Sunset Report

Alabama State Board of Pharmacy

Birmingham, Alabama

October 1, 2023 through September 30, 2024

ALABAMA DEPARTMENT OF
EXAMINERS of Public Accounts

Rachel Laurie Riddle, *Chief Examiner* | **334-777-0500** | **www.alexaminers.gov**

State of Alabama
Department of
Examiners of Public Accounts
P.O. Box 302251, Montgomery, AL 36130-2251
401 Adams Avenue, Suite 280
Montgomery, Alabama 36104-4338
Telephone (334) 777-0500
FAX (334) 242-1775

Rachel Laurie Riddle
Chief Examiner

September 24, 2025

Senator Keith Kelley
Chairman, Sunset Committee
Alabama State House
Montgomery, Alabama 36130

Dear Senator Kelley:

This report was prepared to provide information for use by the Sunset Committee in conducting its review and evaluation of the operations of the Alabama State Board of Pharmacy in accordance with the ***Code of Alabama 1975***, Section 41-20-9.

The report contains unaudited information obtained from the management, staff, and records of the Alabama State Board of Pharmacy in addition to information obtained from other sources.

Please contact me if you have any questions concerning this report.

Sincerely,

Rachel Laurie Riddle
Chief Examiner

Examiners
Rodney Wagstaff
Charnelle Martin

CONTENTS

PROFILE

Purpose/Authority

The Alabama Legislature established the Alabama State Board of Pharmacy (the "Board") in February 1887 to regulate the practice of pharmacy in the State. The current statutory authority for the Board is found in the ***Code of Alabama 1975***, Sections 34-23-1 through 34-23-162 (Practice of Pharmacy Act) and 34-23-180 through 34-23-187 (Pharmacy Audit Integrity Act). The mandated function of the Board is to provide for the regulation and licensure of the practitioners of pharmacy in Alabama and the enforcement of pharmaceutical laws in the state in matters relating to pharmacy through, among other things, promulgating rules and regulations, licensing, approving pharmacy educational programs, investigating complaints or violations, and treating and rehabilitating impaired pharmacists.

The ***Code of Alabama 1975***, Sections 34-38-1 through 34-38-8 requires the Board of Dental Examiners and the State Board of Pharmacy to promote the early identification, intervention, treatment, and rehabilitation of individuals within the respective jurisdiction, licensed to practice in the State of Alabama, who may be impaired by reason of illness, inebriation, excessive use of drugs, narcotics, controlled substances, alcohol, chemicals, or other dependent forming substances, or as a result of any physical or mental condition rendering such person unable to meet the standards of his or her profession.

The Alabama Uniformed Controlled Substances Act, established by Act Number 1971-1407, Acts of Alabama, enumerated as the ***Code of Alabama 1975***, Section 20-2-1 through 20-2-284, was created as part of the state's effort to classify, regulate, and prevent abuse of controlled substances. The ***Code of Alabama 1975***, Section 20-2-51 requires every person who manufactures, distributes, or dispenses any controlled substance within this state or who proposes to engage in the manufacture, distribution, or dispensing of any controlled substance within this state must obtain annually a registration issued by the certifying Boards in accordance with its rules. The ***Code of Alabama 1975***, Section 20-2-182 requires manufacturers, wholesalers, retailers, or other person who sells, transfers, manufactures, purchases for resale, or otherwise furnishes precursor chemicals to obtain on a biennial basis a license issued by the State Board of Pharmacy.

The Alabama Pharmacy Benefits Manager Licensure and Regulation Act, established by Act Number 2019-457, Acts of Alabama, enumerated as the ***Code of Alabama 1975***, Section 27-45A-1 through 27-45A-12 establishes the standards and criteria for the regulation and licensure of pharmacy benefit managers providing claims processing services or other prescription drug or device services for health benefits plans.

The following Act passed since the last sunset review and has *not* been codified in the current statutory authority. A copy of the Act can be found in Appendix II of this report.

Act Number 2025-372, Acts of Alabama, relating to the Alabama Sunset Law; to continue the existence and functioning of the Alabama State Board of Pharmacy until October 1, 2026, with certain modifications; to amend Sections 34-23-3, 34-23-8, 34-23-12, 34-23-13, 34-23-30, 34-23-32.2, 34-23-33, 34-23-34, 34-23-52, 34-23-90, 34-23-91, 34-23-92, 34-23-93, and 34-23-131, ***Code of Alabama 1975***; to reconstitute the membership of the Board; to revise the compensation of Board members and their duties; to provide further for the position of secretary; to revise the Board's authority to impose penalties; to provide further for the Board's authorization to discipline pharmacists, pharmacies, and certain other entities; to provide further for the general counsel of the Board; to require the Board to report on the status of Board rules; and to make nonsubstantive, technical revisions to update the existing code language to current style. This Act became effective May 14, 2025.

Characteristics	
Members and Selection*	Currently, the Board consists of five members. Three members appointed by the Governor: • One who is engaged in the practice of pharmacy or pharmacy administration, or both, in a hospital – appointed from a list of three nominees submitted by the Alabama Society of Health System Pharmacists, or its successor organization. • One who is engaged in the practice of pharmacy or pharmacy administration, or both, in an independent pharmacy – appointed from a list of three nominees submitted by the Alabama Pharmacy Association, or its successor organization. • One who is engaged in the practice of pharmacy or pharmacy administration, or both, in a chain pharmacy – appointed from a list of three nominees submitted by the Alabama Pharmacy Association, or its successor organization. Two members elected at large by all Alabama pharmacists. The ballot contains two nominees submitted by the nominating committee of the Board of Trustees of the Alabama Pharmacy Association, or its successor organization. ***Code of Alabama 1975***, Section 34-23-90(a), (b), & (c) *Note: The information included above does not reflect changes made by Act Number 2025-372 as the changes to the Board's composition are not required until January 1, 2026.
Term	Board members serve five-year staggered terms. No member shall serve more than two full terms consecutively. ***Code of Alabama 1975***, Section 34-23-90

Qualifications*	Board members must meet the following: • Resident of this state. • Licensed pharmacists who have been licensed in this state for a minimum of five years. • Actively engaged in the practice of pharmacy or pharmacy administration, or both. ***Code of Alabama 1975***, Section 34-23-90(a) *Note: The information included above does not reflect changes made by Act Number 2025-372 as the changes to the Board's composition and qualifications are not required until January 1, 2026.
Consumer Representation*	Currently, there is no specific statutory requirement related to consumer representation on the Board. There are no consumer members currently serving on the Board. *Note: The information included above does not reflect changes made by Act Number 2025-372 as the changes to the Board's composition are not required until January 1, 2026.
Racial Representation	There is no specific statutory requirement related to racial representation on the Board. There are no minority members serving on the Board.
Geographical Representation	There is no specific statutory requirement related to geographical representation on the Board.
Other Representation	The appointing authorities shall select those individuals whose appointments assure that the membership of the Board is inclusive and reflects the racial, gender, geographic, urban/rural, and economic diversity of this state. ***Code of Alabama 1975***, Section 34-23-90(h) *Note: The information included above does not reflect changes made by Act Number 2025-372 as the changes to the Board's composition are not required until January 1, 2026.
Compensation	While serving on business of the Board and from funds of the Board, members shall be entitled to a per diem of $500.00 per day for days when members actually engage in official business of the Board. In addition, members of the Board shall be entitled to actual expenses incurred as is paid by law to state employees while engaged in official business of the Board. Act Number 2025-372, ***Acts of Alabama***

Attended Board Member Training	Former Secretary Two current Board members Three employees
<u>Operations</u>	
Administrator	Casey Shaw, CISCI, serves as the Interim Executive Secretary of the Board. He is an at-will employee, appointed by the Board with an annual salary of $130,000.00, plus $5,000.00 per month for the duration of his interim position. ***Code of Alabama 1975***, Section 34-23-90(f)(4)
Location	111 Village Street Birmingham, AL 35242 Office Hours: Monday – Friday: 8:00 a.m. to 4:00 p.m.
Real Property Ownership	Yes, the Board owns the property located at 111 Village Street, Birmingham, AL 35242. ***Code of Alabama 1975***, Section 34-23-92
Employees	Twenty-three employees. ***Code of Alabama 1975***, Section 34-23-92
Legal Counsel	Jennifer Muro Neumann, P.C., is contracted to provide the Board with legal services and represent the Board in administrative proceedings. Tara Hetzel, Assistant Attorney General, represents the Board for the Alabama Attorney General's Office. Mark Boardman, Esq., of Boardman, Carr, Petelos, Watkins, Ogle, & Howard, P.C. is contracted by the Board to provide legal services related to certain litigation for representation of certain Board employees, the Board's contracted attorney, and contracted Administrative Hearing Officer. James F. Hampton contracts with the Board to serve as hearing officer and preside over administrative hearings. ***Code of Alabama 1975***, Section 34-23-92

Subpoena Power	The Board has the power to issue subpoenas and compel the attendance of witnesses and the production of all necessary papers, books and records, documentary evidence and materials, or other evidence in matters pending before the board relating to the revocation, suspension, or probation of any license. ***Code of Alabama 1975***, Section 34-23-92
Internet Presence	www.albop.com The website contains information such as the Board's current statutes and rules, licensure forms, licensure fee schedule, licensee search, public records requests, wellness program, and minutes of the Board's meetings.
Financial	
Source of Funds	The Board's funds are derived from license and permit fees, reciprocal and exam fees, late fees, fines and penalties, administrative costs, and interest income.
State Treasury	The Board does not operate within the State Treasury. The Board's funds are held in the following bank accounts: • **Operating Account**: The Board's Operating Account is held at Servis1st Bank and used to collect revenues and pay operating expenses. Year-end balances remain in the account. • **Reserve Account**: The Board's Reserve Account is held at Servis1st Bank and used to safeguard monies by minimizing the balance in the operating account. • **Forfeiture Account**: The Board's Forfeiture Account is held at Truist Bank and used to account for funds seized in connection with the Board's drug enforcement activities under the Alabama Uniform Controlled Substances Act. The funds are restricted for payment of expenses incurred in carrying out drug enforcement activities. ***Code of Alabama 1975***, Section 34-23-91
Required Distributions	There are no required distributions.
Unused Funds	Board retains unused funds at year-end.

Licensure

Licensees

As of May 28, 2025**,** the Board had the following number of licensees:

License Type	
Pharmacist	10,436
Pharmacy Technician	14,850
Intern/Extern	939
Designated Representative	2,275
Pharmacist Enrollment Certificate	2
Chain Pharmacy	557
Community Pharmacy	722
Institutional Pharmacy	157
Non-Resident Pharmacy	690
Precursor	94
Pharmacy Services	41
503-B Outsourcing Facility	26
Third Party Logistics	198
Repackager	82
Retail Medical Oxygen Supplier	181
Manufacturer (Oxygen)	76
Wholesaler (Oxygen)	71
Drug Manufacturer	383
Drug Manufacturer (Distribution Only)	73
Private Label Distributor	62
Private Label Distributor (Virtual)	448
Wholesale Drug Distributor	508
Wholesale Drug Distributor (Reverse Distributor)	26
Wholesale Drug Distributor (Virtual)	43
Total	**32,940**

Source: Board Staff

Licensure Qualifications	**<u>Pharmacy/Entity Performing Pharmacy Services</u>** • Any person desiring to operate a pharmacy or to establish any entity to provide pharmacy services shall apply to the Board for a permit at least 30 days prior to the opening of the business. • No pharmacy or entity performing pharmacy services shall be authorized to transact business until it has been registered, inspected, and a permit issued by the Board. • If more than one pharmacy or entity where pharmacy services are performed is operated by the same owner, a separate application for registration shall be made and a separate permit issued for each such establishment. • The holder of a Pharmacy Service Permit must designate a Supervising Pharmacist, on site, who is responsible for ensuring that the processes and compliance standards are maintained within limits set by the Board for the permit holder. ***Code of Alabama 1975***, Section 34-23-30 Act Number 2025-372, ***Acts of Alabama*** ***Administrative Rule*** 680-X-2-.41(2) **<u>Manufacturer, Bottler, Packager, Repackager, Third Party Logistic Provider, Wholesale Drug Distributor, Private Label Distributor, Outsourcing Facility, Pharmacy Business Identified in Supply Chain</u>** • Shall employ a full-time licensed pharmacist whose principal duty shall be confined to on-premises pharmaceutical operations. • Commencing on January 1, 2024, each holder of a permit, with the exception of an outsourcing facility, shall designate a current representative of the permit holder and shall register the designated representative with the Board. The designated representative shall possess the qualifications, requirements, and background as set out by the Board. ***Code of Alabama 1975***, Section 34-23-32(b) & (e)(1) **<u>Pharmacy Intern/Extern</u>** • Hold a professional degree in pharmacy from a school of pharmacy recognized by the Board who desires to serve as a pharmacy intern. • Enrolled in a school of pharmacy recognized by the Board who desires to serve as a pharmacy extern while pursuing his or her education as a pharmacist. • Shall be required to be of good moral character. • A citizen of the United States or legally present. • The Board shall require a background check on each applicant as part of the initial application. ***Code of Alabama 1975***, Section 34-23-50(b)(2), (3), and (5)

Licensure Qualifications (continued)	**<u>Pharmacist</u>** • At least 19 years of age and have good moral character. • Hold a professional degree from a division, school, college, or a university department of pharmacy recognized by the Board. • A citizen of the United States or legally present. • The applicant shall have completed an approved practical training program under the supervision of a licensed pharmacist in a site recognized by the Board as qualified for training pharmacy externs and interns, the training standards to be established by the board as long as the standards are not less than those set by the National Association of Boards of Pharmacy (NABP). • Pass an examination administered by the NABP or other entity approved by the Board in subjects consistent with those required by the NABP and in accordance with the rules of the Board. ***Code of Alabama 1975***, Section 34-23-51 **<u>Pharmacy Technician</u>** • Have attained the age of 17. • Shall complete a Board-approved training program within the first six months after their registration and submit evidence of completion to the Board within 10 days of completion. • Possess good moral character. • Shall consent and be subject to a Board approved criminal background check. ***Code of Alabama 1975***, Section 34-23-131(c) ***Administrative Rule*** 680-X-2-.14 **<u>Designated Representative</u>** • Be at least 21 years of age. • Be a citizen of the United States or, if not a citizen of the United States, a person who is legally present in the United States with appropriate documentation for the federal government. • Be employed by the facility full-time in a position of authority and be physically present at the facility for a minimum of 50% of the hours of operation or 30 hours per week, whichever is less. • Be actively involved in and aware of the actual daily operation of the entity. • Serve as a designated representative for only one entity at any one time. • Shall consent and be subject to a Board approved criminal background check. ***Code of Alabama 1975***, Section 34-23-32(e)(1) ***Administrative Rule*** 680-X-2-.23(9)

<table>
<tr>
<td>Licensure Qualifications (continued)</td>
<td>
<u>Collaborative Practice Agreement (Pharmacist)</u>

Have an active, unrestricted license to practice pharmacy in the State of Alabama.
Have an active, unrestricted Alabama Controlled Substances Certificate issued by the Board of Pharmacy.
Provide services in a facility permitted pursuant to the Code of Alabama 1975, Section 34-23-30 only, the pharmacy must maintain an active, unrestricted pharmacy permit and Drug Enforcement Administration (DEA) registration.

Code of Alabama 1975, Section 34-23-77
Administrative Rule 680-X-2-.44(3)(d)
</td>
</tr>
<tr>
<td>Examinations</td>
<td>
Candidates for licensure are required to successfully complete the North American Pharmacist Licensure Examination (NAPLEX) and the Multi- State Pharmacy Jurisprudence Exam (MPJE). The National Association of Boards of Pharmacy (NABP) writes and grades the examinations. Computerized exams are administered six days a week at Pearson Vue testing centers in Birmingham (two locations), Dothan, and Montgomery.

The North American Pharmacist Licensure Examination (NAPLEX) is designed to evaluate general practice knowledge and is taken by recent college of pharmacy graduates shortly after they receive their degree.
<table>
<tr><th colspan="3">Auburn University</th></tr>
<tr><th>Calendar Year</th><th>2024</th><th>*2025</th></tr>
<tr><td># Taken</td><td>160</td><td>9</td></tr>
<tr><td># Passed</td><td>116</td><td>1</td></tr>
<tr><td>% Passed</td><td>73%</td><td>11%</td></tr>
</table>
<table>
<tr><th colspan="3">Samford University</th></tr>
<tr><th>Calendar Year</th><th>2024</th><th>*2025</th></tr>
<tr><td># Taken</td><td>170</td><td>23</td></tr>
<tr><td># Passed</td><td>119</td><td>16</td></tr>
<tr><td>% Passed</td><td>70%</td><td>70%</td></tr>
</table>
*Exam Results through May 5, 2025
</td>
</tr>
</table>

Examinations (continued)

The Multi-State Pharmacy Jurisprudence Examination (MPJE) is designed to assess the application of regulations for specific states/jurisdictions and is taken by recent college of pharmacy graduates, licensed pharmacists who want to practice in another jurisdiction, and pharmacists who are Foreign Pharmacy Graduate Examination Committee (FPGEC) certified.

Auburn University		
Calendar Year	**2024**	***2025**
# Taken	134	12
# Passed	116	10
% Passed	87%	83%

Samford University		
Calendar Year	**2024**	***2025**
# Taken	103	7
# Passed	99	7
% Passed	96%	100%

*****Exam Results through May 5, 2025

Code of Alabama 1975, Section 34-23-51
Source: Board Staff

Reciprocity

The Board may issue a license without examination to an applicant who furnishes satisfactory proof that he or she has been licensed to practice pharmacy by examination in another state that under like conditions grants reciprocal licensure without examination to pharmacists duly licensed by examination in Alabama and is a person of good moral character and temperate habits.

Additionally, the requirements in the state from which the applicant is reciprocating were no less than the requirements of the National Association of Boards of Pharmacy.

The applicant for licensure by reciprocity shall be personally interviewed by two or more members of the Board before being granted a license, and the applicant shall pass a written examination on the laws governing the practice of pharmacy in Alabama.

Code of Alabama 1975, Section 34-23-51(e)

Renewals	All permits for every pharmacy or entity where pharmacy services are performed shall expire on December 31 of even-numbered years. The renewal fee is due on December 31, and if not received by that date, the permit shall be considered delinquent and the Board may impose a late fee of $25.00 for each month the renewal fee is late, provided a delinquency fee may not exceed $1,000.00. Act Number 2025-372, ***Acts of Alabama*** Pharmacists' certificates of licensure shall expire on December 31 of even-numbered years. The renewal fee shall be due on December 31. If any pharmacist fails to pay the renewal fee by December 31, the Board may impose a late which may not exceed $10.00 for each lapsed month, not to exceed five years. Act Number 2025-372, ***Acts of Alabama*** Permits for manufacturers, bottlers, packagers, repackagers, third party logistic providers, wholesale drug distributors, private label distributors, outsourcing facilities, and pharmacy businesses identified in the supply chain of drugs, medicines, chemicals, or poisons for medicinal purposes shall become due on October 31 and shall become null and void if not paid by December 31 annually. A penalty of $100.00 for each overdue month shall be assessed in addition to the permit fee for renewal. ***Code of Alabama 1975***, Section 34-23-32(d) A pharmacy interns/externs permit shall expire on December 31 of odd-numbered years. If the renewal is not timely received, a penalty of not more than $50.00 shall be assessed for each month the renewal is late. ***Code of Alabama 1975***, Section 34-23-50(b)(6) The registration of each pharmacy technician shall expire on December 31 of odd-numbered years. If any pharmacy technician fails to pay the renewal fee by December 31, the Board may impose a late fee, as determined by the Board, for each lapsed month. Act Number 2025-372, ***Acts of Alabama*** Collaborative practice agreements must be renewed by December 31 biennially. ***Code of Alabama 1975***, Section 34-23-77(d) ***Administrative Rule*** 680-X-2-.44(4)(a)(5) 100% of license/permit/registration renewals are performed online. ***Source:*** Board Staff

Licensee Demographics

The Board asks questions relating to demographics from licensees during licensure renewal. The licensees are not required to provide answers so total responses vary. Below is the information collected from the pharmacists, pharmacy technicians, and interns/externs who renewed their license as of June 17, 2025.

Gender	# of Responses	Percentage
Female	19,640	74%
Male	6,239	24%
Prefer Not to Answer	27	0.1%
Unknown**	600	2%

Race	# of Responses	Percentage
African American	3,230	12%
Asian	834	3%
Caucasian	12,775	48%
Hispanic	415	2%
Native American	70	0.3%
Other	266	1%
Pacific Islander	22	0.1%
Unknown**	8,894	34%

**Applicant did not respond.

Source: Board Staff

Continuing Education

Pharmacists shall complete 30 hours of continuing education biennially, 6 hours of which shall be live presentation.

Code of Alabama 1975, Section 34-23-52(b)
Administrative Rule 680-X-2-.36(1) and (4)

Pharmacy Technicians shall complete 6 hours of continuing education biennially of which least two hours shall be live presentation. If a pharmacy technician has only been registered for one full calendar year, they shall complete three hours of continuing education for the first renewal of their registration of which one hour shall be live presentation.

Code of Alabama 1975, Section 34-23-131(d)
Administrative Rule 680-X-2-.37(1) (2) and (4)

SIGNIFICANT ISSUES

Significant Issue 2025-001: A review of the Board's minutes revealed the settlement agreement with the Board's former Secretary was noted and addressed as a case instead of being documented as a settlement agreement. The Board's minutes reflect action was taken on Case Number 25-D-0122. A review of the Board's records disclosed that Case Number 25-D-0122 was assigned to the settlement agreement between the Board and the former Secretary, not to a complaint or other similar item as is usual practice.

Significant Issue 2025-002: The minutes of a Board meeting did not reflect certain representations made by the Board. A letter, dated January 31, 2025, was sent to the Governor seeking the appointment of an Acting Secretary. This letter stated, "At its January 22, 2025 meeting, the Board requested the resignation of its previous Secretary… and this request was accepted effective January 31, 2025." A review of the minutes of the Board's January 22, 2025 meeting did not reflect a resignation request being made to the Secretary.

Significant Issue 2025-003: The Board did not comply with the Open Meetings Act, specifically *Code of Alabama 1975*, Section 36-25A-7(a) when entering an executive session. The ***Code of Alabama 1975***, Section 36-25A-7(a) states, in part, "Executive sessions…may be held by a governmental body only for the following purposes: (1) To discuss the general reputation and character, physical condition, professional competence, or mental health of individuals, or, subject to the limitations set out herein, to discuss the job performance of certain public employees. However, except as provided elsewhere in this section, discussions of the job performance of…specific public employees may not be discussed in executive session if the person is… a public employee who is one of the classification of public employees required to file a statement of economic interests with the Alabama Ethics Commission pursuant to Section 36-25-14."

A review of the minutes from the Board's January 22, 2025 meeting indicated that the Board entered an executive session. The Board's legal counsel certified the reasons for the executive session were for the Board "to discuss pending litigation, the reputation, and job duties of those individuals regulated and employed by the Board." Upon reconvening the public portion of the meeting, the Board unanimously passed a motion "to take the recommended action to authorize a settlement agreement pending release of all relevant government approvals and pursuant to the terms and parameters approved by the Board in Case Number 25-D-0122."

The Board's stated reasoning for entering an executive session, along with the actions taken following the executive session regarding Case Number 25-D-0122, which was assigned to the former Secretary's settlement agreement, indicate that the Board violated ***Code of Alabama 1975***, Section 36-25A-7(a). The former Secretary's position as a public employee who is required to file a statement of economic interests with the Alabama Ethics Commission, pursuant to the ***Code of Alabama 1975***, Section 36-25-14, would prohibit the Board discussing the Secretary's job performance in an executive session.

Significant Issue 2025-004: The Board did not comply with the *Code of Alabama 1975*, Section 34-23-90(f)(4) relating to the appointment of a secretary. The ***Code of Alabama 1975***, Section 34-23-90(f)(4) states, "The board shall also elect a secretary who shall serve as a member of the board, and the board shall have the authority to fix the amount of the secretary's remuneration."

On January 31, 2025, the Board submitted a letter to the Governor requesting the Director of Regulatory Affairs be appointed to serve as Acting Secretary of the Board. The explanation provided in the letter stated that the Board did not elect an Acting Secretary because the outgoing Secretary's resignation was not yet effective, and the Board found itself in an emergency situation due to the unique constraints of its statutes related to the noticing of meetings.

The letter stated that at its January 22, 2025 meeting, the Board requested the resignation of its previous Secretary, and this request was accepted, effective January 31, 2025. The letter further stated that the Board discussed and was generally in agreement to appoint the Director of Regulatory Affairs to serve as Acting Secretary. However, the Board did not vote for or otherwise formally elect the Director of Regulatory Affairs to serve as Acting Secretary.

As noted in *Significant Issue 2025-002*, the minutes of the Board's January 22, 2025 meeting do not reflect the Board's representations that a request for the resignation of the former Secretary was made. Further, the minutes of the January 22, 2025 meeting do not reflect any discussion or general agreement to appoint the Director of Regulatory Affairs as the Board's Acting Secretary. Thus, the appointment was not made in accordance with the ***Code of Alabama 1975***, Section 34-23-90(f)(4).

SIGNIFICANT ISSUES FROM QUESTIONNAIRES

Significant Issue 2025-005: Two out of five (40%) chain pharmacies, eleven out of thirty (37%) community pharmacies, and 11 out of twenty-four (42%) oxygen retailers responding to the survey indicated reimbursements is the most significant issue facing their profession in Alabama.

Significant Issue 2025-006: Seven out of eighteen (39%) pharmacists and two out of five (40%) chain pharmacies that responded to the survey indicated that the Board does not respond to inquiries in a timely manner.

Significant Issue 2025-007: Three out of five (60%) chain pharmacies that responded to the survey indicated that they do not think regulation of their profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare.

Significant Issue 2025-008: Three out of fifteen (20%) non-resident pharmacies, five out of eleven (45%) distributor, manufacturer, repackager, wholesaler, and third party logistics, five out of twenty-six (20%) oxygen retailers and two out of ten (20%) manufacturer/wholesaler oxygen services that responded to the survey indicated that the increasing regulatory burdens being imposed are the most significant issues facing their profession in Alabama.

STATUS OF PRIOR FINDINGS/SIGNIFICANT ISSUES

Twenty of the twenty-six prior findings/significant issues have been resolved. The following prior findings/significant issues remain outstanding:

Prior Significant Issue 2019-005: The Board did not pay an employee the correct amount for annual/sick hours upon separating from the agency. The employee was paid for one-half of the annual leave hours and all the sick leave hours resulting in an overpayment of $12,582.59. This amount is reflected as a charge against a former employee.

According to the Board of Pharmacy's Personnel Handbook Policy #10, "Upon termination of employment, payment shall be made to the employee for ***all existing annual leave hours up to a maximum of 480 hours*** and for ***one-half of the existing sick leave hours up to the maximum to be paid of 600 hours."***

Current Status: Unresolved. The Board did not pay an employee retiring from the Board in accordance with the Board of Pharmacy's Employee Handbook 2025 Policy #10. The Employee Handbook states employees are entitled to one-half of their existing sick leave hours up to the maximum of 600 hours upon termination of employment. The former Secretary overrode the Board's policy and dictated a payment of 600 hours of sick leave, when one-half of the employee's accrued sick leave hours totaled 341.75 hours. This means the employee was overpaid 258.25 sick leave hours totaling $12,473.35. Additionally, at separation, the employee was underpaid 12 annual leave hours by totaling $579.69. These two errors resulted in a net overpayment to the employee of $11,893.66. Upon notification of this error, the Board notified the employee of the overpayment and the amount was repaid to the Board prior to the conclusion of the Sunset review.

STATUS OF PRIOR SIGNIFICANT ISSUES FROM QUESTIONNAIRES

Prior Significant Issue 2024-015: Eighteen of the thirty-two (56%) pharmacists, eight of the thirty-one (26%) community pharmacies, and seven of the twenty-eight (25%) non-resident pharmacies responding to our survey have a negative perception of the Alabama State Board of Pharmacy.

Current Status: Unresolved. Ten out of eighteen (56%) pharmacists and one out of five (20%) pharmacy technicians responding to our survey continued to have a negative perception of the Board. Respondents indicated the over regulation and mistrust of the Board as the most significant issue facing their profession in Alabama. Some cited the need for more transparency with the Board and expressed grievances regarding how the Board handled the departure and payout of the previous Executive Secretary.

Prior Significant Issue 2024-016: Six of the seven (86%) pharmacy technicians, sixteen of the thirty-four (47%) institutional pharmacies, two of the six (33%) interns-externs, and seven of the thirty-two (22%) pharmacists responding to our survey consider workload, staffing, and pay as the most significant issue facing their profession. Some of the issues cited include a decreased interest in becoming a pharmacist, corporate greed causing short staffing with increasing workload, high debt to income ratio with school costs and salary decreases, and insufficient influx of high-caliber individuals joining the field.

Current Status: Unresolved. Six of the twenty-four (25%) institutional pharmacies responding to our survey consider work overload, staffing, and pay as the most significant issues facing their profession.

Prior Significant Issue 2024-017: Thirteen of the thirty-two (41%) pharmacists, four of the eight (50%) chain pharmacies, nine of the thirty-one (29%) community pharmacies, and six of the twenty-eight (21%) non-resident pharmacies responding to our survey consider pharmacy benefit managers (PBMs) as the most significant issue facing their profession. Some of the issues cited include PBM overreach, PBMs employing anti-competitive practices by exercising a de facto monopoly over the prescription drug business, and PBMs not reimbursing pharmacies for full cost of pharmaceuticals, resulting in numerous high-cost drugs being dispensed at a loss at the pharmacy and the pharmacies losing money.

Current Status: Unresolved. Seven of the eighteen (39%) pharmacists, one of the four (25%) intern/extern, four out of five (80%) chain pharmacies, fourteen out of thirty (47%) community pharmacies, six out of 24 (25%) institutional pharmacies, and three out of fifteen (20%) non-resident pharmacies consider pharmacy benefit managers (PBMs) as the most significant issue facing their profession. Some of the issues cited include PBM abuse, PBMs monopoly over the prescription drug business, and PBMs not reimbursing pharmacies for full cost of pharmaceuticals, resulting in numerous high-cost drugs being dispensed at a loss to the pharmacy and the pharmacies losing money.

Prior Significant Issue 2024-018: Twenty-two of the thirty-two (69%) pharmacists, four of the six (67%) pharmacy service providers, and four of the eight (50%) chain pharmacies responding to our survey indicated they think the Board's laws, rules, or policies are an unnecessary restriction on the practice of their profession.

Current Status: Unresolved. Ten of the eighteen (56%) pharmacists, three out of five (60%) chain pharmacies, fifteen out of thirty (50%) community pharmacies, and two of three 503-B facilities (67%) responding to our survey indicated they think the Board's laws, rules, or policies are an unnecessary restriction on the practice of their profession.

Prior Significant Issue 2024-020: Five of the nine (56%) complainants responding to our survey indicated they were not satisfied with the Board's handling of their complaints. Some of the comments include the Board did not resolve their complaint and the Board did not inform the complainant of the resolution of their complaint. Testing of complaint files did not reveal any issues with the Board notifying the complainants of the resolution of their complaints.

Current Status: Unresolved. Eight of the twenty-three (35%) complainants responding to our survey indicated they were not satisfied with the Board's handling of their complaints. Additionally, fourteen out of twenty-three (63%) complainants indicated that they did not feel that the Board did everything it could to resolve their complaint. Some of the comments included that the Board did not do anything to resolve their complaint, the Board did not inform the complainant of the resolution of their complaint, and that respondents were not pleased with the Board's results. Testing of complaint files did not reveal any issues with the Board notifying the complainants of the resolution of their complaints.

QUESTIONNAIRES

Pharmacist Questionnaire

A letter was sent to one hundred and seventeen licensees requesting participation in our survey. Eighteen participated in the survey. The percentages are based on the number who responded to the question.

