## MINUTES

## KENTUCKY BOARD OF PHARMACY Special Called Meeting held via Zoom

## BOARD MEETING June 25, 2024 10:00 a.m.

**Members present**: Board President Jonathan Van Lahr, Vice President Anthony Tagavi, John Fuller, Meredith Figg, Jason Belcher, Kimberly Croley.

**Staff present**: Christopher Harlow, Executive Director; Eden Davis, General Counsel; Paul Daniels, Pharmacy and Drug Inspector; Jessica Williams, Pharmacy and Drug Inspector; John Romines, Pharmacy and Drug Inspector; Taylor Rostova, Pharmacy and Drug Inspector; and Nikki Holiday, Executive Assistant.

CALL TO ORDER: President Jonathan Van Lahr called the meeting to order at 10:02 a.m.

This meeting is to address all comments received on the following draft/proposed regulations: 201 KAR 2:220; 201 KAR 2:015; 201 KAR 2:465; and 201 KAR 2:030. The attached table lists each comment, the Board's response to that comment, the Staff's response to that comment, and any amendments made. The Board action on each comment is listed below in the order of the comments listed on the attached table.

**201 KAR 2:220,** Comment from UK Healthcare, Devlin McGrath provided both written and oral comments **Action:** Motion: Kim Croley; Second: Meredith Figg; Motion carries

**201 KAR 2:015,** Comment from Emily Pierson, PharmD **Action:** Motion: Kim Croley; Second: Jason Belcher; Motion carries

**201 KAR 2:015,** Comment from Frances Hall Sherrill, PharmD **Action:** Motion: Kim Croley; Second: Anthony Tagavi; Motion carries

**201 KAR 2:015,** Comment from Phyllis Danford, PharmD **Action:** Motion: Anthony Tagavi; Second: Meredith Figg; Motion carries

**201 KAR 2:015**, Comment from Russ Hynds **Action:** Motion: Kim Croley; Second: Jason Belcher; Motion carries

**201 KAR 2:015,** Comment from Chris Wendling **Action:** Kim Croley; Second: Jason Belcher; Motion carries

**201 KAR 2:015,** Comment from Kelly Whitaker, PharmD **Action:** Motion: Kim Croley; Second: Meredith Figg; Motion carries

201 KAR 2:015, Susan P.
Action: Motion: Kim Croley; Second: Jason Belcher; Motion carries
201 KAR 2:015, Comment from Paul Mahan, DPh
Action: Motion: Kim Croley; Second: Meredith Figg; Motion carries

**201 KAR 2:015,** Comment from Tom Kaye **Action:** Motion: Jason Belcher; Second; Kim Croley; Motion carries

**201 KAR 2:015,** Comment from Amanda J. Thompson **Action:** Motion: John Fuller; Second: Kim Croley; Motion carries

**201 KAR 2:015,** Comment from Kristi L. Pierce, PharmD **Action:** Motion: Kim Croley; Second: Anthony Tagavi; Motion carries

**201 KAR 2:015,** Comment from David Witmer, PharmD **Action:** Motion: Anthony Tagavi; Second: Kim Croley; Motion carries

**201 KAR 2:015,** Comment from Steven Cummings, PharmD **Action:** Motion: Kim Croley; Second: Jason Belcher; Motion carries

**201 KAR 2:015,** Comment from Liz Hess, PharmD (3 total comments; all addressed in one action) **Action:** Motion: Kim Croley; Second: John Fuller; Motion carries

**201 KAR 2:465,** Comment from Heather Hughes, Publix (oral and written comments) **Action:** Motion: Kim Croley; Second: Jason Belcher; Motion carries

**201 KAR 2:465,** Comment from Dan Lynch, PharmD and Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica **Action:** Motion: Jason Belcher; Second: Kim Croley; Motion carries

**201 KAR 2:465,** Comment from Dan Lynch, PharmD and Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica **Action:** Motion: Kim Croley; Second: Anthony Tagavi; Motion carries

**201 KAR 2:030,** Comment from KP, Canadian Pharmacist **Action:** Motion: Kim Croley; Second: Meredith Figg; Motion carries

**201 KAR 2:465,** Comment from Talley Russell, Director Government Affairs, CenterWell Pharmacy **Action:** Motion: Kim Croley; Second: Meredith Figg; Motion carries

**201 KAR 2:465,** Chewy (no name provided) **Action:** Motion: Kim Croley; Second: Jason Belcher; Motion carries

**201 KAR 2:030,** Comment from Dan Lynch, PharmD and Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica **Action:** Motion: Kim Croley; Second: Jason Belcher; Motion carries

**201 KAR 2:030,** Comment from Dan Lynch, PharmD and Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica **Action:** Motion: Kim Croley; Second: Jason Belcher; Motion carries **201 KAR 2:030,** Comment from Dan Lynch, PharmD and Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica **Action:** Motion: Kim Croley; Second: Meredith Figg; Motion carries

**201 KAR 2:030,** Comment from Dan Lynch, PharmD and Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica **Action:** Motion: Jason Belcher; Second: Kim Croley; Motion carries

**201 KAR 2:030,** Comment from Matt Ottiger, Covermymeds Pharmacy (also sent to ARRS committee members) **Action:** Motion: John Fuller; Second: Meredith Figg; Motion carries

**201 KAR 2:030,** Comment from Matt Ottiger, Covermymeds Pharmacy (also sent to ARRS committee members)

Action: Motion: Meredith Figg; Second: Jason Belcher; Motion carries

**201 KAR 2:030,** Comment from Matt Ottiger, Covermymeds Pharmacy (also sent to ARRS committee members)

Action: Motion: Kim Croley; Second: Meredith Figg; Motion carries

**201 KAR 2:030,** Comment from Matt Ottiger, Covermymeds Pharmacy (also sent to ARRS committee members) **Action:** Motion: John Fuller; Second: Anthony Tagavi; Motion carries

201 KAR 2:030, Comment from Matt Ottiger, Covermymeds Pharmacy (also sent to ARRS committee members)

Action: Motion: John Fuller; Second: Jason Belcher; Motion carries

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Action: Motion: John Fuller; Second: Meredith Figg; Motion carries

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Action: Motion: Meredith Figg; Second: Kim Croley; Motion carries

**201 KAR 2:030,** Comment from Matt Ottiger, Covermymeds Pharmacy (also sent to ARRS committee members)

Action: Motion: Kim Croley; Second: John Fuller; Motion carries

**201 KAR 2:030,** Comment from Talley Russell, Director Government Affairs, CenterWell Pharmacy **Action:** Motion: Kim Croley; Second: John Fuller; Motion carries

**201 KAR 2:030,** Comment from Talley Russell, Director Government Affairs, CenterWell Pharmacy **Action:** Motion: John Fuller; Second Kim Croley; Motion carries

**201 KAR 2:030,** Comment from Talley Russell, Director Government Affairs, CenterWell Pharmacy **Action:** Motion: Meredith Figg; Second: Jason Belcher; Motion carries

**201 KAR 2:030,** Comment from Talley Russell, Director Government Affairs, CenterWell Pharmacy **Action:** None; Legal comment; General Counsel to respond

**201 KAR 2:030,** Comment from Talley Russell, Director Government Affairs, CenterWell Pharmacy **Action:** Motion: Kim Croley; Second: Anthony Tagavi; Motion carries

**201 KAR 2:030,** Comment from Talley Russell, Director Government Affairs, CenterWell Pharmacy **Action:** Motion: Meredith Figg; Second: John Fuller; Motion carries

**201 KAR 2:030,** Comment from Talley Russell, Director Government Affairs, CenterWell Pharmacy **Action:** Motion: Anthony Tagavi; Second: John Fuller; Motion carries

**201 KAR 2:030,** Comment from Talley Russell, Director Government Affairs, CenterWell Pharmacy **Action:** Motion: Meredith Figg; Second: John Fuller; Motion carries

**201 KAR 2:030,** Comment from Chewy (no name provided) **Action:** None; Legal comment; General Counsel to respond

**201 KAR 2:030,** Comment from Chewy (no name provided) **Action:** None; Legal comment; General Counsel to respond

**201 KAR 2:030,** Comment from Chewy (no name provided) **Action:** Motion: Anthony Tagavi; Second: Meredith Figg; Motion carries

**201 KAR 2:030,** Comment from Chewy (no name provided) **Action:** Motion: Kim Croley; Second: Jason Belcher; Motion carries

**201 KAR 2:030,** Comment from Chewy (no name provided) **Action:** Motion: Jason Belcher; Second: John Fuller; Motion carries

**201 KAR 2:030,** Comment from Chewy (no name provided) **Action:** Motion: Anthony Tagavi; Second: Jason Belcher; Motion carries

**201 KAR 2:030,** Comment from Chewy (no name provided) **Action:** None; Legal comment; General Counsel to respond

**201 KAR 2:030,** Comment from Chewy (no name provided) **Action:** None; Legal comment; General Counsel to respond

**201 KAR 2:030,** Comment from Andy Bane, Vetsource **Action:** Motion: Kim Croley; Second: John Fuller; Motion carries

**201 KAR 2:030,** Comment from Andy Bane, Vetsource **Action:** Motion: Meredith Figg; Second: Anthony Tagavi; Motion carries

**201 KAR 2:030,** Comment from Andy Bane, Vetsource **Action:** Motion: Anthony Tagavi; Second: Meredith Figg; Motion carries

**201 KAR 2:030,** Comment from Andy Bane, Vetsource **Action:** Motion: John Fuller; Second: Anthony Tagavi; Motion carries

**201 KAR 2:030,** Comment from Ela Lourido, Vice President/General Manager, Biologics by McKesson **Action:** Motion: Anthony Tagavi; Second: Meredith Figg; Motion carries

**201 KAR 2:030,** Comment from Ela Lourido, Vice President/General Manager, Biologics by McKesson **Action:** Motion: Kim Croley; Second: John Fuller; Motion carries

**201 KAR 2:030,** Comment from Ela Lourido, Vice President/General Manager, Biologics by McKesson **Action:** Motion: Meredith Figg; Second: Anthony Tagavi; Motion carries

**201 KAR 2:030,** Comment from Ela Lourido, Vice President/General Manager, Biologics by McKesson **Action:** Motion: John Fuller; Second: Meredith Figg; Motion carries

**201 KAR 2:030,** Comment from Ela Lourido, Vice President/General Manager, Biologics by McKesson **Action:** Motion: Kim Croley; Second: John Fuller; Motion carries

**201 KAR 2:030,** Comment from Ela Lourido, Vice President/General Manager, Biologics by McKesson **Action:** Motion: Anthony Tagavi; Second: Kim Croley; Motion carries

**201 KAR 2:030,** Oral comment from Jordan Arnold suggesting changing "KY resident" to "Patients in KY". **Action:** Motion: Anthony Tagavi; Second: Kim Croley; Motion carries

## ADJOURNMENT

Action: Anthony Tagavi motioned to adjourn. Kim Croley seconded, and the motion carries. Meeting adjourned at 2:21 p.m.

