

Sunset Report

Alabama Board of Pharmacy

Birmingham, Alabama

October 1, 2024 through September 30, 2025

ALABAMA DEPARTMENT OF
EXAMINERS of Public Accounts

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October 28, 2026

Representative Margie Wilcox
Chairman, Sunset Committee
Alabama State House
Montgomery, Alabama 36130

Dear Representative Wilcox:

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 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 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

Examiner
Rodney Wagstaff

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PROFILE

Purpose/Authority

The Alabama Legislature established the Alabama Board of Pharmacy (the "Board") in February 1887 to regulate the practice of pharmacy and the sale of poisons 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 Alabama 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***, Sections 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***, Sections 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 Acts passed since the last sunset review have been codified in the current statutory authority.

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.

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 2026-158, Acts of Alabama, relating to the Alabama Sunset Law; to continue the existence and functioning of the Alabama Board of Pharmacy until October 1, 2027, with certain modifications; to amend Section 34-23-90, ***Code of Alabama 1975***, as last amended by Act Number 2025-372 of the 2025 Regular Session, to revise the appointing authority for a certain board member. This Act became effective June 1, 2026.

Characteristics	
Members and Selection	The Board consists of nine members. • 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. • 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. • 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. • 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. • 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. • 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.

Members and Selection (continued)	• One at-large pharmacist licensed by the Board appointed by the Speaker of the House of Representatives from a list of four names submitted from the two state pharmacy schools. • 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. • One at-large consumer who is appointed by the Governor. ***Code of Alabama 1975***, Section 34-23-90 Act Number 2026-158, Acts of Alabama
Term	Board members serve five-year staggered terms. No member shall serve two full terms consecutively. ***Code of Alabama 1975***, Section 34-23-90
Qualifications	• All Board members must be residents of this state. • 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. ***Code of Alabama 1975***, Section 34-23-90(b)
Consumer Representation	One at-large consumer who is appointed by the Governor. One at-large member currently serving. ***Code of Alabama 1975***, Section 34-23-90(b)(1)(i)
Racial Representation	No specific statutory requirement. Two minority members currently serve on the Board.
Geographical Representation	No specific statutory requirement.
Other Representation	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. ***Code of Alabama 1975***, Section 34-23-90(b)(4)

Compensation	While serving on business of the Board, members are entitled to a per diem of $500 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 paid to state employees while engaged in official business of the Board. ***Code of Alabama 1975***, Section 34-23-91(b)
Attended Board Member Training	Nine Board members Executive Secretary Three staff members
<u>Operations</u>	
Administrator	Jon Linna, RPh, serves as Executive Secretary of the Board. He was appointed by the Board with an annual salary of $250,000.00. ***Code of Alabama 1975***, Section 34-23-90(e)(4)a.
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(16)
Employees	Twenty-four employees. ***Code of Alabama 1975***, Section 34-23-92(6)
Legal Counsel	Aaron L. Dettling of Fortif Law Partners, LLC, serves as General Counsel of the Board's Disciplinary Division. He is contracted by the Board to handle investigations, enforcement, and resolution of disciplinary matters on behalf of the Board. Jeffrey S. Daniel serves as General Counsel of the Board's Licensing Division. He is employed by the Board to handle administrative non-disciplinary functions of the Board, including providing advice to and answering questions from prospective or current holders of licenses, permits, certificates, or registrations regarding statutory and regulatory compliance. 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(6)

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(10)
Internet Presence	www.albop.com The Board's website provides current statutes and rules, licensure forms, the fee schedule, and a licensee search tool. It also includes public records request instructions, wellness program information, complaint filing procedures, minutes from Board hearings and business meetings, and monthly financial reports. Additional resources include contact information, frequently asked questions, and compliance guidance.
Financial	
Source of Funds	The Board's funds are derived from license and permit fees, reciprocal and exam fees, lates 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 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	The Board retains unused funds at year-end.