1. What do you consider the most significant issue(s) facing your profession in Alabama?

Respondent #1 – "PBM regulation mistrust of the Board of Pharmacy"
Respondent #2 – "Lack of prescribing privilege for pharmacists- should be more similar to Nurse Practitioners."
Respondent #3 – "Unsure, I am licensed in AL but now am practicing in CT."
Respondent #4 – "Pharmacist are losing their impact to help coordinate patient healthcare SAFELY due to insurance company interference with billing, excessive workloads (especially retail), and other parts of healthcare fighting against us. The board of pharmacy has done nothing to represent us and mostly penalizes our own."
Respondent #5 – "NA - I work outside of Alabama currently"
Respondent #6 – "PBM Abuse and over regulation from the Alabama Board of Pharmacy. Also, the newly signed law making pharmacies get license from the ABC board to sell CBD."
Respondent #7 – "I don't know."
Respondent #8 – "One important issue is pharmacist ARE NOT wanting to practice in Alabama because of the boards past actions. For example, if a pharmacist is having a problem with any type addiction (drugs, pornography, gambling, alcohol or anything addicted related) they have to hide it from the board of pharmacy because if you inform the Alabama board the first thing they do is SUSPEND your pharmacy license therefore if license is suspended you cannot work in pharmacy at all. What I am saying is the board will not work with you in getting you into counseling, or additional therapy because they cut off the supply of income to help pay for therapy. ***** if there is no income then there is no therapy. ****.
Secondly: then they tack on a very large fine, in my case it was $ 5000.00 that had to be paid in 30 days (remember pharmacist is out of work)
Thirdly: I was out of work in my profession for 2 years because on licenses being suspended.
Finally: All the drug inspectors with the Alabama Board are retired police officers therefore when they come into the pharmacy, with there background you are already under investigation, just because of the nature of the past history as officers. I think, the drug inspectors should be pharmacist that way they can relate to other pharmacists on a work level and a personal level as well.

There should be a program with the Board of Pharmacy in Alabama where we as pharmacists can call the board and get into counseling and work as a pharmacist knowing that we would not loose our only income for employment being a pharmacist, the decision is of the Board and is very SUBJECTIVE. Would be nice to get support from the Board and not have a great fear of loosing pharmacy licenses during the process. With this in place there would be more pharmacist asking for help and not trying to hide it, We would be a better profession and develop a relationship with the Board too."

Respondent #9 – "Unnecessarily high monetary fines"
Respondent #10 – "Under staffing"
Respondent #11 – "PBMs and insurance companies under reimbursement"
Respondent #12 – "Criminally low reimbursements, due to PMB monopoly"
Respondent #13 – "Pharmacists need to be given provider status so that we can help collaborate with physicians in underserved areas."
Respondent #14 – "I don't practice there"
Respondent #15 – "Predatory tactics to dilute and hamstring Pharmacists by pressures both externally and internally."
Respondent #16 – "Corruption at ALBOP (I feel that they do not have the best interests of pharmacists in mind and have not for some time). Also PBMs."
Respondent #17 – "PBM's Has the ASBOP really changed"
Respondent #18 – "PBM's ALBOP Chain stores"

2. **Do you think regulation of your profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare?**

Yes	**15**	**83%**
No	3	17%

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

Yes	**10**	**56%**
No	4	22%
Unknown	4	22%

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

Yes	**11**	**61%**
No	7	39%

5. **Do you consider mandatory continuing education necessary for the competent practice of your profession?**

Yes	**11**	**61%**
No	7	39%

6. **Does the Board respond to your inquiries in a timely manner?**

Yes	**7**	**39%**
No	**7**	**39%**
Unknown	4	22%

7. **Has the Board performed your licensing and renewal in a timely manner?**

Yes	**18**	**100%**

8. **Do you have any additional comments you would like to make?**

Respondent #1 – "The Board has lost the trust of the profession. The Board only appears to be concerned with revenue from fines and penalties. Many professionals have been harmed by the actions of this Board."
Respondent #2 – "I had a technical violation in another state (late CE) but never violated Alabama BOP regulations. The issue could have been explained in a simple email. Alabama BOP still made me jump though many hoops and made many threats and made me pay unnecessary legal fees. It was unfortunately an example of unnecessary government red tape and waste of time and money."
Respondent #3 – "No thank you "
Respondent #4 – "The payout to [redacted] is most certainly NOT understood by me. The discussion of this payout should have been done in an open meeting and I'm bothered by the fact that our state leaders approved it. The entire money situation sickens me, ie. the high salaies of executive secretary, high salaries and expenses of board members, high fines to everyone, just everything that has been uncovered. The money situation was certainly NOT known by most all practicing pharmacists of the state. The Discipline of pharmacist and techs should be of public record so others will know what is going on and what to look for. This information used to be on website but was taken off. Names do not need to be listed, but what happened and the disciplinary actior should be posted. Detailed finacials should be provided during meeting and posted to website and should be reported to state leaders (Governor, etc). I feel that our board members spend a lot of money on travel expenses for their benefit. I often see photos of board members on "education cruises" that are mostly about fun. The Alabama Pharmacist Association should not have so much influence on who is on the board. The makeup of the board is obviosly a "good ole boys" club and has been this way for a while. The fact that our most recent Executive Secretary was appointed while serving as a board member is appauling. I never saw this position posted. When the board's most recent wrong doings were exposed, all board members should have been kicked off and made to transfer funds to state treasury account."
Respondent #5 – "None"
Respondent #6 – "I do not agree with how the Board handled the payout to the former executive secretary. I am very disappointed in the governor and attorney general for signing off on the paperwork to pay her to go away. I also do not agree with the Board trying to push through emergency rules and penalty fine amounts. For example the board is trying to fine people that are not licensed to be behind the counter. This is overregulation and only a way to collect more money. So if my 8 year old is sick, I cannot bring her to work with me and have her sit at my desk away in the back of the pharmacy. It also brings up the question if we have to have maintenance workers come repair store issues."

Respondent #7 – "No"

Respondent #8 – "My name is [redacted] license [redacted]. and I am a Pharmacist in the State of Alabama. After reading an article in the Alabama Political Reporter on pharmacist [redacted] I feel that my case was another example of the Alabama Board of Pharmacy overstepping their authority.

I was terminated from [redacted] Pharmacy for sending a text message to a customer and asking her to meet up with me. This was not an illegal violation but was an unethical violation. I was interrogated by loss prevention [redacted] and he asked very personal questions. Some of the question were: Have you ever had any counseling sessions related to marriage? Do you have any addictions? I was trying to save my job by being totally honest and everything that I told the loss prevention officer, the State Board of Pharmacy charged me with.

My violation occurred March 2014 and the Board of Pharmacy delayed my hearing til 5 months later, because they honestly did not know how to handle my case. I was told by my attorney that I will be made an example, because I was the first pharmacist to have this type of violation in Alabama.

The First Final Order (August 2014) the Board suggested certain requirements and a 10 year probation period.

The next Final Order (April 2015) the same requirements were suggested, along with more counseling and license still suspended, meaning that I cannot work as a pharmacist.

The Third was the Consent Order (March 2016) which had reasonable requirements so that I could get back to work in my Profession but the probation was increased 2 and 1/2 times longer (25 years probation), which I thought was a very long time for my particular violation.I agreed only because I had drained all my retirement,my funds were getting almost down to zero, and my morale was at the lowest level ever in my life and I needed to get back to work in my profession since I was out for 24 months. I personally believe that there was one member ([redacted]) of the Board that took my violation as a personal response rather than a professional approach. Also the Board Attorney, [redacted] called me a "Pervert "in front of my Pharmacy Board Members, which did not give me any credibility.

The Alabama Board help me turn my life around and now I have a strong marriage, I am active in my church, along with working in a rural area pharmacy with is a 120 mile drive each day round trip because having discipline on my profile, limits my ability to practice pharmacy in a lot of areas close to my home in Tuscaloosa.

I am asking if you can help me get my probation time reduced from 25 years to a more reasonable time considering the offense or time already served. If the probation time remains I will be 80 years of age when the time expires. Being on probation creates many limitations as a pharmacy manager. It requires me to be responsible for third party contracts at my current pharmacy ([redacted]). Being the (PIC) or pharmacy manager i am required to disclose any disciplinary action along with giving additional information of being on probation and having to explain why I am on probation for the next 25 years on the current 45 contracts that the pharmacy has. It make it extremely difficult to procure all the insurance contracts needed to serve the rural community where [redacted] is located. Another concern I have is with myself being on probation, my reimbursement rate on each prescription filled will be affected. I have not had any other violations since the March 2014 incident. I have demonstrated good conduct, behavior and fulfilled all the terms of the Alabama State Board of Pharmacy has required of me. I know and realize that Discipline will stay on file for my lifetime. I have turned my life around, boundaries, are in place, along with right thinking.

Respondent #9 – "No"
Respondent #10 – "There needs to be a minimum number of employees per 100 prescriptions per day (3)"
Respondent #11 – "No"
Respondent #12 – "Power hungry and money hungry group. Should be dissolved and rebuilt."
Respondent #13 – "I am very concerned with the BOP's continued lack of transparency. It would be so easy for ALBOP to record and upload board meetings to the website for licensees to listen to later: we can't all stop during the workday to attend or log into the meetings. There have been so many issues needing resolution at the board of pharmacy but the board members continue to conduct business and make major decisions in the closed executive sessions, violating the open meetings act. The executive secretary, who has been a massive ethics violation time and time again, was ordered to be removed by our legislators, so our board assigned a fake discipline case number to her and discussed her removal in a closed executive session, came out of executive session and "voted on it" and then proceeded to pay her off with almost $300k (payoff of $150k and unused sick/PTO time). The state of Alabama should not be paying people off when (s)he has done a bad job!!! Even more concerning is that our governor and attorney general would agree to this financial decision. The governor even commented that she "reluctantly" agreed to the payoff. What does that even mean? Why would our top official sign off on this if she has doubts??? Finally, I do not trust the board's management of finances…they are a state agency and have not complied with the governors request for them to put their money in the state treasury…they continue to operate as a checkbook agency. Why as a licensee, am I having to pay for pharmacy investigators to have satellite radio in their board-issued vehicles? That seems like something they could foot the bill for themselves if they want to listen to satellite radio. Not a necessity to do their job! Why doesn't the board have to get multiple bids on the vehicles they purchase like other state agencies do? Why have they spent millions on the ALBOP building in birmingham when it would make so much more sense for the BOP to be in Montgomery? The optics are not good. Many of my fellow pharmacists have spoken up at board meetings asking a simple question to make sure they are doing their job and following laws correctly? Only to be visited, inspected, and interrogated by board investigators shortly thereafter. Speaking with other healthcare professionals like nurses and physicians, this is not normal: we should be able to ask questions without fear of retribution or retaliation…. pharmacists have always been considered americas most trusted profession, and we have worked so hard to gain and maintain the trust of the general public, but our board of pharmacy, its employees and legal team do not represent trustworthiness or transparency in any way shape or form right now. I do have hope that a new executive secretary could usher in a new era of transparency and ethical leadership, but I am currently very concerned with the current board members and employees."
Respondent #14 – "In all my years of being licensed, I have so appreciated the competency and kindness from the office anytime I needed the Board to answer a question or help in the license renewal process"

Respondent #15 – “There are many areas of concern that should be addressed with the Board of Pharmacy. I will attempt to be brief.

1. Focus of the intent and objective of the Alabama Board of Pharmacy: in multiple instances, the Board of Pharmacy has strayed from it's intent to protect the Alabama patients. Too many times the Board of Pharmacy has focused on revenue streams. The Board has also become a punitive agency against it's members, instead of a fair, just and positive means of regulating the practice of Pharmacy in Alabama. For example, in the pseudo-public Board of Pharmacy meeting that was held on June 10, 2025, fines were being created for entities that do not have a license with the Board of Pharmacy. It is my understanding that this would not fall under the Board's jurisdiction, nor should any fine be based on a business' revenue streams.

To give an example of the punitive nature of the current Board of Pharmacy, during the June 10th, 2025 Board meeting, one of the Board members stated, "Well, if they aren't renewing their license on time, what else are they doing wrong?" This type of conjecture and mindset is a perfect summation of the issues and the broken culture that currently permeates the Board. Instead of focusing on fairness, due process, and addressing the issue at hand, there is a focus on harming rather than healing. These types of comments are why licensees are afraid to speak up, or out, against the Board for fear of retaliation. The Board exists to be a non-biased, neutral regulator of Pharmacy practice. It is extremely difficult to trust the Board of Pharmacy when they show no reciprocal trust to its members. The only way improvements are made are through open and honest communication to accept feedback. The Alabama Pharmacy Association being given a majority of the board seats does not help build trust or encourage removing biases. The Alabama Independent Pharmacy Alliance Should be given the same # as APA.

2. Complete disregard for the Code of Alabama and the Sunset committee's rulings: The Alabama Board of Pharmacy has continued to break the law by creating emergency rules, creating fee schedules, and making rule changes prior to the Board being formally reorganized as required by HB123.

3. Multiple times I have witnessed board members are uneducated on the topics/rules being discussed, what the law being discussed actually says or means, and what the reason for the discussion or rule-making is. I have witnessed this, as I requested to add an additional service to a licensed pharmacy. I had already presented before the board (under oath, which is a ridiculous requirement) and approved for the service. I simply wanted to add to the service. I emailed the Board of Pharmacy and the Board members did not know what the rule allowed or even said. I am now required to present before the board, again, because Board members were uneducated on the Rule. I believe prior to serving on the Board, all members should be educated by some other third party regulatory entity. There should be an orientation or CE requirement and Board members should receive education every year as a refresher on what is expected and ALBOP jurisdiction.

4. Tying into 3, it seems the Board's contracted attorney is extremely ill-equipped to perform job requirements. Personally, I believe the attorney is extremely overpaid and their salary contributes to the pressures influencing the need for constant increased revenues. The attorney should be working ahead of time for Board meetings to educate the Board members on the topics of discussion for efficiency. They should be providing to Board members synopses of relevant Board cases, summaries of applicable rules or laws in other states, etc.

5. Meetings should be recorded and available online. Records requests should not cost money. Transparency is key to building trust and operating honestly. Protect pharmacist's right to practice against PBM's.”

Respondent #16 – "Regarding question #6, I cannot speak to this because most employers I've had throughout my pharmacy career in Alabama have advised that I am to avoid any and all communication with ALBOP at all costs. It is known throughout the profession that they are not an ally of pharmacists.
In my humble opinion, the governing board of a profession should be available as a resource to assist members of said profession as opposed to creating fear of retaliation for simply asking a question (which is the reputation ALBOP has created for themselves). It's a disgrace to the profession itself and to the hardworking pharmacists of Alabama."
Respondent #17 – "I feel like the [redacted] tenure of the Board of Pharmacy was the most embarrassing time frame our profession has ever been through. They have been exposed to the public and are somehow continuing to live happily ever after after being two of the most corrupt people ever hired in this state. Why did we pay [redacted] to leave??? I graduated pharmacy school in 1982 and we were the most trusted professional (even above clergy) and I dare say now we are in the top ten. I certainly hope the new board will be better; they certainly could not be worse. I pray for the future of our profession; God knows we need it!!!"
Respondent #18 – "Embarrassed nationally by the unethical and illegal actions of my board for many years. ALBOP position has become a political career full of corruption, money, greed and pride. They are above the law and are beyond caring for our patients. ALBOP members are overpaid and waste time in useless meetings and spending our fees and excessive fines for their own interest.
Us law abiding pharmacists do not need the ALBOP to protect our patients. The law breaking pharmacists need the ALBOP to "pay and play".
We are "informed" via email… but they "interpret" depending on the situation.
ALBOP inspector should be a seasoned pharmacist that understands daily operations and laws. Inspectors should be "out to help" and not "out to get" pharmacists. Their job is a cash incentive. They do not care about our profession.
The ALBOP, even today, is still trying to impose excessive fines and penalties without proper legal authority, clear guidelines, or consistent due process.
Despite law signed by our governor, ALBOP refuses to be transparent and accountable for their funds and spending. As a citizen, it is unconscionable that our state government, specifically the attorney general's office, is a "failed state" in regards to and the supervision of the ALBOP. There is obvious corruption when we "settle" and pay those who were exposed and should face criminal charges.
Pharmacy was once the most trusted profession. Despite the shame, and more to come, in my community, we still have that trust!"

Pharmacy Technician Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Five participated in the survey. The percentages are based on the number who responded to the question.

1. **What do you consider the most significant issue(s) facing your profession in Alabama?**

   Respondent #1 – "Pay"
   Respondent #2 – "Being pressured to complete tasks too quickly for appropriate care."
   Respondent #3 – "Lack of positions open"
   Respondent #4 – "I believe the Board of Pharmacy needs to be more transparent. I believe that there should be changes with staff members throughout the years to keep policies and procedures, fair, and meet the safety goals to protect the communities."
   Respondent #5 – "Customer load, very busy."

2. **Do you think regulation of your profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare?**

Yes	**5**	**100%**

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

No	**4**	**80%**
Unknown	1	20%

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

Yes	**3**	**60%**
No	1	20%
Unknown	1	20%

5. **Do you consider mandatory continuing education necessary for the competent practice of your profession?**

Yes	**5**	**100%**

6. **Does the Board respond to your inquiries in a timely manner?**

Yes	**2**	**40%**
No	1	20%
Unknown	**2**	**40%**

7. **Has the Board performed your licensing and renewal in a timely manner?**

Yes	**5**	**100%**

8. **Do you have any additional comments you would like to make?**

Respondent #1 – "None"
Respondent #2 – "no"
Respondent #3 – "N/A"
Respondent #4 – "Yes, I would like to add that the customer service is terrible when you call. They recommend you to email. I understand the email is a great communication tool. But sometimes you need to speak to somebody. And when you do email, you don't get a response for weeks or if any at all. The professions of the pharmacist and technicians pay a fee for our licensure and so to pharmacies. So there should be a more100% Customer Service metric put in place. People need their licensure to run businesses and to practice their professions."
Respondent #5 – "No additional comments"

Intern/Extern Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Four participated in the survey. The percentages are based on the number who responded to the question.

1. **What do you consider the most significant issue(s) facing your profession in Alabama?**

   Respondent #1 – "insurance companies"
   Respondent #2 – "Pharmacy closures, especially smaller independent pharmacies."
   Respondent #3 – "PBMs"
   Respondent #4 – "I was an out-of-state pharmacy student who had one rotation in Alabama. I have less than 30 days of experience with the struggles of Alabama's pharmacists in particular"

2. **Do you think regulation of your profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare?**

Yes	**4**	**100%**

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

No	**2**	**50%**
Unknown	**2**	**50%**

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

No	1	25%
Unknown	**3**	**75%**

5. **Does the Board respond to your inquiries in a timely manner?**

Yes	**3**	**75%**
Unknown	1	25%

6. **Has the Board performed your licensing and renewal in a timely manner?**

Yes	**4**	**100%**

7. **Do you have any additional comments you would like to make?**

   Respondent #1 – "n/a"
   Respondent #2 – "N/A"
   Respondent #3 – "n/a"
   Respondent #4 – "I have no relevant comments"

Pharmacy Services Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Six participated in the survey. The percentages are based on the number who responded to the question.

1. **What do you consider the most significant issue(s) facing your profession in Alabama?**

   Respondent #1 – "N/A"
   Respondent #2 – "Don't have any at this time."
   Respondent #3 – "governmentally imposed restrictions and interference in health care, especially to women"
   Respondent #4 – "none"
   Respondent #5 – "1. Pharmacy closures, both chain and independent pharmacies are closing at alarming rates.
   2. Scope of practice expansion in Alabama is way behind other states in the southeast. Lack of Board of Pharmacy propelling the profession forward to provide better services to care for patients.
   3. We have CPA now in Alabama, but it is basically worthless for most community pharmacies that are not attached or working with clinics. BOP needs to collaborate better with Alabama Board of Medical Examiners to find ways both professions can work together to serve our patients. Allowing pharmacists to practice at the top of their license will help patients, especially those "deserts" in Alabama where the pharmacist is the only healthcare provider."
   Respondent #6 – "Technician ratio + mandatory certification tied to tech ratio. These are unnecessary and create restrictions to allow pharmacists to utilize the necessary labor when available. 25 states have eliminated ratio and many others have less restrictive ratios. This creates unnecessary barriers and stress on the pharmacists."

2. **Do you think regulation of your profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare?**

Yes	**5**	**83%**
No	1	17%

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

Yes	1	17%
No	**4**	**66%**
Unknown	1	17%

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

Yes	**5**	**83%**
No	1	17%

5. Does the Board respond to your inquiries in a timely manner?

Yes	**5**	**83%**
No	1	17%

6. Has the Board performed your licensing and renewal in a timely manner?

Yes	**6**	**100%**

7. Do you have any additional comments you would like to make?

Respondent #1 – "N/A"
Respondent #2 – "The Alabama Board is one of the Boards that I enjoy working with. Responses are timely and you can actually reach a live person. I have no issues with how the Board operates."
Respondent #3 – "With the state of the current federal government, it is important for the board of pharmacy to support the profession, professionals and the public by providing oversight on laws and regulations from the government that are meant to restrict, limit or control health care by the government, so that the government does not get the ability to determine health care decisions for individuals--health care needs should be determined by patients and their health care team, not the government."
Respondent #4 – "none"
Respondent #5 – "Would like our board to stand up for the practice and help move the profession forward. Expanding scope of practice is integral in serving patients in all areas of Alabama. Yes, patient safety is first and foremost important, but the profession has to move with the times and with other states. Pharmacists are trained to do more than just count out pills. COVID-19 pandemic showed the importance of pharmacist (and pharmacy technicians, and teams) in patient health and wellbeing. Our board needs to take a firmer stand to support its pharmacists and help them be able to practice the way they are trained which includes overcoming our touch medical board."
Respondent #6 – "The Board has made significant progress over the past 3 years regarding deregulation and unnecessary requirements expanding remote processing and central fill as well as allowing for out of state assistance. The Board staff is extremely cordial and very responsive. We would like to see the Board continue to look at the progressive nature necessary to ensure pharmacy practice is allowed to evolve and not be restrictive."

Chain Pharmacy Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Five participated in the survey. The percentages are based on the number who responded to the question.

1. **What do you consider the most significant issue(s) facing your profession in Alabama?**

   Respondent #1 – "Reimbursements and PBMs"
   Respondent #2 – "PBMS and drug reimbursements"
   Respondent #3 – "The most significant issue facing pharmacists in AL and in the country is the manipulation of reimbursements and fees from insurers and PBMs. It is a secretive game that is manipulated and the operations community (ie. the pharmacies and ipso facto, the pharmacists in charge) are the ones who pay the price. It is extremely illogical and obviously nefarious that you can lose money from billing claims for cheap, generic products with years and years of research supporting their use and effectiveness. Calling it vertical integration on the part of insurance companies is hilariously disingenuous, and even those same companies and their pharmacies are struggling. It goes without saying that we need pharmacies to dispense medications, and we are quickly heading towards it being financially impossible for pharmacies to stay afloat. I am not a proponent of government funded insurance, but some regulation is obviously necessary. Capitalism in its optimum state provides people with multiple options in situations, but healthcare has been manipulated to a point where going broke is the only option. It wasn't that long ago where co-pays and deductibles and out of pocket costs were much much smaller. I think steps could be taken to get us back to that point without having to make a wholesale change with an infinitesimal amount of opportunity costs. I think the steps AL have taken so far have been good, but we can't get lax after one change."
   Respondent #4 – "PBMs and Drug Pricing"
   Respondent #5 – "legislators"

2. **Do you think regulation of your profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare?**

Yes	2	40%
No	**3**	**60%**

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

Yes	**3**	**60%**
No	1	20%
Unknown	1	20%

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

Yes	**3**	**60%**
No	2	40%

5. **Does the Board respond to your inquiries in a timely manner?**

Yes	**2**	**40%**
No	**2**	**40%**
Unknown	1	20%

6. **Has the Board performed your licensing and renewal in a timely manner?**

Yes	**5**	**100%**

7. **Do you have any additional comments you would like to make?**

Respondent #1 – "No"
Respondent #2 – "n/a"
Respondent #3 – "Nope"
Respondent #4 – "Some of the new penalities that have been changed seem to be a bit excessive. Would appreciate the board being there for the pharmacies as well as the patients"
Respondent #5 – "no"

Community Pharmacy Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Twenty-nine participated in the survey. The percentages are based on the number who responded to the question.

1. What do you consider the most significant issue(s) facing your profession in Alabama?

Respondent #1 – "PBM"
Respondent #2 – "Real PBM reform."
Respondent #3 – "reimbursement, scope of practice"
Respondent #4 – "PBMs"
Respondent #5 – "negative reimbursement"
Respondent #6 – "PBM practices ALBOP corruption"
Respondent #7 – "Reimbursement for insurance and audits by insurance"
Respondent #8 – "1. We are the 50th state to approve pharmacists abilities to provide care in new areas. I'm not exaggerating. We have no provider status even though legislation was passed years ago. If obstructionist had a picture it would be our State Board.
2. Unfair fines and disciplinary actions. If we have a hangnail (clerical errors - not control drug issues) they treat it as murder. Everyone is guilty and it ends up costing 25K in fines. I'm glad we have a new executive secretary and attorney. We need clean house with an entire new board and not blood thirsty (fine thirsty) agents who are ex cops looking for victims."
Respondent #9 – "The fact that 3rd party payors can and do pay us less than we actually pay for our products. This is completly unfair and un-American. I wish the board could help with this."
Respondent #10 – "Reimbursement, specifically third party via PBM."
Respondent #11 – "reimbursement"
Respondent #12 – "Inconsistent enforcement of regulations affecting pharmacies."
Respondent #13 – "Poor reimbursement and patient being forced to use mail order/not able to choose their choice of pharmacy"
Respondent #14 – "Lack of PBM regulation is the most significant issue facing our profession in Alabama"
Respondent #15 – "1. An excess of pharmacists caused by the opening of too many pharmacy schools. Has resulted in stagnant wages and inadequately prepared young pharmacists.
2. Increasing workload without increased technician assistance."
Respondent #16 – "Reimbursement Off-site order verification"
Respondent #17 – "Reimbursement rates from PBMs that are below cost"
Respondent #18 – "Unfair and unregulated insurance and policy programs
Counterfeit drugs via on line sources Pharmacy workplace requirements (workload matrices) imposed typically by chain retail pharmacies on their staff."
Respondent #19 – "Lack of support from the Board of pharmacy - what is their purpose. The will investigate to no end if a patient complains about their stupid insurance issues but the board does nothing when a pharmacist and/or our families are threatened."
Respondent #20 – "Well- I speak as a independent pharmacy pharmacist- so for me: reimbursement and PBMs."
Respondent #21 – "pbm's they need to be gone they are an unnecessary middle man"
Respondent #22 – "Insurance compaies failure to fully pay pharmacies adequetly for life saving medications."

Respondent #23 – "Our ability to keep our doors open and continue to provide the healthcare our patients expect. Hopefully recent legislation will help in our struggle."
Respondent #24 – "PBM's / Reimbursements"
Respondent #25 – "PBM"
Respondent #26 – "Consistent inclusion of pharmacist involvement in quality measures required by insurance companies that would help reduce the costs to the overall health care delivery system."
Respondent #27 – "PBMs make the majority of the decisions and money at this point. The specialty PBM owned pharmacies need more oversight and regulation. Some local pharmacies have to resort to not filling for certain meds due to the massive loss of money from insurance."
Respondent #28 – "PBMs unlawful attacks on community pharmacy."
Respondent #29 – "Below cost reimbursements."

2. **Do you think regulation of your profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare?**

Yes	**25**	**86%**
No	4	14%

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

Yes	**15**	**52%**
No	11	38%
Unknown	3	10%

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

Yes	**19**	**66%**
No	8	28%
Unknown	2	7%

5. **Does the Board respond to your inquiries in a timely manner?**

Yes	**17**	**59%**
No	5	17%
Unknown	7	24%

6. **Has the Board performed your licensing and renewal in a timely manner?**

Yes	**29**	**100%**

7. Do you have any additional comments you would like to make?

Respondent #1 – "NO"
Respondent #2 – "Board needs new members, too much corruption with the last year executive secretary and this board."
Respondent #3 – "no"
Respondent #4 – "no"
Respondent #5 – "no"
Respondent #6 – "There needs to be extreme transparency with the board. Their focus on generating revenue to fund salaries must stop. The methodology by which members are selected needs to be re-evaluated even FURTHER than the latest legislation has mandated. Giving APA the nominating power they have will ensure that board members are replaced with different players that only play the same ole tunes. Given the relationships APA has with ALBOP (spouses, overlapping board members, officers, etc.) this will only breed further corruption. No state association should have that much nominating power over any board in any state, anywhere. It needs to be more diversely distributed. The board should protect the public but, should also facilitate advancing our profession instead of handcuffing it for profit. Thank you for your time"
Respondent #7 – "No"
Respondent #8 – "See first question.
Clean house. I thought this was going to happen last year. Our former Sec made $250k. They are all corrupt."
Respondent #9 – "I do not"
Respondent #10 – "My family has been in pharmacy in Alabama since 1968. At all times the Board has acted with the populous of Alabama's best interest from a health and safety perspective, for that I am thankful. The Board has responded to issues brought before them mostly in a timely fashion, but my personal impression is the makeup of the board keeps things status quo (not enough cohesive thought to actually be proactive), which isn't always a bad thing, but we could stand to move forward a few decades. The current tech/RPh ratio is antiquated considering the changes in technology. I've worked in multiple states and Alabama is woefully behind in this regard, which exacerbates the reimbursement issues due to payroll. The current requirement for technicians to reenter (who did not keep up CE while out of pharmacy) the field keeps the job pool artificially low. Our three license types can create issues for LTC and other than "Retail" types of pharmacy since other stakeholders outside our state are unaware Alabama does not have a "closed door" or "LTC" designation. All that said, I am confident the Alabama Board of Pharmacy does look out for the residents and practitioners of this state.
Respondent #11 – "no"
Respondent #12 – "No"
Respondent #13 – "It is difficult to get an answer by phone when we contact the board of pharmacy"
Respondent #14 – "No"
Respondent #15 – "I have zero complaints about the State Board. My every interaction with them has been professional and well handled."
Respondent #16 – "No"
Respondent #17 – "No"
Respondent #18 – "The current Bd of Pharmacy needed to be revamped and the new legislation is a good step forward BUT still needs a lot of work to best protect our public health AND protect the profession of pharmacy. "

Respondent #19- "It is my opinion that the Board of pharmacy is a joke. They do not support the profession which is why this profession has become the laughing stock of the medical community. It is a dying profession and I blame the Boards of pharmacy for not doing anything to protect/preserve the profession. We can't even get loan forgiveness because we aren't seen as medical professionals. Students have tons of loans for school that is a rip off and can't get any help because the Board of pharmacy is not an advocate for the professionals that they represent."
Respondent #20 – "I do not understand all the issues with our current Board, but what I do know is that- some of the members acted very unprofessionally and unethically and this should be dealt with accordingly. But as far as pharmacy functioning without a Board at all- I can not fathom what that would look like for Alabama pharmacists."
Respondent #21 – "no"
Respondent #22 – "The board of pharmacy has for years now only been focused of fineing it's members in order to enrich themselves. This is a much needed change and hopefully that change is coming."
Respondent #23 – "Not at this time"
Respondent #24 – "No"
Respondent #25 – "No"
Respondent #26 – "No, not at the present time."
Respondent #27 – "Our board seems to police its pharmacists instead of promoting the profession. Other states have pharmacists who are inspectors so your peers are helping to establish order and continuity. We all have to follow laws and that is good, but we need to know our board has our back. We need more clearly stated laws that are not dependent on how your inspector interprets the law. I don't think the board is needed to protect the public. I think the board should advocate for small pharmacies and not just the big chains and PBM owned pharmacies"
Respondent #28 – "Our Board is a representation of our profession and those of us that have practiced according to the law. The recent attack by the examiners and subsequent attacks by a few sunset members is a witch hunt orchestrated by [redacted] and [redacted] that are not pharmacists and have no business meddling in the profession of Pharmacy."
Respondent #29 – "Our state board is slightly more punitive in nature than other's I've interacted with. Sometimes I feel like the board is more focused on prosecuting a mistake than informing a pharmacist what he/she is doing wrong and correcting the action.
I personally have a disciplinary action on my license for practicing without a license when I failed to mail my renewal in time. However, I called the state board and was told by someone at the board that it was ok to work until the renewal was processed. Instead of receiving my license in a few days, I received notice that I was out of compliance.
I was never allowed due process to even explain that I had been told by a state board employee that it was ok to work until the renewal was processed. I still have the paperwork from the board to prove this.
I have practiced in Tennessee where inspectors are pharmacists and the relationship is much more positive and informative."