Comments	Board	Staff	Amendment?
Received	Response	Response	
201 KAR 2:220			
<ul> <li>UK Healthcare <ul> <li>*Requests minimum</li> <li>requirements of CCA be</li> <li>amended to allow for more</li> <li>broad identification of parties</li> <li>authorized. For example:</li> <li>Section 1. A collaborative care</li> <li>agreement shall:</li> <li>1. Be in writing</li> <li>2. Identify the practitioner and</li> <li>pharmacist authorized to enter</li> <li>into the agreement. This may</li> <li>include: <ul> <li>a. Individual names of</li> <li>practitioners and pharmacists</li> </ul> </li> <li>b. Practitioner or pharmacist</li> <li>practice groups; or</li> <li>c. Identification based on</li> <li>institutional credentialing or</li> <li>privileging.</li> </ul> </li> <li>3. Provide the method for</li> <li>referral of patients to be</li> <li>managed under the</li> <li>agreement; and</li> <li>4. State the method of</li> <li>termination of the agreement.</li> </ul>		Regulation committee has asked to revisit this, and at that time will address this concern. This regulation was sunsetting, but a more thorough review will be performed soon by the regulation committee. UK Healthcare could attend. KRS 315.010(5)"Collaborative care agreement" means a written agreement between a pharmacist or pharmacists and a practitioner or practitioners that outlines a plan of cooperative management of patients' drug-related health care needs where:	
Comments	Board	Staff	
Received	Response	Response	
201 KAR 2:015			
<b>Emily Pierson, PharmD.</b> The need for yearly renewal/CE requirements, regardless of whether it is done calendar year or reporting year is a moot point.	We are attempting to make things simpler by aligning the licensing timeline and the CE timeline. This will be	Each state has their own cycle, some align and some don't. If a pharmacist is licensed in multiple states, there will likely be conflicting CE cycles, and	

It makes more sense to align with other surrounding states and do a 2 year renewal cycle with the CE aligned to that reporting cycle. It is what the BOP for WV, IN, and OH all do. As written, the current requirements are cumbersome and difficult to keep track of, especially with the CE requirements off from the renewal dates.	one timeline instead of two timelines.	it's imperative that the pharmacist track when each state's cycle begins and ends.	
Frances Hall Sherrill , Pharm D. I believe the proposed change of our CE hours is a horrible idea. It will make it very difficult for pharmacist to remain compliant if the required hours are not based on a calendar year. Thank you.	We are attempting to make things simpler by aligning the licensing timeline and the CE timeline. This will be one timeline instead of two timelines.	Many states use the same cycle we have proposed in the amendment. It aligns the renewal cycle with the CE cycle rather than having two separate cycles.	
Phyllis Danford, Pharm.D. I completed all of my CE requirements for 2024 in January and February of 2024. This change should have been announced before January 1. I suggest that you postpone this new cycle and let me people know before January 1. Or, you make the 2024 CE cycle 14 months, January 1, 2024 to Feb 28, 2025. Beginning in 2025, the cycle would be 12 months, March to February.	The Board will include hours completed in January and February of 2024 in computing total hours. The Board will put out further communication to place licensees on notice.	The Board discussed offering a period of enforcement discretion where those hours completed in January and February of 2024 would count.	

Russ Hynds	We are attempting	This is easier from an	
Why the change? Simply	to align the licensing	administrative perspective.	
change the licensing "year".	and CE deadlines.		
	Having the deadline		
	fall at the end of		
	February as		
	opposed to the end of December at the		
	New Year's holiday		
	makes things		
	simpler.		
Chris Wendling	The Board will	No, you would not have to	
What if a pharmacist	include hours	do any additional hours.	
completed this years CE in	completed in	Those hours would count.	
	January and		
January? I am always proactive	February of 2024 in		
in knocking	computing total		
out my requirements. With	hours. The Board		
this change, I'll have to do	will put out further		
another 15 hours??? Hardly	communication to		
seems fair	place licensees on		
or legal to change half way	notice.		
thru the year.			
Kelly Whitaker, Pharm.D.	The Board will	Those hours would count	
If this change is made, it	include hours	towards their total hours	
should start next year instead	completed in	for the upcoming year.	
of this year.	January and		
I purposefully begin my CE in	February of 2024 in computing total		
January of each year to get it	hours. The Board		
completed quickly. This of	will put out further		
us who completed it in	communication to		
January, February or March of	place licensees on		
this year, shouldn't be	notice.		
penalized for being organized			
by having to do more.			
Susan P.	We are attempting	The annual CE cycle would	
Exactly how would this work	to make things	align with the annual	
with CEs?	simpler by aligning	renewal cycle.	
	the licensing		
	timeline and the CE		
	timeline. This will be		
	one timeline instead		
	of two timelines.		
	The Board will		
	provide ongoing		
	communication		

	T	T	r,
	during implementation to ensure licensee understanding of the changes.		
Paul Mahan, DPh. The proposed alignment of personal license renewal and the associated CE deadline for renewal is an incredibly logical step to maintain compliance and not put unnecessary burdens on the KY RPh licensees.	We agree with you. Thank you.	Agreed. Thank you.	
<b>Tom Kaye</b> Chris, in reading this proposal, I don't see any substantive importance to the changes. What is the boards concern? We, in the field do not desire additional burdens	The Board does not view this as burdensome, but rather a step taken to reduce burdens on Kentucky licensed pharmacists by aligning the licensing and CE periods.	The Board does not view this as burdensome, but rather a step taken to reduce burdens on Kentucky licensed pharmacists.	
Amanda J. Thompson I would like to say that I don't mind having the ce deadline changed ONLY if it includes what CE has been already completed since Dec 31, 2023. Reason being is that I typically get started on mine right after the new year. I don't really think it's fair or right to make such a sudden change which would result in inadvertently penalizing people like myself who like to stay on top of the CE requirements by not counting the CE obtained from Jan 1 -March 2024. As long as it's all included in the 2024 year I am fine with	The CE that you completed since the beginning of the year would be counted for year 2024. The Board recognizes that this is only fair since the amendment was filed after the beginning of the current CE cycle.	The CE that you completed since the beginning of the year would be counted for year 2024. The Board recognizes that this is only fair since the amendment was filed after the beginning of the current CE cycle.	

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the change. Or if it's not going to include CE obtained in Jan 2024 til March, then it shouldn't go into effect until 2025. Thank you!! Kristi L. Pierce, Pharm.D.	We are attempting	This will align the CE cycle	
Personal view - this will be even harder to keep up with than the calendar year. Not being able to renew when you get the card and having to wait to finish CE a month later seems like added burden. Current dates allow you to finish CE, get your reminder and have a reasonable window to get your license renewed.	to make things simpler by aligning the licensing timeline and the CE timeline. This will be one timeline instead of two timelines. The Board will provide ongoing communication during implementation to ensure licensee understanding of the changes.	with the license renewal cycle, simplifying the process for pharmacists.	
David Witmer, Pharm.D. This makes no sense to me and appears to be fixing a problem that doesn't exist. There is no explanation as to why the Board would take such an action. Is it just because the Board thinks this would be nice? Or is there a real issue that causes problems for the Board or KY pharmacists?	The Board has 2-3% of pharmacists that we license that have a case opened against them for not completing 15 hours of CE. This is an attempt to reduce that number by aligning the licensing and CE timelines.		
Has the Board considered the challenges such an approach would create for pharmacists who are licensed in multiple states? Some pharmacists (especially those who work in Telepharmacy locations serving multiple states) may			

need to maintain licenses in 10		
or more		
states. Having differing		
calendars for each state would		
create another unnecessary		
burden for		
no apparent gain.		
At the very least the Board		
should explain why such a		
change is beneficial and		
necessary. I		
hope that the Board will listen		
to pharmacists and reconsider		
this unnecessary and confusing		
decision. It has worked fine as		
it is for the nearly 50 years I		
have been licensed. I see no		
real		
benefit of this change and		
many challenges or issues it		
may create. Please reconsider.		
Steven Cummings, Pharm.D.	We are attempting	
I don't like the change	to make things	
personally. I am a traveling	simpler by aligning	
pharmacist now and I carry a	the licensing timeline and the CE	
dozen Pharmacy licenses	timeline. This will be	
throughout the country. The	one timeline instead	
February date made Kentucky	of two timelines.	
unique. I understand the	The Board will	
change aligns itself better for a	provide ongoing	
calendar year and that is	communication	
congruent with other states.	during	
However as busy as working	implementation to	
pharmacists are I disagree	ensure licensee	
over the timing of the change.	understanding of the changes. We are	
Why not give your	extending the	
professionals till 2025 to get	deadline by	
their CE courses to align with	including all of	
the new	calendar year 2024	
timeline?	plus January and	
Anything you can do to make	February of 2025 to	
things easier for pharmacists	complete CE.	
to safely serve the public		

is always appreciated. For		
example, I have a license in the		
state of Oklahoma.		
Oklahoma did something very		
unique and commendable in		
my opinion. They were		
getting complaints on CVS		
pharmacy, one store in		
particular and instead of		
coming		
into the pharmacy and		
reviewing the complaints with		
the PIC and handing out a		
small		
fine which CVS would laugh at.		
Then of course CVS would take		
the opportunity to		
terminate the employment of		
the PIC or give the PIC a bad		
evaluation over the fine		
regardless of the PIC control		
over the situation.		
Instead of doing that, the		
Oklahoma BOP fined CVS		
\$150,000. The expectation was		
made clear that it was CVS		
responsibility to hire an		
appropriate amount of staff to		
safely continue pharmacy		
operations at that location.		
That amount of money doesn't		
fall on the PIC it would be		
directed where it should be at		
the regional manager.		
Chain retail pharmacy has		
made our profession a very		
difficult place to go into		
business for yourself. I applaud		
pharmacists who have been		
able to successfully		
navigate independent		
ownership since the turn of		
the century.		

Thank you for giving us		
advanced notice of the change		
and the opportunity to		
respond!		
Pharmacists need their BOP to		
help now more than ever		
Liz Hess, PharmD.	We are attempting	
I personally store my CE by	to make things	
year, e.g. 2024. Adjusting the	simpler by aligning	
CE period to over two years,	the licensing	
would be disruptive to a well	timeline and the CE	
established workflow for	timeline. This will be	
myself. I suspect many others	one timeline instead of two timelines.	
also keep their CE by calendar	The Board will	
year.	provide ongoing	
,	communication	
	during	
	implementation to	
	ensure licensee	
	understanding of	
	the changes.	
Liz Hess, PharmD.	The proposed	
Many pharmacists are licensed	change is an attempt	
in other states and also have	to simplify things by	
CE requirements. While I	aligning two cycles	
personally am only licensed in	and making it just one. This should	
2 other states, those states	make it simpler for	
also use a calendar year.	those licensed in	
Changing the requirements	multiple states.	
would make Kentucky		
different, which does not make		
it easy for those licensed in		
multiple states.		
Liz Hess, PharmD.	We are picking	
If the KY BOP wishes to sync up	March-February so	
CE cycle and licensing cycle, I	that the end of the	
would suggest either doing	CE cycle does not occur during the	
calendar year like many states	holiday period when	
OR doing fiscal year (which is	many people are	
more common than Mar-Feb).	taking vacation.	
If there is another benefit that		
is not obvious, please let me		
know. It could be considered		
to change the licensing date		

from February to December or January instead for better syncing with CE.			
Comments			
Received			
201 KAR 2:465			
Heather Hughes, Publix (oral and written comments) This additional regulation would pose an undue burden on pharmacies attempting to provide these specialized prescription services by requiring out-of-state pharmacists, who are already licensed and regulated by their home state pharmacy boards to obtain additional licensure to comply with this rule. We request that the Board delete this portion of the proposed rule and maintain the status quo in its current regulations, which require only the PIC to be licensed in Kentucky. This approach aligns with the standards in other states where Publix operates and has proven beneficial in facilitating the hiring and onboarding of pharmacists. Given the projected decrease in pharmacy graduates, imposing additional licensing requirements could further strain staffing resources and negatively impact patient access to care.	Patient care is and should always be our primary concern. Pharmacy has become very global. Our structure/regulation of pharmacy as a multi-state actor is behind. This is an important step to ensure that Kentucky has jurisdiction over those pharmacists dispensing into the state of Kentucky to ensure our patients are protected. We have to protect our consumers; we cannot rely on someone else to do it. We cannot choose not to fulfill our obligations because of the administrative burden placed on pharmacies.	Do we want to rely on another state to protect the people of Kentucky? The Kentucky Board of Pharmacy would have no control on the actions or the timing of potential actions by the other state board of pharmacy. Let me be clear, the citizens of Kentucky should have assurances from the Kentucky Board of Pharmacy. That is our charge and mission. Lack of licensure provides no such assurances.	