Licensure

Licensees

As of April 8, 2026, the Board had the following number of licensees:

License Type	
Pharmacist	11,620
Pharmacy Technician	17,878
Intern/Extern	1,359
Designated Representative	3,106
Pharmacist Enrollment Certificate	7
Chain Pharmacy	547
Community Pharmacy	729
Institutional Pharmacy	159
Non-Resident Pharmacy	782
Pharmacy Services	42
Retail Medical Oxygen	213
503-B Outsourcing Facility	33
Drug Manufacturer	434
Drug Manufacturer – Distribution Only	78
Manufacturer – Oxygen	77
Precursor	106
Private Label Distributor	65
Private Label Distributor – Virtual	501
Repackager	91
Third Party Logistics	236
Wholesale Drug Distributor	563
Wholesale Drug Distributor – Reverse Distributor	29
Wholesale Drug Distributor – Virtual	57
Wholesaler – Oxygen	71
Total	**38,783**

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 ***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>** • 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)

Licensure Qualifications (continued)	**<u>Designated Representative</u>** • Be at least 21 years of age. • Be a citizen of the United States or legally present. • 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. • 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) **<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. • Enroll 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. • Be of good moral character. • A citizen of the United States or legally present. • Complete a background check as part of the initial application. ***Code of Alabama 1975***, Section 34-23-50(b)(2), (3), & (5) **<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. • Complete 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

Licensure Qualifications (continued)	**<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) **<u>Pharmacy Technician</u>** • Be at least the age of 17. • Complete a Board-approved training program within the first six months after their registration and submit evidence of completion to the Board within 30 days of completion. • Possess good moral character. • 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
Examinations	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. The Alabama-specific (state law) questions are submitted by the Board's staff, specifically the pharmacists and legal counsel, and NABP incorporates the submitted questions into the Alabama version of the MPJE. Computerized exams are administered six days a week at Pearson Vue testing centers in Birmingham (two locations), Dothan, and Montgomery.

Examinations (continued)

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.

First Attempt		
Auburn University		
Academic Year	**2024-2025**	**2025-2026**
All Candidates	123	129
Pass Percentage	81%	83%

Samford University		
Academic Year	**2024-2025**	**2025-2026**
All Candidates	100	71
Pass Percentage	70%	78%

All Attempts		
Auburn University		
Academic Year	**2024-2025**	**2025-2026**
All Candidates	156	153
Pass Percentage	75%	79%

Samford University		
Academic Year	**2024-2025**	**2025-2026**
All Candidates	137	84
Pass Percentage	71%	71%

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.

First Attempt		
Auburn University		
Academic Year	**2024-2025**	**2025-2026**
All Candidates	158	140
Pass Percentage	83%	77%
In-State Candidates	90	88
Pass Percentage	84%	80%
Out-of-State Candidates	68	52
Pass Percentage	81%	73%

Examinations (continued)

Samford University		
Academic Year	**2024-2025**	**2025-2026**
All Candidates	121	73
Pass Percentage	90%	84%
In-State Candidates	83	49
Pass Percentage	95%	86%
Out-of-State Candidates	38	24
Pass Percentage	79%	79%

All Attempts		
Auburn University		
Academic Year	**2024-2025**	**2025-2026**
All Candidates	187	170
Pass Percentage	80%	74%
In-State Candidates	104	104
Pass Percentage	82%	77%
Out-of-State Candidates	83	66
Pass Percentage	78%	68%

Samford University		
Academic Year	**2024-2025**	**2025-2026**
All Candidates	134	83
Pass Percentage	90%	84%
In-State Candidates	86	56
Pass Percentage	95%	86%
Out-of-State Candidates	48	27
Pass Percentage	79%	82%

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	**Pharmacy/Entity Performing Pharmacy Services** 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. ***Code of Alabama 1975***, Section 34-23-30(b)(4) **Manufacturer, Bottler, Packager, Repackager, Third Party Logistic Provider, Wholesale Drug Distributor, Private Label Distributor, Outsourcing Facility, Pharmacy Business Identified in Supply Chain** 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)