Institutional Pharmacy Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Twenty-four participated in the survey. The percentages are based on the number who responded to the question.

1. What do you consider the most significant issue(s) facing your profession in Alabama?

Respondent #1 – "Reimbursement for medications"
Respondent #2 – "Protection of duties of a pharmacist by ALBOP"
Respondent #3 – "Salary and Staffing"
Respondent #4 – "The absence of practical experience that students acquire through internships, which all of us older professionals had to undertake to qualify for the boards, is concerning. Nowadays, students accumulate all their hours during their year of rotations, which provides them with minimal experience and skills compared to completing half of the required 1500 hours as an intern at a facility. Furthermore, the reimbursement rates for pharmacies are so inadequate that it is challenging for anyone to sustain a livelihood. Lastly, the political maneuvers executed by members of ALBOP on a daily basis contribute to a negative perception of the profession."
Respondent #5 – "Low reimbursement for medications and pharmacy services"
Respondent #6 – "Pharmacy Benefit Managers and people who are not in the practice of pharmacy getting involved in the operation of our profession."
Respondent #7 – "PBM control"
Respondent #8 – "reimbursement from insurance companies"
Respondent #9 – "significant restructing of the Board that oversees my job, and inclusion of personnel to that Board that are not even qualified to do my job."
Respondent #10 – "Lack of resources for mental health."
Respondent #11 – "Alabama is behind some states in the rules for pharmacists and lack of tech check tech rules."
Respondent #12 – "Lack of provider status for prescribing and billing."
Respondent #13 – "Insurances and PBMs paying properly so we aren't losing money and proper staffing."
Respondent #14 – "Reimbursement from insurance companies being absurdly low. Chain pharmacies over working & understaffing."
Respondent #15 – "Remote order entry/verification is an issue that could help Institutional Pharmacy substantially. The Board has recently approved remote order entry of another Pharmacy's orders as long as you are working in the four walls of a pharmacy, and although I know this is helpful, I believe it could go even further. Institutional Pharmacies around the state are having issues with hiring Pharmacists and keeping Pharmacists. With technology as advanced as it is, there is not a reason that a Pharmacist could not remotely verify orders from home. This would increase the candidate pool substantially, as you would be able to work as a Pharmacist without having to drive into work at a Pharmacy. Pharmacists with childcare issues would suddenly be able to work at many of our institutions. The newest generation of Pharmacists are not staying at one company/institution for their entire career as previous generations have. They want to be mobile and many are looking for freedom of schedule more than amount of money they are making. Allowing remote order entry/verification outside of a registered pharmacy would allow those candidates their freedom and still ensure hospitals are adequately staffed, without sacrificing patient care."

Respondent #16 – "PBM'S"
Respondent #17 – "In my profession in the state of Alabama, I believe we need more support systems for rural hospital pharmacies. To my profession as a whole, drug shortages and markups."
Respondent #18 – "The overreach of PBMs."
Respondent #19 – "Keeping up with Regulations"
Respondent #20 – "Technician and the coming pharmacists shortage, Our Board needing more of a clinical and institutional influence, protecting the 340B program for our hospitals and institutional pharmacies"
Respondent #21 – "insurance issues from PBMs owning pharmacies actively destroying access. bad actors who deserve fines for unlawful distribution hurting our public."
Respondent #22 – "For me personally it would be salary"
Respondent #23 – "New grads decreasing pass rate of NAPLEX and MPJE exams. Lack of recognition of pharmacists as providers and inability to bill for services as such."
Respondent #24 – "Drug shortages Federal healthcare funding cuts and rising cost of medications Technician shortage"

2. **Do you think regulation of your profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare?**

Yes	**24**	**100%**

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

Yes	10	42%
No	**14**	**58%**

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

Yes	**19**	**79%**
No	4	17%
Unknown	1	4%

5. **Does the Board respond to your inquiries in a timely manner?**

Yes	**21**	**88%**
No	1	4%
Unknown	2	8%

6. **Has the Board performed your licensing and renewal in a timely manner?**

Yes	**24**	**100%**

7. **Do you have any additional comments you would like to make?**

Respondent #1 – "n/a"
Respondent #2 – "no"
Respondent #3 – "No"
Respondent #4 – "rather not comment anymore because the politics game will never stop until you get someone from the outside of all the pharmacy organizations to hold the seat at the board."
Respondent #5 – "no"
Respondent #6 – "I feel that the board has been treated unfairly by certain members of the legal community who have had unfavorable rulings. I feel that the process of character assignation that has taken place over the last 2 1/2 have years is largely due to the agenda of one person. Sadly, others have unknowingly been brought into his plan. It is amazing that anyone would want to serve on a regulatory board in this state watching the way these individuals have been treated."
Respondent #7 – "None"
Respondent #8 – "The online renewal portal did not work well in 2024....lots of "glitches". Office staff should be more helpful in these cases, rather than just telling us they are aware and we will just have to start over again. Technicians renewing this year are going to need assistance and helpful answers/solutions when they have issues."
Respondent #9 – "I disagree with the restructuring of the pharmacy Board to include personnel that have NO CLUE about my profession, but who could potentially impact my ability to appropriately care for patients and continue employment. I do belive that there are some unnecessary regulations surrounding our profession (sterile compounding retraining, training requirements for technicians). There are antiquated rules and regulations that could be cleaned up as well."
Respondent #10 – "No"
Respondent #11 – "I would like to see more defined requirements for reporting possible drug abuse risks."
Respondent #12 – "Alabama Board of Pharmacy focus has been on mainly retail and community pharmacy in the past with little guidance for institutional pharmacy. Often pharmacy "rules" only applied to retail are not always appropriate or feasible for hospital pharmacy.
In addition, some of the ALBOP rules or statutes are also antiquated needing to be updated to take technological advances into account.
I do feel both of these issues are improving with last year and the current board members."
Respondent #13 – "n/a"
Respondent #14 – "no"
Respondent #15 – "N/A"
Respondent #16 – "NONE"
Respondent #17 – "None at this time"
Respondent #18 – "None at this time"
Respondent #19 – "No."

Respondent #20 – "There needs to be a better balance of how much influence APA has on pharmacy in our state as a whole and on the Board"
Respondent #21 – "I think the board does a good job in helping to maintain safety for the public and increase access by modernizing some of the old rules we have compared to other states. (i was military and practiced al,tn,ky,ks,tx)"
Respondent #22 – "I believe that the industry mandates oversite"
Respondent #23 – "ALBOP does have some rules and regulations that are outdated, but overall, they serve our profession well and hold pharmacists and technicians accountable for following the established rules. Without them, I fear what could happen as we all have seen what occurs when people are left to their own devices. They serve as a resource for us as well - we are able to contact them easily and ask questions to ensure we are doing what is best for the patients we serve. They help us when we need guidance on federal laws and are easy to work with."
Respondent #24 – "I feel the board does a great job in a challenging practice setting. They are forward thinking and update rules and regulations to meet the everchanging demands of our profession. They organize workgroups and ask for feedback on policy changes and other important issues relating to the practice of pharmacy. I believe each member of the board and office are dedicated to protecting the public and advancing our profession to take care of our customers in a safe and efficient manner."

Non-Resident Pharmacy Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Fifteen participated in the survey. The percentages are based on the number who responded to the question.

1. **What do you consider the most significant issue(s) facing your profession in Alabama?**

Respondent #1 – "Na"
Respondent #2 – "The ability to change with the evolving healthcare environment."
Respondent #3 – "Price compression by PBM's."
Respondent #4 – "We hold a non-resident pharmacy permit so this does not affect us."
Respondent #5 – "Pharmacy reimbursement"
Respondent #6 – "N/A"
Respondent #7 – "Staying relevant with continually changing technology standards and capabilities."
Respondent #8 – "PBM reimbursement and companies using automation to reduce pharmacist and tech hours. Also, a reduction of pharmacy students is needed to protect our jobs. Some states have become saturated with new hires unable to obtain work."
Respondent #9 – "I'm out of state registered but will chime in. AI technology should be limited severely until it is vetted out."
Respondent #10 – "The abortion ban and the lack of sufficient medical care for women in Alabama."
Respondent #11 – "PBM reform"
Respondent #12 – "As a retail, community, and specialty pharmacy operating in Florida and accredited by URAC, ACHC, and PCAB, we provide both sterile and non-sterile compounding services. It seems arbitrary that the Alabama Board of Pharmacy (AL BOP) only accepts the NABP VPP inspection to satisfy non-resident pharmacy application requirements for pharmacies engaged in sterile compounding.
Furthermore, under current regulations, a pharmacy that compounds medications but does not hold a NABP VPP inspection is not permitted to obtain a mail order license in Alabama—even if it has the technological capability to restrict compounded prescriptions from being dispensed to Alabama residents. Our pharmacy software fully supports this functionality.
To our knowledge, Alabama is the only state with such restrictive requirements, which—based on professional judgment—are unnecessarily burdensome. USP guidelines are national standards, and any pharmacy inspected and certified as compliant with them by a recognized accrediting body should be allowed to serve patients across state lines."
Respondent #13 – "[redacted], LLC does not have any significant issues with Alabama. One recommendation for consideration would be expanding the technician role to relieve pharmacist workload. Several other states have implemented expanded pharmacy technician roles."
Respondent #14 – "Rules or laws put into place with a specific pharmacy model in mind, lack of consideration for different pharmacy models. One size does not fit all."
Respondent #15 – "None noted."

2. **Do you think regulation of your profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare?**

Yes	**13**	**87%**
No	2	13%

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

Yes	**6**	**40%**
No	5	33%
Unknown	4	27%

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

Yes	**11**	**74%**
No	2	13%
Unknown	2	13%

5. **Does the Board respond to your inquiries in a timely manner?**

Yes	**12**	**80%**
Unknown	3	20%

6. **Has the Board performed your licensing and renewal in a timely manner?**

Yes	**14**	**93%**
No	1	7%

7. **Do you have any additional comments you would like to make?**

Respondent #1 – "No"
Respondent #2 – "Not at this time as I was just recently licensed."
Respondent #3 – "N/A"
Respondent #4 – "N/A"
Respondent #5 – "N/A"
Respondent #6 – "No"
Respondent #7 – "I would say there are some other states that have some really nice monthly letters and bulletins that I appreciate. These would be helpful."
Respondent #8 – "None at the moment"
Respondent #9 – "Pharmacy, in my opinion, is the most over regulated profession in healthcare. It would be refreshing to see any board protect BOTH the health and safety of patients as well as pharmacists."

Respondent #10 – “I have no comments at this time.”
Respondent #11 – “n/a”
Respondent #12 – “As a retail, community, and specialty pharmacy operating in Florida and accredited by URAC, ACHC, and PCAB, we provide both sterile and non-sterile compounding services. It seems arbitrary that the Alabama Board of Pharmacy (AL BOP) only accepts the NABP VPP inspection to satisfy non-resident pharmacy application requirements for pharmacies engaged in sterile compounding.
Furthermore, under current regulations, a pharmacy that compounds medications but does not hold a NABP VPP inspection is not permitted to obtain a mail order license in Alabama - even if it has the technological capability to restrict compounded prescriptions from being dispensed to Alabama residents. Our pharmacy software fully supports this functionality.
To our knowledge, Alabama is the only state with such restrictive requirements, which - based on professional judgment - are unnecessarily burdensome. USP guidelines are national standards, and any pharmacy inspected and certified as compliant with them by a recognized accrediting body should be allowed to serve patients across state lines.”
Respondent #13 – “Alabama's remote pharmacy work regulations, which were passed in December 2024, demonstrate the Board of Pharmacy’s approach to modernizing pharmacy practice. It does so in a way that aligns with the evolving needs of both patients and providers. These regulations will lead to expanding access to care and improving the delivery of pharmacy services across the state”
Respondent #14 – “Not at this time”
Respondent #15 – “No”

Precursor Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Four participated in the survey. The percentages are based on the number who responded to the question.

1. **What do you consider the most significant issue(s) facing your profession in Alabama?**

   Respondent #1 – "Trying to get license renewal applications processed on a timely manner, the additional of new or changes to facility designated representatives, uploading the required documents, and trying to find the required documents."
   Respondent #2 – "Clarification on regulation applicable to repackagers/distributor of API."
   Respondent #3 – "N/A"
   Respondent #4 – "Complexity of licensing for a multi-site, multi-operation entity (virtual distributor, manufacturer of precursors, manufacturer of Rx, physical distribution)"

2. **Do you think regulation of your profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare?**

Yes	**3**	**75%**
No	1	25%

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

Yes	**3**	**75%**
No	1	25%

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

Yes	**3**	**75%**
No	1	25%

5. **Does the Board respond to your inquiries in a timely manner?**

Yes	**3**	**75%**
No	1	25%

6. **Has the Board performed your licensing and renewal in a timely manner?**

Yes	**3**	**75%**
No	1	25%

7. **Do you have any additional comments you would like to make?**

Respondent #1 – "No"
Respondent #2 – "No"
Respondent #3 – "The Precursor Chemical and Wholesale Drug Facility applications currently require the same information and documentation. The Precursor application could be consolidated into the Drug Facility application, similar to the Controlled Substance permit additional purchase option."
Respondent #4 – "The necessity of licensing multiple sites that are recognized as a campus by all other regulators, and the inability to license multiple virtual entities at the same physical address without having to create artificial distinctions, make Alabama one of the more difficult states to obtain and maintain licensing"

Distributor/Manufacturer/Repackager/Wholesaler/Third Party Logistic Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Eleven participated in the survey. The percentages are based on the number who responded to the question.

1. **What do you consider the most significant issue(s) facing your profession in Alabama?**

   Respondent #1 – "Increasing regulatory burden that does not correspond to increased safety."
   Respondent #2 – "Over Regulation"
   Respondent #3 – "Regulations"
   Respondent #4 – "N/A"
   Respondent #5 – "Lack of understanding and training for nuclear pharmacy"
   Respondent #6 – "Strict timeline requirements when changing a designated representative, original signature requirements on initial applications, and minimum of 90 days to process initial applications"
   Respondent #7 – "Threats to Medicaid cuts"
   Respondent #8 – "N/A"
   Respondent #9 – "An increase in regulations"
   Respondent #10 – "N/A"
   Respondent #11 – "N/A"

2. **Do you think regulation of your profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare?**

Yes	**8**	**73%**
No	3	27%

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

Yes	**5**	**45%**
No	4	36%
Unknown	2	18%

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

Yes	**10**	**91%**
No	1	9%

5. Does the Board respond to your inquiries in a timely manner?

Yes	**8**	**73%**
No	1	9%
Unknown	2	18%

6. Has the Board performed your licensing and renewal in a timely manner?

Yes	**9**	**82%**
No	2	18%

7. Do you have any additional comments you would like to make?

Respondent #1 – "The option to carry over information from the previous year's licensing applications would be a nice improvement from a user experience perspective"
Respondent #2 – "Requiring distributors to look up the license number of every manufacturer in Alabama is a time consuming and inefficient process. We are licensed in 40 states and Alabama is the only state which requires it."
Respondent #3 – "no"
Respondent #4 – "This survey would probably be better to answer when license renewal is taking place. Hard to answer questions from over 6 months ago from when renewal was processed as I don't remember specifics to AL since we have over 30 licenses to renew."
Respondent #5 – "NA"
Respondent #6 – "no"
Respondent #7 – "Thank you for doing an amazing job!"
Respondent #8 – "Not at this time"
Respondent #9 – "The waiting period is too long with every state, not just AL"
Respondent #10 – "N/a"
Respondent #11 – "N/A"

Oxygen Retailer Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Twenty-six participated in the survey. The percentages are based on the number who responded to the question.

1. What do you consider the most significant issue(s) facing your profession in Alabama?

Respondent #1 – "Insurance regulation, low rates and oversight from boards that are not necessary"
Respondent #2 – "N/A"
Respondent #3 – "N/A"
Respondent #4 – "The rising cost of goods and the stagnant or lower reimbursement. Then the over license of the industry as a whole, There is DME license, oxygen license, cost of accreditation, every municipality big or small, Medicare charges. Everyone that can possibly get a piece of the pie has their hands in it. While the reimbursement stays the same or has decreased."
Respondent #5 – "Reimbursement. The cost of goods go up but the fee schedules never change."
Respondent #6 – "The reimbursements from the Insurance Companies. The people that some of the Insurance Companies are hiring to go door to door to peoples homes and change their insurance to something that is mail order only. These poor people don't have a clue what insurance they even have. When they come into our location - sometimes our customers have 5 or more different insurance cards -they have NO CLUE what insurance they have. The customers do NOT know who is listed as their Primary Care Physician either. This should be against the law."
Respondent #7 – "Census issues, changes in legislation."
Respondent #8 – "Reimbursement"
Respondent #9 – "Medicare advantage fee schedules"
Respondent #10 – "Decreased reimbursement from managed care plans."
Respondent #11 – "Declining reimbursement"
Respondent #12 – "Rising cost of products compared to the reimbursement from insurance companies"
Respondent #13 – "MA fees"
Respondent #14 – "fee schedules"
Respondent #15 – "rates for service"
Respondent #16 – "Big corporate business"
Respondent #17 – "Cost of doing business - more people steal equipment and reimbursement keeps going down"
Respondent #18 – "Medicare Advantage Insurance Plans not letting providers in-network causing access issues especially in Rural Alabama for home oxygen therapy and other medical related services. "
Respondent #19 – "We service mostly pediatric patients. Qualifying prior auth requirements needed by insurance."

Respondent #20 – "payor rates"
Respondent #21 – "Reimbursement for rural area patients."
Respondent #22 – "medicare advantage plan rates"
Respondent #23 – "na"
Respondent #24 – "Low Medicare reimbursement rates are our number one issue. A close second is that Medicare Part C Advantage plans are restricting where their members can obtain equipment and services, which is not right."
Respondent #25 – "Insurance reimbursement"
Respondent #26 – "The growth of managed care plans"

2. **Do you think regulation of your profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare?**

Yes	**13**	**50%**
No	**13**	**50%**

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

Yes	5	19%
No	**19**	**26%**
Unknown	2	8%

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

Yes	**19**	**73%**
No	5	26%
Unknown	2	8%

5. **Does the Board respond to your inquiries in a timely manner?**

Yes	**22**	**85%**
No	1	4%
Unknown	3	12%

6. **Has the Board performed your licensing and renewal in a timely manner?**

Yes	**26**	**100%**

7. Do you have any additional comments you would like to make?

Respondent #1 – "As for the home oxgen industry, the ALBOP should simply regulate the companies who provide that gaseous oxygen to the DME providers. There is ZERO reason for us to have a pharmacy license or deal with ALBPOP in any capacity when oxygen concentrators are the majority of our oxygen business"
Respondent #2 – "N/A"
Respondent #3 – "I want to explain my answer to number 3. I understand that oxygen is regulated by the Board of Pharmacy as it is in most states, but if moving a location, there is a lot of planning and work that has to be completed, prior to moving per the Board regulations. We cannot move our practice into a new location, prior to an inspection from the Board, and if we have to move prior to the Board coming, we are fined. It's oxygen, so that always concerns me."
Respondent #4 – "It's all about money. If the board of pharmacy couldn't make money off of the license. There wouldn't be a license, [redacted] or not. It's all duplicated and regulated by the FDA license of oxygen via the cosmetic act."
Respondent #5 – "Not at this time. Thank you."
Respondent #6 – "We appreciate [redacted] for being so quick, efficient and caring about industry. "
Respondent #7 – "No"
Respondent #8 – "No"
Respondent #9 – "Inspectors represent the board well when conducting inspections. They are professional, factual and answer questions where applicable."
Respondent #10 – "no"
Respondent #11 – "I do not think that an email notification for the renewal of a retail oxygen permit is appropriate as business owners receive hundreds of emails daily. I feel that forgiveness of the $1000 late fee should be considered for overlooked emails."
Respondent #12 – "Our representative that serves our area has always been very helpful and knowledgeable"
Respondent #13 – "na"
Respondent #14 – "na"
Respondent #15 – "na"
Respondent #16 – "No"
Respondent #17 – "The reviews we have received appear to be fair and the contact cares about patient outcomes"
Respondent #18 – "I would say they need to work on their customer service skills."
Respondent #19- "Not at this time. I have found the board of pharmacy very helpful and attentive in my dealings with staff over the years."
Respondent #20 – "na"
Respondent #21 – "None at this time"
Respondent #22 – "na"
Respondent #23 – "na"
Respondent #24 – "No additional comments"
Respondent #25 – "We sell oxygen. Why does the pharmacy board need to regulate it? We get inspected by 3 other agencies. Seems like it's just a money maker for them. Also they require us to have an alarm system where pharmacy's with drugs are not required to have one. Again we sell oxygen."
Respondent #26 – "None at this time"

Manufacturer/Wholesaler Oxygen Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Ten participated in the survey. The percentages are based on the number who responded to the question.

1. **What do you consider the most significant issue(s) facing your profession in Alabama?**

   Respondent #1 – "Price increases."
   Respondent #2 – "We have no issues conducting business in Alabama."
   Respondent #3 – "None"
   Respondent #4 – "The process of licensing in the state of AL is time consuming and painful for medical gases, compared to most other states."
   Respondent #5 – "Overly competitive market"
   Respondent #6 – "Employees that can take direction and care about their work."
   Respondent #7 – "Legislation"
   Respondent #8 – "FINDING QUALIFIED PERSONNEL"
   Respondent #9 – "None to think of"
   Respondent #10 – "Keeping our customers updated on all safety protocols."

2. **Do you think regulation of your profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare?**

Yes	**7**	**70%**
No	3	30%

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

Yes	3	30%
No	**6**	**60%**
Unknown	1	10%

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

Yes	**6**	**60%**
No	2	20%
Unknown	2	20%

5. **Does the Board respond to your inquiries in a timely manner?**

Yes	**7**	**70%**
No	1	10%
Unknown	2	20%

6. **Has the Board performed your licensing and renewal in a timely manner?**

Yes	**10**	**100%**

7. **Do you have any additional comments you would like to make?**

Respondent #1 – "No"
Respondent #2 – "N/A
Respondent #3 – "The New Designated Representative Requirement for medical gas wholesale distribution is an unnecessary burden on the industry."
Respondent #4 – "The new process for DR is very strict for medical gases and compared to most states. It is a difficult process and time consuming just for Oxygen and Nitrogen."
Respondent #5 – "Not at this time"
Respondent #6 – "I have to renew our licenses across several states, and Alabama's is one of the most straight forward processes. Thank you.
Respondent #7 – "No"
Respondent #8 – "NOT AT THIS TIME"
Respondent #9 – "None to think of"
Respondent #10 – "Staff has always been very helpful when I have had questions on our licenses renewal"

503-B Facility Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Three participated in the survey. The percentages are based on the number who responded to the question.

1. **What do you consider the most significant issue(s) facing your profession in Alabama?**

   Respondent #1 – "As an out of state outsourcing facility, I think Alabama should drop the requirement for a pharmacist in an out of state outsourcing facility to be licensed as a pharmacist in the state of Alabama."
   Respondent #2 – "I do not practice in Alabama, I represent an out of state 503b. However I have had disappointing interactions with the Board's outside counsel, though it was been several years ago"
   Respondent #3 – "Patient access to custom compounds.. both sterile and non-sterile."

2. **Do you think regulation of your profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare?**

Yes	**3**	**100%**

3. **Do you think any of the Board's laws, rules, or policies are an unnecessary restriction on the practice of your profession?**

Yes	**2**	**67%**
No	1	33%

4. **Are you adequately informed by the Board of changes to and interpretations of the Board's positions, policies, rules, and laws?**

Yes	**2**	**67%**
Unknown	1	33%

5. **Does the Board respond to your inquiries in a timely manner?**

Yes	1	33%
Unknown	**2**	**67%**

6. **Has the Board performed your licensing and renewal in a timely manner?**

Yes	**3**	**100%**

7. Do you have any additional comments you would like to make?

Respondent #1 – "No"
Respondent #2 – "I have appeared before your Board in the past on alleged violations from an FDA inspection and I found the Board members respectful, insightful and willing to listen. Outside counsel on the other hand never listened to anything we said until the morning we personally appeared."
Respondent #3 – "Glad [redacted] is finally gone. Patients suffered from his presence, as they weren't allowed access to great custom compounds, as companies refused to license with Alabama because of his aggression and antagonism."

Complainant Questionnaire

A letter was sent to one hundred complainants requesting participation in our survey. Twenty-two participated in the survey. The percentages are based on the number who responded to the question.

1. Was the receipt of your complaint acknowledged by the Board?

Yes	**21**	**95%**
No	1	5%

2. Approximately how long after filing your complaint did the Board contact you?

Within 15 days	**9**	**40%**
Within 30 days	4	18%
Within 60 days	5	23%
More than 60 days	3	14%
Unknown	1	5%

3. Did the Board communicate the results of its investigation into your complaint to you?

Yes	**11**	**50%**
No	10	45%
Unknown	1	1%

4. Do you think the Board did everything it could to resolve your complaint?

Yes	5	23%
No	**13**	**59%**
Unknown	4	18%

5. Do you have any additional comments you would like to make?

Respondent #1 – "No"
Respondent #2 – "n/a. I'm just waiting to hear back about results."
Respondent #3 –"I am very unpleased with the outcome. The board said they found nothing wrong but yet the company screwed over a lot of people in our community by not telling anyone they were closer. It put all their customers including my children in a bind because we needed refills and had no idea they were closed until it was to late."
Respondent #4 – "I feel as a nurse making sure the customer gets the correct dosage is the most importantly part of a pharmacy job. Also the pharmacist didn't take credit for the mistake and was very rude! I just left that pharmacy and have never been back."
Respondent #5 – "Very upset of the decision. To allow a employee to talk and speak to a customer in the way this Pharmacist did, is insane. It was told that he had other complaints, but that doesn't seem to matter to the board of pharmacy."

Respondent #6 – "No, once the board made contact with [redacted] they immediately rectified the situation"
Respondent #7 – "I never heard back after the initial call."
Respondent #8 – "no"
Respondent #9 – "None
Respondent #10 – "They could have handle the transfer of prescription better I went to drug store dropped prescription qnd went back NEXT day and doors closed Very unprofessional I would take their lic away"
Respondent #11 – "I found them an utter waste of time and resources, and borderline fraud. Walgreens closed their doors for days with my, and many other people's, prescription locked inside. Walgreens would not tell me how I could get my much needed Rx from another store or when that store would open. ***I filed a complaint and the guy said there was nothing to file a complaint about***. Really Alabama? This doesn't rise to actionable? Just closing your doors with countless people's Rx's inside and the company won't even say how to rectify it and get us our meds. This Board probably shouldn't exist if this is the kind of stuff they find acceptable."
Respondent #12 – "I was basically told, and I'm paraphrasing, it's not our job. Negligence, unethical behavior, bigotry against a minor who was a Medicaid recipient, unhealthy handling pills with bare hands, & more, is not your job. I'd like to know whose job is it then."
Respondent #13 – "Guess we need to make a change."
Respondent #14 – "When you complain about an issue they always brush it under the rug.its sad when you complain and nothing is done."
Respondent #15 – "The complaint process with the Alabama Board of Pharmacy was simple and can be easily completed online. I was notified that my complaint was received the same day submitted. The board staff I communicated with was extremely helpful and professional, they took the time to listen to my questions and gave me a sense of genuine concern for patient safety. It is great to know there are people looking out for the well-being of Alabamians. In my opinion, if all state government agencies conducted their business with the same degree of professionalism as the pharmacy board, Alabama would be in much better shape. Especially helpful was [redacted]. [redacted], thank you."
Respondent #16 – "The employees at the particular store in question are still be behaving in a manner that is not representative of the pharmaceutical industry"
Respondent #17 – "My complaint was that when a small pharmacy was bought out by Walgreens, the details of one of my prescriptions was transferred to Walgreens without my consent, even though it had no refills remaining. I believe that that data transfer violated my rights under HIPAA, and that consumers need to be protected from getting their information into the system of the big chain pharmacies against their will."
Respondent #18 – "No"
Respondent #19 – "None at this time"

Respondent #20 – “I filed a complaint against [redacted]. The investigator called me and made sure to let me know that he knew [redacted]'s chief pharmacist personally (the title may be incorrect). The investigator assured me that that he knew [redacted]'s pharmacist was a good person and he trusted [redacted]. The investigator said he would talk to [redacted] and then let me know how the Board resolved my complaint. I never heard from the investigator again. Instead, I was copied on a letter from the Board to [redacted] that informed [redacted] that the Board had disposed of my complaint. I asked the Board to send me the "findings" that their letter to [redacted] referenced; they refused. I asked the Board repeatedly (in writing) for the results of their investigation, but the Board refused to provide me with their findings or any reason whatsoever for their decision. I submitted a public records request regarding my complaint, which the Board refused to respond to. The Board's investigator was clearly telling me the truth when he told me how close he was to [redacted]'s pharmacist.”

Respondent #21 – “no”

Respondent #22 – “I don't think the board did anything. I never heard back from them and I lost my patient.”

APPENDICES

Appendix I: Applicable Statutes

Chapter 23 Pharmacists and Pharmacies

ARTICLE 1 GENERAL PROVISIONS

Section 34-23-1 Definitions.
For the purpose of this chapter, the following words and phrases shall have the following meanings:
(1) ASSOCIATION. The Alabama Pharmacy Association.
(2) BIOLOGICAL PRODUCT. Has the same meaning as the term as defined in 42 U.S.C. §262.
(3) BOARD or STATE BOARD. The Alabama State Board of Pharmacy.
(4) CHEMICAL. Any substance of a medicinal nature, whether simple or compound, obtained through the process of the science and art of chemistry, whether of organic or inorganic origin.
(5) DISPENSE. To sell, distribute, administer, leave with, give away, dispose of, deliver, or supply a drug or medicine to the ultimate user or his or her agent.
(6) DRUGS. All medicinal substances, preparations, and devices recognized by the United States Pharmacopoeia and National Formulary, or any revision thereof, and all substances and preparations intended for external and internal use in the cure, diagnosis, mitigation, treatment, or prevention of disease in man or animal and all substances and preparations other than food intended to affect the structure or any function of the body of man or animal.
(7) EXTERN. A candidate for licensure as a pharmacist during the time prior to graduation from an accredited college of pharmacy.
(8) HOSPITAL. An institution for the care and treatment of the sick and injured, licensed by the Alabama State Board of Health and authorized to be entrusted with the custody of drugs and medicines, the professional use of drugs and medicines being under the direct supervision of a medical practitioner or pharmacist.
(9) INTERCHANGEABLE BIOLOGICAL PRODUCT. A biological product for which the federal Food and Drug Administration has made either a determination of licensure based on standards for interchangeability pursuant to 42 U.S.C. §262(k)(4), or a determination of therapeutic equivalence based on the latest edition of or supplement to the federal Food and Drug Administration's publication Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).
(10) INTERN. An individual who is currently licensed by this state to engage in the practice of pharmacy while under the personal supervision of a pharmacist and is satisfactorily progressing toward meeting the requirements for licensure as a pharmacist, a graduate of an approved college of pharmacy who is currently licensed by the board for the purpose of obtaining practical experience as a requirement for licensure as a pharmacist, or a qualified applicant awaiting examination for licensure.