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Dan Lynch, Pharm.D.,	The ability to	The Board considered the	
Cameron Franklin, MPA,	protect our patients	burdens to the pharmacy	
BrightSpring Health	is valuable.	when evaluating the	
Services/Onco360/PharMerica	Pharmacists outside	financial impact statement.	
We believe that the addition of	of Kentucky are no	The board understands	
201 KAR 002:465, Section 4,	different than our	that any regulatory	
subsection 8: <i>"A person who</i>	pharmacists in	requirement may come	
engages in the practice of the	Kentucky. It's our job	with increased cost or	
	and duty to protect	administrative burden. We	
profession of pharmacy for a	Kentucky patients.	also acknowledge that	
Kentucky resident shall hold an		certain system or	
active Kentucky pharmacist	It is important to	enhancements will need to	
license except under Section 3	understand that	be put into place to ensure	
of this regulation." creates an	regulations are not	compliance. It is important	
unnecessary burden on a	put into place for	to understand that	
pharmacy.	specific type of	regulations are not put	
Currently, the out of state	business models.	into place for specific type	
pharmacy must have a	But rather,	of business models. But	
pharmacist-in-charge licensed	regulations are	rather, regulations are	
in Kentucky as well as take	established for any individual or entity	established for any individual or entity under	
responsibility for the pharmacy	under the purview	the purview of the	
following all appropriate	of the regulatory	regulatory agency. We are	
Kentucky rules and	agency. We are	confident that pharmacies	
regulations. Likewise,	confident that	and pharmacists will	
-	pharmacies and	achieve compliance at the	
each pharmacist in a non-	pharmacists will	lowest possible costs with	
resident state requires the	achieve compliance	advances in systems,	
pharmacist to hold an active	at the lowest	technologies, and	
pharmacist license in the	possible costs with	workflows.	
resident state to practice the	advances in systems,		
profession of pharmacy.	technologies, and		
Requiring each pharmacist	workflows.	The Board must maintain	
who engages in the practice of		the jurisdiction to ensure	
pharmacy for a Kentucky	We cannot replace	the safety of the Kentucky	
resident could result in delays	our relationship	citizen. This is why we are	
in therapy. For a pharmacy	with patients; if we	proposing rules that make	
operating 24 hours per day, 7	do, we no longer	it clear when licensure is	
days per week, this could	have a profession.	required. Without	
result in a patient not being		jurisdiction, we cannot	
provided care due to a		effectively protect the	
pharmacist on staff not holding		people of the	
the appropriate licensing or		Commonwealth from a	
		pharmacist in violation of	
registration in Kentucky. A		pharmacy law or bad	
patient who calls with a		actors. Industry is asking	
question related to medication		for our guidance, and we	
therapy may have to be		are responding to ensure	

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deferred to another pharmacy		the continued safety of the	
location or must wait for a call		citizens of the	
back due to the pharmacist on		Commonwealth.	
duty not holding the			
appropriate license. This			
regulation is counterproductive			
to the goal of promoting,			
preserving, and protecting the			
health, safety, and welfare of			
Kentucky residents due to			
these reasons. No other state			
in the nation has this strict			
requirement for the provision			
of pharmacy services by an out			
of state licensed pharmacy.			
The process to obtain a			
Kentucky license also will incur			
substantial costs for a			
pharmacist and discourage			
pharmacists from providing			
important services to Kentucky			
residents.			
Dan Lynch, Pharm.D.,	Adoption of		(1) A prerequisite for
	Adoption of amendment.		
Dan Lynch, Pharm.D.,	•		(1) A prerequisite for receiving a permit as an
Dan Lynch, Pharm.D., Cameron Franklin, MPA,	•		receiving a permit as an
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health	•		
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica	•		receiving a permit as an out-of-state pharmacy is
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica We believe the addition of Section 4, subsection 1(b): "a letter from the regulatory or	•		receiving a permit as an
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica We believe the addition of Section 4, subsection 1(b): "a	•		receiving a permit as an out-of-state pharmacy is that the facility must be in
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica We believe the addition of Section 4, subsection 1(b): "a letter from the regulatory or licensing agency of the state in which the pharmacy is located	•		receiving a permit as an out-of-state pharmacy is
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica We believe the addition of Section 4, subsection 1(b): "a letter from the regulatory or licensing agency of the state in which the pharmacy is located that certifies the pharmacy is	•		receiving a permit as an out-of-state pharmacy is that the facility must be in good standing in the state
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica We believe the addition of Section 4, subsection 1(b): "a letter from the regulatory or licensing agency of the state in which the pharmacy is located that certifies the pharmacy is in good standing." is not	•		receiving a permit as an out-of-state pharmacy is that the facility must be in
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica We believe the addition of Section 4, subsection 1(b): "a letter from the regulatory or licensing agency of the state in which the pharmacy is located that certifies the pharmacy is in good standing." is not always feasible for some out	•		receiving a permit as an out-of-state pharmacy is that the facility must be in good standing in the state where it is located and
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica We believe the addition of Section 4, subsection 1(b): "a letter from the regulatory or licensing agency of the state in which the pharmacy is located that certifies the pharmacy is in good standing." is not always feasible for some out of state pharmacies. There are	•		receiving a permit as an out-of-state pharmacy is that the facility must be in good standing in the state
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica We believe the addition of Section 4, subsection 1(b): "a letter from the regulatory or licensing agency of the state in which the pharmacy is located that certifies the pharmacy is in good standing." is not always feasible for some out of state pharmacies. There are other Boards of Pharmacy	•		receiving a permit as an out-of-state pharmacy is that the facility must be in good standing in the state where it is located and
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica We believe the addition of Section 4, subsection 1(b): "a letter from the regulatory or licensing agency of the state in which the pharmacy is located that certifies the pharmacy is in good standing." is not always feasible for some out of state pharmacies. There are other Boards of Pharmacy that refuse to provide this	•		receiving a permit as an out-of-state pharmacy is that the facility must be in good standing in the state where it is located and submit evidence consisting of the following:
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica We believe the addition of Section 4, subsection 1(b): "a letter from the regulatory or licensing agency of the state in which the pharmacy is located that certifies the pharmacy is in good standing." is not always feasible for some out of state pharmacies. There are other Boards of Pharmacy that refuse to provide this form of documentation. One	•		receiving a permit as an out-of-state pharmacy is that the facility must be in good standing in the state where it is located and submit evidence consisting
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica We believe the addition of Section 4, subsection 1(b): "a letter from the regulatory or licensing agency of the state in which the pharmacy is located that certifies the pharmacy is in good standing." is not always feasible for some out of state pharmacies. There are other Boards of Pharmacy that refuse to provide this form of documentation. One of these Boards is the NY State	•		receiving a permit as an out-of-state pharmacy is that the facility must be in good standing in the state where it is located and submit evidence consisting of the following: (b) letter from the
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica We believe the addition of Section 4, subsection 1(b): "a letter from the regulatory or licensing agency of the state in which the pharmacy is located that certifies the pharmacy is in good standing." is not always feasible for some out of state pharmacies. There are other Boards of Pharmacy that refuse to provide this form of documentation. One of these Boards is the NY State Board of Pharmacy. We believe	•		receiving a permit as an out-of-state pharmacy is that the facility must be in good standing in the state where it is located and submit evidence consisting of the following:
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica We believe the addition of Section 4, subsection 1(b): "a letter from the regulatory or licensing agency of the state in which the pharmacy is located that certifies the pharmacy is in good standing." is not always feasible for some out of state pharmacies. There are other Boards of Pharmacy that refuse to provide this form of documentation. One of these Boards is the NY State Board of Pharmacy. We believe a primary source verification	•		receiving a permit as an out-of-state pharmacy is that the facility must be in good standing in the state where it is located and submit evidence consisting of the following: (b) letter from the regulatory or licensing
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica We believe the addition of Section 4, subsection 1(b): "a letter from the regulatory or licensing agency of the state in which the pharmacy is located that certifies the pharmacy is in good standing." is not always feasible for some out of state pharmacies. There are other Boards of Pharmacy that refuse to provide this form of documentation. One of these Boards is the NY State Board of Pharmacy. We believe a primary source verification from the resident Board of	•		receiving a permit as an out-of-state pharmacy is that the facility must be in good standing in the state where it is located and submit evidence consisting of the following: (b) letter from the
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica We believe the addition of Section 4, subsection 1(b): "a letter from the regulatory or licensing agency of the state in which the pharmacy is located that certifies the pharmacy is in good standing." is not always feasible for some out of state pharmacies. There are other Boards of Pharmacy that refuse to provide this form of documentation. One of these Boards is the NY State Board of Pharmacy. We believe a primary source verification	•		receiving a permit as an out-of-state pharmacy is that the facility must be in good standing in the state where it is located and submit evidence consisting of the following: (b) letter from the regulatory or licensing

pharmacy is good standing and		which the pharmacy is
provides documentation of any		located that certifies the
previous disciplinary action.		located that certilies the
		pharmacy is in good
		standing. If the licensing
		agency does not provide a
		letter, primary source
		verification may be utilized.
Applies to 201 KAR 2:030 KP,	Not applicable to	
Canadian Pharmacist	465 or the	
He is in the process of	amendment or 030. Misidentified	
immigrating from Canada. He	subject matter.	
has been a Canadian	Subject matter.	
pharmacist for over ten years.		
He has a bachelors in		
pharmacy from India. He wants		
to understand why he has to		
go through FPGEC instead of		
having reciprocity options and taking the law exam and		
increased intern hours.		
Talley Russell, Director	Proceed with	(3) Each non-resident
Government Affairs,	amendment. Will	
CenterWell Pharmacy	include in temp	pharmacy shall develop
If adopted, proposed rule 201	tracking regulation.	
KAR 2:465 will require each		and provide the Board with
non-resident pharmacy to		
develop and provide the		a policy and procedure
Board with a policy and		manual that sets forth:
procedure manual that		
includes "the procedure for		(a) normal delivery
shipping products pursuant to		
FDA approved and		protocols and times;
manufacturer guidelines." This criterion should be amended		
to ensure <b>it also includes</b>		(b) the procedure to be
nationally recognized		followed if the patient's

T	
standards such as the United	medication is not available
States Pharmacopeia.	at the and at state
Georgia has done this	at the out-of-state
successfully in its pharmacy	pharmacy, or if delivery will
regulations. For example,	
Georgia Rule 480-4802	be delayed beyond normal
Conditions for Use of Delivery by Mail2 states in part	
(emphasis added),	delivery time;
( <b>3</b> ) A mail order pharmacy shall	
ensure that all prescription	(c) the procedure to be
medications are delivered to	followed upon receipt of a
the patient in accordance with	
standards of the	prescription for an acute
manufacturer, United States	
Pharmacopeia, Federal Food	illness, which shall include
and Drug Administration and	
other recognized standards. A	a procedure for delivery of
pharmacy shall ensure integrity of any drug requiring	the medication to the
temperature control other than	
"room temperature storage"	patient from the out-of-
that is delivered by mail order	
and provide a notification to	state pharmacy at the
the patient of the timeliness in	earliest possible time, or an
addressing the proper storage of the medication.	alternative that assures the
	patient the opportunity to
	obtain medication at the
	earliest possible time;
	(d) the procedure to be
	followed when the out-of-
	state pharmacy is advised
	that the patient's
	medication has not been