Renewals (continued)	**<u>Designated Representative</u>** 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. 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 $50.00 for each month the renewal is late, as set by rule of the Board. ***Code of Alabama 1975***, Section 34-23-32(e)(2) **<u>Pharmacy Intern/Extern</u>** 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) **<u>Pharmacist</u>** All 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. Holders of life certificates to practice pharmacy previously issued shall not be required to pay a renewal fee. ***Code of Alabama 1975***, Section 34-23-52 **<u>Collaborative Practice Agreement (Pharmacist)</u>** Collaborative practice agreements must be renewed by December 31 biennially. Collaborative practice agreements are jointly approved and renewed in coordination with the Board of Medical Examiners and can only be handled manually between the two licensure systems. ***Code of Alabama 1975***, Section 34-23-77(d) ***Administrative Rule*** 680-X-2-.44(4)(a)(5)

Renewals (continued)

Pharmacy Technician

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.

Code of Alabama 1975, Section 34-23-131(c)(2)

100% of license/permit/registration renewals with the exception of collaborative practice agreements 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 May 7, 2026.

Gender	# Responses	% All Responses
Female	18,191	74.92%
Male	6,055	24.94%
Prefer Not to Answer	33	0.136%
Unknown*	1	0.004%

Ethnicity	# Responses	% All Responses
Asian	1,028	4.23%
Black/African American	5,073	20.89%
Caucasian	16,758	69.02%
Hispanic	645	2.66%
Native American	111	0.46%
Other	408	1.68%
Pacific Islander	30	0.12%
Unknown*	227	0.93%

*Applicant did not respond

Source: Board Staff

Continuing Education	Pharmacists shall complete 30 hours of continuing education biennially, at least 6 hours of which shall be live presentation. If a pharmacist has only been licensed for one full calendar year, they shall complete 15 hours of continuing education for the first renewal of their license of which three hours shall be live presentation. ***Code of Alabama 1975***, 34-23-52(b) ***Administrative Rule*** 680-X-2-.36 Pharmacy Technicians shall complete 6 hours of continuing education biennially of which 2 hours shall be live presentation. If a pharmacy technician has only been registered for one full calendar year, they shall complete 3 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

SIGNIFICANT ISSUES

Significant Issue 2026-001: The Board's administrative rule for the pharmacy technician late renewal fee was in conflict with the Board's statute authorizing the late fee from May 14, 2025 through April 13, 2026. The Board amended administrative rule establishing the pharmacy technician late renewal fee in accordance with the statute effective April 13, 2026.

The ***Code of Alabama 1975***, Section 34-23-131(c)(2) [effective May 14, 2025] states, in part, "If any pharmacy technician fails to pay the renewal fee by December 31, the board may impose a late fee, as determined by rule of the board, **for each lapsed month**."

Administrative Rule 680-X-2-.14(9) [effective until April 13, 2026] stated, in part, "If any pharmacy technician fails to pay a renewal fee on or before December 31 of any odd-numbered year, such registration shall become null and void, and the holder of such registration may be reinstated as a pharmacy technician only upon payment of a penalty of **twenty dollars ($20.00) for each lapsed year** and all lapsed fees for each lapsed year, up to a maximum of 5 years of total penalties and lapsed fees."

Administrative Rule 680-X-2-.14(9) [effective April 13, 2026] states, in part, "If any pharmacy technician fails to pay a renewal fee on or before December 31 of any odd-numbered year, such registration shall become null and void, and the holder of such registration may be reinstated as a pharmacy technician only upon payment of a penalty of **five dollars ($5.00) for each lapsed month**, and all lapsed fees for each lapsed month, up to a maximum of 2 years of total penalties and lapsed fees."

Significant Issue 2026-002: The Board did not accurately record certain revenue transactions during the review period. The Board incorrectly coded $27,750.00 collected for Pharmacist and Technician Non-Disciplinary Penalty Fees as Collaborative Practice Agreement Fees. Inaccurate recordings of revenue transactions may misrepresent the financial activity of the Board.

