy staff during working hours. An employee of a pharmacy shall be identified by a name tag that includes the employee's job title.

(2) Provide sufficient tools and equipment in good repair and minimize excessive distractions to support a safe workflow for a pharmacist to practice with reasonable competence and safety to address patient needs in a timely manner. All tools and equipment shall be housed in a suitable, well-lit, and well-ventilated room or department and maintained in a clean, sanitary, and orderly condition.

(3) Provide pharmacy staff with access to the following:

(a) All current federal and state laws, regulations, and rules governing the practice of pharmacy and legal distribution of drugs in Ohio, including internet access to:

(i) The board's website (www.pharmacy.ohio.gov);

(ii) LAWriter Ohio laws and rules (http://codes.ohio.gov/);

Commented [DK1]: Are these individuals licensed or registered?

Commented [DK2]: There are a number of these subjective terms used - will be interesting to see how various companies decide to interpret them.

Commented [DK3]: This really doesn't fit here - suggest eliminating or creating a separate section.

Commented [DK4]: These are 2 distinct issues - need to be separated with each having their own description. Most of this info here pertains to the tools and equipment issue.

Commented [DK5]: See above comment re this term

(iii) The code of laws of the United States of America (variously abbreviated to Code of Laws of the United States, United States Code, U.S. Code, U.S.C., or USC); and

(iv) The code of federal regulations.

(b) References necessary to conduct a pharmacy in a manner that is in the best interests of the patients served; and, to comply with all state and federal laws, this shall include hard copy or internet access to appropriate pharmacy reference materials.

(c) The telephone number of a poison control center.

(4) Ensure staff are sufficiently trained to safely and adequately perform their assigned duties.

Commented [DK6]: Another very subjective term that, I assume, each organization will interpret differently

(5) Maintain a stock of drugs sufficient to compound and prepare the types of prescriptions offered by the pharmacy.

(6) Maintain a stock of prescription containers necessary to dispense drugs in accordance with federal and state laws, including the provisions of the federal Poison Prevention Act of 1970 and compendial standards, or as recommended by the manufacturer or distributor for non-compendial drug products.

(7) Ensure all areas where drugs and devices are stored and prepared are dry, well-lit, well-ventilated, and maintained in a clean, sanitary, and orderly condition. Storage areas shall be maintained at temperatures and conditions which will ensure the integrity of the drugs prior to their dispensing or administering as stipulated by the USP/NF and/or the manufacturer's or distributor's labeling.

(8) For outpatient pharmacies open to the public, publicly post the operating hours of the pharmacy department.

(9) Provide adequate security for all dangerous drugs in accordance with the requirements of agency 4729 of the Administrative Code. A pharmacy shall maintain the current contact information for the pharmacy's security system vendor and shall immediately provide this information upon the request of an agent, inspector, or employee of the board.

Commented [DK7]: ??? Is this supposed to be Chapter 4729?

(10) Provide adequate time for a pharmacist to complete professional duties and responsibilities, including:

Commented [DK8]: Another subjective term; various interpretations of this could be VERY significant

(a) Drug utilization review;

(b) Immunization;

(c) Patient counseling;

(d) Dispensing of prescriptions;

(e) Patient testing; and

(f) All other duties of a pharmacist as authorized by Chapter 4729. of the Revised Code.

Commented [DK9]: I haven't verified, but I am assuming someone has verified the proper referencing of Chapter 4729 of the Revised Code and 4729 of the Administrative Code - this needs to be accurate, obviously.

(11) Not establish any productivity or production quotas relating to the provision of ancillary services;

(a) For purposes of this rule, “quota” means a fixed number or formula related to the duties of pharmacy personnel, against which the pharmacy or its agent measures or evaluates the number of times either an individual performs tasks or provides services while on duty.

(b) For purposes of this rule, “quota” does not mean any of the following:

(i) A measurement of the revenue earned by a pharmacy not calculated in relation to, or measured by, the tasks performed, or services provided by pharmacy personnel.

(ii) Any evaluation or measurement of the competence, performance, or quality of care provided to patients of pharmacy personnel if the evaluation does not use quotas.

(iii) Any performance metric required by state or federal regulators.

(12) Except in an emergency that would endanger the health and safety of patients, an outpatient pharmacy licensed as a terminal distributor of dangerous drugs shall not require pharmacy personnel to work longer than twelve continuous hours in any workday and shall allow at least eight hours of off time between consecutive shifts. A pharmacist may, however, volunteer to work longer than twelve continuous hours.

(13) Provide for rest periods and meal breaks in accordance with paragraph (C) of this rule.

(C) Pharmacy personnel working longer than six continuous hours shall be allowed to take a thirty-minute break. Breaks, including uninterrupted rest periods and meal breaks, shall be provided as follows:

(1) For an outpatient pharmacy licensed as a terminal distributor of dangerous drugs that is owned or operated by a company with twelve or more outpatient pharmacies operating in this state, either:

(a) The outpatient pharmacy shall close for the required thirty-minute break. The pharmacy shall implement a regular break schedule and communicate the break schedule to customers wherever pharmacy hours are publicly posted or communicated.

(b) The outpatient pharmacy shall not be required to close for rest periods and meal breaks in accordance with paragraph (C)(1)(a) of this rule if there is more than one pharmacist working at the pharmacy that can provide coverage.

(2) For an outpatient pharmacy licensed as a terminal distributor of dangerous drugs that is owned or operated by a company with eleven or fewer outpatient pharmacies operating in this state:

(a) A pharmacy may close when a pharmacist is on break based on the professional judgment of the pharmacist on duty;

(b) If a pharmacy does not close while the pharmacist is on break, the pharmacist must ensure adequate security of drugs by taking their break within the pharmacy or on the premises. The pharmacist on duty

Commented [DK10]: This is VERY confusing - what are they trying to say here?

Commented [DK11]: Do we provide 'competence of care' to patients? Or 'performance of care'? Suggest rewording, or just eliminating everything but 'quality of care'.

Commented [DK12]: Wording in this section is very inconsistent and confusing - there's this general wording, then below there is 'uninterrupted rest periods and meal breaks', and 'thirty minute uninterrupted rest period and meal break', 'thirty-minute break', then what's in C. Need to have consistent terminology throughout.

Commented [DK13]: Uninterrupted? What's the difference between a 'break' and a 'rest period' and a 'meal break'? See earlier comment - inconsistent wording is an issue.

Commented [DK14]: Where did this number come from? Seems random, and unnecessary.

Commented [DK15]: See above regarding terminology

Commented [DK16]: Is it 'customers' or 'patients' or 'persons'? Seems like these terms are used interchangeably - should they?

Commented [DK17]: See above

Commented [DK18]: It's possible that the other pharmacist CAN provide coverage, but what if both pharmacists want to take their uninterrupted break, or whatever it's going to be called, at the same time? Will the pharmacists be able to convince their manager that this needs to happen, to prevent keeping the pharmacy open the entire 12-14 hours? Doubt it...

Commented [DK19]: Again, very curious where these numbers came from (11, 12). Seems random

must determine if pharmacy personnel may continue to perform duties and if the pharmacist is able to provide adequate supervision.

(c) If the pharmacy remains open, only prescriptions dispensed by a pharmacist pursuant to this chapter of the Administrative Code may be sold when the pharmacist is on break. An offer to counsel any person picking up a prescription shall be made pursuant rule 4729:5-5-09 of the Administrative Code. Persons who request to speak to the pharmacist shall be told that the pharmacist is on break and that they may wait to speak with the pharmacist or provide a telephone number for the pharmacist to contact them upon returning from break. Pharmacists returning from break shall immediately attempt to contact persons who requested counseling.

(d) In lieu of meeting the requirements of paragraph (C)(2) of this rule, a pharmacy licensed as a terminal distributor of dangerous drugs that is owned or operated by a company with eleven or fewer outpatient pharmacies operating in this state may comply with the requirements of paragraph (C)(1) of this rule.

(3) The requirements of paragraph (C) of this rule do not apply to outpatient pharmacies that are not open to the public. An outpatient pharmacy that is not open to the public shall still be required to allow pharmacy personnel working longer than six continuous hours to take a thirty-minute uninterrupted rest period and meal break.

(D) An outpatient pharmacy licensed as a terminal distributor of dangerous drugs shall not override the control of the pharmacist on duty regarding aspects of the practice of pharmacy and duties of pharmacy personnel.

(1) Except as provided for in paragraph (D)(2) of this rule, a pharmacy shall develop and implement an organizational policy that permits a pharmacist to do all the following:

(a) Limit the provision of ancillary services if, in the pharmacist's professional judgment, the provision of such services cannot be safely provided or may negatively impact patient access to medications; and

(b) Limit pharmacy access points, if, in the pharmacist's professional judgment, limiting such access points will prevent fatigue, distraction, or other conditions which interfere with a pharmacist's ability to practice with reasonable competence and safety.

(2) In the absence of an organizational policy in paragraph (D)(1), an outpatient pharmacy shall not override the control of the pharmacist on duty as follows:

(a) A pharmacist's decision not to administer or supervise immunizations or provide other ancillary services if, in the pharmacist's professional judgment, the provision of such services cannot be provided safely or may negatively impact patient access to medications. The pharmacy shall offer to make an appointment for the patient or may refer the patient to another location offering immunizations.

Commented [DK20]: If you have the 'and' need to make (b) and (c) all one section.

Deleted: ; and

Commented [DK21]: Is this the correct term? Should it be 'only prescriptions that have been verified by the pharmacist and are ready for dispensing, pursuant to this chapter of…"?

Deleted: filling

Deleted: offered

Commented [DK22]: This seems unreasonable; I'd think the following makes more sense, considering there may be other urgent issues to address when returning from break: "...from break shall, within a reasonable amount of time, attempt to contact persons who requested counseling."

Commented [DK23]: See earlier comments

Commented [DK24]: See earlier comments about terminology

Commented [DK25]: How can a 'pharmacy' 'override'? This doesn't make any sense? Management can override, but no object can override.

Commented [DK26]: Is this really the 'pharmacist on duty', as described earlier? Seems like the core of this policy is designed to better empower the pharmacist who's working, or the one 'on duty' - again suggest consistent terminology throughout this document, wherever possible.

Commented [DK27]: See previous comment

Commented [DK28]: See earlier comment

(b) A pharmacist's decision to limit pharmacy access points if, in the pharmacist's professional judgment, limiting such access points will prevent fatigue, distraction, or other conditions which interfere with a pharmacist's ability to practice with reasonable competence and safety. Such limitations shall not interfere with a patient's ability to drop off or receive dispensed prescriptions during the pharmacy's posted hours of operation.

(3) Organizational policies developed in accordance with paragraph (D)(1) of this rule shall be maintained in the pharmacy for three years for immediate inspection by an agent, inspector, or employee of the board.

(E) Staffing requests or concerns shall be communicated by the responsible person or pharmacist on duty to the terminal distributor using a form or reporting system developed by the board and accessible via the board's website (www.pharmacy.ohio.gov).

(1) Executed staffing forms or reports shall be provided to the immediate supervisor of the responsible person or pharmacist on duty, with one copy maintained in the pharmacy for three years for immediate inspection by an agent, inspector, or employee of the board.

(2) The responsible person or pharmacist on duty shall report any staffing issues directly to the board if the responsible person or pharmacist on duty believes the situation warrants immediate board review.

(F) Outpatient pharmacies licensed as terminal distributors of dangerous drugs shall review completed staffing reports and shall:

(1) Respond to the reporting staff member to acknowledge receipt of the staffing request or concern;

(2) Resolve any issues listed in a timely manner to ensure a safe working environment for pharmacy staff and appropriate medication access for patients;

(3) Document any corrective action taken, steps taken toward corrective action as of the time of inspection, or justification for inaction, which documentation shall be maintained on-site for a period of three years for immediate inspection by an agent, inspector, or employee of the board; and

(4) Communicate corrective action taken or justification for inaction to the responsible person or reporting pharmacist.

(G) Under no circumstances shall a good faith report of staffing concerns by the responsible person or pharmacist on duty, notification of such issues by pharmacy personnel to the responsible person or pharmacist on duty, or any other pharmacy personnel compliance with this rule, result in workplace discipline against the reporting staff member.

Commented [DK29]: Aren't these distinctly different? Shouldn't they be addressed separately?

Commented [DK30]: See earlier comment re consistent terminology

Commented [DK31]: Is this the appropriate 'chain of command'?

Commented [DK32]: Why is the State Board dictating this? The latter half fine, but this? Ridiculous

Commented [DK33]: I'm sorry, but as I mentioned above, THINGS like pharmacies can't do this, people have to.

Commented [DK34]: I'm having a difficult time with the Board getting into the weeds with all these staffing issues. When concerns have the potential to affect pt care and safety, yes. But to dictate and require staffing request info seems ridiculous.

Cleveland Clinic

Sam Calabrese
Chief Pharmacy Officer

May 2, 2023

Cameron McNamee
State of Ohio Board of Pharmacy
77 South High Street, 17th Floor
Columbus, OH 43215

RE: 4729:5-5-02 -Minimum Standards for the Operation of an Outpatient Pharmacy

Submitted via: Cameron.mcnamee@pharmacy.ohio.gov, RuleComments@pharmacy.ohio.gov, CSIPublicComments@governor.ohio.gov

Dear Cameron:

Cleveland Clinic is a not-for-profit, integrated healthcare system dedicated to patient-centered care, teaching and research. With a footprint in Northeast Ohio, Florida and Nevada, Cleveland Clinic Health System operates 19 hospitals with more than 6,400 staffed beds, 21 outpatient Family Health Centers, 11 outpatient surgery locations and numerous physician offices. Cleveland Clinic employs over 5,000 physicians and scientists. Last year, our system cared for 2.9 million unique patients, including 10.2 million outpatient visits and 304,000 hospital admissions and observations. The following are the comments of Cleveland Clinic in response to the above-captioned proposed rule.

Proposed Language 4729:5-02(B)(1)
Ensure sufficient personnel are scheduled to work at all times in order to prevent fatigue, distraction, or other conditions which interfere with a pharmacist's ability to practice with reasonable competence and safety. Staffing levels shall not be solely based on prescription volume but shall consider any other requirements of pharmacy staff during working hours. An employee of a pharmacy shall be identified by a name tag that includes the employee's job title.

Cleveland Clinic Comments
We are concerned with the inclusion of the "fatigue and distraction." Adequate staffing should not be based on preventing fatigue or distraction but rather providing the highest quality care to patients. Both fatigue and distraction can exist even with adequate staffing. In addition, fatigue and distraction can be very subjective.

Consistent with these comments, we suggest the Pharmacy Board adopt the following language. "Ensure sufficient personnel are scheduled to work at all times in order to prevent ~~fatigue, distraction, or other~~ conditions which interfere with a pharmacist's ability to practice with reasonable competence and safety.

Proposed Language 4729:5-02(B)(12)
Except in an emergency that would endanger the health and safety of patients, an outpatient pharmacy licensed as a terminal distributor of dangerous drugs shall not require pharmacy personnel to work

longer than twelve continuous hours in any workday and shall allow at least eight hours of off time between consecutive shifts. A pharmacist may, however, volunteer to work longer than twelve continuous hours.

Cleveland Clinic Comments
In the beginning of this rule, it states that a terminal distributor of dangerous drugs shall not require pharmacy personnel to work longer than 12 hours. Later in the rule it allows for a pharmacist to volunteer to work longer hours. Thus, we believe that if a pharmacy technician would like to volunteer to work longer than 12 hours, they should be afforded the same consideration. If this is not changed, in the event of call-off, or other emergent situation, pharmacy technicians would not be allowed to volunteer to cover a shift that may exceed 12 hours.

Consistent with these comments, we suggest the agency instead adopt the following language:
Except in an emergency that would endanger the health and safety of patients, an outpatient pharmacy licensed as a terminal distributor of dangerous drugs shall not require pharmacy personnel to work longer than twelve continuous hours in any workday and shall allow at least eight hours of off time between consecutive shifts. ~~A pharmacist~~ Pharmacy personnel may, however, volunteer to work longer than twelve continuous hours.

Proposed Language 4729:5-02(E)(2)(b)
A pharmacist's decision to limit pharmacy access points if, in the pharmacist's professional judgment, limiting such access points will prevent fatigue, distraction, or other conditions which interfere with a pharmacist's ability to practice with reasonable competence and safety. Such limitations shall not interfere with a patient's ability to drop off or receive dispensed prescriptions during the pharmacy's posted hours of operation.

Cleveland Clinic Comments
We believe that it should be left up to the pharmacist to determine which access points should be closed to maintain safety. Additionally, similar to the comment above in (B)(1), we believe the terms "fatigue and distraction" should be deleted from this section.

Consistent with these comments, we suggest the agency instead adopt the following language:
A pharmacist's decision to limit pharmacy access points if, in the pharmacist's professional judgment, limiting such access points will prevent ~~fatigue, distraction, or other~~ conditions which interfere with a pharmacist's ability to practice with reasonable competence and safety. ~~Such limitations shall not interfere with a patient's ability to drop off or receive dispensed prescriptions during the pharmacy's posted hours of operation.~~

Thank you for conducting a thoughtful process that allows us to provide input on such important issues. Should you need any further information, please don't hesitate to contact me.

Sincerely,

Sam Calabrese, RPh, MBA, FASHP
Chief Pharmacy Officer

CVS Health

John Long
Director Regulatory Affairs, CVS Health

One CVS Drive
Woonsocket, RI 02895

p 614-572-9008
f 614-766-6957

john.long@cvshealth.com

VIA ELECTRONIC MAIL

April 30, 2023

Cameron McNamee
Director Policy and Communications
The State of Ohio Board of Pharmacy
77 South High Street
Columbus, OH 43215
Cameron.McNamee@pharmacy.ohio.gov

Re: Comment proposed rule 4729:5-5-02 – Establishes minimum standards in an outpatient pharmacy

Mr. McNamee,

I am writing to you in my capacity as Pharmacy Regulatory Affairs Director for CVS Health and its family of pharmacies located across the country. CVS Health appreciates the opportunity to submit comments on the State of Ohio Board of Pharmacy ("Board") proposed rule 4729:5-5-02, which establishes minimum standards in an outpatient pharmacy, and would like to thank the Board for their constant vigilance to continuously improve regulations that enhance patient care and guide the practice of pharmacy in Ohio.

While CVS Health fully supports the creation of a professional work environment for all pharmacy personnel in our pharmacy practice settings throughout Ohio, we do not agree with the amendment of this new State of Ohio Board of Pharmacy rule. Metrics are a tool that helps measure the impact on patient care and the healthy operations of a business. Rest breaks should be used based on the needs of the personnel and operation and not dictated by the number of pharmacies owned by an organization. In addition, the Responsible Pharmacist should work with the pharmacy management in deciding how to best handle a pharmacy workflow.

In today's healthcare market, pharmacy has established a stronghold as a center to patient care. This can be seen throughout Ohio pharmacies in the increasing number of immunizations administered, prescriptions dispensed, patient counseling sessions provided, and patient tests performed. The way

patients interact and engage with pharmacy businesses has changed dramatically in recent years to meet patient expectations. Local pharmacies are a cornerstone of the community. Currently 90% of Americans live within five miles of a retail pharmacy.

CVS Health requests that the Board repeal this proposal and continue dialogue with industry stakeholders because 1) the proposed rule exceeds the scope of the Ohio Board of Pharmacy's statutory authority, 2) the Ohio Board of Pharmacy has failed to prepare a complete and accurate fiscal analysis of the proposed rule, and 3) the Ohio Board of Pharmacy has failed to demonstrate through the business impact analysis that the regulatory intent of the proposed rule justifies its adverse impact on businesses in this state.

The Ohio State Board of Pharmacy does not have the statutory authority to promulgate these rules. R.C. § 119.01(C) clearly defines a "Rule" to mean any rule, regulation, or standard, having a general and uniform operation, adopted, promulgated, and enforced by any agency **under the authority of the laws governing such agency**. The laws governing the Ohio State Board of Pharmacy are found in Chapter 4729 of the Ohio Revised Code, which unequivocally states under R.C. § 4729.26 that the state board of pharmacy may adopt rules in accordance with Chapter 119. of the Revised Code, not inconsistent with the law, as may be necessary to carry out the purposes of and to **enforce the provisions of this chapter**. Nowhere in Chapter 4729 does the Ohio Legislature contemplate the Ohio State Board of Pharmacy having the authority to **regulate the business practices** of entities engaged in the practice of pharmacy, which effect how said businesses optimize the delivery of pharmaceutical care.

In fact, the various sections of Chapter 4729 have a consistent theme…to protect the public and to promote the public health. The proposed regulations do not purport to do either. Specifically, the Board is relying on surveys, with no statistical significance and filled with opinion, as a basis for rulemaking. The Board has failed to show the public true data and evidence to support the necessity of these regulations in fulfilling the Board's mandate under Chapter 4729. As stated in the Common Sense Initiative Business Impact Analysis Section Development of the Regulation "Scientific data was not used to develop or review this rule. However, surveys were used to gauge pharmacist working conditions." Utilizing this survey methodology to reach the conclusion that onerous overregulation, which will impact pharmacy businesses, was required is by its very nature a failure to demonstrate that the regulatory intent of the proposed rule justifies its adverse impact on businesses in this state. The body of this letter will further demonstrate the negative impacts to pharmacy licensees.

The proposed rule is deceiving to the public in its representation and redefining of an objective business measure, which every business in the State of Ohio utilizes, as a quota. The Merriam-Webster Dictionary defines a quota to mean a proportional part or share, especially the share or proportion assigned to each in a division or to each member of a body. CVS Health pharmacies do not establish quotas. We do not require individuals to fill a certain number of prescriptions or provide a certain number of immunizations. CVS Health does however have business goals based on historical

utilization and demand from the public. What the Board proposes to do is put blinders on all pharmacy personnel by not providing any visibility into key business measures that would fully inform them as to whether the public is provided the full spectrum of pharmacy services within that pharmacy's capability. This provides a disservice to both the public and to the pharmacy personnel that deserve to know how well pharmaceutical care is being provided or what areas of opportunity are needed. Furthermore, this vague proposed language places licensees in a position whereby Board of Pharmacy inspectors interpret, apply and enforce the regulatory language in a subjective, ambiguous, arbitrary and uneven manner.

Phrases in the rule such as "minimize excessive distractions", "provide adequate time", .and "ensure sufficient personnel are scheduled to work at all times in order to prevent fatigue" are subjective and will not be applied equally amongst those persons being regulated. Two pharmacies, each with the same prescription volume, services and staff, may have two different perceptions on the level of staffing required to perform those services. Therefore, what may be viewed as insufficient personnel, excessive distractions and inadequate time for one pharmacy may be sufficient for the other pharmacies. The business impact analysis states that the proposed regulation is "written in plain language" that would have "minimal questions from licensees regarding the provisions of the rules". This is false on its face. The subjective nature of the proposed regulations would lead a licensee to question what is considered legal or illegal and the application of the same regulation would look different in every pharmacy.

When an agency may enforce a rule arbitrarily because of imprecise or subjective language, the rule may violate due process. Due process requires that a law or rule be sufficiently precise and definite to give fair warning to those who are subject to it what is allowed, prohibited and what is expected of them by the state. CVS Health does not believe that this proposed regulation meets this standard.

Furthermore, these proposed regulations create a scenario where a pharmacist may restrict services for **any** reason they see fit, which may create a scenario where services are restricted for unjustified reasons. This will inevitably impact patient access to pharmaceutical care and serve as a detriment to the public rather than a public safety measure, which is the primary charge of the Board of Pharmacy.

The proposed regulations provide different regulatory standards and treatment for Independent Pharmacies versus Chain Pharmacies, which is not just and is not supported by the Ohio Pharmacy Practice Act. The pharmacy law does not differentiate between a large chain or an independent pharmacy. CVS Health is in favor of providing meal breaks to pharmacy personnel. However, this

standard should be applied equally to all pharmacy licensee's rather than the Board of Pharmacy clearly demonstrating favoritism towards Independent Pharmacies.

The business impact analysis does not adequately provide the detailed analysis of the adverse impact to business that this new rule would have on the outpatient pharmacies located in Ohio or an adequate fiscal analysis. The adverse effect as described is an update to procedures, which may incur an administrative cost to pharmacies. This is not a complete and thorough fiscal analysis. The practical reality will be that pharmacists will utilize payroll in an inappropriate and unjustified manner. This could lead to impacts to pharmacy profitability that may inevitably close a pharmacy. Pharmacists may close access to certain services, which not only negatively impacts patients, but restricts sales to the pharmacy business. Furthermore, the Board of Pharmacy will enforce based on a vague and subjective standard, incurring administrative fines and discipline, which is unjustified. Lastly, the regulatory climate in Ohio may lead pharmacies to not want to do business in the state. All of these factors must be represented in the fiscal analysis and were not.

The proposed rules are contradictory in their meaning. On the one hand, the Board of Pharmacy purports to give the pharmacist on duty full control in all aspects of the practice of pharmacy. If the Board is defining the practice of pharmacy as the business of pharmacy, which is an improper application, then the pharmacist in charge is required to ensure that the appropriate number of staff is hired, onboarded, trained, and retained as pharmacy employees. Yet, the Ohio Board of pharmacy puts the onus on the permit holder to provide "adequate staffing". This application is confusing and demonstrates the fundamental flaws in the proposed regulation.

This proposed rule set forth by the Board creates a regulatory environment that is "anti-business" and creates a framework throughout Ohio that is unfriendly to the practice of pharmacy and not required in today's healthcare setting. CVS Health is concerned with the impact this will have to patient care and the message this will send to pharmacy personnel in all practice settings throughout the state. CVS Health pharmacies will continue to provide the highest quality of patient care in all our Ohio based pharmacy settings. As such, CVS Health requests that the Board repeal this proposal and continue dialogue with industry stakeholders as how to best address concerns by pharmacy personnel without the need for overregulation that will inevitably lead to unintended barriers in the execution of the business of pharmacy. The Board should stay focused on the regulation of the practice of pharmacy rather than the business of pharmacy, which was not intended by the Ohio Legislature.

We appreciate the opportunity to provide feedback to the State of Ohio Board of Pharmacy and as always thank you for your support. Please contact me directly at 614-572-9008 if you have any questions.

Best regards,

John Long RPh, MBA

CenterWell Pharmacy

May 5, 2023

Executive Director Steven W. Schierholt, Esq.
State of Ohio Board of Pharmacy
77 S High Street, 17th Floor
Columbus, OH 43215-6126

Submitted via email to RuleComments@pharmacy.ohio.gov

RE: Proposed Rule 4729:5-5-02 – Establishes minimum standards in an outpatient pharmacy

Dear Executive Director Schierholt:

This letter is in response to the solicitation for stakeholder feedback on proposed rule 4729:5-5-02 issued by the Common Sense Initiative.

CenterWell Pharmacy, Inc. (CenterWell Pharmacy) is a full-service home delivery pharmacy serving 2.5 million patients across all 50 states and dispensing nearly 50 million prescriptions annually. CenterWell Pharmacy provides holistic care that is personalized and coordinated with easy-to-use options so our customers and members can receive the care and prescriptions they need exactly when they need them. This includes home delivery services, as well as retail and specialty pharmacies and over the counter (OTC) fulfillment. CenterWell Pharmacy's largest dispensing facility, which opened in 2008, is located in West Chester Township, Ohio. There are over 240 registered pharmacists and 580 pharmacy technicians working for CenterWell Pharmacy in Ohio who are critical to ensuring that patients across the country have access to the medication that they need.

CenterWell Pharmacy appreciates the opportunity to provide comments on the proposed rule related to establishing minimum standards in an outpatient pharmacy.

Several months ago, the Board considered a more comprehensive proposed rule to prohibit quotas. CenterWell Pharmacy and other interested parties submitted feedback at the time. Overall, we appreciate the Board's recognition of the public comments on its previous proposal and the changes that were made as a result. While we applaud these efforts, we have concerns on one portion of the latest proposed rule.

- ***The Board's proposal does not fully consider the differing pharmacy models and work environments within the State, including closed-door pharmacies, and the ways pharmacists support patient care by providing ancillary services.***

  The proposed rule prohibits the use of quotas for ancillary services. "Ancillary services" are defined as "those services performed by pharmacy personnel that are not directly involved in the dispensation of dangerous drugs as set forth in this chapter of the Revised Code. Examples of such services include, but are not limited to, immunizations, medication therapy management, disease state management, and refill reminders."

  Closed-door pharmacies, like CenterWell Pharmacy's home delivery facility in Ohio, have different fulfillment and dispensing processes than traditional retail or community pharmacies. In a traditional community pharmacy setting, an individual pharmacist may be asked to manage the complete process of a prescription fulfillment and dispensing while also interacting with patients directly, managing other external factors, and providing ancillary services. Unlike this traditional

CenterWell Pharmacy

model, CenterWell Pharmacy's pharmacists are assigned specific tasks within the overall process and have limited external distractions. This approach allows our employees to work efficiently and at the top of their license.

Some of our Registered Pharmacists perform functions that would be considered ancillary services, such as medication therapy management (MTM), late-to-refill outreach, disease state management, and medication synchronization. They may also place refills for patients who ask for them as part of their interactions. However, the pharmacists only perform these duties and are not simultaneously involved in the dispensing of drugs. This approach allows pharmacists to focus on their primary function without having to manage competing priorities.

Establishing rates and goals is an important way to measure our delivery of these services. Additionally, it allows our management teams to monitor employee performance trends, staffing levels, and patient service. The proposed rules would not allow us to utilize quotas for ancillary services, and that prohibition could impact our ability to effectively manage our staffing levels and address patient needs promptly and at the highest quality levels.

Recommendation

While we appreciate the changes in comparison to the previous proposed rule on quotas, the current proposal does not completely distinguish between the varying pharmacy models and pharmacist employment in Ohio. Given these factors, ***CenterWell Pharmacy strongly recommends that the Board reconsider the draft rule's prohibition on the use of quotas for ancillary services and its applicability to closed-door pharmacies.***

In the section of the proposed rule relating to rest periods and meal breaks, there is a clear delineation for how those requirements would apply to outpatient pharmacies that are not open to the public. We would appreciate a similar distinction as it relates to the prohibition on quotas for ancillary services:

> *(11) Not establish any productivity or production quotas relating to the provisions of ancillary services. This requirement does not apply to outpatient pharmacies that are not open to the public.*

Thank you for the opportunity to provide feedback to the Board on this proposed rule. Please feel free to contact me if you have any questions related to the comments.

Sincerely,

Travis Garrison
Associate Vice President, State Affairs
tgarrison2@humana.com

cc: CSIPublicComments@governor.ohio.gov

May 5, 2023

Steven Schierholt, Executive Director
Ohio Board of Pharmacy
77 South High Street, 17th Floor
Columbus, OH 43215

Mr. Schierholt,

On behalf of all the chain drug members and two independent members of the Ohio Council of Retail Merchants, I write to oppose 4729:5-5-02 in its entirety. While we believe it is questionable whether the Board has the authority to enforce this rule and as such, it should be discarded entirely, I will offer detailed commentary on its lack of practicality.

It is very important to note at the onset that the Board is basing the proposed new rule on survey results from a minority of Ohio pharmacists during a historic pandemic that severely impacted healthcare in many settings with high stress and fatigue, but particularly retail settings. In 2020 and 2021 during the pandemic, there were increased demands for COVID vaccines, as well as challenges with staffing due to medical leaves and attrition of healthcare workers. Based on the 2021 survey responses noted by the Board, only 26.41% of pharmacists in Ohio responded to the survey and of those, 71% did indicate they did not have adequate time to complete their jobs in a safe and effective manner. This is not at all surprising based on the state of healthcare at that time of the pandemic. If hospital nurses were similarly surveyed at the same time pharmacists were, that percentage would likely be even higher than 71%. Many companies that operate pharmacies in Ohio have made changes since 2021 to improve work-life balance due to the strains placed on their employees during the pandemic. As the Board reported, all but two large chains are now closed for lunch breaks. In order to be attractive to new employees and retain current employees, companies will continue to listen to feedback from their employees and make changes to how they operate, without the need for a Board of Pharmacy rule pertaining to this.

In regard to the rule itself, we contend that it is completely unnecessary as the Board already has the authority to act on unsafe conditions reported by a pharmacist. These new regulations would cause unintended consequences that negatively impact patient access to care and pharmacist work-life balance and would result in increased costs to the businesses being regulated.

Moving on to specifics, the rule is fraught with subjective terms such as “sufficient personnel,” “excessive distractions,” “sufficiently trained,” and “adequate time.” In (B)(10), the proposed rule states, “Provide adequate time for a pharmacist to complete professional duties and responsibilities, including…” To properly engineer to be compliant, metrics would need to be reviewed and would potentially violate other sections of the proposed rule. A utopian labor

budget would potentially need to be created. Infinite resources, including time, are not possible to provide.

The term “quota” is still very vague and does not clearly define what it is, which will have negative consequences for access to care. The profession of pharmacy continues to advance its scope of practice, and the Board of Pharmacy has worked very hard on rules and regulations that expand the care that pharmacists can provide Ohioans. The proposed rule infers that pharmacists, as the most accessible healthcare professionals, should take a significant step back on providing care to patients beyond just dispensing dangerous drugs. The language focuses on “ancillary services” not directly involved in the dispensation of dangerous drugs, which includes “immunizations, medication management… and refill reminders.” The rule infers it is fine to have quotas on the number of prescriptions being dispensed but not to have meaningful goals to advance care for Ohioans that prevent disease or reduce hospital admissions.

In ORC 4729.01, "dangerous drug" means any drug dispensed only upon a prescription or intended for administration by injection into the human body. One could argue that vaccines are therefore a dangerous drug and not an ancillary service. Considering pharmacies are now the primary location where the public receives vaccinations, it is no longer ancillary, but a standard of care. Medication management and refill reminders are also now a standard of care related to dispensation of dangerous drugs and should not be considered ancillary but part of the process.

The length of time a pharmacist works in a shift requiring a break is arbitrary, as is the maximum length of time one is permitted to work in a single shift. How did the board arrive at six hours and 12 hours, respectively? Is there any data to support these numbers? There are large chain locations that will often have two pharmacists working in a day to allow shorter shifts and prevent one pharmacist from working a 12-hour day. This situation does not necessarily provide overlap for the afternoon/evening pharmacist to be able to close the pharmacy again for a 30-minute break during their six- to eight-hour shift. If the rule language is adopted, it will force large chain pharmacist schedules to go to 11- or 12-hour days in order to be compliant with one closed lunch break, which is not conducive to overall work-life balance.

The proposed rule would not be universal for community pharmacy as it makes exceptions for small chains and independent pharmacies when it should apply to all pharmacies equally. If safety really is a concern for the Board, why would there be a difference? If this is to protect the public health, is the Board indicating that the risk is higher at an independent pharmacy? There should not be two standards as there is not a material difference in the burden as it relates to the practice of pharmacy and public safety. This inequality is anti-competitive and would punish successful companies by saddling them with an additional burden.

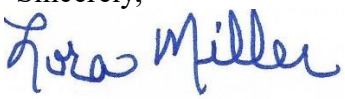
The language on access points, without truly defining what is or is not an unsafe condition, leaves a lot to interpretation by the pharmacist, the Board and the employer. Any interpretation that is unrealistically conservative will negatively impact patient care. For example, there are patients who are unable to come into a building and rely on alternate access points such as drive-thru windows. Those patients would be negatively impacted by frequent restrictions that would result in that access point being unavailable to them. Even without the proposed rule, if a pharmacist discusses with his or her supervisor about a closed access point, and if that pharmacist truly believes the employer is creating an unsafe condition by forcing them to keep it open, the pharmacist can currently report this to the Board and the Board has the authority to act on it.

Section (F) and (G) are also unnecessary and create undue burden, paperwork and unintentional consequences. Anything reported to a Board-owned system would become a public record. This creates an opportunity that when someone reports, they could unintentionally, or intentionally, submit proprietary or confidential information for a company. This puts both the reporting person and the company at risk. As the Board already has a process for a pharmacist to report an issue to them and the Board already documents incidents, investigations, audits, corrective actions, etc., this rule is redundant and will only increase the costs for record-keeping.

I close by reiterating that we find the proposed rule to be completely unnecessary, overly vague and unduly burdensome and would result in many unintended consequences. We respectfully request that the Board members vote to reject the rule in its entirety.

Please let me know if you have any questions or wish to discuss any of the points made in this letter.

Sincerely,



Lora Miller
Director of Governmental Affairs & Public Relations
Ohio Council of Retail Merchants
50 W. Broad St., Ste.1111
Columbus, OH 43215
614-271-8262
loram@ohioretailmerchants.com

cc: CSIPublicComments@governor.ohio.gov
joseph.baker@governor.ohio.gov
stephanie.mccloud@governor.ohio.gov
Joshua.eck@governor.ohio.gov
Matthew.kelly@governor.ohio.gove
jmccormack@nacds.org
Ohio Chain Drug Committee

Nichole Cover, R.Ph.
Director, Pharmacy Affairs
Walgreen Co.
p:224 507 9405
Nichole.cover@walgreens.com

May 5, 2023

Via Email:
RuleComments@pharmacy.ohio.gov, CSIPublicComments@governor.ohio.gov

The State of Ohio Board of Pharmacy
Attention: Steven W. Schierholt, Esq.
Executive Director
77 High Street, 17th Floor
Columbus, OH 43215-6126

Re: Proposed rules 4729:5-5-02 Establishes minimum standards in an outpatient pharmacy and rest breaks.

Dear Executive Director Schierholt,

On behalf of all pharmacies owned and operated by Walgreen Co. licensed in the state of Ohio, Walgreens thanks the Board for the opportunity to comment on the rules related to establishing minimum standards in an outpatient pharmacy. Walgreens appreciates the Board's time and effort related to working conditions and thanks the Board for considering public comments to obtain a variety of perspectives on these rules.

Walgreens supports the Board's proposed rules regarding rest breaks and currently has policies and procedures in place that support this process. However, we ask that the Board does not create rules that differentiate between independently owned small businesses and "chain" pharmacies when creating rules and instead create uniform practice standards across all community pharmacies caring for patients across Ohio. Therefore, we ask that the board strike any language which creates this division including the following language:

~~2(d) In lieu of meeting the requirements of paragraph (C)(2) of this rule, a pharmacy licensed as a terminal distributor of dangerous drugs that is owned or operated by a company with eleven or fewer outpatient pharmacies operating in this state may comply with the requirements of paragraph (C)(1) of this rule.~~

In addition, Walgreens asks that the Board strike the requirement to report staffing concerns on a predetermined form. Walgreens agrees that pharmacy personnel should share concerns and as an Ohio Licensed pharmacy permit holder, would encourage and support being compliant. However, Walgreens believes that the responsibility should be on individual pharmacy owners to address these concerns

effectively and responsibly and that an additional form and process may not only add an additional burden to the staff but also is not necessary. Therefore, we recommend striking the following language:

~~(3)(E) Staffing requests or concerns shall be communicated by the responsible person or pharmacist on duty to the terminal distributor using a form or reporting system developed by the board and accessible via the board's website (www.pharmacy.ohio.gov).~~
~~(1) Executed staffing forms or reports shall be provided to the immediate supervisor of the responsible person or pharmacist on duty, with one copy maintained in the pharmacy for three years for immediate inspection by an agent, inspector, or employee of the board.~~
~~(2) The responsible person or pharmacist on duty shall report any staffing issues directly to the board if the responsible person or pharmacist on duty believes the situation warrants immediate board review.~~
~~(F) Outpatient pharmacies licensed as terminal distributors of dangerous drugs shall review completed staffing reports and shall:~~
~~(1) Respond to the reporting staff member to acknowledge receipt of the staffing request or concern;~~
~~(2) Resolve any issues listed in a timely manner to ensure a safe working environment for pharmacy staff and appropriate medication access for patients;~~
~~(3) Document any corrective action taken, steps taken toward corrective action as of the time of inspection, or justification for inaction, which documentation shall be maintained on-site for a period of three years for immediate inspection by an agent, inspector, or employee of the board; and~~
~~(4) Communicate corrective action taken or justification for inaction to the responsible person or reporting pharmacist.~~

Walgreens appreciates that the Board did not include prohibition on quotas related to volume of prescriptions dispensed as there are several different workflow models utilized to fulfill the dispensing portion of the prescription process. It is important to enforce consistent standards across all segments of pharmacy. While Walgreens agrees with the concept of a prohibition on the use of quotas for performance evaluations, there is a significant concern with the utilization of metrics in pharmacy and how an inspector or the Board may decide to interpret this utilization. Walgreens recently announced the removal of the use of metrics from performance evaluations and believes that the onus should be on individual pharmacy owners to manage the utilization of metrics effectively and responsibly. Many current reimbursement models and Specialty Accreditation (i.e., URAC (Utilization Review Accreditation Commission)) Standards rely on the use of metrics to assist in measuring adherence, utilization, patient impact, quality measures, etc. As this information is captured and shared back to pharmacy teams, the concern is the perception that these are seen as quotas, when in fact they are simply providing updates.

In summary, The Board is attempting to solve, through rulemaking, an issue that involves human behavior. Human behavior regardless of if the licensee acts in the best interest of the patient, is not limited to how many stores you own or if you are independent, chain, or a health system. The world of pharmacy utilizes many other metrics to assist in gauging customer service, patient care services, and quality. Leaders within the pharmacy may decide to set internal goals to improve quality or

customer service or help change patients' lives through an improvement in services offered. The concern is: how does an inspector or the Board differentiate between a goal and a quota for ancillary pharmacy services? We believe one key component of quotas, that the Board has not addressed, is the punitive nature associated with quotas. As a pharmacy owner, if I offer my pharmacy staff incentives for reaching certain milestones – is that a quota? We do not believe it is since there are no punitive actions associated with not reaching these milestones. However, as these rules are currently proposed, an inspector or the Board may interpret this as a quota.

Walgreens therefore recommends instead of banning quotas that the Board issue guidance surrounding the proper use of metrics and improper utilization of quotas. These proposed rules may then serve as notice to all pharmacies that continued utilization of quotas may result in future rulemaking. As mentioned, the utilization of metrics can be open to individual interpretation, therefore Walgreens recommends that the Board strike the proposed rule language prohibiting quotas:

~~(11) Not establish any productivity or production quotas relating to the provision of ancillary services;~~
~~(a) For purposes of this rule, "quota" means a fixed number or formula related to the duties of pharmacy personnel, against which the pharmacy or its agent measures or evaluates the number of times either an individual performs tasks or provides services while on duty.~~
~~(b) For purposes of this rule, "quota" does not mean any of the following:~~
~~(i) A measurement of the revenue earned by a pharmacy not calculated in relation to, or measured by, the tasks performed, or services provided by pharmacy personnel.~~
~~(ii) Any evaluation or measurement of the competence, performance, or quality of care provided to patients of pharmacy personnel if the evaluation does not use quotas.~~
~~(iii) Any performance metric required by state or federal regulators.~~

The Board should consider moving away from such prescriptive language. The language within section (3)(b) is ample to cover both legal and clinical requirements for references. (a) is overly prescriptive and unnecessary; we therefore recommend striking:

(B)(~~3)(a)~~
~~(3) Provide pharmacy staff with access to the following:~~
~~(a) All current federal and state laws, regulations, and rules governing the practice of pharmacy and legal distribution of drugs in Ohio, including internet access to:~~
~~(i) The board's website (~~www.pharmacy.ohio.gov~~);~~
~~(ii) LAWriter Ohio laws and rules (~~http://codes.ohio.gov/~~);~~
~~(iii) The code of laws of the United States of America (variously abbreviated to Code of Laws of the United States, United States Code, U.S. Code, U.S.C., or USC); and~~
~~(iv) The code of federal regulations.~~

In addition, the following language is also overly prescriptive and unnecessary, we therefore recommend striking:

(B)(6)
~~Maintain a stock of prescription containers necessary to dispense drugs in accordance with federal and state laws, including the provisions of the federal Poison Prevention Act of 1970 and~~

~~compendial standards, or as recommended by the manufacturer or distributor for non-compendial drug products.~~

Walgreens appreciates the work of the Pharmacist Workload Advisory Committee (PWAC) and the opportunity to comment on these proposed rules.

If the Board would like additional information, please feel free to contact me.

Sincerely,

Nichole Cover, R.Ph.

THE OHIO STATE UNIVERSITY
COLLEGE OF PHARMACY

May 5, 2023

Steven Schierholt, Esq.
Executive Director
Ohio State Board of Pharmacy
77 S High Street
Columbus, OH 43215

Re: New Rule 4729:5-5-02 - Establishes minimum standards in an outpatient pharmacy.

Dear Director Schierholt,

On behalf of The Ohio State University College of Pharmacy (OSUCOP), we appreciate the opportunity to provide our support of your recent rule: 4729:5-5-02 - Establishes minimum standards in an outpatient pharmacy.

We would like to express gratitude to the Board of Pharmacy for seeking feedback and addressing the many workplace concerns that are creating negative implications for Ohio pharmacists and pharmacy personnel. OSUCOP has submitted comments on initial drafts released related to workplace rule changes, and we appreciate that many of our concerns have been addressed in the newly published rule 4729:5-5-02.

We are supportive of this new rule. Once implemented, we encourage the Board to evaluate the impact of the new rule to ensure they are having the anticipated impact and that the Board take further regulatory action as necessary.