Chewy (no name provided) in addition to including a reference to the non-resident licensure, this regulation requires the foll-free number on the prescription label to be routed directly to the PIC sin days a week. If the PIC is unavailable, a staff pharmacist is unable, a staff pharmacist is unavailable, a staff pharmacist is unavailable, to the PIC of the patient squestion, the PIC shall return the call of the patient squestion the pic shall return the call of the patient call back number. If the pharmacist is unable to pharmacy workflows and is pharmacist is unable to additional restrictions on the prisming the pharmacist is unable to pharmacist is unable to pharmacy workflows and is pharmacist is unable to pharmacy workflows and is pharmacy workfl			
Chewy (no name provide)       unchangeable         n addition to including a reference to the non-resident licensure, this regulation requires the toll-free number on the prescription label to be statutory language. KRS and week and a minimum of forty hours per week. If the PIC six days a week (f) Each out-of-state pharmacist is unable to the statu for a minimum of forty forty deep time is a staff pharmacist is unable to the statu for a minimum of forty forty deep time is a staff pharmacist is unable to the statu six (f) days per week and a minimum of forty (40) hours for earbinny week (f) Each out-of-state pharmacist is unable to a station resolve the patient vikith forty-eight during its regularion patient records may answer but must notify the PIC of the call and provide the PIC with a gradient records may answer but must notify the PIC of the call and provide the PIC with a gradient records may answer but must notify the PIC of the call and provide the PIC with a gradient call back number. If the staff pharmacist is unable to the attent within forty-eight hours. This regulation creates and a minimum of a minimum of the PIC shall return the call of the patient vikith access to patient records may answer but must notify the PIC of the call and provide the PIC what net call of the patient vikith forty-eight hours. This regulation creates and an analibile to both the			received within the normal
Chewy (no name provided) In addition to including a reference to the non-resident licensure, this regulation requires the toll-free number on the prescription label to be routed directly to the PIC six days a week and a minimum forty hours per week. If the PIC is unavailable, a staff pharmacist with access to patient records may answer but must notify the PIC of the staff pharmacist is unable to resolve the patient's greation, the PIC shall return the call of the patient within forty-eight hours. This regulation creates additional restrictions on additional restrictions on			delivery time and that the
Chewy (no name provided)       Unchangeable         In addition to including a       requirements due to         reference to the non-resident       requirements due to         licensure, this regulation       Refer to statutory         on the prescription label to be       routing is regular         forty hours per week. If the PIC       Sis days a week.         (f) Each out-of-state       pharmacyshall,         pharmacist with access to       but nots of operation,         patient call back number. If the       (c) days per week         call and provide the PIC with       per week, provide a         toll-free telephone       servide a         call and provide the PIC with       per week, provide a         adfor a minimum       of forty (40) hours         per week, provide a       toll-free telephone         service directly to       the price directly to         hours of operation,       but nust notify the PIC of the         (all and provide the PIC with       and for a minimum         of the patient "s question,       the patient si us nable to         the patient within forty-eight       autiable to both the			patient is out of medication
Chewy (no name provided) In addition to including a reference to the non-resident licensure, this regulation requires the toll-free number on the prescription label to be routed directly to the PIC six days a week and a minimum of forty hours per week. If the PIC is unavailable, a staff pharmacist with access to but must notify the PIC of the call and provide the PIC with a patient records may answer but must notify the PIC of the call and provide the PIC with a patient records may answer but must notify the PIC of the staff pharmacist is unable to resolve the patient's question, the PIC shall return the call of the patient within forty-eight hours. A staff pharmacist is unable to resolve the patient's question, the PIC shall return the call of the patient within forty-eight hours. A staff pharmacy and additional restrictions on			and requires interim
Chewy (no name provided) In addition to including a reference to the non-resident licensure, this regulation requires the toll-free number on the prescription label to be routed directly to the PIC six days a week and a minimum patient records may answer but must notify the PIC of the call and provide the PIC with apatient resolve the patient's question, the PIC shall return the call of the patient within forty-eight hours. This regulation resolve the patient's question, the PIC shall return the call of the patient within forty-eight hours of paramacist in the resolve the patient's question, the PIC shall return the call of the patient within forty-eight hours of paramacist in statubic return the call of the patient within forty-eight hours. This regulation creates additional restrictions on			dosage until mail
Chewy (no name provided)       Unchangeable         In addition to including a       Unchangeable         reference to the non-resident       requirements due to         licensure, this regulation       Refer to statutory         requires the toll-free number       Dic six days a week and a minimum of         forty hours per week. If the PIC       PIC six days a week.         pharmacist with access to       patient records may answer         but nust notify the PIC of the       (6) days per week         call and provide the PIC witha       aff or aminimum         patient call back number. If the       patient's question,         patient within forty-eight       hours. for peraton,         hours. This regulation reates       additional restrictions on			prescription drugs become
Chewy (no name provided)       Unchangeable       requirements due to         In addition to including a       requirements due to         reference to the non-resident       statutory language.         licensure, this regulation       Refer to statutory         on the prescription label to be       315.0351 requiring         forty hours per week. If the PIC       six days a week and a minimum of         pharmacist with access to       patient call back number. If the         call and provide the PIC with a       and for a minimum of         patient call back number. If the pIC of the       forty (40) hours         patient call back number. If the pIC of the patient within forty-eight       hours of operation,         but must notify the PIC of the       forty (40) hours         patient call back number. If the pIC additional restrictions on       saviable to out-of-state			available; and
Chewy (no name provided)       Unchangeable         In addition to including a reference to the non-resident licensure, this regulation requires the toll-free number on the prescription label to be routed directly to the PIC six days a week and a minimum of forty hours per week. If the PIC is ways a week. (f) Each out-of-state pharmacist with access to patient records may answer but must notify the PIC of the staff pharmacist is unable to the staff pharmacist is unable to the staff pharmacist is unable to the pIC six and provide the PIC with a patient call back number. If the staff pharmacist is unable to the pIC six and patient within forty-eight hours. This regulation creates additional restrictions on       Unchangeable requirements due to statutory language.			(e) the procedure for
Chewy (no name provided)UnchangeableIn addition to including a reference to the non-residentrequirements due to statutory language.licensure, this regulation requires the toll-free number on the prescription label to be routed directly to the PIC six days a week and a minimum of forty hours per week. If the PIC is unavailable, a staff pharmacist with access to patient records may answer but must notify the PIC of the call and provide the PIC with a patient call back number. If the staff pharmacist is unable to resolve the patient's question, the PIC shall return the call of the patient within forty-eight hours. This regulation creates additional restrictions onUnchangeable requirements due to statuory language.Refer to statutory language, KRS als.0351 requiring PIC six days a week. (f) Each out-of-state pharmacist with access to but not less than six (b) days per week and for a minimum of forty (40) hours per week, provide a toll-free telephone service directly to the patient within forty-eight hours. This regulation creates additional restrictions onUnchangeable requirements due to state pharmacy and available to both the			shipping products pursuant
Chewy (no name provided) In addition to including a reference to the non-resident licensure, this regulation requires the toll-free number on the prescription label to be routed directly to the PIC six days a week and a minimum of forty hours per week. If the PIC is unavailable, a staff pharmacist with access to patient records may answer but must notify the PIC of the call and provide the PIC with a patient call back number. If the staff pharmacist is unable to resolve the patient's question, the PIC shall return the call of the patient within forty-eight hours. This regulation creates additional restrictions onUnchangeable requirements due to statutory language. Refer to statutory language, KRS 315.0351 requiring PIC six days a week. (f) Each out-of-state pharmacy shall, during its regular hours of operation, but not less than six (b) dows per week and for a minimum of forty (40) hours per week, provide a toll-free telephone service directly to the patient within forty-eight hours. This regulation creates additional restrictions onUnchangeable requirements due to state pharmacy and available to both the			to FDA approved and
In addition to including a reference to the non-resident licensure, this regulation requires the toll-free number on the prescription label to be routed directly to the PIC six days a week and a minimum of forty hours per week. If the PIC is unavailable, a staff pharmacist with access to patient records may answer but must notify the PIC of the call and provide the PIC with a patient call back number. If the staff pharmacist is unable to resolve the patient's question, the PIC shall return the call of the patient within forty-eight hours. <b>This regulation creates</b> <b>additional restrictions on</b>			manufacturer guidelines.
In addition to including a reference to the non-resident licensure, this regulation requires the toll-free number on the prescription label to be routed directly to the PIC six days a week and a minimum of forty hours per week. If the PIC is unavailable, a staff pharmacist with access to patient records may answer but must notify the PIC of the call and provide the PIC with a patient call back number. If the staff pharmacist is unable to resolve the patient's question, the PIC shall return the call of the patient within forty-eight hours. <b>This regulation creates</b> <b>additional restrictions on</b>			
call and provide the PIC with a patient call back number. If the staff pharmacist is unable to resolve the patient's question, the PIC shall return the call of the patient within forty-eight hours. <b>This regulation creates</b> additional restrictions on	In addition to including a reference to the non-resident licensure, this regulation requires the toll-free number on the prescription label to be routed directly to the PIC six days a week and a minimum of forty hours per week. If the PIC is unavailable, a staff pharmacist with access to patient records may answer	requirements due to statutory language. Refer to statutory language, KRS 315.0351 requiring PIC six days a week. (f) Each out-of-state pharmacy shall, during its regular hours of operation, but not less than six	
additional restrictions on available to both the	call and provide the PIC with a patient call back number. If the staff pharmacist is unable to resolve the patient's question, the PIC shall return the call of the patient within forty-eight	and for a minimum of forty (40) hours per week, provide a toll-free telephone service directly to the pharmacist in charge of the out-of-	

unduly burdensome. These are tasks that any properly trained staff pharmacist can and do resolve daily. Reporting every patient encounter to the PIC, the vast majority of which have already been easily and promptly resolved, is unnecessary, burdensome and does not further promote patient care. Every pharmacist at Chewy has access to patient records and our Kentucky patients have access to a pharmacist 24/7.	licensed and practicing in-state pharmacist for the purpose of facilitating communication between the patient and the Kentucky pharmacist with access to the patient's prescription records. A toll-free number shall be placed on a label affixed to each container of drugs dispensed to patients within the Commonwealth;		
Comments Received			
201 KAR 2:030			
Dan Lynch, Pharm.D., Cameron Franklin, MPA, BrightSpring Health Services/Onco360/PharMerica As previously mentioned in the prior comment above, our pharmacy employs several pharmacists who do not hold a Kentucky Pharmacist license while operating under a resident state pharmacist license and Kentucky Out of State pharmacy permit. No other state in the United States currently requires a pharmacist practicing through an out of state pharmacy license to be licensed in the state (outside of a pharmacist- in-charge in a several states).	Our specific concerns are regarding Kentucky patients. We are not concerned with what other states may or may not do. If other states do choose to adopt similar language, it would be slowly, not all at once.	The Board must maintain the jurisdiction to ensure the safety of the Kentucky citizen. This is why we are proposing rules that make it clear when licensure is required. Without jurisdiction, we cannot effectively protect the people of the Commonwealth from a pharmacist in violation of pharmacy law or bad actors. Industry is asking for our guidance, and we are responding to ensure the continued safety of the citizens of the Commonwealth.	

This regulation only creates an			
administrative hurdle for out			
of state pharmacies in their			
attempt to provide safe and			
reliable medication services to			
the residents of Kentucky.			
Dan Lynch, Pharm.D.,	We are utilizing	Unfortunately there is	
Cameron Franklin, MPA,	NABP Verify as a	not a compact available	
BrightSpring Health	compromise.	for pharmacists. NABP	
Services/Onco360/PharMerica	Licensees would	Verify is the closest thing	
The additional use of the NABP	not have to take	available and does make	
Verify Program not only	the MPJE.	out of state practice	
increases the costs to a		much simpler by waiving	
pharmacist to obtain the non-		CE requirements and not	
resident pharmacist license,		requiring the MPJE to be	
but also adds another layer of		taken.	
complexity to obtain this			
license.			
Looking at other health			
professions practicing within			
the state of Kentucky, this			
regulation runs counter to the			
progress the state has made			
with providing competent,			
accessible care for patients. While this would add more			
complexity, as well as care through compact agreements.			
Most notably, Kentucky joined			
the Enhanced Nurse Licensure			
Compact (eNLC) in January			
2018, which allows nurses to			
provide care in state without			
needing to obtain an			
additional resident or non-			
resident license. Other health			
professions in which Kentucky			
has joined as part of an			
interstate compact include			
Audiology/Speech Language			
Pathology, Counseling,			
Occupational Therapy, Physical			