(11) LEGEND DRUG. Any drug, medicine, chemical, or poison bearing on the label the words, "Caution, federal law prohibits dispensing without prescription" or similar wording indicating that such drug, medicine, chemical, or poison may be sold or dispensed only upon the prescription of a licensed medical practitioner.
(12) LICENSE. The grant of authority by the board to a person authorizing him or her to engage in the practice of pharmacy in this state.
(13) MANUFACTURER. A person or entity, except a pharmacy, who prepares, derives, produces, researches, tests, labels, or packages any drug, medicine, chemical, or poison.
(14) MEDICAL PRACTITIONER. Any physician, dentist, or veterinarian, or any other person authorized by law to treat, use, or prescribe medicine and drugs for sick and injured human beings or animals in this state.
(15) MEDICINE. Any drug or combination of drugs that has the property of curing, diagnosing, preventing, treating, or mitigating diseases or that which may be used for those purposes.
(16) OUTSOURCING FACILITY. A facility at one geographic location or address that is engaged in the compounding of sterile drugs, which has elected to register with the federal Food and Drug Administration as an outsourcing facility and complies with the requirements of Section 503B(d)(4)(A) of the federal Food, Drug, and Cosmetic Act.
(17) PATENT OR PROPRIETARY MEDICINES. Completely compounded nonprescription packaged drugs, medicines, and nonbulk chemicals which are sold, offered, promoted, or advertised by the manufacturer or primary distributor under a trademark, trade name, or other trade symbol, and the labeling of which conforms to the requirements of the federal Food, Drug, and Cosmetic Act; provided, that this definition shall not include:
a. Drugs which are only advertised and promoted professionally to licensed physicians, dentists, or veterinarians by manufacturers or primary distributors.
b. A narcotic or drug containing a narcotic.
c. A drug the label of which bears substantially either the statements "Caution--federal law prohibits dispensing without prescription" or "Warning--may be habit-forming".
d. A drug intended for injection.
(18) PERMIT. The grant of authority by the board to any person, firm, or corporation authorizing the operation of a pharmacy, wholesale drug distributor, repackager, bottler, manufacturer, or packer of drugs, medicines, chemicals, or poisons for medicinal purposes. Nonresident wholesale drug distributors registered with the appropriate agency, in the state in which they are domiciled, and operating in compliance with Prescription Drug Marketing Act standards, shall be allowed to do business in this state. No permit shall be required of any physician licensed to practice medicine for any act or conduct related to or connected with his or her professional practice.
(19) PERSON. Any individual, partnership, corporation, association, trust, or other entity.
(20) PHARMACIST. Any person licensed by the board to practice the profession of pharmacy as a health care provider in the State of Alabama and whose license is in good standing.

(21) PHARMACY. A place licensed by the board in which prescriptions, drugs, medicines, medical devices, chemicals, and poisons are sold, offered for sale, compounded, or dispensed, and shall include all places whose title may imply the sale, offering for sale, compounding, or dispensing of prescriptions, drugs, medicines, chemicals, or poisons.
(22) PHARMACY SERVICES PERMIT. Certain services performed by a pharmacy, as defined by board rule, and specifically excluding the receipt or inventory of drugs, medicines, chemicals, poisons, or medical devices.
a. This subdivision, and any rule adopted by the board pursuant to this subdivision, may not be interpreted to expand the practice of pharmacy, as the practice of pharmacy and permits are limited by this section and Sections 34-23-11 and 34-23-70, or to restrict the practice of medicine as defined in Section 34-24-50.
b. This subdivision, and any rule adopted by the board pursuant to this subdivision, is subject to the restrictions contained in subsection (b) of Section 34-23-30.
c. This subdivision shall not be interpreted to allow the board to adopt any rule that would authorize a pharmacist to sell, offer for sale, or dispense any prescription drug except pursuant to the terms of a valid prescription issued by a licensed practitioner authorized to prescribe such drug.
(23) POISON. Any substance other than agricultural products and pesticides which when applied to, introduced into, or developed within the body in relatively small quantities by its inherent chemical action uniformly produces serious bodily injury, disease, or death.
(24) PRECEPTOR. A person who is duly licensed to practice pharmacy in the state and meets the requirements as established by the board.
(25) PRESCRIPTION. Any order for drug or medical supplies, written or signed or transmitted by word of mouth, telephone, telegraph, closed circuit television, or other means of communication by a legally competent practitioner, licensed by law to prescribe and administer such drugs and medical supplies intended to be filled, compounded, or dispensed by a pharmacist.
(26) PRIVATE LABEL DISTRIBUTOR. A firm that does not participate in the manufacture or processing of a drug but instead markets and distributes under its own trade name, and labels a drug product made by someone else. A private label distributor is responsible for the products it introduces into interstate commerce and for compliance with federal Food, Drug, and Cosmetic Act requirements and Current Good Manufacturing Practices regulations.
(27) PROFESSIONAL DEGREE. A degree in pharmacy requiring a minimum of five academic years.
(28) REPACKAGER. A person who purchases or acquires from a manufacturer or distributor, a drug, medicine, chemical, or poison for the purpose of bottling, labeling, or otherwise repackaging for sale or distribution. This definition shall not apply to a physician licensed to practice medicine who as a part of his or her professional practice dispenses, administers, sells, or otherwise distributes any drug to a patient.

(29) SALE. Barter, exchange, or gift, or offer of barter, exchange, or gift, and shall include each transaction made by any person, whether a principal, proprietor, agent, servant, or employee.
(30) THIRD-PARTY LOGISTICS PROVIDER. An entity that provides or coordinates warehousing or other logistics services of a product in interstate commerce on behalf of a manufacturer, wholesale distributor, or dispenser of a product, that does not take ownership of the product, nor have responsibility to direct the sale or disposition of the product.
(31) WHOLESALE DRUG DISTRIBUTORS. A person, other than a manufacturer, the co-licensed partner of a manufacturer, a third-party logistics provider, or repackager, engaged in the business of distributing drugs and medicines for resale to pharmacies, hospitals, practitioners, government agencies, or other lawful outlets permitted to sell drugs or medicines. The sale, purchase, or trade of a drug by a retail pharmacy to another retail pharmacy or practitioner, for relief of temporary shortages, is exempt from this definition. Also exempt from this definition shall be all of the following:
a. Intracompany sales.
b. Manufacturer and distributor sales representatives who distribute drug samples.
c. Charitable organizations distributing to nonprofit affiliates of that organization.
d. Certain purchases by hospitals or other health care entities that are members of a group purchasing organization.
e. The distributors of blood and blood components.
(Acts 1966, Ex. Sess., No. 205, p. 231, §2; Acts 1991, No. 91-475, p. 860, §1; Act 98-643, p. 1414, §1; Act 2012-213, p. 381, §1; Act 2017-422, §1; Act 2018-107, §1; Act 2019-406, §1.)

Section 34-23-2 Objects and Purposes of Chapter.
The practice of pharmacy and the management and operation of pharmacies are hereby declared to affect the public health, safety, and welfare of the people of Alabama, and thereby subject to regulation and control in the public interest. It is further declared to be a matter of public interest and concern that only qualified persons compound or dispense prescription drugs and medicines, and that pharmacies be managed in such a manner as to protect the public, and all provisions of this chapter shall be liberally construed to carry out these objects and purposes.
(Acts 1966, Ex. Sess., No. 205, p. 231, §1.)

Section 34-23-3 State Drug Investigators.

Each state drug investigator employed by the board following the passage of this chapter must furnish satisfactory proof to the board that he or she is a person of good moral character and that in the judgment of the members of the board he or she has sufficient knowledge of the laws pertaining to the practice of pharmacy and law enforcement to enable him or her to carry out his or her duties as an investigator consistent with this chapter. Each state drug investigator employed by the board shall serve an apprenticeship of a minimum of six months working with and under the supervision of the Chief Drug Investigator or other investigator designated by the board. Each such investigator, before entering upon his or her duties, shall post with the board a bond in the amount of two thousand dollars ($2,000) conditioned upon the faithful performance of his or her duties. Each state drug investigator shall have the power to inspect the medicines and drugs or drug products or domestic remedies which are manufactured, packaged, packed, made, sold, offered for sale, exposed for sale, or kept for sale in this state, and for this purpose shall have the right to enter and inspect during business hours any pharmacy or any other place in this state where medicines or drugs or drug products or proprietary medicines are manufactured, packaged, packed, made, sold, offered for sale, or kept for sale, whether or not licensed by the board. Each state drug investigator shall be subject to the same restrictions as other officers of the law in regard to search and seizure. They shall report to the board all violations of the laws relating to pharmacy and all rules and regulations of the board. As directed by the board, it shall be the duty of the state drug investigators to issue citations for violations of such laws, rules, or regulations or institute criminal proceedings against persons for such violations. When authorized by the board and where there are specific complaints, the state drug investigator shall have the right to inspect all records, shipping tickets, or any other document pertaining to the transfer of drugs or drug preparations, from or to hospitals, pharmacists, wholesale establishments and manufacturers, or any other place or establishment where the preparations of drugs are kept or stored. They shall have the authority to inspect all prescription files, prescription record books, poison registers, exempt narcotic registers, and any other records pertaining to the filling and filing of prescriptions. It shall be the duty of the state drug investigator to take possession of all revoked licenses and permits or suspended licenses and permits, or both, when such licenses and permits are not surrendered voluntarily to the board by the person or pharmacist whose license or permit has been revoked or suspended. Nothing in this chapter shall authorize or require the state drug investigator or state drug investigators to inspect the offices of doctors of medicine who have duly qualified with the State Board of Medical Examiners.

(Acts 1966, Ex. Sess., No. 205, p. 231, §7; Act 2017-422, §1.)

Section 34-23-4 Licensure Limited to Graduates from Approved Schools and Colleges.
The Board of Pharmacy shall consider for licensure graduates from only those schools and colleges of pharmacy which are approved by the board.
(Acts 1966, Ex. Sess., No. 205, p. 231, §8; Act 2006-296, p. 607, §1.)

Section 34-23-6 Bankruptcy Sales, Auction Sales, etc., of Drugs and Medicines.
In the event of any sale in bankruptcy, at public auction or any other sale except in the normal course of business, the seller shall give written notice of such sale to the board at least one week prior to the day of sale, and a complete and accurate report must be made in writing to the board by the proposed seller within 10 days after such sale showing the names and addresses of the parties to whom any narcotics, exempt narcotics, or dangerous drugs have been sold together with an itemized inventory thereof. This section shall not apply to the bona fide sale of a pharmacy as a business when the board has been notified of such proposed sale.
(Acts 1966, Ex. Sess., No. 205, p. 231, §30.)

Section 34-23-7 Illegal Possession of Prescription Drugs.
Any person found in possession of a drug or medicine limited by law to dispensation by a prescription, unless such drug or medicine was lawfully dispensed, shall be guilty of a misdemeanor and, upon conviction, shall be fined not more than $1,000 and, in addition thereto, may be imprisoned in the county jail for hard labor for not more than one year. This section shall not apply to a licensed pharmacy, licensed pharmacist, wholesaler, manufacturer, or his or her representative acting within the line and scope of his or her employment, physician, veterinarian, dentist, or nurse acting under the direction of a physician, nor to a common carrier or messenger when transporting such drug or medicine in the same unbroken package in which the drug or medicine was delivered to him or her for transportation.
(Acts 1966, Ex. Sess., No. 205, p. 231, §31.)

Section 34-23-8 Substitution of Drugs or Brands of Drugs.

No person shall dispense or cause to be dispensed a different drug or brand of drug in lieu of that ordered or prescribed without the express permission in each case of the person ordering or prescribing such drug, except as provided below:

(1) A licensed pharmacist in this state shall be permitted to select for the brand name drug product prescribed by a licensed physician or other practitioner who is located in this state and authorized by law to write prescriptions, hereinafter referred to as "practitioner," a less expensive pharmaceutically and therapeutically equivalent drug product containing the same active ingredient or ingredients, and of the same dosage form strength, in all cases where the practitioner expressly authorizes such selection in accordance with subdivision (4).

(2) A licensed pharmacist located in this state shall be permitted to select for the brand name drug product prescribed by a practitioner who is located in another state or licensing jurisdiction and who is authorized by the laws of that state or jurisdiction to write prescriptions, a less expensive pharmaceutically and therapeutically equivalent drug product containing the same active ingredient or ingredients, and of the same dosage form strength, in all cases where the out-of-state licensed physician or other practitioner does not expressly prohibit a substitution.

(3) A pharmacist shall record on the prescription form the name and manufacturer or distributor of any drug product dispensed as herein authorized.

(4)a. Every written prescription issued in this state by a licensed practitioner shall contain two signature lines. One line shall indicate if the brand name is meant to be dispensed and the other shall indicate if a product selection is permitted. The practitioner shall communicate instructions to the pharmacist by signing on the appropriate line.

b. An oral or electronic prescription, including an e-fax, from the practitioner shall instruct the pharmacist whether or not a less expensive pharmaceutically and therapeutically equivalent drug product may be dispensed. The pharmacist shall note instructions on the file copy of the prescription and retain the prescription form for the period specified by law. The State Board of Pharmacy shall not adopt any rule affecting the subject matter of this subdivision.

(5) Unless otherwise indicated by the practitioner, the prescription label on the dispensing container shall indicate the actual drug product dispensed, either the brand name, or if none, the generic name, and the name of the manufacturer or a reasonable abbreviation of the name of the manufacturer.

(6) This shall not be interpreted to exclude the use of a formulary or drug list as adopted and approved by a medical staff in a licensed hospital with drugs provided thereunder by procedures established for use within that licensed hospital.

(7) Any person who violates this section shall be punished by a fine of up to $1,000.

(Acts 1966, Ex. Sess., No. 205, p. 231, §18, Acts 1979, No. 79-429, p. 676, §1; Act 2002-58, p. 144, §1; Act 2019-441, §1.)

Section 34-23-8.1 Substitution of Certain Biological Products; Notice.

(a) No person shall dispense or cause to be dispensed a different biological or brand of biological product in lieu of that ordered or prescribed without the express permission in each case of the person ordering or prescribing the drug, except as provided in this section.

(b) A licensed pharmacist in this state shall be permitted to select for the brand name biological product prescribed by a licensed physician or other practitioner who is located in this state and authorized by law to write prescriptions, hereinafter referred to as "practitioner," a less expensive interchangeable biological product in all cases where the practitioner expressly authorizes the selection in accordance with subsection (d).

(c) A licensed pharmacist located in this state may select for the brand name biological product prescribed by a practitioner who is located in another state or licensing jurisdiction and who is authorized by the laws of that state or jurisdiction to write prescriptions, a less expensive interchangeable biological product, in all cases where the out-of-state licensed physician or other practitioner does not expressly prohibit a substitution.

(d)(1) Every written prescription for a biological product issued in this state by a licensed practitioner shall contain two signature lines. One line shall indicate if the brand is meant to be dispensed, and the other shall indicate if a product selection is permitted. The practitioner shall communicate instructions to the pharmacist by signing on the appropriate line.

(2) An oral or electronic prescription, including an e-fax, from the practitioner for a biological product shall instruct the pharmacist whether or not a less expensive interchangeable biological product may be dispensed. The pharmacist shall note instructions on the file copy of the prescription and retain the prescription form for the period specified by law.

(e) The State Board of Pharmacy may not adopt any rule affecting the subject matter of this section.

(f) When a pharmacist dispenses an interchangeable biological product for the prescribed biological product, the pharmacist, or his or her designee, shall inform the patient or patient's designee prior to dispensing the interchangeable biological product.

(g)(1) Within 24 hours, not counting the hours of Sunday or recognized federal holidays, a pharmacist, or the designee of the pharmacist, who dispenses a different biological product than that ordered or prescribed shall inform the prescribing physician that a different biological product was substituted for the biological product prescribed and provide the name and manufacturer of the biological product dispensed. The notice to the prescribing physician or other practitioner shall be by any of the following:

a. Electronic message sent to the electronic prescribing system used by the prescribing physician or other practitioner to transmit the prescription to the pharmacy.

b. Telephone.

c. Facsimile.

(2) In any instance where the prescribing practitioner indicates for a pharmacist to communicate using a specific notification method listed in subdivision (1), the pharmacist shall utilize that method of communication. A voicemail left for the prescribing physician or other practitioner at the telephone number provided to the pharmacist or his or her designee shall constitute notice under this section.

(h) A pharmacist, or his or her designee, shall record on the prescription form the name and manufacturer or distributor of any drug product, or the name and manufacturer of any biological product, dispensed as authorized in this section.

(i) Notice to the prescribing physician is not required if a refill prescription is not changed from the product dispensed on the immediately prior filling of the prescription.

(j) Unless otherwise indicated by the practitioner, the prescription label on the dispensing container shall indicate the actual biological product dispensed, either the brand name, or if none, the name of the biosimilar biologic product as referred to by the federal Food and Drug Administration's Lists of Licensed Biological Products With Reference Product Exclusivity and Biosimilarity of Interchangeability Evaluations (Purple Book), and the name of the manufacturer or a reasonable abbreviation of the name of the manufacturer.
(k) The board may maintain a link on its website to the current list of all biological products that the federal Food and Drug Administration has licensed and meets the standards for "interchangeability" pursuant to 42 U.S.C. §262(k).
(l) Notwithstanding any other provision of this section, a pharmacist may not substitute an interchangeable biologic medication for a biologic medication prescribed to a Medicaid recipient if the Medicaid Agency has determined the prescribed biologic is lower in net cost to the Medicaid Agency after rebates.
(m) This section is intended and shall be construed to apply only to biological drug products.
(Act 2019-406, §2.)

Section 34-23-9 Purity of Drugs Dispensed.
No person shall compound or sell or offer for sale or cause to be compounded, sold, or offered for sale any medicine, drug, poison, chemical, or pharmaceutical preparation that is adulterated. Any one of the above-named substances shall be deemed to be adulterated if it is sold by a name recognized in the United States Pharmacopoeia or National Formulary and it differs from the standard of strength, quality, or purity as determined by the test laid down therein. A product may be of a lesser strength only if the product is clearly labeled with the actual strength. The board may use product analysis data from any laboratory that satisfies all of the following qualifications:
(1) Is registered by the Food and Drug Administration.
(2) If the product is a legend controlled drug, is licensed by the Bureau of Narcotics and Dangerous Drugs.
(3) Is ISO 17025 certified.
(Acts 1966, Ex. Sess., No. 205, p. 231, §17; Act 2017-422, §1.)

Section 34-23-10 Notification by Pharmacists of Change of Employment.
Each pharmacist licensed by the board shall notify the board in writing within 10 days on change of employment. The notice shall contain his or her name, license number, the name of the pharmacy where formerly employed and the name of the pharmacy where currently employed.
(Acts 1966, Ex. Sess., No. 205, p. 231, §12.)

Section 34-23-11 Physicians, Dentists, Registered Nurses, etc., Exempt from Chapter.

(a) Nothing contained in this chapter shall prevent any licensed practitioner of the healing arts from personally compounding, dispensing, administering, or supplying to his or her patient drugs and medicines for their use. This chapter shall not apply to the manufacture or sale at wholesale or retail of patent or proprietary medicines as purchased from a manufacturer or wholesaler, or to the manufacture or sale at wholesale or retail of packaged, bottled, or nonbulk chemicals, medicines, medical and dental supplies, cosmetics, and dietary foods when identified by and sold under a trademark, trade name, or other trade symbol, privately owned or registered in the United States Patent Office, sold or offered to be sold to the general public, if the article meets the requirements of the Federal Food, Drug, and Cosmetic Act other than prescription legend drugs.

(b) A registered nurse in the employment of the State Health Department or a county health department may, in the provision of health care services, dispense legend drugs as provided in this section under the standing orders or direct supervision of a physician licensed to practice medicine in this state and pursuant to procedures established by the Board of Pharmacy and implemented by a pharmacist licensed to practice pharmacy in this state. The nurse may dispense the legend drugs for the treatment of tuberculosis, sexually transmitted diseases, family planning, hypertension, and other programs if approved by the State Board of Pharmacy. The dispensing of the drugs shall meet all labeling, packaging, recordkeeping, and counseling requirements of a prescription. The Board of Pharmacy shall have the responsibility to inspect the site where the dispensing occurs. The authority granted to a registered nurse pursuant to this subsection shall not apply to controlled substances as defined in Chapter 2 of Title 20.

(Acts 1966, Ex. Sess., No. 205, p. 231, §32; Acts 1997, No. 97-643, p. 1176, §1.)

Section 34-23-12 Injunctions Against Violations of Chapter.

When it shall appear to the board that any person who is not licensed under the provisions of this chapter is violating any of the provisions of this chapter, the board may in its own name bring an action in the circuit court for an injunction, and the court of this state may enjoin any person from violating the provisions of this chapter regardless of whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted.

(Acts 1966, Ex. Sess., No. 205, p. 231, §23.)

Section 34-23-13 Penalty for Practicing Pharmacy Without a License; Compounding or Dispensing Prescriptions by Unauthorized Persons; Violations of Chapter or Rules and Regulations of Board.

Any person who shall practice pharmacy in this state without having first obtained from the board a license, or who permits prescriptions to be compounded and/or dispensed by unauthorized persons; or who violates any of the provisions of this chapter; or who willfully violates any published rule or regulation of the board; or who does any act described in this chapter as unlawful, the penalty for which is not herein specifically provided, shall be guilty of a misdemeanor and, upon conviction, shall be punished by fine of not more than $1,000 for each offense, to be fixed by the court trying the case, and in addition thereto may be, in the discretion of the court trying the case, sentenced to hard labor for the county for a period not to exceed 12 months.

(Acts 1966, Ex. Sess., No. 205, p. 231, §10.)

ARTICLE 2 LICENSES AND PERMITS

DIVISION 1 GENERAL PROVISIONS

Section 34-23-30 Pharmacy Permits Generally.

(a) Every pharmacy, hospital pharmacy, drugstore, pharmacy department, prescription department, prescription laboratory, apothecary, or any other establishment with a title implying the sale, offering for sale, compounding, or dispensing of drugs, or any entity providing pharmacy services for patients residing in this state, shall register biennially and receive a permit from the board. Any person desiring to open, operate, maintain, or establish a pharmacy or to establish and entity to provide pharmacy services shall apply to the board for a permit at least 30 days prior to the opening of the business. No pharmacy or entity performing pharmacy services shall open for the transaction of business until it has been registered, inspected, and a permit issued by the board. The application for a permit shall be made on a form prescribed and furnished by the board which when properly executed shall indicate the ownership desiring such permit and the names and license numbers of all licensed pharmacists employed as well as the location of the pharmacy or entity where pharmacy services are performed and other information as the board may require. If more than one pharmacy or entity where pharmacy services are performed is operated by the same owner, a separate application for registration shall be made and a separate permit issued for each such establishment. All permits issued under this section shall become due on October 31 and shall become null and void on December 31 of even-numbered years. Every application for a permit for a new pharmacy or entity where pharmacy services are performed shall be accompanied by a fee to be determined by the board, but the fee shall not be less than one hundred dollars ($100) nor more than two hundred dollars ($200). Every application for a renewal permit shall be accompanied by a fee to be determined by the board, but the fee shall not be less than fifty dollars ($50) nor more than one hundred fifty dollars ($150). Every application for a permit due to transfer of ownership shall be accompanied by a fee to be determined by the board, but the fee shall not be less than one hundred fifty dollars ($150) nor more than four hundred dollars ($400). Every application for a permit for an out-of-state pharmacy or entity where pharmacy services are performed shall be accompanied by a fee to be determined by the board, but the fee shall not be less than seven hundred fifty dollars ($750) nor more than two thousand dollars ($2,000). Every application for a renewal permit for an out-of-state pharmacy or entity where pharmacy services are performed shall be accompanied by a fee to be determined by the board, but the fee shall not be less than four hundred dollars ($400) nor more than seven hundred fifty dollars ($750). Each application for the renewal of a permit shall be made on or before October 31 of each even-numbered year, at which time the previous permit shall become null and void on December 31 of even-numbered years. A penalty of twenty-five dollars ($25) for each overdue month shall be assessed in addition to the permit fee for renewal of delinquent permits. The secretary of the board shall issue a permit for each pharmacy or entity where pharmacy services are performed whose application is found to be satisfactory by the board. Permits issued under this section shall not be transferable. Any change in the control of ownership or licensed pharmacists shall be reported to the board in writing within 10 days of such occurrence. If the pharmacy or entity where pharmacy services are performed is owned by a corporation, the permit shall be issued in the name of the corporation. It shall be the duty of the owners of pharmacies or the owners of entities where pharmacy services are performed who are not licensed pharmacists to immediately notify the board upon the termination of employment of licensed pharmacists and to cause the surrender of permits as indicated. The further operation of the pharmacy or entity where pharmacy services are performed in the absence of licensed pharmacists is forbidden; provided, that the nonregistered owner shall have a period of 30 days within which to comply with

this subsection. The next of kin of any deceased licensed pharmacist owner shall have a period of 30 days within which to comply with this chapter, during which time no prescriptions shall be filled unless a licensed pharmacist is on duty. No mail order pharmacy shall transact business in this state without a permit from the board.
(b) Requirements for the grant of authority by the board to any entity providing pharmacy services shall be by board rule.
(c) Nothing contained in this section related to pharmacy services permits shall be interpreted to delegate to the board the authority to adopt rules governing pharmacy benefit managers.
(d) Any person who violates this section shall be guilty of a misdemeanor.
(Acts 1966, Ex. Sess., No. 205, p. 231, §14; Acts 1985, No. 85-702, p. 1151, §1; Act 2004-450, p. 801, §1; Act 2012-213, p. 381, §1; Act 2017-422, §1; Act 2023-60, §1.)

Section 34-23-31 Permits for Mail-Order Houses.
Every mail-order house which dispenses drugs or medicines through the United States mail or otherwise from any point in the State of Alabama to any point outside of the State of Alabama, and every such business which dispenses drugs or medicines through the United States mail or otherwise from any point outside of the State of Alabama to any point within the State of Alabama shall obtain a permit from the State Board of Pharmacy as a condition precedent to being qualified and authorized to transact such business in the State of Alabama.
(Acts 1966, Ex. Sess., No. 205, p. 231, §29.)

Section 34-23-32 Manufacturer, Bottler, Packager, Repackager, etc., of Drugs.
(a) Commencing on August 1, 2017, every manufacturer, bottler, packager, repackager, third party logistic provider, wholesale drug distributor, private label distributor, outsourcing facility, or pharmacy business identified in the supply chain of drugs, medicines, chemicals, or poisons for medicinal purposes shall register annually with the board by application for a permit on a form furnished by the board and accompanied by a fee to be determined by the board as follows:
(1) The fee shall not be less than five hundred dollars ($500) nor more than two thousand dollars ($2,000) for a new establishment.
(2) The fee shall not be less than two hundred fifty dollars ($250) nor more than one thousand dollars ($1,000) for a renewal permit.
(3) The fee shall not be less than five hundred dollars ($500) nor more than two thousand dollars ($2,000) for a permit due to transfer of ownership.
(b) A holder of a permit shall employ a full-time licensed pharmacist whose principal duty shall be confined to on-premise pharmaceutical operations. Wholesale drug distributors who strictly limit their operation to distribution of drugs, medicines, chemicals, or poisons for medicinal purposes are exempt from the requirement to employ a full-time licensed pharmacist.
(c) The professional practice of any physician licensed to practice medicine is exempt from the requirements of this section.
(d) All permits issued under this section shall become due on October 31 and shall become null and void if not paid by December 31. Each application for the renewal of the permit shall be made annually on or before December 31. A penalty of one hundred dollars ($100) for each overdue month shall be assessed in addition to the permit fee for renewal of delinquent permits.
(e)(1) Commencing on January 1, 2024, each holder of a permit issued under this section, with the exception of an outsourcing facility, shall designate a current representative of the permit holder and shall register the designated representative with the board. The designated representative shall possess the qualifications, requirements, and background as set out by the board.

(2) The holder of the permit shall pay an initial registration fee to register the designated representative of not less than one hundred dollars ($100), as set by rule of the board. The registration of a designated representative shall expire on December 31. The renewal of the registration shall be due on October 31 of each year and shall be delinquent after December 31. The annual fee for the renewal of a designated representative shall not be less than one hundred dollars ($100), as set by rule of the board. If the renewal is not timely received by the board, the applicant for renewal of the registration shall pay a penalty of not more than fifty dollars ($50) for each month the renewal is late, as set by rule of the board.

(f) All holders of a permit, before shipping any drug bearing the legend, "caution, federal law prohibits dispensing without prescription" or similar wording causing these drugs to be known as legend drugs to new customers, shall assure themselves that the recipient is either a duly licensed doctor of medicine, dentistry, or veterinary medicine or holds a registered pharmacy permit from the board by contacting the office of the board.

(g) No manufacturer, manufacturer affiliate, bottler, packager, repackager, third party logistic provider, wholesale drug distributor, private label distributor, outsourcing facility, or pharmacy business identified in the supply chain of any legend drug or device shall ship, or cause to be shipped, into the state any legend drug or device without a valid permit issued by the board. The civil penalty for a violation of this subsection shall be four thousand dollars ($4,000) for each violation.

(h) The holder of a permit to ship any legend drug or device into the state shall provide to the board a list of all trading partners, upon request of the board.

(i) No holder of a permit shall ship any legend drug to any person or firm after receiving written notice from the board that the person or firm no longer holds a registered pharmacy permit. Any person violating this section shall be guilty of a misdemeanor.

(j) For each application for a permit found to be satisfactory by the board, the secretary of the board shall issue to the applicant a permit for the appropriate function, which permit shall be displayed in a conspicuous place.

(Acts 1966, Ex. Sess., No. 205, p. 231, §24; Acts 1985, No. 85-702, p. 1151, §1; Acts 1991, No. 91-475, p. 860, §1; Act 2004-450, p. 801, §1; Act 2017-422, §1; Act 2018-107, §1; Act 2023-119, §1.)

Section 34-23-32.1 Adherence to FDA Requirements Under Federal Prescription Drug Marketing Act of 1987.

Any requirements established by the FDA Guidelines, as required by the Federal Prescription Drug Marketing Act of 1987 (PDMA), as amended, specifically addressed in Sections 34-23-1 and 34-23-32, shall be adhered to by the affected parties.

(Acts 1991, No. 91-475, p. 860, §2; Act 2017-422, §1.)

Section 34-23-32.2 Revocation, Suspension, etc., of License or Certificate; Non-Disciplinary Administrative Penalty.

Any requirements established by the FDA Guidelines in the Drug Quality and Security Act shall be adhered to by the affected parties. The board may permit any manufacturer, manufacturer affiliate, bottler, packager, repackager, third party logistic provider, wholesale drug distributor, private label distributor, or pharmacy business identified in the supply chain of any drugs, legend drugs, medicines, chemicals, or poisons for medicinal purposes. The board, by rule, shall establish fees for permits issued under this section and fines for violations of this section. Proceeds received by the board from fees levied and fines collected pursuant to this section shall be used by the board to fund the costs of permitting, inspecting, and investigating any business permitted pursuant to this section.
(Act 2017-422, §2.)

Section 34-23-33 Revocation, Suspension, etc., of License or Certificate; Non-Disciplinary Administrative Penalty.

(a) The board may revoke, suspend, place on probation, or require remediation for any licensed pharmacist or a holder of a pharmacy intern or extern certificate for a specified time as determined by the board and take the same or similar action against the permit to operate any pharmacy in this state, whenever the board finds by a preponderance of the evidence, or pursuant to a consent decree, that the pharmacist has been guilty of any of the following acts or offenses:

(1) Obtaining a license, permit, or registration from the board by fraudulent means.

(2) Violation of the laws regulating the sale or dispensing of narcotics, exempt narcotics, or drugs bearing the label "caution, federal law prohibits dispensing without prescription," or similar wording which causes the drugs to be classified as prescription legend drugs.

(3) Conviction of a felony. A copy of the record of the conviction, certified by the clerk of the court entering the conviction, shall be conclusive evidence of the conviction.

(4) Conviction of any crime or offense that reflects the inability of the practitioner to practice pharmacy with due regard for the health and safety of the patients.

(5) Inability to practice pharmacy with reasonable skill and safety to patients by reason of illness, inebriation, misuse of drugs, narcotics, alcohol, chemicals, or any other substance, or as a result of any mental or physical condition.