Thank you again for the opportunity for OSUCOP to provide our feedback on this rule. If there is anything we can do to further support the advancement of this rule or if you have any questions about our recommendations, please contact me at Mann.414@osu.edu.

Sincerely,

Henry J Mann

Henry J. Mann, PharmD, FCCP, FCCM, FASHP
Dean and Professor
The Ohio State University College of Pharmacy
Mann.414@osu.edu

Mandatory Rest Break Comments

Commenter Type (select one)		Please submit your comments on the proposed rule. (NOTE: Rule comments are public record and respondents who wish to remain anonymous should avoid providing any identifying information).	Stance (Support, oppose, feedback only, needs clarification)
Response	Other (please specify)	Open-Ended Response	
Pharmacist		The usage of the word "mandatory"does not seem to be the case when you look at the wording in the proposal. Mandatory means must versus merely a suggestion or a "voluntary" action. By saying a person may choose to take a 30 min uninterrupted break gives these companies that leeway to say it is offered but simply not taken voluntarily by the employee. What the board needs to do is come down hard with a black and white rule of, you will take a 30 min break and it will be uninterrupted. Week days with overlap is very doable but weekend shifts with no overlap AND staying open makes this break impossible to be uninterrupted. These words are falling on deaf ears as leadership states we are already in compliance with this ruling and if a pharmacist chooses to not take the break, that is their choice. Not closing when there is no overlap makes this impossible to be in compliance with and I fail to see what purpose this rule in reality is going to achieve other than making the board look like it's trying without really trying. Ultimately the real reason for stress and labor constraints is the greed of the big corporations and poor reimbursement from PBMs. I find it hard to justify the fact that Chick Fila or Starbucks has more employees working at any given point because their profit margins are significantly higher than that of a pharmacy that handles your life or death medications! I get that you can't make a company actually care about their employee but we can certainly do a lot more to hold them accountable so that they aren't driving them into the ground and grinding them to dust. This rule must be firm and clear cut to protect the pharmacy personnel and therefore the general public!	Support, needs clarification

Mandatory Rest Break Comments

Pharmacy Technician		I strongly support the proposed rule, with the following in mind: Section A should state that the break should be paid to avoid businesses from scheduling their staff longer hours to compensate for the new rule. Section C is unfair to pharmacists who must assume responsibility for actions they cannot see while on break. They must get their full break without being a supervisor during, or else it isn't a break for them. Section F should be clarified that a pharmacist can work more should they chose to do so. Some pharmacy staff choose to work three 13 hour shifts instead of three twelve hour shifts and an additional 4 hour shift.	Support, needs clarification
Pharmacist		I agree with the rule. But please put a definition for emergency situations that will require corporate to mKe the Rph works more than 12hours. Because they can consider anything an emergency situation.	Support, needs clarification

Mandatory Rest Break Comments

Pharmacist		I totally support a 30 minute meal break for any pharmacists on duty longer that 6 hours, all technicians, and pharmacy interns. However it must be enforced except for emergency situations. Many of the chains are now closing the pharmacy for one half hour mealbreaks during the day such as 1:30pm-2pm and the gates are closed and all personnel including the techs go to the break room for the meal break (so they are not staying in the pharmacy during these breaks). That is a good thing. However, how do you ensure the closing pharmacist who comes to work at 2pm and works to 9pm gets a meal break too ? They are working a minimum of 7 hours if they close at 9pm. They can't close the pharmacy a second time, so that pharmacist tends to eat on the fly which is no break at all. The pharmacy techs remaining in the pharmacy can continue to fill prescriptions but they will need to tell customers at the counter that for new prescriptions, vaccines etc, that there will be one half hour wait until the script is ready because the pharmacist is on a meal break. No new script can be dispensed without the pharmacist on duty completing the verification of the script prior to dispensing. They should not have to stop eating their lunch to check a script because the patient does not want to wait. I can only imagine there will be plenty of irate customers that will scream at the managers and the personnel. So many customers these days think the world revolves around them and are overly demanding. How will you ensure that the BOP will back these pharmacists up? How do you ensure that an overnight pharmacist in a chain pharmacy gets a lunch break when they don't have techs during the night? You will have to enforce that the pharmacy can close the gates and drive thru for one half hour during the pharmacist lunch break in the middle of the night. The other issue with the lunch breaks is many times the phones do not shut off during the meal break. They keep ringing and the customers do not know, or the doctor calling in a script does not know a pharmacist is on meal break. These pharmacies, mostly the chains, have to revamp software so that they have a call center answering calls during the lunch break or the phones shut off and a message is verbalized to the customer that the pharmacy is closed for one half hour for a	Support, needs clarification

Mandatory Rest Break Comments

		meal break. The BOP also has to ensure that the pharmacists and staff are not penalized for any promised times not met (data review/fill/or product verified by a certain time) during that lunch break and for a certain time afterwards. Most of these systems currently do not reset or push back "verify by promise time" based on how many scripts are in a queue during a meal break. Many times pharmacists work thru their lunch break because they are so far behind once they return from the lunch break and it is very stressful to have 10 people standing at your counter when you only have one pharmacist and one tech. By then the queue shows many scripts past due for promise times... unless you are going to start counting promised times as a quota which is no longer permitted. The whole point with all of this is that chains want to only measure specific quantifiable task productivity but they have no way of measuring every task that happens through out a work day that can't be counted, such as how much time is spent counseling, answering questions at the counter or on the phone, doing DUR on a vaccine or prescription, pharmacists researching clinical information for a patient or other trouble shooting such as insurance problems etc. These tasks are not quantifiable. We can't control for the distractions in our work flow or predict what other problems we will encounter or the million times the phones are ringing off the hook without not enough staff to answer them. Many times the customers only want to know if their script is ready but do not take the time to use the pharmacy's digital technology, such as text messaging, emails, website or apps. We don't have time for these calls that could easily be solved if the patient used the digital technology. Chains do not account for the time for techs to check in a wholesale order or to complete other ancillary administrational tasks. I think it is imperative that the BOP needs to come up with minimum amount of technician support hours scheduled for community pharmacies based on script volume and other minimal tasks. Hospital or closed door pharmacies can be excluded because they can manage and control their work tasks easier. They don't suddenly have 10 people at the counter or drive thru which they are not prepared for. Pharmacists need to be able to focus on patient	

Mandatory Rest Break Comments

		counseling, researching clinical issues such as drug interactions, helping patients manage side effects or adherence issues- the things we went to school for. We are not robots. We need to have time to use our brains to solve problems. Example- I have had several instances of patients coming to the counter without an appt, with their glucose meter and want the pharmacist to teach them how to use it or trouble shoot their issue. Their doctor's office didn't teach them how to test their blood sugar or use the monitor, and it takes a lot of time for a pharmacist to spend a sufficient time to teach these skills. Yet these patients have no one else to ask other than their pharmacist. We would love to spend the half hour to show them how to use their meters, but most of the time.. we don't have that amount of time or a way to account for it. This time period needs to be reimbursable by either the patient or the insurance company. How do we account for that time and get paid for that time? That is the crux of the problem. We went to pharmacy school to utilize our brains and problem solving skills to resolve patient issues, yet chains want to totally make their work flow and scheduling decisions based on tasks (which are determined by non pharmacists most of the time). This is where the safety issues arise. I totally agree that the meal breaks are imperative and will help but will not solve the entire workflow environment problem by themselves. Pharmacists still feel like they don't even have time to go the bathroom because customers will complain, and the supervisors will penalize the pharmacy staff and not back them up when customers complain. I also wanted to make one comment concerning pharmacists being afraid to complain to the BOP if corporate supervisors do not follow the rules especially with the new rule in regard to metrics or quotas. All complaints by pharmacists or techs to the BOP need to remain anonymous. Although you stipulated in the rules that pharmacists or techs can not be fired or demoted, have hours or benefits reduced or other forms of retaliation, most large chains have many other nefarious nontransparent ways of getting rid of a pharmacist that they may think complained to the BOP or otherwise are deemed as negative complainers, or "not cooperating with their metric directives". These	

Mandatory Rest Break Comments

		retaliatory tactics are hard to prove unless the person has a good lawyer or a good HR team that will back up the employee. I would suggest the BOP would follow up on a complaint by telling the corporation that all complaints from customers or staff are anonymous and no specific information should be shared with the chain (such as time of day when the infraction took place) so they can not figure out who was working during that date and time.	
Pharmacy Technician		That's a great rule to have but how will it be enforced? Will the state board be tracking pharmacists breaks?	Support, needs clarification

Mandatory Rest Break Comments

Pharmacist		I support giving pharmacy staff breaks, but I am not in favor of allowing the pharmacy to be open when the pharmacist is not present. A pharmacist needs to be in full and actual charge of a pharmacy. The allowances spelled out in paragraph (B) takes that provision away. If this is allowed for 30 minute breaks then why should it not be allowed all the time and not just for breaks. Meaning then why do we need a pharmacist to perform these functions ever. I do not believe this is a safe way to practice pharmacy and opens the door wide open for it to be considered in all practices of pharmacy, which I do not think is the direction the Pharmacy community and Board wants to see the pharmacy practice go. I strongly believe you are trying to make to many accommodations for breaks that are not needed. Finally, with so many staff turnovers in pharmacies (especially technicians) we are seeing a lot more drug losses and thefts and without pharmacist direct supervision these will only increase. Pharmacist presence is added security that is needed. Therefore, I STRONGLY recommend you remove the provisions in paragraphs (B) and (C), but keep the provisions that allow for mandatory breaks and the pharmacy completely closes during the break periods. Pharmacists just want to have meal breaks and be able to close the pharmacy during them, period! Thank you.	Support, feedback included
Pharmacist		There is definitely a need for a lunch break when pharmacists work more than 8 hours. However the pharmacy must close during this time or the break will be counterproductive (due to customer and pharmacist "	Support, feedback included
Pharmacist		The break is too short. It should be increased to a hour, because with no minimum staffing requirement in the pharmacy I feel too overwhelmed, stressed, and tired and much more likely to make a dangerous mistake. When I bring these issues to my employer they continously show that they don't care. It is clear that CVS pharmacy does not care about the safety of their patients or employees.	Support, feedback included

Mandatory Rest Break Comments

Pharmacist		Pharmacy technicians (and interns, clerks, etc) working 6+ hour shifts often already receive breaks, but formally guaranteeing this on a statewide basis is an excellent idea. Pharmacists, however, rarely receive any sort of formal break unless the pharmacy closes for the duration, and often work shifts of 10-14 hours with only minimal informal breaks. As well-intentioned as the writers may be, I don't know how smoothly the implementation will proceed if the pharmacy does not close for the pharmacist's lunch break; what a pharmacy patient or store customer may consider an "emergency" worth interrupting the pharmacist's lunch for may often not, in fact, be time sensitive or even require pharmacist input.	Support, feedback included
Pharmacist		Overall it is good, but 6 hours is not sufficient off time between shifts. It needs to be at least ten hours.	Support, feedback included
Pharmacist		Please make sure this extends to those working the graveyard shift in hospitals. This is not being done by one of the health systems in Dayton.	Support, feedback included
Pharmacist		Pharmacist definitely need break for safety of the patients and the pharmacists on duty. Pharmacists should not work more than 8 hours. If it necessary, pharmacists should be compensated by OT.	Support, feedback included
Pharmacist		This is a great start and hope these policies get adopted throughout Ohio. The 12 hour shift is still too long, I propose it be reduced to 10 hours max. It is extremely difficult to maintain professional judgment in the later hours. Most importantly, I think the 6 hours in between shifts is unreasonable. With about 1 hour travel time to/from work and 1 hour of personal time for grooming etc., this policy only allows 4 hours of actual rest. The minimum interval between shifts should be 12 hours as well, so that pharmacists have an opportunity to both rest and complete other personal tasks during their time off.	Support, feedback included

Mandatory Rest Break Comments

Pharmacist		I believe the lunch break has been way overdue and appreciate the mandatory implementation the board is proposing. I also believe that a 12 hour workday is the limit a pharmacist should work. I am sure various companies are trying to force pharmacists to work over hours to clean up left over scripts during this continued rush over the past fe years. This would negate their ability to do this. Thank you.	Support, feedback included
Pharmacist		This is a decent proposition in theory, but the corporate companies are not going to stand for something that has potential to lose them money. They will cut pharmacist hours, cut jobs, cut store operating hours, or find some other cuts to make to account for the loss, which will ultimately make our jobs more difficult. There is no right answer when "corporate" is in charge.	Support, feedback included
Pharmacist		I like these ideas - some comments: 1. I do like working 13 hour shifts and having more days off, the other pharmacists and I at my store have agreed to this- so hopefully since we aren't being forced to do it, it's not difficult for us to continue doing so. 2. Our policy requires 15 minute breaks for technicians. Would be nice to have 2x15 minute breaks required as well, even if we can't leave the pharmacy or anything, just time to rest and sit down to help reduce risk of errors for patient safety. I believe a friend in California told me this is required there, as well as any time over 8 hours in a shift is automatic time and a half. Would be nice! 30 minutes for a 13 hour shift (or 11-12 hours) just isn't enough. 3. Our signage currently says "pharmacy closes for lunch 1:30-2PM when only 1 pharmacist is on duty." Of course everyone gets in line at 1:28PM. Would be nice for signage to be required to say something more like "between 1 and 2PM, the pharmacy will close for 30 minutes for lunch" 4. Require pharmacies to let staff sit down instead of requiring a doctor's note. Working for 12 hours and not being allowed to sit if we're simply at a computer is ridiculous, unnecessary, and inhumane. It further exhausts the staff which increases the risk of errors which could negatively impact patient safety.	Support, feedback included

Mandatory Rest Break Comments

Pharmacist		The proposed rule may be difficult for staffing coverage in an acute care 24/7 operation. The rule states 30-minute uninterrupted break during a 6 continuous hour work period. For a small hospital such as ours we have 1 pharmacist & 1 technician cover overnight without any backup for 7 hours. There would be no way to allow an uninterrupted break in this setting that would not compromise patient care, since there are frequent, random urgent orders that would need responded to. For that 30 minute period attention to processing an urgent order would still be required. If an urgent IV was needed, it would also require the technician to jump in to assist. Although I'm very much in agreement with the rule, there needs to be language to address staff working in this situation.	Support, feedback included
Pharmacist		Mandatory breaks are a great concept but it seems to only make it worse when come back from break. Not sure how that issue can be fixed.	Support, feedback included
Pharmacist		I think that mandatory rest periods are a great idea. Also capping daily hours to a max of 12 is also good. 13 and 14 hour shifts are dangerous, just like when I have worked 70 hours in a given week. There should be a limit set on hours worked in a week and days in a row worked	Support, feedback included

Mandatory Rest Break Comments

Pharmacist		I think it's a step in the right direction. Working 14 hours with no defined break is a recipe for disaster that only supports corporate greed and does not benefit patients or the staff working. It increases the risk for error that can ultimately cause harm to a patient, and surely contributes to pharmacist burnout. There could be some who prefer to work 14s so there are less weekly shifts, but I am not in retail anymore, so I can't speak to that currently. Working 14 hour shifts I found to be exhausting, and one of the many reasons I vowed to never return to retail. I think it's a step in the right direction to support breaks, though if the pharmacy doesn't close, I worry the pharmacist will inevitably get pulled away. I do like that it says uninterrupted break, but perhaps emergencies need to be a little more stringently defined? To truly rest and rejuvenate, it is important to not have to think about work during break, and truly "unplug." This helps avoid burnout, and reduces the risk of error and thus harm to the patient. More and more pharmacies are doing that, and hopefully that will continue. Ultimately, I think it's a step in the right direction. I wish pharmacies could be required to close for lunch to ensure that the pharmacist truly does get an adequate break. I think these steps the board is taking the protect pharmacy staff and patient safety is important. I think about doctor's offices, and the fact that they are open often 8-5 with an hour for lunch. Pharmacists deserve the same respect for what they do, and it shows respect to protect them from overwork and burnout.	Support, feedback included
Pharmacist		I think these are all great and necessary changes. I would like to propose changing the minimum time between shifts from 6 hours to at least 8 because 6 hours would not give adequate time to prepare for sleep, get sleep, and prepare for the next shift.	Support, feedback included
Pharmacist		Thank you for taking the time to review current working standards for Ohio pharmacists. It is a good start. I would like to see standards put in place on the volume one pharmacist is allowed to check /fill per shift before a second pharmacist is mandated.	Support, feedback included

Mandatory Rest Break Comments

Pharmacy Intern		I think it's a good idea. That being said, I have major concerns about Walgreens and CVS finding loopholes around this as I already thought breaks were federally mandatory. They're finding ways to make our metrics matter more than patient care and if we're truly an organization that stands for the safety of our patients, we need to look at how unrealistic metrics make patient care subpar and cause issues.	Support, feedback included
Pharmacist		I think this is a great start but if the pharmacies are not required to close during the 30 minutes I don't think it will be effective. It will still be difficult to actually take a break. I have to give my one tech a break yet I barely get to eat. If we closed for 1/2 hour we could both break at the same time. Seriously! It's 1/2 hour.	Support, feedback included

Mandatory Rest Break Comments

Pharmacy Technician		The pandemic made us all realize just how hard we work. We care about our patients, but being short-staffed as the world goes crazy, also taught us that we're human too. Most of us pushed ourselves way too hard and are now dealing with the backlash of that. We are becoming ill quicker and easier from the stress and strain that we are putting out bodies through. Big corporations saw just what we could do when we were put under such stress and now think it should be the new "normal". I've seen fellow techs and pharmacists work 14 hours straight! No break. No food. MAYBE a bit here or there if they can so they don't pass out. NO BATHROOM BREAKS! It's insane to expect any human to do that and it's insane to try to play it off as "normal" when none of the CEOs or the people who work under them are the ones breaking their backs and souls. We need help INSIDE the pharmacy! Not people above us telling us that we don't care about our patients when we are literally putting our own health on the line time and time again to provide for our communities! ALL of us have families and a lot of us have KIDS. We deserve to have energy for outside-of-work activities when we get off work. The mental strain alone has caused so many issues in pharmacy. A lot of us are breaking, we're just good at hiding it. Please consider mandatory breaks, and maximum 10 hour work days. No one should EVER have to work more than 10 hours. How are you supposed to get proper sleep? Cook dinner? Take care of your kids? Function even? Working 12+ hour shifts should be illegal. That's HALF of the day, literally. If you sleep the recommended 8 hours too, what does that leave you with? 4 hours. 4 hours to yourself in which you'll probably shower and try to get something to eat, because we know you didn't eat all day at work. You'll go to sleep early because you're exhausted just to do it again the next day. Where do you fit room for yourself? for your kids? or your partner? where do you find time to go to the gym or do yoga? Where do you even find the energy? Pharmacy personnel are people too! It's time we start getting treated like it!!!!	Support, feedback included

Mandatory Rest Break Comments

Other (please specify)	Ohio Society Of Health System Pharmacists	The OSHP would like to express its support for the proposed rule 4729:5-3-22, "Mandatory Rest Breaks" issued by the State of Ohio Board of Pharmacy on December 13, 2022. This rule stipulates that a pharmacist, pharmacist-intern, or pharmacy technician working longer than six continuous hours per day shall be allowed during that time period to take a 30-minute, uninterrupted break. While we concur that the well-being and safety of pharmacy personnel is of paramount importance, and that this rule will promote a healthier and more sustainable work environment for our pharmacists, pharmacist-interns, and pharmacy technicians, particularly during these challenging uncertain times, we would like to raise a concern with respect to a specific provision of the rule. Specifically, we have a reservation about the provision that allows for the dispensing of new prescriptions that require counseling without a pharmacist being present. Given the high level of misinformation and disinformation that is prevalent in today's society, and the reduction of pharmacist services to an optional feature, we believe it is imperative for pharmacists to be physically present for counseling and communication with patients. As the most accessible profession in healthcare, we believe it is our duty to directly provide counseling and communication with patients, especially those with chronic illnesses. These services may be provided in-person, or if needed, virtually. We believe that prioritizing the availability of counseling services, whether in-person or virtual, will allow pharmacies to develop innovative solutions that keep the continuity of care and patient safety provisions intact, all while ensuring the well-being of pharmacy personnel. The intimate knowledge that pharmacists possess about their patients is irreplaceable and cannot be replicated through a call center. Additionally, we recognize that there is a racial disparity in access to medical services, and it is imperative that all patients have access to the expertise and knowledge of pharmacists, particularly those who may be disproportionately affected by this disparity. Therefore, we respectfully urge the State of Ohio Board of Pharmacy to consider our concerns and to ensure that the provision for dispensing new prescriptions that require counseling without a pharmacist being present is carefully	Support, feedback included

Mandatory Rest Break Comments

		evaluated and implemented in a way that prioritizes the safety and well-being of patients, particularly in light of the post pandemic environment and the racial disparities which we have seen exacerbated in access to medical services.	

Mandatory Rest Break Comments

Pharmacist		I am a clinical pharmacist and PGY2 Residency Program Director at an inpatient hospital site that also has 4 PGY1 pharmacy practice residents. Our inpatient pharmacy is staffed 24/7. I appreciate the intent of proposed rule 4729:5-3-22 to protect pharmacist well-being and patient safety. However, I recommend that language is added that exempts accredited residency programs. Residency is designed to be a rigorous training program involving more than full-time work for a year to provide concentrated experience and training. We closely monitor our residents' well-being and safety as a part of their training program. Our accrediting body, ASHP, is highly concerned with resident wellness and requires that duty hours are monitored to protect resident well-being and patient safety. Under the duty hour requirements (https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf), continuous duty periods are limited to 16 hours (II-D-1), with a minimum of 8 hours between scheduled duty periods (II-C-2). This conflicts with the requirements of paragraph F of proposed rule 4729:5-3-22. As an inpatient residency program, both clinical duties and inpatient staffing are crucial parts of our training. Our residents work 14 hour shifts every other week to enable them to complete clinical rotations in the morning as well as provide staffing support in the afternoon and early evening. Rarely, this extends to 16 hours to allow for a full 8 hour clinical shift in addition to a full 8 hour staffing shift. Not only does this help meet the staffing needs of the department, but provides essential learning experiences to our residents to prepare them for inpatient pharmacy practice. A limit of a 12 hour shift would impede on this experience in a way that is not easily compensated for. ASHP holds us accountable to ensure that our program is not excessively reliant on residents for staffing, and to ensure we are not compromising resident fitness for duty or patient safety as we train our residents. Because of this oversight into resident pharmacist well-being and safety, I recommend that accredited residency programs are exempt from proposed rule 4729:5-3-22.	Support, feedback included

Mandatory Rest Break Comments

Pharmacy Technician		Being that this is all good I don't really have a complaint. May I suggest though, the pharmacies should close for lunch. If not the should have enough pharmacists that the one going to lunch should be able to leave.	Support, feedback included
Pharmacy Technician		I've worked in pharmacy since 2006 and only recently have been able to find a position that makes breaks a priority. I have worked with technicians and pharmacists who were coming from retail (CVS) and hadn't gotten any breaks at those places. I went to pick up my husband's prescription at a retail pharmacy and the drive thru was closed due to staffing issues. I waited in a line that went far back into the aisle, for over 20 minutes only to be told that the Rx's sent in early the day before were not done. There was one technician and one pharmacist, both overwhelmed. I know that they were not going to get a break that day. Pharmacies should close for an hour and the staff should break for lunch, then they should have a 15 minutes buffer to catch up with their workflow, voicemail, returns. Big chain pharmacies are going to keep losing their employees because they understaff, overwork, and underpay their workers. Please survey technicians. We face abuse from customers, pharmacists, and insurance companies.	Support, feedback included

Mandatory Rest Break Comments

Pharmacist		Nice proposal. The only thing I believe you should strongly consider is a mandatory closing of all retail pharmacies for a half hour designated time in the state of Ohio. Allowing people to work around the pharmacist is really going to provide little to no break for most pharmacists and/or jeopardize patient safety. They and/or staff will fear break time will put them behind and forces the pharmacist to be semi engaged at very least. I work in a busier pharmacy that typically has two pharmacists, so really does not apply to me… But I fear independents will be fearful of closing or breaking because it will inconvenience their customers and therefore lead them to the little or no break. Closing the pharmacy at the same time in every store also is helpful to the patients that can schedule around close times and make it consistent across the state. A complete shut down for a half hour is much easier to staff the Pharmacy, since most of the staff can go to break at the exact same time. As it is now… You are short a staff member from about 1130 until 3 PM while everyone tries to stagger lunches. I would propose the time of 1:30 to 2PM. This time would hit most pharmacies opening hours mid day, and also not inconvenience people that have normal jobs that will have their lunch break before 1 PM.	Support, feedback included
Pharmacy Intern		I am a strong proponent of this rule. As an intern who has worked in a retail chain pharmacy setting for over a year, I have witnessed many coworkers - techs, interns, and pharmacists - have to work a scheduled day with no time to eat or even use the restroom. The expectations from companies and patients alike have become unrealistic and impossible. The biggest challenge I foresee with this rule is the "uninterrupted 30 minutes." While our pharmacy may close for 30 minutes, every patient IN LINE before our closing time expects service before we close. However, the same patients expect us not to delay our opening by even one minute past the scheduled opening time. This leads to lunch breaks that are 10-20 minutes long at best. This needs to be addressed at some level for those workers in a retail chain setting to get the break they deserve each day.	Support, feedback included

Mandatory Rest Break Comments

Pharmacist		We are a small, independent pharmacy and find the need for mandatory breaks or lunches. I have not become an item that I could support. I find the less government interference in the operation of my business the better.	Support ?
Pharmacist		The rules proposed are fair and will help to ensure that pharmacists are working in safer conditions to be able to provide better quality care with lower chances of severe errors/risks to patient's health. I want to applaud and express my gratitude to the Ohio State Board of Pharmacy for taking this initiative head on. I was a retail pharmacist, and I worked 6 days straight every other week, ending that 6th day with a 14 hour shift as the sole pharmacist on duty. I had no lunch breaks and no time to rest. I suffered mentally and physically and I know my patients were at risk. The quotas for MTM cases, immunizations, and making sales pitches for rewards programs took away my time from delivering healthcare. The severely reduced hours of my technician help resulted in me as being the sole staff member in the pharmacy for hours during each day. I was so busy and overwhelmed by volume of scripts/phone calls/patients at the front counter that I could never leave for bathroom breaks or take a lunch. It was the most stressful and degrading experience I've ever had. I have since left retail and would never, ever return, not even for that 75K sign on bonus, but I am commenting today to advocate for my fellow retail pharmacists who are still in the chain stores. They deserve better and this is a step in the right direction. They deserve to be the healthcare practitioner that they signed up to be. Every human should be given a lunchbreak and enough staff so that they can go use the restroom without having an anxiety attack over getting behind on their KPI's. The State Board is doing the right thing here, and in that, protecting the patients. The patients have been suffering long enough and never deserved to have their health and well being put at risk due to corporation's initiatives to boost their bottom lines. Thank you again, OHSBOP, for doing the right thing.	Support

Mandatory Rest Break Comments

Pharmacist		This law is long overdue. I do not know any other profession where workers are treated so poorly. No lunch or breaks has contributed to pharmacist burnout and a desire to leave the profession. The most important problem is that it can contribute to medication errors. Our profession is controlled by large corporations who only are concerned about profits and not their employees. It is time for pharmacists to stand up for their rights and profession.	Support
Pharmacy Technician		I agree with the policy	Support
Pharmacist		This rule should be approved. Lack of breaks ultimately increases the risk of medication error and patient harm.	Support
Pharmacist		Pharmacists need lunch breaks just like everyone else that is employed.	Support
Other (please specify)	concerned family member of a pharmacist	I applaud any pharmacy chains who have already taken the voluntary step to allow meal breaks for their employees. The rest, the greedy corporations whose executives no doubt take several breaks per day, yet still allow their pharmacists to work a 12 hour shift with no breaks, should definitely be mandated to allow at least a 30 minute meal break. No human, let alone someone who is making potentially life altering decisions for a patient, should be working without a meal or mental health break for 12 consecutive hours. Pharmacist mental and physical health and patient safety will be better for it if breaks are mandated.	Support
Pharmacist		I have worked for Sam's Club pharmacy for 7 years. They give pharmacists a lunch break everyday. I believe this is extremely important for our profession since it gives us time to rest and take a peaceful lunch. I have worked for competitors that have no breaks and have seen a pharmacist pass out due to not being able to eat, stressed with panic attacks, and multiple pharmacy errors. In my opinion this mandatory break for pharmacists is way over due and should be implemented without question.	Support

Mandatory Rest Break Comments

Other (please specify)	Pharmacist RPH. Consultant Emeritus	These rules should have been put into effect long, long time ago. The ditch digger gets a 1 hr. break; even our teachers get several breaks in a 6hour workday. What are we but slaves to our profession. One-half hour is not enough time for all the different things a pharmacist must do.	Support
Pharmacy Technician		I agree on mandatory breaks and rest periods. I only get a 30 minute lunch break.	Support
Pharmacist		Healthcare offices close for lunch breaks. It is mentioned on the gretting or prompts when you call certain offices. This should apply to pharmacies as well. Due to short staffing and an increasing workload, it has been getting more difficult to have timely breaks. Ending quotas was a sufficient start as healthcare should not be metric driven. Patients cannot be sufficiently cared for or attended to if that is the case. They should be able to do their job without hearing every task is being monitored for productivity. Healthcare professionals including pharmacy workers cannot provide the appropriate patient care if they cannot care for themselves first. They should not be burnt out during their shift. This could lead to detrimental and/or fatal errors. Most pharmacies are open at least 8 hours, usually 10 hours at most chains. The hours are extremely convenient to accommodate all shift workers. Pharmacy personnel should not have to be guilted by patients to wait 30 minutes so staff members can sit down and have an uninterrupted lunch. Our well being is just as important. Certain pharmacies have already implemented mandated lunch hours. It is a shame that a pandemic has led corporate policies to change to allow for a basic human right. The Board Of Pharmacy needs to incorporate this into the law. This should not even be considered. It needs to pass.	Support
Pharmacist		great rule,especially for pharmacists,when we never used to get a break before this came in effective.	Support

Mandatory Rest Break Comments

Pharmacy Technician		I think the proposed 30 minute break for long shifts and the option to close the pharmacy temporarily when pharmacists are on break would be very beneficial for the workflow and well-being of the pharmacy team as a whole. Consistency in break times is reasonable and could potentially make business run more smoothly as well as provide team members with more substantial and restful breaks. This could ultimately improve efficiency, morale, and promote the break up of busy/overwhelming parts of the business day. I think all around the proposed rule would offer beneficial new options for all team members.	Support
Pharmacist		Pharmacists need mandatory breaks and rest periods because it will improve patient safety. If we do not have mandatory breaks, then we do not have a chance during our hectic work day to take a break and there is no one to relieve us from our constant work duties in order to take a break. Working a full day without a break is grueling and without mandatory breaks I fear patient safety will be compromised.	Support
Pharmacist		Support mandatory breaks and rest for pharmacy staff	Support
Pharmacist		I believe this rule is necessary and very overdue. Workplace fatigue and lack of eating led me to leave the retail setting. I just hope that the damage done to retail pharmacy is not permanent as many of my friends and coworkers that were in retail pharmacy have left and vow to never return.	Support
Pharmacy Technician		Breaks are basically non-existent and lunch periods are a luxury. Thankfully our pharmacy closes for a 30 min lunch but it usually ends up being about a 15 min unpaid break after all the patients have cleared the pharmacy and we've been able to shut it down, hoping to not get stopped by a customer on our way to the break room them taking time to heat up or retrieve your food... it's ridiculous. Many staff often work thru lunch and graze on food while working to get caught up because it's the only time it's fairly quiet to be able to focus. Something needs to be done because due to already difficult staffing issues, burnout is a serious concern.	Support

Mandatory Rest Break Comments

Pharmacist		Thank you for reviewing the feedback. I love it.	Support
Pharmacy Technician		Our pharmacist’s do not get a break and most of the time they don’t even get a chance to eat or go to the bathroom because they are busy all day long. I think it would be great to give them a mandatory break so that they make sure they get the chance to do so.	Support
Pharmacist		Almost every other profession gets breaks and lunch times that don't require you to multi-task while eating or trying to go to the bathroom. I realize closing a pharmacy for 30 minutes isn't ideal but getting breaks to recharge or take a much needed breather after a particularly challenging day should be the norm. Most days are now riddled with too many shots, too many sick patients and too many days of short staffing or no staff at all. These reasons alone increase the chance for errors especially in 24 hour stores where lunch times and breaks aren't allowed and conveniently an exception for some reason.	Support
Pharmacy Technician		It would be nice to take a break, but breaks are not paid	Support
Pharmacist		I feel that we should have a mandatory break since a lot of us work as the only pharmacist and spend hours being pulled in multiple directions while trying to make sure no mistakes are made.	Support
Pharmacy Technician		I work at a very busy store where there are never enough employees. There are always more prescriptions coming in than we have time to fill. We close the pharmacy for thirty minutes every day, but most of us never take the full break. It’s unfortunate that we think we will be more caught up by working through the break because it does not make a huge difference usually. So, being required to take a break would probably help more than hurt a pharmacy.	Support
Pharmacist		As a pharmacist for 26 years, we should have had mandatory breaks a long time ago. Working 13 hour shifts with no break is complete insanity	Support

Mandatory Rest Break Comments

Pharmacy Technician		The pharmacy should be completely closed for the 30 minutes. Specifically at pharmacies with one pharmacist and no overlap, there is no feasible way for a 30 minute "uninterrupted" break to occur. A break is necessary not only for the safety of the pharmacist but also the patients	Support
Pharmacist		a break is nice, but will only make us a half hour behind and have to work even faster to catch up, decreasing unnecessary pbm mandates and redundant DUR edits would increase filling effeciency more	Support
Pharmacy Technician		Yes. We deserve breaks.	Support
Pharmacy Technician		I believe there should be mandatory rest breaks for pharmacy personnel. We spend most of the day on our feet and it is a safety issue for the public as well as for the health of the pharmacy personnel.	Support
Pharmacy Technician		i personally would like a 30 minute break when working 8 hour shifts because sometimes we get so busy that it gets overwhelming and exhausting and being able to sit and relax for 30 minutes would help to recharge my energy levels	Support
Pharmacist		A 30 minute lunch break would be a great way to "reset" my brain and I think I would function more efficiently. Everyone needs a little while to step away from the chaos of retail pharmacy. This proposition is a game changer for retail pharmacy for sure!	Support
Pharmacy Technician		I strongly agree that this should be mandated. I am lucky to work in a hospital that has breaks built into our schedule. But the retail pharmacies I worked at rarely gave you a break long enough to finish a lunch/pump for a newborn/etc. - or even somewhere out of sight of patients to allow for a proper break.	Support
Pharmacist		Long overdue for the health and safety of both patients and pharmacy personnel.	Support
Pharmacy Intern		It would be beneficial for pharmacy staff to get at least one 30-minute break every 8 hours such that if a staff member is working for more than 8 hours they are entitled to two 30-minute breaks. This will help to reduce fatigue errors	Support

Mandatory Rest Break Comments

Pharmacist		I think this would be helpful to be required because most pharmacists I know do not get a mandatory break because they're "salary" positions. I've been told personnel have enough "downtime" cumulatively throughout day to consider it a break, but it's far from it. There is rarely "downtime" in any pharmacies anymore. To have a few minutes here or there when you can still get calls and be interrupted is not the same as a dedicated step away from the pharmacy (inpatient or outpatient) for 30 minutes. We need mental breaks that can be so helpful to just reset and ultimately increases patient safety. Our technicians are told to mark that they take a break on the time clock when they have not because the company doesn't want to pay them for 30 minutes if they have "downtime" in their day. If we make breaks mandatory, it will fix these issues and allow us all to reset and come back from a break refreshed which will decrease mistakes and ultimately improve safety.	Support
Pharmacist		As a retail pharmacist for the past 22 years , I am absolutely in favor of the 30 minute rule. Every other professional has the opportunity to eat and give their eyes a rest from the computer screen at some point in the workday. It also should help in the correct processing of prescriptions as low blood sugar is not helpful in catching errors or providing nice customer service to our patients. I have had multiple bladder infections over the years by being so busy and overwhelmed that there was never a good time to visit the restroom but maybe once while on a 10 or 12 hr shift. The 30 minute rule will give any pharmacist a much needed and medically needed break. Very few pharmacies have more then 1 pharmacist on duty during the day , where the partner can take off for a scheduled lunch. This equalizes all the stores. Wonderful idea and about time!	Support
Pharmacy Technician		I think it's an awesome idea	Support

Mandatory Rest Break Comments

Pharmacy Technician		Mandatory breaks and rest periods should be instituted. The retail pharmacy chain is all about money, all about quotas; how much can you "sell" per day. This goes for drugs and vaccines (especially vaccines). And if the pharmacy chains could get away with it; they'd never let us eat. Luckily we get that. But nonetheless; rest breaks are needed. In a 8 hour period it would never hurt for two 10 minute breaks and a 1/2 hour lunch; split up. I worked for other businesses who (are chain corporate) and they did this! There is not a single reason pharmacy chains cannot allow this. Sadly it will be needed to be made mandatory because pharmacy chains likely won't "just do it"! So I support mandatory rest periods. This additionally helps with strain, fatigue, and other issues. A chance to take a step back and regroup and get going. This I really believe would reduce errors too! As a pharamcy tech; I believe this is definitely needed!	Support

Mandatory Rest Break Comments

Pharmacist		Thank you ! It is about time that pharmacists and technicians in Ohio are actually given time to eat their lunches and take their breaks! I have worked in other states that have this in place, and the real challenge is ensuring that break times and lunches free of work are actually enforced. As an example, in CA, there have been tons of class-action labor laws against virtually all of the pharmacy chains for pressuring staff to work when they are on their breaks and on lunch thru retaliation or implicit threat of job loss, etc. (Just Google "class action lawsuits" and "pharmacy breaks" - here is an example of what comes up: https://www.lieffcabraser.com/employment/walgreens/ and https://lawstreetmedia.com/news/health/parties-in-suit-alleging-walgreens-did-not-provide-breaks-for-pharmacists-seek-approval-settlement/) Putting breaks and lunches into Ohio pharmacy law is wonderful and a step in the right direction for pharmacist and technician rights as people and employees. Enforcing and auditing pharmacies to ensure that they are creating the time and space (as well as customer expectations) to actually support pharmacy staff in taking these breaks and lunches will be essential, esp. in a time when chain pharmacies especially are running pharmacies with a skeleton crew while also overloading staff with an unrealistically large workload and still continuing to cut technician hours and expect pharmacists and technicians to provide additional services, such as immunizations and blood pressure screenings. If these same pressures continue, then techs and pharmacists will continue to feel squeezed to the point where they feel they do not "have time" to actually take their breaks or lunches as intended. This law, while incredibly important and beneficial, does nothing to change one of the core issues behind pharmacy staff burnout, which is staffing cuts and shortages, and unwillingness by retail chain pharmacies especially to provide the necessary time / financial / staff resources for the pharmacy staff to be able to take breaks and eat lunch uninterrupted while also meeting customer expectations and completing the expected workload. Congratulations on finally heading in the right direction to recognize pharmacists and technicians as humans who are	Support

Mandatory Rest Break Comments

		deserving of time to eat lunch and take breaks while working in the pharmacy! This is a step toward recognizing pharmacy worker rights and improving patient safety through avoiding overwork without breaks!	