Therapy and Social Work. We			
believe that			
requiring a pharmacist who is			
licensed in another state to			
obtain licensure is			
inconsistent with other			
licensed professions.			
Dan Lynch, Pharm.D.,	Imposing this	Imposing this requirement	
Cameron Franklin, MPA,	requirement may	may indeed limit access if	
BrightSpring Health	indeed limit access if	pharmacists chose not to	
Services/Onco360/PharMerica	pharmacists chose	pursue licensure. However,	
We believe that this rule will	not to pursue	I'm not sure there is data	
have a negative impact on the	licensure. However, I'm not sure there is	to support pharmacists will	
provision of care to Kentucky	data to support	not pursue licensure. While our current	
residents and result in a loss	pharmacists will not	licensure and reciprocation	
of pharmacy services,	pursue licensure.	process is effective and	
especially those in rural	While our current	efficient, the use of NABP	
communities who rely on mail	licensure and	Verify creates an expedited	
order or long-term care	reciprocation	pathway to licensure to	
services from neighboring	process is effective	increase access.	
states. The BOP did not state	and efficient, the		
how the addition of this	use of NABP Verify		
regulation will improve in the	creates an expedited		
protecting of the health, safety,	pathway to licensure to increase access.		
and welfare of Kentucky	to increase access.		
residents. Also, the BOP has			
not provided any commentary			
on why the current process of			
only requiring an out of state			
pharmacy be licensed in the			
Commonwealth, and with a			
Kentucky licensed pharmacist			
in charge, has negatively			
impacted the health, safety,			
and welfare of the residents in			
Kentucky.			
Dan Lynch, Pharm.D.,	If the associated	Imposing this requirement	
Cameron Franklin, MPA,	pharmacies are no	may indeed limit access if	
BrightSpring Health	longer able to	pharmacists chose not to	
Services/Onco360/PharMerica	serve Kentucky	pursue licensure. However,	
With these proposed changes,	patients, that is a	I'm not sure there is data	
there is tremendous potential	business decision	to support pharmacists will not pursue licensure.	
for patient harm when the	that the company	While our current	
same pharmacists and their	has made. There is		

associated pharmacies are no	potential for harm	licensure and reciprocation	
longer able to provide services	in all manner of	process is effective and	
to their patients in Kentucky.	ways. By not	efficient, the use of NABP	
Given the burdens the	having structure	Verify creates an expedited	
proposed changes would	and regulations,	pathway to licensure to increase access.	
impose on the pharmacies	there is also great	increase access.	
supplying critical medications	potential for harm.		
for the people of Kentucky, we	We're building out		
are unable to identify any	the regulatory		
benefits to patients,	structure to		
pharmacies, pharmacists, the	benefit the		
BOP, or a reduction in potential	patients of		
patient harm.	Kentucky.		
Matt Ottiger, Covermymeds	There is potential	Imposing this requirement	
Pharmacy (also sent to ARRS	for harm in all	may indeed limit access if	
committee members)	manner of ways.	pharmacists chose not to	
The Proposed Rules do not	By not having	pursue licensure. However,	
further any discernible health,	structure and	I'm not sure there is data to support pharmacists will	
safety, or welfare purpose. In	regulations, there	not pursue licensure.	
fact, the Proposed Rules	is also great	While our current	
would hinder the health,	potential for harm.	licensure and reciprocation	
safety, and welfare of	We're building out	process is effective and	
Kentucky patients by imposing	the regulatory	efficient, the use of NABP	
unnecessary requirements,	structure to	Verify creates an expedited	
burdens, and costs on	benefit the	pathway to licensure to	
nonresident pharmacies and	patients of	increase access.	
pharmacists that provide	Kentucky. There		
important and unique	are many entities		
pharmacy services to	that want to		
Kentucky patients. For	provide		
example, the Proposed Rules	spectacular		
will make it more burdensome	patient care. They		
for CoverMyMeds' free drug	are innovative.		
pharmacies to serve the most			
needy and vulnerable patients			
in Kentucky who qualify for			
PAPs and other free goods			
programs.			
Matt Ottiger, Covermymeds	There's nothing in		
Pharmacy (also sent to ARRS	this regulation that		
committee members)	prevents an out of		
Additionally, the Proposed	state pharmacist		
Rules will impair the ability of	from consulting		
CoverMyMeds pharmacies to	with an expert on		

staff pharmacists on disease-	a disease state.		
specific care teams. In other	Moreover, this		
words, instead of ensuring that	regulation does		
patients with blood cancer	not prevent a		
diseases are treated by	pharmacist from		
pharmacists specializing in that	becoming an		
disease state, the Proposed	expert on a		
Rules will encourage (and even	disease state.		
necessitate) that such patients			
are routed to pharmacists			
based on their individual			
licensure footprint. Put simply,			
the Proposed Rules require			
pharmacies to prioritize			
geography over disease-state			
expertise.			
Matt Ottiger, Covermymeds	We are a member	All states that utilize	
Pharmacy (also sent to ARRS	board of NABP and	NABP for license transfer	
committee members)	would have	or initial licensing have	
However, the Proposed Rules	influence over the	fees tied to NABP	
still would require pharmacists	fees charged by	regarding licensing.	
to submit initial and annual	the program. The		
licensure maintenance fees to	NABP Verify		
the Board, in addition to fees	program is a		
required to pursue enrollment	monitoring		
in the NABP Verify process. Of	program across all		
note, the Kentucky Board has	fifty states. As		
no oversight over the fees	additional states		
charged by the NABP Verify	adopt Verify, there		
program. Tying nonresident	is no additional		
pharmacy compliance to this	cost. It is a one-		
external entity's credentialing	time, once a year		
and fees process has	cost. If you		
unknowable financial impact	practice in		
on pharmacists and	multiple states,		
pharmacies alike.	there is not an		
P	increased fee.		
Matt Ottiger, Covermymeds	This comment	Imposing this requirement	
Pharmacy (also sent to ARRS	extrapolates	may indeed limit access if	
committee members)	having one	pharmacists chose not to	
Even if a pharmacy is able to	pharmacist on	pursue licensure. However,	
cover as-yet unknown licensing	duty licensed to	I'm not sure there is data	
costs for its pharmacists and	having all	to support pharmacists will	
schedule Kentucky-licensed	pharmacists on	not pursue licensure.	
senearie Kentacky neerised			

pharmacists to cover all shifts,	duty licensed.	While our current	
unplanned illnesses or	Staffing challenges	licensure and reciprocation	
emergencies may prevent a	are everywhere.	process is effective and	
pharmacist from working on	We are asking no	efficient, the use of NABP	
any given day. The pharmacy	more than we	Verify creates an expedited	
would then have to halt any	would of an in-	pathway to licensure to	
care for Kentucky patients	state pharmacy in	increase access.	
while another Kentucky-	Kentucky.		
licensed pharmacist is			
identified. Any potential delay,			
halt, or disruption in treatment			
access for patients with			
specialty conditions threatens			
their health and livelihood.			
Without access to their			
specialty pharmacy and			
medications, a patient could			
face immense setbacks in			
their treatment, leading to			
increased emergency room			
visits, hospital admissions,			
healthcare costs, or worse.			
Matt Ottiger, Covermymeds	Every pharmacy is	Imposing this requirement	
Pharmacy (also sent to ARRS	faced with a new	may indeed limit access if pharmacists chose not to	
committee members)	challenge everyday	pursue licensure. However,	
These Proposed Rules,	with workflow and	I'm not sure there is data	
however, do not appear to	challenges to	to support pharmacists will	
effectively serve such a	workflow.	not pursue licensure.	
purpose. To the contrary, we	Pharmacists live	While our current	
are concerned that the Bronocod Bulos will make it	through this every	licensure and reciprocation	
Proposed Rules will make it harder to pharmacies and	day. We work together to make	process is effective and	
pharmacists located within	system changes to	efficient, the use of NABP	
and outside of Kentucky to	improve	Verify creates an expedited pathway to licensure to	
pursue normal operations and	conditions. We	increase access.	
in turn, effectively serve	feel certain that		
Kentucky patients.	entities that want		
	to provide this		
	important service		
	will continue to do		
	so.		
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Matt Ottiger, Covermymeds	Every pharmacy is	The administrative and	
Pharmacy (also sent to ARRS	faced with a new	financial requirements	
committee members)	challenge everyday	are to provide the Board	
Adding supplementary	with workflow and	with jurisdiction over	
administrative requirements	challenges to	each pharmacist	
and financial burdens through	workflow.	dispensing drugs into	
state-specific licensing	Pharmacists live	the Commonwealth.	
applications and fees does not	through this every	Jurisdiction is key to	
impart any additional	day. We work	ensure that Kentucky	
knowledge or improve	together to make	patients are safe.	
individuals' ability to deliver	system changes to		
patient care. Instead, these	improve	Imposing this requirement	
requirements merely add to	conditions. We	may indeed limit access if	
the long list of growing	feel certain that	pharmacists chose not to	
obligations that are now	entities that want	pursue licensure. However,	
becoming synonymous with	to provide this	I'm not sure there is data	
the practice of pharmacy. <b>To</b>	important service	to support pharmacists will not pursue licensure.	
make matters worse, these	will continue to do	While our current	
proposed changes may cause	so.	licensure and reciprocation	
many nonresident pharmacies		process is effective and	
to cease dispensing into	Patient care is and	efficient, the use of NABP	
Kentucky, leaving already	should always be	Verify creates an expedited	
stretched resident Kentucky	our primary	pathway to licensure to	
pharmacies and pharmacists	concern. Pharmacy	increase access.	
to absorb that volume, which	has become very		
will lead to delays in patient	global. Our		
care and an increase in	structure/regulation of pharmacy as a		
pharmacist burnout. Given the	multi-state actor is		
NABP's findings, which appear	behind. This is an		
to be consistent with the	important step to		
Board's own, there is reason to	ensure that		
pause and thoughtfully	Kentucky has		
consider whether additional	jurisdiction over		
administrative requirements	those pharmacists		
like these advance the	dispensing into the		
profession, support	state of Kentucky to		
pharmacists' mental health,	ensure our patients		
improve workforce conditions,	are protected. We have to protect our		
streamline burdensome	consumers; we		
practice requirements, and	cannot rely on		
optimize technology workflow	someone else to do		
efficiencies.	it. We cannot		
	choose not to fulfill		
	our obligations		

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	because of the administrative		
	burden placed on		
	pharmacies		
	priamacies		
Matt Ottiger, Covermymeds	Instead of	Liability does not	
Pharmacy (also sent to ARRS	disciplining an	automatically transfer from	
committee members)	entire pharmacy	the actions of the	
Under this well-established	or a PIC, it's better	pharmacist to the pharmacist in	
policy, the Board already has	to oversee each	charge. Our laws are very	
adequate oversight	individual	specific in the creation of	
mechanisms available to it	pharmacist. If we	specific responsibilities of	
today, such as disciplining the	shut down a	the pharmacy, pharmacist	
nonresident pharmacy (i.e.,	pharmacy because	in charge and the	
fines and other discipline	of one	pharmacist.	
against the pharmacy facility),	pharmacist's	Manage to all the second	
disciplining the Kentucky-	actions, that has a	We are treating the non- resident pharmacies and	
licensed PIC if appropriate,	large impact	pharmacists with the same	
and/or referring the matter to	whereas	standards as our in-state	
the pharmacy's home state	pinpointed	pharmacists and	
Board of Pharmacy to impose other or additional discipline.	discipline would only impact a	pharmacies because both	
At most, the Proposed Rules	specific	are serving citizens of the	
ostensibly provide the Board	pharmacist.	Commonwealth. The	
with an additional and		people of Kentucky expect	
unnecessary pathway to	Liability does not	our protection and we must have equitable rules	
control pharmacists working at	automatically	for any pharmacy or	
nonresident pharmacies.	transfer from the	pharmacists caring for our	
	actions of the	citizens.	
	pharmacist to the		
	pharmacy or		
	pharmacist in		
	charge. Our laws are very specific in the		
	creation of specific		
	responsibilities of		
	the pharmacy,		
	pharmacist in charge		
	and the pharmacist.		
	We are treating the		
	non-resident		
	pharmacies and		
	pharmacists with		
	the same standards		

	as our in-state	
	pharmacists and	
	pharmacies because	
	both are serving	
	citizens of the Commonwealth. The	
	people of Kentucky	
	expect our	
	protection and we	
	must have equitable	
	rules for any	
	, pharmacy or	
	pharmacists caring	
	for our citizens.	
Matt Ottiger, Covermymeds	Our primary role is	
Pharmacy (also sent to ARRS	to protect the	
committee members)	patients of	
Given the existing powers	Kentucky.	
granted to state pharmacy	Technology is	
boards, <b>no other state has</b>	always ahead of	
implemented and enforced	regulation, and we	
such a broad individual	are trying to catch	
pharmacist licensure rule or	up to ensure	
statute. Nevada considered	Kentucky patients	
such a requirement in 2021	are safe. Our job is	
but was prevented from doing	to regulate the	
so by Assembly Bill 107 in	industry and we	
recognition of the negative	have to respond to	
patient impact such a practice	industry changes.	
would impose. While North	We don't know	
Carolina requires NABP Verify	what is happening	
for nonresident pharmacists	in other states, but	
engaged in central processing,	we need to stay	
it does not require broad NABP	focused on	
Verify membership or state	Kentucky.	
licensure for all nonresident		
pharmacists serving North		
Carolina patients		