In the letter from the Governor allowing the Board to continue to use non-treasury bank accounts, one requirement states to list all revenues by category on the Board's website. Miscoding revenues in the financial statements on the Board's website does not meet this requirement.

Significant Issue 2026-003: The Board was charging a reinstatement fee for lapsed pharmacist license, pharmacist controlled substance license, and pharmacy technician license for which a specified amount is not set by an administrative rule as required by law.

The ***Code of Alabama 1975***, Section 34-23-92 states, in part, "The board shall do all of the following: (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.

Significant Issue 2026-004: The Board's initial rules intended to comply with the *Code of Alabama 1975,* Section 34-23-33(b)(2), did not meet the statutory requirements for monetary penalty schedules for civil penalties and administrative fines. Specifically, the initial approved rules established specified fine amounts for administrative fines rather than the dollar-amount ranges required by law. The Board subsequently recognized the issue, withdrew and redrafted the rule, and adopted a compliant monetary penalty schedule for administrative fines that became effective April 13, 2026.

The ***Code of Alabama 1975***, Section 34-23-33(b)(2) states, "**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 persons 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 board's website**."

The Board initially voted to repeal and replace ***Administrative Rule*** 680-X-2-.40 to address the administrative fine penalty schedule on August 20, 2025. The Board also approved for a corresponding emergency rule to take effect while the permanent rule went through the Administrative Procedures Act's (APA) rulemaking process. It is noted that the administrative fines established in the emergency rule and the proposed permanent rule were specified dollar amounts instead of the statutorily required dollar amount ranges.

On October 15, 2025, the Board voted to withdraw and redraft its amendment to ***Administrative Rule*** 680-X-2-.40 and suspend the collection of any further non-disciplinary penalties until the permanent rule took effect. The Board also approved a process to contact licensees who had already entered into agreements and offer the options of maintaining their current agreement or receiving a refund of their fine and waiting for the permanent rule to be in effect and then have a settlement.

The Board eventually adopted an amendment to ***Administrative Rule*** 680-X-2-.40 during the February 11, 2026 Board meeting and the rule became effective April 13, 2026. The rule currently in place sets out a monetary penalty schedule for administrative fines with dollar amount ranges based on the underlying violation.

For civil penalties, as of October 15, 2026, the Board has a final rule and schedule setting out civil penalties in dollar amount ranges based on underlying violations. While this schedule was not adopted until 287 days after the January 1, 2026 deadline for collection, a review of collected disciplinary fees did not indicate the Board collected the fees prior to adopting and certifying the civil penalty fine schedule.

The creation and repeal of rules within short timeframes can create significant confusion for both the public and licensees, underscoring the need for the Board to ensure that every rule filed through the APA process strictly complies with state statutory requirements.

STATUS OF PRIOR FINDINGS/SIGNIFICANT ISSUES

All prior findings/significant issues have been resolved.

MATTERS OF CONCERN FROM QUESTIONNAIRES

Matter of Concern 2026-001: Four of the thirteen (31%) pharmacy technicians, six of the fourteen (43%) chain pharmacies, seven of the twenty-seven (26%) community pharmacies, three of the nine (33%) precursors, three of the fourteen (21%) distributors, manufacturers, repackagers, wholesalers, and third party logistics, and fourteen of the twenty-eight (50%) oxygen retailers responding to the survey indicated they are not adequately informed by the Board of changes to and interpretations of its positions, policies, rules, and laws.

STATUS OF PRIOR MATTERS OF CONCERN FROM QUESTIONNAIRES

All prior matters of concern from questionnaires have been resolved, except for the following:

Prior Matter of Concern 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.

Current Status: Unresolved. Ten of the forty-three (23%) pharmacists, four of the fourteen (29%) chain pharmacies, seventeen of the twenty-seven (63%) community pharmacies, nine of the eighteen (50%) institutional pharmacies, and eight of the twenty-eight (29%) oxygen retailers responding to the survey indicated reimbursements as the most significant issue facing their profession in Alabama.