Mandatory Rest Break Comments

Pharmacy Technician		As a pharmacy tech, we can be filling prescriptions, working drive thru, and handling billing for hours at a time, on top of working with customers. I can say from starting this field in the last two years that us techs and especially the pharmacist deserve a mandatory resting period. Not only is this just good practice and humane, but resting has shown to improve productivity in the workplace.	Support
Other (please specify)	Pharmacy tech in training	Everything great	Support
Pharmacy Technician		Mandatory breaks should be required everywhere. A pharmacist should be allowed a break from all the stress. It's not fair what is expected from them without any time to rest.	Support
Pharmacy Technician		We need breaks	Support
Pharmacy Technician		Love the rule	Support
Pharmacist		Mandatory rest periods for Ohio pharmacy personnel has been long a overdue development. Over the years, the Ohio Pharmacy Board Office has turned a blind eye to pharmacist working conditions, and in particular, working conditions that resulted in medical errors that affected patient care. The pharmacist was guilty regardless of the working circumstances. This type of mindset as well as pharmacy practice ethics and the political agenda by the Ohio Pharmacy Board office needs to change. I am encouraged to hear that positive developments are being considered.	Support
Pharmacy Technician		there should definitely be mandatory breaks to avoid burnout. my co-workers and i have been under intense stress and not being able to take our allotted breaks because of high work volume is a contributor to that	Support
Pharmacy Technician		Adopting this new rule will allow pharmacy personnel to establish balance in the workplace. The lasting effect will also help prevent medical errors within the workplace.	Support

Mandatory Rest Break Comments

Pharmacist		There should be mandatory breaks. The manner the cvs is staffing techs - 1 tech with 1 pharmacist handling drive thru, covid testing, front end register, calls, filling prescriptions and immunizations should be illegal. The 30 minute break is a minut help to try to rest between the on going caos.	Support
Pharmacy Technician		I agree with it	Support
Pharmacy Technician		Mandatory meal breaks are a fantastic idea and I think we should move forward with that	Support
Pharmacist		Mandatory breaks are absolutely necessary as companies have proven they will only allow them when their hand is forced. It does nothing to address the immense staffing needs that are the root of the problem, but it is a step in the right direction.	Support
Pharmacist		I work in retail pharmacy. Lunch and dinner breaks should be provided to pharmacist. Pharmacy should be shut down for 30 minutes for personal to get break	Support
Pharmacy Technician		This law is way overdue and should be implemented within Ambulatory and Inpatient Pharmacies everywhere.	Support
Pharmacist		In the retail setting the working conditions are becoming deplorable. This has been too long for not demanding lunch periods and breaks . Being in 2023 I thought sweat shops wouldn't be tolerated.	Support
Pharmacist		I am in support of this rule to allow mandatory breaks and rest periods for pharmacy personnel. Please adopt this rule. Thank you for making it mandatory.	Support
Pharmacy Technician		Breaks should be mandatory.	Support

Mandatory Rest Break Comments

Pharmacist		Please continue to push for these mandatory breaks and rest periods. These are much needed. At our company, we mostly work 11 hour shifts by ourselves with technicians- we are lucky to grab a snack here or there and run to the bathroom once. While this speaks to the inconvenience for us as people and employees, there is obviously a much bigger issue. 11 hours with a pharmacist who has not had a break, eaten, walked away from the computer poses a huge safety issue to our patients. A few hours in, fatigue starts to kick in, and eventually alert fatigue hits and it's very easy to miss interactions and other things that we would not miss if we had the chance to have a break. We appreciate the hard work you are doing to push for breaks	Support
Pharmacist		Amen, we are people too needing time to re-energize. About time! I am in favor of the State Board or an organized Union fighting for RPh working conditions. I have very little good to say about chain pharmacies. Cut support help hours and place more demands upon the worn out, stressed out, burnt out pharmacist. Then complain about customer service. We need help now not in the future. Hard to promote pharmacy to young students that will have to endure such working conditions. I could not take it anymore and retired.	Support
Pharmacist		As a registered pharmacist working for a community pharmacy, the proposed rule for mandatory breaks has been long overdue. This rule will be the catalyst for better working conditions, overall morale, and increased efficiency within the pharmacy. I am in full support of the mandatory break.	Support
Pharmacist		Having time in my long day to be able to eat a lunch and not have phones ringing and vaccines to run out and do what be helpful. Stress levels would definitely decrease.	Support
Pharmacist		Mandatory rest and meal breaks are absolutely needed for Pharmacy personnel. Some employers have already implemented this for pharmacy staff and are leading the way for what should become required for all Pharmacy practice settings.	Support

Mandatory Rest Break Comments

Pharmacy Technician		Thank you - this is a Godsend! I injured my feet previously and after 7 or 8 hours of working, I feel like I can barely stand. I limp and on top of that, the pharmacist barks at me to be more efficient. This would be a positive move by administration towards promoting good health for workers. The only things that are unclear are if the proposed mandatory rest break would be in addition to a lunch break and if the rest break is a paid break.	Support
Pharmacist		breaks are needed. fatigue sets in during the day and volume doesn't stop. very concerned about safety for pharmacists and customers	Support
Pharmacist		I am so grateful for the opportunity for a break/rest period as the public views us as robots! Many of us pharmacists are at work all day for 12-13 hour shifts and allowing us to take a break/rest period is very much needed for our mental as well as our physical heath as we are people too!	Support
Pharmacist		I sincerely hope this proposal is adopted, and not just recommended with no action taken. This proposal has been brought up before only to have the lobbyists for the big chain drug companies see to it that it never comes to fruition. It's always been about the $, and no respect for the pharmacist as a person, and pharmacy as a profession. "Lick,stick,count,and peel". Let's see this time if we have the compassion and respect for the profession to do the right thing !	Support
Pharmacist		Thank you for taking this action, must say it is certainly about time. As a pharmacist for over 20 years, I find it very disappointing that it took this long and that the board has to mandate it. Seems that pharmacy chains (including grocery chains) never wanted to implement this. Again, Thank you	Support

Mandatory Rest Break Comments

Pharmacist		This is an important and necessary rule for both employee and patient safety. Being unable to eat or take a moment of rest in a long, busy, physically and mentally active shift is untenable and only opens us up to making mistakes which harms everyone. I am glad the board is taking prior public concerns to account and fully in support of this ruling being passed.	Support
Pharmacist		I think it is a great idea. I have been doing this for 20 plus years and people can not believe pharmacist don't get a lunch. We have a very important job to do and it makes no sense to push pharmacist over the edge with fatigue because that is when mistakes can happen. I have worked 12 hours days that we were so busy I had to go thru the drive thru after work to eat something before I drove another 40 minutes home. I do appreciate the opportunity to give us a lunch break. I think it would help a lot on those really busy days that seem to be more frequently. Thanks	Support
Pharmacist		This would be much needed. as a pharmacist getting up in age the 13 hour shifts without breaks is too much	Support
Pharmacist		I believe there should be mandatory breaks and rest periods. We recently started to get 30 minutes for lunch. It's a nice change, but still does not seem like long enough. The first 5-10 minutes are still used waiting at patients at the counter as they come running in to beat the lunch break. A 20 minute break when working 12-14 hours is exhausting and causes major fatigue which is detrimental to patient care. Things get missed when you are tired, overworked, and rushed every day. Mandatory breaks and lunches will not allow companies to continue to abuse their pharmacy staff.	Support

Mandatory Rest Break Comments

Pharmacist		As a pharmacist privileged to be licensed in Ohio, the proposed rule appears to me to maximize patient safety while simultaneously preserving the professional judgement of a pharmacist to elect not to engage in the 30 minute break if an emergency need necessitates. I have worked 16 hour shifts in community pharmacy just to come back the next day and repeat the same workload. While I was able to do this when I was in my twenties, it has become increasingly difficult to maintain maximum performance with this kind of hourly shift. Burnout is difficult to avoid when one is too exhausted from a week of five 16 hour days in a row to interact with one's family and community. Pharmacists "can" do this, but at what risk to the communities they serve? I would like to submit to the board and stakeholders that the residents of Ohio deserve better and will be best served by the proposed rule under consideration.	Support
Pharmacist		no comments. Sounds good Thank you for the well thought out plan	Support
Pharmacy Technician		There should be mandatory breaks to help prevent people from making critical mistakes.	Support
Pharmacy Technician		I think that this is a great idea. Being unable to sit for an entire shift is extremely hard on my body. I would appreciate a five minute break once or twice a shift.	Support
Pharmacist		Mandatory rest periods are essential to pharmacist well being and in direct response, patient safety. This is not a novel idea, just something that has disappeared as demand has risen. In order to protect the public, this rule is essential. The number of pharmacists who don't eat, take a bathroom break, or get a moment to decompress throughout an entire day is astronomical. It puts patients at harm. Eating while checking prescriptions is not only unsafe for everyone, it's unsanitary and should never be allowed. It's common decency and sad that a law needs to be put in place for pharmacists to have a living work environment.	Support
Pharmacy Technician		Pharmacist need breaks to perform to the best of their abilities.	Support

Mandatory Rest Break Comments

Pharmacist		I agree that pharmacists should be required to have breaks if working more than 6 hours continuously. I become very fatigued and hungry in my last 7 hours of work (after my first 5.5 hours of work) without having a break. I believe that having a break to sit down and/or have a snack would help with being more alert during the evening.	Support
Pharmacy Technician		I have been denied breaks many times, even when working as a union member and had to get documentation from a medical provider. This law is needed to maintain a healthy and safe work environment for everyone.	Support
Pharmacy Technician		-Necessary -Retail pharmacies would up to 12 hours with only a single 30min break with CVS -increased risks of mistakes with less break time is applicable	Support
Pharmacist		While it is unfortunate that there is a need for a law to give a lunch break over an 8 hour shift , most pharmacists (particularly on the retail side) work significantly longer hours and this should absolutely be a standard. It should not be viewed as only a pharmacist / tech / human need but also from the lens of patient safety as most pharmacies continue to run on thread bare staffing and the cumulative load can potentially lead to an increase in errors.	Support
Pharmacy Intern		I am in favor of ruling for mandatory breaks for ALL pharmacy personnel, given that there is sufficient overlap in staffing- if not closing the pharmacy for a lunch break period.	Support
Pharmacist		I support this rule as this is the very bare minimum of a workplace requirement.	Support

Mandatory Rest Break Comments

Pharmacy Technician		I think this rule is a great thing. I'm currently a technician who's worked for almost two years in a pharmacy. I am also currently in pharmacy school and will be an intern next year. There are days where they are only 1-2 technicians on the weekends and 1 pharmacist. I usually don't get to eat or sit down during my 8 hour shift during the weekend. It's very frustrating how understaffed we are and the workload we get. I wish we could shut down on the weekends for 30 minutes for a break. Breaks on the weekdays happen and flow fine. On the weekend, we will not get breaks unless we have an opportunity to close for 30 minutes.	Support
Pharmacist		Wonderful idea! Not sure how this no break thing started in the first place.	Support
Pharmacist		Needs to be done. Currently no break mandatory at my place if employment and the public doesn't understand the need for the pharmacist to take a break	Support
Pharmacist		I agree and would very much appreciate a lunch break. I have experienced no breaks in pharmacy with CVS and with independent stores and this is a great step in the right direction.	Support
Pharmacist		The break is needed to not only eat but to clear one's head. After 30 years as a retail pharmacist, today's work environment is the most challenging	Support
Pharmacy Intern		My pharmacist works 12 hour shifts and sometimes doesn't even get a bathroom break. Mandatory breaks are a need.	Support
Pharmacy Technician		I believe there should be mandated breaks for the safety of the patients and the pharmacists. Some pharmacists and techs commute to work then are expected to work 12-13 hour days. I believe a designated 30 min break would provide optimal rest and eating periods for pharmacy staff	Support
Pharmacist		I wish for this rule to pass	Support

Mandatory Rest Break Comments

		thank you so much for implementing the mandatory breaks and rest periods for pharmacy personnel. have been a pharmacist for over 20 years and have experience in hospital, ltc, grocery chain (kroger) and now in ambulatory care clinic. it is certainly about time, but i am deeply disappointed that it took a pandemic to institute this without the assistance of pharmacy chains. again, thank you so much!	Support
Pharmacist		I truly believe that working 12 hours straight, with no set break is dangerous and unhealthy. No person should have to work without eating or going to the bathroom if the pharmacy is so busy that one cannot squeeze out time to take a bite of food or go to the bathroom!	Support
Pharmacist		It is about time that pharmacy personnel are treated like the human beings they are and not like some robots that exists to process prescriptions.	Support
Pharmacist		Retail pharmacists have been completely overworked, burnt out, and taken advantage of especially with the advent of COVID vaccines but even prior. It's a shame that we're just now starting to garner the same work place rights as the rest of America. It's a joke that we don't already have scheduled meal breaks and rest breaks like the rest of the world and instead have discussion panels on whether to consider allowing it…..	Support
Pharmacy Technician		I think it's so unfair that we over worked. Then companies having the nerve to cut back hours, leaving us working under staffed. Then to top it off the economy we living in & the inflation of food cost, living, gas etc...	Support
Pharmacy Technician		Do you have break recommendations on technicians who work in clean rooms?	Question

Mandatory Rest Break Comments

Pharmacist		As it is worded, I am opposed to the Mandatory Break rule being proposed by The Ohio State Board of Pharmacy. Too often, when something that sounds like an improvement is "mandated", the negative effects outweigh the benefits. In some settings, a pharmacist that is paid hourly could lose 2.5 hours per pay per week. I do not see anywhere in the proposal that this would be a paid break. A "less-is-more" rule would be to simply inform employers that if a pharmacist, pharmacist-intern, or pharmacy technician working longer than six continuous hours per day feels that they are not getting adequate breaks, then they are permitted to request and be granted up to a 30-minute, uninterrupted break. If the employer fails to meet the request, the employee has the right to contact the Board, which would promise to act quickly on the violation. I find that often meetings and discussions in the business world focus on "numbers" that are not based in any solid fact. As an example, an employee working 6 hours, gets a 30 minute break. If they work 5 hours, apparently they do not qualify for any break. And apparently if they work 11 hours, they still only receive 30 minutes. What if an employee feels that they could work better with two fifteen minute breaks? I think more trust should be given to employers that they will do their best to provide a safe environment for their greatest assets, their employees. I truly believe this rule should either be abandoned entirely or edited in a manner that I mention above. In my work setting, where I am the loan pharmacist on site, a forced 30 minute uninterrupted break will no doubt add to my workload. I will come back after the break to handle things that could wait for my return, but also, I may have to cover remotely via electronic means other sites whose single pharmacist would be on their break. I have been practicing pharmacy for nearly forty years. As many in healthcare, there are times of immense workload. We make important decisions every day. I think we should be left with the freedom to elect our best way to work safely. A 30 minute uninterrupted break cannot possibly guarantee a safer work environment. In some settings, it could make it less safe. David Keenan RPh License # 03-3-18638 1500 Spring Wood Lane Uniontown, Ohio 44685 330-896-7161	Oppose, feedback included

Mandatory Rest Break Comments

Pharmacist		As it is worded, I am opposed to the Mandatory Break Rule being proposed by The Ohio State Board of Pharmacy. I feel mandating breaks will simply make the work environment more confusing, and perhaps less safe. I work part-time and am paid hourly. I would LOSE 1.5 hours of pay weekly because there is no stipulation that these are paid breaks. I work in a retail setting where workflow ebbs and flows. I want to have the freedom to choose when it is a good time to "take a breather". I also don't understand the wording that I am taking an uninterrupted break, but I will have to "be available". It is not easy to relax with that caveat. I am also a bit shocked that when I am on the premises while taking my break, duties performed by my technician or support personnel are still considered under my direct supervision. That contradicts what I have been told for years. I think more trust should be given to my employer and co-workers that we will do our best to provide a safe environment for our patients. I truly believe this rule should not be passed as written. I have been practicing pharmacy for over thirty years. As many in healthcare, there are times of massive workloads. I am expected to make important decisions every day. I think we should be left with the freedom to decide our best way to work safely. A 30 minute uninterrupted break cannot possibly guarantee a safer work environment. In some settings, it could make it less safe. Michele Keenan RPh License # 03119062 1500 Spring Wood Lane Uniontown, Ohio 44685 330-896-7161	Oppose, feedback included

Mandatory Rest Break Comments

Pharmacist		As proposed, this rule will only back pharmacists up, causing them to rush to catch up with the work that the technicians have completed and therefore still increases the risk of errors. The other scenario would be that the staff - meaning the salaried position ie, pharmacist would have to stay overtime to catch up. It should be MANDATORY to have companies provide overlap PHARMACISTS to cover. Again, while a break seems like a great idea many pharmacists will agree that they would just work through the break as to not get more behind as there is never enough scheduled help to begin with. More needs to be done to make the corporations accountable to fully staff their pharmacies or close them. This is why I, and many others have left the profession as we are not treated as professionals. We are only means to the corporations bottom dollar.	Oppose, feedback included
Pharmacy Technician		I don't believe the breaks should be mandatory. I agree with everything else listed, but not requiring breaks. They are unpaid breaks that I don't believe we should be required to take. I think the choice should be given to all pharmacy personnel. I prefer to take my two paid fifteen minute breaks throughout the day instead of a thirty minute unpaid.	Oppose, feedback included

Mandatory Rest Break Comments

Pharmacy Technician		This rule is a joke. The break needs to be AT LEAST one HOUR, PAID, uninterrupted break for both Technicians AND Pharmacists. Workload is TOO HIGH, especially in retail environments--a single half hour is NOT sufficient, in fact it is BELOW sufficient and reflects poor care of staff on the Board. There should also be 2 MANDATORY, PAID, 15 minute breaks per 8 hour shift for Technicians AND Pharmacists (especially in the retail setting). Staffing needs to be sufficient that all needs of patients are met, and staff is PAID, and allowed adequate rest. No Pharmacist should be REQUIRED to work more than an 8 hour shift, regardless of retail, hospital, or other setting. Put the care and safety of staff above profit, and the care of patients will be superior. The issue with overworked staff is, at the root, not enough trained staff, so minimum wage for Certified Pharmacy Technicians need to exceed $25 to $30 per hour in the state of Ohio. This will attract work. One hour paid breaks, and two 15 minute breaks per 8 hour shift will also bring in talent to the Pharmacies in the state. Pay us what we are worth, and performance will be exceptional. Nobody wants to be overworked and underpaid, especially in this type of high-need field. Make it an hour, mandate it be PAID. Thank you.	Oppose, feedback included

Mandatory Rest Break Comments

Pharmacist		The rule, as written, is ridiculous. Something to say that you've done something while actually doing nothing and hanging it all on the individual pharmacist, per usual. I'm not sure how relaxing a break is knowing the staff continues to work with patients and pile up work for the pharmacist upon return from the 'break.' And anything that goes on while the pharmacist 'breaks' is under the pharmacist's liability. Whether intentional or not, techs and interns will do things outside of the pharmacist's purview that the pharmacist would not agree with if they were physically present/consulted. But I guess the pharmacist will be rejuvenated from their break when called on the carpet by their employer, a patient, the Board or a lawyer for something done when they weren't even there. Either you mandate the pharmacy close so that a proper break is possible or there truly isn't a break. There's just a half hour of being away but being fully responsible at the same time.	Oppose
Pharmacist		I don't believe mandating breaks is necessary. It should be left up to individual pharmacies to make their own policy regarding breaks. If a pharmacist feels they need an uninterrupted break they should discuss that at the individual pharmacy level. A blanket mandate is not the answer for our profession and will have unintended consequences.	Oppose
Pharmacist		Our pharmacy is a very busy retail grocery chain pharmacy. We have pharmacist overlap which enables us to take breaks. It would be an inconvenience to close for 1/2 hour every day. We would have to end up staying past close to finish the work.	Oppose

Mandatory Rest Break Comments

Pharmacist		What a slap in the face. A basic human right of a lunch break is a privilege for pharmacists who provide great value to the community. The rule should be that the pharmacist is NOT allowed to do any work while taking this break so that they are not only able to actually eat, but can also take a mental break as well. The mental break is needed for both a break from having to think critically pertaining clinical information AND a mental health break. It's no secret that majority of pharmacists are stressed out throughout the day and this would provide relief. These corporations are getting away with treating us like slaves. Although some now close for "lunch", most pharmacists work through the lunch to catch up. We still dont eat, we still dont get to sit down, we still dont get a mental break. It's inhumane. It is imperative that we take that break to protect our patients. They ultimately will see the effect of pharmacists not getting breaks through medication errors. I implore the board of pharmacy to do the right thing, advocate for our profession, and help us pharmacists/technicians take care of our patients in a safer manner. Thank you.	Oppose
Pharmacist		This is not an improvement and is unfair. If the pharmacist is to remain on premises and be available, then it is NOT an uninterrupted break. It is not a break at all. Busy retail stores that are not required to close will continuously require the pharmacist, period. There is no emergency in outpatient pharmacy. Chains will abuse this loophole. Also, only requiring 6 hours between shifts? Is this a joke? Non salary employees are required to have 8 hours between shifts. You think SIX hours is enough time when you are EXHAUSTED from the daily abuse to commute, eat, sleep, shower, get ready, and commute home? The big chains make pharmacists drive an hour for commute time. This entire role is a joke.	Oppose
Pharmacy Technician		This should be up to the pharmacy personnel to decide for themselves.	Oppose

Mandatory Rest Break Comments

Pharmacist		Waste of time…. Just limit the number of daily vaccine allowed and vaccination propaganda. Since when is it a pharmacist job to be the sole administrator and record keepers of all vaccine recommendations and requirements for everyone in the country . It's becoming a joke actually.	Oppose
Pharmacist		Please do not mandate this for hospitals. It is not feasible for small facilities.	Oppose
Pharmacy Technician		I don't believe a mandatory 30 min break is necessary within six hours of work. Our labor laws state a break isn't required until you work a full eight hour shift, which is sufficient. I've worked in a pharmacy for 27 years and have never required/needed a break after working 6 hours.. and then having to take my 30 minute lunch too.. that's ridiculous! Most workplaces don't have enough workers to cover mandatory breaks & lunches.	Oppose
Pharmacist		The 12 hour workday limit is unnecessary. Cutting an hour off the work day will just move more work into a shorter period of time. Especially with the introduction of a mandatory break, shifts in excess of 12 hours are very doable. Pharmacists that claim shifts over 12 hours contribute to errors are using this as an excuse for their own shortcomings. At the very least it should be up to the pharmacist, that is to say they shouldn't be forced to work over 12 hours but they definitely shouldn't legally be prevented from working over 12 hours	Oppose

Mandatory Rest Break Comments

Pharmacist		I am truly amazed at the recommendation on breaks regarding pharmacist by the board it basically is towing the retail pharmacy company line. Why is it the board is not concerned with the well-being and safety of the pharmacist?Which ultimately equates to patient safety. Getting 1- 30 minute break for a 11-13 hour shift when you are already expected to get there early and consistently expected to stay late unpaid is absolutely against any other profession and labor laws much less a profession that requires such a high level of accuracy. How is it that a cashier at a department store if working an 8 hr shift gets 2- 15 minute breaks and at minimum a 30 min lunch yet Pharmacists are expected to constantly be working at volume levels which are unsafe with numerous additional responsibilities being added regularly? We are already giving these companies free labor daily not counting the lack of breaks/lunches. You have to wonder why would the board not recommend that pharmacists get 2 breaks if working an 8 hr shift and a lunch when standard retail pharmacist work 11-13 hrs paid a day?? How many meals does someone eat from 8am -9pm in a day?? I can assure you it is normally more than 1 and the fact you have NO OTHER BREAK during that 13 hr shift. Why would the board not want pharmacists rested to the point of being able to safely dispense medications? Because the retail companies have too much influence over the boards which is why we need to move to a union to balance the scales and institute common sense labor laws/regulations. The only exception to breaks should be if you have OWNERSHIP in the pharmacy you are working in and if you choose not to take those breaks then that would be the choice of someone who has the authority to take a break if they needed because they are an owner. However, to force a regular employee to not have just 1 break a day which most still can't take because of the added workload is absolutely unacceptable and wouldn't be tolerated in any other profession. The recommendation by the board basically restating retail companies 1 lunch break policy is shocking. Some states just got the option of the 1 break this last year which was already LONG overdue. This is why people are not signing up for pharmacy schools and they are leaving the profession in droves. I can personally tell you I don't know	Oppose

Mandatory Rest Break Comments

		one pharmacist that would recommend the profession to someone and it's because of things like this... Why would you go to school full time minimum of 6.5 yrs and be 100s of thousands of dollars in debt to become a Doctor who can't even take a break during the day? No other DOCTOR would work in those conditions and as the retail pharmacies have seen they aren't going to anymore which is why they are leaving and can't hire anyone willing to stay more than a month or two. Maybe we should all work for the board and then we would. I thought when Ohio Board announced this focus group that they were actually going to do something! I can't even express my disappointment with respect to their "recommendation".	

Mandatory Rest Break Comments

Pharmacist		This change seems to be geared more toward large chain pharmacies who are staffing at unsafe levels. I've staffed in a busy independent for several years and take breaks throughout the day as workflow permits. I think it's unnecessary to require me to inconvenience my patients by stepping away for 30 minutes. This also creates more stress for me knowing I may have to do this during a busy period and come back to a larger workload and impatient customers. I also have worked in slower independent pharmacy settings (under 200 prescriptions per day). Why would you require this change for a pharmacy like this or a start-up pharmacy only filling a handful of prescriptions per day? I think it's important to keep in mind...taking a 30 minute break does not decrease the amount of workload, it simply condenses it in less time which can cause more anxiety and stress for some pharmacists.	Oppose
Other (please specify)	retail pharmacist and owner - 54 total years worked	trying to micromanage which is usually disastrous - can not issue such a one size fits all law and expect only good results - reminds me of the can only transfer a prescription once law which was quickly rescinded - every establishment is unique and its owners and pharmacists are well aware what is safe and what is needed in their particular setting to operate safe and efficiently - mandatory breaks should not be dictated however your suggestion for such is greatly appreciated - not a good law in my opinion and I thought long and hard about this before responding - steveallenrph@yahoo.com	Oppose

Mandatory Rest Break Comments

Pharmacist		While laws are created with good intentions, they also and most assuredly have bad consequences. This is one of those laws. While some large companies may take advantage of pharmacists, many work in longer hour settings advantageously or in tandem with their employer to create better access to their communities. This is especially true in the independent, rural setting where some pharmacists have to work longer hours alone to support their needs. Removing this flexibility or creating more bureaucratic law is discriminatory to independent pharmacies in rural, healthcare deserts who do not have the large resources as larger companies the State seeks to mandate into control. This will in turn to lead to less opening hours and access to care to those patients in these healthcare deserts.	Oppose
Pharmacist		As a pharmacist with 2 rphs everyday, I believe this law would actually make our job more stressful. By taking a 30 minute break, it will prevent us from catching up and staying caught up. It would be like starting our day over again only later which would make it harder to catch up. It should be up to individual companies, not the state board.	Oppose
Pharmacist		Please do not mandate breaks. I get enough downtime in my retail pharmacy because I have overlapping shifts with my partners Monday through Friday. When I work weekends we would have to close down for a half an hour and that is not what I want nor do my patients. These mandatory breaks would also make my work week 2.5 hours longer.	Oppose

Mandatory Rest Break Comments

Pharmacist		While I think the idea of breaks for pharmacy personnel is a good idea I'm opposed to making this mandatory especially for Pharmacists. Pharmacists traditionally have managed their own breaks. Most organizations have established breaks for Pharmacy Technicians. The idea of making breaks mandatory concerns me for the following reasons: 1) Impact on the public when visiting a retail Pharmacy. Patients expect their Pharmacy to be open, per hours posted, when they visit to pick up a prescription. How will it work when someone wants to pick up a script and the Pharmacy is closed for a break. This will occur in one Pharmacist locations. Will the patient need to select a pick up time via a phone call or schedule a visit via the internet? 2) Monitoring of compliance. What happens if scheduled breaks are missed due to conditions warranted to take care of patients? Are we going to fine the Pharmacy or cite them for missing a break? 3) The idea of a government agency mandating breaks appears like an overreach of authority. What's next? Will the Board mandate Pharmacy hours, Holidays to be observed, other benefits that the private sector sector manages? Thank you, H. Leonard Stallo	Oppose
Pharmacist		Rest periods are fine. Most retail operations already have these in place so this rule has little real impact on the industry. The issue I have is the 12 hour shift limit. Physicians, nurses, and many other medical positions have shifts that are more than 12 hours. Why are we limiting our profession? Also this will not have the impact you hope to see. Pharmacies open more than 12 hours are almost exclusively large chain retail operations. If you limit a pharmacist's hours to 12 hours all you are doing to lessening the number of hours to complete all the work for the day, because chains will cut operation hours down to 12 hours. Same number of scripts just less hours to complete them. So it will make workload worse not better. Also this will financially hurt many pharmacist as they will see the hours available reduced. I know if this occurs I will lose 130 hours a year in compensation. Please stop "helping us"!!	Oppose

Mandatory Rest Break Comments

Pharmacist		This is not helping the pharmacy staff at all. The state board is still bending to corporate pharmacy. The pharmacist needs to be completely removed from the pharmacy for their 30minute break. If the pharmacy is still open and running, their break will be interrupted. We all want to help patients. Let us do that by giving us a safe work environment.	Oppose
Pharmacist		I work second shift in a small hospital. I am solo most of the shift. Unless I were to break immediately after coming in, this would not work for me. Many of us would rather go without a break than take unpaid breaks. 30 minutes a day means 2-2.5 hours a week I'm at work but not paid. A waste of time and money in my opinion. I feel like rules should be different for hospitals. We are have to respond to codes, and have 15 minutes to process a stat order—sometimes we cannot help but be interrupted during a break. On nights and weekends there is a single tech and single pharmacist at my hospital. It isn't realistic to have uninterrupted breaks with only 2 people dealing with all the drug needs of a past capacity hospital. I feel this "rule" needs to be tempered with more caveats and some common sense or only enforced in retail.	Oppose
Pharmacist		This is self defeating and will actually make the pharmacists' lots worse, as the same amount of work will now have to be accomplished in less time. If the breaks are not covered by another pharmacist, the pharmacist will find himself 30 minutes behind after thebreak.	Oppose

Mandatory Rest Break Comments

Pharmacist		I feel as a professional it is my right to take care of my own health and I should be allowed to manage my breaks as I need and see fit. I currently take time for lunch or a snack as my workflow allows. It may be 10 minutes here and 10 minutes there. If I were required to take a full 30 minute mandatory break this will add a lot of undue stress and anxiety to my day. I run a very smooth constant workflow. A 30 minute break stops my workflow and then when I come back from a 30 minute break, I will be walking into a situation where I am now 30 minutes behind. I feel this adds a ton of new unnecessary stress that I never had before. This rule takes away the ability to manage my own break schedule and adds a ton of unnecessary pressure on me. I very much disagree with this rule.	Oppose
Pharmacist		This rule would not much help pharmacists. You should revisit this rule.	Oppose
Pharmacy Technician		As a pharmacy technician who has had to work more than 12 hours in the past, how would this only apply to pharmacists? It seems as if the Board doesn't care about the well-being of technicians.	Needs clarification.
Pharmacist		Is it really a break if you are assuming responsibility for all work performed by others while you are on break? This leaves it open for employers to require retail locations stay open during break and personally if I'm responsible for what my technicians do and say I'll be attentive and therefore not getting the mental break needed during a 12 hour Retail shift. It should be stated that it is up to person assuming responsibility to decide if technician continue to sell prescriptions and communicate with patients either on phone or in person or if the gates are down and phones off.	Needs clarification.
Pharmacist		For this rule to be effective, mandatory closing for a time period if there is no other rph overlap would have to be in the rule. Namely, most pharmacies operate on weekends with only one rph. During weekday, could be feasible to operate without mandating closing if overlap available.	Needs clarification.

Mandatory Rest Break Comments

Pharmacy Technician		Pharmacist should have time to not just when they have time to do so. Walmart from I understand they shut there pharmacy down.	Needs clarification.
Pharmacist		The Board should define what a "documented emergency" is within the proposed rule. This is an overly broad term without definition. Thus section E seems to be the provision most prone to abuse by employers to require their staff to perpetually work more than 12 hours in a day and not be held accountable for violations of the proposed rule. For example, if I wanted to "document" an emergency by sending an email out to my staff saying that due to COVID-19 everyone must work longer than 12 hours for the foreseeable future without breaks, the proposed rule seems to allow that to happen. I could further stretch the definition of an "emergency" to include staffing shortages, drug shortages, a visit by management, etc... Additionally, I would strongly encourage the board to make the required time off between shifts to be EIGHT, or TEN, hours instead of SIX. I would point out that the FAA requires that airline pilots take a mandatory 10 hours off between flights for adequate rest - since mistakes could happen which result in death and serious harm due to fatigue. Pharmacy staff also deal with hundreds of patients daily, where there is high potential for death or injury if fatigue of staff arises. No one is coming to work well-rested and fully engaged after only 6 hours between shifts.	Needs clarification, additional feedback included
Pharmacist		Is the proposed break rule mandatory?It states “shall “be allowed.This needs to be clearly defined by the Board as shall in legal terms could mean optional.	Needs clarification

Mandatory Rest Break Comments

Pharmacist		1) If I'm reading this correctly, the pharmacist may choose to physically leave the pharmacy during his/her break and close the pharmacy during that time? If this is the case, should it be more clearly articulated? 2) In my time in retail pharmacy, it was routine for each member of a 2 pharmacist team at one store to work one 12-hour day per week to allow the other pharmacist one day off per week. In this instance, would the one working the twelve hour day be entitled to TWO 30-minute breaks, being he/she would be working TWO 6-hour uninterrupted periods? If so, this should be clarified. 3) And if in the above scenario, the pharmacist working the 12-hour shift is not entitled to a 2nd 30-minute break, I'd suggest a 2nd break during the 12-hour shift, maybe of a slightly shorter duration (i.e. 15 or 20 minutes?). 4) Would this regulation apply to retail AND hospital pharmacies? LTC pharmacies? Centralized, large volume, refill pharmacies? Others? Or is this strictly aimed at open to the public retail pharmacies? I'd suggest you consider some of these other pharmacies where pharmacists also work long hours under stress and also need breaks which are not always available from staff or management.	Needs clarification
Pharmacist		I just want to make sure the break will be a paid break and we will not be required to work extra hours/shifts to make up that time.	Needs clarification

Mandatory Rest Break Comments

Pharmacy Technician		If the pharmacist has to be available on their break, then that is not an uninterrupted break. If the goal is to ensure the pharmacy staff is properly rested so they can do their job more effectively, then the break needs to be uninterrupted. The pharmacy would have to be closed for that half hour. The techs could still fill and type and put things away during that break, but the pharmacy would HAVE to be closed to patients. Otherwise, any time there is a counsel note, or if an incident pops up, the pharmacist on duty would miss out on their uninterrupted break. I don't know if you've worked retail pharmacy recently, but the patients are not going to take "We have your prescription ready, but there is a counsel note for the pharmacist who is on lunch, so you'll have to come back later so we can help other patients" well. If the pharmacist is even just with another patient, I've had patients huff and yell and try to take the prescriptions out of my hands because they had to wait a minute or two. And then that turns into an incident that the pharmacist would have to come solve anyways. The long and short of it is: the pharmacist's should definitely get guaranteed, uninterrupted breaks during their shift so that they can be fully effective. To ensure their break is uninterrupted, the pharmacy NEEDS to be closed to patients.	Needs clarification
Pharmacist		Are the breaks paid or unpaid ? It will be very hard to justify this as being paid	Needs clarification
Pharmacist		It is a great rule in theory, but in practice, there needs to be language regarding working through the mandatory rest or meal period. My colleagues and I usually work through the majority of the one break we do get in order to catch up or get ahead. On that note, most of the time, our shifts are 12 or 13 hours, on our feet the entire time. One 30 minute rest break for this long of a shift is not enough. There should be at least one 15 minute break as well as one 30 minute break. I look forward to seeing what to expect moving forward.	Needs clarification

Mandatory Rest Break Comments

Pharmacist		The rule on documented does not state if the pharmacist working for an employer can choose to close the pharmacy during a documented break. If the employer decides to stay open and the pharmacist takes a break that break should not be interrupted under any circumstance even an emergency. Should the employer choose to stay open then they need to provide another pharmacist to provide coverage during the scheduled break time. There also is zero detail of what constitutes a documented emergency that could entail anything from an antibiotic for a child or a pain med for a post surgical patient. This could happen many times throughout the day therefore the break really is not a break. The rule needs to include that the pharmacist on duty decides closure of pharmacy for a break and if the employer decides then another pharmacist needs be on duty otherwise this rule really is the same as always and allows for pharmacists to continue to work in an environment that is not suitable for patient safety.	Needs clarification
Pharmacist		(F) Except in a documented emergency, a terminal distributor of dangerous drugs shall not require a pharmacist to work longer than 12 continuous hours in any workday and shall allow at least six hours of off-time between consecutive shifts Q: What is the definition of 'off-time'? For example, if a hospital pharmacist works a 12-hour shift and then is 'on-call' for additional hours. Please clarify. Additionally, there needs to be clarification if every aspect of the proposed rule applies to both hourly and salaried pharmacists.	Needs clarification
Pharmacist		(4) Only prescriptions that have been dispensed by a pharmacist may be sold while the pharmacist is on break, unless those prescriptions requiring pharmacist counseling or the pharmacy has established a process to provide counseling via video, telephonic, or other electronic means. Please ensure that it is clear that the offer to counsel should be included with every encounter with a patient at the point of sale within this statement.	Needs clarification

Mandatory Rest Break Comments

Other (please specify)	Regional Pharmacy Supervisor	Will the max 12 hour days be based on posted operational hours? We have pharmacists that come in hours early to get a head start on the day and stay over until the front-end of the store closes to clean up from the day. This is not expected by the business owner, but done because of professional and staffing obligations. How does this rule effect those practices from pharmacist and company perspective?	Needs clarification
Pharmacist		Please clarify wording on break - I would recommend that the OFFER of a break must be given but the CHOICE to take one should be up to the practitioner. I worked 5 years with a mandatory lunch-break in retail and almost 25 years without one - my experience is that the collateral issues do NOT outweigh the break (back-log after the 30 minutes, annoyed customers, extra phone calls, etc.) which is why I strongly feel the individual employee should be allowed to work through if they choose to.	Needs clarification
Pharmacist		"Uninterrupted break" needs defining. Doesn't "uninterrupted break" mean that the pharmacist is not available during those 30 minutes? If the pharmacist is, "available on premises during the break and is immediately available to respond to questions by pharmacy technicians or interns" then doesn't this mean that the break is uninterrupted? What are the definitions of emergencies in, "immediately available for emergencies"? What is the consequences of the interruption? Does this mean that for any interruption the pharmacist should get compensated for the 30-min non-break? The 12-hour shift and break rule is not feasible in a setting of on-call needs in 24 hour settings. If there is a call out that needs covering does this mean it needs to be a "Documented Emergency" and does one document this? The 12-hour limit is not feasible in the 24-hour setting or with an individuals work-life balance as some pharmacists may want to work 14 or 16 hour shifts to get an additional day off and their desire should not be limited by a law.	Needs clarification

Mandatory Rest Break Comments

Pharmacist		Part F- needs clarity. 12 consecutive hours- is that with a half hour lunch or no lunch? If they take a lunch, it technically is not consecutive, therefore scheduling 13 hours or more is allowed.	Needs clarification
Pharmacist		Comment: many locations are open 13 hours, is the proposed rule going to have pharmacies close earlier? 8-8 instead of 8-9? Or now the benefit of working 3-13 =39 hours would be lost and RPhs would have to work an additional day to make up the extra hours lost? Can pharmacists elect to work 13 hours?	Needs clarification
Pharmacy Technician		Is the break in addition to a lunch break? We get lunch breaks which is why we work eight and a half hours per shift. But we don't really have enough coverage for other breaks even though we are told we can take them.	Needs clarification
Pharmacy Technician		I recommend adding wording clarifying paragraph A, this should be a mandate for employers. Technicians and other staff should be allowed to voluntarily decline a break, assuming it's of their own volition and they are not being compelled, directly or indirectly, to surrender their break period.	Needs clarification
Pharmacist		Please clarify that if the break is not 30 uninterrupted minutes the break must be paid.	Needs clarification
Other (please specify)	Remote Pharmacy Technician Supervisor	My technicians are remote and don't do technician duties all day. I would like the rule to be more clear on whether 30 minutes is required or allowed. All of my technicians are allowed a 30 minute or one hour break period but some of them opt not to take it. Will they still be allowed to make that decision?	Needs clarification
Pharmacist		Rule states that rph is allowed an uninterrupted 30 minute break. If only 1 rph on duty and pharmacy not closed, how is that an uninterrupted break if the rph must be available to answer questions/supervise technicians?	Needs clarification

Mandatory Rest Break Comments

Pharmacist		I am a PGY1 Residency Program Director in a hospital (with 24/7 staffing) over 4 PGY1 residents each year. We are accredited by ASHP and our program is designed around both the well-being and duty hour requirements set forth in the ASHP PGY1 Accreditation Standards. We closely monitor both the safety of our resident performance as well as the general well-being of our residents on a regular basis. We meticulously monitor resident duty hours to ensure compliance with the ASHP Duty Hours policy. Residency training is rigorous with high standards and the expectation of working more than full time for a one year period of time. Both our residency program and our department staffing schedules are designed to include regular resident staffing to support the needs of the patients. This often includes a staffing component after a clinical rotation that results in a 14 hour work day. A few times a year, residents are asked to do a 16 hour shift (clinical rotation followed by full staffing shift). The staffing hours are designed for residents to achieve their dispensing-related learning objectives required to earn their certificate. These staffing hours and experiences are not easily re-allocated while still complying with the ASHP Duty Hours requirements of a minimum of 8 hours free of duty between scheduled shifts. The proposed rule limiting all pharmacists to 12 continuous hours in any workday places undue burden on residency training sites to redesign residency programs to comply with both the Ohio rule and the ASHP Duty Hours policy. In addition, the rule does not adequately define what "continuous hours in any workday" entails when considering a resident often starts their day in a clinical or administrative role with very limited to no pharmacist checking/dispensing activities then transitions into a clinic or inpatient staffing role with the primary responsibility of checking and dispensing. The rule also doesn't address the possibility of on call hours and how they may or may not affect the total continuous hours for the day. Finally, with the strong oversite expected of resident training already enforced by ASHP and the fact that the survey data this rule was based off of initially seemed to be more focused from the retail setting, there seems to be very little patient safety benefit or even well-being benefit expected from making	Needs clarification

Mandatory Rest Break Comments

		residency training sites comply with the proposed rule. It is possible however, that the breadth of residency training experience could be limited with less real world staffing experience which does not seem in the best interest of the profession. Please consider excluding accredited residency training programs (already covered by the ASHP Duty Hours policy) from this rule.	

Mandatory Rest Break Comments

Pharmacist		Often times pharmacists and technicians choose to work double shifts in order to get an extra day off. This is a choice by the individual and not a requirement of the organization. Are employees allowed to work more than 12 hours if they personally choose to do so? For an on-call, does that fall under the emergency provision?	Needs clarification
Pharmacist		Will it be a paid lunch break	Needs clarification
Pharmacist		For number B4- The wording is confusing. I had to read it 3 times, but I think it is saying that Prescriptions that have been dispensed by a pharmacist already can be sold if no counseling is needed. If counseling is needed, arrangements must be in place to provide it by video, electronic, etc means.	Needs clarification
Pharmacist		I would like to still be able to voluntarily work longer than a 12 hour shift. With my location closing for a 30 min lunch I am working 12.5 hour shifts 2 days a week. I do not want to have to redo both my and my partners schedule due to a 30 min period that is over the 12 hour maximum. This would be a huge hassle and would result in increased stress to both of us to force us to work more days in a week over 30 min. It will also result in increased transit time and expense of gas. This seems counterproductive.	Leans oppose, mainly feedback

Mandatory Rest Break Comments

Pharmacist		While this rule is a good first step, it has some inconsistencies. The rule under statement A indicates that the break should be 30 minutes uninterrupted, but statement C indicates that the pharmacist must be immediately available to respond to emergencies. This may not allow for an uninterrupted break. Unless there is pharmacist overlap, the pharmacy department should be closed for the break so it can truly be a break. Phones and other messaging devices should be set so they do not interrupt the pharmacist. Working 12-hour shifts are not conducive with pharmacist well-being and should be curtailed to a maximum of 8-10 hours. Working 12-hour shifts with one, 30-minute break does not allow for mental and physical recovery. Pharmacists also should not be so exhausted after 12 hours of work that they cannot meet non work obligations. Employers must attend to the entire person. Other rules need to be put into place to address the issues found in the 2020 workload study such as pharmacist overlap and staffing and the use of metrics that do not contribute to patient safety. Mandatory rest breaks represent only one issue.	Lean support, needs clarification
Pharmacist		Practicing Muslim Pharmacists pray 5 times a day. There are 3 prayers that are during a typical work day. Pharmacy staff have a special time-sensitive prayer at sunset time. Although sunset time changes throughout the year, we should make sure that the mandatory break time can be in the evening. We get a lunch time finally, so please allow the mandatory break time in the evening. If we keep the break time stable for the patients then the rest of the year sunset is outside of that time range. Please make it easy for us to pray (@5 minutes) without interruption in a private space for our prayers. We are dedicated to the practice and making this an open policy would help us not to explain to our Dear non-muslim staff and they could easily explain to customers how they wish.	Lean support, mainly feedback

Mandatory Rest Break Comments

Pharmacist		This is nice, but it really doesn't do anything to address the underlying problem that most pharmacy staff are identifying: STAFFING. The issue has always been, and continues to be, staffing. You would think that in the state responsible for Emily's Law, more would have been done within the last 14 years to make sure that no more patient harm comes as a result of insufficient staffing in pharmacies. But that would require regulation for adequate staffing, Tech to pharmacist ratio limits, or other things that might inconvenience big chain pharmacies, and then they'd be grumpy about it, and you wouldn't be able to line your pockets with their greasy money.	Lean support, feedback included
Pharmacist		The proposed rule is a start, but still fails to recognize that pharmacists, pharmacist-interns, and pharmacy technicians themselves are human beings with the same needs as those of their patients. My concern is that employers will take advantage of the wording allowing exceptions for "documented emergencies" and in reality these will be a regular occurrence. Pharmacists/interns/technicians who are burned out and overburdened with ever increasing tasks present a danger not only to their patients, but to themselves and their loved ones. Is 30 minutes in, for example, a 12 hour shift really adequate to take care of personal needs and recharge? It is not. Is 6 hours enough down time between shifts? It is not. How is a human being supposed to rest and recover enough to perform more exhausting mental and physical work with less time than is necessary for a good night's sleep? The specific parameters specified in this suggested rule need more focus on taking care of the people who are taking care of the patients. Patient safety can only be achieved when the health and well-being of pharmacists, pharmacy interns, and pharmacy technicians are adequately prioritized.	Lean support, feedback included
Pharmacist		We're getting close, however 12 hour shifts pose a hazard to public health. No pharmacist, or any healthcare professional that has the potential to make errors resulting in patient harm or death, should work alone beyond 10 hours.	Lean support, feedback included

Mandatory Rest Break Comments

Pharmacist		Please make it clear to our employers that it is a rest period or break and not a time for a conference call about business metrics. This is how Kroger is using the time occasionally.	Lean support, feedback included
Pharmacist		This is not restrictive enough. We deserve an interrupted break for at least 30 minutes yes....however we should not be working more than 10 hours per day. There are numerous studies that show after 8-10 hours our efficiency decreases. Force more hard limits or involve an RX count limit.	Lean support, feedback included

Mandatory Rest Break Comments

Pharmacist		First, thank you for taking this topic under consideration. I am sure it was a lot of work. My point to consider is that I believe pharmacists should be removed from this proposed rule. I am not a medical rules expert, but, if we do not propose this type of rule for physicians, physical therapists, and other professional personnel, I do not think we should apply this to pharmacists. I fully believe that even with the exclusion of pharmacists, the stores will adapt to having a lunch period that include pharmacists. My final point is that perhaps this rule is unnecessary. It is my opinion that the work requirements and break needs of the pharmacist are not new. And, even a few short years ago, there was an significant shortage of pharmacists. If the actions from within this rule were important to either pharmacists or pharmacy owners, such actions would have been undertaken to have a recruiting and human resource asset advantage. Instead, for decades, pharmacists have been satisfied with grabbing lunch on the go, and earning a salary for the full schedule of the day. There are other governmental areas that oversee the health and welfare of workers. And while I respect the thoughtful consideration of the specific nuances of pharmacy practice, I would think this rule should be written to clarify practice considerations, rather than be the rule that requires pharmacists to have breaks. Lastly, as a pharmacy owner, I want you to know that I would love to give PAID breaks to my team. They work very hard. But, instead of mandating breaks, you could continue to focus your legislative efforts on assuring the financial health of pharmacy organizations that deliver care to the patients. We have seen reductions in net reimbursement during a period of high wage inflation. Lower revenue with higher expense is not a model that supports lowering productivity. The only way to give breaks in most retail settings will be to make them unpaid. Thank you for the opportunity to provide feedback.	Lean oppose, mainly feedback

Mandatory Rest Break Comments

Pharmacist		THIS SEEMS ONLY A PARTIAL STEP IN THE RIGHT DIRECTION....MY RESPONDING QUESTION WOULD BE TO ASK HOW IT IS CONSIDERED A BREAK IF I AM STILL RESPONSIBLE FOR THE ACTIVITY WHILE I AM "RESTING"? YOU MAY JUST AS WELL AMEND THE RULE TO ALLOW FOOD AT THE DISPENSING TERMINAL BECAUSE THAT IS WHERE MOST WILL TAKE THEIR REQUIRED BREAK ONCE THEY RETURN FROM THE RESTROOM AND VERIFY THE SCRIPTS DONE WHILE THEY WERE "AWAY" . NOTHING SHORT OF SHUTTING DOWN AND LOCKING UP WILL AFFORD ANY PHARMACIST A DECENT BREAK.	Lean oppose, mainly feedback
Pharmacist		No longer than 12 hours per shift is nice, but there should be at least 8 hours between consecutive shifts.	Feedback only
Pharmacist		I am a retail pharmacist and having breaks is not addressing the problem. I would estimate that 80% of the pharmacist use the 1/2 lunch break and closing of pharmacy as time to catch up, not on resting. I suggest there be mandatory "dark hours" when prescriptions needing pharmacist review hits a certain number and limiting the number of prescriptions a pharmacist can check per day.	Feedback only
Pharmacist		My concern is whether breaks and rest periods would actually occur as intended. Such as, the pharmacy closes to the public, but the corporate office/expectation becomes that staff continue to work, just uninterrupted, for that period of time. Therefore, they aren't truly being allowed a break. Additionally, this may just leave the staff feeling more behind in the workflow. Staffing levels and competent staff members are a bigger problem than lack of breaks, in both my opinion and experience.	Feedback only
Pharmacy Technician		We should be able to sit along as you are working.	Feedback only
Pharmacist		It should be a minimum of 10 hours off between shifts	Feedback only
Pharmacist		I think the pharmacy should fully close during the break. No interruptions for the pharmacists at all during that time.	Feedback only