Talley Russell, Director	Imposing this	Imposing this requirement	
Government Affairs,	requirement may	may indeed limit access if	
CenterWell Pharmacy	indeed limit access if	pharmacists chose not to	
If the proposed rules are	pharmacists chose	pursue licensure. However,	
promulgated in their current	not to pursue	I'm not sure there is data	
form, home delivery	licensure. However, I'm not sure there is	to support pharmacists will not pursue licensure.	
pharmacies like CenterWell	data to support	While our current	
Pharmacy must ensure only	pharmacists will not	licensure and reciprocation	
Kentucky-licensed pharmacists	pursue licensure.	process is effective and	
dispense prescriptions to	While our current	efficient, the use of NABP	
Kentuckians. While every effort	licensure and	Verify creates an expedited	
would be made so that	reciprocation	pathway to licensure to	
prescriptions are not delayed,	process is effective	increase access.	
routing medications to	and efficient, the		
pharmacists specifically	use of NABP Verify		
licensed by Kentucky, in	creates an expedited		
addition to the license already	pathway to licensure		
held by the state where the	to increase access.		
pharmacist practices, is a			
departure from current			
industry practice and could			
lead to processing and			
delivery delays. Timely			
delivery of medications is			
critical, and potential delays			
could create access to care			
issues for Kentucky patients.			
Talley Russell, Director	The benefit is to	The benefit is to the	
Government Affairs,	the Board having	Board having jurisdiction	
CenterWell Pharmacy	jurisdiction over	over the pharmacist	
There is no additional benefit	the pharmacist.		
to a patient who receives a			
prescription filled by a	Having regulations		
Kentucky-licensed pharmacist.	that help		
A patient should be managed	companies build		
by the pharmacist best	their structure out		
equipped to handle that	in ways that are		
patient's specific need and not	innovate and		
based on the pharmacist's	provide excellent		
geographic location or	patient care makes		
individual state licensure. If the	the industry		
proposed rules go into effect,	better.		
Kentucky will become an			
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outlier and the only state to			
require all non-resident			
pharmacists to be individually			
licensed in an additional state			
even though they work for a			
pharmacy licensed by and			
dispensing into that state.			
Talley Russell, Director	Liability does not	Liability does not	
Government Affairs,	automatically	automatically transfer from	
CenterWell Pharmacy	transfer from the	the actions of the	
The Board already requires	actions of the	pharmacist to the	
out-of-state pharmacies and	pharmacist to the	pharmacy or pharmacist in	
their pharmacists-in-charge to	pharmacy or	charge. Our laws are very	
be licensed by Kentucky.	pharmacist in charge. Our laws are	specific in the creation of specific responsibilities of	
Should the need arise, the	very specific in the	the pharmacy, pharmacist	
Board can refer any issues to	creation of specific	in charge and the	
the pharmacy's and/or	responsibilities of	pharmacist.	
pharmacist's resident Board of	the pharmacy,	P	
Pharmacy for review and	pharmacist in charge	Do we want to rely on	
appropriate action. Pharmacies	and the pharmacist.	another state to protect	
are required to report their		the people of Kentucky?	
own disciplinary actions and	Do we want to rely	The Kentucky Board of	
those of their staff to many	on another state to	Pharmacy would have no	
Boards. Disciplinary actions are	protect the people	control on the actions or	
also reported to the National	of Kentucky? The	the timing of potential	
Practitioner Databank. These	Kentucky Board of	actions by the other state	
resources and processes	Pharmacy would	board of pharmacy. Let me	
provide pertinent information	have no control on the actions or the	be clear, the citizens of	
that Boards of Pharmacy and	timing of potential	Kentucky should have assurances from the	
other regulatory entities can	actions by the other	Kentucky Board of	
utilize to determine if further	state board of	Pharmacy. That is our	
oversight or discipline of its	pharmacy. Let me be	charge and mission. Lack	
licensees is necessary.	clear, the citizens of	of licensure provides no	
incensees is necessally.	Kentucky should	such assurances.	
	have assurances		
	from the Kentucky		
	Board of Pharmacy.		
	That is our charge		
	and mission. Lack of		
	licensure provides		
	no such assurances.		

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Talley Russell, Director	**Legal Comment,	
Government Affairs,	GC to Respond	
CenterWell Pharmacy		
The proposed rules would also		
require a pharmacist to obtain		
an additional background		
check. Background checks are		
typically done before a		
pharmacist is hired by their		
employer, and many resident		
states require this as part of		
their licensure process.		
Requiring pharmacists to		
undergo an additional		
background check for Kentucky		
licensure would be duplicative		
since background checks are		
already conducted during the		
normal course of the hiring		
and licensure processes.		
Talley Russell, Director	We have seen a	
Government Affairs,	litany of	
CenterWell Pharmacy	complaints where	
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Home delivery pharmacies, like	a non-resident	
Home delivery pharmacies, like CenterWell Pharmacy, have	a non-resident	
	•	
CenterWell Pharmacy, have	a non-resident pharmacist has	
CenterWell Pharmacy, have successfully delivered	a non-resident pharmacist has violated Kentucky	
CenterWell Pharmacy, have successfully delivered medications to Kentucky	a non-resident pharmacist has violated Kentucky law but we are	
CenterWell Pharmacy, have successfully delivered medications to Kentucky patients for many years. <b>We</b>	a non-resident pharmacist has violated Kentucky law but we are unable to take	
CenterWell Pharmacy, have successfully delivered medications to Kentucky patients for many years. We are unaware of widespread complaints or concerns with	a non-resident pharmacist has violated Kentucky law but we are unable to take action against the	
CenterWell Pharmacy, have successfully delivered medications to Kentucky patients for many years. We are unaware of widespread	a non-resident pharmacist has violated Kentucky law but we are unable to take action against the pharmacist	
CenterWell Pharmacy, have successfully delivered medications to Kentucky patients for many years. We are unaware of widespread complaints or concerns with home delivery, so we are	a non-resident pharmacist has violated Kentucky law but we are unable to take action against the pharmacist because we do not have jurisdiction. It	
CenterWell Pharmacy, have successfully delivered medications to Kentucky patients for many years. We are unaware of widespread complaints or concerns with home delivery, so we are unclear what outcome these	a non-resident pharmacist has violated Kentucky law but we are unable to take action against the pharmacist because we do not have jurisdiction. It is challenging and	
CenterWell Pharmacy, have successfully delivered medications to Kentucky patients for many years. We are unaware of widespread complaints or concerns with home delivery, so we are unclear what outcome these additional restrictions will achieve for Kentuckians. If the	a non-resident pharmacist has violated Kentucky law but we are unable to take action against the pharmacist because we do not have jurisdiction. It is challenging and unfair to impute	
CenterWell Pharmacy, have successfully delivered medications to Kentucky patients for many years. We are unaware of widespread complaints or concerns with home delivery, so we are unclear what outcome these additional restrictions will achieve for Kentuckians. If the Board has information to the	a non-resident pharmacist has violated Kentucky law but we are unable to take action against the pharmacist because we do not have jurisdiction. It is challenging and unfair to impute liability to the	
CenterWell Pharmacy, have successfully delivered medications to Kentucky patients for many years. We are unaware of widespread complaints or concerns with home delivery, so we are unclear what outcome these additional restrictions will achieve for Kentuckians. If the Board has information to the contrary, we would appreciate	a non-resident pharmacist has violated Kentucky law but we are unable to take action against the pharmacist because we do not have jurisdiction. It is challenging and unfair to impute	
CenterWell Pharmacy, have successfully delivered medications to Kentucky patients for many years. We are unaware of widespread complaints or concerns with home delivery, so we are unclear what outcome these additional restrictions will achieve for Kentuckians. If the Board has information to the contrary, we would appreciate the opportunity to review the	a non-resident pharmacist has violated Kentucky law but we are unable to take action against the pharmacist because we do not have jurisdiction. It is challenging and unfair to impute liability to the permit holder or PIC for actions	
CenterWell Pharmacy, have successfully delivered medications to Kentucky patients for many years. We are unaware of widespread complaints or concerns with home delivery, so we are unclear what outcome these additional restrictions will achieve for Kentuckians. If the Board has information to the contrary, we would appreciate	a non-resident pharmacist has violated Kentucky law but we are unable to take action against the pharmacist because we do not have jurisdiction. It is challenging and unfair to impute liability to the permit holder or PIC for actions specifically	
CenterWell Pharmacy, have successfully delivered medications to Kentucky patients for many years. We are unaware of widespread complaints or concerns with home delivery, so we are unclear what outcome these additional restrictions will achieve for Kentuckians. If the Board has information to the contrary, we would appreciate the opportunity to review the	a non-resident pharmacist has violated Kentucky law but we are unable to take action against the pharmacist because we do not have jurisdiction. It is challenging and unfair to impute liability to the permit holder or PIC for actions specifically committed by the	
CenterWell Pharmacy, have successfully delivered medications to Kentucky patients for many years. We are unaware of widespread complaints or concerns with home delivery, so we are unclear what outcome these additional restrictions will achieve for Kentuckians. If the Board has information to the contrary, we would appreciate the opportunity to review the	a non-resident pharmacist has violated Kentucky law but we are unable to take action against the pharmacist because we do not have jurisdiction. It is challenging and unfair to impute liability to the permit holder or PIC for actions specifically committed by the unlicensed non-	
CenterWell Pharmacy, have successfully delivered medications to Kentucky patients for many years. We are unaware of widespread complaints or concerns with home delivery, so we are unclear what outcome these additional restrictions will achieve for Kentuckians. If the Board has information to the contrary, we would appreciate the opportunity to review the	a non-resident pharmacist has violated Kentucky law but we are unable to take action against the pharmacist because we do not have jurisdiction. It is challenging and unfair to impute liability to the permit holder or PIC for actions specifically committed by the	

Talley Russell, Director	The board	The board understands	
Government Affairs,	understands that	that any regulatory	
CenterWell Pharmacy	any regulatory	requirement may come	
While the Board's fiscal	requirement may	with increased cost or	
analysis considers the fixed	come with increased	administrative burden. We	
costs associated with non-	cost or administrative	also acknowledge that	
resident pharmacists obtaining	burden. We also	certain system or enhancements will need to	
licensure, it does not	acknowledge that	be put into place to ensure	
adequately address the costs	certain system or	compliance. It is important	
pharmacies will incur to	enhancements will	to understand that	
upgrade technology	need to be put into	regulations are not put	
infrastructure or increase	place to ensure	into place for specific type	
staffing needs to maintain	compliance. It is	of business models. But	
compliance.	important to	rather, regulations are	
To ensure Kentucky-licensed	understand that	established for any	
pharmacists manage	regulations are not	individual or entity under	
prescriptions sent to Kentucky	put into place for	the purview of the	
patients, non-resident	specific type of	regulatory agency. We are	
pharmacies will need to invest	business models.	confident that pharmacies	
-	But rather,	and pharmacists will	
in costly pharmacy software	regulations are	achieve compliance at the	
upgrades since many software	established for any	lowest possible costs with	
systems do not account for the	individual or entity	advances in systems,	
states where a pharmacist is	under the purview	technologies, and workflows.	
licensed. To limit processing	of the regulatory agency. We are	Completing a financial	
and delivery delays, non-	confident that	impact analysis for every	
resident pharmacies will need	pharmacies and	type of business model is	
all or most of its pharmacists	pharmacists will	simply not feasible. Each	
to be licensed in Kentucky and	achieve compliance	pharmacy may offer	
will need to adjust staffing and	at the lowest	different services,	
workflows daily to ensure	possible costs with	technology, number of	
compliance. Software	advances in systems,	patients served, or number	
upgrades, along with staffing	technologies, and	of employees.	
and licensing impacts, will	workflows.		
increase costs to the	Completing a		
pharmacy.	financial impact		
	analysis for every		
	type of business		
	model is simply not		
	feasible. Each		
	pharmacy may offer		
	different services,		
	technology, number of patients served,		
	or number of		
	employees.		
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	Those are not	These are not costs	
Talley Russell, Director	These are not	These are not costs	
Government Affairs,	costs incurred by	incurred by the Board of	
CenterWell Pharmacy	the Board of	Pharmacy directly and	
Additionally, the fiscal impact	Pharmacy directly	therefore they were not	
statement <b>does not appear to</b>	and therefore they	included. KRS 218A	
factor in the costs for each	were not included.	requires every	
non-resident pharmacist to	KRS 218A requires	pharmacist to have a	
obtain a NABP Verify	every pharmacist	background check.	
credential and criminal	to have a	Moreover, the cost to	
background check as	background check.	utilize NABP Verify was	
contemplated by the	Moreover, the cost	not included because	
proposed rules. The fiscal	to utilize NABP	many pharmacists have	
impact statement also does	Verify was not	already paid to become	
not consider the cost of the	included because	a member and that cost	
pharmacists' time and wages	many pharmacists	is a one-time cost.	
to complete necessary	have already paid		
paperwork and fingerprinting.	to become a		
Those tasks will pull	member and that		
pharmacists away from their	cost is an annual		
primary focus of patient care.	cost that is only		
	paid one time		
	annually no matter		
	how many states		
	the pharmacist is		
	licensed or		
	registered.		
Talley Russell, Director	The board	The board understands	
Government Affairs,	understands that	that any regulatory	
CenterWell Pharmacy	any regulatory	requirement may come	
The Board's proposed rules will	requirement may	with increased cost or	
substantially increase costs	come with increased	administrative burden. We	
(i.e., initial and ongoing	cost or administrative	also acknowledge that	
licensing fees, staffing needs,	burden. We also	certain system or enhancements will need to	
system/process	acknowledge that	be put into place to ensure	
enhancements, etc.) for	certain system or	compliance. It is important	
pharmacies, which will in turn	enhancements will	to understand that	
increase the cost of providing	need to be put into	regulations are not put	
care to patients. The Board	place to ensure	into place for specific type	