When the issue is whether or not a pharmacist is physically or mentally capable of practicing pharmacy with reasonable skill and safety to patients, then, upon a showing of probable cause to the board that the pharmacist is not capable of practicing pharmacy with reasonable skill and safety to patients, the board may require the pharmacist in question to submit to a psychological examination by a psychologist to determine psychological status or a physical examination by a physician, or both, to determine physical condition. The psychologist or physician, or both, shall be designated by the board. The expense of the examination shall be borne by the board. Where the pharmacist raises the issue of mental or physical competence or appeals a decision regarding his or her mental or physical competence, the pharmacist shall be permitted to obtain his or her own evaluation at the pharmacist's expense. If the objectivity or adequacy of the examination is suspect, the board may complete the examination by the designated practitioners at its own expense. When mental or physical capacity to practice is at issue, every pharmacist licensed to practice pharmacy in the state shall be deemed to have given consent to submit to a mental or physical examination or to any combination of the examinations and to waive all objections to the admissibility of the examination, or to previously adjudicated evidence of mental incompetence.

(6) Gross malpractice or repeated malpractice or gross negligence in the practice of pharmacy.

(7) Violation of any provisions contained in this chapter.

(8) Employing, assisting, or enabling in any manner any unlicensed person to practice pharmacy.
(9) The suspension, revocation, or probation by another state of a license to practice pharmacy. A certified copy of the record of suspension, revocation, or probation of the state making such a suspension, revocation, or probation shall be conclusive evidence of the suspension, revocation, or probation.
(10) Refusal to appear before the board after having been ordered to do so in writing by the executive officer or chair of the board.
(11) Making any fraudulent or untrue statement to the board.
(12) Violation of any rule or regulation of the board.
(13) Violation of the code of professional conduct adopted by the board in the rules and regulations of the board.
(b) The board shall have the authority to adopt rules imposing a non-disciplinary administrative penalty for designated violations of this chapter.
Acts 1966, Ex. Sess., No. 205, p. 231, §20; Acts 1989, No. 89-235, p. 303, §3; Acts 1990, No. 90-550, p. 856, §1; Acts 1995, No. 95-585, p. 1243, §1; Act 2009-576, p. 1688, §1; Act 2017-422, §1.)

Section 34-23-34 Revocation or Suspension of Licenses to Practice Pharmacy and Pharmacy Permits - Statement of Charges and Notice of Hearing.
No disciplinary action relating to the license, registration, certificate, or permit of any person or entity regulated by the board may be taken unless a statement of charges and notice of hearing has been served on the person or entity at least 30 days before the date fixed for the hearing. The board, at its sole discretion, may serve the statement of charges by personal service or by registered or certified mail or delivery by any recognized delivery or courier service to the address of the person or entity in the records of the board. The burden of proof shall be on the board.
(Acts 1966, Ex. Sess., No. 205, p. 231, §21; Act 2022-145, §1.)

DIVISION 2 PHARMACISTS' LICENSES

Section 34-23-50 Licensed Required; Pharmacy Intern/Extern Permit; Distributing or Dispensing Controlled Substances.
(a) It shall be unlawful for any person, firm, or corporation to practice pharmacy in this state or to permit prescriptions to be compounded or dispensed by a person other than a person duly licensed by the board to practice pharmacy in this state.
(b)(1) Notwithstanding subsection (a), the board may issue a pharmacy intern/extern permit as further provided in this subsection that authorizes a pharmacy intern or extern to compound and dispense prescriptions while serving under the immediate direct supervision of a licensed pharmacist on the premises of a permitted pharmacy.
(2) The following persons may apply to the board for a pharmacy intern/extern permit:
a. A person who holds a professional degree in pharmacy from a school of pharmacy recognized by the board who desires to serve as a pharmacy intern.
b. A person who is enrolled in a school of pharmacy recognized by the board who desires to serve as a pharmacy extern while pursuing his or her education as a pharmacist. In order to be considered enrolled in a school of pharmacy and pursuing education as a pharmacist, the person shall not be absent from the school of pharmacy for more than two consecutive semesters or three consecutive quarters, dependent upon the system in use in the school of pharmacy.

(3) A person requesting a pharmacy intern/extern permit shall submit an application to the board in a form as determined by the board. The person shall be required to be of good moral character and a citizen of the United States or, if not a citizen, must be legally present in the United States with appropriate documentation from the federal government. Further, the person shall not have engaged in any conduct that would be a violation of this chapter or board rule.
(4) The application shall be accompanied with an initial fee of not more than one hundred dollars ($100).
(5) The board shall require a background check on each applicant as part of the initial application process. The cost of the background check shall be paid by the applicant.
(6) A pharmacy intern/extern permit shall expire on December 31 of odd-numbered years. In order to continue to work as an intern or extern, a renewal fee of not more than one hundred dollars ($100), as determined by the board, shall be received by the board by December 31 of the year of expiration. If the renewal is not timely received by the board, the applicant for renewal shall pay a penalty of not more than fifty dollars ($50), as determined by the board, for each month the renewal is late.
(7) For the purposes of this subsection, "immediate direct supervision" means that at least one pharmacist is personally present and available on the premises of the pharmacy for consultation with the intern or extern at all times.
(c) Notwithstanding Section 20-2-51 or any other law to the contrary, each person licensed by the board to practice pharmacy may distribute or dispense controlled substances during the biennial period for which the person is licensed.
(Acts 1966, Ex. Sess., No. 205, p. 231, §9; Acts 1985, No. 85-702, p. 1151, §1; Act 2005-57, p. 84, §3; Act 2009-576, p. 1688, §1; Act 2022-130, §1.)

Section 34-23-51 Application for License; Qualifications; Examination; License by Reciprocity.
(a) Every person who desires to practice pharmacy within this state shall file with the secretary of the board his or her application for licensure as required by the board not less than 10 days prior to his or her examination. The application shall be accompanied by an examination and registration fee for residents and nonresidents of this state, the fees to be set by the board.
(b) The applicant shall furnish satisfactory proof that he or she is at least 19 years of age, of good moral character, and that he or she holds a professional degree from a division, school, college, or a university department of pharmacy recognized by the board. Each applicant shall also be a citizen of the United States or, if not a citizen of the United States, a person who is legally present in the United States with appropriate documentation from the federal government.
(c) The applicant shall have completed an approved practical training program under the supervision of a licensed pharmacist in a site recognized by the board as qualified for training pharmacy externs and interns, the training standards to be established by the board as long as the standards are not less than those set by the National Association of Boards of Pharmacy. The completion of the practical training requirements shall be attested by affidavit from the licensed pharmacist preceptor under whom the training is served.
(d)(1) The applicant shall pass an examination administered by the National Association of Boards of Pharmacy or other entity approved by the board in subjects consistent with those required by the National Association of Boards of Pharmacy and in accordance with the rules of the board. In case of failure of a first examination, the applicant shall have within three years the privilege of a second and third examination. In case of failure in the third examination, the applicant shall be eligible for only one additional examination and this only after he or she has satisfactorily completed additional preparation as directed and approved by the board.

(2) An applicant may be admitted to the examination provided all of the requirements in subsections (a), (b), and (c) are met, and in addition, that affidavits attesting to the prescribed practical training program have been presented to the secretary prior to the examination.
(3) An application for examination by the board may be denied if the applicant is proven to have been involved in any violation of this chapter. An applicant who has been expelled from an examination for cribbing, cheating, or other dishonest conduct shall not be permitted to complete the examination applied for and shall not be permitted to file a new application for examination during the balance of the same calendar year or the calendar year next following the expulsion.
(e) The board may issue a license without examination to an applicant who furnishes satisfactory proof that he or she has been licensed to practice pharmacy by examination in another state that under like conditions grants reciprocal licensure without examination to pharmacists duly licensed by examination in this state, that he or she is a person of good moral character and temperate habits, and provided that the requirements in the state from which the applicant is reciprocating were no less than the requirements of the National Association of Boards of Pharmacy. The application shall be accompanied by a fee set by the board. Each applicant for licensure by reciprocity shall be personally interviewed by two or more members of the board before being granted a license, and the applicant shall pass an examination on the laws governing the practice of pharmacy in this state. The applicant shall be approved for reciprocity by the board prior to the time that he or she begins the duties of a licensed pharmacist in this state. No applicant shall be granted reciprocal licensure unless all evidence and supporting documents of licensure in the state from which the applicant is reciprocating are approved as meeting the requirements for reciprocity of the National Association of Boards of Pharmacy. The board shall set and collect a fee for submitting and certifying grades for reciprocity in other states.
(Acts 1966, Ex. Sess., No. 205, p. 231, §11; Acts 1975, 3rd Ex. Sess., No. 147, p. 393; Acts 1989, No. 89-235, p. 303, §3; Act 98-643, p. 1414, §1; Act 2009-36, p. 126, §3; Act 2021-185, §1.)

Section 34-23-52 Expiration and Renewal of Certificate; Continuing Education.
(a) All certificates of licensure shall expire on December 31 of even-numbered years. In order to continue to be licensed, every licensed pharmacist shall pay to the secretary of the board a biennial renewal fee to be determined by the board, but the fee shall not be less than twenty-five dollars ($25) nor more than one hundred fifty dollars ($150). The renewal fee shall be due on October 31 and delinquent after December 31 of even-numbered years, except that holders of life certificates to practice pharmacy previously issued shall not be required to pay a renewal fee. The payment of the renewal fee shall entitle the registrants to renewal of their certificates at the discretion of the board. If any pharmacist fails to pay a renewal fee on or before the due date, the holder of the certificate may be reinstated as a licensed pharmacist only upon payment of a penalty of ten dollars ($10) for each lapsed month and all lapsed fees, provided the lapsed time of registration may not exceed five years, in which case reinstatement may occur only upon satisfactory examination by the board.
(b) In addition to any fee requirements, each pharmacist shall be required to complete continuing education for each renewal period, as determined by the board by rule.
(Acts 1966, Ex. Sess., No. 205, p. 231, §13; Acts 1985, No. 85-702, p. 1151, §1; Act 2004-450, p. 801, §1; Act 2021-185, §1.)

Section 34-23-53 Training Program for Candidates for Licensure.
Candidates for licensure as pharmacists shall complete a practical training program as prescribed by the board in keeping with standards established by the national accreditation agencies. The candidate shall apply to the board for proper reporting forms and shall ascertain that the preceptor under whom he or she proposes to take his or her practical training is a qualified preceptor. The candidate shall receive credit for experience gained only in an approved site under the supervision of an approved preceptor. The candidate must keep records as prescribed by the board of all professional experience gained, and upon request, must report to the board and furnish information relative to the practical experience gained. The board may accept internship affidavits from other states, provided the internship requirements are no less than requirements of the National Association of Boards of Pharmacy.
(Acts 1966, Ex. Sess., No. 205, p. 231, §27; Acts 1975, 3rd Ex. Sess., No. 147, p. 393; Act 98-643, p. 1414, §1.)

ARTICLE 3 PHARMACIES

Section 34-23-70 Management; Display of Permit and License; Poisons; Prescription Requirements; Violations.
(a) Every pharmacy when opened for business shall be under the personal supervision of a duly licensed pharmacist who shall have personal supervision of not more than one pharmacy at the same time. During temporary absences of the licensed pharmacist, not to exceed three hours daily or more than one and one-half hours at any one time, nor more than one week for temporary illness, the prescription department shall be closed, and no prescriptions are to be filled. During the temporary absence of a pharmacist, a sign shall be placed on the prescription counter in a prominent location easily seen by the public stating, "Prescription Department Closed, No Pharmacist on Duty."
(b) The permit issued to each pharmacist by the board and the licensure certificates issued to the licensed pharmacist employed by each pharmacy must be prominently and conspicuously displayed in the pharmacy. The name of the licensed pharmacist on duty must be conspicuously displayed in the prescription department in a place readily observable by the public.
(c)(1) No licensed pharmacist or pharmacy operating within this state shall accept for refund purposes or otherwise any unused portion of any dispensed prescription.
(2) The prohibition in subdivision (1) shall not apply to any unused or expired dispensed medication returned solely for the purpose of destruction in compliance with applicable law or rules of the board.
(d) The sale of poisons is restricted to the immediate supervision of a licensed pharmacist, and such poison shall not be displayed in a pharmacy in such a manner that a customer may obtain possession of such poisons when standing in an area allocated for customer use. No sale of a poison shall be made or delivered to any minor under 12 years of age or to any person known to be of unsound mind or under the influence of alcohol.
(e) No pharmacy shall authorize any person, firm, or business establishment to serve as a pick-up station or intermediary for the purpose of having prescriptions filled or delivered, whether for profit or gratuitously. Except with respect to controlled substances, any facility recognized as a federally qualified health center, as defined in 42 U.S.C. §1396d(l)(2)(B), operating health care practices and providing pharmacy services in the state is expressly exempt from this subsection. Each eligible federally qualified health center is authorized to fill certain prescriptions at one location and deliver medications to clinics for patient pick-up subject to the review of the board.

(f) No prescription blank supplied by a pharmacy or pharmacist to a practitioner shall bear the imprint thereon of the name or address of any pharmacy or bear the name or address of any person registered under this chapter.
(g)(1) No person shall fill or compound a prescription or drug order in an institution unless he or she is a duly licensed pharmacist or otherwise permitted to do so under this chapter. The act of filling or compounding prescriptions or drug orders in an institution shall be as defined in the rules adopted by the board.
(2) However, such rules shall not apply to the reading, interpreting, and writing or verifying the writing of adequate directions as are necessary to assure patient's understanding of the prescriber's intentions by a duly qualified nurse practicing his or her profession in a licensed hospital or similar institution.
(3) Nothing in this chapter shall authorize the board to promulgate or to enforce any rule which governs, regulates, or restricts the professional practice of a physician licensed to practice medicine in this state. No provision of this chapter, or any rule promulgated under the authority of this chapter, shall be interpreted to amend, alter, or modify Section 34-23-11.
(h) Only a licensed pharmacist or registered intern may accept an oral prescription of any nature. Upon so accepting such oral prescription, it must immediately be reduced to writing, and only a licensed pharmacist or an intern supervised by a licensed pharmacist may prepare a copy of a prescription or read a prescription to any person for purposes of providing reference concerning treatment of the person or animal for whom the prescription was written; and, when the copy is given, a notation shall be made upon the prescription that a copy has been given, the date given, and to whom given.
(i) If a prescription is refilled, a record of the date upon which the prescription is refilled must appear on the prescription or in a permanent prescription record book. On prescriptions which may be refilled, written or oral authorization must be received before refilling unless the number of refills is indicated on the original prescription. Those prescriptions marked "refill prn" or equivalent designation shall be refilled only in quantities commensurate with the dosage scheduled.
(j) Each prescription must be written in a manner so that it can be compounded by any registered pharmacist. The coding of any prescription is in violation of this chapter. No prescription shall be written in any characters, figures, or ciphers, other than in the English or Latin language, generally in use among medical and pharmaceutical practitioners.
(k) A prescription file or files shall be kept by every pharmacy for a period of not less than two years in which the original of every prescription compounded or dispensed shall be filed in the order of compounding with number and date of dispensing placed on each prescription. Each pharmacy shall produce any prescription file whenever legally required to do so. Such prescription file shall at all times be open for inspection by the prescriber, the board, or its investigators.
(l) All drugs or drug preparations bearing upon the package the words, "caution, federal law prohibits dispensing without prescription" or words to the same effect, otherwise known as legend drugs, shall be stored within the confines of the prescription department or the prescription department storage room of each pharmacy. Such drugs shall be sold or dispensed only on the prescription of a licensed practitioner authorized to prescribe such drugs and shall not be sold or dispensed as a refilled prescription except upon the express authorization of the prescriber. This shall not be construed to prohibit return to authorized suppliers or sale or transfer to others licensed to possess legend drugs.
(m) Any person who violates this section shall be guilty of a misdemeanor.
(Acts 1966, Ex. Sess., No. 205, p. 231, §15; Acts 1989, No. 89-747, p. 1513, §1; Act 2009-772, p. 2385, §1; Act 2012-553, p. 1631, §1; Act 2013-198, p. 387, §1; Act 2017-422, §1; Act 2018-463, §1.)

Section 34-23-71 Requirements for Prescription Rooms.
Any new pharmacy or any existing pharmacy which is to be remodeled or which is to be moved to a new location other than a hospital pharmacy must comply with the following requirements for the prescription room area: That portion or part of the entire licensed pharmacy which is to be occupied by the prescription compounding or dispensing department, including that portion or part thereof utilized for the sale of restricted drugs, shall be not less than 240 square feet. The surface of the prescription compounding counter shall be not less than 24 inches in width and not less than 16 square feet of unobstructed working space for one pharmacist and not less than 24 square feet of total working space where two or more pharmacists are to be on duty at any one time. The aisle space or floor area to be occupied by a dispensing pharmacist shall extend the full length of the prescription compounding counter, and it shall be clear and unobstructed for a minimum distance of 36 inches from the working side of the prescription compounding counter.
(Acts 1966, Ex. Sess., No. 205, p. 231, §16.)

Section 34-23-72 Internship Training Sites.
Every site approved by the State Board of Pharmacy for intern training shall be managed so that the intern is provided with ample opportunity to meet the training requirements established by the board. The site must have in its employ, or have an arrangement with, a pharmacist who is registered as a preceptor. A site which meets these qualifications may be approved for internship training by the board.
(Acts 1966, Ex. Sess., No. 205, p. 231, §25; Act 98-643, p. 1414, §1.)

Section 34-23-73 Preceptor Qualifications.
Every pharmacist serving as a preceptor shall have expressed a willingness to serve as a preceptor. Pharmacist preceptors shall be approved by the board and shall be willing to cooperate with the board in developing the necessary training requirements and shall provide appropriate documentation to the board. Each preceptor shall certify as to the commencement and completion of the training period and may make recommendations to the board concerning the competency of his or her trainee. The preceptor shall report to the board from time to time as requested on the progress of any intern or extern under his or her supervision. It shall be his or her responsibility in a supervisory capacity to see that each intern or extern receives proper training under the objectives of the board for this practical training program.
(Acts 1966, Ex. Sess., No. 205, p. 231, §26; Act 98-643, p. 1414, §1.)

Section 34-23-74 Hospitals and Related Institutions; Automated Dispensing Systems.

(a) Except as otherwise provided in subsection (b), every pharmacy located in a hospital, skilled nursing home, or other related institution in this state shall be under the supervision of a licensed pharmacist. In general hospitals, skilled nursing homes, and extended care facilities not operating a pharmacy, the drug or medicine room shall be under the direct supervision and direction of a consulting pharmacist or a member of the medical staff who shall be a licensed practitioner of medicine. In nursing homes which are not classified by the State Board of Health as skilled nursing homes, maternity homes, homes for the aged, domiciliary institutions, and all related institutions except those operated by and in conjunction with a licensed hospital, medicines or drugs bearing the wording on the label "caution, federal law prohibits dispensing without prescription" or similar wording that causes the medicines or drugs to be known as prescription legend drugs shall be furnished by a licensed pharmacy on the prescription of a licensed practitioner of medicine for individual patients, and there shall be no prescription legend drugs on the premises of these institutions other than those so prescribed except an emergency kit as authorized by the State Board of Health. In hospitals and skilled nursing homes using vending machines or mechanical devices for the storage and dispensing of drugs, the machines or devices shall be stocked only under the supervision of a licensed pharmacist, and the drugs may be dispensed from the machine or device only by an individual acting in accordance with established institutional hospital pharmacy policy. The State Board of Pharmacy may at any time adopt such additional rules and regulations consistent with this chapter as may be deemed necessary after advising with the Alabama Society of Hospital Pharmacists in regard to the storage and handling of drugs and medicines and the disposition of unused portion of drugs and medicines in hospitals and other related institutions under this section.

(b) Notwithstanding the provisions of subsection (a), the use and operation of automated dispensing systems in skilled nursing facilities by a pharmacy holding a permit issued for that purpose is authorized pursuant to rules adopted by the board.

(Acts 1966, Ex. Sess., No. 205, p. 231, §28; Acts 1995, No. 95-398, p. 819, §1; Act 2013-106, p. 222, §1.)

Section 34-23-75 Emergency Prescription Refill.

(a) In the event a pharmacist receives a request for a prescription refill and the pharmacist is unable to readily obtain refill authorization from the prescriber, the pharmacist may dispense a one-time emergency refill of up to a 72-hour supply or the smallest dispensable package size of the prescribed medication, providing that all of the following apply:

(1) The prescription is not a medicinal agent listed in Schedule I or II pursuant to Title 20, Chapter 2, or the controlled substances list for Schedule I or II maintained by the State Board of Health.

(2) The medication is essential to the maintenance of life or the continuation of therapy in a chronic condition. Only those drugs designated by a joint rule adopted by the Board of Pharmacy and Board of Medical Examiners shall be refilled, according to the procedure established in this section.

(3) The dispensing pharmacist creates a written order containing all of the prescription information required by this chapter and Title 20, Chapter 2.

(4) The dispensing pharmacist provides notification to the prescriber of the emergency dispensing within 24 hours after the dispensing.

(b) The Board of Pharmacy and the Board of Medical Examiners, through joint rule, may adopt additional rules to implement this section.

(Acts 1991, No. 91-554, p. 1023, §1; Act 2023-231, §1.)

Section 34-23-76 Repackaging, Relabeling, and Storing of Non-Controlled Legend Drugs for Certain Residential Care Facility Patients.

(a) The Board of Pharmacy may establish by rule protocols allowing a pharmacy in possession of a current retail pharmacy permit to repackage, relabel, and store any non-controlled legend drug for a patient residing in a residential care facility which does not have a pharmacy located on the premises.

(b) For purposes of this section, a residential care facility means any of the following:

(1) A convalescent home.

(2) A nursing home.

(3) An extended care facility.

(4) A mental health or psychiatric facility.

(5) A rehabilitation facility.

(6) A developmental disability center.

(7) An assisted living facility.

(8) A speciality care assisted living facility.

(Act 2011-520, p. 836, §1.)

Section 34-23-77 Collaborative Practice Agreement.

(a) A pharmacist licensed by the Alabama State Board of Pharmacy and a physician licensed by the Medical Licensure Commission may enter into a collaborative practice agreement.

(b) A copy of the collaborative practice agreement and any amendment thereto shall be submitted to each respective board within 10 days after the agreement is signed by both parties.

(c) A collaborative practice agreement and any amendment thereto shall not become effective until approved by the Alabama State Board of Pharmacy and the State Board of Medical Examiners.

(d) The Alabama State Board of Pharmacy and the State Board of Medical Examiners shall each adopt rules to implement this section. The initial rules shall be adopted not later than October 1, 2019.

(e) A collaborative practice agreement between a licensed pharmacist and a licensed physician may not be approved unless both the Alabama State Board of Pharmacy and State Board of Medical Examiners have rules in effect implementing this section.

(f) Fees for physicians participating in a collaborative practice with a licensed pharmacist shall be collected and retained by the State Board of Medical Examiners. Fees for pharmacists participating in a collaborative practice with a licensed physician shall be collected and retained by the Alabama State Board of Pharmacy. The fee for a physician participating in a collaborative practice shall be set by the State Board of Medical Examiners in an amount not to exceed three hundred dollars ($300). The fee for a pharmacist participating in a collaborative practice shall be set by the Alabama State Board of Pharmacy in an amount not to exceed three hundred dollars ($300).

(g) Nothing in this section shall preclude a pharmacist licensed by the Alabama State Board of Pharmacy employed by a licensed health care facility from executing approved medical protocols within the facility.

(Act 2019-368, §1; Act 2021-177, §1(b)(2).)

ARTICLE 4 BOARD OF PHARMACY

Section 34-23-90 Authority; Composition.

(a) The Alabama State Board of Pharmacy is vested with the authority to carry out the purposes of and enforce this chapter. The board shall consist of five members who are residents of this state. The members of the board shall be licensed pharmacists who have been licensed in this state for a minimum of five years and who are actively engaged in the practice of pharmacy or pharmacy administration, or both.

(b) Three members shall be appointed by the Governor. Of the three appointed members, one member shall be engaged in the practice of pharmacy or pharmacy administration, or both, in a hospital, one in an independent pharmacy, and one in a chain pharmacy. On or before August 1, 1996, and each five years thereafter, or whenever a vacancy occurs in the designated position for hospital pharmacists, the Alabama Society of Health System Pharmacists, or its successor organization, shall submit a list of three nominees to the Governor. On or before August 1, 1994, and each five years thereafter, or whenever a vacancy occurs in the designated position for a chain pharmacist, the Alabama Pharmacy Association, or its successor organization, shall submit a list of three nominees to the Governor. On or before August 1, 1997, and each five years thereafter, or whenever a vacancy occurs in the designated position for the independent pharmacist, the independent pharmacist members of the Alabama Pharmacy Association, or its successor organization, shall submit a list of three nominees to the Governor. From the names submitted to the Governor, the Governor shall appoint a replacement on or before December 31 of the same year the nominations are received, for the member or members whose term or terms are expiring. Background information shall be provided for each nominee for an appointed position.

(c)(1) On or before December 1, 1995, and each five years thereafter, and on or before December 1, 1998, and each five years thereafter, or whenever a vacancy occurs in a nondesignated position, the Board of Trustees of the Alabama Pharmacy Association, or its successor organization, shall select a committee of five pharmacists who are members of the association to serve as a nominating committee. No member of the nominating committee shall be a candidate. The committee shall receive names of pharmacists actively engaged in pharmacy practice or administration, or both, from companies and individuals, and shall narrow the list of nominees to two names to be placed on a ballot to be voted on by all Alabama pharmacists.

(2) The election procedure for a nondesignated slot shall be as follows: Each candidate shall provide a biographical sketch of not more than 150 words, which shall include his or her most recent practice experience. The board shall select a third party to conduct the election and tabulate the ballot results. The election ballots and a biographical sketch of the candidates shall be delivered by the third party to Alabama licensed pharmacists by September 1. The ballot delivery shall be conducted in a secure manner to safeguard organizational data and to ensure the integrity of the voting process. Completed election ballots must be received by the third party no later than October 1 to be tabulated. A pharmacist receiving a majority of the ballots received shall be considered the winner. If a runoff election is necessary, the runoff ballots shall be delivered to licensed pharmacists by November 1 by the same method of ballot delivery as provided above. Completed runoff election ballots must be received by the third party no later than December 1 to be tabulated.

(3) The ballots for each election shall be tabulated by the third party and the results shall be certified and audited by the third party. The results of the tabulation and audit shall be made available to any candidate and to the nominating body upon request.
(d) Any vacancies occurring on the board other than by expiration of term shall be filled by election or appointment only for the unexpired term and shall be filled by the same procedure that the replaced member was elected or appointed. Each member of the board shall serve a term of five years beginning on January 1 following appointment and terminating on December 31 of his or her fifth year as a member of the board.
(e) No pharmacist shall serve two full terms consecutively.
(f)(1) The Governor, upon recommendation of the board, may remove a member of the board upon proven charges of inefficiency, incompetency, immorality, or professional misconduct. The replacement member shall be elected or appointed by the same procedure that the removed member was elected or appointed.
(2) Appointees to the board, within 30 days after their appointment or election, shall take an oath or make affirmation before a properly qualified officer that he or she will faithfully and impartially perform the duties of his or her office. This oath or affirmation shall be filed with the Secretary of State.
(3) At its last regular meeting in each calendar year, the board shall elect for a term of one year, effective the following January 1, a president, a vice-president, and a treasurer who shall be members of the board. No member shall serve more than two years in the same office on the board during a five-year term.
(4) The board shall also elect a secretary who shall not serve as a member of the board, and the board shall have the authority to fix the amount of the secretary's remuneration. If a board member is selected as secretary, the board member shall resign from the board and a replacement on the board shall be selected by the same procedure by which the resigned member was originally elected or appointed. The secretary shall not be employed during the service by any registrant of the board.
(g) For the purpose of this section, a chain pharmacy is defined as any retail pharmacy employing in Alabama a minimum of 40 full-time equivalent pharmacists. A chain pharmacist is defined as a pharmacist employed on a full-time basis by a chain pharmacy for a minimum of three years.
(h) It is the intent of the Legislature that the composition of the board reflect the demographics of the pharmacy profession. For vacancies occurring after March 18, 2005, the nominating organizations and the appointing authorities shall select those individuals whose appointments assure that the membership of the board is inclusive and reflects the racial, gender, geographic, urban/rural, and economic diversity of this state.
(Acts 1966, Ex. Sess., No. 205, p. 231, §3; Acts 1981, No. 81-810, p. 1448, §1; Acts 1989, No. 89-235, p. 303, §3; Acts 1993, No. 93-671, p. 1209, §3; Act 2001-247, p. 293, §3; Act 2005-57, p. 84, §3; Act 2009-36, p. 126, §3; Act 2022-145, §1.)

Section 34-23-91 Duties of Officers; Bonds of Secretary and Treasurer; Compensation and Expenses; Meetings; Quorum; Funds and Disbursements; Books and Records.

The president of the board shall preside at all of the board's meetings. The vice-president shall preside in the absence or inability of the president. The secretary of the board shall be the executive officer in charge of the board's office. The secretary shall make, keep, and be in charge of all records and record books required to be kept by the board, including a register containing all information which shall be required under this chapter. The secretary shall attend to the correspondence of the board and perform any other duties the board may require in keeping with the office of secretary. The secretary shall receive and record all fees collected under this chapter and, at regular intervals as ordered by the board, shall pay the fees to the treasurer of the board for its use. The secretary may have any forms printed and office supplies furnished as necessary to implement this chapter. The secretary and treasurer of the board shall each furnish bond in an amount to be fixed by the board and shall be conditioned upon the faithful performance and discharge of their respective official duties. The members of the board shall be paid the same per diem and travel allowance as is paid by law to state employees while engaged in the performance of the duties of the board, in addition to any daily compensation or allowance determined by the board. The board shall conduct meetings at least three times annually and more often when deemed necessary for the examination of applicants for licensure and for the transaction of business as may legally come before it. Public notice of all stated meetings shall be given at least 30 days in advance of the meetings. At all meetings of the board, a majority shall constitute a quorum. The members of the board shall determine the place of meetings of the board. The treasurer of the board shall have custody of all funds derived from the various provisions of this chapter. All disbursements shall be made by check as authorized by vouchers signed by the president and secretary of the board. The books and records of the board as made and kept by the secretary or under his or her supervision shall be prima facie evidence of the matter therein recorded in any court.

(Acts 1966, Ex. Sess., No. 205, p. 231, §4; Acts 1971, No. 1952, p. 3171, §1; Acts 1989, No. 89-235, p. 303, §3; Acts 1993, No. 93-671, p. 1209, §3.)

Section 34-23-92 Powers and Duties Generally.

The board shall exercise, subject to this chapter, the following powers and duties:

(1) To adopt rules concerning the records and reports to be kept and made by a pharmacy relating to the filling of prescriptions and the handling and preservation of drugs.

(2) To fix standards and requirements for licenses and permits except as otherwise specified in this chapter.

(3) To make rules and regulations regarding sanitation consistent with state health regulations.

(4) To employ such chemists, agents, clerical help, and attorneys necessary for the proper administration of the duties of the board.

(5) To employ a Chief Drug Investigator and such other drug investigators that it deems necessary to enforce this chapter which are under the supervision of the board.

(6) To adopt rules and regulations for the administration and enforcement of this chapter and not inconsistent herewith. Such rules and regulations shall be referenced to the section or sections of this chapter which set forth the legislative standard which it interprets or to which it applies. Every such rule and regulation shall be adopted in accordance with the Alabama Administrative Procedure Act. A copy of every rule and regulation containing a requirement of general application shall be electronically mailed to each registered pharmacist at least 10 days before the effective date thereof. A printed copy of such rules and regulations shall be mailed to any registered pharmacist upon written request to the board.