Mandatory Rest Break Comments

Pharmacist		If you want a pharmacist, specifically a retail pharmacist, to have the opportunity for an uninterrupted lunch, then mandate a 30 minute pharmacy shutdown for lunch. This would be truly beneficial. Many retail locations have already adopted this lunchtime closedown, but some have not and a push/mandate by the board is needed. Customers do not care about us eating lunch. If the pharmacy is open and they need something, their expectation is the pharmacist will take care of it immediately, hungry or not. Closing the gates for 30 minutes is the only deterrent.	Feedback only
Pharmacist		Pharmacies are closing for lunch now but they should close for supper if the pharmacies hours are for example are 9 AM to 9 PM and the pharmacist starts at 1 PM and works till 9 PM or if the pharmacist works 9 AM to 9 PM. 6 PM should be a good time. Keep in mind pharmacists are call back to the pharmacies often at the start and in the middle of restroom breaks. If this happens during lunch or supper, the meal will always be cold since you are usually paged when you are heating your meal and it's cold again when you get back.	Feedback only
Pharmacist		Rest time between shifts should be at least 8 hours instead of 6. There should be mandatory breaks given.	Feedback only
Pharmacist		My place of work has no respect for third shift. It is a 1000 bed hospital but doesn't care about nights. We are a body plugging a hole. One way or another, they will make it difficult to cover lunches. They REFUSE to increase night shift staff and will punish others, one way or another, to cover lunches. Problem is, no one will care, inside or outside the institutions. That includes upper pharmacy management or corporate management.	Feedback only
Pharmacy Technician		Better hours for pharmacy technicians my hours were cut and I was forced to figure out a way to survive and pay my bills. There should be equal opportunities amongst other pharmacy technicians and not based on seniority or any other reason.	Feedback only

Mandatory Rest Break Comments

Pharmacy Technician		I believe this is mandatory with the shortage of techs lately I have often had to do the job of 3 separate people in one single 8 hr shift (often I do not get any rest periods or lunches other than a bathroom break, If I would like to leave work ontime.)	Feedback only
Pharmacy Technician		There should also be a mandatory rest period of 15 min for employees working for at least 5+ hour shifts.	Feedback only
Other (please specify)	Retired pharmacist	Recently retired after 42 yrs as a community pharmacist standing in a corner eating a cup of yogurt filling 400 scripts on a 13 HR day with 3 techs a drive thru doing 30 plus Covid,flu,shingles,tdap,pneumonia shots a day borders on stupid. A lunch break on paper sounds good but I'm willing to bet is spent trying to get caught up and returning phone calls rather than resting plus sure there is a crush of patients coming in just before closing for lunch. I ran into this for years just trying to close the pharmacy on time at the end of the day. Patients coming in at last moments to pickup meds filling scripts they have had for days etc leads me to believe work load limits per pharmacist, better tech staffing, better trained techs, all vaccinations done by appointments, and standing firm that REILLS are 24 to 48 HR waits. Allows pharmacists and staff to concentrate on immediate needs antibiotics er scripts and pushing other meds to central fill programs etc. Educating the public and physicians(were pharmacists spending endless time on hold to fix wrong escribes) less of the ridiculous and insulting rx filled in 15 minutes or less will go a long way to attract younger pharmacist back to community pharmacy. By the way I was truly honored and loved being a small town community pharmacist. I wish father time had not caught up with me William Doane RPh	Feedback only
Pharmacy Technician		If Pharmacy technicians work for 12 hours a day, they have to have 30 minutes breaks after every 3 hours a day.	Feedback only

Mandatory Rest Break Comments

Other (please specify)	years as a technician, now in buyer capacity	I have worked in hospital pharmacy since 1995. I will tell you getting a break is the next thing to impossible. Staffing ratios do not allow for it, and the workflow does not encourage it. For many years, getting a lunch break was nearly impossible. the staffing ratio here is nearly 1:1 ... and the process mechanism has made it impossible. There are many days when we have more pharmacists on duty than technicians. It is ridiculous.	Feedback only
Pharmacist		If a Pharmacist is working 12 hours or more I feel there should be an additional 15 minute break at minimum uninterrupted. We currently have a 30 min lunch but by time we get to lunch it turns into 20min. This rule should guarantee 30 min, meaning if lunch is from 1:30 to 2pm and pharmacist doesn't get to lunch till 1:40 then they may not return till 2:10pm.	Feedback only
Pharmacist		With regard to the to the time requirement in the proposed rule "working longer than six continuous hours per day shall be allowed during that time period to take a 30-minute, uninterrupted break" will encourage employers to staff only part-time positions. A better rule would be to apply an accumualtive break period for every 4 hours of work, thus giving employers less incentive to staff only part-time workers with limited or no benefits.	Feedback only
Pharmacist		One 30 minute break is not enough for working a 12 hour shift	Feedback only
Pharmacist		Allowing water (even in clear conatiners on the work line) would be a great asset to work life for the pharmacists.	Feedback only
Pharmacist		Mandatory rest breaks by my employer are between 1:30 and 2. Therefore, an afternoon pharmacist working from 2p-9p do not have a break. Additionally, a pharmacist working from 9a-9p get one break on a 12 hour shift. Has this been considered by the board?	Feedback only
Pharmacist		Please include not reducing the employees total hours worked	Feedback only
Pharmacy Technician		There is so much to learn as pharmacy technicians. It’s better and so convenient	Feedback only

Mandatory Rest Break Comments

Pharmacist		Safety research in transportation, medical and other fields for many years, indicates fatigue (physical and mental) contributes to errors. Some errors result in minor inconvenience to the patient, but some errors can be lethal. The current state of pharmacy business operations is overly focused on profits, with safety being a secondary consideration. For example, pharmacists should be on duty no more than 40 hours per week, with a mandatory duty free 15 min break every 2 hours and a mandatory 30 min duty free break every 4 hours. I urge the legislature and the Board of Pharmacy to enact regulations that will improve safety for patients.	Feedback only
Pharmacist		Consider adding, "lunch breaks should not be scheduled at the beginning or end of any work shift"	Feedback only
Pharmacist		If mandated closure of the pharmacy is not included in the rule then I don't believe it will be truly effective. When trying to step away to eat I am constantly interrupted for counseling or reconstitution of antibiotics, which, because the pharmacy is not closed, I do not feel right about delaying. I have worked in environments that had a lunch policy in place for pharmacists that was effectively ignored due to the pharmacy not actually being closed for that break period.	Feedback only
Pharmacist		I think that in addition to a 30 min break after 6 hours it should be mandatory that if you work 8 hours or more that a 1 hour break be taken. Most pharmacists work 10 hour shifts on longer. In addition pharmacies should allow both microwaves and coffee makers so that the pharmacy staff may have a warm meal and hot coffee should they choose.	Feedback only
Pharmacist		If this Mandate is approved, it should stipulate that a pharmacy employee may ELECT to be exempted from the BREAKS especially if it affects them financially, or adding the break might increase your workload.	Feedback only

Mandatory Rest Break Comments

Pharmacist		I recommend changing from 12 hours to 13 or 14 hours for this section: "(F) Except in a documented emergency, a terminal distributor of dangerous drugs shall not require a pharmacist to work longer than 12 continuous hours in any workday and shall allow at least six hours of off-time between consecutive shifts." Some pharmacists actually prefer to work a 13-14 hour shift such as 8am - 9pm/10pm so that they have more days off away from the pharmacy. Changing this might mean that the other section needs to be changed, if a pharmacist working 8am-9pm/10pm takes a lunch break from 1:30-2pm then they'd be working 7 hours from 2-9pm. The real problem is when a pharmacy has enough prescription volume to necessitate having overlap with a second pharmacist, but the chain pharmacy does not allocate more pharmacist hours to facilitate this. This is when it becomes dangerous for a single pharmacist to try and work 13 hours when they are filling over 400 prescriptions in a single day, even with adequate technician help. We want flexibility to work longer shifts or shorter shifts as each pharmacist prefers for their work life balance, but to also have adequate overlap to fill higher volumes of prescriptions safely.	Feedback only
Pharmacist		Its not a break if the pharmacist has to be available if the pharmacy is open. " If the pharmacy does not close, the pharmacist shall remain on the premises of the licensed pharmacy and be immediately available for emergencies". If the break is interrupted every 10 minutes to counsel a patient its not a break. The pharmacy should close for a break to be even moderately productive.	Feedback only
Pharmacist		With the proposed rule being for 'pharmacy personnel', I'm curious why "F" only specifies that pharmacists cannot work longer than 12 hours. Why would this not also apply to technicians? Please also consider on-call coverage impacts of this 12hr rule for hospitals. The inpatient pharmacy does not close and when needed, pharmacists and technicians whose on-call was activated will often require them to stay longer than 12 hours. Is this where the exception for 'documented emergency' applies?	Feedback only

Mandatory Rest Break Comments

Pharmacy Technician		Requiring "at least six hours of off-time between consecutive shifts" sets a standard that this is an appropriate amount of time to return home rest and then return. Please, reconsider a minimum of 8 hours. Many pharmacists travel to their work location with commutes of greater than 30 minutes. With this in mind, a 6 hour 'break' between shifts would be limited to less than 5 hours of sleep. "The American Academy of Sleep Medicine and the Sleep Research Society recommend that adults aged 18–60 years sleep at least 7 hours each night to promote optimal health and well-being." As professionals directly in health and wellness, we should be promoting this with in our rules.	Feedback only
Pharmacy Technician		The proposed rule does not go far enough to protect pharmacy staff from fatigue. Two 15 minute breaks as well as a 30 minute break in a given 8 hour work day should be required at minimum. The time between scheduled shifts should be no less than 8 hours.	Feedback only

Mandatory Rest Break Comments

Pharmacist		here's a novel idea- how about REQUIRING that any Rph who works more than an 8 hour shift be paid time and a half like most human beings in this country. The big 3 chains - Walgreens, Rite Aid and especially CVS pay lip service to safety but routinely create conditions in their stores that encourage unsafe work environments. Does ANYONE on this committee really wish to have their prescriptions filled by a pharmacist who's on hour ten of a 12 hour shift, has probably processed 300-500 prescriptions at that point and administered God only knows how many immunizations? You need to create a carrot and stick approach that encourages these companies to appropriately staff and operate their pharmacies. By economically disincentivizing a 12 hour shift these employers may start to treat their pharmacist staff with the respect they deserve by eliminating this egregious staffing practice. I would also encourage requiring time and one half pay for any hours worked over 40 in a 7 day schedule. For years the chains said they would staff appropriately if only there were enough pharmacists to do so. Now there are more than enough pharmacists available to adequately staff their pharmacies but unfortunately most new pharmacy school graduates refuse to consider retail employment because of the horrendous practice conditions created by the chain pharmacy corporations. Unless and until these conditions are remediated and improved the danger these conditions create will continue and the safety of the public- which is the primary mission of the Board of Pharmacy -will remain in peril.	Feedback only
Pharmacist		I think (F) should also apply to interns and technicians as well. They should not be required to work more than 12 continuous hours just like pharmacists. I can see some employers taking advantage of techs and interns because they are not specifically mentioned in this section. Thank you	Feedback only

Mandatory Rest Break Comments

Pharmacist		Supervising technicians is a job duty / job function of a pharmacist. If the pharmacist is responsible for supervising technicians while they are on break, it's not really a break is it? How is the pharmacist to effectively supervise (and be held legally liable for mistakes that arise?) when they are supposed to be eating or resting.	Feedback only
Pharmacist		A retail pharmacist working longer than 10 hours without the support of additional pharmacist overlap regardless of a mandatory break has demonstrated and will continue to demonstrate harm to public health and safety. The Board of Pharmacy is responsible for protecting the health and safety of the public.	Feedback only
Pharmacy Technician		I never get a break or a lunch at the pharmacy where I work. I have talked to every manager I work with and they tell me they have no one to relieve me. But they all take numerous breaks and hour and a half lunches. They don't care if we are over worked and stressed.	Feedback only
Pharmacy Technician		I believe lunch breaks should be more than 30 minutes considering that we work 8 hours or more. Secondly, if we have to continue having 30 minute lunches then we should get two 15 minute paid breaks or at least one. It's always so busy and 30 minutes is definitely not enough time to "rest and reset."	Feedback only
Pharmacist		If the break is not mandatory and does not require the pharmacy to close, then retail pharmacist will NOT get a break.	Feedback only
Pharmacist		For (F), change at least six hours of off-time between consecutive shifts to at least EIGHT hours of SLEEP TIME between consecutive shifts.	Feedback only
Pharmacist		The mandatory breaks are a nice thing during the day to energize and refocus but many days the "break" is simply 30 minutes of work without customers or phone calls. The work load almost demands some production by those working to avoid even bigger delays.	Feedback only

Mandatory Rest Break Comments

Pharmacy Technician		I have been a Certified Pharmacy Technician since 2017. Previously working for a large chain company/pharmacy, myself and coworkers sometimes we're not able to take some of our breaks, due to people calling off. Now, working for a different company, we are not even given breaks other than our lunch. I firmly believe that Technicians desperately need at least one break (other than lunch), to regroup and re-energize their body and mind. Away from the stress that is placed both mentally and physically, while trying to care for our customers medications. It has relentlessly been proven by many doctors, that even a small rest rejuvenates the mind and body by at least 26%, therefore necessary for the accuracy of each prescription fill.	Feedback only
Pharmacist		30 minutes breaks must be made mandatory and uninterrupted. Having the option to "stay within the premise, answer questions from technicians" is not a break.	Feedback only
Pharmacist		Can there be an additional addendum to this rule, that if a pharmacist must take a break out of medical necessity (pumping or eating and injecting insulin), whether that be during a scheduled meal break or outside of that scheduled time, that the terminal distributor of dangerous drugs must not force the pharmacist to keep the pharmacy open during their medically necessary break. Reasoning is that the pharmacist is unable to take care of his or her self properly and can't sufficiently oversee pharmacy staff or counsel patients when he or she is required some uninterrupted time to perform medically necessary functions for his or her sustained health. Forcing pharmacists to keep the pharmacy open while they take a medically necessary break that is intended to be uninterrupted puts both the pharmacist's license at risk, as well as it creates liability issues for the terminal distributor should any number of things happen or a technician practices outside their scope while the pharmacist is trying to take care of his self or her self.	Feedback only

Mandatory Rest Break Comments

Pharmacist		In part B of the proposed rule, it might be worthwhile to consider adding if there is only one pharmacist staffing a given pharmacy they shall be required to close, but if there is more than one pharmacist on duty the pharmacy is not required to close. This might encourage companies to schedule more hours of pharmacist overlap so that they do not have to close during the mandatory break. Additionally, if there is only one pharmacist, it is very unlikely that they will be able to have a true uninterrupted 30 minute break.	Feedback only

Mandatory Rest Break Comments

Pharmacist		The idea of a pharmacist rest break is a nice one, but unfortunately I don't see the idea that "the pharmacy can stay open during a break" working well in practice. Techs and interns still being considered to be "under the supervision of a pharmacist" when we're in another part of the building for a half hour? I recognize what this is driving at, but the sequelae here are pretty obvious: 1. Tech or intern does/says something dumb and the pharmacist is not in earshot to correct them, and it has adverse consequences that the pharmacist is then held accountable for. (And under current law this can happen too if the pharmacist is helping someone else or is in the bathroom or whatever, but this'll just increase the chances of it happening.) 2. Patients have questions for the pharmacist and since the pharmacist is required to be "immediately available", their break keeps getting interrupted and so it doesn't really qualify as a break. In terms of quality of life for pharmacists, you're better off mandating that if another pharmacist is not available to be on duty during the break, the pharmacy be closed and Rxs can't be sold or picked up. Might also want to include something about how close to the beginning or end of one's shift it can be. Otherwise you'll 100% run into "you start your shift at 2 and have to take your break at 2:30 because the other pharmacist leaves at 3". Which to my mind isn't much of a break because you just got there! I worked in retail for years and during some of that time the pharmacy did close for pharmacist breaks, which I appreciated. Though by the time you deal with that person who walked up two minutes before the break, shut the gates, get to the break room, heat up your lunch, etc. your 30 minutes is down to 20, but still it's better than nothing. I also dealt with "taking a break while the pharmacy is open" while expressing milk for a baby, with the sorts of consequences I expressed above. As well as trying to sit in the back and eat while the pharmacy is still open, and get interrupted a zillion times. I don't get real breaks in my current job, but I don't mind it so much here. We are not dealing with the public, and we are welcome to heat up our food to eat at our desks while working on the computer, and there are other pharmacists on duty with us as well, so if we have briefly stepped out, there is someone	Feedback only

Mandatory Rest Break Comments

		else to assist technicians with their questions and take calls from medical staff. In retail, it's a much bigger issue.	

Mandatory Rest Break Comments

Pharmacy Technician		All Pharmacists in the state of Ohio should be allotted a daily break, where the conduct of ALL pharmacy business should end. These meal breaks and rest periods are not just a concern for the health of the Pharmacist, but for the health and safety of the patients they serve. If a Pharmacist is working 13+ hours without a rest or break for food, fresh air, or exercise, then they may be a dangerous to the people around them. Proper nutrition, exercise and sleep are staples of life, these all should possible options for a Pharmacist to consider taking advantage of during their break. Pharmacist are people too! They need to take breaks from looking at screens all day, and get their bodies moving so they are less prone to blood clots, and other ailments due to a sedentary life. They need an hour, or two (2) thirty minute breaks, minimum.	Feedback only
Pharmacist		If the pharmacy is allowed to remain open during the time when a pharmacist is to be on "break", the pharmacist is never going to be able to take the time to mentally recoup. All staff should be forced to break at the same time, forcing the pharmacy to close for 30 minutes if the pharmacy does not want to have overlapping rph shifts. Also, if you have techs leaving to go on their 30 min uninterrupted break, the rph will have to pick up the slack of that tech leaving them even more depleted than before. The only way the chains are going to adhere to these changes is if it is made so that the pharmacy must close for 30 min if another rph is not on site to cover that Rph's break.	Feedback only
Pharmacist		Rest breaks are in place, but without a corresponding decrease in workload. Employers focus on metrics and still expect the same performance with respect to work volume daily. During breaks prescriptions still drop in electronically, by fax, and through voicemail. The "break" simply applies to having a short period without customer interference, because most often we continue working during break in order to catch up with the trend.	Feedback only

Mandatory Rest Break Comments

Pharmacist		If the pharmacist is responsible for techs and interns while on break then are they really on a break if techs and interns are allowed to work and the are responsible..	Feedback only
Pharmacist		Most retail pharmacies already have lunch breaks. I say retail pharmacies because that's where MOST of all this "poor work conditions" originate from. Mandating a break is too little too late. Stop dancing around the REAL issue which is these retail companies view their professional staff as an asset in the sense that their prescription computer and inventory systems are their assets. EVERYTHING these companies work toward, train on, comment on, threaten on, are money driven stats. There is NO concern regarding quality, health, nor errors (until those issues occur, then it's our fault we don't have 2 seconds to think about any one thing). They KNOW every corner that can possibly be cut—-is being cut or completely fabricated and no one cares as long as all the boxes are checked. We ALL have been asked to do WAY TOO much (and this got this way at least a decade ago and have been piling it on ever since). I am truly shocked patients aren't dropping dead all the time due to errors in some of these busier pharmacies. I'm torn between warning people and implicating myself in some ridiculous malfeasance. I think it's just dumb luck.	Feedback only
Pharmacist		The mandatory off period between consecutive shifts should be a minimum of 8 hours not 6 hours. Additionally, for patient safety there needs to be tech ratios implemented to help with pharmacist workload.	Feedback only

Mandatory Rest Break Comments

Pharmacist		Breaks and rest periods sound great. But in our pharmacies, we have "X" amount of prescriptions to fill before close. And it's usually a mad rush to get them completed by closing time. Pharmacists are very courteous to their coworkers, and they will go to great lengths to avoid leaving work for the next shift. So, back to the breaks and rest periods. If the employers are required to give these breaks, they should probably be required to hire more staff. Because the work is already barely getting done in time, which is, of course, the cause of the pharmacist fatigue and burn out. Breaks may help the pharmacist recharge for an hour or so, but then it will be negated by the fact that the same pharmacist will now need to pick up their pace even more to compensate for his or her own slack caused by that break they just took. Employers know they can squeeze this work out of us. Shame on us for continuing to drive high volume results and profits without so much as a complaint. Thanks for trying to help through! We appreciate you lookin out. I'm just not sure if it will be the correct solution.	Feedback only
Pharmacist		It seems that it would improbable at the least that a pharmacist would be allowed a true break let alone truly be able to oversee operations if the pharmacy were to remain open while the pharmacist is on break. If a pharmacist is critical for the safe operation of a pharmacy the pharmacist must be present and engaged. The best practice for all parties involved would be that the pharmacy is closed during the pharmacist's break.	Feedback only

Mandatory Rest Break Comments

Pharmacist		Mail order companies or closed door pharmacies are using the rational of fewer external distractions to justify imposing increasingly higher daily unrealistic quotas. We recently experienced an issue within our workplace where a drug omission oversight on our end led to one of our patients experiencing acute renal failure. Within the next week, we were informed that our daily quotas would be increasing within the same working hours. Excluding mail order and closed doors pharmacies is not only unsafe for our patients but leaves the pharmacists stuck with trying to meet unrealistic quotas with no recourse. Settings as such seem to now be sacrificing quality for a greater output of quantity and profit. Instead of hiring another pharmacist they seem to be adding on extra responsibilities to existing pharmacists and increasing unrealistic goals for a greater profit which is inviting disaster to the care our patients. I am not only speaking for myself but for many other pharmacists when I say that we have reached our breaking point and changes within our profession are absolutely necessary.	Feedback only
Other (please specify)	pharmacy tech trainee	employer sometime reassign work outside of pharmacy as grocery clerk. We should be able to get a 15 min paid break if techs work 4-6 hours. payrate doesn't commesurate amout of workload when short staffed in pharmacy.	Feedback only
Pharmacist		I appreciate the addition of a 30 min uninterrupted break. However, it may not work well for a single rph store where there is also only one technician working often. Imagine if the technician leaves for the 30min break, everything falls onto the rph. My technicians are already taking 15 min uninterrupted breaks which allows them to leave the pharmacy. If they leave for 30min which is the length of my lunch, then that's more burden on the rph. Please consider to split up the break into 2x15 min for technicians only. Also, it would be perfect if that 30min uninterrupted break can be combined with the 30min lunch time to make it into 1 hour lunch with pharmacy closed instead. As long as the pharmacy opens, with only 1 pharmacist working, "uninterrupted" would never exist to be honest.	Feedback only

Mandatory Rest Break Comments

Pharmacist		Can only say it's a good start but about 50 years too late. You may also wish to consider a rule requiring a cashier or tech to be in the pharmacy with the pharmacist ALL hours the pharmacy is open for "retail" stores. With shots, counseling (OTC & Rx), daily paperwork, phones, overrides, prior authorizations, drive thrus, avoiding mistakes, etc., this only seems reasonable... as one of my professors used to say, "A word to the wise is sufficient."	Feedback only
Pharmacist		In section F, "Except in a documented emergency, a terminal distributor of dangerous drugs shall not require a pharmacist to work longer than 12 continuous hours in any workday and shall allow at least six hours of off-time between consecutive shifts." I feel that 12 hrs is an appropriate daily limit, however six hours is not a feasible amount of time for rest/recuperation between consecutive shifts. Most resident doctors, resident pharmacists, and other healthcare workers are devoted a minimum of eight hours between consecutive shifts- community pharmacists deserve the same given the current workloads and staffing shortages. Considering pharmacists have a life outside of pharmacy, six hours between shifts will realistically allot for about four hours of sleep. Most of us have families to go home to and almost all of us don't get to eat dinner at work. Sleep deprivation is dangerous to our health - it poses a threat to patient safety by increasing the risk for medication errors. Eight hours minimum between consecutive shifts will account for commuting to-and-from shifts, opening/closing the pharmacy, and/or obtaining keys for floating pharmacists. Additionally, I feel that "documented emergency" should explicitly exclude staffing shortages, temporary coverage as a pharmacist-in-charge, and other circumstances that were brought on by these corporations' failures to prioritize staff retention and appropriate staff:workload ratios.	Feedback only

Mandatory Rest Break Comments

Pharmacy Technician		Ok. So there is now where pharmacies close for a certain amount of time for lunch but what about people that work at 24 hour pharmacies. Reasonably in most extremely busy locations there's no way that techs will be able to take breaks mandated or otherwise because the pharmacy will still be open with plenty of customers coming through. For 24 hour pharmacies there needs to be 2 mandated 30 mins break times to account for all employees and not just employees that work mornings	Feedback only

Mandatory Rest Break Comments

Pharmacist		Without mandatory closure of a pharmacy staffed by a single pharmacist, I believe there will be no meaningful benefit to pharmacists with this rule. Under the proposed rule, the pharmacist must stay on site, must be available to answer questions by the staff still working, and must be available to respond to emergencies. How does that differ from what many pharmacies do now? Essentially, with many chains, the pharmacists can take lunch breaks if the pharmacy's needs allow for it, and that is all that is being offered here. It is deeply unfair to the staff who continue to work and the pharmacist on break to have to tell patients they must wait for their prescriptions to be filled for 30 minutes because said pharmacist is on a rest break. Sadly, many patients see pharmacies as the fast food of healthcare, and will naturally be impatient at the fact that the pharmacy is open, but they perceive the pharmacist as not wanting to work. This puts unnecessary pressure on other staffers and the pharmacist to come back early from break or interrupt it multiple times because of waiting patients. In order to enact meaningful change and positively impact pharmacist work/life balance, pharmacies should be mandated to close for 30 minutes if there is no relief pharmacist available to cover. This would encourage better pharmacist staffing by pharmacies by incentivizing pharmacist schedule overlap to cover one another's breaks and avoid mandated break closures. More pharmacists sharing duties decreases patient care risks and provides better support as a whole to the pharmacy team. If there is a concern from independent pharmacies who are worried about the finances associated with mandated closings and their more limited staff, the Board could consider limiting application of this rule to pharmacy businesses with more than a certain number of employees. It is typical in government regulation to carve out some exceptions for smaller businesses that may not be able to meet more onerous regulatory requirements, such as FMLA coverage only for businesses with more than 50 employees in a given area. But, chains like CVS, Walgreens, and Kroger can certainly accommodate for pharmacist breaks and should be mandated to do so given that their pharmacists are typically the ones who suffer more	Feedback only

Mandatory Rest Break Comments

		stressful work conditions. Imagine if outpatient physician offices continued to schedule patients for their provider over a lunch break and then tell the patients they have to wait for an extra 30 minutes while the provider is eating lunch. There would be tremendous patient dissatisfaction and it would be reported on patient surveys. Therefore, outpatient offices simply don't schedule patients for time periods when the provider isn't available. That should be what occurs here. It gives the patients clear expectations of exactly when the pharmacy is available to fill their prescription and empowers them to make a choice of where they want to receive the prescription based on the pharmacy's known, fixed schedule. As the industry has proven it cannot self-regulate in this regard, it is up to regulators to do so. I believe a harder line stance by the Board on this issue is necessary to make meaningful, lasting change in the industry and the profession.	

Mandatory Rest Break Comments

Pharmacist		Section B "may, but is not required to, close" does not offer the pharmacist a "30 minute uninterrupted break" from section A. If the pharmacist is granted a 30 minute uninterrupted break, then Section C cannot apply. The pharmacist cannot be on break AND provide direct supervision if the pharmacy is open, even if on the premises or with limited activities. Section E needs to define a documented emergency. Employers should not be allowed to use being under staffed of available pharmacists a documented emergency. This should be clearly stated in the section.	Feedback only
Pharmacy Technician		I think the provision for telecommunications in pharmacist supervision over a break should have strict requirements to be met on a facility-need basis, and not be left open to abuse by retail corporations who can and will find a way to cut corners. This could open the door for remote, and potentially out of state pharmacists taking over if the breaking pharmacist is not available.	Feedback only
Pharmacist		Although this is a step in the right direction, this does not address the true problem with retail pharmacy. As the name suggests "workload" committee, it is not the lack of break that is the problem it is the lack of resources. How safe is it for a pharmacist to check 500 prescriptions in a day whilst doing vaccines and trying to manage his technician staff? There needs to be mandates on how many pharmacist hours are worked per prescriptions filled. This would be the best decision for patient safety. In my opinion it is neglectful for the board of pharmacy to leave things as they are. I have made multiple reports over the years and have gotten minimal to no feedback.	Feedback only
Pharmacist		I think the pharmacy should be required to close for a pharmacist break. If it is still open, it is never going to be "uninterrupted"	Feedback only

Mandatory Rest Break Comments

Pharmacy Intern		I think it should be mandatory that pharmacists receive a 30min lunch and two 15min breaks for an 8hr shift. Also, I think that a pharmacist should get an additional 15min break if working more than 10hrs. The pharmacist can split that as two 30min lunches for lunch and dinner and a 15min break in-between. I struggle to find accommodating pharmacies to work in because I have to take my medicines with food during breakfast that I eat before I come into work and with dinner at 6 or 7pm because lunch is typically at 12pm and we don't get an additional evening break. So I feel excluded from companies that do not wish to deal with pharmacists with such needs. It's really hard to find that balance. On top of it I think that all retail pharmacies should implement a central fill med synchronization process where pharmacies fill regular monthly refills at a city site and deliver those to pharmacies for patients to get all of their regular scripts on the same day each month from their local pharmacy to allow pharmacists to focus on their clinical skills and not dispensing. Machinery used in a central fill process would tremendously help with easing off the workload on pharmacists and allowing break implementation without the interruption and backlogging of scripts.	Feedback only

Mandatory Rest Break Comments

Pharmacist		In Section (B), I would change the word "emergencies" to "emergent situations". The phrase "emergent situations" remains more vague in its use, and makes much more sense when applied to a pharmacy setting. In Section (C), there should be an addition verbiage that is similar to OAC Rule 4729:5-9-02.10 regarding the removal of all staff members from the pharmacy when the pharmacist also leaves the premises, or is not immediately available. OAC Rule 4729:5-9-02.10 states that "If in the pharmacist's professional judgment they determine, for reasons of security or otherwise, that the pharmacy should close during the pharmacist's absence, then the pharmacist shall close the pharmacy and remove all staff from the pharmacy during the pharmacist's absence." In Section (E), there should be an addition of verbiage that requires the employer to include terms of compensation (or lack thereof) for requirement to work >12 hours for documented emergent situations. Perhaps something along the lines of, "Policy describing how compensation and benefits would be rewarded (or chosen to not be rewarded) to a pharmacist, pharmacy intern, or pharmacy technician if a documented emergency would necessitate work longer than 12 continuous hours would need to be provided by the TDD as a part of the employment agreement." This would allow for transparency ahead of time that would help settle potential disputes between employers and employees. In Section (F), I do encourage the board to add in further hour restrictions over a greater length of time. For example, perhaps we should limit a pharmacy employee's ability to work >30 hours in any continuous 48 hour period. This can be left up for discussion, but employers could easily abuse the rule to create repetitive 12 hour shifts with only 6 hours in between.	Feedback only
Pharmacy Technician		Breaks are mandatory for meals, studying for students, scheduling appointments before places close before the end of a shift, and many more reasons. Also just for that reason, 30 minutes is not enough time to do some of or all of the things listed and more. To recuperate and to rest.	Feedback only

Mandatory Rest Break Comments

Pharmacist		This rule will not need to have any stipulations nor exceptions if the pharmacy closes for 30-minutes daily. Many pharmacies and other state boards have already implemented a 30-minute uninterrupted break for pharmacy staff. This would be the first crucial step into combatting workload issues.	Feedback only
Pharmacist		6 hours off between shifts isn't even close to being adequate. Figure in a commute, time to shower & eat breakfast, and you will be getting 4 hours of sleep. This should be a minimum of 10 hours, 12 is even better. It's hard to function without adequate sleep.	Feedback only
Pharmacy Technician		Pharmacy personnel should have access to chairs and/or stools if space allows in their pharmacy. Many other healthcare professions allow stools to be used by staff but pharmacy is constantly left out. The lack of this tool increases fatigue, irritation, and physical exhaustion which makes it extremely difficult to do our jobs to the best of our abilities. Especially if the employee has a health condition, and pharmacists are unable to leave the pharmacy outside of their shift. Breaks would likely not be needed as much if pharmacy staff had a useful resting aid that can be used throughout the shift, not interrupting breaks that cause work to pile up and spill onto staff when they come back from said break(s). This makes breaks almost completely unenjoyable. Thank you.	Feedback only
Pharmacy Technician		The breaks should be paid, I cannot afford to loose half an hour of work	Feedback only
Pharmacy Technician		A 1/2 an hour is not enough time to even process my thoughts. By the time I go to the bathroom and get to my car my break is over. I don’t bother ordering food because I won’t have time to eat. We need at least an hour.	Feedback only
Pharmacist		If pharmacies aren’t forced to close for the lunch, many pharmacists will choose not to take it so they don’t get further behind. Just having the right to eat isn’t enough I don’t think. If the pharmacy doesn’t close down for a break, many pharmacists will continue to work with no break at all to try to stay caught up. I think a required 30 minute shut down would be a good industry standard to ensure safe practices.	Feedback only

Mandatory Rest Break Comments

Pharmacist		If a retail pharmacy doesn't have to close for a pharmacists break, and they are to be available for all "emergiencies", I can assure you that will not be a break for that employee. Patients don't get it, unless the gates are closed. This verbiage is too vague. Close like a doctors office. We never get breaks.	Feedback only
Pharmacist		Please considering adding that pharmacies must close to patient traffic if only one pharmacist is on duty and on break. Techs should still be allowed to fill prescriptions, but if patients are allowed to access the pharmacy the pharmacist will not get a break. Patients are constantly asking questions, needing to be counseled, or requesting vaccines.	Feedback only
Pharmacist		I think the wording of this rule is important. I do not think it makes sense to require or force locations to close because of a break, and so the wording as-is would be appropriate. I feel strongly it should remain that a pharmacy "may, but is not required to close" during these breaks. Similarly, I feel strongly that it should remain that a pharmacist should be allowed to take the break, but no requirement to do so.	Feedback only
Pharmacist		I am concerned about who defines emergencies during the pharmacists break. If management decides, then the pharmacist is not considered to be on a break	Feedback only
Pharmacist		the language is way too WEAK. Too many loopholes. 1. if the pharmacist has to sit there and oversee all the activity is that a break? The rule should only contain: (A) -text remains as is (B) - should simply say, the pharmacy WILL CLOSE 30 minutes daily for pharmacist break. Remove (B) 1,2,3,4 Delete (C) and (D) Leave (E) and (F) as is.	Feedback only
Pharmacist		1. Pharmacy should be closed during the break, otherwise it will be difficult to have uninterrupted break. 2. If pharmacists are working over 8 hours, they should be allowed a thirty minute lunch break and two fifteen minutes breaks.	Feedback only

Mandatory Rest Break Comments

Pharmacist		(B) A pharmacy may, but is not required to, close when a pharmacist is on a break. If the pharmacy does not close, the pharmacist shall remain on the premises of the licensed pharmacy and be immediately available for emergencies, and all the following shall apply If a chain pharmacy is allowed to be open during the pharmacist break I do not believe that the pharmacist will actually get a break. I work alone on weekends and even trying to take 5 minutes to eat during a 9 hour shift and am constantly interrupted for required counsels and people waiting on prescriptions. Patients see an open pharmacy and get angry when they are told they have to wait when the pharmacist is using the restroom I can't image how they will react when they are told the pharmacist is taking their break and they will need to wait 30 minutes.	Feedback only
Pharmacist		I think this rule should mandate that the pharmacy closes while the pharmacist is on break. It is near impossible to have an "uninterrupted" break if the pharmacy stays open and the pharmacist has to return to counsel or be available for any question the staff may have while the pharmacist is on break.	Feedback only
Pharmacist		Make the lunch 1 hour because it never truly starts and ends at the same time. There is always one last patient that just "needs help real quick" so lunch is 10-15 mins late making said lunch break only 15 minutes then. Also your BOP is a bunch of wimps that is controlled by the pharmacy chains. Put some teeth to this proposal and quit letting the corporate chains walk all over the profession of pharmacy.	Feedback only

Mandatory Rest Break Comments

Pharmacist		-This document does not address payment of pharmacists when breaks are not possible. For example, many employers build in involuntary breaks into daily schedules (ie working 10.5 hrs but paid for 10). Please include language that pharmacist should be paid for that time if workload forces them to skip lunch. Currently we are not. In the inpatient setting, this often happens due to emergencies. The 12hr limit will also be impacted because those pharmacists will likely be on site for 12.5hrs. Or, wild idea, require lunches to be paid. Please remove the following section: "The activities of pharmacy technicians and pharmacy interns during a pharmacist rest break shall be considered to be under the direct supervision of a pharmacist if the pharmacist is available on premises during the break and is immediately available to respond to questions by pharmacy technicians or interns. The pharmacist assumes responsibility for all activities performed in the pharmacist's absence."....the reasons I say this are because 1) it encourages the pharmacist to leave the site so as not to have responsibility when they couldn't possibly supervise techs/interns. This constitutes undue liability by saying something is a pharmacist's responsibility in their absence. If one is not physically present in the pharmacy, they cannot observe and supervise. A pharmacist not in the pharmacy but in the same building would fit criteria in the current wording. Please model our breaks as California does.	Feedback only
Pharmacist		Work from home employees who have to meet a quota (I.e. number of verification per hour or orders per hour) should not have to stay over time assigned if quota is not met. My company is based off quotas and if we do not meet them (even if staying over) we are put on an improvement plan or corrective action. Even if phone calls or other tasks pull us away which happens often we are then required to make up the time since we are remote	Feedback only

Mandatory Rest Break Comments

Pharmacist		Disagree with the 12 hour work limit for institutional pharmacies. We have team members that work double shifts and this eliminates their ability to do so. These individuals are allotted 30 min lunch break each shift already.	Feedback only
Pharmacist		Hours between shifts should be increased from 6 hours to 8 hours to be realistic and actually effective. It takes time for your brain to calm down after a crazy shift.	Feedback only
Pharmacist		I feel that all pharmacies with over 20 employees in the entire company should get a mandated 30 minutes in a six hour day. I do not agree with the idea that a technician is allowed to conduct any kind of business or stay in the pharmacy while the pharmacist is on break outside of the pharmacy.	Feedback only
Pharmacist		Giving employers leeway regarding the option to close will make it easier for employers to require that the pharmacist stays on the premises during their break. The number of interactions that require direct pharmacist intervention will make it substantially more difficult to truly take an uninterrupted break.	Feedback only
Pharmacist		1) If pharmacist(s) are expected to be available, the break must be considered a paid-break. 2) Emergencies as defined by Pharmacist(s) Duty or documented national, state, or local emergencies 3) Determination must be respected without retaliation set by OAC 4729:5-4-01 (B)(25) 4) Hazard Pay (2X Rate) for the entire work time is required if Section E or F is in effect.	Feedback only
Pharmacist		The proposed rule does not contain language that guarantees that if a pharmacy remains open, then the pharmacist is able to have an actual uninterrupted break. The only way that a pharmacist may realistically and actually have a legitimate uninterrupted break is for the pharmacy to close. I implore the board to change the language to ensure that, unless there is another pharmacist on staff, then the pharmacy must close for 1/2 for any pharmacy that has one RPh on staff working > 6 hours per shift.	Feedback only

Mandatory Rest Break Comments

Pharmacy Technician		based on my limited experience, working in a pharmacy, I don't see how the rule can be applied and practiced without a backup pharmacist. Currently, the pharmacists are given a 30 minute break out of a 12-hour day that is only possible because the pharmacy closes for that time. Any additional breaks would require two pharmacists to be present, so that one could relieve the other for an additional break.	Feedback only
Pharmacy Technician		I believe a payed break would be good not just for technicians, but for the hard working pharmacists as well.	Feedback only
Pharmacist		I do not believe anything will change. There is so much work to do, we currently work thru the 1/2 hour break provided to us while we are closed at a retail chain. That is our choice, but the workload is so heavy, it is our only time to try and catch up.	Feedback only
Pharmacy Intern		With the updated rule, I think it should be required that all pharmacies close 30 min each day. This would allow for truly uninterrupted breaks & would allow the entire staff to break & reset for the rest of their shifts. This would apply to community pharmacy, outpatient clinics/pharmacies & ambulatory care pharmacies; institutional pharmacies, depending on the hospital bed count, may have to remain open. Finally, if this addition is added, it should be required that the pharmacist stays on property incase of emergency situations. Even with this added, it would still allow for a break & to ensure errors do not occur due to exhausted, fatigue or hunger.	Feedback only

Cleveland Clinic

Sam Calabrese
Chief Pharmacy Officer

January 18, 2023

Cameron McNamee
State of Ohio Board of Pharmacy
77 South High Street, 17th Floor
Columbus, OH 43215

RE: 4729:5-3-22 -Mandatory Rest Breaks

Submitted via: Cameron.mcnamee@bop.ohio.gov, www.pharmacy.ohio.gov/comments

Dear Cameron:

Cleveland Clinic is a not-for-profit, integrated healthcare system dedicated to patient-centered care, teaching and research. With a footprint in Northeast Ohio, Florida and Nevada, Cleveland Clinic Health System operates 19 hospitals with more than 6,400 staffed beds, 21 outpatient Family Health Centers, 11 outpatient surgery locations and numerous physician offices. Cleveland Clinic employs over 5,000 physicians and scientists. Last year, our system cared for 2.9 million unique patients, including 10.2 million outpatient visits and 304,000 hospital admissions and observations. The following are the comments of Cleveland Clinic in response to the above-captioned proposed rule.

Proposed Language 4729:5-3-22(A)
A pharmacist, pharmacist-intern, or pharmacy technician working longer than six continuous hours per day shall be allowed during that time period to take a 30-minute, uninterrupted break.

Cleveland Clinic Comments
While we certainly agree that pharmacy staff should have breaks, we are concerned with the proposed language as mandating an uninterrupted break could create unintended consequences in patient care and confusion for pharmacists and staff. Below are some examples to illustrate our questions and concerns.

> Example 1: Oftentimes, because of staffing needs, third shift pharmacists are working with other staff but may be the only pharmacist on shift in a hospital. If a solo pharmacist is on their 30 minute mandated break and there is an emergency in the ICU where a patient needs immediate medication, the 30 minute delay could put the patient at serious risk. If the break is interrupted, does the pharmacist continue with their break after the interruption and then restart the 30 minute clock? How does the Board suggest that the breaks are documented as salaried employees do not have a timeclock and there is no mechanism to track the 30 minute break.
>
> Example 2: A physician and pharmacist have been consulting on the best medication for an inpatient. The physician calls back to the pharmacy with additional information for the

pharmacist to help make the medication decision, but the pharmacist is on their 30 minute break. While another pharmacist could step in and work with the physician, because the first pharmacist already has been engaged with the physician to develop the best solution for the patient, it is in the best interest of the patient to interrupt the first pharmacist to finalize the medication for the patient.

Consistent with these comments, we suggest the agency instead adopt the following language: A pharmacist, pharmacist-intern, or pharmacy technician working longer than six continuous hours per day shall be allowed during that time period to take a 30-minute~~, uninterrupted~~ break.

Proposed Language 4729:5-3-22 (D)
For outpatient pharmacies open to the public, breaks shall be scheduled as close as possible to the same time each day so that patients may become familiar with the approximate break times.

Cleveland Clinic Comments
While we understand the intent of the proposed rule, for breaks to occur at the same time each day so that the public is familiar with closings, we are concerned with mandating this for all pharmacies regardless of care setting. Mandating this in all care locations may cause an interruption in service for patients who are being seen in a family health center setting and expect to be able to access their medication upon completion of their visit. For example, if a patient brings an infant to a family health center because of an ear infection, the baby is likely fussy and uncomfortable. If the parent is forced to wait additional time on top of the normal wait time for the baby's prescription or if they have to come back to the pharmacy, we have not only inconvenienced the parent, we run the risk of delaying care to the baby if the parent cannot get back to the pharmacy in the same day. We think it is in the best interest of patients and pharmacists if the pharmacist is able to manage their break at a time that they feel is most appropriate.

Further, OAC 4729:5-902.10 allows for the temporary absence of a pharmacist in an institutional pharmacy. This permits the pharmacist to "leave the pharmacy to engage in the practice of pharmacy…without closing the pharmacy and removing staff". The expectation to close a pharmacy and remove staff while a pharmacist is on break for 30 minutes would add to the disruption of patient care. It would prevent the ability of pharmacy technicians or pharmacy interns to continue to prepare medications within their scope of responsibility.

Consistent with these comments, we suggest the agency instead adopt the following language:
For outpatient pharmacies open to the public <u>that have determined a consistent break time is appropriate for their location and results in a service interruption,</u> breaks shall be scheduled as close as possible to the same time each day so that patients may become familiar with the approximate break times.

Thank you for conducting a thoughtful process that allows us to provide input on such important issues. Should you need any further information, please don't hesitate to contact me.