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should complete a sufficient fiscal impact analysis to	compliance. It is important to	of business models. But rather, regulations are	
. ,	understand that	established for any	
adequately forecast the	regulations are not	individual or entity under	
financial impact of these	put into place for	the purview of the	
proposed changes. As part of	specific type of	regulatory agency. We are	
that analysis, it would also be	business models.	confident that pharmacies	
helpful to understand any	But rather,	and pharmacists will	
initial and ongoing fiscal	regulations are	achieve compliance at the	
impacts the state may incur to	established for any	lowest possible costs with	
fully operationalize these	individual or entity	advances in systems,	
proposed changes.	under the purview	technologies, and	
	of the regulatory	workflows.	
	agency. We are		
	confident that	Completing a financial	
	pharmacies and	impact analysis for every	
	pharmacists will	type of business model is	
	achieve compliance	simply not feasible. Each	
	at the lowest	pharmacy may offer	
	possible costs with	different services,	
	advances in systems,	technology, number of	
	technologies, and	patients served, or number	
	workflows.	of employees.	
	Completing a		
	financial impact		
	analysis for every		
	type of business		
	model is simply not		
	feasible. Each		
	pharmacy may offer different services,		
	technology, number of patients served,		
	or number of		
	employees.		
	chipioyees.		
Chewy (no name provided)	**Legal Comment,		
Kentucky statutes do not	GC to respond.		
authorize the Board to license			
non-resident pharmacists			
beyond the pharmacist in			
charge. Kentucky statutes			
specifically create licenses for a			
pharmacist, pharmacy, out of			
state pharmacy, a			

manufacturer, out of state outsourcing facilities and home medical equipment. See, KRS §\$ 315.033, 315.035, 31				
medical equipment. See, KRS §§ 315.030, 315.035, 315.036, 315.03	manufacturer, out of state			
§§ 315.030, 315.035, 315.035, 315.036, 315.0	outsourcing facilities and home			
315.0351, 315.036, 315.342       and 315.514. The out of state         pharmacy license is currently       the only out of state pharmacy         licensure structure permitted       by the legislature and does not         extend to non-resident       pharmacisti-in-charge (PIC).         Chewy (no name provided)       **Legal Comment,         Gt is limited scope of statutory       authority is evidenced by its         responses to the National       Association of Board's acknowledgement         has consistently responded, "If       pharmacist in-charge (PIC).         Pharmacy Law where the Board       for central fill and         nas consistently responded, "If       pharmacist as a PIC," in         response to the question of board's actnucky, purcharacy       parmacy is shipping a         premit and g Kentucky-licensed       for sectoral fill and         pharmacist as a PIC," in       response to the question of boards to create a new license category.         Items is attempting to       sistes thet we don't         sidestep the legislative process       pharmacists in         by using administrative regulations to create a new license category.       If this is the case, pharmacists in         There is no additional knowledge imparted, practice       pharmacists in the invisition to ensure the safety of the Kentucky, licitan. This is why we are proposing rules that make <td>medical equipment. See, KRS</td> <td></td> <td></td> <td></td>	medical equipment. See, KRS			
and 315.514. The out of state pharmacy license is currently the only out of state pharmacy licensure structure permitted by the legislature and does not extend to non-resident pharmacist-in-charge (PIC).Image: Construct of the structure permitted by the legislature and does not extend to non-resident pharmacist-in-charge (PIC).**Legal Comment, G to respond.Chewy (no name provided) The survey of as consistently responded, "If pharmacy is shipping a prescription into Kentucky, must have Kentucky pharmacy is shipping a prescription into Kentucky, must have Kentucky pharmacy is a a PIC." in response to the question of whether non resident pharmacists must be licensed. The Board is attempting to sidestey the legislature process by using administrative regulations to create a new license category.If this is the case, then we don't then we don't then we don't then we don't then we don't then we don't then we don't the safety of the Kentucky timprovement achieved by transcription into additional knowledge imparted, practice enhancement, or patient safety jumprovement achieved by transcription into casife the pharmacy is not duitional knowledge imparted, practice pharmacy is not duitional then we don't the safety of the Kentucky timer to achieved by transcription into additional kentucky, improvement achieved by then we don't the safety of the Kentucky timer to achieved.Jurisdiction is achieved. The Board must maintain the jurisdiction to ensure the safety of the Kentucky triate. This is why are are proposing rules that make	§§ 315.030, 315.035,			
pharmacy license is currently the only out of state pharmacy licensure structure permitted by the legislature and does not extend to non-resident pharmacists-in-charge (PIC).**Legal Comment, GC to respond.Chewy (no name provided) of its limited scope of statutory authority is evidenced by its enforce non- resident licensure of the based association of Boards of Pharmacy Law where the Board has consistently responded, "If pharmacist as a PIC," in pharmacist as a PIC," in whether non resident pharmacists must be licensed pharmacists must be licensed pharmacists to create a new license category.If this is the case, pharmacy is not additional knowledge imparted, practice enhancement, or patient safety improvement achieved by trequiring non-resident pharmacists in the source of the pharmacists in the source of the pharmacy law where the board pharmacy is a shipping a prescription into Kentucky. The survey of a tresponse to the question of whether non resident pharmacists must be licensed pharmacists must be licensed pharmacists nust be licensed pharmacists in a theoremistrative regulations to create a new license category.If this is the case, pharmacists in then we don't need to license pharmacists in the source of the safety of the Kentucky titiens that makeChewy (no name provided) there is no additional knowledge imparted, practice enhancement, or patient safety improvement achieved by trequiring non-resident pharmacists in knowledge imparted, practice enhancement, or patient safety improvement achieved by Kentucky.Jurisdiction is achieved.	315.0351, 315.036, 315.342			
the only out of state pharmacy licensure structure permitted by the legislature and does not extend to non-resident pharmacists incharge (PIC).Chewy (no name provided) requiring licensure of the pharmacist-incharge (PIC).**Legal Comment, GC to respond.Chewy (no name provided) responses to the National Association of Boards of Pharmacy Annual Survey of pharmacy is shipping a prescription into Kentucky, must have Kentucky is evidenced.**Legal Comment, GC to respond.Pharmacy Law where the Board has consistently responded, "If pharmacy is a shipping a pharmacy is a shipping a prescription into Kentucky, must have Kentucky pharmacy permit and a Kentucky-licensed pharmacists must be licensed.If this is the case, then we don't need to license pharmacy of the survey of then we don't need to license pharmacy mathematics in mowledge imparted, practice enhancement, or patient safety kentucky.If this is the case, pharmacists in meed to license pharmacists in then we don't need to license pharmacists in kentucky.Jurisdiction is achieved. The Board must maintain the jurisdiction is achieved.	and 315.514. The out of state			
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pharmacists to complete an only way that we	1 0	Jurisdiction is the	proposing rules that make	
	pharmacists to complete an	only way that we		

application and pay additional fees in Kentucky.	can ensure that our residents and patients are safe. Industry is asking for our guidance, and we are responding to ensure the continued safety of the citizens of the Commonwealth.	it clear when licensure is required. Without jurisdiction, we cannot effectively protect the people of the Commonwealth from a pharmacist in violation of pharmacy law or bad actors. Industry is asking for our guidance, and we are responding to ensure the continued safety of the citizens of the	
		Commonwealth.	
Chewy (no name provided)	The board understands that		
Moreover, requiring every	any regulatory		
nonresident pharmacist employed by a multistate	requirement may		
pharmacy to be licensed in	come with increased		
Kentucky would have	cost or		
significant negative	administrative		
consequences on those	burden. We also		
pharmacists, their employing	acknowledge that certain system or		
pharmacies, and the people	enhancements will		
and pets of Kentucky in need	need to be put into		
of medication. Companies	place to ensure		
invest in their infrastructure,	compliance. It is		
including pharmacy	important to		
management systems, based	understand that		
on current and stable laws, and	regulations are not		
pharmacy infrastructure is	put into place for		
typically built to be both	specific type of business models.		
efficient and accurate ensuring	But rather,		
that prescriptions are handled	regulations are		
by the most qualified	established for any		
pharmacist rather than based	individual or entity		
on state of licensure or physical	under the purview		
geography. To do otherwise	of the regulatory		
risks inefficiencies and delays	agency. We are		
and requires significant	confident that		
additional investment in	pharmacies and		
enhancing technology and	pharmacists will achieve compliance		
workflows, without benefiting	at the lowest		
patient care or patient safety.	possible costs with		
	1		

	advances in systems, technologies, and	
	workflows.	
Chewy (no name provided)	The board	
If every state adopted laws or	understands that	
regulations like the one under	any regulatory	
consideration by the BOP,	requirement may	
every pharmacist in every	come with increased	
pharmacy (e.g., retail,	cost or	
specialty, mail-order, long-	administrative burden. We also	
term pharmacies, etc.) with a	acknowledge that	
multistate footprint would be	certain system or	
required to hold individual	enhancements will	
licensure in every state in	need to be put into	
which the pharmacy	place to ensure	
dispenses. This would be	compliance. It is important to	
untenable across the industry and cause significant	understand that	
administrative and monetary	regulations are not	
burdens on these pharmacies	put into place for	
and individual pharmacists. As	specific type of	
such, pharmacies may be	business models. But rather,	
forced to limit their state	regulations are	
scope, leading to lack of patient	established for any	
choice when obtaining	individual or entity	
necessary medications for	under the purview	
themselves and their pets.	of the regulatory	
	agency. We are	
	confident that pharmacies and	
	pharmacists will	
	achieve compliance	
	at the lowest	
	possible costs with	
	advances in systems,	
	technologies, and workflows.	

Chewy (no name provided)	NABP Verify has	
Furthermore, the additional	implemented a	
expenses of acquiring and	dashboard to	
renewing these licenses, along	make it easy for	
with the administrative task of	licensees to see	
monitoring them for	renewal dates, etc.	
expiration, could have a		
negative impact on existing	The board	
resources. <b>Expensive</b>	understands that	
technological safeguards	any regulatory	
would need to be	requirement may	
implemented to ensure	come with increased	
compliance with this	cost or	
regulation. Even with a "smart	administrative	
logic" system, requiring	burden. We also acknowledge that	
nonresident pharmacist	certain system or	
licensure could result in	enhancements will	
staffing shortages due to	need to be put into	
sickness, weather, or other	place to ensure	
uncontrollable events, that	compliance. It is	
would make nonresident	important to	
pharmacies unable to meet	understand that	
the Kentucky residents'	regulations are not	
pharmacy needs.	put into place for	
	specific type of	
	business models.	
	But rather,	
	regulations are established for any	
	individual or entity	
	under the purview	
	of the regulatory	
	agency. We are	
	confident that	
	pharmacies and	
	pharmacists will	
	achieve compliance	
	at the lowest	
	possible costs with	
	advances in systems,	
	technologies, and	
	workflows.	