Prior Matter of Concern 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.

Current Status: Unresolved. Five of the nine (56%) precursors and six of the twenty-eight (21%) oxygen retailers that responded to the survey indicated the Board does not respond to inquiries in a timely manner.

Prior Matter of Concern 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.

Current Status: Unresolved. Three of the fourteen (21%) distributors, manufacturers, repackagers, wholesalers, and third party logistics and fifteen of the twenty-eight (54%) oxygen retailers that responded to the survey indicated they do not think regulation of their profession by the Alabama State Board of Pharmacy is necessary to protect the public's welfare.

Prior Matter of Concern 2025-008: 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.

Current Status: Unresolved. Fourteen of the twenty-eight (50%) oxygen retailers and four of the nine (44%) precursors that responded to the survey indicated the increasing regulatory burdens being imposed is the most significant issue facing their profession in Alabama.

Prior Matter of Concern 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. Eleven of the forty-three (35%) pharmacists that responded to the survey indicated they have a negative perception of the Alabama State Board of Pharmacy. Respondents indicated lack of support of actual pharmacy employees, a lack of transparency, violations of the Open Meetings Act, and passing unlawful emergency rules contribute to the continued mistrust of the Board.

Prior Matter of Concern 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. Seven of the thirteen (54%) pharmacy technicians, three of the eight (38%) interns-externs, and seven of the fourteen (50%) chain pharmacies that responded to the survey indicated workload, staffing, and pay is the most significant issue facing their profession in Alabama. Some of the issues cited include compensation not keeping up with demand and unrealistic workloads.

Prior Matter of Concern 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. Nine of the forty-three (21%) pharmacists, three of the fourteen (21%) chain pharmacies, and nine of the twenty-seven (33%) community pharmacies that responded to the survey indicated pharmacy benefit managers (PBMs) as the most significant issue facing their profession in Alabama.

Prior Matter of Concern 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. Fourteen of the forty-three (33%) pharmacists, two of the eight (25%) interns-externs, four of the fourteen (29%) chain pharmacies, eight of the twenty-seven (30%) community pharmacies, four of the eighteen (22%) institutional pharmacies, three of the eleven (27%) non-resident pharmacies, four of the nine (44%) precursors, and fourteen of the twenty-eight (50%) oxygen retailers that responded to the survey indicated that some the Board's laws, rules, or policies, are an unnecessary restriction on the practice of their profession.

Prior Matter of Concern 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. Five of the twenty-three (22%) complainants that responded to the survey indicated they were not satisfied with the outcome of their complaints. Additionally, ten of the twenty-three (43%) complainants indicated the Board did not communicate the results of its investigation and twelve of the twenty-three (52%) complainants indicated they did not think the Board did everything it could to resolve their complaints. 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 thirty-six licensees requesting participation in our survey. Forty-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 – "PBMs and work loads inadequate staffing"
Respondent #2 – "Pharmacy benefit managers. Reduced reimbursements."
Respondent #3 – " Unfair reimbursement from insurance companies is wreaking havoc on pharmacy practice."
Respondent #4 – "Companies that jeopardizes their employees health for the sake of profit."
Respondent #5 – "The effect of PBMs on independent pharmacies"
Respondent #6 – "Potential for AI to eliminate our jobs"
Respondent #7 – "Lack of patient interaction by the pharmacist to the patient"
Respondent #8 – "PBM reform in regards to Medicare Part D."
Respondent #9 – "Workplace conditions and pharmacy reimbursement, lack of time to provide proper Patient care"
Respondent #10 – "Below cost reimbursement from insurance companies"
Respondent #11 – "Retail pharmacists are being pushed by non-pharmacist managers to do more work in less time with less help."
Respondent #12 – "Reimbursement by insurance companies,"
Respondent #13 – "Working conditions"
Respondent #14 – "Pharmacy Benefit Managers (PBM) and the vertical integration of the third party payers in our profession"
Respondent #15 – "To build character , trustworthiness in our profession again. When [redacted] was on the board it began to change , slowly. The reputation of the board was declining over time. I know and realize the the board is in place to protect the public and it would be nice if we as pharmacists could call the board and suggest that help is needed for a fellow pharmacist but in every case the board always suspends the license and finds ($$)the pharmacist, Every pharmacists that I have talked with has told me the same story. The board needs to be willing to guide the pharmacist to a place, where they can get help and work too . We pharmacist are afraid to admit that when help is needed that we will have our license suspended and when that happens we can not work SO as result the pharmacist just hides behind the problem and deals with it the best they can."
Respondent #16 – "PBMs"
Respondent #17 – "Financial strain of reimbursement and PBMs"
Respondent #18 – "PBM reform"
Respondent #19 – "PBM reform"