Sincerely,

Sam Calabrese, RPh, MBA, FASHP
Chief Pharmacy Officer

Rule Comments

To: The State of Ohio Board of Pharmacy

From: The University of Toledo Medical Center (UTMC)

Thank you for the opportunity to provide feedback on the proposed rule regarding mandatory breaks and rest periods for pharmacy personnel. UTMC appreciates the proposed rule's intent, but if enacted, recognizes unintended consequences. Major concerns are outlined below.

Inpatient Hospital Pharmacy with 24-7 operations

Third shift pharmacists work 12-hour shifts without dedicated break time, as they are the only licensed pharmacist within the department.

- Major Concern: If a break is mandated, this may lead to a direct impact on patient care in the timely delivery and receipt of medications that are needed for hospital inpatients as well as during hospital codes and other responsibilities needing attention as workloads and responsibilities are varied. Hospitals must provide care for patients, and this rule would affect their ability to do so.
    - Recommendation: Allow for exemption of terminal distributors of hospital inpatient departments.

Outpatient Pharmacy

Pharmacists in the outpatient setting work on Saturdays from 9am to 5pm with at minimum two additional support staff (either pharmacy technicians or interns) filling on average 100 prescriptions. Breaks are not mandated however ample staff is scheduled within the department based on volume to allow staff to eat, go to the bathroom, etc. Current survey of staff within the department indicated that there is enough time to complete all tasks safely and accurately. In addition, current staff voiced concerns on the severe impact to patient care if enacted.

- If a break is mandated, this may directly impact patient care in the timely filling, dispensing and delivery of prescriptions needed for patients discharged from the hospital and those dispensed to patients/employees.
    - Recommendation #1: Allow for exemption of terminal distributors of outpatient/clinic pharmacy departments.
    - Recommendation #2: The intent of the workload survey was to evaluate the workload conditions of pharmacy professionals. Mandating all pharmacy personnel to breaks in those departments with adequate staffing adjusted to volumes and workload responsibilities must be considered. The current UTMC outpatient pharmacy departments do not have drive-thrus and other pharmacy led responsibilities (e.g., Covid testing, number of immunizations, MTM's) that occur in the retail setting.

Clinical Specialists

- Major Concern: Clinical specialists in non-dispensing roles exist in both inpatient and outpatient departments. Mandating uninterrupted breaks for positions that are utilized in urgent and critical situations is not feasible and will negatively impact patient care.
    - Recommendation: Exempt clinical specialists in non-dispensing roles from this rule.

Rule Comments

Pharmacy Residents

- Major Concern: Current residents have on-call requirements within the design of the residency program in which at least once per week residents are working/on-call from 7am to 9pm without a specified rest time. The program follows and fulfills all ASHP duty hour requirements for residents. A current UTMC policy is in place addressing resident duty hours.
    - Recommendation: Exempt pharmacy residents from the proposed rule as long as all ASHP duty hour requirements are maintained and fulfilled.

Definition of Emergency

Further clarification is needed--Within the proposed rule it is mentioned that a pharmacist is required to be on premise if the pharmacy is to remain open during breaks and is to be immediately available for emergencies:

- What constitutes an emergency?
- What are the OSBP requirements for documenting an emergency?

The UTMC Department of Pharmacy values the contributions our profession provides on patient care. Significant consideration must be given to the above as there is not a “one size fits all” approach to solving the disparities in workload amongst pharmacy staff and the various pharmacy work settings. This proposed rule needs adjusted considering volumes and responsibilities within each workplace setting ensuring pharmacists balance patient care responsibilities with ample time for breaks.

Thank you for allowing a time for comments and UTMC welcomes further progress and discussions as it pertains to revisions of the proposed rule.

Respectfully submitted,

The University of Toledo Medical Center, Department of Pharmacy
Holly Smith, Pharmacy Director Holly.Smith3@utoledo.edu
Jenn Len, PharmD Candidate 2023 Jenna.Len@rockets.utoledo.edu

covermymeds®

January 11, 2023

Members of the Ohio Board of Pharmacy,

We are writing on behalf of ScriptHero Pharmacy (License #: 0234000008), ScriptHero Pharmacy LLC D.B.A Health Forward Pharmacy (License #: 0230000014), CoverMyMeds Specialty Pharmacy LLC (License #: 0234000016) to express support of the Proposed Rule: 4729:5-3-22 – Mandatory Rest Breaks and provide feedback for your consideration.

General Rule Feedback

- We suggest clarifying whether the mandatory rest break can be combined with the lunch break. Employees may want to combine both breaks – which could lead to a strain on operations and support.
- We suggest clarifying whether an employee can decline the mandatory break. For various reasons, an employee may decline to take their mandatory break. As written, the rule would not permit this allowance which would lead to a negative impact on the employee experience.
- We suggest delineating between salary and hourly employees. OAC 3352-5-06 outlines requirements for working hours, mealtimes, and rest periods for hourly staff. Because pharmacists and technicians can be salaried or hourly, this delineation would provide more clarity to us on whom to apply the rule without conflicting with the other law requirements.

Section D Feedback

- We suggest writing the language in a “Best Practice” tone versus a requirement. Requiring to schedule breaks as close as possible to the same time each day may not be sustainable based on various factors that are outside of our control (ie high volume, short staffed, etc). See proposed revision below.

Section E Feedback

- As written, we are required to document emergencies that necessitate noncompliance to this rule. Without an established standard for documented emergencies and recordkeeping requirements, we suggest removing certain terminology from the rule. See proposed revision below.

Section F Feedback

- As written, the rule does not include pharmacy technicians or interns. See proposed revision below.

Suggested Revisions

(A) A pharmacist, pharmacist-intern, or pharmacy technician working longer than six continuous hours per day shall be allowed during that time period to take a 30-minute, uninterrupted break.

(B) A pharmacy may, but is not required to, close when a pharmacist is on a break. If the pharmacy does not close, the pharmacist shall remain on the premises of the licensed pharmacy and be immediately available for emergencies, and all the following shall apply:

(1) Except as provided in paragraph (B)(2) pharmacy technicians, pharmacy interns, and support personnel, authorized by the pharmacist on duty, may continue to perform duties as allowed under this chapter;

(2) The pharmacist on-duty may limit the activities performed by pharmacy technicians, pharmacy interns, and support personnel;

(3) No duties reserved to pharmacists and pharmacist interns in accordance with Chapter 4729. and rules adopted thereunder, or that require the professional judgment of a pharmacist, may be performed by pharmacy technicians or support staff; and

(4) Only prescriptions that have been dispensed by a pharmacist may be sold while the pharmacist is on break, unless those prescriptions requiring pharmacist counseling or the pharmacy has established a process to provide counseling via video, telephonic, or other electronic means.

(C) The activities of pharmacy technicians and pharmacy interns during a pharmacist rest break shall be considered to be under the direct supervision of a pharmacist if the pharmacist is available on premises during the break and is immediately available to respond to questions by pharmacy technicians or interns. The pharmacist assumes responsibility for all activities performed in the pharmacist's absence.

(D) For outpatient pharmacies open to the public, breaks ~~shall~~ should be scheduled as close as possible to the same time each day so that patients may become familiar with the approximate break times.

(E) The requirements set forth in this rule shall not apply if an ~~documented~~ emergency necessitates that a pharmacist, pharmacy intern, or pharmacy technician work longer than 12 continuous hours, work without taking required meal breaks, or have a break interrupted to minimize immediate and serious health risks for patients.

(F) Except in an ~~documented~~ emergency, a terminal distributor of dangerous drugs shall not require a pharmacist, pharmacy intern, or pharmacy technician to work longer than 12

continuous hours in any workday and shall allow at least six hours of off-time between consecutive shifts.

We appreciate your consideration of our feedback and revision request. We hope that we can continue to help Ohio lead as a forward-looking advocate for our profession. By accepting our suggested revisions and general feedback, we believe this rule will help allow our pharmacies tackle several workload, burnout, and safety concerns highlighted in the survey data. Thank you for this opportunity.

Sincerely,

Kembral Nelson, PharmD, MS, BCSCP
Pharmacist in Charge, ScriptHero Pharmacy and ScriptHero Pharmacy LLC D.B.A Health Forward Pharmacy

Mikayla Pennington, PharmD
Pharmacist in Charge, CoverMyMeds Specialty Pharmacy LLC

Mandatory Pharmacy Breaks
Kroger Health Comments

Kroger Health pharmacists, interns, and technicians provide outstanding care every day, helping our patients live healthier lives. Like all facets of healthcare, the pharmacy industry continues to experience extraordinary changes resulting in new opportunities to do pharmacy differently, both for patients and for employees. Kroger Health is committed to making real improvements and providing a healthy work environment for our pharmacy teams across the board.

Part of making those improvements has included surveying our teams and learning what works best for them based on their needs. We have worked hard to establish standard schedules and working hours that are most effective for our pharmacy associates across the state of Ohio based on our customer base, location and volume of customers in our various stores.

The changes we have made within our pharmacies regarding 30 minute, 1 pm prescribed breaks have led to a more consistent schedule expectation for both our associates and our customers that would be difficult to change at this point.

Mandatory break periods do not take into consideration the current labor or workforce agreements within various localities across the state and thus could introduce serious labor implications for our pharmacies and pharmacists.

We believe in extending autonomy to our pharmacy teams, thus allowing them to create their schedules based on what works best for them, their colleagues and their stores' needs.

These practices have helped to establish Kroger Health pharmacies as an employer of choice as well as a trusted community resource.

For these reasons, we believe the Ohio Board of Pharmacy recommended mandatory breaks are unnecessary.

OHIO HOSPITAL ASSOCIATION

Collaborating to
Ensure a Healthy Ohio

January 20, 2023

Steven W. Schierholt, Esq.
Executive Director
Ohio Board of Pharmacy
77 S. High St., 17th Floor
Columbus, OH 43215

Re: OHA Comments on Proposed Rule 4729:5-3-22 – Mandatory Rest Breaks
Submitted via: www.pharmacy.ohio.gov/comments

Dear Executive Director Schierholt:

The Ohio Hospital Association appreciates the opportunity to comment on the Pharmacy Board's proposed rule regarding Mandatory Rest Breaks for pharmacists and other staff. Our 247 hospital members and 15 health system members value the Board's willingness to receive our feedback and the collaborative relationship we have with the Board.

Ohio's hospitals and health systems share the Board's goal of ensuring both the well-being of pharmacy staff and the provision of safe care to patients. However, we have heard from a broad cross-section of our members that the proposed rule is simply impractical in the hospital setting. Hospitals' more specific feedback follows.

As an initial matter, it is our understanding that the proposed rule is being offered in response to a survey conducted by the Board regarding pharmacy staff job stress. It is also our understanding that the overwhelming majority of respondents to the survey are employed in a retail pharmacy setting. OHA appreciates the challenges being experienced by pharmacists and virtually every other health care provider, as hospitals have been on the front lines of the pandemic response and are dealing with significant workforce shortages. However, the operational differences between retail pharmacies and hospital pharmacies, and the differences in the patients they treat, are important to acknowledge and render rules such as this one impossible to implement in a hospital setting. **We strongly urge the Board to carve hospital pharmacies out of the rule.**

The proposed rule would require a mandatory 30-minute break during each shift, and allows the pharmacy to either close or continue limited operations in the absence of the pharmacist. Some of the operational challenges of this provision include:

- Closing a hospital pharmacy to accommodate a mandatory break is not practical from a patient care perspective under most circumstances, as described in more detail below. Further, doing so creates problems under federal law. The federal conditions of participation for Medicare (CoPs) require hospitals to ensure sufficient personnel are available to respond to the pharmaceutical needs of the patient population being served by the hospital. Specifically, the hospital pharmacy must have an adequate number of personnel to ensure quality pharmaceutical services, including 24 hour, 7-day emergency coverage (or other arrangement for emergency services). In addition, "[t]he number of pharmacists and/or the number of hours of services provided by pharmacists at the hospital must

meet and be in accordance with the needs of its patients and accepted professional principles . . ., and reflect the scope and complexity of the hospital's pharmaceutical services. There must be sufficient numbers and types of personnel to provide accurate and timely medication delivery, ensure accurate and safe medication administration and to provide appropriate clinical services as well as the participation in continuous quality improvement programs that meet the needs of the patient population being served." See 42 CFR 482.25(a)(2) and CMS' corresponding Interpretive Guidelines. The proposed rule creates a situation where a hospital pharmacy could be out of compliance with federal law by complying with state law.

- Hospital pharmacy professionals do not believe it is safe to continue to operate a hospital pharmacy without a pharmacist present.
- The proposal increases unacceptable liability exposure for pharmacists, as it requires that the activities of pharmacy technicians and pharmacy interns are deemed to be performed under the direct supervision of the absent pharmacist. No pharmacist would accept the liability risk for duties performed in their absence. Imposing liability on a pharmacist for taking a mandatory break is concerning.
- The rule requires the pharmacist on the break to be "immediately available" to answer questions. If the pharmacist is "immediately available" to answer questions, then the pharmacist is really not on a break.
- Subsections (B) and (E) refer to "emergencies" for which the pharmacist on the mandatory break would be required to respond (subsection B) or for which the mandatory break is not required (subsection (E)). However, "emergency" is not defined, and if it is defined, it is likely that a large number of scenarios that occur in hospitals would render the rule moot, as the "emergency" exceptions would swallow the rule.
- The rule will result in delays in care to hospital patients. Hospital pharmacists are often consulted by physicians and other clinicians regarding patient care issues. Mandatory breaks will result in delays in patient care, not just for the patient whose clinician is trying to contact the pharmacist on a break, but all other patients whose care will be delayed as the pharmacist returns from the break to a stack of messages and orders that the pharmacist is now behind on and has to work through.
- Hospital pharmacists receive "stat" orders all the time for life-saving medications, and they are required to respond to those order in a matter of minutes. Patients will be harmed if the pharmacist is required to take a break.
- Another example is a situation where there are two pharmacists covering a night shift. One of the pharmacists has been called to cover a trauma case. The other pharmacist is on the required break. A nurse calls the pharmacy with a drug compatibility question prior to inserting a syringe into the patient. Under the proposed rule, the nurse would have to wait 30 minutes until the pharmacist's break is over to get the question answered and administer the drug. There are countless examples in a hospital setting where patient care will be adversely impacted by this rule. This example also highlights potential conflict with federal law, which requires the hospital to have a process in place for medication orders to be received in the pharmacy and dispensed in a safe and timely manner and in accordance with accepted standards of practice. See Interpretive Guidelines to 42 CFR 482.25(b)(1). A 30-minute delay in the example above would not be consistent with an acceptable standard of practice.
- Even patients receiving services from hospital outpatient pharmacies will have care delayed if this rule applies in those settings. For example, many health systems have community family health

centers with a variety of different primary care providers and a pharmacy attached. A mother who has received care for a child in the pediatrician's office at the family health center, and who is sent downstairs to the pharmacy to pick up a prescription on her way out would potentially face at least a 30-minute delay in receiving the prescription (the break time plus time spent dealing with a backlog that resulted during the break). Some parents will be forced to leave to go back to work, rather than wait, and may not make it back to the pharmacy.

We also heard from several hospital pharmacists who would be insulted to be required to take a break. They view the proposed rule as a degradation of their professionalism and their necessary and valuable role in the direct care of patients. They do not want to have to ignore a cardiologist's call regarding a patient care issue because they are on a mandatory break.

OHA believes many of the problems identified by survey respondents are applicable in the retail pharmacy space and that the broad rule that would apply to all holders of terminal distributor licenses is simply unworkable in a hospital pharmacy. We strongly urge the Board to carve hospital pharmacies out of this rule and to regulate retail and hospital pharmacies differently in this respect, just as it does in many other instances. Hospitals are cognizant of the many stresses facing pharmacists and other health care providers and work hard to address those while maintaining high patient care standards. Broad rules such as this one will impair hospitals' ability to meet those standards and will adversely impact patient care.

Thank you again for the opportunity to provide feedback from the hospital pharmacy and pharmacist perspective. OHA would be happy to convene a discussion with some hospital pharmacy leaders to further explore this issue and further share the patient-care implications the proposed rule would cause.

We look forward to continuing to work with the Board on this issue and others.

Sincerely,

Sean McGlone
Sr. V.P. & General Counsel

cc: Cameron McNamee, Ohio Board of Pharmacy

Rule Comments

Ohio Pharmacy Leadership Coalition (OPLC)

Response to Rule for Stakeholder Feedback – Mandatory Breaks / Rest Periods

Date Issued: 12/13/2022

Comments Due: 1/20/23

To the Ohio State Board of Pharmacy,

OPLC advocates for safe working conditions for all pharmacy personnel, including appropriate breaks and respite from duties to ensure patient care is of the highest quality and safety. OPLC appreciates the intent of establishing standards to ensure appropriate working conditions are upheld.

This rule may have unintended negative patient care and safety consequences for terminal distributors of institutional facilities where care is provided on a 24x7 basis and acuity of patients is significantly higher than community settings. In these settings, pharmacists are highly valued professionals, similar to nurse practitioners and physicians.

Two examples of how this may negatively impact patient care are provided for context:

- It is common for hospitals to staff one or two pharmacists during off shifts to ensure a pharmacist is available for emergent and urgent patient care and to keep hospital pharmacy operations running smoothly. Pharmacists will often attend and participate in codes and traumas. Because of the nature of inpatient care delivery, workload is highly variable. It is impractical and unsafe to halt hospital pharmacy operations for 30 minutes when downtime occurs at different times of the night. Health systems design off shift staffing rotations with built-in perks to account for the demands of the job.
- If a hospital is staffing two pharmacists and one is attending a code/trauma while the other is on their break and a nurse calls down to the pharmacy with a compatibility or other drug information question, it will negatively impact patient care to inform the nurse that the pharmacist is unavailable. In that case, the nurse (who may have a syringe of medication in their hand) will then need to make a judgement call on delaying the delivery of a dose (and what to do with the medication they now have ready to administer) versus proceeding in the face of uncertainty and administering a medication which could potentially create an adverse event for the patient. It will be a deep dissatisfier for our nursing partners and put their licenses at risk as well.

In response to the proposed rule 4729:5-3-22 – Mandatory Rest Breaks, OPLC suggests the following improvements:

- Primary Recommendation: Exempt terminal distributors of institutional facilities from this rule.
    - Workload surveys completed in 2020 and 2021 identified this issue primarily in the outpatient pharmacy setting.
    - Hospitals are obligated to provide care to any patient who arrives in their emergency departments or is admitted.

- Small and/or rural hospitals may only have one pharmacist on staff during some periods. **This rule could result in delay of care, or override workarounds bypassing pharmacist verification, reducing patient safety.**
- OPLC advises that institutional facilities have policies that govern appropriate breaks and respite time for all clinical personnel.
    - Exempt status (per Department of Labor enforcement of the Fair Labor Standards Act (FLSA)) applies to most pharmacist personnel in health-systems and this rule, while well intended, may not apply correctly to exempt associates.
    - Exempt employees (pharmacists) can occupy a range of positions, such as management, clinical roles, coordinator roles, remote verification, and are paid salary (not hourly) based upon the exempt status.
    - Exempt associates are not required to/do not clock-in and clock-out, increasing the documentation burden for mandatory breaks. Using existing systems to document the breaks when they are occurring may be contrary to the payroll practices of institutional settings.

In summary, members of OPLC appreciate and respect the intent of this rule. Health-systems deeply value the professional contributions and essential role of pharmacists. The differences in practice settings call for different management strategies to ensure pharmacists have appropriate respite during their shifts.

OPLC membership would welcome the opportunity to further discuss potential revisions to this proposed rule with the Board of Pharmacy representatives.

Respectfully submitted,

Institutional Pharmacy Representatives on OPLC

Chair: John Feucht, feuchtj@summahealth.org
Co-Chair: Amy Dickson, amy.dickson@mchs.com

Rule Comments

January 20, 2023

Re: Request for Stakeholder Feedback; Mandatory Breaks / Rest Periods

Dear Ohio Board of Pharmacy,

The Ohio Society of Health System Pharmacy would like to express its support for the proposed rule 4729:5-3-22, "Mandatory Rest Breaks" issued by the State of Ohio Board of Pharmacy on December 13, 2022. This rule stipulates that a pharmacist, pharmacist-intern, or pharmacy technician working longer than six continuous hours per day shall be allowed during that period to take a 30-minute, uninterrupted break.

While we concur that the well-being and safety of pharmacy personnel is of paramount importance, and that this rule will promote a healthier and more sustainable work environment for our pharmacists, pharmacist-interns, and pharmacy technicians, particularly during these challenging uncertain times, we would like to raise a concern with respect to a specific provision of the rule.

Specifically, we have a reservation about the provision that allows for the dispensing of new prescriptions that require counseling without a pharmacist being present. Given the high level of misinformation and disinformation that is prevalent today, and the reduction of pharmacist services to an optional feature, we believe it is imperative for pharmacists to be present for counseling and communication with patients.

As the most accessible profession in healthcare, we believe it is our duty to directly provide counseling and communication with patients, especially those with chronic illnesses. These services may be provided in-person, or if needed, virtually. We believe that prioritizing the availability of counseling services, whether in-person or virtual, will allow pharmacies to develop innovative solutions that keep the continuity of care and patient safety provisions intact, all while ensuring the well-being of pharmacy personnel. The intimate knowledge that pharmacists possess about their patients is irreplaceable and cannot be replicated through informational packets. Additionally, we recognize that there is a racial disparity in access to medical services, and it is imperative that all patients have access to the expertise and knowledge of pharmacists, particularly those who may be disproportionately affected by this disparity.

Sincerely,

The Ohio Society of Health System Pharmacy

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

January 18, 2023

Steven Schierholt, Esq.
Executive Director
Ohio State Board of Pharmacy 77
S High Street
Columbus, OH 43215

Re: Request for comments – 4729:5-3-22: Mandatory breaks/rest periods

Dear Director Schierholt,

On behalf of The Ohio State University Wexner Medical Center (OSUWMC), we appreciate the opportunity to provide feedback on your recent request for public comments on "4729:5-3-22: Mandatory breaks/rest period". We would first like to express gratitude to the Board of Pharmacy for working to seek feedback and addressing the many workplace concerns that are creating negative implications for Ohio pharmacists and pharmacy personnel. Many of the concerns shared by pharmacy personnel in Ohio have identified fear that patient safety and well-being are being compromised due to workplace issues.

OSUWMC is an academic medical center that provides over 1.9 million outpatient visits, over 60,000 patient admissions, and over 130,000 emergency department visits each year. OSUWMC recognizes the importance of the pharmacist as a member of the healthcare team and utilizes the expertise of the pharmacist in a variety of patient care settings across OSUWMC, including, but not limited to, community pharmacies, inpatient generalists, inpatient specialists, ambulatory care generalists, and ambulatory care specialists. With multiple licensed outpatient pharmacies across Central Ohio, these rules are relevant to the workplace practices of our pharmacies.

As written, these rules seem to be directed toward a traditional large retail pharmacies. The rules do not seem to consider the acuity of other settings in which pharmacy personnel may operate, such as hospitals, infusion clinics, surgery centers, etc. We understand that this focus on large public facing outpatient pharmacy is likely due to survey responses primarily indicating that this an issue in the outpatient pharmacy setting. We appreciate the positive the intent of this rule, but we do fear that if implemented, as written, would lead to unintended consequences for terminal distributors of institutional facilities. As such, we feel that these rules should **exclude terminal distributors of institutional pharmacies and terminal distributors of outpatient pharmacies owned by an institution** because of:

Patient acuity

- Closing a hospital pharmacy to accommodate a mandatory break is not practical from a patient care perspective under most circumstances, as described in more detail below. Further, doing so creates problems under federal law. The federal conditions of participation for Medicare (CoPs) require hospitals to ensure sufficient personnel are available to respond to the pharmaceutical needs of the patient population being served by the hospital. Specifically, the hospital pharmacy must have an adequate number of personnel to ensure quality pharmaceutical services, including 24 hour, 7-day emergency coverage (or other arrangement for emergency services). In addition, "[t]he number of pharmacists and/or the number of hours

of services provided by pharmacists at the hospital must meet and be in accordance with the needs of its patients and accepted professional principles . . ., and reflect the scope and complexity of the hospital's pharmaceutical services. There must be sufficient numbers and types of personnel to provide accurate and timely medication delivery, ensure accurate and safe medication administration and to provide appropriate clinical services as well as the participation in continuous quality improvement programs that meet the needs of the patient population being served." See 42 CFR 482.25(a)(2) and CMS' corresponding Interpretive Guidelines. The proposed rule creates a situation where a hospital pharmacy could be out of compliance with federal law by complying with state law.

- In higher acuity pharmacy settings, it is not reasonable or appropriate to shut down the pharmacy for any period during business hours. Any potential shut down could have a negative impact on patient care due. In acute care settings, pharmacy often provides code/emergency response. These emergencies can happen at any time without any prior notice and in these sudden situations, arranging alternative coverage is not attainable. Further, we do not want to promote workarounds or increased use of overrides bypassing pharmacist verification due to the requirements of this rule.

- An uninterrupted 30-minute lunch cannot always be guaranteed. We strive to provide staffing that allows for lunch coverage, but in smaller locations (i.e., an inpatient pharmacy satellite, areas servicing operating rooms, or infusion locations), an uninterrupted lunch cannot be ensured. This is in part because there are not always additional staff in that facility to provide coverage. Often in these areas there are slower periods where a staff member can take their lunch, but they remain available to answer the phone, check product, or deal with any emergency to avoid any patient care delay/harm. As currently written, if a pharmacy staff member answered a quick question, then the staff member should be granted an additional 30-minute uninterrupted period.

- Even patients receiving services from **hospital outpatient pharmacies** will have care delayed if this rule applies in those settings. For example, many health systems have community family health centers with a variety of different primary care providers and a pharmacy attached. A mother who has received care for a child in the pediatrician's office at the family health center, and who is sent downstairs to the pharmacy to pick up a prescription on her way out would potentially face at least a 30-minute delay in receiving the prescription (the break time plus time spent dealing with a backlog that resulted during the break). Some parents will be forced to leave to go back to work, rather than wait, and may not make it back to the pharmacy.

Existing Practices and Policies

- At OSUWMC, pursuant to university requirements, nonexempt staff are asked when clocking out to respond to a question that asks if the employee received a 30-minute, uninterrupted lunch. If the employee marks that he or she did not receive this 30-minute uninterrupted lunch, then the employee's standard 30-minute lunch pay deduction is removed and the employee receives compensation for this time (if the employee is over 40h for the week then this is paid at the overtime rate).

- Some pharmacy positions (i.e. pharmacy directors, pharmacy managers, support personnel, pharmacy specialists, informatics pharmacists) are considered exempt staff by Department of Labor standards. Exempt

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

staff do not clock-in or clock-out and as such they do not complete this attestation but have increased flexibility around their worked time due to their exempt status. Additionally, there isn't a mechanism to have an exempt staff member to clock in and out because they are exempt.

- Given the relationship with the medical teams many of our staff stated they would be insulted to be required to take a break. They view the proposed rule as a degradation of their professionalism and their necessary and valuable role in the direct care of patients. They do not want to have to ignore a cardiologist's call regarding a patient care issue because they are on a mandatory break.

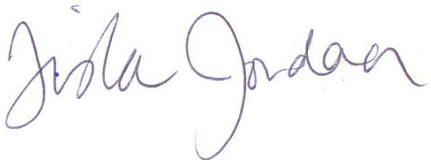
- In addition, there may be situations when an employee (exempt or non-exempt) may decide to work through their uninterrupted lunch period – to complete other tasks, potentially leave early at the end of the day, etc. As a department we always recommend that the staff take their lunch break but do allow flexibility for the employee to make this decision if needed.

Liability

- The proposal increases unacceptable liability exposure for pharmacists, as it requires that the activities of pharmacy technicians and pharmacy interns are deemed to be performed under the direct supervision of the absent pharmacist. No pharmacist would accept the liability risk for duties performed in their absence. Imposing liability on a pharmacist for taking a mandatory break is concerning.

OSUWMC supports the Board of Pharmacy's steps to address workplace environments putting patients and pharmacy personnel at risk, **and strongly recommend that terminal distributors of institutional pharmacies are excluded due to the patient acuity experienced in these settings as well as existing practices and policies in place that already support the general intent of this rule**. If terminal distributors of institutional pharmacies cannot be excluded from this rule, then we highly encourage the Board to bring together hospital pharmacy leaders to develop rules that work for the institutional setting and do not put patient safety at risk. I would be happy to discuss these recommendations further at the e-mail listed below.

Sincerely,



Trisha A. Jordan, PharmD, MS
Administrator and Chief Pharmacy Officer
Assistant Dean for Medical Center Affairs
The Ohio State University Wexner Medical Center
College of Pharmacy
Trisha.jordan@osumc.edu

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

January 18, 2023

Steven Schierholt, Esq.
Executive Director
Ohio State Board of Pharmacy 77
S High Street
Columbus, OH 43215

Re: Request for comments – 4729:5-3-22: Mandatory breaks/rest periods

Dear Director Schierholt,

On behalf of The Ohio State University Wexner Medical Center (OSUWMC), we appreciate the opportunity to provide feedback on your recent request for public comments on "4729:5-3-22: Mandatory breaks/rest period". We would first like to express gratitude to the Board of Pharmacy for working to seek feedback and addressing the many workplace concerns that are creating negative implications for Ohio pharmacists and pharmacy personnel. Many of the concerns shared by pharmacy personnel in Ohio have identified fear that patient safety and well-being are being compromised due to workplace issues.

OSUWMC is an academic medical center that provides over 1.9 million outpatient visits, over 60,000 patient admissions, and over 130,000 emergency department visits each year. OSUWMC recognizes the importance of the pharmacist as a member of the healthcare team and utilizes the expertise of the pharmacist in a variety of patient care settings across OSUWMC, including, but not limited to, community pharmacies, inpatient generalists, inpatient specialists, ambulatory care generalists, and ambulatory care specialists. With multiple licensed outpatient pharmacies across Central Ohio, these rules are relevant to the workplace practices of our pharmacies.

As written, these rules seem to be directed toward a traditional large retail pharmacies. The rules do not seem to consider the acuity of other settings in which pharmacy personnel may operate, such as hospitals, infusion clinics, surgery centers, etc. We understand that this focus on large public facing outpatient pharmacy is likely due to survey responses primarily indicating that this an issue in the outpatient pharmacy setting. We appreciate the positive the intent of this rule, but we do fear that if implemented, as written, would lead to unintended consequences for terminal distributors of institutional facilities. As such, we feel that these rules should **exclude terminal distributors of institutional pharmacies and terminal distributors of outpatient pharmacies owned by an institution** because of:

Patient acuity

- Closing a hospital pharmacy to accommodate a mandatory break is not practical from a patient care perspective under most circumstances, as described in more detail below. Further, doing so creates problems under federal law. The federal conditions of participation for Medicare (CoPs) require hospitals to ensure sufficient personnel are available to respond to the pharmaceutical needs of the patient population being served by the hospital. Specifically, the hospital pharmacy must have an adequate number of personnel to ensure quality pharmaceutical services, including 24 hour, 7-day emergency coverage (or other arrangement for emergency services). In addition, "[t]he number of pharmacists and/or the number of hours

of services provided by pharmacists at the hospital must meet and be in accordance with the needs of its patients and accepted professional principles . . ., and reflect the scope and complexity of the hospital's pharmaceutical services. There must be sufficient numbers and types of personnel to provide accurate and timely medication delivery, ensure accurate and safe medication administration and to provide appropriate clinical services as well as the participation in continuous quality improvement programs that meet the needs of the patient population being served." See 42 CFR 482.25(a)(2) and CMS' corresponding Interpretive Guidelines. The proposed rule creates a situation where a hospital pharmacy could be out of compliance with federal law by complying with state law.

- In higher acuity pharmacy settings, it is not reasonable or appropriate to shut down the pharmacy for any period during business hours. Any potential shut down could have a negative impact on patient care due. In acute care settings, pharmacy often provides code/emergency response. These emergencies can happen at any time without any prior notice and in these sudden situations, arranging alternative coverage is not attainable. Further, we do not want to promote workarounds or increased use of overrides bypassing pharmacist verification due to the requirements of this rule.

- An uninterrupted 30-minute lunch cannot always be guaranteed. We strive to provide staffing that allows for lunch coverage, but in smaller locations (i.e., an inpatient pharmacy satellite, areas servicing operating rooms, or infusion locations), an uninterrupted lunch cannot be ensured. This is in part because there are not always additional staff in that facility to provide coverage. Often in these areas there are slower periods where a staff member can take their lunch, but they remain available to answer the phone, check product, or deal with any emergency to avoid any patient care delay/harm. As currently written, if a pharmacy staff member answered a quick question, then the staff member should be granted an additional 30-minute uninterrupted period.

- Even patients receiving services from **hospital outpatient pharmacies** will have care delayed if this rule applies in those settings. For example, many health systems have community family health centers with a variety of different primary care providers and a pharmacy attached. A mother who has received care for a child in the pediatrician's office at the family health center, and who is sent downstairs to the pharmacy to pick up a prescription on her way out would potentially face at least a 30-minute delay in receiving the prescription (the break time plus time spent dealing with a backlog that resulted during the break). Some parents will be forced to leave to go back to work, rather than wait, and may not make it back to the pharmacy.

Existing Practices and Policies

- At OSUWMC, pursuant to university requirements, nonexempt staff are asked when clocking out to respond to a question that asks if the employee received a 30-minute, uninterrupted lunch. If the employee marks that he or she did not receive this 30-minute uninterrupted lunch, then the employee's standard 30-minute lunch pay deduction is removed and the employee receives compensation for this time (if the employee is over 40h for the week then this is paid at the overtime rate).

- Some pharmacy positions (i.e. pharmacy directors, pharmacy managers, support personnel, pharmacy specialists, informatics pharmacists) are considered exempt staff by Department of Labor standards. Exempt

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

staff do not clock-in or clock-out and as such they do not complete this attestation but have increased flexibility around their worked time due to their exempt status. Additionally, there isn't a mechanism to have an exempt staff member to clock in and out because they are exempt.

- Given the relationship with the medical teams many of our staff stated they would be insulted to be required to take a break. They view the proposed rule as a degradation of their professionalism and their necessary and valuable role in the direct care of patients. They do not want to have to ignore a cardiologist's call regarding a patient care issue because they are on a mandatory break.

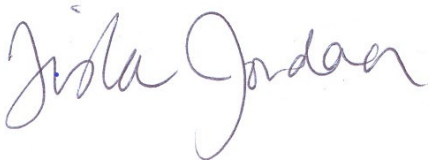
- In addition, there may be situations when an employee (exempt or non-exempt) may decide to work through their uninterrupted lunch period – to complete other tasks, potentially leave early at the end of the day, etc. As a department we always recommend that the staff take their lunch break but do allow flexibility for the employee to make this decision if needed.

Liability

- The proposal increases unacceptable liability exposure for pharmacists, as it requires that the activities of pharmacy technicians and pharmacy interns are deemed to be performed under the direct supervision of the absent pharmacist. No pharmacist would accept the liability risk for duties performed in their absence. Imposing liability on a pharmacist for taking a mandatory break is concerning.

OSUWMC supports the Board of Pharmacy's steps to address workplace environments putting patients and pharmacy personnel at risk, **and strongly recommend that terminal distributors of institutional pharmacies are excluded due to the patient acuity experienced in these settings as well as existing practices and policies in place that already support the general intent of this rule**. If terminal distributors of institutional pharmacies cannot be excluded from this rule, then we highly encourage the Board to bring together hospital pharmacy leaders to develop rules that work for the institutional setting and do not put patient safety at risk. I would be happy to discuss these recommendations further at the e-mail listed below.

Sincerely,



Trisha A. Jordan, PharmD, MS
Administrator and Chief Pharmacy Officer
Assistant Dean for Medical Center Affairs
The Ohio State University Wexner Medical Center
College of Pharmacy
Trisha.jordan@osumc.edu

SHRIVERS
PHARMACY

ZANESVILLE
406 Brighton Blvd.
Zanesville, Ohio 43701
740.452.3691

McCONNELSVILLE
105 North Kennebec Ave.
McConnelsville, Ohio 43756
740.962.2552

McARTHUR
530 N. Market Street
McArthur, Ohio 45651
740.596.2566

ATHENS
310 West Union Street, Ste 101
Athens, Ohio 45701
740.447.9201

LUMBERPORT
308 Main Street
Lumberport, WV 26386
304.584.4210

NELSONVILLE
40 Watkins Street
Nelsonville, Ohio 45764
740.753.2484

CROOKSVILLE
120 S. Buckeye Street
Crooksville, Ohio 43731
740.982.3081

LOGAN
21 Hocking Mall
Logan, Ohio 43138
740.216.4496

January 20, 2023

State of Ohio

Board of Pharmacy

77 S High Street, 17th Floor

Columbus, OH 43215-6126

Re: Written Comment on Proposed Rule 4729:5-3-22 – Mandatory Rest Breaks

Dear State of Ohio Board of Pharmacy:

I am John Coler, R.Ph., owner of Ohio independent pharmacies - Shrivers Pharmacies and Coler Long Term Care Pharmacy. I am providing this written comment in response to the Board's proposed new Pharmacy Practice regulation (4729-5-22) for mandatory rest breaks for licensed pharmacy professional staff. As an owner of independent-owned, community based pharmacies that are well rooted in my central Ohio communities, I fully understand the growing interest by the Board in seeking to protect the public through the work of the Pharmacist Workload Advisory Committee given all the reporting about the abuses of pharmacists, pharmacists interns and technicians by big corporation chain drug store and mass retailer pharmacies, especially those with central prescription fill facilities.

While I support the goal of the proposed rule OAR 4729:5-3-22 to provide rest breaks for these pharmacy staff, the proposal, particularly 4729:5-3-22 (A) offer no flexibility for independently owned pharmacies where providing a break for pharmacy professional staff that work longer than 6 hours may not always be feasible. Rather than taking this inflexible approach that applies the same standards to independent pharmacy stores that is really aimed to stem the staff abuses imposed by corporate owned pharmacies, the board needs to take a bifurcated approach of different mandatory rest break requirements for independently owned pharmacies versus the higher volume chain and mass retailer pharmacies owned by corporations.

I ask the Board to revise this proposed regulation as follows:

For Paragraph (A), add language to apply this section after the word "working", the phrase " in a pharmacy owned by a corporation or its affiliates with more than 20 licensed outpatient pharmacy locations or a central fill location in the State of Ohio".

For Paragraphs (E) and (F) after the word, "documented" add the phrase "or government declared public health or other state of emergency".

Add a new Paragraph (G) to read as follows:

SHRIVERS
PHARMACY

ZANESVILLE
406 Brighton Blvd.
Zanesville, Ohio 43701
740.452.3691

McCONNELSVILLE
105 North Kennebec Ave.
McConnelsville, Ohio 43756
740.962.2552

McARTHUR
530 N. Market Street
McArthur, Ohio 45651
740.596.2566

ATHENS
310 West Union Street, Ste 101
Athens, Ohio 45701
740.447.9201

LUMBERPORT
308 Main Street
Lumberport, WV 26386
304.584.4210

NELSONVILLE
40 Watkins Street
Nelsonville, Ohio 45764
740.753.2484

CROOKSVILLE
120 S. Buckeye Street
Crooksville, Ohio 43731
740.982.3081

LOGAN
21 Hocking Mall
Logan, Ohio 43138
740.216.4496

For pharmacists, pharmacist -interns or pharmacy technicians working in a pharmacy that is owned by a corporation or its affiliates that has 20 or fewer licensed pharmacy facilities in the State of Ohio working longer than six continuous hours pre day shall be allowed during that time period to take a 30-minute uninterrupted break, except for the following reasons:

(1) The pharmacy has only one licensed pharmacist.
(2) The pharmacy is located in a health professional shortage area (as defined in section 332(a)(1)(A) of the Public Health Service Act), medically underserved area, or medically underserved population (as defined in section 330(b)(3) of such Act.
(3) The pharmacist works 8 continuous hours or less.
(4) The pharmacist, with written consent to be retained in the pharmacy records subject to Board inspection, waives the right to a 30-minute break for working more than 8 continuous hours.
(5) The pharmacy receives a hardship waiver from this requirement from the Board based on a written application for such a waiver.

Add a new Paragraph (H) to read as follows:

For pharmacists, pharmacist-interns or pharmacy technicians working in a pharmacy that is owned by a corporation or its affiliates that has 20 or fewer licensed pharmacy facilities in the State of Ohio all the provisions of paragraphs (B), (C), (D) (E) and (F) shall also apply.

I hope the Board will see that my comments are geared to take a reasonable yet comprehensive approach to providing pharmacy professional staff appropriate rest breaks while recognizing the workplace pace, volume and demands and staffing sizes are different in Ohio's independent pharmacies than in corporate owned pharmacies and prescription central fill locations.

Every pharmacy owner should want safe and effective pharmacy workplace for their employees that protects the services we provide to the public. The proposed "one size fits all" approach to these proposed mandatory rest breaks will only severely impede how independent pharmacies can serve the public. I believe that with my proposed revisions to the Proposed OAC 4729:5-3-22 that makes important distinctions between the requirements on Ohio located large corporate owned pharmacies and independently owned pharmacies that will not impede the service to our patients while providing safe working conditions for our employees.

I thank the Board for consideration of my written comments to Proposed OAC 4729:5-3-22.

Sincerely,

John Coler

THE OHIO STATE UNIVERSITY
COLLEGE OF PHARMACY

January 20, 2023

Steven Schierholt, Esq.
Executive Director
Ohio State Board of Pharmacy
77 S High Street
Columbus, OH 43215

Re: Rule for Stakeholder Feedback – Mandatory Breaks / Rest Periods

Dear Director Schierholt,

On behalf of The Ohio State University College of Pharmacy (OSUCOP), we appreciate the opportunity to provide our support of your recent rule: "Mandatory Breaks / Rest Periods".

OSUCOP is a top 10 ranked program in the country and trains over 400 student pharmacists per year in the Doctor of Pharmacy program as well as hundreds more students in undergraduate and graduate programs. Our faculty are innovative and nationally known practitioners moving the needle on care outcomes for patients through pharmacist-provided, interprofessional care. Alumni of OSUCOP practice in a multitude of practice settings spanning from industry, academia, managed care, public health policy, institutional, community, and specialty practice. Our Medication Management Program (MMP) is a home to pharmacists, student pharmacists and certified pharmacy technicians who provide telehealth medication management services over 100,000 patients annually to reduce health care costs and improve medication use. We anticipate this rule will impact many of our faculty, staff, students, and alumni for the better by fostering a practice environment that more optimally supports the pharmacist to provide safe and quality patient care.

We would first like to express gratitude to the Board of Pharmacy for seeking feedback and addressing the many workplace concerns that are creating negative implications for Ohio pharmacists and pharmacy personnel. Many of the concerns shared by pharmacy personnel in Ohio have identified fear that patient safety and well-being are being compromised due to workplace issues.

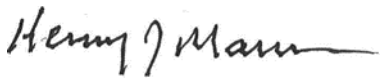
We are supportive of the concept intended by this rule to support the health and well-being of pharmacists in the workplace and protect patient safety. We appreciate recognition of the pharmacist's autonomy in deciding what actions can be taken during the break as is stated in 2(B) as well as the overall intention that the pharmacist drives what is acceptable to the individual related to work hours and breaks. Additionally, while practice operations differ across various settings, we appreciate the wording of the rules specifically in 4(E) which addresses needed flexibility in applying these rules to protect patient access to pharmacist care during emergencies.

Once implemented, we encourage the Board to evaluate the impact of recent rules on the prohibition of quotas and mandatory rest breaks to ensure they are having the anticipated impact and that the Board take further regulatory action as necessary.

Thank you again for the opportunity for OSUCOP to provide our feedback on this rule. If there is anything we can do to further support the advancement of this rule or if you have any questions about our recommendations, please contact me at Mann.414@osu.edu.

THE OHIO STATE UNIVERSITY
COLLEGE OF PHARMACY

Sincerely,



Henry J. Mann, PharmD, FCCP, FCCM, FASHP
Dean and Professor
The Ohio State University College of Pharmacy
Mann.414@osu.edu

University Hospitals

January 19, 2023

Steven W. Schierholt, Esq.
Executive Director
Ohio Board of Pharmacy
77 S. High Street, 17th Floor
Columbus, OH 43215

Re: University Hospitals' comments on Proposed Rule: 4729:5-3-22 – Mandatory Rest Breaks (New)

Dear Director Schierholt:

On behalf of University Hospitals ("UH"), we would first start off by expressing our appreciation for this opportunity to respond to the Board of Pharmacy's recent request for comments on its proposed rule on mandatory breaks and rest periods for pharmacy personnel.

Next, we wanted to relay that UH truly values the work of the Pharmacist Workload Advisory Committee. In addition, UH shares in the overarching goals of ensuring safe, appropriate and acceptable working conditions for pharmacists, pharmacy interns, and pharmacy technicians. However, we have heard valid safety concerns for our hospital patients and team members regarding the proposed rule of mandatory breaks and rest periods.

UH feels the proposed rule increases the risk of adverse safety events for our hospital patients in several ways.