Additionally, while we appreciate that the BOP's current proposal provides for an alternative to full pharmacist licensure, the proposed language still creates an undue burden on the pharmacist's time and expense by requiring each pharmacist to apply and obtain fingerprints for a background check that has already been performed as part of the pharmacist's niring. This requirement does not increase patient safety or otherwise benefit the Kentucky patient. Chewy (no name provided) A viable alternative to non- resident licensure is to only require the NABP Verify credential. This credential holds at least one active, unconditional licensure in good standing and has no current or unresolved disciplinary sanctions. Currently, North Carolina uses this credential allow non-resident pharmacists to practice into their state and does not require an additional license			I	
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an alternative to full pharmacist licensure, the proposed language still creates an undue burden on the pharmacist's time and expense by requiring each pharmacist to apply and obtain fingerprints for a background check that has already been performed as part of the pharmacist's resident state board licensing and, typically, as part of the pharmacist's hiring. This requirement does not increase patient safety or otherwise benefit the Kentucky patient. Chewy (no name provided) A viable alternative to non- resident licensure is to only require the NABP Verify credential. This credential holds at least one active, unconditional licensure in good standing and has no current or unresolved disciplinary sanctions. Currently, North Carolina uses this credential to allow non-resident pharmacists to practice into their state and does not require an additional license				
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unresolved disciplinary sanctions. Currently, North Carolina uses this credential to allow non-resident pharmacists to practice into their state and does not require an additional license	unconditional licensure in good			
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require an additional license	pharmacists to practice into			
	their state and does not			
	require an additional license			
for these pharmacists.	for these pharmacists.			

Andy Bane, Vetsource 201 KAR 2:030 has the potential to hinder medication access by limiting licensed pharmacists' ability to provide clinical services to Kentucky residents and may impact the ability of non- resident pharmacies to maintain adequate staffing to service the state's residents. The time and cost associated with the new licensure requirements in Section 6 are particularly concerning. The application process, which includes background checks and fingerprinting, is time consuming and prone to delays which are often beyond personal control. These factors, along with the time involved with reciprocity of licensure, would place an additional burden on non- resident outlets and pharmacists, diverting time and focus away from clinical practice without offering measurable improvement in	Imposing this requirement may indeed limit access if pharmacists chose not to pursue licensure. However, I'm not sure there is data to support pharmacists will not pursue licensure. While our current licensure and reciprocation process is effective and efficient, the use of NABP Verify creates an expedited pathway to licensure to increase access. Animals are patients, and any pharmacist wishing to take care of patients in Kentucky will understand the need.	Imposing this requirement may indeed limit access if pharmacists chose not to pursue licensure. However, I'm not sure there is data to support pharmacists will not pursue licensure. While our current licensure and reciprocation process is effective and efficient, the use of NABP Verify creates an expedited pathway to licensure to increase access.	
standards of care. Andy Bane, Vetsource Moreover, the rule may increase the number of individuals licensed but may not impact the level of compliance at a practice site. Maintaining the current process of licensure reciprocity for the non-resident Pharmacist-in- Charge (PIC) ensures regulatory alignment and a clear process for accountability. This model is especially effective at outlets with low PIC turnover and large pharmacist	Jurisdiction is the key to why licensure is being proposed. The PIC may be doing everything they can but they may not increase compliance of the individual pharmacists.	Jurisdiction is the key to why licensure is being proposed. The Board must maintain the jurisdiction to ensure the safety of the Kentucky citizen. This is why we are proposing rules that make it clear when licensure is required. Without jurisdiction, we cannot effectively protect the people of the Commonwealth from a pharmacist in violation of pharmacy law or bad	

teams. Vetsource has managed our compliance very effectively with this model providing consistent and comprehensive services nationally. Maintaining the PIC- licensed only model centralizes the necessary state-specific		actors. Industry is asking for our guidance, and we are responding to ensure the continued safety of the citizens of the Commonwealth.	
regulatory knowledge, while ensuring the outlet maintains a robust system for compliance via policies and procedures and thorough staff training.			
Andy Bane, Vetsource We believe this rule increases the administrative burden on pharmacies without directly improving patient care, especially in veterinary pharmacy practice where misuse and diversion of controlled substances is exceptionally low when compared to human pharmacies. We respectfully request the Board to reconsider the need for this rule especially when an outlet has been in good standing and maintains high standards to ensure patient safety and proper medication access. Should the Board proceed with the amendment, we recommend ensuring there is reasonable opportunity for a pharmacy to be granted a waiver or exception in consideration of veterinary pharmacy sites.	Pets are part of the family, and they shouldn't be treated any differently than other members of the human family. Controlled substances and diversion are not our only concern. Medication errors are also critically important and we want to ensure we have jurisdiction.		
Andy Bane, Vetsource The intent of the non-resident state licensure requirement should be to enhance the health, safety, and	We appreciate the care that each of the commentors has on this issue. This is a growth		

welfare of the people.		
Vetsource has maintained high standards of performance and accountability in all states. Implementing this amendment without a veterinary exemption would likely reduce access by increasing the licensure burden, negatively impacting an already under-considered population of providers and the services extended to those in need.	process for all of us, and a process that is critical whether the patients be human or animal. Patients are patients, whether human or animal.	
Ela Lourido, Vice	There is potential	
<b>Figure 1 Courido, Vice</b> <b>President/General Manager,</b> <b>Biologics by McKesson</b> The Proposed Rules do not further any discernible health, safety, or welfare purpose. In fact, the Proposed Rules would hinder the health, safety, and welfare of Kentucky patients by imposing unnecessary requirements, burdens, and costs on nonresident pharmacies and pharmacists that provide important and unique pharmacy services to Kentucky patients. For example, the Proposed Rules will make it more burdensome for Biologics' free drug programs to serve the most needy and vulnerable patient assistance programs. Additionally, the Proposed Rules will impair Biologics' ability to staff pharmacists on disease-specific care teams.	for harm in all manner of ways. By not having structure and regulations, there is also great potential for harm. We're building out the regulatory structure to benefit the patients of Kentucky. There are many entities that want to provide spectacular patient care. They are innovative. The Kentucky licensed pharmacist may still consult with the disease-state specialist prior to counseling a patient.	

	1		
Ela Lourido, Vice	Imposing this	Imposing this requirement	
President/General Manager,	requirement may	may indeed limit access if	
Biologics by McKesson	indeed limit access if	pharmacists chose not to	
Even if a pharmacy is able to cover	pharmacists chose	pursue licensure.	
as-yet unknown licensing costs for its	not to pursue	However, I'm not sure	
pharmacists and schedule Kentucky-	licensure. However,	there is data to support	
licensed pharmacists to cover all	I'm not sure there is	pharmacists will not	
shifts, unplanned illnesses or	data to support	pursue licensure. While	
emergencies may prevent a pharmacist from working on any	pharmacists will not	our current licensure and	
given day. The pharmacy would then	pursue licensure.	reciprocation process is	
have to halt any care for Kentucky	While our current	effective and efficient, the	
patients while another Kentucky-	licensure and	use of NABP Verify creates	
licensed pharmacist is identified. Any	reciprocation	an expedited pathway to	
potential delay, halt, or disruption in	process is effective	licensure to increase	
treatment access for patients with	and efficient, the	access.	
specialty conditions threatens their	use of NABP Verify		
health and livelihood. Without access	creates an		
to their specialty pharmacy and	expedited pathway		
medications, a patient could face immense setbacks in their treatment,	to licensure to		
leading to increased emergency	increase access.		
room visits, hospital admissions,			
healthcare costs, or worse.	We believe that		
,	you can find		
	solutions and		
	implement non-		
	resident licensure		
	well.		
Ela Lourido, Vice	We want to work	All states that utilize	
President/General Manager,	in lockstep with	NABP for license transfer	
Biologics by McKesson	our NABP	or initial licensing have	
Biologics by Mickesson		-	
Of note, the Kentucky Board has no	partners, but at	fees tied to NABP	
oversight over the fees charged by	any point we	regarding licensing.	
the NABP Verify program. Tying	believe a cost is		
nonresident pharmacy compliance to	unreasonable or		
this external entity's credentialing	would cause		
and fees process has unknowable	massive industry		
financial impact on pharmacists and	problems, we can		
pharmacies alike.	remove this		
	language from the		
	regulation.		
Ela Lourida Vica	Imposing this	Imposing this requirement	
Ela Lourido, Vice	requirement may	may indeed limit access if	
President/General Manager,	indeed limit access if	pharmacists chose not to	
Biologics by McKesson	pharmacists chose	pursue licensure.	
Biologics acknowledges and		However, I'm not sure	
understands that laws and	not to pursue		
regulations come with some degree	licensure. However,	there is data to support	

of compliance burden and associated cost. Typically, those compliance burdens and associated costs serve a valid health, safety, or welfare purpose. These Proposed Rules, however, do not appear to effectively serve such a purpose. To the contrary, we are concerned that the Proposed Rules will make it harder to pharmacies and pharmacists located within and outside of Kentucky to pursue normal operations and in turn, effectively serve Kentucky patients.	I'm not sure there is data to support pharmacists will not pursue licensure. While our current licensure and reciprocation process is effective and efficient, the use of NABP Verify creates an expedited pathway to licensure to increase access.	pharmacists will not pursue licensure. While our current licensure and reciprocation process is effective and efficient, the use of NABP Verify creates an expedited pathway to licensure to increase access.	
Ela Lourido, Vice President/General Manager, Biologics by McKesson Adding supplementary administrative requirements and financial burdens through state-specific licensing applications and fees does not impart any additional knowledge or improve individuals' ability to deliver patient care. Instead, these requirements merely add to the long list of growing obligations that are now becoming synonymous with the practice of pharmacy. To make matters worse, these proposed changes may cause many nonresident pharmacies to cease dispensing into Kentucky, leaving already stretched resident Kentucky pharmacies and pharmacists to absorb that volume, which will lead to delays in patient care and an increase in pharmacist burnout.	Every pharmacy is faced with a new challenge everyday with workflow and challenges to workflow. Pharmacists live through this every day. We work together to make system changes to improve conditions. We feel certain that entities that want to provide this important service will continue to do so. Patient care is and should always be our primary concern. Pharmacy has become very global. Our structure/regulation of pharmacy as a multi-state actor is behind. This is an important step to	The administrative and financial requirements are to provide the Board with jurisdiction over each pharmacist dispensing drugs into the Commonwealth. Jurisdiction is key to ensure that Kentucky patients are safe. Imposing this requirement may indeed limit access if pharmacists chose not to pursue licensure. However, I'm not sure there is data to support pharmacists will not pursue licensure. While our current licensure and reciprocation process is effective and efficient, the use of NABP Verify creates an expedited pathway to licensure to increase access.	

Ela Lourido, Vice President/General Manager, Biologics by McKesson Nonresident pharmacist licensure is at odds with the longstanding regulatory framework in Kentucky and every other state. Virtually every state, including Kentucky, requires a nonresident pharmacy to hold a state-issued facility license if it dispenses medications to patients in that state. Eighteen states, including Kentucky, also require licensure of a single pharmacist-in-charge ("PIC") who is responsible for ensuring proper oversight of the pharmacy staff and compliance with any relevant nonresident state's laws. However, other pharmacists in the facility are not required to hold pharmacist licenses in nonresident states.	ensure that Kentucky has jurisdiction over those pharmacists dispensing into the state of Kentucky to ensure our patients are protected. We have to protect our consumers; we cannot rely on someone else to do it. We cannot choose not to fulfill our obligations because of the administrative burden placed on pharmacies The practice of pharmacy has changed and we have adjusted our regulations accordingly to ensure the patients of Kentucky are safe.	