Respondent #20 – “Scrutiny and lack of provider support”
Respondent #21 – “Lack of insurance reimbursement for services”
Respondent #22 – “Decreased pharmacy school enrollment and manpower shortages, lack of provider status and appropriate compensation for cognitive services, the necessity of ALBOP to deal with legislative micromanaging that has resulted from the creation of a false and misleading narrative of "corruption and incompetence" by individuals with individual agendas, instead of being able to focus on matters of progress and importance for pharmacy practice and the resulting benefits for the public.”
Respondent #23 – “Corporate Greed - CVS, Walgreens and venture capitalist owned healthcare facilities. They are siphoning funds for investors that should be paid to improve the health and wellbeing of the citizens of the state of Alabama with programs that can be run by Pharmacists and other healthcare professionals. Pharmacists provide care and do not have provider status with payors. Patient safety and capitalism are like oil and water.”
Respondent #24 – “Poor insurance reimbursement destroyed independent pharmacy. Abuse of power by the board is the second most significant issue. Pharmacists have lost concern about our profession. Unlawful rule-making leaves us helpless. We are no longer the most trusted profession. The dirty laundry of our board is broadcasted and it is humiliating. The private meetings are unethical.”
Respondent #25 – “Shortage of pharmacists with dilution of the caliber of pharmacy candidates nationwide”
Respondent #26 – “Financial Misconduct of the board of pharmacy Management of the board of pharmacy "wellness program" (ignoring the Wellness committee experts and making their own judgement calls) ALBOP blatant violations of the open meetings act ALBOP passing unlawful emergency rules ALBOP continued lack of transparency and defiance of the legislature”
Respondent #27 – “Ensuring the quality, safety, and integrity of medications received by patients is a fundamental responsibility of the pharmacy profession. As the availability of compounded medications through online pharmacies continues to expand, it is essential that these entities are held to the same rigorous industry standards and regulatory requirements as traditional pharmacies. Appropriate oversight is critical to protecting public health and ensuring patient safety. The importance of maintaining these standards is underscored by past incidents in which contaminated compounded medications resulted in serious adverse events, including patient deaths in Alabama. These events highlight the potential consequences of inadequate quality controls and regulatory noncompliance.
Pharmacy is consistently recognized as one of the most trusted professions. Preserving that trust requires an unwavering commitment to ethical practice, patient safety, and regulatory compliance. While significant financial incentives may exist within the healthcare marketplace, adherence to established laws, regulations, and professional standards must remain paramount. Ensuring that pharmacists and pharmacy technicians consistently comply with these requirements is essential to safeguarding patients, maintaining public confidence in the profession, and upholding the highest standards of pharmaceutical care.”