- In general, institutional pharmacies are open 24 hours a day, 7 days week. Institutional pharmacies that do close have after-hours pharmacist support for urgent needs and/or remote order verification. Examples of potential adverse safety events are noted below. Please note: the potential adverse safety risks are not limited to these real and potential examples below.
    - Should a pharmacist be on a mandatory break and a nurse has a question regarding a medication he/she is about administer, it is unsafe practice and not professionally appropriate to advise the nurse to wait for 30 minutes to receive a response.
        - In this situation, the nurse can either administer without receiving professional advice from the pharmacist, which may result in harm to the patient; or the nurse may elect to wait the duration of the mandatory break, at which the nurse may be out of compliance with the hospital's time-critical medication administration. In turn, this is a delay in patient care.
    - Should a pharmacist with a collaborative practice agreement with a provider be on break and the provider needs the pharmacist's support for a patient's care, it is both unsafe and unprofessional for the pharmacist to expect the provider to wait the duration of 30 minutes for a response.
        - In this example, the pharmacist has an obligation to the provider and the patient in care oversight.
    - Should a patient have a question for a pharmacist (i.e. counseling) of their discharge prescription, and the pharmacist in the outpatient pharmacy supporting the hospital space is on the required mandatory break, the patient cannot receive their counseling.
        - In this situation, the patient may rescind their request for counseling, thereby letting a patient be discharged from the hospital with insufficient information regarding their

prescribed discharge medication. Alternatively, the patient is required to wait for the pharmacist to return from the mandatory break, resulting in a delay of discharge.

- In compliance with hospital policy and accreditation standards, the pharmacist is required to verify a STAT medication order within 5 to 10 minutes of order entry.
    - A 30 minute mandatory break on a shift when only one pharmacist is on duty violates this policy. Thereby placing the patient at risk for harm, as well as the organization at a risk for liability.

UH also feels that the proposed rule lacks clarity, poses new logistical challenges and places the pharmacist at an increased risk of liability, which is including but not limited to the following:

- The requirement to document and require the 30 minute mandatory break poses a challenge for salaried positions.
    - Salaried employees do not clock in and out for their shifts. There is no mechanism in place to ensure the breaks are taken and recorded accordingly.
    - This will increase the length of time the salaried employee will need to report for duty (i.e. 8.5 hours instead of 8 hours)
- Per the proposed rule **4729:5-3-22 (C)**, ***"the activities of pharmacy technicians and pharmacy interns during a pharmacist rest break shall be considered to be under the direct supervision of a pharmacist if the pharmacist is available on the premises during the break and is immediately available to respond to questions by pharmacy technicians or interns. The pharmacist assumes responsibility for all activities performed in the pharmacist's absence."***
    - The term "premises" is lacking in definition. It is unclear if premises refers to being within the licensed pharmacy or on the hospital property.
    - For the pharmacist to be available for questions for the pharmacy technicians or interns, this indicates the pharmacist may be interrupted for any potential question, issue or need, during their required break as part of this rule.
    - The pharmacist assumes responsibility for all activities in their absence, which poses an unnecessary increase in liability on the pharmacist.
- Per the proposed rule **4729:5-3-22 (E)**, ***"The requirements set forth in this rule shall not apply if a documented emergency necessitates that a pharmacist, pharmacy intern, or pharmacy technician work longer than 12 continuous hours, work without taking required meal breaks, or have a break interrupted to minimize immediate and serious health risks for patients."***
    - The definition of "documented emergency" is not clearly defined.

As a health-system, we take concerns about our employee's work environment seriously and agree that it is important to allow pharmacy personnel adequate breaks and time to rest. However, we believe this can be achieved through our current process, which is flexible to meet the needs of our patients and our pharmacy personnel.

We encourage the Pharmacy Board and the Pharmacist Workload Advisory Committee to further consider these rules before moving forward. Specifically, we believe there needs to be further examination of the increase in the risk of adverse safety events for our patients and for our hospital pharmacies. In addition, we believe the proposed rule is lacking in clarity, is posing new logistical challenges, and is placing the pharmacist at an increased risk of liability.

UH would encourage the Board to also consider exempting inpatient hospital pharmacies and outpatient pharmacies that support inpatient spaces for discharge prescriptions. Addressing this rule to retail pharmacies that do not support an inpatient space may be more in line with the intent of the proposed rule. One size does not fit all as it pertains to workplace environment.

We look forward to continuing to work with the Board of Pharmacy on this important issue.

Sincerely,

H. Champ Burgess, PharmD, MBA
Chief Pharmacy Officer
University Hospitals Health System
Henry.Burgess@UHhospitals.org

Proposed Quota Rule Comments

On October 11, 2022, the Board requested comments on a proposed rule to prohibit the use of quotas in the operation of a pharmacy (see below). The Board will be reviewing these comments at a future meeting to determine next steps.

The comments on the proposed rule are broken into two sections:

- Section 1 - Individual responses from licensees (starting on Page 3)
- Section 2 - Responses from stakeholder organizations (starting on Page 27)

4729:5-3-21 – Prohibition on the Use of Quotas in the Practice of Pharmacy (NEW)

(A) As used in this rule, "pharmacy personnel" means any of the following licensed or registered in accordance with Chapter 4729 of the Revised Code:

(1) Pharmacist;

(2) Pharmacy intern;

(3) Certified pharmacy technician;

(4) Registered pharmacy technician;

(5) Pharmacy technician trainee.

(B) In accordance with division (D) of section 4729.55 of the Revised Code, a pharmacy licensed as a terminal distributor of dangerous drugs shall not establish a quota related to the duties of pharmacy personnel.

(C) A pharmacy shall not, through employees, contractors, or third parties, communicate the existence of quotas, that are prohibited pursuant to this rule, to pharmacy personnel who are employees of the pharmacy or with whom the pharmacy contracts.

(D) For purposes of this rule, "quota" means a fixed number or formula related to the duties of pharmacy personnel, against which the outpatient pharmacy or its agent measures or evaluates the number of times either an individual performs tasks or

provides services while on duty. “Quota” includes a fixed number or formula related to any of the following:

(1) Prescriptions filled.

(2) Services rendered to patients.

(3) Programs offered to patients.

(4) Revenue obtained.

(E) For purposes of this section, “quota” does not mean any of the following:

(1) A measurement of the revenue earned by an outpatient pharmacy not calculated in relation to, or measured by, the tasks performed, or services provided by pharmacy personnel.

(2) Any evaluation or measurement of the competence, performance, or quality of care provided to patients of pharmacy personnel if the evaluation does not use quotas.

(3) Any performance metric required by state or federal regulators that does not use quotas.

(F) This rule does not prohibit an outpatient pharmacy from establishing policies and procedures that assist in assessing the competency and performance of pharmacy personnel in providing care to patients if the measurements used are not, or do not include, quotas.

Rule Comments

Individual Comments – Prohibition on the Use of Quotas

Total of 229 Responses*

Comment Type	Number Received
Support	172
Recommendation Only	14
Question/Recommendation	6
Other	2
Oppose	11
Neutral	11
Needs More Clarification	13
Total	**229**

***Does not include correspondences received from stakeholder organizations (see section 2).**

Comment	Type of Comment
Chain pharmacy does not have time to keep up with the constant quotas such as VBPT. Verified by Promised time adds unnecessary stress when trying to dispense prescriptions safely and correctly to patients. With the addition of CoVid testing, flu testing, and a number of different vaccinations being offered as part of patient care we should not have to feel bad and stressed about not meeting these stats as part of our job performance!!!! This needs to stop!!!!	Support
Quotas and metrics have no place in pharmacy where the ultimate goal is treat patients safely. Safety takes a back seat when quotas and metrics are put first. Quotas and metrics need to be prohibited together to best keep patients safe.	Support
This is a much-needed rule. The use of quotas has become a very serious issue. They put increased stress on pharmacists and negatively affect patient care. Especially when it comes to vaccinations. We have weekly conference calls where part of the call is reviewing our immunization numbers and discussing how we are going to meet our goals. Too much focus is being put on these quotas. I have seen colleagues essentially force patients to get immunizations by badgering them until they say yes and recommend flu shots way to early. All to meet these unrealistic numbers that are set by some executive at a corporate office. We are healthcare professionals. Not salesman. Our recommendations should be made based on what is best for the patient and not for what is best for our bottom line. Quotas have been making that harder and harder to do and it needs to stop.	Support
quotas are a reason for so many misfills (and most are not reported). I understand the need but the ridiculous high amount is crazy. The thought of having to "make your numbers" takes over your mind when you should be concentrating on patient safety and appropriate therapy.	Support (inferred)
I think it is a great idea to eliminate quotas. Especially in the community pharmacy setting, the pharmacist's focus should be spent on providing clinical services and personalized care to patients, NOT on script volume, etc.	Support
Thank you for the opportunity to provide comment on proposed rule 4729:5-3-21 - Prohibition on the Use of Quotas. Overall, I believe this to be improperly designed to address workload concerns; if anything, this rule will worsen the problem. In my current role, quotas are used as defined in the proposed rule -- except the purpose is not to force me to work above my capacity, it's actually the opposite. My current "quota" (though we call it an expectation) is set well below my usual monthly workload. To me, that's very reassuring - my leadership team tells me I'm doing very well, meeting and exceeding expectations, while letting me work at a comfortable pace. From their end, they also have clearly outlined what level of performance is needed to meet patient needs. Simultaneously, it prevents coworkers (like I've had in the past) who don't do the work, but instead try to punt it to their peers. While we'd all like to believe everyone is altruistic and will try hard not to put more pressure on their peers, that's simply not reality. Those individuals fall below the expectation, catch the attention of the manager, and they're held accountable to pull their own weight. That helps the rest of us not feel pressured to work faster than we're comfortable with, since we all have the same expectation, and it's enforceable! The problem isn't use of a "quota," the problem is groups that set bad or lazy quotas that are unattainable by most of the team. From my perspective, a more useful rule would be one that permits "quotas," so long as the organization can demonstrate they are reasonable. You state in the proposed rule that "quota" does not mean "any evaluation or measurement of the competence, performance, or quality of care provided..." and	Oppose

Rule Comments

yet by not allowing a manager to set a minimum expectation around pace of work, you are prohibiting a key component of performance. In this scenario, a coworker filling 5 prescriptions TOTAL per 8 hour shift could not receive a negative performance review even though we all know that's an unacceptably slow pace of work? Something like "must be able to process and dispense a minimum of X prescriptions per hour" even if X is something low and reasonable would not be permitted under this rule. Employers need a way to protect patients from unreasonably slow pharmacists. But if you really want to address workload concerns, you're focusing on the wrong part of the problem. Companies are limited to an extent by the payments they receive from insurance companies for the work completed. For a given volume of work, that means available money to complete that work is "fixed" for all intents and purposes. If the goal of the Board is to decrease workload per pharmacist, you could make it hard for managers to set enforceable standards. Or you could address root causes of inefficiency within our practice, such as restrictions on technician functions which have been proven to improve patient safety AND decrease pharmacist workload. I'm talking about tech-check-tech. Not only does tech-check-tech offer the same and in some cases higher accuracy than a pharmacist check, it offers technicians a career advancement pathway (which can improve retention, thereby also improving stability of workload for pharmacists), decreases total pharmacist workload for a given set of work, allowing the pharmacist to spend appropriate time evaluating the appropriateness of the prescription (and intervening) instead of the pure dispensing function.	
I think it is a great idea to do away with quotas - it only benefits the CFO and CEO who are not doing the grunt work. Pharmacists are trained to be clinical not machines.	Support
Thank you for working to address this issue! This is long overdue & hopefully will be a good start to addressing the working conditions & safety concerns that pharmacists battle every day. It would also be very helpful if technician support hours were not so closely tied to these quotas as well or at least there was a higher minimum amount of support staff required. A pharmacist should not be required to work in a retail pharmacy location alone, especially during normal daytime hours. A minimum of at least one support staff technician should be required during daytime operating hours. It is very unsafe to require a sole pharmacist to operate alone in a chain retail setting. It is setting you up to fail from the start & puts a pharmacist in a very difficult situation. The workload is just too much for one person alone with all of the phone lines, registers, drive-thru, drop-off, counseling, etc. The level of interruption & pace of work required when a pharmacist is expected to operate a chain retail pharmacy alone is unsafe for patients, unsafe for pharmacist, & an accident waiting to happen.	Support
This rule prohibiting the use of quotas is a landmark achievement of this Board. For a long time pharmacists have always felt abandoned to the persecution of corporate giants. The lack of a Pharmacist union and hitherto ineffectiveness of the pharmacy board meant that our cries on labor laws were unheard. Hope this rule is the first, and will be more proactive in looking at more issues plaguing the Pharmacist. I have spoken with alot of Pharmacists and the issue of a 12 hour shift without an official break seems to be a top issue and everyone is hoping the board could step in and address this next issue. Again, every small achievement is appreciated and i/we are grateful for this quota rule. Thank you.	Support
What will be the incentive for anyone to work with any sense of urgency now? I'm glad I left retail when I did. Customer wait times will double upon adoption of this rule.	Oppose
Please pass this. This would make daily operations of pharmacy astronomically better.	Support
I believe this is an amazing step forward and will preserve the profession. This new rule is key to protecting patients and pharmacists alike. Thank you!!	Support
As a pharmacist and pharmacy owner, I strongly oppose this rule. I understand the intent of the rule, however, it is necessary for pharmacists and owners to prioritize the needs of the business and establish productivity goals. Every industry has productivity requirements and pharmacy should not be any different. If this is taken away, we essentially have no ability to manage our team and consequently the service of our patients. This would give employees the ability to dictate the speed and quantity of work they want to do. Pharmacy is already an extremely difficult business and profit margins are non-existent. This will further erode our ability to manage a business and stay open. How would owners and managers manage the performance of their team? This would just place more onerous rules and regulations on pharmacies. If we were reimbursed appropriately, the conditions of employment would change because the business could afford more employees but until that occurs this will only make things worse for pharmacies, owners, and patients.	Oppose
Please do away with quotas. Our patient’s safety has been put at risk.	Support
Finally, Thank you so much for helping / saving our patients, pharmacy profession and future of health profession. Thank you for saving us from big chain pharmacy’s labor work strategy to just keep filling more and more prescriptions.	Support
The ruling is too vague. Corporate chains will just reword or redefine the term “quotas”. We need more pharmacists on staff and no more 12 hour days.	Needs Clarification

Rule Comments

As a student pharmacist, it is important to maintain a bright vision for my future in the profession. After working with many community pharmacists, it has been disheartening to learn about the pressures they are subjected to while trying to provide quality care to their patients. The elimination of quotas will promote the delivery of quality care without unnecessary pressures applied by retailers who do not truly grasp the workflow in a local pharmacy. The Ohio Board of Pharmacy should be commended for their efforts in helping to lead this charge and should provide their insights to other state boards with hopes to make this change occur on a federal level.	Support
I have worked in pharmacy for 27 years. During COVID especially, we were short staffed and had a lot more tasks to perform. 12 hour days turned into 14 hour days because I was going on an hour early and staying an hour late to try to keep caught up. It affected me physically and mentally. These quotas that I was supposed to meet, went out the window. I was trying to stay above water, keep up with the ever changing COVID shots and tests and foremost, not harm anyone with an error from being pulled in so many directions. Fast forward to our employee review time, they factor in metrics that I didn't meet and brought me down in my score which in turn affected my raise or lack there of. While these companies are making hand over foot in money, your pharmacists and their technicians are drowning. It is a lot of pressure when these menial quotas bear so much weight. I plan to do my job to the best of my ability wether there are quotas to meet or not. We have been going in the wrong direction for a while but right now is the worst it has ever been. Please stand behind your colleagues and support this change!	Support
please allow this to become law. It is needed to protect not only pharmacy staff from corporate mandates but also to protect patients by giving pharmacists more time to concentrate on safely filling medications and place actual healthcare over profits, giving patients unnecessary vaccines or medications due to enrollments in autofill programs ultimately resulting in less adverse events. Please help pharmacists like myself provide safe healthcare for our Ohio patients.	Support
The use of quotas does not determine how well a pharmacy performs. Using this system only puts more stress on the pharmacy staff, from lowest ranking/new to top manager/more seasoned. Adding stress to the team to continually push "numbers" higher just to ensure the team can have enough hours for staffing puts patient care at ultimate risk. Technicians and pharmacists alike are trained on the importance of patient care but once they enter into the field, it is all a game of numbers. Answering the phone in a certain time, performing a certain number of vaccinations, etc. does not correlate with positive patient care when the patient becomes at risk for dealing with mistakes. When we aren't being pushed to do a certain "amount" the rest will take care of itself. Word of mouth spreads much quicker and can be more effective. We want our patients to be able to say, "The pharmacist answered all my questions," or "I had such a good experience with my vaccine, you need to go see [fill in the blank]." When patients feel like they're being herded through and medication mistakes happen, that word of mouth spreads too and the consequences can be detrimental, both health-wise and due to negative business impact.	Support
The use of quotas puts patients in jeopardy. The pharmacies are very busy and short staffed, hours are based on quotas, so a pharmacist who is short staffed and only concerned about getting their quotas for the day are more likely to make a serious mistake.	Support
a step in the right direction	Support
This rule seems to be a response to chain pharmacies that put quantity over quality for the bottom line, especially in light of the pandemic and additional workload with vaccines administrations and staff turnover. As the rule is currently written it does not provide enough direction to help the situation. It would be more helpful for the BOP of to determine what is a safe and appropriate staffing levels are based on workload/volume (ex: number of prescriptions for a technician to fill/hour, pharmacist to verify/hour, vaccines/hour, in addition to other duties the pharmacies need to complete). Retail chains need to be held accountable for ensuring that staffing matches workload volume. I oversee the pharmacy services for a large health system, that includes hospital, outpatient, retail, and infusion services. The rule does not seem to take hospitals or health systems into consideration. In health systems managers performance is measured by many metrics including meeting budgets, revenue/margin, productivity (based on workload outputs) quality and safety goals related to measurable metrics. Does with rule mean that our health system is not allowed to do this? As part of our health system transparency these metrics are shared throughout our organization and with our team members. There are specific volumes of work (med picked, filled, compounded, checked, orders verified, medication reconciliations, patients reviewed, etc.) that need to be completed each hour or per day in order to have safe and effective medication management and patient care. This is an important piece of information when evaluating our team members, providing them constructive feedback, and determining if performance counseling is needed. Productivity is an integral part of	Needs clarification

performance. It is not acceptable to have team members with large variations in productivity. This rule will have a negative impact on patient care/safety, team member engagement, and finances of the organization. From a health-system perspective I would like for the BOP to set regulations on safe number of clinical activities or patients that a pharmacist can manage per hour or per day, number of hazardous drugs compounded per hour, number or sterile preps per hour. Same with other tasks related to inpatient, outpatient, or infusion. This would help pharmacy leaders work with their CFO, CEO, etc. to develop appropriate staffing ratios and have an appropriate number of FTEs. This is where we really need the guidance and help. Saying "no quotas" as in this rule, does not help this and does not improve patient safety. Another issues that pharmacies are struggling with is technician staffing. Since the BOP required technicians to be licensed with the BOP, our health-systems, retail chains, etc. are fighting over the same group of certified/licensed technicians and have had severe staffing shortages. This became a problem shortly after the rule went live and continues today, and made worse by the pandemic. We need the Board of Pharmacy to help us make Pharmacy Technician a career path, give technicians more responsibility, and make it easier for us to on-board technicians with no pharmacy experience.	
I believe one of the many reasons pharmacists are leaving retail nowadays is due to metrics and quotas. Some of these quotas are business oriented and in no way patient-care oriented. This mad rush to make sure you are meeting certain numbers leads to medication errors and potential harm to patients. We need to stop seeing patients as customers and dollar signs in retail pharmacy and start seeing them as patients. If we want to be taken seriously as health care providers, we need to start thinking of the patients first and the money second. I believe this new rule would decrease medication errors, decrease burnout of employees, and hopefully make the retail environment better to work in.	Support
I appreciate the board wanting to take quick action to address the concerns of Pharmacists. However, eliminating any quota accountability will have unintended consequences in many workplaces. Pace is an important part of any business. Pharmacy is no different. We must be able to have equally established expectations around production of an RPh in a certain time frame. Quotas need to be a PART (not all) of what an RPh is held accountable for. Should also be in-put from staff around appropriate and reasonable quota expectations. Businesses cannot simply have no ability to hold an RPh accountable who is doing half the work of a peer. Again, not the only metric but needs to be able to be part of the reasonable conversation. Instead of quotas addressing the lack of staffing hours would much more directly address the unsafe work environment concerns.	Oppose
While I like the idea behind the proposed regulation, I don't feel that this helps. There is not enough language to clarify what a quota or metric is. Metrics are CRITAL to patient care and help ensure patient health is managed correctly. If giving a store team a goal of XX number of vaccines over a period of time a quota? We know our communities are under vaccinated and we need to ensure our profession is pushing to take the banner when coming to patient health. I am also unclear on how the BOP is alerted to an issue? What is the review process? What is the penalty if a "quota" is uncovered? I am also 100% behind this type of regulation being applied to all pharmacists equally regardless of practice type or size.	Support but needs more clarification
I am submitting comments from a discussion held at a recent OPA Board of Trustees meeting. We appreciate the BOP commitment to improve patient safety and employee health by addressing issues around quotas. We believe that additional clarity is needed in defining and differentiating metrics and quotas. Metrics can we helpful in tracking workload volumes especially related to changing staffing patterns. Quotas that supervisors or corporate representatives use to set inappropriate priorities for the front line pharmacist are counterproductive to safe patient care. Additionally, we believe there should be whistleblower language with an anonymous reporting mechanism that prohibits retribution, Thank you. Donald L. Bennett, Interim Executive Director, Ohio Pharmacists Association	Needs more clarification
This would drastically help improve working conditions for retail pharmacists and improve patient safety. Please pass this resolution.	Support
I would suggest: "Quota" to include any program that has a productivity measure used in a coercive/threatening manner, or power play by an employer that threatens reduction of pharmacy work hours or reduction of Full Time Equivalents (FTE's).	Recommendation only
I agree with the rule on Prohibition on the Use of of Quotas.	Support
I no longer work in retail pharmacy. Quotas and metrics are one of the many reasons. We still have goals and metrics in what I do now. And very honestly, healthcare is always caught in the balance between meeting financial goals and what is truly best for the patient. Those things I feel like are almost always in	Support

conflict. And I think as the governing body for our profession in this great state, it is important to take a stand. I think that patient care MUST be at the forefront of what we do--the patient's safety and well-being. Quotas and metrics put a speed and a number on what we do, and none of those are for the benefit of the patient. Those are for corporate well-being--but the patient MUST come first. For those still working in retail, please support them in this. Please do not let our profession be regulated by greedy corporations who already leave pharmacy staff understaffed and under supported. Please fight for them, as they fight for their patients.	
I support this 100%. Quotas detract from our ability to provide quality service to our patients. I'm sure organizations will find a way around this to still pressure fast operations (such as meeting a revenue goal that is based on a number of orders filled per hour, etc). Ultimately though I believe this is a great step forward for pharmacists and pharmacy staff.	Support
There should not be any quotas. Pharmacy is a profession that advocates for the safety of patients. It is difficult to accomplish that at all times, while still having to meet quotas of prescriptions filled, Immunizations, MTM, etc. Let pharmacists practice as professionals, not assembly-line employees. Thank you for the opportunity to address this issue.	Support
I hope they do away with all quotas and metrics in the pharmacy. I also feel they need to make sure that companies do not call these metrics something else and still expect them to be done as part of the pharmacist's performance review. They need to make it illegal for insurance companies to require these programs be done so it once again, does not fall upon the pharmacist.	Support
What a waste of two surveys. Your rule has too many loopholes and in the end will not positively impact care for the patient. This will also have little effect on the current working conditions for the profession. Very disappointed in the board on this topic. Meanwhile patient are going days with prescriptions being filled. Pharmacies are unable to hire retain staff and the student enrollment numbers continue to shrink in the colleges. This all along with a technician pool that has been negatively affected by rule creation with too much complexity.	Oppose
Health care should never have quotas, goals or whatever other designation you want to call requirements your employer sets to determine if you are doing your job. Patients shouldn't feel pharmacists are "upselling" them something they may not really need. Healthcare needs to be personalized. Keep the profession of pharmacy professional. Don't allow quotas etc to drive down the reputation of this important part of the health care chain. Every pharmacist, no matter where they practice, is providing a medical service. We are tired of chasing quotas that don't contribute to health care, just numbers someone who is not a health care professional decided we needed to meet.	Support
As a retail pharmacist in Ohio, the proposed rule to address quotas is a rule that absolutely must be passed in my opinion. The quotas put a major hinderance on patient safety as the staff at these pharmacies are already stretched thin before even factoring in any quotas like shot goals or number of MTM tips or increases in prescription counts. The past few years have been tough on pharmacies with companies pushing to administer more and more COVID shots despite multiple employees at a time being out with COVID and a mass exodus of technicians from the workforce who are sick of the disgusting work conditions in these pharmacies. This flu season has been even harder than the previous difficult years on pharmacy personal due to the new formulation of the COVID vaccine being approved right at the start of the season. Despite all the added difficulties each individual pharmacy is having, these corporate companies continue to push and push and push for more vaccine administrations. And if particular stores are not performing well enough the companies will just add more appointment times on their scheduling platforms (I've personally seen triple booking appointment times) to push more people into the store for vaccines but they will not allow any additional labor hours to cover for this massive increase in workload. This obviously overwhelms the already struggling staff and everything else gets placed on the back burner, including ensuring the safety and accuracy of prescriptions, because vaccines are the only thing that are actually getting done. In my opinion, with these quotas in place its only a matter of time before we have another Emily's law level event. It could come from pharmacies having to hire any random unqualified person just to have bodies in the pharmacy because all the other workers left due to the work conditions or it could come from a pharmacist checking a prescription incorrectly due to being overstressed and overworked between doing a record number of vaccines per day and getting no breaks. And all of this comes about just so managers sitting in corporate offices, not even helping with the workload, can collect their bonuses at the end of the year. With these quotas in place we are effectively putting and price tag on patient safety; we are saying that meeting these unsafe quotas are worth more than a patient's life. Will this solve all the patient safety concerns within a pharmacy? I think more will need to be done in the future but this will be a huge step towards that goal as pharmacists are literally the last line of defense to ensure the safety of medication before a patient starts taking it. This is the time to be proactive in ensuring patient safety rather than waiting for another Emily Jerry tragedy and reactively passing a rule at that point.	Support
Agree	Support

Rule Comments

The use of quotas gives the individual company an open book on limiting hours to meet the quota which affects profit which is their goal. It leads to understaffing and a very dangerous work environment for pharmacy employees thus impacting the citizens of the state of Ohio. Thank you	Support
It has been wonderful to see that things have been changing in our profession to try to make our pharmacists happier & have a better we'll being. This quota subject is a big deal because so many of us are held to these standards that make it so difficult to think we are actually doing a good job. For instance, my store (retail chain) had a flu shot goal of 1,183 shots. We were suppose to be at 10% of that goal by end of august. 90% by end of October. Because I was not at 10% by end of august, I had to meet with my RPL to discuss why. In mid October I received an email that first talked about the financial benefit of giving vaccines, then secondarily spoke of the clinical benefit. Every week I am pushed to do at least 23 Ancillary vaccinations, and prior to flu season, I had to have a conference call every Wednesday if I was not at half my goal to discuss why. Look, we need goals. We need motivation, we should be held accountable, but I should not be working a 13 hr shift, filling 500 plus scripts, giving 50 plus vaccines and doing this with only 5 hrs of overlap. There needs to be some sort of balance here. We are overworked, not underpaid, but overworked. Expected to do so much and this is why we are seeing such a sustain for this job. People have quit, given it up b/c they cannot put themselves thru the stress of it anymore. When some chains are closing on the weekends & closing at 5 pm during the week, because of there being no RPh's, don't we think that is a problem? It is a problem that has gotten progressively worse since I started practicing in 2012. Because it is all about the almighty dollar, and not about the health & well being of the pharmacists, their staff, and or the patients. It's all about the numbers. We get emails daily with stores being recognized for doing 30-50 flu shots, which doesn't include how many ancillary or booster shots they did, or how many scripts they filled. And ar my store we only have 5 hrs overlap Monday thru Thursday. Again, I'm pleased to see this stuff being talked about, and I hope some changes do occur, but my fear is that if these quotas are not allowed by these corporations, what will they then do to make things more difficult for us pharmacists & our staff while trying to increase revenue for themselves. I believe that is something that needs to be discussed b/c if something is put into place where quotas are not allowed to be used, that could ease our burden, but what will be the counter move by the corporations to offset their ability to hold us accountable with these said quotas? Thank you.	Support
The Board's work on quotas is a good first-step. A necessary second step for the Board is to task the Pharmacist Workload Advisory Committee (PWAC) to: 1. Require pharmacy information systems to develop software programs to provide health care facilities, organizations and pharmacy leaders with data on various pharmacy workload volumes per pharmacy personnel worked hour broken down into hour by hour increments of time. 2. Establish guidelines associated with various workload volumes, staffing levels and risk levels for public safety, health and well-being. PWAC should seek data to address questions and issues around various pharmacy workload volumes and workload to staffing ratio statistics and risk levels for public safety. For example, what range of pharmacy (retail and hospital) workload volumes per RPh work hour ratio and per Pharm Tech work hour ratio (broken down into hour by hour segments of time) for what consecutive period of time represent a moderate (yellow, cautionary) risk level or zone to the public's safety, health and well being.	Support

Rule Comments

And what range of pharmacy (retail and hospital) workload volumes per RPh work hour ratio and per Pharm Tech work hour ratio (broken down into hour by hour segments of time) for what consecutive period of time represent a potentially unsafe or high (red, stop - must slow down) risk level or zone to the public's safety, health and well being. Establishing the above guidelines would better serve Ohio's public and pharmacy practitioners. Respectfully submitted, Barry H. Shick, RPh, MSHPA	
The effort to support the professional practice of pharmacy and support the safety of the citizens of Ohio is applauded and encouraged. However, I fear that the definition of quotas versus work expectations versus quality projects versus the ebbs and flows of day to day changes in work volumes may cause this rule as written to be very difficult to enforce or even to voluntarily comply with. I have work productivity tools for all of the professionals I work with. It is a routine assessment. We have practical & well defined expectations of productivity. We work on ways to improve productivity. Would they be considered quotas?? I do not believe that is the intention of the rule. At issue, I believe, are unreasonable expectations not based on defensible legal and appropriate clinical practice. The second issue - are those unreasonable expectations manifested in poor performance reviews and a threat to employment?	Needs more clarification
I agree with the rule. Pharmacies should not be allowed to set quotas. Quotas should be prohibited.	Support
I am a rph working at a store that does anywhere from 450 to 600 Rx's a day and now up to or more than 50 immunizations and we have a drive thru. We have 8 phone lines that all start ringing the minute we open, that can not be answered so they're ringing while you are trying to check a prescription accurately. However bad you think it is multiply it by x1000! We are no longer professionals and I am certain that no other health care person who wears a white coat is anywhere near as stressed and demoralized as we are. Under these conditions I could have 3 techs and literally have 0 techs because none of them are helping me fill. Not to mention that every register transaction takes 20 mins now because they want it billed to 6 different discount cards and they're insurance to see which is cheaper. Why are physicians allowed to tell all they're patients to use good rx, will they take a discount card that cuts the patient copay in half?? Covid started and we were the only ones there all the time, never closed, never refused care but I never saw 1 commercial about pharmacists?? just doctors nurses and first responders! The biggest health crises this nation could face is pharmacist's saying enough is enough! We don't show up and in 3 hours you would have utter chaos. We are under paid, overworked and under appreciated and it feels like there is no one on our side so doing anything at this point would be better than nothing. I know you have many regulatory issues to face as a board, but you are "our" board and helping us be the best professionals and assets to health care that we can be should be a top concern.	Support
Quotas for anything are unhelpful per se. Instead, require that a registered pharmacist consult personally with each patient every time. Even if patient declines, it must be communicated to the pharmacist directly.	Recommendation only
Thank you for recognizing that workplace quotas are not appropriate in the community pharmacy practice. Relieving the staff of these detrimental quotas will give everyone more time to concentrate on quality patient care.	Support
The public is demanding adherence to current rules, not the creation of new ones, and we are seeing this in the courts with the large monetary penalties being awarded. I believe that soon we will see smaller, more frequent claims being brought. The people already have OAC 4729:5-5-07, 08, 09, and 10; and the distractions, metrics, and quotas preventing adherence are what we have neither the money nor manpower to regulate. All the reasons why a particular business	Oppose

Rule Comments

model is unable to gather patient information, profile it, give thoughtful DUR entries, and take time to counsel are all the reasons you will never be able to manage it, oversee it, and enforce it. The business models will find a way around it just as they have with current OAC rules. If it not possible to enforce a "reasonable attempt" to collect patient information, how will you enforce a drop off window no greater than a certain size, or drop off points allowed? The people want enforcement. Send inspectors in with their clipboards and see if the various elements of safe dispensing functions are occurring as outlined in OAC. Look at patient profiles, look at personal entries made by pharmacists, and look at the counseling logs to see if the public even understands what they have just signed away. If it looks like a zoo and smells like a zoo, write the business up...who cares how they fix it...just tell them you will be back. But you will say that is impossible because there are just too many prescriptions consumed today to slow the pace down. Maybe poor DUR has the public over-medicated? Maybe the chains will not be able to accept $1.00 to fill a prescription and we can push entrepreneurism by leveling the playing field? Again, who cares? The public neither knows nor cares about the ugliness of what we are doing to ourselves. You should not care either and spare them the need to seek drug safety through the courts. Our BOP needs to enforce more than administer. Adding one administrative band aid on top of another is not working...peel them off and expose the current OAC violations outlined in OBRA-90. There is no "new discovery" here, no "social advancement" needing addressed with new laws. It's the disregard of current law that is tempting you to add more social burdens, more debt, and greater loss of freedoms. Enforce what is already on the books, and tell the business models that you do not care how it gets done. Do it before the public discovers there is such a thing as a rule book for pharmacists.	
This is refreshing to see and I fully support it. I hope as a practicing pharmacist I can fully focus on patient safety and care versus also worrying about meeting numbers or metrics	Support
The rule may benefit from language specifying that pharmacies may not establish or communicate a quota either in written or verbal documentation or communication *or in practice* (such as terminating or otherwise penalizing pharmacy staff for the sole offense of failing to meet a quota). The rule may also benefit from specifying consequences to the pharmacy that does require quotas (whether in writing or practice) in violation of this rule.	Recommendation only
I believe that with increased tech turnover and pharmacist burnout. Quotas that have been instilled cause an undue mental affliction to pharmacists attempting to satisfy corporation goals. An eradication of quotas can encourage pharmacists to step away from the screen and interact with patients and ultimately encourage greater patient care.	Support
As a student pharmacist working in retail, the quotas organize our workday. We would be able to care for our patients and take the time to get to know them if we didn't need to meet a daily quota. Quotas make the workday more stressful than they have to be, especially with how understaffed pharmacies are.	Support
Section D - is the intent that quotas only apply to an individual, or can a quota be set for the entire pharmacy? As currently written, seems to apply to individuals only. Would consider removing the word "individual" and rewording to " . . . evaluates the number of times a task is performed or a service is provided"."	Question/recommendation only
This seems to address performance metrics that are inherently harmful to safe practice. For section D, would it be helpful to indicate, "individuals or group of individuals" so as not to limit metrics to a single person? Could employers then create metrics for the staff?	Question/recommendation only
Corporate employers absolutely enforce quotas, they just don't call them that. Everything is quota based. All of the prescriptions that are sent to the store in a given day are expected to be filled and checked by the end of the day-whether they be 300 or 3000. They also have set up an environment that requires that we provide vaccination services to, for example, 2 appointments every 15 minutes, but the appointments can be a group with no limit and each patient can get as many vaccinations as they need. An efficient clinic cannot do that and giving vaccines is their ONLY responsibility unlike a PHARMACY!!!! Additionally, large corporations do not compensate pharmacists for this dramatic increase in workload in ANY way. If anything, because of the increases in vaccine-associated processing and administration, we have to go in well before our shifts begin UNPAID to assure a pleasant and accommodating patient experience resulting in a PAY CUT!! Additionally, our bonuses are all quota based. We are given absolutely unattainable flu shot goals because the pharmacy workforce is thankfully made up of over achieving Type A personalities that strive for perfection and success. The flu shot and expanded goals ARE QUOTAS because they are directly tied to compensation. And did I mention that these thousands of COVID vaccines that we are giving count in no way toward our compensation or these said goals (quotas). Again, with the wording of this rule, corporations will continue to use quotas, but subversively not calling them quotas. I understand that patient services are mentioned, but it is not enough. Vaccine verbiage need to be specified within the rule. I also understand that the SBOP is heavily made up of corporately-tied individuals that impose their corporate objectives into the drafting of any proposed rule. The wording of this rule needs to be much more specific to assure that the very apparent loopholes are not maximized for further and continued pharmacist workplace abuse. Additionally, I I would continue to request that it be required that ALL CURRENT BOARD MEMBERS be required to visit large chain pharmacy waiting rooms throughout the state for 1 hour just to observe with no introductions whatsoever. It is the expectation that the Board be working to protect the public and I believe that in just that hour, the Board member will observe verbal and mental abuses as well as an overwhelming workload that far exceed their current conceptions of the retail	Support

Rule Comments

pharmacy world. We must do better for our patients and in order to do so, we must do better for our pharmacists and pharmacy staff. By the way, I sure hope that having more than just the pharmacist in the pharmacy at any one time for safety purposes and multiple pharmacists in high volume pharmacies will be the next steps/outcomes resulting from this focus group.	
I've been a pharmacist since 1999. I work full time at a chain. We are poorly staffed. The techs that we do get are not trained and are thrown directly into the chaos. We fill 15,000 rxs a month and are completely overwhelmed with shots. This legislation is long overdue and I hope there's more coming.	Support
I think the proposed rule is needed but I fear businesses will just use other terminology (ie. You are not meeting business needs) to enforce some type of quota that would effect employment (layoffs/firing)	Support, needs clarification
We go to pharmacy school and graduate with many goals and priorities, including accuracy and patient safety. Quotas and goals, along with technicians' limited hrs, lead to stress and anxiety, which shifts pharmacists' priorities from patient safety to meeting management expectations. The role and responsibilities of pharmacists keep growing; however, we still have the same staff coverage, the same pay, and an increase in stress/mental health issues. Change is needed!	Support
While I believe this is a start, I fear that big corporations will use their legal teams and find a way around the verbiage of "quotas" and call it something else. For example, saying metrics (having a target of reaching 75% of patient calls or 80% 90 day fills under the guise of it is patient care)	Support, needs clarification
Protecting patients is the cornerstone of our profession. PBMs have reduced reimbursement dramatically over the past few years. To ensure profitability, organizations have adopted quotas to ensure financial gain. This rule will help realign our profession by prioritizing safety over profit.	Support
Firstly, thank you for addressing this issue that is destroying the practice of pharmacy. Secondly, continue to address issues from the survey especially staffing. Lastly, our profession is depending on you.	Support
Quotas hinder our ability to deliver patient care. we find ourselves unable to give the required attention to the patient currently in the store because I still have to make that many more phone calls or shots. I like to add that big chain pharmacies should add a feature to dial down autofill when we have a sudden big surge of acute Rxs for that day.	Support
As a retail pharmacist, I think this new rule would help prevent employee burnout and stress while increasing patient outcomes. Focusing on quality over quantity is a good thing for pharmacists and patients.	Support
Quotas should be banned for the pharmacy in general as well as specific to individuals. It would be easy for a corporation to assign a quota for the whole as a way around a ban for a single person. I think it is a good idea. It's easier to take care of a patient holistically if we aren't focused on one or two specific areas our companies wish to push numbers in	Support
I fully agree with the banning of quotas, goals, expectations, or any other workaround for that. It takes away from patient focus by chasing numbers and feeling like there could be retaliation for not doing so many flu shots etc...	Support
Regarding D(2), vaccine quotas (whether total or per vaccine, expressed as direct number or a percentage) should be explicitly included and defined as a service. Customer satisfaction surveys are a quota that is used in my setting; that should be stated/included as well.	Recommendation only
The proposal mentions "individual" pharmacist but for many cooperations, quotas are measured by the store itself and not the individual. Can this proposal be changed to include individual and store? Also, can the proposal include a statement in regards that it should not be a measurement that can affect wages and bonuses.	Recommendation only
I agree with this ruling. The practice of pharmacy is not and assembly line. Pharmacy employees need to have the time and flexibility to use ethical and professional judgement to do the right thing for their patients.	Support
As someone who has worked under the ever-increasing push of quotas in a retail pharmacy environment, I support this proposed rule as a necessary change to improve patient care and preserve pharmacy worker quality of life. I don't feel that this rule alone is sufficient but it is a start.	Support
I strongly agree with prohibiting the use of quotas in a pharmacy setting. As a large chain retail pharmacist, I am extremely overwhelmed in a daily basis and I feel as if my job as a pharmacist is being overshadowed by these quotas occasionally. I'm hoping that these can be removed so that pharmacy can be more patient care focused and I can fulfill my duties as a pharmacist without the worry of meeting certain numbers.	Support
Having quotas puts extra stress on not only myself but the staff. Patient care and safety are the number 1 and 2 priorities. Quotas prohibit community pharmacists from performing their job the way it should be.	Support

Rule Comments

I agree that companies should not use Metrics related to the duties of pharmacy personnel. Using these metrics creates an environment that is not good for patients. For instance, if a pharmacist is required to vaccinate x # of patients and keep his or her queue to a certain level deemed by the company, they may find themselves in a no win situation trying to satisfy both competing metrics. And neither of these will help serve the patient because the primary goal in those cases is higher numbers, not satisfied patients. It also causes undo stress on pharmacists and pharmacy technicians.	Support
I support the prohibition on quotas in the pharmacy workplace. These ultimately create an unsafe environment for patients and healthcare providers. Safe and optimal care is not provided in an environment in which these quotas ultimately the time and attention spent on each patient. These practices are harming the profession and deterring future pharmacists from entering the profesion.	Support
I used to work for CVS Pharmacy, but the constant metrics and quotas we were expected to reach ruined retail pharmacy for me. We would have to ignore customers that were in the store in order to get the required number of Adherence Calls done, or allow people to wait hours for acute prescriptions because we were so overwhelmed with vaccines. I think prohibiting quotas is essential to curb the pharmacist burnout epidemic that is happening in the retail environment.	Support
I'm not sure quotas are the danger. A certain number of prescriptions is not necessarily controllable. To me the danger is grading a pharmacist on how fast they can get a prescription typed in, produced and verified. Also known as ready when promised. Every step of the process is measured by if it's done "on time" by the company. All of this ends up on a store's "report card". The speed aspect is more dangerous than the overall prescription count aspect. Maybe a certain amount of pharmacist overlap could be required when doing a certain amount of prescriptions per day. I'm not sure what that formula should look like. Thanks for looking into this most important matter	Neutral, recommendation included
Quotas Create for more work that is beyond our control. Pushing Texting, auto refill, vaccines, mtm on people who do not want these services is an added stress to an already overwhelming work load and increase risk for patient harm.	Support
This would be a dramatic improvement for patient care in the state of Ohio	Support
Yes, absolutely there needs to be a removal of quotas in pharmacy operation. It is insane to me that my metrics working at CVS either with scripts per day, per hour, or vaccine administrations are linked to my pay and my performance.	Support
Does the definition of quota here include ‘metrics?’ Our retail pharmacy uses what I refer to as quota, such as ‘vaccines administered in one week,’ in their metrics. Also, are any of the other concerns by pharmacists going to be addressed? Proper staffing is a HUGE concern.	Question/recommendation only
As an Ohio Pharmacist, I am 100% in favor of this proposed rule. The metrics of pharmacy, no matter the setting, are the driver for increased errors and a hazard for patient safety. As a retail pharmacist the pressure to fill hundreds of scripts and give shots every 15 minutes was overwhelming. That doesn’t include answering patient questions/counseling and phone calls. This quickly lead to severe burnout and anxiety. The last thing we pharmacists want to do is cause patient harm and these metric pressures make it inevitable. I understand pharmacies are businesses and need to make money but we are healthcare providers first and quality care and patient safety should be our number one priority. This rule applies to many different fields even in my current setting as a managed care pharmacist. Where are interactions are tracked and monitored. We are pressured to make so many calls and fills per hour. This rule can only help improve patient care and hopefully increase staffing especially in the retail setting.	Support
This would be such a huge help! It would be so great if I could just focus on the needs of the pharmacy and the needs of the patient without the constant stress of having to get a certain number of prescriptions checked every day. Also, please prohibit speed quotas in addition to number quotas. They are just as dangerous!	Support
While no one wants to say how many prescriptions each person may fill safely and exact pharmacist to technician ratio should be mandated such as 9 to 1 (every 9 prescriptions requires 1 technician to help.	Recommendation only
I am currently practicing in a small rural community for a large retail chain. As quotas have increased, the level of job stress has increased accordingly. As technology has evolved we now,on top of our regular work load, are expected to remotely check other stores prescriptions,attain a set number of ancillary vaccines weekly, reach an expected flu shot goal (which increases every year), perform outcomes tips, and CMR's etc. All with limited technician help which is never enough due to limits on how many hours we can schedule them due to budget constraints. Quotas have increased the level of job stress, increases job burnout, and puts the health and safety of our patients at greater risk.	Support
To whom this may concern, I graduated in 2022 from Ohio Northern University with my PharmD and have been working at CVS pharmacy for almost 4 years. I have been there before the pandemic, during the height of the pandemic, and continue to work there today.	Support