(7) To investigate violations of this chapter or any other law pertaining to the practice of pharmacy that may come to the knowledge of the board and institute or cause to be instituted before the board or in a proper court appropriate proceedings in connection therewith.
(8) To issue subpoenas and compel the attendance of witnesses and the production of all necessary papers, books and records, documentary evidence and materials, or other evidence in matters pending before the board relating to the revocation, suspension, or probation of any license. Those persons issued subpoenas and compelled to attend hearings or meetings in matters pending before the board shall be entitled to witness fees from board funds. Claims for witness fees shall be made on accepted State of Alabama voucher forms as appropriate. Travel and mileage expenses shall be reimbursed to witnesses in the amounts officially authorized to the board and its personnel at the time the service to the board is performed.
(9) To administer oaths in connection with the duties of the board.
(10) To make a written report annually of its receipts and disbursements to the Governor and to the State Pharmaceutical Association. Included in this report shall be the names of all registrants licensed to practice under this chapter and a record of all permits issued during the period covered by the report.
(11) To enforce the state barbiturate act, the state amphetamine act, the state narcotic law, and all other laws of the state which pertain to the practice of pharmacy, the examination of applicants, the licensing of pharmacists, the manufacture, packaging, repackaging, production, sale, or distribution of drugs, chemicals, and poisons, and all laws pertaining to standards for their strength and purity. The board may work in conjunction with other law enforcement agencies to enforce any law pertaining to the practice of pharmacy. Nothing in this section shall be construed to deprive the State Board of Health of any powers or duties otherwise prescribed by law including the enforcement of the narcotic law.
(12) To investigate alleged violations of this chapter or any rule or regulation published by the board and conduct hearings to revoke, suspend, or probate any license or permit granted by the board under this chapter and to invoke penalties not to exceed the sum of one thousand dollars ($1,000) for each violation and to institute any legal proceedings necessary to effect compliance with this chapter; provided, that any person, firm, or corporation subjected to such penalty or legal proceedings may take an appeal in accordance with Section 34-23-94.
(13) On application of any person and payment of the cost therefor, the secretary of the board shall furnish, under its seal and signed by the secretary, a certified copy of the license or permit of the requestor, or a certified copy of a regulation or rule of the board. In any court or proceeding, such copy shall be prima facie evidence of the fact of the issuance of such permit or license and the adoption of such rule or regulation.
(14) To acquire by gift, grant, purchase, condemnation, or otherwise, and to convey or hold title to, real property, together with all rights incidental thereto.
(Acts 1966, Ex. Sess., No. 205, p. 231, §5; Acts 1989, No. 89-235, p. 303, §3; Act 2009-576, p. 1688, §1; Act 2017-422, §1.)

Section 34-23-92.1 Legislative Findings; Rulemaking Authority; Construction of Section.

(a) The Legislature finds and declares all of the following:

(1) The power to make rules regulating the practice of pharmacy includes the power to prohibit unlicensed persons from practicing pharmacy and the power to regulate how licensed persons practice pharmacy.

(2) A primary goal of the provision of health care is to prioritize patient safety and wellness.

(3) The board is in the best position to determine the practice of pharmacy that prioritizes patient safety and wellness.

(4) It is the intent of the Legislature in enacting this section to immunize the Board of Pharmacy and its members from liability under state and federal anti-trust laws for the adoption of a rule that prioritizes patient safety and wellness but may be anti-competitive when the effect on public safety and wellness is clearly demonstrated and documented by the Board of Pharmacy.

(b) Subject to subsection (c), rules adopted by the board may define and regulate the practice of pharmacy in a way that prioritizes patient safety and wellness, even if the rule is anti-competitive when the effect on public safety and wellness is clearly demonstrated and documented by the Board of Pharmacy.

(c) A rule adopted by the board may supplement or clarify any statutory definition but may not conflict with any statute that defines the practice of pharmacy.

(d) Nothing in this section shall be construed to constrict or expand the current rights and privileges of any individual governed by the Board of Pharmacy beyond that which existed prior to the ruling in the United States Supreme Court decision N.C. State Bd. of Dental Examiners v. FTC, 135 S. Ct. 1101(2015).

(e) Nothing in this section shall be construed to constrict or expand the current duties or responsibilities of the members of the Board of Pharmacy in any context outside of federal or state anti-trust immunity beyond that which existed prior to the ruling in the United States Supreme Court decision N.C. State Bd. of Dental Examiners v. FTC, 135 S. Ct. 1101(2015).

(Act 2016-410, §1-3.)

Section 34-23-93 Assisting Prosecuting Officers; Legal Counsel.

The board and its members and officers shall assist prosecuting officers in the enforcement of this chapter, and it shall be the duty of the board, its members and officers to furnish the proper prosecuting officers with such evidence as it or they may ascertain to assist them in the prosecution of any violation of this chapter, and the board is authorized for such purposes to make such reasonable expenditures from the funds of the board as it may deem necessary to ascertain and furnish such evidence. The Attorney General of the state shall be the attorney for the board, but the board may in its discretion employ other counsel. It shall be the duty of the district attorney of the judicial circuit wherein any offense is committed to prosecute violations of this chapter.

(Acts 1966, Ex. Sess., No. 205, p. 231, §6.)

Section 34-23-94 Judicial Review of Orders.

From any order of the board, any party affected thereby may appeal the ruling to the circuit court of the county where the party aggrieved resides or where the board maintains its headquarters. The notice of appeal shall be filed within 30 days from the receipt of the order or ruling. Appeals shall otherwise be governed by the judicial review provisions of the Alabama Administrative Procedure Act.

(Acts 1966, Ex. Sess., No. 205, p. 231, §22; Acts 1985, 2nd Ex. Sess., No. 85-1002, p. 380, §1; Act 2019-357, §1.)

ARTICLE 5 THIRD PARTY PRESCRIPTION PROGRAM

Section 34-23-110 Short Title.
This article shall be known and may be cited as the "Third Party Prescription Program Act."
(Acts 1981, No. 81-337, p. 477, §1.)

Section 34-23-111 "Third Party Prescription Program" Defined.
As used in this article, the term "Third Party Prescription Program" shall mean any system of providing for the reimbursement of pharmaceutical services under a contractual arrangement or agreement between a provider of such services and another party who is not the consumer of those services. Such programs may include, but not be limited to, employee benefit plans whereby a consumer receives prescription drugs or other pharmaceutical services and those services are paid for by an agent of the employer or others.
(Acts 1981, No. 81-337, p. 477, §2.)

Section 34-23-112 Required Contractual Provisions.
Any agreement or contract entered into in this state between the program administrator of a third party program and a pharmacy shall include a statement of the method and amount of reimbursement to the pharmacy for services rendered to persons enrolled in the program, the frequency of payment by the program administrator to the pharmacy for such services rendered, and a method for the adjudication of complaints or the settlement of disputes between the parties.
(Acts 1981, No. 81-337, p. 477, §3.)

Section 34-23-113 Cancellation of Program; Use of Identity Card After Cancellation.
(a) The administrator of a program shall notify all pharmacies enrolled in the program of any cancellation of coverage of benefits of any group enrolled in the program at least 30 days prior to the effective date of such cancellation.
(b) All persons enrolled in a program shall be notified of its cancellation, and the administrator of the program shall make every reasonable effort to gain possession of any plan identification cards such persons may have been issued pursuant to the provisions of the program.
(c) Any person who utilizes a program identification card to obtain services from a pharmacy after having received notice of the cancellation of his benefits shall be liable to the program administrator for all money paid by the program administrator for any services received pursuant to the illegal use of the identification card.
(Acts 1981, No. 81-337, p. 477, §4.)

Section 34-23-114 Denial of Payment.
(a) No program administrator shall deny payment for services to any pharmacy which may have resulted from the fraudulent or illegal use of any identification card by any person unless the pharmacy has been notified that the card has been canceled or discontinued and that the program administrator has been unsuccessful in attempting to regain possession of the card.
(b) No program administrator shall withhold any payments to any pharmacy beyond the time period specified in the payment schedule provisions of the agreement, except that individual claims for payment may be returned to the pharmacy for reasons such as incomplete or illegible information and may then be resubmitted by the pharmacy to the program administrator after appropriate corrections have been made.
(Acts 1981, No. 81-337, p. 477, §5.)

Section 34-23-115 Reimbursement Rates.
No agreement between a program administrator and a pharmacy shall establish reimbursement rates or procedures that result in reimbursement rates for services rendered to persons covered by the plan which are less than the usual and customary rates paid by consumers not covered by a third party plan for the same or similar services.
(Acts 1981, No. 81-337, p. 477, §6.)

Section 34-23-116 Article Not Applicable to Certain Services.
This article shall not apply to any services rendered pursuant to provisions of the Alabama Medicaid Program, to the Public Education Employees' Health Insurance Plan, or to any corporation organized under the provisions of Title 10, Chapter 4, Article 6, for establishment and operation of health care service plans.
(Acts 1981, No. 81-337, p. 477, §7; Acts 1983, No. 83-637, p. 986, §§1, 2; Act 2012-478, p. 1325, §1.)

Section 34-23-117 No Programs to be Instituted Until Notice Given.
After June 27, 1981, no third party prescription programs shall be instituted in this state unless:
(1) The program administrator has given written notice of the provisions of the particular program to all pharmacies in this state as defined in Section 34-23-1.
(2) All pharmacies in this state as defined by Section 34-23-1 have had 30 days from the date of notice to enroll in that particular program.
(Acts 1981, No. 81-337, p. 477, §8.)

Section 34-23-118 Compliance with Article Required of all Programs.
After June 27, 1981, no third party prescription program shall be instituted, nor shall existing agreement or contract be renewed unless they are in compliance with the provisions of this article.
(Acts 1981, No. 81-337, p. 477, §11.)

ARTICLE 6 PHARMACY TECHNICIANS

Section 34-23-130 Definitions.
As used in this article, the following terms shall have the following meanings:
(1) PHARMACY FUNCTIONS. Those functions performed in a pharmacy department which do not require the professional judgment of a licensed pharmacist.
(2) PHARMACY TECHNICIAN. An individual, other than an intern, extern, or an assistant pharmacist, who performs pharmacy functions under the direct supervision of a licensed pharmacist.
(3) SUPERVISION. The direct on-site overseeing of the performance of assigned or delegated duties or functions.
(Acts 1996, No. 96-496, p. 625, §1.)

Section 34-23-131 Registration and Supervision; Rule Making Authority; Continuing Education.

(a) A pharmacy technician shall not perform pharmacy functions or be present in the prescription department of a pharmacy unless he or she is under the direct supervision of a licensed pharmacist. A pharmacy technician shall not perform pharmacy functions or be present in the prescription department of a pharmacy unless he or she is registered by the board.

(b) When supervision is required, a licensed pharmacist shall be jointly responsible and liable for the actions of a pharmacy technician.

(c) A pharmacy technician shall register and pay a fee as determined by the board before performing any pharmacy functions. The board shall adopt rules relating to the registration of all pharmacy technicians. The registration of a pharmacy technician shall be renewable biennially in odd-numbered years upon payment of the required renewal fee. The registration of each pharmacy technician shall expire on December 31 of odd-numbered years. In order to continue to be licensed, each registered pharmacy technician shall pay a biennial renewal fee of not less than twenty dollars ($20), as determined by rule of the board, the fee being due on October 31 and delinquent after December 31 of odd-numbered years. The payment of the renewal fee shall entitle the pharmacy technician to renewal of his or her registration at the discretion of the board. If any pharmacy technician fails to pay the renewal fee as required by this subsection, he or she may be reinstated as a pharmacy technician only upon payment of a penalty of not less than ten dollars ($10) nor more than twenty dollars ($20), as determined by rule of the board, for each lapsed year and all lapsed fees for each lapsed year up to a maximum of five years of total penalties and lapsed fees.

(d) In addition to any other registration requirements, a pharmacy technician shall complete three hours of continuing education annually, or six hours biennially, of which one hour per year shall be live presentation. The board may grant an extension to a pharmacy technician who fails to complete the required continuing education hours in the allotted time. A pharmacy technician who fails to complete the annual continuing education requirements shall be subject to disciplinary action by the board.

(Acts 1996, No. 96-496, p. 625, §2; Act 2004-450, p. 801, §1; Act 2017-422, §1; Act 2019-128, §1.)

Section 34-23-132 Revocation or Suspension of Registration; Probation.

The board shall revoke or suspend the registration of a pharmacy technician or place on probation a pharmacy technician for any of, but not limited to, the following reasons:

(1) Willful violation of any provision of this article or the Alabama Uniform Controlled Substances Act.

(2) Willful violation of any rule or regulation promulgated in accordance with this article or the Alabama Uniform Controlled Substances Act.

(3) Action which threatens the public health, safety, or welfare.

(4) Conviction of a felony or misdemeanor involving moral turpitude.

(5) Conviction of a felony or misdemeanor involving a drug related offense of a legend drug or controlled substance.

(6) Obtaining the pharmacy technician registration by fraudulent means.

(7) Violation of the laws regulating the sale or dispensing of narcotics, exempt narcotics, or drugs bearing the label "caution, federal law prohibits dispensing without prescription," or similar wording which causes the drugs to be classified as prescription legend drugs.

(Acts 1996, No. 96-496, p. 625, §3.)

ARTICLE 7 COMPOUNDING OF DRUGS

Section 34-23-150 Definitions.

As used in this article, the following terms shall have the following meanings:

(1) BOARD. The Alabama State Board of Pharmacy.

(2) COMPONENT. Any ingredient used in the compounding of a drug product.

(3) COMPOUNDING. The preparation, mixing, assembling, packaging, and labeling of a drug or device as the result of a licensed practitioner's prescription drug order or initiative based on the practitioner/patient/pharmacist relationship in the course of professional practice.

a. Compounding may also be for the purpose of, or as incident to, research, teaching, or chemical analysis.

b. Compounding includes the preparation of drugs or devices in anticipation of prescription drug orders based on routine, regularly observed prescribing patterns.

c. Reconstitution of commercial products is not considered compounding for purposes of this article.

(4) COMPOUNDED OVER THE COUNTER (OTC) PRODUCTS. A medical product that is prepared, packaged, and labeled in a pharmacy that can be sold by the pharmacy without a prescription.

(5) MANUFACTURING. The production, preparation, propagation, conversion, or processing of a drug or device, either directly or indirectly, by extraction from substances of natural origin or independently by means of chemical or biological synthesis and includes any packaging or repackaging of the substance or substances or labeling or relabeling of its container, and the promotion and marketing of such drugs or devices. Manufacturing also includes any preparation of a drug or device that is given or sold for resale by a pharmacy, practitioner, or other person. The distribution of inordinate amounts of compounded products without a prescriber/patient/pharmacist relationship is considered manufacturing.

(6) PHARMACY TECHNICIAN. A person, registered with the board, who assists the pharmacist in the practice of compounding.

(7) REASONABLE AMOUNTS OF COMPOUNDED PRODUCTS IN INVENTORY. The amount that is required to meet historical dispensing needs.

(Act 2003-389, p. 1094, §1.)

Section 34-23-151 Continuing Education; Technician Assistance; Duties of Pharmacist.

(a) Any pharmacist who engages in drug compounding shall be proficient in compounding and shall continually expand his or her compounding knowledge by participating in seminars or studying appropriate literature, or both.

(b) Pharmacy technicians may assist pharmacists in the preparation of compounds. When a written procedure for a compound is not on file at the pharmacy, a pharmacist must direct the preparation of the compound. At all times, a pharmacist shall verify the weight or volume of all active ingredients of a compound. While compounding, the number of pharmacy technicians shall comply with the ratios for supervision as provided by rule of the board.

(c) A pharmacist shall have responsibility to do all of the following:

(1) Verify all prescriptions.

(2) Approve or reject all components of the compounded product, drug product containers, closures, and labeling.

(3) Prepare and review all compounding records to assure that no errors have occurred in the compounding process.
(4) Assure the proper maintenance, cleanliness, and use of all equipment used in a prescription compounding practice.
(5) Assure that only personnel authorized by the supervising pharmacist shall be in the immediate vicinity of the drug compounding operation.
(Act 2003-389, p. 1094, §2; Act 2024-37, §1.)

Section 34-23-152 Designation and Maintenance of Compounding Area.
Any pharmacy engaged in compounding shall have a specifically designated and adequate area or space for the orderly compounding of prescriptions. The area used for the compounding of drugs shall be maintained in a good state of repair. The compounding area shall have cleanable surfaces to include walls, ceilings, and floors. Adequate lighting and ventilation shall be provided in all compounding areas. Potable water shall be supplied under continuous positive pressure in a plumbing system free of defects that could contribute contamination to any compounded drug product. Areas used for compounding shall be maintained in a clean and sanitary condition.
(Act 2003-389, p. 1094, §3; Act 2006-543, p. 1260, §1; Act 2006-573, p. 1506, §1.)

Section 34-23-153 Use, Maintenance, and Inspection of Compounding Equipment.
Equipment used in the compounding of drug products shall be of appropriate design and capacity, as well as suitably located to facilitate operations for its intended use, cleaning, and maintenance. Compounding equipment shall be of suitable composition so the surfaces that contact components shall not be reactive, additive, or absorptive so as to alter the purity of the product compounded. Equipment and utensils used for compounding shall be cleaned and sanitized prior to use to prevent contamination. Equipment and utensils shall be stored in a manner to protect from contamination. Automated, mechanical, electronic, limited commercial scale manufacturing, or testing equipment and other types of equipment may be used in the compounding of drug products. If such equipment is used, it shall be routinely inspected, calibrated, if necessary, or checked to ensure proper performance. Immediately prior to the initiation of compounding operations, the equipment and utensils shall be inspected by the pharmacist and determined to be suitable for use. When potent or hazardous drugs, such as antibiotics, cytotoxins, and steroid hormones, are involved, appropriate measures shall be utilized in order to prevent cross-contamination and proper disposal procedures shall be followed. Measures shall include either the dedication of equipment for such operations or the meticulous cleaning of equipment prior to its use for the preparation of other drugs.
(Act 2003-389, p. 1094, §4.)

Section 34-23-154 Drug Components to Meet Certain Requirements.
Pharmacists compounding prescriptions shall use their professional judgment in first receiving, storing, or using drug components that meet official compendia requirements or other high quality sources. Bulk drugs and other chemicals or materials used in the compounding of drugs shall be stored in adequately labeled containers in a clean, dry area or, if required, under proper refrigeration.
(Act 2003-389, p. 1094, §5.)

Section 34-23-155 Drug Product Containers and Closures.
Drug product containers and closures shall be handled and stored in a manner to prevent contamination and to permit inspection and cleaning of the work area. Containers and closures shall be of suitable material in order not to alter the compounded drug as to quality, strength, or purity.
(Act 2003-389, p. 1094, §6.)

Section 34-23-156 Compounding Procedures.
The board shall establish written procedures for the compounding of drug products to assure that the finished products have the identity, strength, quality, and purity they purport to have or are represented to possess. The procedures shall include, but not be limited to, a listing of the components, their amounts in weight or volume, the lot number of the components, if available, the order of component mixing, a description of the compounding process, and a designated name for the finished product. The procedures shall be followed in the execution of the compounding procedure. Components shall be accurately weighed, measured, or subdivided, as appropriate. The operations shall be checked and rechecked by the compounding pharmacist at each stage of the process to ensure that each weight and measure is correct as stated in the written compounding procedures. Pharmacists shall determine that all finished products have an acceptable degree of weight variation among capsules, and shall assure a reasonable uniformity and integrity of all compounded products.
(Act 2003-389, p. 1094, §7.)

Section 34-23-157 Components Transferred to Nonoriginal Container; Advance Product Preparation; Labeling.
(a) If a component is transferred from the original container to another container, including, but not limited to, a powder being taken from the original container and stored in another container, the new container shall be identified with the following information:
(1) Component name and supplier.
(2) Lot number and expiration date, if available.
(3) Strength and concentration.
(b) Products prepared in anticipation of a prescription prior to receiving a valid prescription shall be prepared in reasonable amounts. Products shall be labeled or documentation referenced with all of the following information:
(1) A complete list of ingredients or designated name of the preparation.
(2) Preparation date.
(3) Beyond use date.
(4) Storage under conditions dictated by composition and stability, including storage in a clean, dry place or in the refrigerator.
(5) Batch or lot number.
(c) Upon the completion of the drug preparation operation, the pharmacist shall examine the product for correct labeling. The prescription label shall contain all of the information required of other prescriptions.
(Act 2003-389, p. 1094, §8.)

Section 34-23-158 Retention of Records.
Any procedures or other records required to comply with good compounding practices shall be retained for the same period of time as required for retention of prescription records. All records required to be retained under good compounding practices, or copies of such records, shall be readily available for authorized inspection. Computer information and the hard copy of the prescription shall indicate that the prescription is to be compounded. Adequate records are required to be kept of any controlled dangerous substances or scheduled drugs which are used in compounding.
(Act 2003-389, p. 1094, §9.)

Section 34-23-159 Preparation of Compounded Drug Products for Over the Counter Sale.
A pharmacy may prepare a compounded drug product to be sold over the counter without a prescription order. The product shall not contain an ingredient which exceeds recommended strengths and doses for over the counter drugs. The finished product shall not be one for which a prescription is required. It shall be properly labeled with the product's name, directions for use, list of active ingredients, and any necessary warnings. A compounded product shall be sold directly to the patient after professional interaction or consultation between the pharmacist and the patient. The product may be prepared in advance in reasonable amounts in anticipation of estimated needs. The product shall be stored within the prescription department. The product may not be sold in bulk to other pharmacies or vendors for resale.
(Act 2003-389, p. 1094, §10; Act 2017-422, §1)

Section 34-23-160 Preparation of Compounded Drug Products for Prescriber's Office Use; Labeling.
(a) A pharmacy may prepare a compounded drug product for a prescriber's office use. An order by a prescriber indicating the formula and quantity ordered shall be filed in the pharmacy. The product shall be administered in the prescriber's office and shall not be dispensed to the patient. A record of the compounded drug product may be kept as a prescription record in the computer of the pharmacy. A label may be generated and a number assigned by the computer of the pharmacy for the compounded product. A record of the product's written procedure shall be on file in the pharmacy as provided in Section 34-23-158. A record of the product's sale to the prescriber shall remain on file at the pharmacy for not less than one year. The record shall contain the following information:
(1) The name and address of the prescriber.
(2) The date of sale.
(3) A description and amount of the product sold.
(b) The label on the compounded product shall include the following information:
(1) The designated name and the strength of the finished product.
(2) The quantity dispensed.
(3) The date on which the product was compounded.
(4) The beyond use date.
(5) A lot or batch number.
(6) Any other information the pharmacist deems necessary.
(7) The name and address of the pharmacy.
(c) The label shall include the phrase For Office Use.
(Act 2003-389, p. 1094, §11; Act 2017-422, §1.)

Section 34-23-161 Prescriptions for Animals.
Drugs for animals may be compounded based upon an order or prescription. Prescriptions for animals shall be handled and filled in the same manner as are prescriptions for humans.
(Act 2003-389, p. 1094, §12.)

Section 34-23-162 Rules and Regulations.
The board shall promulgate such rules and regulations as are necessary for the implementation, administration, and enforcement of this article.
(Act 2003-389, p. 1094, §13.)

ARTICLE 8 PHARMACY AUDIT INTEGRITY ACT

Section 34-23-180 Short Title.
This article shall be known and may be cited as "The Pharmacy Audit Integrity Act."
(Act 2012-306, p. 668, §1.)

Section 34-23-181 Definitions.
The following words shall have the following meanings as used in this article:
(1) HEALTH BENEFIT PLAN. Any individual or group plan, employee welfare benefit plan, policy, or contract for health care services issued, delivered, issued for delivery, or renewed in this state by a health care insurer, health maintenance organization, accident and sickness insurer, fraternal benefit society, nonprofit hospital service corporation, nonprofit medical service corporation, health care service plan, or any other person, firm, corporation, joint venture, or other similar business entity that pays for insureds or beneficiaries in this state. The term includes, but is not limited to, entities created pursuant to Article 6 of Chapter 20 of Title 10A. A health benefit plan located or domiciled outside of the State of Alabama is deemed to be subject to this article if it receives, processes, adjudicates, pays, or denies claims for health care services submitted by or on behalf of patients, insureds, or beneficiaries who reside in Alabama.
(2) PHARMACY. A place licensed by the Alabama State Board of Pharmacy in which prescriptions, drugs, medicines, medical devices, chemicals, and poisons are sold, offered for sale, compounded, or dispensed and shall include all places whose title may imply the sale, offering for sale, compounding, or dispensing of prescriptions, drugs, medicines, chemicals, or poisons.
(3) PHARMACY BENEFIT MANAGEMENT PLAN. An arrangement for the delivery of pharmacist services in which a pharmacy benefit manager undertakes to administer the payment or reimbursement of any of the costs of pharmacist services for an enrollee on a prepaid or insured basis that contains one or more incentive arrangements intended to influence the cost or level of pharmacist services between the plan sponsor and one or more pharmacies with respect to the delivery of pharmacist services and requires or creates benefit payment differential incentives for enrollees to use under contract with the pharmacy benefit manager.

(4) PHARMACY BENEFIT MANAGER. A business that administers the prescription drug or device portion of pharmacy benefit management plans or health insurance plans on behalf of plan sponsors, insurance companies, unions, and health maintenance organizations. The term includes a person or entity acting for a pharmacy benefit manager in a contractual or employment relationship in the performance of pharmacy benefit management for a managed care company, nonprofit hospital or medical service organization, insurance company, or third-party payor.
(5) PHARMACIST SERVICES. Offering for sale, compounding, or dispensing of prescriptions, drugs, medicines, chemicals, or poisons pursuant to a prescription. Pharmacist services also includes the sale or provision of, counseling of, or fitting of medical devices, including prosthetics and durable medical equipment.
(Act 2012-306, p. 668, §2; Act 2018-457, §1.)

Section 34-23-182 Purpose.
The purpose of this article is to establish minimum and uniform standards and criteria for the audit of pharmacy records by or on behalf of certain entities.
(Act 2012-306, p. 668, §3.)

Section 34-23-183 Application.
This article shall apply to any audit of the records of a pharmacy conducted by a managed care company, nonprofit hospital or medical service organization, health benefit plan, third-party payor, pharmacy benefit manager, a health program administered by a department of the state, except the Alabama Medicaid Agency, or any entity that represents those companies, groups, or department.
(Act 2012-306, p. 668, §4; Act 2018-457, §1.)

Section 34-23-184 Audit Procedures; Report.
(a) The entity conducting an audit shall follow these procedures:
(1) The pharmacy contract shall identify and describe in detail the audit procedures.
(2) The entity conducting the on-site audit shall give the pharmacy written notice at least two weeks before conducting the initial on-site audit for each audit cycle. If the pharmacy benefit manager does not include their auditing guidelines within their provider manual, then the notice must include a documented checklist of all items being audited and the manual, including the name, date, and edition or volume, applicable to the audit and auditing guidelines. For on-site audits a pharmacy benefit manager shall also provide a list of material that is copied or removed during the course of an audit to the pharmacy. The pharmacy benefit manager may document this material on either a checklist or on an audit acknowledgement form. The pharmacy shall produce any items during the course of the audit or within 30 days of the on-site audit.
(3) The entity conducting the on-site audit may not interfere with the delivery of pharmacist services to a patient and shall utilize every effort to minimize inconvenience and disruption to pharmacy operations during the audit process.
(4) An audit that involves clinical or professional judgment shall be conducted by or in consultation with a licensed pharmacist.

(5) The audit shall not consider as fraud any clerical or recordkeeping error, such as a typographical error, scrivener's error, or computer error regarding a required document or record; however, such errors may be subject to recoupment, provided that a pharmacy shall not be subject to a charge-back or recoupment for a clerical or recordkeeping error in a required document or record, including a typographical or computer error, unless the error resulted in overpayment to the pharmacy. The pharmacy shall have the right to submit amended claims through an online submission to correct clerical or recordkeeping errors in lieu of recoupment of a claim where no actual financial harm to the patient or plan has occurred, provided that the prescription was dispensed according to prescription documentation requirements set forth by the Alabama Pharmacy Act and within the plan limits. The pharmacy shall not be subject to recoupment of funds by the pharmacy benefit manager unless the pharmacy benefit manager can provide proof of intent to commit fraud or such error results in actual financial harm to the pharmacy benefit manager, a health insurance plan managed by the pharmacy benefit manager, or a consumer. A person shall not be subject to criminal penalties for errors provided for in this subsection without proof of intent to commit fraud, waste, or abuse.

a. Any amount to be charged back or recouped due to overpayment shall not exceed the amount the pharmacy was overpaid.

b. The auditing entity shall not include the dispensing fee in the calculation of an overpayment unless a prescription is considered a misfill. As used in this paragraph, misfill means a prescription that was not dispensed, a prescription in which the prescriber denied the authorization request, a prescription in which an additional dispensing fee was charged, or a prescription error.

(6) An entity conducting an audit shall not require any documentation that is not required by state and federal law. The information shall be considered to be valid if documented on the prescription, computerized treatment notes, pharmacy system, or other acceptable medical records.

(7) Unless superseded by state or federal law, auditors shall only have access to previous audit reports on a particular pharmacy conducted by the auditing entity for the same pharmacy benefit manager, health plan, or insurer. An auditing vendor contracting with multiple pharmacy benefit managers or health insurance plans shall not use audit reports or other information gained from an audit on a particular pharmacy to conduct another audit for a different pharmacy benefit manager or health insurance plan.

(8) Audit results shall be disclosed to the health benefit plan in a manner pursuant to contract terms.

(9) A pharmacy may use the records of a hospital, physician, or other authorized practitioner of the healing arts for drugs or medicinal supplies written or transmitted by any means of communication for the purposes of validating the pharmacy record with respect to orders or refills of a legend or narcotic drug.

(10) If the pharmacy benefit manager or its representative conducts an audit, the sample size shall not be greater than 150 prescriptions, provided that a refill does not constitute a separate prescription for the purposes of this subdivision.

(11) Reasonable costs associated with the audit shall be the responsibility of the auditing entity if the claims sample exceeds 100 unique prescription hard copies.

(12) A finding of an overpayment or an underpayment may be a projection based on the number of patients served having a similar diagnosis or on the number of similar orders or refills for similar drugs, except that recoupment shall be based on the actual overpayment or underpayment of actual claims.
(13) A finding of an overpayment may not include the cost of the drugs that were dispensed in accordance with the prescriber's orders, provided the prescription was dispensed according to prescription documentation requirements set forth by the Alabama Pharmacy Act and within the plan limits. A finding of an overpayment may not include the dispensing fee amount unless any of the following apply:
a. A prescription was not actually dispensed.
b. The prescriber denied authorization.
c. The prescription dispensed was a medication error by the pharmacy.
d. The identified overpayment is solely based on an extra dispensing fee.
(14) Each pharmacy shall be audited under the same standards and parameters as other similarly situated pharmacies audited by the entity and must be audited under rules applicable to the contractor and time period of the prescription.
(15) Where not superseded by state or federal law, the period covered by an audit may not exceed two years from the date the claim was submitted to or adjudicated by a managed care company, nonprofit hospital or medical service organization, health benefit plan, third-party payor, pharmacy benefit manager, a health program administered by a department of the state, or any entity that represents those companies, groups, or department. An audit may not be conducted six months past the date the pharmacy benefit management plan terminated its contract to adjudicate claims with a pharmacy benefit manager, health plan administrator, or any other entity representing those companies.
(16) An audit may not be initiated or scheduled during the first five calendar days of any month.
(b) The entity shall provide the pharmacy with a written report of the audit and comply with all of the following requirements:
(1) The preliminary audit report shall be delivered to the pharmacy within 90 days after the conclusion of the audit, with a reasonable extension to be granted upon request.
(2) A pharmacy shall be allowed at least 30 days following receipt of the preliminary audit report in which to produce documentation to address any discrepancy found during the audit, with a reasonable extension to be granted upon request.
(3) A final audit report shall be delivered to the pharmacy within 180 days after receipt of the preliminary audit report or final appeal, as provided for in Section 34-23-185, whichever is later.
(4) The audit documents shall be signed by the auditors assigned to the audit. The acknowledgement or receipt shall be signed by the auditor and the audit report shall contain clear contact information of the representative of the auditing organization.
(5) Recoupments of any disputed funds, or repayment of funds to the entity by the pharmacy if permitted pursuant to contractual agreement, shall occur after final internal disposition of the audit, including the appeals process as provided for in Section 34-23-185. If the identified discrepancy for an individual audit exceeds twenty-five thousand dollars ($25,000), future payments in excess of that amount to the pharmacy may be withheld pending finalization of the audit.
(6) Interest shall not accrue during the audit period.
(7) Each entity conducting an audit shall provide a copy of the final audit report, after completion of any review process, to the plan sponsor in a manner pursuant to a contract.
(Act 2012-306, p. 668, §5; Act 2018-457, §1.)