Respondent #28 – "Pharmacists getting paid as providers, Proper oversight,"
Respondent #29 – "Pharmacist autonomy in using clinical and scientific judgement for optimal care of patients, equitable representation of pharmacists across all practice areas on regulatory bodies (despite restructuring of the board, health system pharmacy is not represented to the same degree as community pharmacy)"
Respondent #30 – "Adequate reimbursement for hospitals to keep their doors open and be able to continue to care for patients."
Respondent #31 – "Limitations in pharmacy practice compared to other states, pharmacist shortages"
Respondent #32 – "Shortage of Pharmacists"
Respondent #33 – "Inadequate staffing for work volume -- especially in retail environments"
Respondent #34 – "1) Pharmacists not being recognized as providers resulting in pharmacists not having the ability to bill for services/time. 2) Growing AI capabilities without plans for safeguards."
Respondent #35 – "1. Lack of provider status for pharmacists with no reimbursement for services 2. Expansion of use of AI without guidelines in place 3. Decline in pass rates of board exams for pharmacists"
Respondent #36 – "The role of pharmacists. Many chain pharmacies require pharmacists to fill so many prescriptions per hour, that there is little time to communicate with patients, or to advise patients about the drug they are receiving. It's like being a machine trying to turn out a product as fast as possible. The patient does not hear information about the drug, side effects, best ways to take the drug, or to discuss the impact on medications they are already taking. Large chains are moving toward systems handled by robots, there is no communication with the patients and no time to explain about the drug, its side-effects or precautions. At the same time drugs are becoming more complex, side effects can be quite serious and patients do not read the information sheets which are provided. Machines are replacing health professionals, patients do not understand their drugs, the potential complications and side effects."
Respondent #37 – "I think that it is vital for the board to protect the public welfare of the people, but it also feels as though they have preyed on the profession that they vow to serve. In my own view, I see that the border of Pharmacy does not help proactively advocate for a profession. Instead, it appears as though they act in a manner against advocacy."
Respondent #38 – "Ethics, integrity, and transparency."
Respondent #39 – "Provider status for pharmacists and lack of healthcare facilities"
Respondent #40 – "Adequate reimbursement for prescriptions from 3rd parties"
Respondent #41 – "Continued lack of transparency from our governing agency."

Respondent #42 – "When I entered pharmacy practice, pharmacists were widely regarded as among the most accessible and trusted professionals in healthcare. Throughout my career, I have seen pharmacists go far beyond their formal responsibilities to meet patients' needs, addressing not only clinical concerns but also the broader challenges that affect their health and well-being. More than two decades later, however, the profession faces mounting strain. Pharmacists and pharmacies are increasingly expected to deliver faster, less expensive, and more expansive services without corresponding recognition of the complexity, responsibility, and professional judgment required to provide safe and effective care. Even so, pharmacists remain committed to fair treatment, patient-centered policy, and accountability in the systems that shape pharmacy practice. Their continued advocacy reflects a profession determined to serve the public despite significant challenges. I have long remembered a statement from one of my pharmacy school legal professors: "The Board is not for you, but for public safety." That principle is both appropriate and necessary when applied fairly, consistently, and in good faith. Unfortunately, many pharmacists no longer believe that standard is being upheld. At a time when public institutions are rightly being asked to demonstrate integrity, transparency, and accountability, it is appropriate to ask whether those same standards are being met within the Alabama Board of Pharmacy. Many licensees view the Board as ineffective, insufficiently accountable, and increasingly disconnected from the needs of both the profession and the public. Rather than inspiring confidence, its actions have raised serious concerns about governance, oversight, and the appropriate use of its authority. Licensees are also concerned about the level of fees imposed and whether those funds are being managed in a manner consistent with the public interest. Questions have been raised about compensation, spending priorities, and the availability of budget information necessary for meaningful public review. If the Board expects confidence, it must embrace financial transparency and demonstrate responsible stewardship of entrusted resources. There are also serious concerns about whether the Board consistently complies with Alabama law and its own governing policies. When rules appear to conflict with statutory requirements, or when enforcement appears inconsistent, confidence in the regulatory process is undermined. These concerns warrant careful review and corrective action where appropriate. Transparency is essential to legitimate governance. When significant discussions occur outside public view, or when records and deliberations are not readily accessible, it becomes difficult for licensees and the public to determine whether decisions are being made fairly and in accordance with governing standards. Greater openness is necessary to restore trust. Taken together, these issues point to the need for renewed oversight and meaningful reform. No regulatory body should operate in a way that leaves licensees, the public, or governing authorities without confidence that it is acting lawfully, ethically, and in the interest of public safety.