Rule Comments

I cannot express how much this opportunity means to me. One of the last days on campus at boot camp our professor, Kyle Parker, asked a question "Who does the Ohio Board of Pharmacy serve?". Most of the graduating class got this question wrong, answering "Ohio Pharmacists". The board serves the patients and their safety, not registered pharmacists. From that moment on, I realized how powerful this organization can impact real, tangible human lives. Pharmacy quotas affect those lives greatly and the patient has no idea. There have been countless times where I have received a prescription with a note "patient does not need to pick up, only prescribing for insurance purposes" or "only prescribing for order set, pt does not need to pick up". They don't teach you in school what to do in this situation. Do I fill it? The patient just had a heart attack and they have experienced rhabdomyolysis with statins. Should I continue to process this prescription knowing a high intensity statin is imperative for cardiovascular patients? Knowing they have had a prior reaction and the MD noted , eh optional to pick up? Well, it counts towards my quota. I understand pharmacy is a business, but at what point do you draw the line? The answer is here. I should not be battling to fill prescriptions to make sure my company is making money. Especially when they can send thousands of people to see John Legend and other famous entertainers according to their "goals met". Those goals include putting a prompt at a register to send a request to the doctor for a refill on an albuterol inhaler for use of short term illness. Then getting retailed against for declining "x" amount of times. I have been told as an intern to "always accept" the prompts at the register. They (the pharmacy manager and district leader) track how often we accept ReadyFill and ScriptSync (automatic refill and script pick up on the same day). Then we get bashed for not accepting so many. Even when these patients were on levothyroxine and needed to get blood drawn every couple weeks or months. These patients would tell me "No, I do not want an automatic refill, this dose changes". Yet, I am accepting the automatic refill because I get tracked if I don't accept. I have had patients fail in therapy and in their health because we have filled an older prescription for metric purposes. This is an obvious violation against healthcare. I should not feel horrible for not accepting prescriptions that would disrupt the health of another human being. This goes against all the reasons I joined the pharmacy community. I have strong lines on why I chose the profession and why I will continue to fight for this profession. Ohio is being recognized solely for bringing this issue to the forefront. From the out of state pharmacists, they want the prohibition to be nationwide. From the chain pharmacies, they are shaking in their boots. They are already looking for loopholes, trying to figure out how to go around this amazing change. How great would it be to fight for patient care to the point where big names have to scramble? I never thought this would be a battle I had to fight.	
I believe that prohibiting quotas for pharmacy staff is a positive decision. There are too many distractions, patient care services, and other responsibilities that demand time from staff. These can slow down the rate of flow with regard to managing prescription quotas. Some days I feel like all I do is answer the phone and manage patient questions. Thus, fulfilling prescription orders can slow dramatically.	Support
Corporate pharmacy does not understand the pressure of quotas and the strain on the pharmacist and staff. Some will creatively change the wording from quotas to GOALS. In the end it's the same thing. If you don't meet the goals you won't qualify for raises or bonuses. We are not in this profession to race through each day leaving weary and haggard and wondering how we could have performed better. There are only 60 minutes in each hour. Enforcing quotas won't change that fact. What we should be focusing on is this: Did I provide the best care possible for this patient? Did the right person get the right medication at the appropriate dose? Did I get to counsel them and answer their questions to assure they are equipped to use this medication properly? THANK YOU Ohio Board of Pharmacy for your proposal of adopting this anti-quota rule! Please help us keep our pharmacies practicing in the safest ways possible.	Support
I agree .... No Quotas at all	Support

Rule Comments

I am supportive of this rule. Will administering vaccinations be covered under 'prescriptions filled' or 'services provided'?	Support
Hello, I sincerely appreciate the request for feedback regarding this proposed rule. In section (D)(2), I would consider explicitly including immunization services, as this has been one of the greatest strains on community pharmacies. I would also consider how the Board of Pharmacy could consistently oversee this change, and create regulation around this area to ensure that financial motivation does not become the main metric for pharmacy organizations/employers. We need to work to provide safe, reasonable workplace settings for pharmacists, technicians, and pharmacy interns; they are crucial members of the healthcare team, and should be respected and valued. Thank you for considering my feedback to these proposed rules. Please feel free to reach out to me with any questions.	Recommendation only
I am in favor of the proposed rule! Prohibiting quotas in pharmacy workplace will improve pharmacy work conditions tremendously.	Support
Quotas should never be a part of the business of pharmacy at all. I hope that the board strongly considers banning all forms of quotas, as they have no business being a part of the pharmacy acumen. It seems like the big companies are only concerned about $$, and care VERY little about patient safety. Please, for the sake of your pharmacists in the state of Ohio, prohibit the use of quotas in the operation of the pharmacy. Thank you.	Support
Please also ban manual tracking/logging on things- we are now required to put in every day into a OneNote file how many vaccines we did with our name. In order to pressure us to do more. When they already have the means to track us - it's completely unnecessary and a waste of time. Just another task given to us with less staff and no extra pay while they make record profits.	Recommendation only
I support the rule. Thanks	Support
I think quotas ruin patient care. Our primary goal should be focusing on each individual patient, not how many are enrolled in auto refill. While some quotas do measure patient care, they place too much importance on generating revenue, and not enough focus on the patients as individuals. Some days as a pharmacist, I feel that I have no time to even help someone find the right product. Getting rid of quotas will help me be able to do my job better. It really is all about the patients, not the quotas.	Support
Quotas have gotten out of hand and they endanger patient safety by constantly trying to meet them. They are always getting harder and more impossible to reach, and they only make the job of being a pharmacist more miserable. We have to work fast, efficient, and safely even if we don't have quotas. Quotas just make it impossible to do your job safely because you're trying to move as fast as you possibly can, which is not in any patients best interest.	Support
Please consider banning quotas. This will increase patient safety by reducing errors and allowing the pharmacist to spend more time with each patient. It is unethical to force pharmacists to endure such heavy workflow for company profit.	Support
I am so happy that this issue is being addressed. I've never felt so much pressure to perform to a standard. I've never heard pharmacy technicians express such concerns for patients safety as well. I'm curious if our pharmacy is expected to report our script count to the state Board. We've been encouraged to increase our script count and I've been told that I'm going to have to float to other stores because our count is down. Only 70% of our closing count shows up on our morning report. Apparently they're of the situation but they don't know why it's happening???	Support
I support this new rule! This is a great way to alleviate the over-stressed workload currently placed on community pharmacists. Quotas are a driving metric companies use to encourage quantity over quality by making pharmacists compete against one another to do more tasks in a day than their peers to feel accomplished. This is how errors occur and patient safety should remain a top priority, rather than just driving more and more numbers.	Support
As a retail pharmacist working for close to 15 years, I have seen the focus of corporate pharmacy shift from patient care to checking the boxes of daily requirements. Our wait times have increased to an hour so that the staff can also complete MTM quotas, make clinical que calls, control inventory, etc. My PCP received a written warning because the pharmacy's inventory numbers were bad. This was the year that we administered Covid vaccines working in the front lines possibly saving 1000 of lives by giving much needed vaccines. She was not given a raise or acknowledgment for the work she did to help patients, but instead	Support

was put through stress and scolding because of inventory numbers! It's not okay to put these quotas on the pharmacy staff. It is shifting our focus from why we went to school in the first place. To help our patients. I believe vaccinations are important to patient care however there shouldn't be quotas set on pharmacists.	
Pharmacy is not fast food! This rule is protecting pharmacy personnel and is something that should be immediately implemented in Ohio and nationwide! Thank you for this rule!	Support
The quotas that pharmacies enforce cause lots of emotional and physical stress further leading to medication errors and depression	Support
As a pharmacy student I can say without any doubt how much safer community pharmacy will be if strict quotas are prohibited. I struggle to find the passion I had when I started school because of how much pressure is placed on us at our internships, it feels like I'm going to school to only do the bare minimum clinically in order to meet these Corporate numbers.	Support
Remove the label dangerous drugs and replace with medications and other patient care services. Not all drugs are dangerous. By using this term, it gives a potential opening for a loophole.	Recommendation only
Quotas should not be permitted in the operation of a pharmacy. Period.	Support
As an Ohio pharmacy technician, I am in favor of this rule. Quotas allow companies to harass their employees incessantly about their "productivity". For fear of job loss, this harassment creates undue stress in the pharmacy employee that can affect their clinical judgements. This stress directly contributes to mistakes and patient safety. Please adopt the rule. Give pharmacy workers back some peace of mind so they can protect the public they serve. Thank you.	Support
As an Ohio licensed retail pharmacist, I strongly believe that quotas are killing pharmacy. Excessive corporate pressures are making pharmacies less safe and more stressful, leading many pharmacists to abandon retail. After 30 years of practice, I feel that corporate pressures and quotas are pushing us away from true patient care.	Support
Yes please! I help out at multiple retail pharmacy's of my company in the area, and everyone is always stressed out about meeting numbers! Particularly the Verified By Promised Time - we should be able to fill the prescriptions waiting the longest first, not having to put them aside for the ones we can get done on time for credit. It's just not fair to the people who've been waiting, just because we got a little behind.	Support
Thank you. You have done more for pharmacy than most of the BOPs. Thank you for giving me the hope that things will change. Stay strong. This marks the start to a new era. An era where we are treated like human beings. This acknowledges that pharmacy is not about selling as many drugs as you can. We will no longer have to worry of meeting metrics or getting punished for it. Wasn't healthcare supposed to be about health, and not money? When did our patients become solely customers? With the monopolization of healthcare, maybe we can give back to our independent pharmacies. This is the first step. I thank you for putting people's health over profit. And for supporting the backbone of the community pharmacies.	Support
I feel this rule would be very helpful. It is very difficult and somewhat dangerous to have to worry about meeting vaccine quotas and script count quotas while trying to help the patients with their day to day needs all while being extremely understaffed.	Support
Flu shots shouldn't be scheduled every 15 minutes by Walgreens. That increases human error.	Recommendation only
This is long overdue and much needed. With more pharmacies moving toward a quota model, we need to set ourselves apart as healthcare professionals.	Support
We cannot function properly trying to meet our daily quotas. Hours are cut, yet we still have to do the job as if we were a full team. In addition to that, we have to also take walk-in/vaccine appointments. We don't have time to engage with our customers because we have to hurry and full scripts before they turn red. Many times we work 2 techs and have to cover 4 stations plus answer the phone. Ridiculous for a company like cvs that make so much money. Greedy	Support
Removing quotas from retail pharmacy metrics would be one of the best things the Board could do to stymie the massive pharmacy staff turnover caused by the mismanagement of CVS and Walgreens. Patient care has suffered more at the hands of these corporations than any of us could ever know, and has likely caused patient harm or death. Not only should this addendum pass as written, it should be strictly enforced with steep financial penalties if corporations break the rule. Also the ability to anonymously file a complaint without risk of corporate retaliation is crucial.	Support

Rule Comments

CVS Pharmacy makes their staff meet quotas daily/weekly/monthly/yearly. If they're not met they're counciled and expected to meet them. No matter the hour cuts, short staffing issues the quotas are more important than the staffs mental health and the workplace environment. It's getting reckless and dangerous both for staff and customers	Support
I think this adequately meets the needs of our pharmacies. This is a step in the right direction. I hope corporations don't try to exploit the exclusions at the end.	Support
As a retail pharmacist, I HIGHLY support this. Quotas significantly contribute to the burnout that retail pharmacists are facing. I worry about the enforcement of this and that most chains would just work around it somehow but I love that this is up for consideration	Support
Please make sure to ban goals/quotas/targets (and please include "any synonym" in the legislation) etc not just for individuals but even store goals too - especially thinking about immunizations here. Would be awesome to have more protections such as max script count per day per pharmacist. I just moved back to Ohio from Minnesota and their laws require a 30 minute break for pharmacists and ban pharmacists from being forced to work 12+ hours. This would be nice to have here! There's so much less coverage here than in Minnesota and it seems pretty dangerous.	Support
Ridiculous. How are we supposed to aim at and reach goals if we're not able to set goals? I get that you're trying to set up safety measures; however, a bunch of useless bureaucrats in Columbus should not be the one to set that. Let businesses run their business. Don't tread on me.	Oppose
There needs to be clarity on what data and measures can be shared with a pharmacist without violating this rule. The rule as written seems as though zero data would be able to be shared without possible violation. For example, is it a quota to share the % of patients that have been immunized? This measure is a common public health goal (championed by public health departments and the CDC). However, this rule makes it illegal to discuss this data with a pharmacist. How can we properly measure and adjust to best care for patients if we cannot use data to do so?	Recommendation only, needs clarification
I completely support the conversation around pharmacists meeting quotas to balance the stresses of working in a highly stressful environment of a pharmacy. I have concern, as a hospital pharmacy administrator, that there is still a lot of room for interpretation in the rules as currently written between "quota", which we are eliminating, and "performance metric", which is permissible and necessary. The concern goes both ways, as an administrator, how do I determine fair performance metrics to hold staff accountable to but also avoid setting a "quota". In certain circumstances, I may need to set a "threshold" for a pharmacists to meet to evaluate their performance, most notably when a pharmacist is in a course of correction action or performance improvement. In an HR sense, a manager who is placing an employee on a performance improvement plan will need to have some objective measures to evaluate the pharmacist by. For example, if a pharmacist is slower than their peers in verifying orders and holding up patient care services because of that, I would consider placing a threshold of turn-around time, or orders verified per hour, as a point within a performance improvement plan. I am concerned that this law would limit an ability for a manager to set these metrics due to the impression or interpretation that they could be "quotas". In addition, in hospital practice which I can speak to the most in my experience, I have concern that benchmarks and scorecards, which are common ways to measure and evaluate our services and justify our resources, could be perceived as "quotas". This is a difficult topic to tackle and address "both sides of the coin" in measurement of what pharmacists do without holding pharmacists to an unrealistic and detrimental expectation.	Needs clarification
I think the board is doing this backward. As a retail pharmacist for on of the largest chains in the country, I believe the board should be setting a maximum number of scripts filled per hour per RPh. This is the best way to provide safety to the patients and pharmacy staff.	Recommendation only
Please enact the No quotas rule!!! These corporations are killing the pharmacy profession. It has turned from patient care to caring about how many "X" we can do. We even have Quotas on how many pet meds we do a day! Quotas on everything and not even time to use the bathroom ! Thank you!!	Support
My biggest issue with Walmart is they turn the words into "goals". However we are still penalized on evaluations and bonuses so please, please, include any synonyms of quotas in the terminology of this rule. Also, please do not allow companies to hold evaluations or bonuses on such metrics. Please also include which wording into the new rule.	Support
I am very pro this rule, I feel like we are being "pushed" to "sell" more vaccines, we are graded on the number of prescriptions sold potentially exposing pharmacist to do what is in the best interest of the company instead of the public. Those who follow suit get more pharmacist and tech help while those who do not gets penalize via less staff or disciplinary actions which impedes career development.	Support

Rule Comments

Pertaining to retail large companies only I think it is great the Board is looking at overworked pharmacists in this manner. However, companies are just going to work around it by rewording things to "commitments" or something similar. Or potentially adding something into hiring policies. Any chance of a looking into having a maximum number of prescriptions filled per shift or certain time period by a pharmacist? If there was a $1000 fine to the company anytime a pharmacist checked over 350 prescriptions in one shift, that would force companies to put more pharmacists per store. They would have to either ease up on metrics or relieve pressure on each individual pharmacist. A lot of this isn't the companies fault though. The board needs to look at PBMs and their DIR fees. If companies didn't have millions of dollars in DIR fees, they may not feel the need to impose crazy metrics. DIR fees are the key driving factor hurting pay raises, adding metrics, and impacting retail pharmacists lives. Fix this.	Support, needs further clarification
I think this is a fantastic rule, especially in regards to vaccination quotas! Thank you!	Support
This is great!	Support
This would be great. Quotas and metrics are a huge source of stress for all of us in the pharmacy. It would be a major boon to our patients to be able to provide the care and service they need without the threat of quotas hanging over our heads.	Support
Quotas have ruined the profession of pharmacy. It's no longer about helping people, now you just hope to make certain numbers to avoid getting disciplined by someone sitting behind a desk.	Support
I feel very unprofessional when my employer tries to enforce quotas for our immunizations expectations. I am a healthcare professional, not a fast food worker. I want to care for people like pharmacy school promised and not feel like I have to ask people to get 4 shots when they only wanted The flu shot. I understand educating people for what is recommended, but after checking ImpactSIIS once we got log in information due to the Covid vaccines, I saw many patients who have had duplicated shingrix series and prevnar vaccines!! Mandating certain prescription volume and tying it to bonuses and salary is unethical. I refuse to bully patients into getting vaccines immediately at the pharmacy just because I am given a "goal". Pharmacies cannot see other shots unless they research via ImpactSIIS and patients don't know. This is ridiculous. I will vaccinate, but there needs to be special clinical pharmacies for vaccines to do proper research to see what a patient actually needs according to the vaccination schedule. There should be a separate pharmacy for dispensing. Retail pharmacies cannot do in-depth counseling for medications that would benefit the patient so much. Bottom line, patients feel just like a number and pharmacy staff feels like fast food workers. Something needs to change.	Support
I'm not quite sure what this proposed rule is trying to accomplish. Seems as if the board is trying to dance around the issue. Allow me to make it PERFECTLY clear. Retail pharmacy chains do not care about patients. They are essentially admitting as much by being extremely concerned with performance metrics and staffing and payroll budgets, while RARELY even acknowledging quality issues. I'd be willing to bet that most companies only mention quality related issues/errors AFTER they occur. I work for the largest retail pharmacy around and EVERY SINGLE communication from management/corporate revolves around profit $$$. I'm literally SHOCKED there haven't been patients dropping dead as a result of errors. It's been decades now that I leave every day worried an error was made. I understand pharmacy is a business, but these companies have created a defacto situation where; 1) it's just dumb luck people aren't being harmed. 2) everyone must focus on money. 3) force's pharmacy employees to not care about patients (either due to time and/or stress). None of which serve our patients the way we should. Making a rule eliminating quota's would change NOTHING at my company. While there are many many things management wants & expects to be completed or checked off every day, NONE of them are quotas as far as I'm aware of and it's been so ridiculous for so many years now, I honestly don't care about any of it anymore.	Neutral

Rule Comments

If you want to make rules, do what needs to be done (what EVERYONE knows should be). Mandate appropriate staffing levels (based on safety, not what a company wants to pay). Limit the amount of extra crap (ie anything other than filling Rx's). We can barely fill 300 Rx's a day with the staffing they want. Then we have to process and give 60-100 vaccines a day (which take MUCH more time than Rx's). Sorry, but pharmacy can't solve americas problems and it's ridiculous that our companies see the money involved and think we can. I'm at the point now, where if something happens, I'll have to wash my hands of it all and get very public with the excuses. I can't be held responsible for anything really because I have NO CONTROL over what happens (or is being forced to happen). I assume I'll have to take legal action when something happens? It's sad, really sad we're so far away from being able to concentrate on our patients.	
I think the numbers from surveys speak for themselves. Chain and grocery/supercenter pharmacists are stressed with understaffing of pharmacists and technicians. Follow the money too..hospital pharmacy has more resources because more revenue by the organization. PBMs are a huge part of the issue for retail pharmacies and recent Obamacare metrics adds more stress to achieve a 5 star hotel rating...really that what we have become -sad. I really question the selection of all the profit only driven appointees to the Advisory Committee - Health & Wellness, VP, Director - these people have no idea what their staff experiences day to day. Their big concern is profit and numbers, not patients - though they act like they do. Now you know where the biggest problem is... seems a new subcommittee with pharmacists and managers in these problematic settings should be formed to get to real problems and solutions. I work both hospital and retail pharmacy. I backed away from retail years ago and only work part-time retail. It was getting bad at the superstore pharmacy 15 years ago, but is getting really bad now. If I walk into a retail-chain pharmacy I know I will be at least 1 technician short that day and just pray no call offs. I never even mentioned vaccines and how they push these on staff so hard because they know it is profit. Retail chains are a pressure cooker and we will suffer if this trend continues - patient ultimately. You will be left with an inept staff that has no concern for patient care or safety - we are rapidly approaching this scenario.	Support
Quotas are often arbitrary and unfair to the practice of pharmacy. They put undo pressure on the pharmacy team and distract from our main objective to taking care of our customers.	Support
As a pharmacy manager in an extremely busy, national chain, I would truly welcome this initiative. I have long thought the use of quotas and budgeted scripts/vaccines was unfair to our profession. As a pharmacy team, we strive to take care of our patients/customers with all the resources we can. Over the last few years, I personally feel like more of a salesman than a health professional. This could take away some of the stress particularly when it comes to adherence calls and vaccine targets. I think more can be done in relation to mandating stores have more pharmacists at each store and increasing available hours for pharmacists and staff. This initiative, however, is a great start. I am very appreciative of the board listening to the concerns we have regarding safely operating a pharmacy.	Support
I feel like eliminating quotas will allow pharmacists not to feel pressured into situations where the best patient outcome is not the most important thing. Forcing a quota on immunizations and such takes focus away from optimizing patient care to maximize a company's bottom line.	Support
Overall I think it looks good, but one place California has had issues with in regards to a similar law is that they've made store quotas instead of individual ones - so are still docking people, just not individually. I would appreciate specification that this is not allowed also.	Support
It sounds as if there are no changes. The work load for pharmacists in a retail setting is horrible. There needs to be quotas so that 1 pharmacist is not stuck filling 600-700 scripts. It is unsafe. There needs to be sufficient staff including pharmacists and techs to cover. Anything over 250-300 scripts should have more than 1 pharmacist. I am not sure what is being accomplished by the current proposal??	Neutral
This rule should be specified to only pertain to retail settings. In our environment, we have fair standards that aren't adjusted based on workload. The standards stay the same and we add additional staff if the workload increases. The employees take lunches and breaks every shift. Our employees have one task that they are working on so they aren't trying to juggle multiple tasks throughout their shift. These laws make more sense in the retail setting to protect the employees.	Support for retail - Recommendation included
The quota rule should apply to retail settings. In our environment, technicians and pharmacists have one job to complete so are not pulled in multiple directions. They also have scheduled lunches and breaks. Our standards are not adjusted based on volume, rather the standards stay the same and if volume increases, staffing increases proportionately.	Support for retail - Recommendation included
Quotas or metrics need to be eliminated in the pharmacy. It has become dangerous to the patient. Retail pharmacy has become big companies greed at the expense of patient care. These metrics have nothing to do with patient care but are ways for the company to make more money none of which is ever cascaded	Support

Rule Comments

down. Pharmacists and technician receive little in pay raises if at all, but are expected to meet many quotas that increase profits for the company while taking away from spending time with the patient. Eliminating these metrics may give time back to spend with care.	
I believe these should be considered for retail only. As an employee of a long term care pharmacy, we are allowed breaks and lunches. We do not do vaccinations either. Our quotas are realistic, as most technicians do a singular job not multiple jobs as a retail technicians do.	Support for retail - Recommendation included
I agree with this idea. I think it will be difficult for chain pharmacies to get out of the"quota" mode.	Support
I support this. I also feel a rule should be adopted that requires at least one technician be in the pharmacy when open	Support
I absolutely love the fact that this is being implemented as the profession is in desperate need of these types of regulations. I personally left the retail sector 3 years ago due to the fact that it was so metric driven and impossible to really do a good job for the patients. I love the fact that the Board of Pharmacy is taking this survey seriously and making changes, Hopefully. THANK YOU	Support
I am fully in favor of eliminating quotas and metrics from the pharmacy business model. Our duties as pharmacists are to provide optimal medication management using the least number of medications possible. Quotas also provide avenues of spending waste, specifically related to Covid tests. I have personally seen waste in offering the maximum amount of tests to patients that do not need them. This is wasteful and should honestly be illegal because it deals with federal tax funding. These metrics also put additional pressure and can generate mistakes, both in medications errors as well as vaccination errors.	Support
I do agree with the proposed rule but I do have one concern; what will the retail stores metrics will be based on then? I worry that they will find another way around this to continue tracking metrics. I feel like having a minimum amount of tech help vs how many rxs would be more beneficial.	Support
I think this is a great step in the right direction. I am concerned that this language may allow some companies a loophole where they will still measure prescription throughput but simply use them internally. Some organizations could then use other means to penalize pharmacy personnel under the guise of another "metric." My suggestion would be to add some type of anti-retaliation statement to the rule. Something like, "A pharmacy shall not retaliate against any pharmacy personnel on the basis of quotas or other metrics related to prescription processing, pharmacy services rendered to patients, pharmacy programs offered to patients, or pharmacy revenue."	Support
I think the language on the proposed rule is very vague. While there has definitely been an abuse on quotas by large chain pharmacies which has required pharmacy teams to be stretched far too thin to meet unreachable goals, I do think there is still a place for quotas within a pharmacy. As a manager I need to utilize them to make sure my team is performing as efficiently as possible. I never expect my entire team to perform as well as my top performer, but I do expect there to be a level of speed and accuracy when fulfilling prescriptions. If I lose the ability to hold people accountable to their performance then how am I able to effectively manage anybody? The rules go out the window and everybody can do whatever it is they want because they aren't being held to any sort of standard. And while I think the majority of my team would still work to perform the best care possible for our patients, I know there will be some people who will take advantage of not having any accountability and do the least amount of work possible to get a paycheck which does impact patient care. I think there has to be a balance in what is expected of a pharmacy team and quotas should be achievable, but they should not be banned entirely.	Needs clarification
Flu shot goals (quota) , ancillary shots (quota) , MTM’s (quota) is mandatory requirement for Rite Aid and if you don’t hit their expectations every week then I was told they would find another pharmacist to do it. Upper management threaten my job if firing me if I didn’t meet their expectations every week. This makes for an unsafe work environment for me and especially the customers. This should NOT be allowed. Corporations don’t care about patients but only to make MONEY at the expense of patients	Support
Wise decision, thank you. Staffing should be individualized per pharmacy as it is impacted by so many factors. Quotas could have been utilized by some to take advantage of pharmacists, in particularly stressful co Siri is and reduce safety to patients.	Support

Rule Comments

Removal of performance metrics will grossly impact pharmacies capabilities to efficiently process work, resulting in major access to care issues for patients. While this proposed rule is well-intended, I fear for the impact to patients due to unintended consequences.	Oppose
I am a pharmacist for Walgreens pharmacy. The pressure of quotas from corporate has always been an issue in the pharmacy. We are here to take care of patients, not establish an ever increasing pattern of all things measured by quotas. I personally do not try to meet these quotas, my priority is my patients. However the pressure and reprimanding of failed reaching of goals is a huge weight to carry when all you want is to do your actual job and not attach a number to it. We are pushed to have patients sign up for credit cards now, credit cards that have an extremely high interest rate. All in all, quotas increase stress in the pharmacy, which in turn puts medication errors and patient safety at risk. If we could have a prohibition on quotas in the pharmacy setting, this would be a huge step forward to a better healthcare system. Please consider it. Thank you for taking the time to read my thoughts.	Support
Quotas should not be used. In an industry squeezed to do more with less, such metrics are unreasonable and unsafe. Quotas are not conducive to the clinical practice of pharmacy and may actually inhibit a pharmacist's care for their patients	Support
This rule will help ensure proper patient care and truly put safety for all in the forefront.	Support
Quotas should not be used. In an industry squeezed to do more with less, such metrics are unreasonable and unsafe. Quotas are not conducive to the clinical practice of pharmacy and may actually inhibit a pharmacist's care for their patients	Support
Does "services rendered" include Point Of Care Testing, Immunizations, and patient phone calls? Required patient phone calls may be outside the definition of services rendered.	
They should be NO quotas or metrics to meet. We are professionals and should not be worried about the number of shots, prescriptions, MTM we are doing. More emphasis is put on meeting goals than the welfare of pharmacists. I have worked in retail for 15 years and over the last 2 years it's been unbearable. We are expected to run a retail pharmacy with No Staff. I have worked shifts with NO techs. That is not safe! They don't address the Lack of tech help or any help. Instead they tell me I MUST offer shots all day, keep the drive thru open, answer the phone, and everything else. The rule should not only remove quotas but also address the rph working alone. No RPH should ever work alone. It's a safety issue!	Support
I support wholeheartedly a rule prohibiting quotas in pharmacy practice. The whole idea of quotas directly impacts the quality of care for patients, as well as greatly increases the probability of mistakes for those patients.	Support
The quota law needs to make sure pharmacists are protected from retaliation. There are reports of DMs texting pharmacists after work to meet quotas. Please make sure that there are no store quotas as well because this can affect pharmacists in charge.	Recommendation only
I wholeheartedly support the prohibition of the use of quotas in pharmacies. Patient care truly suffers under the weight of corporate metrics. Some situations take longer to resolve than others. Additionally, staffing issues often make it impossible to live up to quota expectations anyway. The quality of care that pharmacists provide to patients should NOT be sacrificed in the name of efficiency and maximizing profits. If companies want to do more in less time, pharmacies should be adequately staffed for the task. Sadly, companies have shown they are unwilling to provide this staffing without a law such as the one proposed here.	Support
The existence of quotas has created a negative environment which has resulted in the demise of caring for and educating patients. When I began my career, I was able to counsel patients and answer their questions about their medications and disease states no matter who they were. But now I am constantly working to reach quotas, which our zone coordinators disguise as taking care of patients, but it can only be specific patients with MTM reimbursement. So when a patient with multiple medications has questions for me, if they aren't an MTM patient or I've already done a CMR this year, I can't speak to them. This constant demand of new quotas, triggers a negative reaction towards helping a patient with their prescriptions or OTC meds, because who wants to take time to speak to a patient when it will take time away from quota goals that are unreachable if you step away for a minute. The quotas are repelling pharmacists from treating patients properly. Our superiors have made it very clear that the pharmacist is only to be taken away from the computer for a CMR patient with ample reimbursement. Pharmacists used to be the most accessible healthcare professionals, now patients look at us through plexiglass, but aren't able to get access to our vast knowledge because we are hiding to try to reach unrealistic metrics. Regaining the respect for our profession should be the main quota that we are aiming to reach.	Support
Please clearly and concretely define what constitutes a quota. As it stands, I do not see how the rule as written will improve working conditions. Corporate retail pharmacies are not currently directly enforcing quotas in the sense of "you must do X number of tasks in X amount of time." Instead, they are adding on task after task that just have to be absorbed into the pharmacy workflow without properly supporting their teams. The proposed rule will not help with prescription volume	Needs clarification

concerns, vaccine concerns, or clinical services (COVID tests, Flu tests, MTM services, etc.) because the atmosphere is not one of concrete quotas of x per y. It's try to get all of this done if you can, meanwhile you are drowning in work and cannot get any of the tasks completed satisfactorily. That is what needs addressed.	
I think some language is needed to clarify if completing patient "lists" count as quotas. For example a corporate office requiring pharmacists to make adherence calls or contacts to hundreds of patients on a pre generated list. There may not be a quota stated but if you are asked to complete the entire list, regardless of other essential tasks, the same unrealistic expectation exists. This is also seen for vaccines, as a pharmacist may be given a long list of targeted patients and required to contact or offer vaccines. If "complete this list" is used instead of "do this number (quota)", not much will change. This could be used as a way for owners and non patient facing management to work around this proposed rule.	Needs clarification
Thank you. I hope this will help the pressures felt during our work days. Please consider max amount of hrs worked without a break. I just finished a 13 hr day. No lunch or dinner breaks. I also worked 13 yesterday and 9 the day before. No breaks. 45 min drive to and from work each day. Thank you for trying to help us.	Support
The workload because of the vaccine requirements and the non- stop reapplication of Covid vaccine is getting ridiculous, why aren't primary care physicians responsible for administering vaccines to their patients?	Other
In reading this proposal, I feel the wording is too vague. Corporations will find a way around this proposed ruling. They will deem these quotas as "performance metrics" to measure you and your pharmacy's competencies. For instance, vaccinations. Where do I begin? Well don't you dare have a slow day giving vaccines or the dreaded email or phone call will surely ensue asking why. But how do I have time to explain when Ive got to push these vaccines! What a conundrum!! We have "goals" we as individual pharmacies must try and accomplish as well as market goals encompassing multiple stores. These "goals", which are actually quotas to determine max profitability for the company (surely nothing us at ground zero in the pharmacy will see), will be used as a measure of performance and pushed as such to deter this proposal. No weight will be lifted off our shoulders. Covid was a major eye opener on just how far companies are willing to push their employees to make max profit, but of course, it's labeled as "for the greater good of the community." Sadly, most employers have forgotten that pharmacy employees are part of this said community and getting buried with tasks, scripts, and 30,40,50 vaccines daily is not for the greater good, but in fact dangerous and patients just becomes a number. If you want to truly make a difference in pharmacy, specifically the community/retail sector, limit the actual workload of the pharmacy staff. Vaccine limits (currently averaging 1-2 vaccines every 10 minutes from 10-7pm with endless appointments and no walk-in denials. This is dangerous and a reasonable daily vaccine capacity should be in place, factoring in other tasks expected to be completed daily. Scripts per tech/pharmacist hours needs to be re-evaluated. With vaccine inundation, for the betterment of the community of course, checking and filling prescriptions is seemingly impossible at certain times of the day. Drive thru limitations (open for a finite time period during operation hours to accommodate the few that actually are unable to walk in the store) or rid of them altogether, which I'm sure front end sales would appreciate. When did community pharmacy become a fast food franchise? It has ruined the retail sector and customer perception of pharmacies as a professional healthcare destination. Mandatory closing of pharmacy for lunch. Many chains have adopted this, but some have not. There are times when I and other pharmacists don't eat or use the restroom due to sheer volume of tasks and daily demands. There is a reason why good pharmacy personnel are fleeing retail pharmacy. Something HAS to change that massively impacts daily workload. I used to love my job. The last 2.5 years of daily beat downs has ruined that passion and drive. We're just drones now, making the company record profits, all in hopes of getting a pizza party. What has the profession of pharmacy really become? It's surely not what it was 10 years ago and I'm terrified of what it will be in another 10 years. We as a profession must come together with the backing of our board, who should have our best interest at heart to optimize workplace culture and safety, to make serious workload changes that make the job manageable once again. I mean, patient safety is our top priority right? Sadly, this is NOT the case, or it seems as such. Truthfully, this proposal will not change the expectation of just get it done or be replaced currently in place. Anyways, I digress. I remain hopeful that changes will occur to actually better our profession, but I'm also clouded with doubt as the lack of workload limitations throughout the never ending pandemic is a clear indication our pharmacy livelihoods really do not matter.	Needs clarification

Rule Comments

I just want to say I sincerely appreciate the State Board's investment in this proposal. As a retail pharmacist, seeing these small glimpses of change give me a lot of hope that I can continue in my chosen career. You can't solve all the problems pharmacy staffs have with free pizza. That being said, I'm sure the corporate lawyers are working hard to find loop holes and ways around this.	Support
Does quota mean the same thing as “goals” in this setting? Such as, immunization goals, MTM goals, program enrollments, etc.	Question only
Data has shown that imposing quotas and metrics on pharmacists negatively impacts Patient care. I have seen it first hand. We are forced to focus entirely on meeting daily quotas in order to keep our jobs. Many small details often go missed as pharmacists are rushed to get the job done. These small details can cause big problems for patients. I saw a bag of meds for one pt that had 3 nsaids in it and the orders were processed by a pharmacist. Quota crunching has made us into robots, programmed to complete but not think. I almost gave a flu shot to a woman with egg anaphylaxis because the tech did not clarify her chicken allergy. Pt assumed we had egg free vaccine because a nurse told her so and never questioned it. We have been programmed to hit a button but not think about what the button really means. Our supervisors tell us to just check what's on rx and not question anything bc "that's how the doctor ordered it" this is not what I went to school for. I became a pharmacist to help patients understand their medications and improve their clinical outcomes. Mtm calls are further distracting when pharmacies are busy, yet we have to meet these quotas as well. We need to end quota crunching in order to provide our patients with the care they need. Pharmacists were once the most trusted profession. How can you trust a profession that puts their bottom line over Patient safety?	Support
Great rule and hopefully more to come. Pharmacy is a profession and pharmacists aren’t salespeople. Focus should be on safety, accuracy, and quality of care; not volume and filling prescriptions “on time.”	Support
I think it is important to retain the ability to measure performance and compensate for the level of performance of the pharmacy. I think however that corporations have abused this to excessively increase workload without giving enough help to achieve said results which puts the quality of care and safety of our patients at risk. If pharmacies set goals, they should make sure there is enough staff to achieve the goals in a safe way for both staff and patients.	Neutral
I appreciate what the board is doing to help alleviate the dangerous working conditions experienced by pharmacists. I would suggest adding that the definition of quota to include setting a formula to the time taken on average to provide services and/or fill prescriptions. For example a maximum of 15 minutes per CMR provided. Additionally, I would advocate against the exclusion on earnings for services provided. I foresee this being a loophole for organizations to enforce passively a quota. For instance stating that they have a goal to earn x profits from an immunization campaign lasting y months translates to a push to administer more faster. I fully support this approach but I also have fears that this may cause mail order operations to favor pharmacists employed in other states. This is especially concerning in an already over saturated job market. I’m not sure of an adequate solution to offer besides enforcing some sort of staffing ratio that prohibits those with large scale dispensing facilities in Ohio from moving verification and DUR jobs to remote workers in other states. Thank you again for advocating on our behalf.	Support
Thank you! This is long overdue! Please make sure this becomes a reality and checks are in place to make sure that this requirement is met. Thank you from all of the weary, frontline pharmacists.	Support
Yes please. 100% agree. Retail is quickly dying. This will help address some of the issues.	Support
I think eliminating script targets and vaccine quotas would be extremely helpful. I also think this should encompass all of the micro metrics, such as fill times and patient call reach rates to drive the corporations insurance business star ratings.	Support
Absolutely in favor, quotas can increase errors and overprescribing. Pharmacist and pharmacy’s should not be punished for lower quotas.	Support
Best idea ever! Pharmacy should not be an "assembly line."Now maybe have a rule to have at least two techs per pharmacist and it would finally be a great profession again.	Support
This is a no brainer. Of course it's a good rule. But it's a drop in the bucket. It's a disgrace that the Board, which is obligated to make sure pharmacy workplaces are safe for employees and patients, took a year to come up with this, and this is all that you have come up with. After this has passed, do your job and make sure pharmacies are not understaffed. Several other state boards have written up the big chains for understaffing, but not Ohio. Unacceptable. You could write up every CVS and Walgreens every day of the year.	Support
Yes please! Metrics are impossible to reach and we are evaluated yearly by these. Major stress factor.	Support

Rule Comments

I support the rule to address quotas. Quotas make for a less patient-safety focused environment.	Support
What will be the punitive action if the law is broken?	Question only
California pharmacist here, still in retail. I'll tell you we absolutely know about this and it has had an effect in our chain. Company sent out an email to all RXMs about it. BoP inspectors are showing up at our pharmacies asking if the company has goals/quotas and are taking email evidence if any such thing is being discussed by the higher ups with us. DM and above have pretty much ceased discussing it other than saying thank you when we do a lot of shots. There was some fuss in the company about the words "quota" vs "goal", which was amusing. They made it clear that each *store* has goals but no one individual does. Not sure yet why they emphasized this, but I imagine it's so they can punish lower-performing stores with fewer tech hours or something. I don't have any suggestions other than to hope that it passes and that you have aggressive enforcement such as we've seen here in my area.	Support
The quota rule should not only apply to prescriptions filled but prescription information processed. For example I've worked in places that set quotas for number of scripts typed, billed, and verified per hour. Every step of prescription processing was quantified and employees were pushed to work faster and faster and errors were common. There should be no quota for verification or data entry. The only standard should be correctness.	Support
I agree that quotas should be prohibited in pharmacy. Focus needs to be on the patient in front of you. Rushing to verify 300-400 prescriptions and giving 50 vaccines daily as a single pharmacist is going to cause more patient safety errors. Every year in retail prescriptions budget goals, vaccine goals, call wait time goals are increasing. This leads to reduced quality with patients, poor employee retention and morale.	Support
I am deeply disappointed that the culmination of this committee has resulted in this nothing rule. This will do nothing to help our profession and to keep Ohioans safe. At least consider what other states do with prescription limits per hour or minimum tech to pharmacist ratios. Or hit them with fines for understaffing that is a percentage of the company worth to actually hurt them. Like if Walgreens had been, for example, understaffing in violation of your rules, they would have to pay a fine of 5% of the company's profits for the year or something like that. Small fines can get brushed under the rug and ignored by large companies. They are the biggest offenders.	Neutral
As one of the most stressful and potentially dangerous expectations of pharmacist is to complete tasks within a fixed time limit, I believe the language of this rule should include in the definition of quotas: prescriptions filled or services rendered within a set amount of time.	Support, recommendation included
In my opinion there should be no quotas allowed. Quotas coerce bad decision making.	Support
This is great for our partners in the community setting, but institutional practice is not apple-apple comparison. A similar effort is needed in all practice settings. Thanks.	Support
ITS ABOUT TIME	Support
Prohibiting quotas will be a step in the right direction for quality patient care. Quotas can put unnecessary pressure on pharmacists or employees leading to quality concerns	Support
I've worked in retail pharmacy for almost 25 years. Setting goals is an important part of running any business, pharmacy included. Goals improve motivation and keep up morale when used properly. When these goals align with profitability then it ensures we have jobs; when they align with improving healthcare for groups or individuals then it improves public health - therefore "quotas" should be used to improve both. The problem is not with having goals or "quotas," the problem is when they don't improve our healthcare mission and/or they are not realistic. Personally, I believe the Medicare star ratings is a great example of this - if we take away any quotas from pharmacy l it should include these. Pharmacies are monetarily penalized when they don't reach these quotas (should be outlawed), yet you're proposing that they can't pass along any quotas to their employees??? Seems like a double-standard to me. Take away impossible Medicare star ratings. Stop trying to micro-manage pharmacies, employers can figure it out on their own or else they lose employees and learn to change eventually. If I weren't typing inside a tiny box on my phone I'd love to write more.	Oppose
How does the Board see this reducing the current demand/workload on pharmacist and pharmacy teams? We all have "budgets" that we have to achieve and if we miss "budget" a yearly "bonus" is reduced. The bonus for most is so small that it does not carry any weight for added pressure.	Neutral
Great start. I would also put a ban on metrics of any type that could cause great harm to the public we serve.	Support

Rule Comments

This won't accomplish much to help the daily operations of a retail pharmacy. All of the chains will quickly figure out how to skirt these rules. What's really needed is a mandate of a certain amount of personnel in the pharmacy relative to the expected amount of work.	Neutral
This rule is pointless because we are never issued quotas. We are given goals and percentages which according to this would still be allowable. We are never told we need to do X number of scripts or shots or mtms for a day. We are told we need to reach certain percentages of goals.	Neutral
I hope you understand that the chains won't just lie down. Their lawyers will claim it's all to improve compliance or that it's all for public health. Will anyone address the unlimited appointments for vaccines that hammer us every day, again "for public health"	Recommendation only
As a retail pharmacist, I fully support prohibiting quotas in pharmacy. Corporations don't see all the things being done that can't be counted. Thank you.	Support
This is my biggest stress as a retail pharmacist. It negatively impacts my performance and ability to help my patients. We have mtm goals that are 20 cmr and 180 to 250 tips in a pharmacy that fills 4000 prescriptions a week. It's not safe and without increased pay.	Support
Please do end quotas! I can not give customers my full attention and time if I have to worry about numbers. As a pharmacist, I want to devote my attention to people, not numbers. This focus on "productivity" has gone on for far too long in our profession!!	Support
I agree with the board	Support
Within CVS the number of quotas we are measured on impacts patient care. The latest is how many vaccines can be delivered in a single day by a single pharmacist that already has a high workload due to many pharmacy closures. I'm afraid that CVS will get around all of this by saying that they are "goals" or "targets" not quotas - without anything changing. We are losing great pharmacists over ridiculously high workloads and it reflects in the random pharmacy closures that patients have to navigate without any notice.	Support
Quotas are inappropriate in the context of patient care. It turns into pharmacists and technicians simply going through the motions to satisfy numbers with no actual value added. This is unethical at all levels.	Support
This new rule is badly needed in Ohio. In my hospital organization, each interaction with a patient is assigned a number of "minutes" of value. At the end of each pay period, our worked hours is compared to our "units of service". If we are "in the red", the amount of wasted management time and stress created are both enormous. Reports, analyses, action plans, meetings with upper management as to why we were "in the red again" took up so much time, and often the main culprit would be becasue overall patient visits were down, or weather, or other factors we can't control. Plus, the pharmacy had very little say in determining how many "minutes of work" a task was going to be assigned. We are PROFESSIONAL PEOPLE. We realize and understand that we need to remain as productive as possible. Implementing this rule will greatly help move the practice of pharmacy back to a healthcare profession, and not managed like we are just cogs on the shop floor cranking out wigits as fast as we possibly can. I 100% support adoption of ths new rule as written.	Support
It is also imperative that "goals or targets" or similar verbiage not be substituted for quotas. Large companies pressure employees to reach certain business numbers regardless of their effect on patient care. Community pharmacists are burning out	Support
I think this is great. A lot of errors can happen when goals like this are in place. I worked at a facility that had a steep goal for scripts to check and it was frustrating to feel like I had to be fast in order to hit a goal versus spending the time I needed for accuracy and safety.	Support
As a pharmacist in a retail environment, I strongly support the limitation on quotas for purposes of measuring pharmacy performance. While I believe the intent of this rule is to be helpful to pharmacy workloads, I am concerned at the rule's discussion of how revenue can still be used as a measurement. It is the nature of a for-profit entity to look for ways to measure their profitability. That is to be expected. If the Board is limiting the ability of any pharmacy to use a quota (i.e. 25 vaccines per day, 25 Outcomes TIPs claims daily), a retail pharmacy's leadership is not going to stop using performance metrics. Rather, they are simply going to shift those measurements to a permitted metric like the revenue and profit of a given location. While I think	Support, recommendation included, needs clarification