Section 34-23-185 Appeals.
(a) Each entity conducting an audit shall establish a written appeals process under which a pharmacy may appeal an unfavorable preliminary audit report to the entity.
(b) Following the appeal, if the entity finds that an unfavorable audit report or any portion thereof is unsubstantiated, the entity shall dismiss the audit report or that portion without the necessity of any further action.
(c) Following the appeal, if any of the issues raised in the appeal are not resolved to the satisfaction of either party, that party may ask for mediation of those unresolved issues unless other remedies are granted under the terms of the contract. A certified mediator shall be chosen by agreement of the parties from the mediators list maintained by the Alabama Supreme Court. The cost of mediation shall be borne by agreement of the parties or by the decision of the mediator.
(Act 2012-306, p. 668, §6; Act 2018-457, §1.)

Section 34-23-186 Extrapolation.
(a) The auditing entity shall not use extrapolation to calculate penalties or amounts to be charged back or recouped unless otherwise required by federal requirements or federal plans.
(b) The auditing entity conducting a pharmacy audit shall not compensate an employee or contractor with which an auditing entity contracts to conduct a pharmacy audit based on the amount claimed or the actual amount recouped by the pharmacy being audited.
(Act 2012-306, p. 668, §7; Act 2018-457, §1.)

Section 34-23-187 Fraud, Willful Misrepresentation, or Waste Abuse.
This article does not apply to any audit, review, or investigation that involves alleged fraud, willful misrepresentation, or waste abuse.
(Act 2012-306, p. 668, §8.)

Appendix II: Legislation Not Yet Codified

ACT #2025 - 372

HB123

YMYZ96N-2

By Representatives Underwood, Wilcox

RFD: Boards, Agencies and Commissions

First Read: 04-Feb-25

PFD: 03-Feb-25

Enrolled, An Act,

Relating to the Alabama Sunset Law; to continue the existence and functioning of the Alabama State Board of Pharmacy until October 1, 2026, with certain modifications; to amend Sections 34-23-3, 34-23-8, 34-23-12, 34-23-13, 34-23-30, 34-23-32.2, 34-23-33, 34-23-34, 34-23-52, 34-23-90, 34-23-91, 34-23-92, 34-23-93, and 34-23-131, Code of Alabama 1975; to reconstitute the membership of the board; to revise the compensation of board members and their duties; to provide further for the position of secretary; to revise the board's authority to impose penalties; to provide further for the board's authorization to discipline pharmacists, pharmacies, and certain other entities; to provide further for the general counsel of the board; to require the board to report on the status of board rules; and to make nonsubstantive, technical revisions to update the existing code language to current style.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

Section 1. Pursuant to the Alabama Sunset Law, the Sunset Committee recommends the continuance of the Alabama State Board of Pharmacy until October 1, 2026, with the additional recommendation for statutory change as set out in Section 3.

Section 2. The existence and functioning of the Alabama State Board of Pharmacy, created and functioning pursuant to Chapter 23 of Title 34, Code of Alabama 1975, is continued until October 1, 2026, and those code sections are expressly preserved.

Section 3. Section 34-23-3, 34-23-8, 34-23-12, 34-23-13, 34-23-30, 34-23-32.2, 34-23-33, 34-23-34, 34-23-52, 34-23-90, 34-23-91, 34-23-92, 34-23-93, and 34-23-131, Code of Alabama 1975, are amended to read as follows:

"§34-23-3

(a) Each state drug investigator employed by the board ~~following the passage of this chapter~~ must furnish satisfactory proof to the board that ~~he or she~~ the investigator is ~~a person~~ an individual of good moral character and that in the judgment of the members of the board, he or she has sufficient knowledge of the laws pertaining to the practice of pharmacy and law enforcement to enable him or her to carry out ~~his or her~~ the duties as an investigator consistent with this chapter. ~~Each~~ A state drug investigator employed by the board ~~shall~~ must serve an apprenticeship of a minimum of six months working with and under the supervision of the ~~Chief Drug Investigator~~ chief drug investigator or other investigator designated by the board. ~~Each such~~ An investigator, before entering upon his or her duties, shall post with the board a bond in the amount of two thousand dollars ($2,000) conditioned upon the faithful performance of his or her duties.

(b) ~~Each~~ A state drug investigator ~~shall have the power to inspect~~ shall:

(1) Inspect the medicines and drugs or drug products ~~or domestic remedies which~~ that are manufactured, packaged, packed, made, sold, offered for sale, exposed for sale, or kept for sale in this state; ~~, and for this purpose shall have~~

~~the right to enter~~

(2) Subject to subsection (c), enter and inspect during business hours any pharmacy or any other place in this state where medicines or drugs or drug products or proprietary medicines are manufactured, packaged, packed, made, sold, offered for sale, or kept for sale, whether or not licensed by the board; and

(3) Inspect prescription files, prescription records, poison registers, exempt narcotic registers, and any other records pertaining to the filling and filing of prescriptions.

(c) ~~Each~~ A state drug investigator shall be subject to the same restrictions as other law enforcement officers ~~of the law in~~ with regard to search and seizure. ~~They~~

(d) A state drug investigator shall report to the board all violations of ~~the laws~~ law relating to pharmacy and all rules ~~and regulations~~ of the board. As directed by the board, ~~it shall be the duty of the state drug investigators to issue citations~~ a state drug investigator shall issue written warnings for violations of such laws, or rules~~, or regulations~~ or institute criminal proceedings against persons for such violations.

(e) When authorized by the board and where there are specific complaints, ~~the~~ a state drug investigator ~~shall have the right to~~ may inspect ~~all~~ records, shipping tickets, or any other document pertaining to the transfer of drugs or drug preparations, from or to hospitals, pharmacists, wholesale establishments and manufacturers, or any other place or establishment where the preparations of drugs are kept or

stored. ~~They shall have the authority to inspect all prescription files, prescription record books, poison registers, exempt narcotic registers, and any other records pertaining to the filling and filing of prescriptions. It shall be the duty of the~~

(f) A state drug investigator ~~to~~ shall take possession of all revoked licenses and permits or suspended licenses and permits, or both, when such licenses and permits are not surrendered voluntarily to the board by the ~~person or pharmacist~~ individual or entity whose license or permit has been revoked or suspended.

(g) Nothing in this chapter shall authorize or require ~~the~~ a state drug investigator ~~or state drug investigators~~ to inspect the offices of ~~doctors of medicine~~ physicians who have duly qualified with the State Board of Medical Examiners."

"§34-23-8

(a) No person shall dispense or cause to be dispensed a different drug or brand of drug in lieu of that ordered or prescribed without the express permission in each case of the person ordering or prescribing such drug, except as provided below:

(1) A licensed pharmacist ~~in this state~~ shall be permitted to select for the brand name drug product prescribed by a licensed physician or other practitioner who is located in this state and authorized by law to write prescriptions, hereinafter referred to as "practitioner," a less expensive pharmaceutically and therapeutically equivalent drug product containing the same active ingredient or ingredients, and of

the same dosage form strength, in all cases where the practitioner expressly authorizes such selection in accordance with subdivision (4).

(2) A licensed pharmacist ~~located in this state~~ shall be permitted to select for the brand name drug product prescribed by a practitioner who is located in another state or licensing jurisdiction and who is authorized by the laws of that state or jurisdiction to write prescriptions, a less expensive pharmaceutically and therapeutically equivalent drug product containing the same active ingredient or ingredients, and of the same dosage form strength, in all cases where the out-of-state licensed physician or other practitioner does not expressly prohibit a substitution.

(3) A pharmacist shall record on the prescription form the name and manufacturer or distributor of any drug product dispensed as herein authorized.

(4)a. Every written prescription issued in this state by a licensed practitioner shall contain two signature lines. One line shall indicate if the brand name is meant to be dispensed and the other shall indicate if a product selection is permitted. The practitioner shall communicate instructions to the pharmacist by signing on the appropriate line.

b. An oral or electronic prescription, including an e-fax, from the practitioner shall instruct the pharmacist whether or not a less expensive pharmaceutically and therapeutically equivalent drug product may be dispensed. The pharmacist shall note instructions on the file copy of the prescription and retain the prescription form for the period

specified by law. The ~~State Board of Pharmacy~~ board shall not adopt any rule affecting the subject matter of this subdivision.

(5) Unless otherwise indicated by the practitioner, the prescription label on the dispensing container shall indicate the actual drug product dispensed, either the brand name, or if none, the generic name, and the name of the manufacturer or a reasonable abbreviation of the name of the manufacturer.

~~(6)~~ (b) ~~This~~ Subsection (a) shall not be interpreted to exclude the use of a formulary or drug list as adopted and approved by a medical staff in a licensed hospital with drugs provided thereunder by procedures established for use within that licensed hospital.

~~(7) Any person who violates this section shall be punished by a fine of up to $1,000.~~"

"§34-23-12

(a) ~~When it shall appear to the board that any person who is not licensed under the provisions of this chapter is violating any of the provisions of this chapter, the~~ The board may ~~in its own name~~ bring an action in the circuit court for an injunction~~, and the court of this state~~ against any person in this state who:

(1) Practices pharmacy without a license or permits prescriptions to be compounded or dispensed by a person who is not licensed to practice pharmacy, in violation of Section 34-23-50;

(2) Operates a pharmacy or other entity without a permit, in violation of Section 34-23-30, 34-23-31, or

34-23-32; or

(3) Performs pharmacy technician functions without a valid pharmacy technician registration.

(b) A court may enjoin any person from violating ~~the provisions of~~ this chapter regardless of whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted."

"§34-23-13

~~Any person who shall practice~~A person who does any of the following, unless a penalty is otherwise specifically provided in this chapter, is guilty of a Class B misdemeanor:

(1) Practices pharmacy in this state without having first obtained ~~from the board~~ a license~~, or who permits~~ from the board.

(2) Permits prescriptions to be compounded ~~and/or~~ or dispensed by unauthorized persons.~~; or who violates any of the provisions of this chapter; or who willfully~~

(3) Willfully violates any ~~published~~ provision of this chapter or rule ~~or regulation of~~ adopted by the board~~; or who does any act described in this chapter as unlawful, the penalty for which is not herein specifically provided, shall be guilty of a misdemeanor and, upon conviction, shall be punished by fine of not more than $1,000 for each offense, to be fixed by the court trying the case, and in addition thereto may be, in the discretion of the court trying the case, sentenced to hard labor for the county for a period not to exceed 12 months~~."

"§34-23-30

(a) Every pharmacy, hospital pharmacy, drugstore, pharmacy department, prescription department, prescription laboratory, apothecary, ~~or~~ and any other ~~establishment~~ entity with a title implying the sale, offering for sale, compounding, or dispensing of drugs, ~~or~~ and any entity providing pharmacy services for patients residing in this state, shall register biennially and receive a permit from the board in accordance with this chapter. Any person desiring to ~~open,~~ operate~~, maintain, or establish~~ a pharmacy or to establish an entity to provide pharmacy services shall apply to the board for a permit at least 30 days prior to the opening of the business. No pharmacy or entity performing pharmacy services shall ~~open for the transaction of~~ be authorized to transact business until ~~it~~ the pharmacy or entity has been registered, inspected, and had a permit issued by the board.

(b)(1) The application for a permit shall be made on a form prescribed and furnished by the board which when properly executed shall indicate the ownership desiring ~~such~~ the permit and the names and license numbers of all licensed pharmacists employed as well as the location of the pharmacy or entity where pharmacy services are performed and other information as the board may require. If more than one pharmacy or entity where pharmacy services are performed is operated by the same owner, a separate application for registration shall be made and a separate permit issued for each ~~such establishment~~ entity.

(2) ~~All permits issued under this section shall become~~

~~due on October 31 and shall become null and void on December 31 of even-numbered years.~~ Every application for a permit for a new pharmacy or entity where pharmacy services are performed shall be accompanied by a fee to be ~~determined~~set by the board, by rule.~~, but the fee shall not be less than one hundred dollars ($100) nor more than two hundred dollars ($200). Every application for a renewal permit shall be accompanied by a fee to be determined by the board, but the fee shall not be less than fifty dollars ($50) nor more than one hundred fifty dollars ($150). Every application for a permit due to transfer of ownership shall be accompanied by a fee to be determined by the board, but the fee shall not be less than one hundred fifty dollars ($150) nor more than four hundred dollars ($400). Every application for a permit for an out-of-state pharmacy or entity where pharmacy services are performed shall be accompanied by a fee to be determined by the board, but the fee shall not be less than seven hundred fifty dollars ($750) nor more than two thousand dollars ($2,000). Every application for a renewal permit for an out-of-state pharmacy or entity where pharmacy services are performed shall be accompanied by a fee to be determined by the board, but the fee shall not be less than four hundred dollars ($400) nor more than seven hundred fifty dollars ($750). Each application for the renewal of a permit shall be made on or before October 31 of each even-numbered year, at which time the previous permit shall become null and void on December 31 of even-numbered years. A penalty of twenty-five dollars ($25) for each overdue month shall be assessed in~~

~~addition to the permit fee for renewal of delinquent permits.~~

(3) The secretary of the board shall issue a permit for each pharmacy or entity where pharmacy services are performed whose application is found to be satisfactory by the board. Permits issued under this section shall not be transferable. Any change in the control of ownership or licensed pharmacists shall be reported to the board in writing within 10 days of such occurrence. If the pharmacy or entity where pharmacy services are performed is owned by a corporation, the permit shall be issued in the name of the corporation. ~~It shall be the duty of the owners~~ Owners of pharmacies or the owners of entities where pharmacy services are performed who are not licensed pharmacists ~~to~~ shall immediately notify the board upon the termination of employment of licensed pharmacists and ~~to~~ shall cause the surrender of permits as indicated. The further operation of the pharmacy or entity where pharmacy services are performed in the absence of licensed pharmacists is forbidden; provided, that the nonregistered owner shall have a period of 30 days within which to comply with this subsection. The next of kin of any deceased licensed pharmacist owner shall have a period of 30 days within which to comply with this chapter, during which time no prescriptions ~~shall~~ may be filled unless a licensed pharmacist is on duty.

(4) All permits issued under this section shall expire on December 31 of even-numbered years unless the permit holder renews the permit by paying the applicable renewal fee. The renewal fee is due on December 31, and if not received by that

date, the permit shall be considered delinquent and the board may impose a late fee of twenty-five dollars ($25) for each month the renewal fee is late, provided a delinquency fee may not exceed one thousand dollars ($1,000). The board may also suspend a permit that is not renewed within a prescribed period of time, as determined by rule of the board.

(c) The board, by rule, shall set the following fees on the holders of permits issued under this section:

(1) For a permit for a resident pharmacy or resident entity that performs pharmacy services, a fee of not less than one hundred dollars ($100) nor more than five hundred dollars ($500).

(2) For a resident pharmacy permit renewal, a fee of not less than one hundred dollars ($100) nor more than three hundred dollars ($300).

(3) For a transfer of ownership, a fee of not less than one hundred fifty dollars ($150) nor more than four hundred dollars ($400).

(4) For a permit for a nonresident pharmacy or nonresident entity that performs pharmacy services, a fee of not less than seven hundred fifty dollars ($750) nor more than two thousand dollars ($2,000).

(5) For a renewal permit for a nonresident pharmacy or nonresident entity that performs pharmacy services, a fee of not less than four hundred dollars ($400) nor more than seven hundred fifty dollars ($750).

(d) No mail order pharmacy shall transact business in this state without a permit from the board.

~~(b)~~ (e) ~~Requirements for the grant of authority by the board to any entity providing pharmacy services shall be by board rule~~The board, by rule, shall establish qualifications for any individual or entity providing pharmacy services in the state.

~~(c)~~ (f) Nothing contained in this section related to pharmacy services permits shall be interpreted to delegate to the board the authority to adopt rules governing pharmacy ~~benefit~~ benefits managers.

~~(d) Any person who violates this section shall be guilty of a misdemeanor.~~"

"§34-23-32.2

(a) Any requirements established by the FDA Guidelines in the Drug Quality and Security Act shall be adhered to by the affected parties.

(b)(1) The board may issue an annual permit to any manufacturer, manufacturer affiliate, bottler, packager, repackager, ~~third-party~~ third-party logistic provider, wholesale drug distributor, private label distributor, or pharmacy business identified in the supply chain of any drugs, legend drugs, medicines, chemicals, or poisons for medicinal purposes.

(2) The board, by rule, shall establish fees for the various categories of permits issued under this section ~~and fines for violations of this section~~ of not less than five hundred dollars ($500) nor more than two thousand dollars ($2,000). In addition, the board, by rule, may establish renewal fees and late fees for failure to renew a permit in a

timely manner. Proceeds received by the board from fees ~~levied and fines~~ collected pursuant to this section shall be used by the board to fund the costs of permitting, inspecting, and investigating any business permitted pursuant to this section."

"§34-23-33

(a) The board may revoke~~,~~ or suspend~~,~~ a license, permit, certificate, or registration, place on probation, ~~or~~ require remediation ~~for any licensed pharmacist or a holder of a pharmacy intern or extern certificate for a specified time as determined by the board and take the same or similar action against the permit to operate any pharmacy in this state~~, or impose monetary penalties in accordance with subsection (b) against any person who holds a license, permit, certificate, or registration issued by the board whenever the board finds by a preponderance of the evidence, or pursuant to a consent decree, ~~that the pharmacist has been guilty of any of the following acts or offenses~~any of the following:

(1) Obtaining a license, permit, certificate, or registration from the board by fraudulent means.

(2) ~~Violation of the laws~~ Violating any law regulating the sale or dispensing of narcotics, exempt narcotics, or drugs bearing the label "caution, federal law prohibits dispensing without prescription," or similar wording which causes the drugs to be classified as prescription legend drugs.

(3) Conviction of a felony. A copy of the record of the conviction, certified by the clerk of the court entering the

conviction, shall be conclusive evidence of the conviction.

(4) Conviction of any crime or offense that reflects the inability of the practitioner to practice pharmacy with due regard for the health and safety of the patients.

(5) Demonstrated inability ~~Inability~~ to practice pharmacy with reasonable skill and safety to patients by reason of illness, ~~inebriation~~intoxication, misuse of drugs, narcotics, alcohol, chemicals, or any other substance, or as a result of any mental or physical condition. When the issue is whether or not a pharmacist is physically or mentally capable of practicing pharmacy with reasonable skill and safety to patients, then, upon a showing of probable cause to the board that the pharmacist is not capable of practicing pharmacy with reasonable skill and safety to patients, the board may require the pharmacist in question to submit to a psychological examination by a psychologist to determine psychological status or a physical examination by a physician, or both, to determine physical condition. The psychologist or physician, or both, shall be designated by the board. The expense of the examination shall be borne by the board. Where the pharmacist raises the issue of mental or physical competence or appeals a decision regarding his or her mental or physical competence, the pharmacist shall be permitted to obtain his or her own evaluation at the pharmacist's expense. If the objectivity or adequacy of the examination is suspect, the board may complete the examination by the designated practitioners at its own expense. When mental or physical capacity to practice is at issue, every pharmacist licensed to practice pharmacy in the

state shall be deemed to have given consent to submit to a mental or physical examination or to any combination of the examinations and to waive all objections to the admissibility of the examination, or to previously adjudicated evidence of mental incompetence.

(6) Gross malpractice or repeated malpractice or gross negligence in the practice of pharmacy.

(7) Violation of any provisions contained in this chapter or rule of the board.

(8) Employing, assisting, or enabling in any manner any unlicensed person to practice pharmacy.

(9) The suspension, revocation, or probation by another state of a license to practice pharmacy. A certified copy of the record of suspension, revocation, or probation of the state ~~making such a~~ imposing the suspension, revocation, or probation shall be conclusive evidence of the suspension, revocation, or probation. This subdivision does not authorize the board to take any disciplinary action, including imposition of a monetary penalty, against any individual or entity that has not been issued a license, permit, certificate, or registration by the board and has not violated any provision of this chapter or rule of the board.

(10) Refusal to appear before the board after having been ordered to do so in writing by the ~~executive officer~~ secretary or chair of the board.

(11) Making any fraudulent or untrue statement to the board.

~~(12) Violation of any rule or regulation of the board.~~

~~(13)~~(12) Violation of the code of professional conduct adopted by the board in the rules and regulations of the board.

(b)(1) The board ~~shall have the authority to adopt rules imposing a non-disciplinary administrative penalty for designated violations of this chapter~~may impose monetary penalties in the form of civil penalties for disciplinary violations and administrative fines for non-disciplinary violations of this chapter and rules of the board, as determined by the board.

(2) The board, by rule, shall adopt monetary penalty schedules that shall include both civil penalties and administrative fines and shall be dollar amount ranges based on the underlying violation. The board shall adopt separate penalty schedules for specific types or categories of individuals and entities subject to this chapter, including, but not limited to, separate penalty schedules for chain pharmacies, independent pharmacies, manufacturers, and distributors. No later than the effective date of the certified rule or rules, the board shall publish the penalty schedules on the board's website. Beginning January 1, 2026, the board may not impose any monetary penalty unless the monetary penalty is covered and addressed by a monetary penalty schedule that has been certified and published on the website.

(3) When determining the amount of a monetary penalty for a specific violation, the board shall consider the level and scope of misconduct, the level of risk to public health

and safety, and the compliance history of the violator~~, and if the violator is an entity, the size of the business, including its annual revenues~~."

"§34-23-34

No disciplinary action described in Section 34-23-33 relating to the license, registration, certificate, or permit of any ~~person~~ individual or entity regulated by the board may be taken unless a statement of charges and notice of hearing has been served on the ~~person~~ individual or entity at least 30 days before the date fixed for the hearing. The board, at its sole discretion, may serve the statement of charges by personal service or by registered or certified mail or delivery by any recognized delivery or courier service to the address of the ~~person~~ individual or entity in the records of the board. The burden of proof shall be on the board."

"§34-23-52

(a)(1) All certificates of licensure shall expire on December 31 of even-numbered years~~. In order to continue to be licensed, every~~ unless a licensed pharmacist ~~shall pay to the secretary of the board a biennial~~ pays a renewal fee ~~to be determined~~in a specified amount set by the board, by rule.~~, but the~~ The fee shall not be less than twenty-five dollars ($25) nor more than one hundred fifty dollars ($150). The renewal fee shall be due on ~~October~~ December 31 and ~~delinquent after December 31 of even-numbered years, except that holders of life certificates to practice pharmacy previously issued shall not be required to pay a renewal fee. The payment of the renewal fee~~ shall entitle the registrants to renewal of their

certificates at the discretion of the board. If any pharmacist fails to pay ~~a~~ the renewal fee ~~on or before the due date, the holder of the certificate may be reinstated as a licensed pharmacist only upon payment of a penalty of ten dollars ($10) for each lapsed month and all lapsed fees, provided~~ by December 31, the board in accordance with board rule, may impose a late fee which may not exceed ten dollars ($10) for each lapsed month. Notwithstanding the foregoing, the lapsed time of registration may not exceed five years, in which case reinstatement may occur only upon satisfactory examination by the board.

(2) Notwithstanding subdivision (1), holders of life certificates to practice pharmacy previously issued shall not be required to pay a renewal fee.

(b) In addition to any fee requirements, each pharmacist shall be required to complete continuing education for each renewal period, as determined by the board by rule."

"§34-23-90

(a) The Alabama State Board of Pharmacy is created and vested with the authority to carry out the purposes of and enforce this chapter.

(b)(1) ~~The~~ Beginning January 1, 2026, the board shall consist of ~~five~~ nine members who are residents of this state. Subject to subdivision (3), membership of the board shall be as follows:

a. One hospital pharmacist licensed by the board who is appointed by the Governor from a list of three names submitted by the Alabama Society of Health System Pharmacists.

b. One chain pharmacist licensed by the board who is appointed by the Governor from a list of three names submitted from the Alabama Pharmacy Association.

c. One independent pharmacist licensed by the board who is appointed by the Lieutenant Governor from a list of three names submitted from the Alabama Pharmacy Association.

d. One specialty pharmacist, such as a nuclear, home infusion, compounding only, or consultant pharmacist, licensed by the board who is appointed by the Speaker of the House of Representatives from a list of three names submitted from the Alabama Pharmacy Association.

e. One institutional pharmacist, such as a non-hospital, nursing home, assisted living, or prison pharmacist, licensed by the board who is appointed by the President Pro Tempore of the Senate from a list of three names submitted from the Alabama Society of Health System Pharmacists.

f. One academic pharmacist licensed by the board who is appointed by the Lieutenant Governor from a list of four names, with two names each submitted from the two state pharmacy schools.

g. One at-large pharmacist licensed by the board appointed by the Speaker of the House of Representatives from a list of three names submitted by the Alabama Pharmacy Association.

h. One registered pharmacy technician licensed by the board appointed by the President Pro Tempore of the Senate from a list of three names submitted from the Alabama Pharmacy

Association.

i. One at-large consumer who is appointed by the Governor. ~~The members of the board shall be licensed pharmacists who have been licensed in this state for a minimum of five years and who are actively engaged in the practice of pharmacy or pharmacy administration, or both.~~

~~(b) Three members shall be appointed by the Governor. Of the three appointed members, one member shall be engaged in the practice of pharmacy or pharmacy administration, or both, in a hospital, one in an independent pharmacy, and one in a chain pharmacy. On or before August 1, 1996, and each five years thereafter, or whenever a vacancy occurs in the designated position for hospital pharmacists, the Alabama Society of Health System Pharmacists, or its successor organization, shall submit a list of three nominees to the Governor. On or before August 1, 1994, and each five years thereafter, or whenever a vacancy occurs in the designated position for a chain pharmacist, the Alabama Pharmacy Association, or its successor organization, shall submit a list of three nominees to the Governor. On or before August 1, 1997, and each five years thereafter, or whenever a vacancy occurs in the designated position for the independent pharmacist, the independent pharmacist members of the Alabama Pharmacy Association, or its successor organization, shall submit a list of three nominees to the Governor. From the names submitted to the Governor, the Governor shall appoint a replacement on or before December 31 of the same year the nominations are received, for the member or members whose term~~

~~or terms are expiring. Background information shall be provided for each nominee for an appointed position.~~

~~(c)(1) On or before December 1, 1995, and each five years thereafter, and on or before December 1, 1998, and each five years thereafter, or whenever a vacancy occurs in a nondesignated position, the Board of Trustees of the Alabama Pharmacy Association, or its successor organization, shall select a committee of five pharmacists who are members of the association to serve as a nominating committee. No member of the nominating committee shall be a candidate. The committee shall receive names of pharmacists actively engaged in pharmacy practice or administration, or both, from companies and individuals, and shall narrow the list of nominees to two names to be placed on a ballot to be voted on by all Alabama pharmacists.~~

~~(2) The election procedure for a nondesignated slot shall be as follows: Each candidate shall provide a biographical sketch of not more than 150 words, which shall include his or her most recent practice experience. The board shall select a third party to conduct the election and tabulate the ballot results. The election ballots and a biographical sketch of the candidates shall be delivered by the third party to Alabama licensed pharmacists by September 1. The ballot delivery shall be conducted in a secure manner to safeguard organizational data and to ensure the integrity of the voting process. Completed election ballots must be received by the third party no later than October 1 to be tabulated. A pharmacist receiving a majority of the ballots~~

~~received shall be considered the winner. If a runoff election is necessary, the runoff ballots shall be delivered to licensed pharmacists by November 1 by the same method of ballot delivery as provided above. Completed runoff election ballots must be received by the third party no later than December 1 to be tabulated.~~

~~(3) The ballots for each election shall be tabulated by the third party and the results shall be certified and audited by the third party. The results of the tabulation and audit shall be made available to any candidate and to the nominating body upon request.~~

(2) The pharmacist members of the board shall be licensed pharmacists who have been licensed in this state for a minimum of five years and who are actively engaged in the practice of pharmacy or pharmacy administration, or both. The pharmacy technician member of the board shall be a nationally certified technician who has been registered in this state for a minimum of five years and who is actively engaged in the practice as a pharmacy technician.

(3) Any member serving on the board on January 1, 2026, shall continue to serve until his or her term expires, at which time the Governor shall appoint a member who meets the requirements in subdivision (1). A member serving on the board on January 1, 2026, who meets the requirements of subdivision (1) may be reappointed to an additional term, provided the reappointment complies with subsection (d).

(4) The appointing authorities shall coordinate their appointments to assure that board membership is inclusive and

reflects the racial, gender, geographic, urban, rural, and economic diversity of the state.

(5) For the four additional members of the board whose term begins January 1, 2026, the Governor shall set staggered terms of two years, three years, and four years, at his or her discretion, with all initial terms ending on December 31 of the respective terms. Following initial terms, each member of the board shall serve a term of five years beginning on January 1 following appointment and terminating on December 31 of his or her fifth year as a member of the board.

~~(d)~~(c) Any vacancies occurring on the board ~~other than by expiration of term~~ shall be filled by ~~election or~~ appointment ~~only for the unexpired term and shall be filled by the same procedure that the replaced member was elected or appointed~~ by the respective appointing authority for the unexpired term. ~~Each member of the board shall serve a term of five years beginning on January 1 following appointment and terminating on December 31 of his or her fifth year as a member of the board.~~

~~(e)~~(d) No ~~pharmacist~~ member shall serve more than two full terms consecutively.

~~(f)~~(e)(1) The Governor~~, upon recommendation of the board,~~ may remove a member of the board upon proven charges of inefficiency, incompetency, immorality, or professional misconduct. The replacement member shall be ~~elected or~~ appointed by the ~~same procedure that the removed member was elected or appointed~~ respective appointing authority for the unexpired term.

(2) Appointees to the board, within 30 days after their appointment ~~or election~~, shall take an oath or make affirmation before a properly qualified officer that he or she will faithfully and impartially perform the duties of his or her office. This oath or affirmation shall be filed with the Secretary of State.

(3) At its last regular meeting in each calendar year, the board shall elect for a term of one year, effective the following January 1, a president, a ~~vice-president~~vice president, and a treasurer who shall be pharmacist members of the board. No member shall serve more than two years in the same office on the board during a five-year term.

(4)a. ~~The~~ Not later than November 1, 2025, the board shall ~~also elect a secretary who shall~~ appoint a secretary as executive officer to the board, to serve at the pleasure of the board. The individual appointed by the board may not have served in any capacity for the board, including as secretary, during the five years prior to his or her appointment. The secretary may not serve as a member of the board and may not be employed during the service by any person holding a license, permit, certificate, or registration issued by the board.~~, and the~~

b. The board shall ~~have the authority to~~ fix the ~~amount of the~~ secretary's ~~remuneration. If a board member is selected as secretary, the board member shall resign from the board and a replacement on the board shall be selected by the same procedure by which the resigned member was originally elected or appointed~~ salary. ~~The secretary shall not be employed~~

~~during the service by any registrant of the board.~~

~~(g) For the purpose of this section, a chain pharmacy is defined as any retail pharmacy employing in Alabama a minimum of 40 full-time equivalent pharmacists. A chain pharmacist is defined as a pharmacist employed on a full-time basis by a chain pharmacy for a minimum of three years.~~

~~(h) It is the intent of the Legislature that the composition of the board reflect the demographics of the pharmacy profession. For vacancies occurring after March 18, 2005, the nominating organizations and the appointing authorities shall select those individuals whose appointments assure that the membership of the board is inclusive and reflects the racial, gender, geographic, urban/rural, and economic diversity of this state.~~"

"§34-23-91

(a) The president of the board shall preside at all of the board's meetings. The vice-president shall preside in the absence or inability of the president. The secretary of the board shall be the executive officer in charge of the board's office. The secretary shall make, keep, and be in charge of all records and record books required to be kept by the board, including a register containing all information which shall be required under this chapter. The secretary shall attend to the correspondence of the board and perform any other duties the board may require in keeping with the office of secretary. The secretary shall receive and record all fees collected under this chapter and, at regular intervals as ordered by the board, shall pay the fees to the treasurer of the board for

its use. The secretary may have any forms printed and office supplies furnished as necessary to implement this chapter. The secretary and treasurer of the board shall each furnish bond in an amount to be fixed by the board and shall be conditioned upon the faithful performance and discharge of their respective official duties.