Rule Comments

the goal of this rule is to attempt to shift focus back to patient care, I question whether a for-profit entity can ever truly prioritize patient care in the face of concurrent obligations to their shareholders or private owners to make and enhance profits over time. How can a patient-centered care model win, when that could mean discontinuing medications or foregoing certain services because of the patient's overall health and goals for their own care? Furthermore, how can revenue/profit be an acceptable measurement while PBMs are still allowed to put forth such unfavorable contracts that reimbursements may yet be below acquisition cost? After reading the proposed rule, the language discussing revenue seems unnecessarily confusing because it includes a double negative via "quota does not mean..." and "...revenue earned by a pharmacy not calculated in relation to, or measured by..." I strongly urge the Board to avoid such double negative statements and to affirmatively state within the rule what revenue calculations may be done. Otherwise, retail pharmacy companies are going to use revenue as the new metric in place of specific quotas. Based on the current language regarding revenue measurement, I honestly cannot tell you what revenue calculations are permitted versus those that would be barred.	
There needs to be safeguards with this. Companies will not judge you on immunizations, or MTM, or scripts, but they will find new ways to justify hours and continue pushing workers to the brink of medication errors.	Needs clarification
I am in support of prohibiting quotas in a profession that should be focused on patient care.	Support
I hope with every fiber of my being that this law passes. It is long overdue for the world of pharmacy and I can only hope other healthcare disciplines follow suit. It's about time we get back to taking care of the patient and putting safety first and foremost instead of corporations/CEOs profits. I am beyond impressed that the BOP asked the professionals what they NEEDED to keep this profession alive and not miserable and that the BOP is following through. THANK YOU	Support
One of the biggest offenders this time of the year is the flu shot goals. While it is good to promote flu shots we should not be required to get a certain number on top of all the other vaccines we are already doing daily. Pharmacies are not adequately staffed for this and it is unprofessional to call and pressure patients to get more vaccines.	Support
As an Independent pharmacy owner, I don't have quotas for my staff but know plenty of colleagues and peers that deal with them. I personally feel that an end to these sort of metrics will go a long way for the personal physical and mental health of all pharmacists who are under immense pressure and strain to do more-with-less as fast as possible.	Support
I am also concerned regarding workload in hospital settings. We don't have quotas however, we are often worked to the bone with less than appropriate technician staff. The big issue in Ohio is we are required to have certified technicians however there are no schools currently open near my hospital (warren, OH). This makes it impossible to obtain certified technicians.	Other
I'm ecstatic at the proposed rule. This shows a clear alignment of the Board protecting the public while addressing systemic issues within the practice.	Support
I'm afraid the language might be too vague. Maybe explicitly list "vaccines" instead of "services rendered"? I'm also concerned on how this will be policed, and that large chains will continue with quotas but frame it in a way so it doesn't violate this new rule	Needs clarification
While I can certainly appreciate the intent of this proposed rule, traditional pharmacy is a transactional model. The BOP is proposing a rule that in my opinion may help solve a downstream impact for a few interested parties but what will the impact be to the community if pharmacies close because they are not processing work at volume and efficiency to make ends meet and deliver upon patient expectations for turnaround time. Metrics are important for measuring success as well as opportunity. There should be a process to report concerns for review and weed out the bad players but restricting them altogether without a solution for the real issue in the reimbursement model of traditional pharmacy puts a Band-Aid on the wrong wound in my view.	Oppose
This is what we have all been begging for and is a great start. Limitations on workloads are also needed. The amount of work we do on a daily basis with a skeleton crew is a danger to the public.	Support
Quotas add unecessary stress to an already complicated job	Support
Quotas on rx filled each, flu shots, and expanded immunizations should be banned in retail pharmacy. This creates unnecessary stress and is not what pharmacy should be. A service should be offered but it should not be used to "drive" the business	Support

Rule Comments

I like the removal of quotas. Most days are spent keeping the retail Pharmacy running smoothly. The additional quotas companies put on Pharmacies make you feel unaccomplished even though you did a great job of basic Pharmacy operations.	Support
This is a great start. Removing a quota will help in lowering stress. Sadly, we have got to get hiring under control to make a significant impact	Support
I am fully in support of the prohibition of the use of quotas in the operation of a pharmacy. For too long, retail pharmacists have been bound to the quota, resulting in the sacrifice of personalized care to patients and the increased risk of errors that could be prevented had the focus of the profession be placed on caring for patients and not on the dollar. Pharmacists are being pulled in every direction trying to fill "x" number of prescriptions while giving "x" number of immunizations and making "x" number of phone calls offering the newest services per day. Quotas are dangerous and allows businesses to put unnecessary pressure on pharmacists to perform rather than provide patient care.	Support
From what I've heard from a few pharmacy friends in California who passed a similar law a year ago, nothing really changed. Maybe specifically put in place no "goals" either or "targets" or any synonym. Especially for number of immunizations. Allow pharmacists to refuse walk-in vaccines if it means compromising patient safety if the pharmacy is very busy.	Neutral
Proposed line (D)(3) might benefit from clarification or the insertion of an additional line that addresses non-pharmacy quotas such as "number of up-sale items sold" or "items sold" or "total sales of promotional product". When I was employed by a national chain, it was not uncommon for pharmacists, technicians, interns, and non-pharmacy associates to be held responsible for a quota of over-the-counter "up-sale" items sold each quarter. This practice often resulted in pharmacy staff prioritizing sales of said items instead of serving the pharmacy needs of Ohioans. While this practice might be housed under the "programs" definition, perhaps adding clarification or the additional line may address this specific and problematic practice in accordance with the intent of the rule.	Needs clarification
Having worked in pharmacy for over 40 years, I find not having any ability to manage pharmacy personnel based on productivity i.e. reasonable prescriptions filled/processed to be extremely shortsighted. There has to be some parameter that pharmacies can use to gauge performance around specific employee responsibilities.	Oppose
This looks all fine and dandy but it really doesn't address the issue of workload. Quotas or not, employees are still going to be expected to keep up with relevant workload. Companies will skirt around the word of "quotas" and use other metrics such as "time in queue" or "time to verification". Passing this law may directly conflict with laws other states passed putting a limit on amount of prescriptions pharmacists can do per day (banning the use of quota would make it difficult to enact a law capping these quotas). This current language does nothing to address burnout, safety, and overworking of staff; I would encourage the board to pass laws limiting the amount a single pharmacist can review in a day (busy pharmacies will of course need to hire more staff).	Neutral
I strongly agree with this rule. Quotas are a danger to the practice of medicine and patient safety.	Support
Quota rules should also specifically mention things like banning quotas around minimum vaccine goals (flu shots, COVID boosters, everyday vaccine goals, etc.) as well as "clinical" items such as minimum OutcomesMTM claims to be completed by a pharmacist.	Recommendation only
I support this!! Quotas were created to maximize company profits by reducing RPh labor costs. This is turn makes patient care a secondary concern. There are other ways these companies can ensure their pharmacists are "doing a good job" than just counting a number.	Support
This will not fix any of the current issues. Corporations will and already do use “goals” to emphasize statistics in pharmacy metrics. There is no language on disciplinary action for corporations that do not abide by the proposed rules. Until we define what a reasonable workload (x number of prescriptions or vaccines or services in a given amount of time) then nothing will change and the practice of pharmacy will continue its downward spiral.	Neutral
The rule is not specific enough. “Quota” refers to the quantity of work performed but not its timing as far as I can tell. Most pharmacies are demanding that prescriptions be filled and checked within a certain time window of only a few minutes. They also require that the pharmacy staff make unrealistic time promises to customers.	Needs clarification
Quotas jeopardize patient safety and should therefore be prohibited.	Support

Quarles & Brady LLP

300 N. LaSalle Street
Suite 4000
Chicago, IL 60654-3406
www.quarles.com

Attorneys at Law in
Chicago
Indianapolis
Madison
Milwaukee
Naples
Phoenix
Tampa
Tucson
Washington, D.C.

Writer's Direct Dial: 312.715.5139
E-Mail: edward.rickert@quarles.com

Ohio Board of Pharmacy
77 S High Street, 17th Floor
Columbus, OH 43215-6126
Submitted Via Web Portal

Re: Comments to Proposed Regulation 4729:5-3-21 – Prohibition on the Use of Quotas

Dear Board of Pharmacy

We are writing on behalf of Express Scripts Pharmacy, Inc. ("Express Scripts") to provide comments to the Ohio Board of Pharmacy's ("Board") proposed regulation 4729:5-3-21 – Prohibition on the Use of Quotas. Express Scripts owns and operates two pharmacies located in Ohio, the Express Scripts Pharmacy Inc. d/b/a Express Scripts located at 4865 Dixie Highway, Fairfield, OH. 45014, Ohio resident pharmacy license 022365000 and the Express Scripts Pharmacy Inc. d/b/a Express Scripts located at 5151 Blazer Parkway, Suite B, Dublin, OH. 43017, Ohio resident pharmacy license 022363800. Both of these pharmacies would be impacted by the proposed regulation.

Express Scripts understands and agrees with the Board's view that the use of fixed quotas is not an appropriate way to evaluate the performance of pharmacists, pharmacy interns, and pharmacy technicians. The practice of pharmacy is a dynamic, patient focused profession, and performance measurements that focus on prescription volume, number of services rendered, offering programs, or revenue generated, and set artificial fixed quotas to measure performance based on this criteria, are misplaced.

That said, performance evaluations that include quality measures and rely on peer group comparisons are appropriate, and are in wide use throughout the pharmacy industry. Further, using performance evaluation measures to recognize and reward superior performance as judged against peers is an appropriate way for a pharmacy to incentivize pharmacy employees to perform at a high level, provided again that the evaluation is not based on a fixed quota.

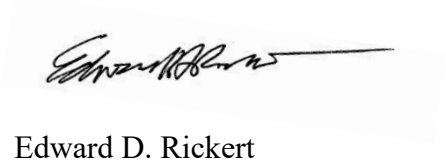
In order to ensure that the proposed regulation, once approved and implemented, recognizes the need for proper methodologies that evaluate the performance of pharmacy personnel in the provision of pharmacy services, and promotes patient safety and positive outcomes, along with positive patient experiences in the provision of these pharmacy services, we recommend that the exceptions to the definition of quota be expanded to include the following:

- Any evaluation or measurement that utilizes demonstrated performance criteria, including quality measures, which are not fixed, but are regularly reviewed and updated to reflect the performance of pharmacy personnel peer groups.

- Any evaluation or measurement of performance that aims to reward performance that exceeds that of demonstrated performance standards of pharmacy personnel peer groups.

A revised draft of the proposed regulation that incorporates these additions is attached. With these additions, Express Scripts would support the proposed regulation. We thank the Board in advance for its thoughtful consideration of these comments.

Very truly yours,
QUARLES & BRADY LLP



Edward D. Rickert

Proposed Revisions to Proposed Board Regulation Prohibiting the Use of Quotas

Additions identified by double underscore.
Deletions identified by ~~strike through~~.

4729:5-3-21 – Prohibition on the Use of Quotas
(A) As used in this rule, "pharmacy personnel" means any of the following licensed or registered in accordance with Chapter 4729 of the Revised Code:
(1) Pharmacist;
(2) Pharmacy intern;
(3) Certified pharmacy technician;
(4) Registered pharmacy technician;
(5) Pharmacy technician trainee.
(B) In accordance with division (D) of section 4729.55 of the Revised Code, a pharmacy licensed as a terminal distributor of dangerous drugs shall not establish a quota related to the duties of pharmacy personnel.
(C) A pharmacy shall not, through employees, contractors, or third parties, communicate the existence of quotas, that are prohibited pursuant to this rule, to pharmacy personnel who are employees of the pharmacy or with whom the pharmacy contracts.
(D) For purposes of this rule, "quota" means a fixed number or formula related to the duties of pharmacy personnel, against which the pharmacy or its agent measures or evaluates the number of times either an individual performs tasks or provides services while on duty. "Quota" includes a fixed number or formula related to any of the following:
(1) Prescriptions filled.
(2) Services rendered to patients.
(3) Programs offered to patients.
(4) Revenue obtained.
(E) For purposes of this section, "quota" does not mean any of the following:
(1) A measurement of the revenue earned by ~~an~~ a pharmacy not calculated in relation to, or measured by, the tasks performed, or services provided by pharmacy personnel.
(2) Any evaluation or measurement of the competence, performance, or quality of care provided to patients of pharmacy personnel if the evaluation does not use quotas.
(3) Any performance metric required by state or federal regulators, or by pharmacy accreditation organizations, that does not use quotas.
(4) Any evaluation or measurement that utilizes demonstrated performance criteria, including quality measures, which are not fixed, but are regularly reviewed and updated to reflect the performance of pharmacy personnel peer groups.
(5) Any evaluation or measurement of performance that aims to reward performance that exceeds that of demonstrated performance standards of pharmacy personnel peer groups.

(F) This rule does not prohibit a pharmacy from establishing policies and procedures that assist in assessing the competency and performance of pharmacy personnel in providing care to patients if the measurements used are not, or do not include, quotas.

CenterWell Pharmacy

November 9, 2022

Executive Director Steven W. Schierholt, Esq.
State of Ohio Board of Pharmacy
77 S High Street, 17th Floor
Columbus, OH 43215-6126

Submitted electronically via surveymonkey.com

RE: Proposed Rule 4729:5-3-21 – Prohibition on the Use of Quotas

Dear Executive Director Schierholt:

This letter is in response to the solicitation for stakeholder feedback on proposed rule 4729:5-3-21 issued by the State of Ohio Board of Pharmacy on October 11, 2022.

CenterWell Pharmacy, Inc. (CenterWell Pharmacy) is a full-service home delivery pharmacy serving 2.5 million patients across all 50 states and dispensing nearly 50 million prescriptions annually. CenterWell Pharmacy provides holistic care that is personalized and coordinated with easy-to-use options so our customers and members can receive the care and prescriptions they need exactly when they need them. This includes home delivery services, as well as retail and specialty pharmacies and over the counter (OTC) fulfillment. CenterWell Pharmacy's largest dispensing facility, which opened in 2008, is located in West Chester Township, Ohio. There are over 240 pharmacists and 650 pharmacy technicians working for CenterWell Pharmacy in Ohio who are critical to ensuring that patients across the country have access to the medication that they need.

CenterWell Pharmacy appreciates the opportunity to provide comments on the proposed rule related to the prohibition of the use of quotas.

Overall, Centerwell Pharmacy recognizes the Board's concerns with the many demands that have been placed on pharmacists in retail and community settings – especially over the course of the pandemic. However, ***the Board's proposal fails to take into account the differing pharmacy models within the State including closed-door pharmacies and the importance of performance measures in ensuring timely access to care for patients.***

- ***Performance measures are essential for the timely delivery of patient care, ensuring appropriate staffing and reducing overall costs to the healthcare system.***

  The ability to set performance measures and goals for our clinical and non-clinical associates is essential to the timely delivery of medications to patients at the highest quality levels. Performance measures, such as, rates and goals – or quotas – support the prompt delivery of patient care by creating a pipeline and process that allows for the efficient dispensing of medications. This includes the use of rates and goals for activities like prescription entry, verification and dispensing as well as other metrics that are key to effective management of staffing levels and ensuring prompt service for our patients. The data is also critical to overall pharmacy operations. For instance, performance measures are used to identify when the workforce needs to be augmented to meet patient needs due to influxes in volume or during peak season – thus avoiding the burdensome working conditions that the Board is hoping to

CenterWell Pharmacy

minimize. Without the ability to develop and use performance measures, it would be difficult to determine what level of staffing is appropriate to meet patient needs. Ultimately, the inability to ensure appropriate staffing could lead to additional administrative costs creating increased costs to the overall healthcare system and the patients of Ohio and other states.

The use of goals and metrics is also critical in identifying if additional training is needed to ensure the highest quality standards are met including driving positive outcomes for the pharmacy and the patients it serves. One of the clear considerations of the Board is the potential pressure on performance measures placed on pharmacists, ultimately creating unnecessary errors. However, to the contrary, CenterWell Pharmacy establishes rates and goals to ensure that there is sufficient staff trained in the core pharmacy functions to meet the patient need at the highest quality-levels. Furthermore, standardizing rates and goals ensures consistent accountability across all employees and allows our management teams to assess individual employee performance and monitor for trends that could delay the delivery of medication to patients.

It is important to note that performance rates and goals are not the only measure we use to establish pharmacist and employee performance. But it is one of a number of key metrics we use to determine the overall service levels offered by our employees and facilities – and our ability to meet patient needs. These examples illustrate the importance of using performance measures to ensure overall accuracy, efficiency, and timeliness which result in high-quality care for our patients.

- ***Close-door pharmacies have a different operating model than community and retail pharmacies with fewer competing priorities.***

Beyond the importance of using performance measures to meet patient needs and ensure adequate staffing. Closed-door pharmacies, like CenterWell Pharmacy's home delivery facility in Ohio, have very different fulfillment and dispensing processes than traditional retail or community pharmacies. In a traditional community pharmacy setting, an individual pharmacist may be asked to manage the complete process of a prescription fulfillment and dispensing while also interacting with patients directly and managing other external factors. Unlike this traditional model, CenterWell Pharmacy's pharmacists are assigned specific tasks within the overall dispensing process and have limited external distractions allowing for our employees to work efficiently and at the top of their license. The establishment of rates and goals as measures of employee performance for these specific processes allows our management teams to monitor performance trends, staffing levels and patient service.

As the Board evaluates the responses from the survey conducted by the Pharmacist Workforce Advisory Committee in the summer of 2022, it is notable that many of the concerns expressed by respondents were due to the competing priorities at open door pharmacies like retail and community pharmacies. The examples of quotas that were offered up by respondents included: number of vaccines administered, face to face patient counseling, 90-day fill conversions, and seconds to answer the phone. As previously stated, these types of functions are structured differently in a closed-door pharmacy which does not have the face-to-face patient interaction and competing priorities that are present in a retail or community setting.

Lastly, the operating model of our closed-door pharmacy also allows for better working

CenterWell Pharmacy

conditions for pharmacists and pharmacy technicians. Employees working a full shift are provided two scheduled breaks and an additional meal break. Additionally, employees are also provided time to dedicate to their personal wellness, continuing education, and individual development. CenterWell's Pharmacy's closed-door model allows pharmacists to focus strictly on prescription processing functions and patient care resulting in superior pharmacists and patient satisfaction.

Recommendation

The proposed rule is broad in nature and does not distinguish between the varying pharmacy models and pharmacist employment in Ohio. Given these factors, ***CenterWell Pharmacy strongly recommends that the Board reconsider the draft rule on the use of quotas and reconsider how the use of these metrics can be important in evaluating employee and facility performance, particularly in closed-door pharmacies.***

Further, we would suggest that the definition of pharmacy in the rule be altered to limit the scope of the rule to only those employees who directly interact face to face with patients at a point of sale and/or open-door pharmacy setting:

> *B) In accordance with division (D) of section 4729.55 of the Revised Code, a pharmacy licensed as a terminal distributor of dangerous drugs shall not establish a quota related to the duties of pharmacy personnel for any pharmacy personnel who work in a pharmacy setting that involves an in person and face to face interaction with patients.*

Thank you for the opportunity to provide feedback to the Board on this proposed rule. Please feel free to contact me if you have any questions related to the comments.

Sincerely,

Scott Clark
Market Vice President
Pharmacy Professional Practice
Email: sclark8@humana.com

OHIO HOSPITAL ASSOCIATION

Collaborating to Ensure a Healthy Ohio

November 9, 2022

Steven W. Schierholt, Esq.
Executive Director
Ohio Board of Pharmacy
77 S. High Street, 17th Floor
Columbus, OH 43215

Re: OHA comments on 4729:5-3-21, Prohibition on the Use of Quotas

Dear Director Schierholt:

On behalf of our 252 hospitals and 15 health systems, the Ohio Hospital Association appreciates the opportunity to respond to the Board of Pharmacy's recent request for comments on its proposed rule prohibiting the use of quotas (Rule 4729:5-3-21).

We appreciate the work of the Pharmacist Workload Advisory Committee and share the goals of promoting safety and compliance, while also ensuring pharmacists have acceptable working conditions. However, we have heard concerns from our members regarding these rules, primarily around the overly broad definition of "quota." The proposed rule specifies that "quota" includes any of the following metrics: prescriptions filled, services rendered to patients, programs offered to patients, and revenue obtained.

Hospital pharmacy leadership have expressed concerns that eliminating the ability to set targets or measure any of these functions could have unintended consequences, including comprising patient care and access, contributing to workload inequities among team members, and exacerbating staffing challenges. It also appears that the overwhelming majority of concerns regarding quotas as reflected in the PWAC's survey come from retail pharmacists, not hospital-based pharmacists, so we encourage you to consider a regulatory approach that accounts for difference in settings.

For example, hospitals often have bedside medication delivery programs. These programs involve delivering discharge medications to hospitalized patients' bedside prior to discharge and typically includes a medication education component. Pharmacy staff often have a target number of patients to see in a shift. This helps to ensure that patients receive their medication in a timely manner and that discharge from the hospital can be done as efficiently as possible.

Another example provided relates to scheduling functions and access to care. Consider a pharmacy that offers 10 "appointment slots" per day that a patient can use to self-schedule a flu or COVID vaccination. There are concerns that this would be an impermissible "quota" of "services to patients" because staff at the pharmacy are expected to administer the vaccinations when the patients self-schedule and arrive at the pharmacy.

These are just a couple of the numerous examples brought to our attention. Other parts of a pharmacist's job may be quota or metric driven as well (e.g., number of temperature checks for where medication is stored, standards around when/where sterile products are prepared, timed monthly and quarterly expired product

reviews, etc.). Metrics such as these ensure quality patient care, access to care, and the ability to appropriately evaluate employee performance.

Hospitals and health systems take concerns about work environment seriously and agree that it is important to allow pharmacy personnel appropriate timeframes to safely and effectively manage their workload. We believe this can be done while also allowing the flexibility to set metrics that ensure high quality patient care, robust access, and appropriate staffing.

We encourage the Board of Pharmacy and the Pharmacist Workload Advisory Committee to further consider these rules before moving forward. In particular, we believe there needs to be further examination of the potential unintended consequences of the current proposed language and encourage a closer look at the definition of "quota," particularly as those issues pertain to hospital-based pharmacies. We would be happy to convene a call with some hospital pharmacy leaders to further vet this issue and discuss the concerns we are hearing from them.

We look forward to continuing to work with the Board on this important issue.

Sincerely,

Stephanie Gilligan
Senior Director of Advocacy

NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

November 14, 2022

Cameron J. McNamee
Director of Policy and Communications
Ohio Board of Pharmacy
77 South High Street, 17th Floor
Columbus, Ohio 43215

Re: Proposed Rule Prohibiting Use of Quotas

Dear Mr. McNamee:

The National Association of Chain Drug Stores (NACDS) writes to express our opposition to the Proposed Rule which would prohibit community pharmacies from utilizing metrics to evaluate the performance of employees.

NACDS members are committed to the well-being of their employees, including taking steps to ensure that pharmacists have the tools and support to safely serve patients. In this unprecedented time, our members and their pharmacy teams have risen to the challenge and provided millions of COVID-19 tests and vaccinations to patients throughout the country. NACDS has advocated to remove barriers to care and assist our pharmacy teams during and beyond the current Public Health Emergency, including by working to allow pharmacy technicians to perform COVID-19 tests and administer vaccinations and to allow pharmacists to perform point-of-care tests and initiate treatment, as appropriate, just to name a few.

While the Proposed Rule may be well-intentioned, it contains subjective, problematic provisions that may pose a threat to access to pharmacy services and may jeopardize patient health and safety. Our primary concerns with it are as follows:

Ambiguous Requirements that Improperly Restrict Necessary Pharmacy Engagement
The Rule prohibits community pharmacies from communicating "the existence of quotas, which are prohibited pursuant to this rule, to pharmacy personnel who are employees of the pharmacy with whom the pharmacy contracts." On its face, this requirement appears impossible to meet, as well as may restrict constitutionally-protected free speech improperly. Even if community pharmacies have policies in place prohibiting quotas, managers are unfairly at-risk communicating information which could be misconstrued under the broad, ambiguous provisions of the Rule to be a "quota."

Potentially Restricts Methods Employers Use to Measure and Evaluate Performance and Patient Safety
Performance evaluations and metrics are among the tools community pharmacies may use to evaluate, train, discipline and/or terminate employees whose performance may be putting patients at risk. For instance, performance metrics may be a valuable tool to evaluate personnel and systems to promote patient safety and outcomes. The Rule's subjective, ambiguous language infuses with uncertainty performance metrics available to pharmacies to evaluate and remediate potential patient safety concerns.

In conclusion, NACDS has significant concerns about the Proposed Rule as drafted and its potential adverse impact on patients and pharmacies. Please do not hesitate to contact Jill McCormack if you have any questions.

Sincerely,

DRAFT

Steven C. Anderson, FASAE, CAE, IOM
President & Chief Executive Officer

###

The National Association of Chain Drug Stores represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS' over 80 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and health care affordability.

November 14, 2022

Cameron J. McNamee
Director of Policy and Communications
Ohio Board of Pharmacy
77 South High Street, 17th Floor
Columbus, Ohio 43215

Re: Proposed Rule Prohibiting on the Use of Pharmacy Quotas; 4729:5-3-21

Dear Mr. McNamee:

On behalf of the food industry and the thousands of supermarket pharmacies operated by our member companies, we at FMI – the Food Industry Association thank the State of Ohio Board of Pharmacy for requesting public input on proposed rule 4729:5-3-21. Although the goal of the proposed rule may be to prohibit pharmacies from establishing or enforcing quotas for minimum duties performed by pharmacists and other pharmacy staff, the proposal is vague, confusing and may prevent pharmacies from utilizing metrics to evaluate the performance of their employees. Therefore, although it may be well-intentioned, FMI wishes to convey our strong opposition to the proposed rule as written.

As the food industry association, FMI works with and on behalf of the entire industry – from retailers who sell to consumers, including supermarket pharmacies, to producers who supply the food and other products sold in grocery venues – to advance safer and more efficient consumer supply chains for both food and pharmaceuticals. In total, FMI member companies, which range from independent operators to the largest national and international players, operate roughly 33,000 grocery stores and 12,000 pharmacies, ultimately touching the lives of more than 100 million U.S. households on a weekly basis and representing an $800 billion industry with nearly 6 million employees. Throughout the COVID-19 health emergency, our members have been and remain a critical component of ensuring the availability of food, pharmacy and health care services in Ohio and communities nationwide. Moreover, supermarket pharmacies continue to play an outsized role in the COVID-19 vaccination effort while also serving as a bridge between communities and other providers, offering patients immediate care that is close and convenient to home. www.fmi.org

Ambiguous Definition

Pharmacies operate on razor thin profit margins, a challenge that is mitigated with volume. It is this volume that allows pharmacies to stay in business and provide care to their communities.

Furthermore, many FMI pharmacy members – like business operations in most other industries – rely on metrics to evaluate strengths, weaknesses, and opportunities, and to share those findings with their teams to minimize risk and improve the quality of care. FMI members report that their pharmacy leaders utilize this data in determining what resources are necessary to provide optimal clinical and distributive services within the pharmacy department to maximize safety and efficiency while improving patient satisfaction. Additionally, the data compiled through internal monitoring efforts can be especially helpful when a pharmacy is implementing a new service or modifying an existing one, e.g., when additional labor resources are needed as a result of volume or service expansion.

However, as written, the proposed rule makes no distinction between mandatory task minimums and communications between managers and pharmacy teams on the health of the pharmacy operation. Therefore, even if a pharmacy has policies in place prohibiting quotas, managers are unfairly at-risk communicating information that could be misconstrued under the broad, ambiguous provisions of the proposed rule to be a "quota."

Patient Care and Safety

Ensuring pharmacy services are fulfilled properly is core to patient health. As just two examples, when prescriptions are sent in but go unfilled, or vaccines go unadministered, patient health suffers. Therefore, as previously noted, FMI pharmacy members rely on metric-based indicators to make decisions about appropriate staffing levels and employee competency, to ensure patient needs are being met. Metrics can alert pharmacy supervisors to a range of disturbing trends, including when a prescription is filled incorrectly, the incorrect vaccine is administered, or inaccurate guidance is given to patients. Then, this data can be used to evaluate, train, discipline and/or terminate employees whose performance may be putting patients at risk. Again, however, the proposed rule's ambiguous language creates uncertainty surrounding the performance metrics available to pharmacies to evaluate and remediate potential patient safety concerns.

Conclusion

In conclusion, FMI has significant concerns about the proposed rule as drafted and its potential adverse impact on pharmacies and patients. If you have questions about these comments or would like additional information, please feel free to contact me at pmatz@fmi.org or (202) 452-8444.

Sincerely,

Peter Matz
Director, Food and Health Policy

CVS Health

John Long
Director Regulatory Affairs, CVS Health

One CVS Drive
Woonsocket, RI 02895

p 614-572-9008
f 614-766-6957

john.long@cvshealth.com

VIA ELECTRONIC MAIL

November 2, 2022

Cameron McNamee
Director Policy and Communications
The State of Ohio Board of Pharmacy
77 South High Street
Columbus, OH 43215
Cameron.McNamee@pharmacy.ohio.gov

Re: Comment proposed rule 4729:5-3-21 – Prohibition on the Use of Quotas

Mr. McNamee,

I am writing to you in my capacity as Pharmacy Regulatory Affairs Director for CVS Health and its family of pharmacies located across the country. CVS Health appreciates the opportunity to submit comments on the State of Ohio Board of Pharmacy ("Board") proposed rule 4729:5-3-21 Prohibition on the use of quotas and would like to thank the Board for their constant vigilance to continuously improve regulations that enhance patient care and guide the practice of pharmacy in Ohio.

While CVS Health fully supports the creation of a professional work environment for all pharmacy personnel in our pharmacy practice settings throughout Ohio, we do not agree with the creation of this new State of Ohio Board of Pharmacy rule. Metrics are a tool that helps measure the impact on patient care and the healthy operations of a business.

In today's healthcare market, pharmacy has established a stronghold as a center to patient care. This can be seen throughout Ohio pharmacies in the increasing number of immunizations administered, prescriptions dispensed, patient counseling sessions provided, and patient tests performed. The way patients interact and engage with pharmacy businesses has changed dramatically in recent years to meet patient expectations. Local pharmacies are a cornerstone of the community. Currently 90% of Americans live within five miles of a retail pharmacy.

The Ohio State Board of Pharmacy does not have the statutory authority to promulgate these rules. R.C. § 119.01(C) clearly defines a "Rule" to mean any rule, regulation, or standard, having a general and uniform operation, adopted, promulgated, and enforced by any agency **under the authority of the laws governing such agency**. The laws governing the Ohio State Board of Pharmacy are found in Chapter 4729 of the Ohio Revised Code, which unequivocally states under R.C. § 4729.26 that the state board of pharmacy may adopt rules in accordance with Chapter 119. of the Revised Code, not inconsistent with the law, as may be necessary to carry out the purposes of and to **enforce the provisions of this chapter**. Nowhere in Chapter 4729 does the Ohio Legislature contemplate the Ohio State Board of Pharmacy having the authority to regulate the business practices of entities engaged in the practice of pharmacy, which effect how said businesses optimize the delivery of pharmaceutical care. This draft language is almost identical to California statute, enacted by the California Legislature; this is not rule language promulgated by the California Board of Pharmacy.

In fact, the various sections of Chapter 4729 have a consistent theme…to protect the public and to promote the public health. The proposed regulations do not purport to do either. Specifically, the Board is relying on surveys, with no statistical significance and filled with opinion, as a basis for rulemaking. The Board has failed to show the public true data and evidence to support the necessity of these regulations in fulfilling the Board's mandate under Chapter 4729.

The proposed rule is deceiving to the public in its representation and redefining of an objective business measure, which every business in the State of Ohio utilizes, as a quota. The Merriam-Webster Dictionary defines a quota to mean a proportional part or share, especially the share or proportion assigned to each in a division or to each member of a body. CVS Health pharmacies do not establish quotas. We do not require individuals to fill a certain number of prescriptions or provide a certain number of immunizations. CVS Health does however have business goals based on historical utilization and demand from the public. What the Board proposes to do is put blinders on all pharmacy personnel by not providing any visibility into key business measures that would fully inform them as to whether the public is provided the full spectrum of pharmacy services within that pharmacy's capability. This provides a disservice to both the public and to the pharmacy personnel that deserve to know how well pharmaceutical care is being provided or what areas of opportunity are needed.

This proposed rule set forth by the Board creates a regulatory environment that is "anti-business" and creates a framework throughout Ohio that is unfriendly to the practice of pharmacy and not required in today's healthcare setting. CVS Health is concerned with the impact this will have to patient care and the message this will send to pharmacy personnel in all practice settings throughout the state. CVS Health pharmacies will continue to provide the highest quality of patient care in all our Ohio based pharmacy settings. As such, CVS Health requests that the Board repeal this proposal and continue dialogue with industry stakeholders as how to best address concerns by pharmacy personnel without the need for overregulation that will inevitably lead to unintended barriers in the execution of the

business of pharmacy. The Board should stay focused on the regulation of the practice of pharmacy rather than the business of pharmacy, which was not intended by the Ohio Legislature.

We appreciate the opportunity to provide feedback to the State of Ohio Board of Pharmacy and as always thank you for your support. Please contact me directly at 614-572-9008 if you have any questions.

Best regards,

John Long RPh, MBA

Mr. Steven Schierholt
Executive Director
Ohio Board of Pharmacy
77 S. High St., 17th Fl.
Columbus, OH 43215
VIA E-MAIL

RE: Proposed Rule 4729:5-3-21

Dear Mr. Schierholt,

Thank you for the opportunity to share our opposition to proposed rule 4729:5-3-21, Prohibition on the Use of Quotas.

The Ohio Board of Pharmacy's website indicates that the Board "…enforces state and federal laws and regulations governing the practice of pharmacy and the legal distribution of drugs." Ohio Revised Code section 4729.01 defines the practice of pharmacy as "…providing pharmacist care requiring specialized knowledge, judgment, and skill derived from the principles of biological, chemical, behavioral, social, pharmaceutical, and clinical sciences."

We can find no statutory authority that permits the Board to establish rules dealing with the business-related aspects of pharmacy, nor is there any mention of "quotas" or "formulas" in statute. There is also no mention of anything in statute pertaining to number of prescriptions filled, services rendered to patients, programs offered to patients and certainly not revenue obtained by the pharmacy. There is nothing in statute that gives the Board the authority to regulate how "…the pharmacy or its agent measures or evaluates the number of times either an individual performs tasks or provides services while on duty."

Aside from the lack of statutory authority, the proposed rule has no scientific or clinical basis for being proposed. It is based on the recommendation of an ad hoc committee created by the Board. Is there any measurable data from states that have adopted prohibitions on quotas that it has improved safety and/or patient outcomes? Has the prescription error rate been reduced in states that have established prohibitions on quotas? Has patient care been improved?

Prescription fulfillment is core to patient health. When prescriptions are received by a pharmacy and go unfilled, or vaccines go unadministered, patient health suffers. Pharmacies rely on metric-based indicators to ensure patient needs are being met. Metrics can alert pharmacy supervisors of disturbing trends including filling incorrect prescriptions, administering incorrect vaccines, providing inaccurate advice to patients, and more.

Pharmacies, like any operation in any industry, rely on metrics to evaluate strengths, weaknesses, and opportunities, and share those findings with their teams to maximize safety and efficiency. It helps them to make decisions about appropriate staffing levels and employee competency. As it is written, the rule makes no distinction between mandatory task minimums and communications between managers and pharmacy teams on the health of the pharmacy operation. Any work-related conversation can be construed to be performance-related, and thus, a "quota."

Thank you for the opportunity to share the facts behind our opposition to the proposed rule.

Sincerely,

Lora Miller
Director of Governmental Affairs and Public Relations

Cc: RuleComments@ohio.pharmacy.gov
CSIPublicComments@governor.ohio.gov

Nichole Cover, R.Ph.
Director, Pharmacy Affairs
Walgreen Co.
p:224 507 9405
nichole.cover@walgreens.com

November 10, 2022

Via Email

The State of Ohio Board of Pharmacy
Attention: Steven W. Schierholt, Esq.
Executive Director
77 High Street, 17th Floor
Columbus, OH 43215-6126

Re: Proposed rules regarding prohibition on the use of quotas

Dear Executive Director Schierholt,

On behalf of all pharmacies owned and operated by Walgreen Co. in the state of Ohio, Walgreens thanks the Board for the opportunity to comment on the rule related to Prohibition on the Use of Quotas. Walgreens appreciates the Board's time and effort related to working conditions and considers public comments to obtain a variety of perspectives on these rules. The Board is attempting to solve, thru rule-making, an issue that involves human behavior. While Walgreens agrees with the concept of a prohibition on the use of quotas, there is a significant concern with the utilization of metrics in pharmacy and how an inspector or the Board may decide to interpret this utilization. Walgreens recently announced the removal of the use of metrics from performance evaluations and believes that the onus should be on individual pharmacy owners to effectively and responsibly manage the utilization of metrics.

Many current reimbursement models and Specialty Accreditation (i.e. URAC) Standards rely on the use of metrics to assist in measuring adherence, utilization, patient impact, quality measures, etc. As this information is captured and shared back to pharmacy teams, the concern is the perception that these are seen as quotas, when in fact they are simply providing updates.

Walgreens

In addition, the world of pharmacy utilizes many other metrics to assist in gauging customer service, patient care services or quality. Leaders within the pharmacy may decide to set internal goals to improve quality or customer service or help change patients' lives through an improvement in services offered. The concern is: how does an inspector or the Board differentiate between a goal and a quota? We believe one key component of quotas, that the Board has not addressed, is the punitive nature associated with quotas. As a pharmacy owner, if I offer my pharmacy staff incentives for reaching certain milestones – is that a quota? We do not believe it is since there are no punitive actions associated with not reaching these milestones. However, as these rules are currently proposed, an inspector or the Board may interpret this as a quota.

Walgreens hereby recommends that the Board not proceed with this rulemaking and instead issue guidance surrounding the proper use of metrics and improper utilization of quotas. These proposed rules may then serve as notice to all pharmacies that continued utilization of quotas may result in future rulemaking.

Walgreens appreciates the work of the Pharmacist Workload Advisory Committee (PWAC) and the opportunity to comment.

If the Board would like additional information, please feel free to contact me.

Sincerely,

Nichole Cover, R.Ph.

THE OHIO STATE UNIVERSITY
COLLEGE OF PHARMACY

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

November 9, 2022

Steven Schierholt, Esq.
Executive Director
Ohio State Board of Pharmacy
77 S High Street
Columbus, OH 43215

Re: Request for comments – Prohibition of the use of quotas

Dear Director Schierholt,

On behalf of The Ohio State University College of Pharmacy (OSUCOP) and The Ohio State University Wexner Medical Center (OSUWMC), we appreciate the opportunity to provide feedback on your recent request for public comments on "Prohibition of the use of quotas".

We would first like to express gratitude to the Board of Pharmacy for working to seek feedback and addressing the many workplace concerns that are creating negative implications for Ohio pharmacists and pharmacy personnel. Many of the concerns shared by pharmacy personnel in Ohio have identified fear that patient safety and well-being are being compromised due to workplace issues.

OSUCOP is a top 10 ranked program in the country and trains over 500 student pharmacists per year in the Doctor of Pharmacy program as well as hundreds more students in undergraduate and graduate programs. Our faculty are innovative and nationally known practitioners moving the needle on care outcomes for patients through pharmacist-provided, interprofessional care. Alumni of OSUCOP practice in a multitude of practice settings spanning from industry, academia, managed care, public health policy, institutional, community, and specialty practice. Our Medication Management Program (MMP) is a limited category 2 licensed pharmacy home to pharmacists, student pharmacists and certified pharmacy technicians who provide telehealth medication management services over 100,000 patients annually to reduce health care costs and improve medication use.

OSUWMC is an academic medical center that provides over 1.9 million outpatient visits, over 60,000 patient admissions, and over 130,000 emergency department visits each year. OSUWMC recognizes the importance of the pharmacist as a member of the healthcare team and utilizes the expertise of the pharmacist in a variety of patient care settings across OSUWMC, including, but not limited to, community pharmacies, inpatient generalists, inpatient specialists, ambulatory care generalists, and ambulatory care specialists. With multiple licensed outpatient pharmacies across Central Ohio, these rules are relevant to the workplace practices of our pharmacies.

THE OHIO STATE UNIVERSITY
COLLEGE OF PHARMACY

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

We are overwhelmingly supportive of the concept intended by this rule. Our overall comments are focused on the Board defining safe and healthy working conditions, while our specific feedback is focused on ensuring the rule does not result in unintended consequences, that pharmacy personnel have a protected pathway to report infractions, and that the rule is appropriately enforceable. The recommendations below have been informed from consultation with licensed pharmacists employed with OSUWMC and OSUCOP.

Overall, we do not suggest prohibiting quotas; instead, we recommend the Board define safe and healthy working conditions so pharmacists can report to the Board safety violations in work settings. Specific language should be included to clearly guide pharmacies in developing and maintaining appropriate standard operating procedures as well as roles and expectations of pharmacy personnel which may necessitate the use of quotas. As written, the comprehensive prohibition of quotas in 4729:5-3-21(D)(1)-(4) will threaten financial and operational sustainability of many currently successful businesses that provide care in a manner safe for patients and pharmacy personnel. Additionally, many businesses currently use quotas not as minimum criterion to establish efficiency standards, but as maximum criteria to establish safety standards for patients and pharmacy personnel.

While we recognize the Board attempted to distinguish quotas and metrics in section 4729:5-3-21(E), we are concerned the proposed rule does not effectively define the difference between quotas and productivity metrics. This is important to discern, as businesses must have authority to determine expectations for employees to be efficient and successful, while also setting the stage for safe and healthy working conditions. Another consideration we suggest addressing is that the current rule addresses “individual” personnel quotas but does not reference quotas that are set for a pharmacy team or pharmacy location.

We recommend the inclusion of language that outlines the process for pharmacy personnel to report infractions of this rule to the Board and whistleblower protections for the pharmacy personnel. Fostering an environment of just culture is critical in healthcare management and leadership. Creating a system to provide feedback in a non-punitive way is beneficial to improve medication safety measures. We are concerned that without the inclusion of explicit language defining the process by which reports can be submitted along with whistleblower protections for pharmacy personnel, that negative workplace conditions will continue to operate unchecked in Ohio.

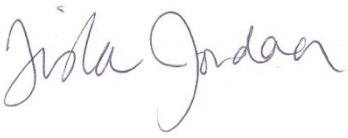
Our final consideration is ensuring that the Board has appropriate authority to enforce this rule and that the consequences of infractions are clearly delineated to incentivize compliance from organizations. As written, it is unclear if there would be financial consequences if infractions were identified or if a pharmacy’s terminal distributor license would be revoked. Additionally, if infractions are identified in chain pharmacies, it is unclear if these consequences would be focused at the store level where the infractions were identified or at the corporate level to implement systemic change in operations in all locations in Ohio. To ensure compliance with the rule, we recommend the Board include language that clearly dictates the consequences an organization will face if infractions are identified.

THE OHIO STATE UNIVERSITY
COLLEGE OF PHARMACY

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

OSUWMC and OSUCOP supports the Board of Pharmacy's steps to address workplace environments putting patients and pharmacy personnel at risk, and strongly recommend the expansion of language in Ohio Administrative Code 4729:5-3-21 to ensure the rule does not result in unintended consequences, that pharmacy personnel have a pathway to report infractions, and that rule is appropriately enforced. We would be happy to discuss these recommendations further at the e-mails listed below.

Sincerely,



Trisha Jordan, PharmD, MS
Administrator and Chief Pharmacy Officer
Assistant Dean for Medical Center Affairs
The Ohio State University Wexner Medical Center
College of Pharmacy
Trisha.jordan@osumc.edu

Henry J. Mann, PharmD, FCCP, FCCM, FASHP
Dean and Professor
The Ohio State University College of Pharmacy
Mann.414@0su.edu