(b) ~~The~~ While serving on business of the board and from funds of the board, members shall be entitled to a per diem of five hundred dollars ($500) per day for days when members actually engage in official business of the board. In addition, members of the board shall be ~~paid the same per diem and travel allowance~~ entitled to actual expenses incurred as is paid by law to state employees while engaged in ~~the performance of the duties~~ official business of the board~~, in addition to any daily compensation or allowance determined by the board~~. For purposes of this subsection, attending continuing education classes or otherwise engaging in an activity necessary solely to maintain a member's license to practice pharmacy or registration to practice as a pharmacy technician is not considered official business of the board.

(c) The board shall conduct meetings at least three times annually and more often when deemed necessary for the examination of applicants for licensure and for the transaction of business as may legally come before ~~it~~the board. Public notice of all ~~stated~~ meetings shall ~~be given at least 30 days in advance of the meetings~~ comply with the Open Meetings Act. At all meetings of the board, a majority shall constitute a quorum. The members of the board shall determine

the place of meetings of the board.

(d) The treasurer of the board shall have custody of all funds derived from the various provisions of this chapter. All disbursements shall be made by check as authorized by vouchers signed by the president and secretary of the board. The books and records of the board as made and kept by the secretary or under his or her supervision shall be prima facie evidence of the matter therein recorded in any court."

"§34-23-92

The board ~~shall exercise, subject to this chapter,~~ shall do all of the following ~~powers and duties~~:

(1) ~~To adopt~~ Adopt rules concerning the records and reports to be kept and made by a pharmacy relating to the filling of prescriptions and the handling and preservation of drugs.

(2) ~~To fix~~ Fix standards and requirements for licenses and permits except as otherwise specified in this chapter.

(3) Set penalties as further provided in Section 34-23-33(b).

(4) Set fees, by rule, for licenses, permits, certificates, and registrations as well as renewal fees, late fees, delinquency fees, and reinstatement fees as required under this chapter, which shall be in a specific amount that shall apply uniformly to all holders of the applicable license, permit, certificate, or registration to which the fee pertains. This subdivision does not authorize the board to impose monetary penalties in addition to a late fee, delinquency fee, or reinstatement fee imposed by the board for

failure to timely renew a license, permit, certificate, or registration.

~~(3)~~ (5) ~~To make~~ Adopt rules ~~and regulations~~ regarding sanitation consistent with state health regulations.

~~(4)~~ (6) ~~To employ such~~ Employ chemists, agents, clerical help, ~~and~~ attorneys, and other personnel as necessary for the proper administration of the duties of the board.

~~(5)~~ (7) ~~To employ~~ Employ under the supervision of the board a ~~Chief Drug Investigator~~ chief drug investigator and such other state drug investigators that ~~it~~ the board deems necessary to enforce this chapter ~~which are under the supervision of the board~~.

~~(6)~~ (8) ~~To adopt~~ Adopt rules ~~and regulations~~ for the administration and enforcement of this chapter. ~~and not inconsistent herewith. Such rules and regulations shall be referenced to the section or sections of this chapter which set forth the legislative standard which it interprets or to which it applies. Every such rule and regulation shall be adopted~~ The board shall adopt all rules in accordance with the Alabama Administrative Procedure Act. A copy of every rule ~~and regulation~~ containing a requirement of general application shall be electronically mailed to each registered pharmacist at least 10 days before the effective date ~~thereof~~ of the certified rule. A printed copy of ~~such~~ the rules ~~and regulations~~ shall be mailed to any registered pharmacist upon written request to the board.

~~(7)~~ (9) ~~To investigate~~ Investigate alleged violations of this chapter, any rule of the board, or any other law

pertaining to the practice of pharmacy that may come to the knowledge of the board and:

a. ~~institute~~ Institute or cause to be instituted ~~before the board or~~ appropriate proceedings in a ~~proper~~ court ~~appropriate proceedings in connection therewith~~of competent jurisdiction; or

b. Conduct hearings to revoke, suspend, or place on probate any license, permit, certificate, or registration granted by the board under this chapter, or impose monetary penalties as further provided in Section 34-23-33, provided any person subjected to a monetary penalty or other disciplinary action may take an appeal in accordance with Section 34-23-94.

~~(8)~~ (10) ~~To issue~~ Issue subpoenas and compel the attendance of witnesses and the production of all necessary papers, books and records, documentary evidence and materials, or other evidence in matters pending before the board relating to the revocation, suspension, or probation of any license. Those persons issued subpoenas and compelled to attend hearings or meetings in matters pending before the board shall be entitled to witness fees from board funds. Claims for witness fees shall be made on accepted State of Alabama voucher forms as appropriate. Travel and mileage expenses shall be reimbursed to witnesses in the amounts officially authorized to the board and its personnel at the time the service to the board is performed.

~~(9)~~ (11) ~~To administer~~ Administer oaths in connection with the duties of the board.

~~(10)~~(12) ~~To make~~ Not later than November 1, submit a written report annually of its receipts and disbursements during the previous fiscal year to the Governor and to the ~~State Pharmaceutical~~ Alabama Pharmacy Association. Included in this report shall be the names of all registrants licensed to practice under this chapter and a record of all permits issued during the period covered by the report.

~~(11)~~(13) ~~To enforce~~ Enforce the state barbiturate act, the state amphetamine act, the state narcotic law, and all other laws of the state which pertain to the practice of pharmacy, the examination of applicants, the licensing of pharmacists, the manufacture, packaging, repackaging, production, sale, or distribution of drugs, chemicals, and poisons, and all laws pertaining to standards for their strength and purity. The board may work in conjunction with other law enforcement agencies to enforce any law pertaining to the practice of pharmacy. Nothing in this ~~section~~ subdivision shall be construed to deprive the ~~State Board of Health~~ Alabama Department of Public Health of any powers or duties otherwise prescribed by law including the enforcement of the narcotic law.

~~(12) To investigate alleged violations of this chapter or any rule or regulation published by the board and conduct hearings to revoke, suspend, or probate any license or permit granted by the board under this chapter and to invoke penalties not to exceed the sum of one thousand dollars ($1,000) for each violation and to institute any legal proceedings necessary to effect compliance with this chapter;~~

~~provided, that any person, firm, or corporation subjected to such penalty or legal proceedings may take an appeal in accordance with Section 34-23-94.~~

(14) Cooperate and assist with prosecuting officers in any proceeding involving an alleged criminal offense and furnish prosecuting officers with any evidence the board, its officers, or employees determine will assist in the prosecution of a criminal offense.

~~(13)~~(15) On application of any person and payment of the actual cost ~~thereof~~of providing a certified copy, ~~the secretary of the board shall~~ furnish, under its seal and signed by the secretary, a certified copy of the license or permit of the ~~requestor~~requester~~, or a certified copy of a regulation or rule of the board~~. In any court or proceeding, ~~such~~ the copy shall be prima facie evidence of the fact of the issuance of ~~such~~ the permit or license ~~and the adoption of such rule or regulation~~.

~~(14)~~(16) ~~To acquire~~ Acquire by gift, grant, purchase, condemnation, or otherwise, and to convey or hold title to, real property, together with all rights incidental thereto."

"§34-23-93

(a)(1) ~~The board and its members and officers shall assist prosecuting officers in the enforcement of this chapter, and it shall be the duty of the board, its members and officers to furnish the proper prosecuting officers with such evidence as it or they may ascertain to assist them in the prosecution of any violation of this chapter, and the board is authorized for such purposes to make such reasonable~~

~~expenditures from the funds of the board as it may deem necessary to ascertain and furnish such evidence.~~ The Attorney General of the state shall be the attorney for the board, but the board may ~~in its discretion~~ employ other counsel. ~~It shall be the duty of the district attorney of the judicial circuit wherein any offense is committed to prosecute violations of this chapter.~~

(2)a. Not later than November 1, 2025, the board shall divide the office of general counsel into two distinct divisions. One division shall be responsible for all disciplinary functions, and the other division shall be responsible for administrative nondisciplinary functions, including providing advice to and answering questions from holders of licenses, permits, certificates, or registrations or prospective holders of licenses, permits, certificates or registrations regarding statutory and regulatory compliance.

b. The board, by rule, shall establish internal procedures that ensure that any inquiries made by the holder of a license, permit, certificate, or registration or other person seeking advice or guidance regarding compliance with a statute or rule is addressed by the administrative division and is not disclosed to the disciplinary division unless an attorney reasonably believes a criminal violation may have occurred.

(b) The board may request assistance from the Attorney General or other legal counsel employed by the board, as appropriate. The Attorney General or other legal counsel shall assist the board, upon request, in any action for injunction

brought by the board."

"§34-23-131

(a) A pharmacy technician shall not perform pharmacy functions or be present in the prescription department of a pharmacy unless he or she is under the direct supervision of a licensed pharmacist. A pharmacy technician shall not perform pharmacy functions or be present in the prescription department of a pharmacy unless he or she is registered by the board.

(b) When supervision is required, a licensed pharmacist shall be jointly responsible and liable for the actions of a pharmacy technician.

(c)(1) A pharmacy technician shall register and pay a registration fee ~~as determined~~ in a specified amount set by the board, by rule, before performing any pharmacy functions. The fee shall be not less than twenty dollars ($20) nor more than sixty dollars ($60). The board shall adopt rules relating to the registration of all pharmacy technicians. The registration of a pharmacy technician shall be renewable biennially in odd-numbered years upon payment of the required renewal fee.

(2) The registration of each pharmacy technician shall expire on December 31 of odd-numbered years~~. In order to continue to be licensed, each~~ unless a registered pharmacy technician ~~shall pay~~ pays a biennial renewal fee ~~of not~~ in a specified amount set by the board by rule. The fee shall be not less than twenty dollars ($20)~~, as determined by rule of the board, the fee being~~ nor more than sixty dollars ($60).

The renewal fee shall be due on ~~October~~ December 31 ~~and delinquent after December 31~~ of odd-numbered years. ~~The payment of the renewal fee shall entitle the pharmacy technician to renewal of his or her registration at the discretion of the board.~~ If any pharmacy technician fails to pay the renewal fee ~~as required by this subsection, he or she may be reinstated as a pharmacy technician only upon payment of a penalty~~ by December 31, the board may impose a late fee~~of not less than ten dollars ($10) nor more than twenty dollars ($20)~~, as determined by rule of the board, for each lapsed ~~year and all lapsed fees for each lapsed year up to a maximum of five years of total penalties and lapsed fees~~month.

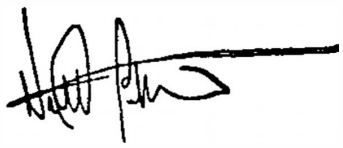
(d) In addition to any other registration requirements, a pharmacy technician shall complete three hours of continuing education annually, or six hours biennially, of which one hour per year shall be live presentation. The board may grant an extension to a pharmacy technician who fails to complete the required continuing education hours in the allotted time. A pharmacy technician who fails to complete the annual continuing education requirements in a timely manner shall be subject to disciplinary action by the board."

Section 4. Not later than February 1, 2026, the board shall submit a report to the respective chairs and vice chairs of the House Health and Senate Healthcare standing committees and all members of the Sunset Committee and Legislative Council. The report shall review all rules of the board and identify those rules that conflict with Chapter 23 of Title 34, Code of Alabama 1975, with a plan for how to bring all

rules into compliance with Chapter 23 no later than October 1, 2026.

Section 5. The Legislature concurs in the recommendations of the Sunset Committee as provided in Sections 1 through 4.

Section 6. This act shall become effective immediately.



Speaker of the House of Representatives

President and Presiding Officer of the Senate

House of Representatives

I hereby certify that the within Act originated in and was passed by the House 20-Feb-25, as amended.

John Treadwell
Clerk

Senate	01-Apr-25	Amended and Passed
House	29-Apr-25	Passed, as amended by Conference Committee Report
Senate	01-May-25	Passed, as amended by Conference Committee Report

APPROVED 5-14-2025

TIME 11:20 am

GOVERNOR

Alabama Secretary Of State

Act Num....: 2025-372
Bill Num...: H-123

Recv'd 05/14/25 12:55pmKCW

ENGROSSED
House Bill No. 123

AH C&MG

SPONSOR

Underwood

CO-SPONSORS

Wilcox

HOUSE ACTION

I HEREBY CERTIFY THAT THE RESOLUTION AS REQUIRED IN SECTION C OF ACT NO. 81-889 WAS ADOPTED AND IS ATTACHED TO THE BILL, H.B. 123

YEAS 101 NAYS _____

JOHN TREADWELL, Clerk

I HEREBY CERTIFY THAT THE NOTICE & PROOF IS ATTACHED TO THE BILL, H.B. _____ AS REQUIRED IN THE GENERAL ACTS OF ALABAMA, 1975 ACT NO. 919.

JOHN TREADWELL, Clerk

CONFERENCE COMMITTEE

House Conferees K. Underwood
K. Lawrence
M. Wilcox

SENATE ACTION

DATE: 3-25 20 25
RD 1 RFD C&MG

This Bill was referred to the Standing Committee of the Senate on C&MG
and was acted upon by such Committee in session and is by order of the Committee returned therefrom with a favorable report w/amend(s) 1 w/sub 0 by a vote of yeas 9 nays 0 abstain 0 this 4th day of March 20 25
Chair

DATE: 3-4 20 25
RF FAV AS AM (1) RD 2 CAL

DATE: 20___
RE-REFERRED ☐ RE-COMMITTED ☐
Committee_____

I hereby certify that the Resolution as required in Section C of Act No. 81-889 was adopted and is attached to the Bill, HB 123

YEAS 31 NAYS 0

PATRICK HARRIS,
Secretary

FURTHER SENATE ACTION (OVER)

Appendix III: Board Members

ALABAMA STATE BOARD OF PHARMACY
111 Village Street
Birmingham, AL 35242

May 27, 2025

Mr. Rodney A. Wagstaff
Account Examiner, Operational Division
Examiners of Public Accounts
RSA Alabama Center for Commerce
401 Adams Avenue
Montgomery, Alabama 36104-4325

Mr. Wagstaff,

Please find below the 2025 Board Members and Official for the Alabama Board of Pharmacy.

BOARD MEMBER	TERM EXPIRES
GARY MOUNT, PharmD – **President |** gmount@albop.com Auburn, Alabama 36830 Elected effective January 1, 2021	December 31, 2025
THOMAS COBB, PharmD – **Vice President |** tcobb@albop.com Dadeville, Alabama 36853 Appointed effective January 1, 2022	December 31, 2026
STACY GILES, R.Ph. – **Treasurer |** sgiles@albop.com Auburn, Alabama 36830 Appointed effective January 1, 2023	December 31, 2027
JOHN BROOKLERE, R.Ph. – **Member** | jbrooklere@albop.com Mt. Olive, Alabama 35117 Elected effective January 1, 2024	December 31, 2028
BRANDON HICKS, PharmD – Member | bhicks@albop.com Auburn, AL 36832 Appointed effective January 1, 2025	December 31, 2029

OFFICIAL

CASEY SHAW – Interim Executive Secretary \| cshaw@albop.com
111 Village Street
Birmingham, Alabama 35242

Respectfully Submitted,

Casey Shaw, Interim Executive Secretary

Appendix IV: Board's Response

ALABAMA
BOARD OF PHARMACY

Location:
111 Village Street
Birmingham, AL 35242

(205) 981-2280
www.albop.com

Ms. Dixie Thomas
Department of Examiners of Public Accounts
401 Adams Avenue, Suite 280
Montgomery, Alabama 36104-4325

Dear Ms. Thomas,

Please find enclosed the Alabama Board of Pharmacy's report detailing the corrective actions taken in response to the findings and issues outlined in the Examiners of Public Accounts Sunset Report.

The Board acknowledges the Examiners' findings and remains committed to fully addressing each concern. To that end, we have worked closely with Board Counsel, the Office of the Attorney General, and your office to ensure corrective measures are implemented and that prior actions are appropriately revised.

Each of the significant findings identified in the Sunset Report is addressed in the enclosed materials, along with the Board's corrective actions. Through these initiatives, the Board's ongoing priority remains the protection of the public and the preservation of public confidence in the integrity of our operations.

Should you have any questions or require additional information after reviewing the enclosed report, please do not hesitate to contact me.

Sincerely,

Casey Shaw

Casey T. Shaw
Interim Executive Secretary

ALABAMA BOARD OF PHARMACY
2025 SIGNIFICANT ISSUES RESPONSE

Significant Issue 2025-001: **A review of the Board's minutes revealed the settlement agreement with the Board's former Secretary was noted and addressed as a case instead of being documented as a settlement agreement.** The Board's minutes reflect action was taken on Case Number 25-D-0122. A review of the Board's records disclosed that Case Number 25-D-0122 was assigned to the settlement agreement between the Board and the former Secretary, not to a complaint or other similar item, as is usual practice.

Board Action: The Board's practice is to assign case numbers to pending litigation and settlement matters discussed in executive session because actions are recorded by case number only. Accordingly, the settlement agreement with the former Secretary was designated as Case Number 25-D-0122. While not tied to a traditional complaint, this designation followed established procedure for documenting legal actions in the Board's minutes.

Significant Issue 2025-002: The minutes of a Board meeting did not reflect certain representations made by the Board. A letter, dated January 31, 2025, was sent to the Governor seeking the appointment of an Acting Secretary. This letter stated, "At its January 22, 2025 meeting, the Board requested the resignation of its previous Secretary… and this request was accepted effective January 31, 2025." A review of the minutes of the Board's January 22, 2025 meeting did not reflect a resignation request being made to the Secretary.

Board Action: The Board acknowledges that its meeting minutes did not specifically reflect the resignation of the former Secretary. In executive session on January 22, 2025, the Board only authorized an agreement pending all relevant government approvals pursuant to the terms and parameters it established. The resignation was requested as part of a settlement in designated case number 25-D-0122 to avoid potential litigation. The resignation was negotiated within the context of settlement discussions, and the agreement to resign was not reached until January 29, 2025.

Significant Issue 2025-003: The Board did not comply with the Open Meetings Act, specifically *Code of Alabama 1975*, Section 36-25A-7(a) when entering an executive session. The ***Code of Alabama 1975***, Section 36-25A-7(a) states, in part, "Executive sessions…may be held by a governmental body only for the following purposes: (1) To discuss the general reputation and character, physical condition, professional competence, or mental health of individuals, or, subject to the limitations set out herein, to discuss the job performance of certain public employees. However, except as provided elsewhere in this section, discussions of the job performance of…specific public employees may not be discussed in executive session if the person is… a public employee who is one of the classification of public employees required to file a statement of economic interests with the Alabama Ethics Commission pursuant to Section 36-25-14."

A review of the minutes from the Board's January 22, 2025 meeting indicated that the Board entered an executive session. The Board's legal counsel certified the reasons for the executive session were for the Board "to discuss pending litigation, the reputation, and job duties of those individuals regulated and employed by the Board." Upon reconvening the public portion of the meeting, the Board unanimously passed a motion "to take the recommended action to authorize a settlement agreement pending release of all relevant government approvals and pursuant to the terms and parameters approved by the Board in Case Number 25-D-0122."

The Board's stated reasoning for entering an executive session, along with the actions taken following the executive session regarding Case Number 25-D-0122, which was assigned to the former Secretary's settlement agreement, indicates that the Board violated ***Code of Alabama 1975***, Section 36-25A-7(a). The former Secretary's position as a public employee who is required to file a statement of economic interests with the Alabama Ethics Commission, pursuant to the ***Code of Alabama 1975***, Section 36-25-14, would prohibit the Board discussing the Secretary's job performance in an executive session.

Board Action: The discussion involving pending and potential litigation surrounding the former Secretary was appropriately handled during the executive session in accordance with Ala. Code § 36-25A-7(a)(3). Board counsel was present, and the Board consulted with the Attorney General's Office regarding the legal ramifications of and legal options regarding pending or potential litigation.

Significant Issue 2025-004: The Board did not comply with the *Code of Alabama 1975*, Section 34-23-90(f)(4) relating to the appointment of a secretary. The ***Code of Alabama 1975***, Section 34-23-90(f)(4) states, "The board shall also elect a secretary who shall serve as a member of the board, and the board shall have the authority to fix the amount of the secretary's remuneration."

On January 31, 2025, the Board submitted a letter to the Governor requesting that the Director of Regulatory Affairs be appointed to serve as Acting Secretary of the Board. The explanation provided in the letter stated that the Board did not elect an Acting Secretary because the outgoing Secretary's resignation was not yet effective, and the Board found itself in an emergency situation due to the unique constraints of its statutes related to the noticing of meetings.

The letter stated that at its January 22, 2025 meeting, the Board requested the resignation of its previous Secretary, and this request was accepted, effective January 31, 2025. The letter further stated that the Board discussed and was generally in agreement to appoint the Director of Regulatory Affairs to serve as Acting Secretary. However, the Board did not vote for or otherwise formally elect the Director of Regulatory Affairs to serve as Acting Secretary.

As noted in *Significant Issue 2025-002*, the minutes of the Board's January 22, 2025 meeting do not reflect the Board's representations that a request for the resignation of the former Secretary was made. Further, the minutes of the January 22, 2025 meeting do not reflect any discussion or general agreement to appoint the Director of Regulatory Affairs as the Board's Acting Secretary. Thus, the appointment was not made in accordance with the ***Code of Alabama 1975***, Section 34- 23-90(f)(4).

Board Action: The Board acknowledges that its meeting minutes did not specifically reflect the resignation of the former Secretary. In executive session on January 22, 2025, the Board only authorized an agreement pending all relevant government approvals pursuant to the terms and parameters it established. The resignation was requested as part of a settlement in designated case number 25-D-0122 to avoid potential litigation, and the agreement to resign was not finalized until January 29, 2025. Because the effective resignation date of January 31, 2025, occurred after the Board's scheduled business meeting, the Board faced an emergency under its statutory 30-day notice requirement that left it temporarily without a duly elected/appointed Secretary. To maintain continuity of Board operations and avoid disruption of statutory duties, the Board submitted a request to the Governor to appoint the Director of Regulatory Affairs to serve as Acting Secretary. This action was taken under exigent circumstances. While the minutes do not reflect a formal vote, the Board acted in good faith to preserve its ability to carry out its regulatory responsibilities without interruption.

SIGNIFICANT ISSUES FROM QUESTIONNAIRES

Significant Issue 2025-005: **Two out of five (40%) chain pharmacies, eleven out of thirty (37%) community pharmacies, and 11 out of twenty-four (42%) oxygen retailers responding to the survey indicated reimbursements is the most significant issue facing their profession in Alabama.**

Board Action: The Board acknowledges licensees' concerns with reimbursement rates; however, these rates are set by payors and PBMs, not regulated by the Board. To support licensees, the Board met with the Alabama Department of Insurance (DOI)'s new Office of PBM Compliance, agreed to provide a monthly list of active community pharmacies, and pledged continued collaboration with DOI and state policymakers to share data and advocate where permissible.

Significant Issue 2025-006: **Seven out of eighteen (39%) pharmacists and two out of five (40%) chain pharmacies that responded to the survey indicated that the Board does not respond to inquiries in a timely manner.**

Board Action: The Board recognizes the need to enhance responsiveness and customer service. Ongoing efforts include expanded staff training and designated points of contact for licensing, enforcement, and compliance. The Board will also implement a central inquiry tracking system to ensure accountability and timely follow-up.

Significant Issue 2025-007: **Three out of five (60%) chain pharmacies that responded to the survey indicated that they do not think regulation of their profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare.**

Board Action: The Board strongly affirms that regulation is essential to protecting public health, safety, and welfare of the citizens of the State of Alabama as required by Alabama law. To address concerns about regulatory burden, the Board will continue stakeholder roundtables with chain pharmacy leadership to discuss expectations, identify challenges, and pursue collaborative improvements.

Significant Issue 2025-008: **Three out of fifteen (20%) non-resident pharmacies, five out of eleven (45%) distributor, manufacturer, repackager, wholesaler, and third party logistics, five out of twenty-six (20%) oxygen retailers and two out of ten (20%) manufacturer or wholesaler oxygen services that responded to the survey indicated that the increasing regulatory burdens being imposed are the most significant issues facing their profession in Alabama.**

Board Action: The Board recognizes the importance of balancing its statutory duty to protect public health, safety, and welfare with the need to minimize unnecessary regulatory burden. To this end, corrective measures include streamlining processes through the implementation of a fully online license renewal system and simplifying reporting forms, conducting annual regulatory reviews with legal counsel and Board staff to identify and update outdated requirements, and expanding communication initiatives to ensure licensees clearly understand the purpose of regulations and their direct connection to patient safety.

STATUS OF PRIOR FINDINGS/SIGNIFICANT ISSUES

Prior Significant Issue 2019-005: The Board did not pay an employee the correct amount for annual/sick hours upon separating from the agency. The employee was paid for one-half of the annual leave hours and all the sick leave hours resulting in an overpayment of $12,582.59. This amount is reflected as a charge against a former employee.

According to the Board of Pharmacy's Personnel Handbook Policy #10, "Upon termination of employment, payment shall be made to the employee for ***all existing annual leave hours up to a maximum of 480 hours*** and for ***one-half of the existing sick leave hours up to the maximum to be paid of 600 hours."***

Current Status: **Unresolved.** The Board did not pay an employee retiring from the Board in accordance with the Board of Pharmacy's Employee Handbook 2025 Policy #10. The Employee Handbook states employees are entitled to one-half of their existing sick leave hours up to the maximum of 600 hours upon termination of employment. The former Secretary overrode the Board's policy and dictated a payment of 600 hours of sick leave, when one-half of the employee's accrued sick leave hours totaled 341.75 hours. This means the employee was overpaid 258.25 sick leave hours totaling $12,473.35. Additionally, at separation, the employee was underpaid 12 annual leave hours by totaling $579.69. These two errors resulted in a net overpayment to the employee of $11,893.66. Upon notification of this error, the Board notified the employee of the overpayment and the amount was repaid to the Board prior to the conclusion of the Sunset review.

Board Action: The Board acknowledges this repeated finding reflects insufficient HR oversight of employee separation payouts. To correct this, the Interim Executive Secretary has proposed, currently under Board evaluation, establishing a dedicated HR Manager to oversee all HR functions, including separation calculations and policy compliance. Standardized procedures with dual verification and annual policy reviews will further ensure accuracy and consistency. These measures will resolve the underlying cause and prevent recurrence in future audits.

STATUS OF PRIOR SIGNIFICANT ISSUES FROM QUESTIONNAIRES

Prior Significant Issue 2024-015: **Eighteen of the thirty-two (56%) pharmacists, eight of the thirty-one (26%) community pharmacies, and seven of the twenty-eight (25%) non-resident pharmacies responding to our survey have a negative perception of the Alabama State Board of Pharmacy.**

Current Status: **Ten out of eighteen (56%) pharmacists and one out of five (20%) pharmacy technicians responding to our survey continued to have a negative perception of the Board.** Respondents indicated the over regulation and mistrust of the Board as the most significant issue facing their profession in Alabama. Some cited the need for more transparency with the Board and expressed grievances regarding how the Board handled the departure and payout of the previous Executive Secretary.

Board Action: Moving forward, the Board will engage external facilitation for at least one annual listening session to provide licensees an open forum for feedback. In addition, the Board will continue working with members and staff to ensure accurate and timely communication regarding leadership transitions and Board actions.

Prior Significant Issue 2024-016: **Six of the seven (86%) pharmacy technicians, sixteen of the thirty-four (47%) institutional pharmacies, two of the six (33%) interns-externs, and seven of the thirty-two (22%) pharmacists responding to our survey consider workload, staffing, and pay as the most significant issue facing their profession.** Some of the issues cited include a decreased interest in becoming a pharmacist, corporate greed causing short staffing with increasing workload, high debt to income ratio with school costs and salary decreases, and insufficient influx of high-caliber individuals joining the field.

Current Status: **Six of the twenty-four (25%) institutional pharmacies responding to our survey consider work overload, staffing, and pay as the most significant issues facing their profession.**

Board Action: The Board acknowledges that workload, staffing, and compensation remain concerns within the pharmacy profession. While these challenges largely arise from market and industry dynamics outside the Board's regulatory authority, we continue to monitor workforce trends, share survey data with stakeholders, and collaborate with the schools of pharmacy, professional associations, and policymakers to support recruitment, retention, and patient safety.

Prior Significant Issue 2024-017: **Thirteen of the thirty-two (41%) pharmacists, four of the eight (50%) chain pharmacies, nine of the thirty-one (29%) community pharmacies, and six of the twenty-eight (21%) non-resident pharmacies responding to our survey consider pharmacy benefit managers (PBMs) as the most significant issue facing their profession.** Some of the issues cited include PBM overreach, PBMs employing anti-competitive practices by exercising a de facto monopoly over the prescription drug business, and PBMs not reimbursing pharmacies for full cost of pharmaceuticals, resulting in numerous high-cost drugs being dispensed at a loss at the pharmacy and the pharmacies losing money.

Current Status: **Seven of the eighteen (39%) pharmacists, one of the four (25%) intern/extern, four out of five (80%) chain pharmacies, fourteen out of thirty (47%) community pharmacies, six out of 24 (25%) institutional pharmacies, and three out of fifteen (20%) non-resident pharmacies consider pharmacy benefit managers (PBMs) as the most significant issue facing their profession.** Some of the issues cited include PBM abuse, PBMs monopoly over the prescription drug business, and PBMs not reimbursing pharmacies for full cost of pharmaceuticals, resulting in numerous high-cost drugs being dispensed at a loss to the pharmacy and the pharmacies losing money.

Board Action: Moving forward, the Board will continue collaborating with the Department of Insurance and policymakers to ensure data on PBM practices is shared with the appropriate state entities. The Board will also strengthen outreach to clarify its regulatory authority and limitations regarding PBMs, thereby setting accurate expectations.

Prior Significant Issue 2024-018: **Twenty-two of the thirty-two (69%) pharmacists, four of the six (67%) pharmacy service providers, and four of the eight (50%) chain pharmacies responding to our survey indicated they think the Board's laws, rules, or policies are an unnecessary restriction on the practice of their profession.**

Current Status: **Ten of the eighteen (56%) pharmacists, three out of five (60%) chain pharmacies, fifteen out of thirty (50%) community pharmacies, and two of three 503-B facilities (67%) responding to our survey indicated they think the Board's laws, rules, or policies are an unnecessary restriction on the practice of their profession.**

Board Action: Moving forward, the Board will conduct an annual review of the Board rules with legal counsel, licensees, and staff to identify outdated or duplicative requirements. In addition, the Board will monitor regulatory developments in other states to align Alabama's standards with the best national practices while maintaining the highest level of patient safety.

Prior Significant Issue 2024-020: **Five of the nine (56%) complainants responding to our survey indicated they were not satisfied with the Board's handling of their complaints.** Some of the comments include the Board did not resolve their complaint and the Board did not inform the complainant of the resolution of their complaint. Testing of complaint files did not reveal any issues with the Board notifying the complainants of the resolution of their complaints.

Current Status: **Eight of the twenty-three (35%) complainants responding to our survey indicated they were not satisfied with the Board's handling of their complaints. Additionally, fourteen out of twenty-three (63%) complainants indicated that they did not feel that the Board did everything it could to resolve their complaint.** Some of the comments included that the Board did not do anything to resolve their complaint, the Board did not inform the complainant of the resolution of their complaint, and that respondents were not pleased with the Board's results. Testing of complaint files did not reveal any issues with the Board notifying the complainants of the resolution of their complaints.

Board Action: Review results indicate a portion of complainants remain dissatisfied with how their cases were resolved, despite testing confirming that proper resolution notifications were consistently issued. Moving forward, the Board is committed to conducting an annual audit of the complaint process to ensure compliance and improve overall satisfaction.