Respondent #43 – "Access to healthcare is one of the most significant issues facing Alabama. Many communities, particularly in rural areas, continue to experience physician shortages, hospital closures, and limited access to healthcare services. Pharmacists are the most accessible healthcare professionals in many of these communities and are uniquely positioned to help bridge gaps in care through medication management, preventive services, chronic disease support, and collaborative healthcare initiatives. At the same time, the profession faces workforce shortages, increasing administrative burdens, and rapidly evolving healthcare needs. Ensuring that pharmacists can practice at the top of their education and training while maintaining patient safety will be critical to improving healthcare access and outcomes for Alabama patients."

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

Yes	**37**	**86%**
No	6	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	14	33%
No	**25**	**58%**
Unknown	4	9%

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

Yes	**36**	**84%**
No	6	14%
Unknown	1	2%

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

Yes	**39**	**91%**
No	4	9%

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

Yes	**28**	**65%**
No	5	12%
Unknown	10	23%

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

Yes	**41**	**95%**
No	2	5%

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

Respondent #1 – "Board should consider safety concerns of corporate pressure to PERFORM TO THE METRICS$$$ OR SUFFER POOR REVIEWS IN LIEU OF PATIENT CARE... POSDIBLY STIPLATE RX NUMBERS TO REQUIRED STAFFING!!!!"
Respondent #2 – "No"
Respondent #3 – "No"
Respondent #4 – "The revival of this profession is possible if the board of pharmacy was a board that supported actual pharmacy employees versus representing big corporations and customers who only complained about copayments, PA, and controlled substance early refills. The employees themselves have no support at all. It's disgraceful. What's the purpose of the board but to make money off of licensing renewals."
Respondent #5 – "no"
Respondent #6 – "I'm glad the board was expanded to nine members with more diverse representation"
Respondent #7 – "No"
Respondent #8 – "No."
Respondent #9 – "None"
Respondent #10 – "No"
Respondent #11 – "No"
Respondent #12 – "The last time I complained about anything the board audited my CE. I've been Audited 3-4 times in my 45 years as a licensed pharmacy and always maintained much more CE than required. I find it odd I was audited last year when my hours are posted on a national website the board has access to."
Respondent #13 – "The board should protect pharmacists as well as patients."
Respondent #14 – "I think the Board of Pharmacy has represented the practice of pharmacy professionally and has done an excellent job of protecting the citizens of the great state of Alabama."

Respondent #15 – " My name is [redacted] and I am a Pharmacist in the State of Alabama. After reading and article in the [redacted] 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] 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 can not 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 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. 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 thinking the right way and living life as a responsible person should. In my opinion as a Pharmacist I believe the punishment should be relative to the offense. Sincerely, [redacted] , #[redacted] Cell : [redacted]

Respondent #16 – "No"
Respondent #17 – "ALBOP is not protecting and assisting pharmacists in need. They are making ridiculous charges all for their own monetary gain. They are not transparent and carry out some meeting in secret. The executive director was paid off for her silence. They want to be judge, jury and executioner. They have gone rogue and don't care, even after being audited by the Sunset Committee."
Respondent #18 – "While the board is necessary for various reasons in our profession, I do feel the it focuses more on income and cash flow than the longevity of our profession. I do not feel that the board is fighting for our profession. I may be wrong as I'm aware there are many things that go on behind the scenes that I'm not privy to. However, with the current state of our profession, and pharmacies closing at an alarming rate across the country, I expect more from the board to fight for us rather than increasing clerical fees to pay huge salaries. There's nothing wrong with huge salaries if those positions are actively fighting for our profession, but it doesn't feel that way to me or any of my colleagues. In my humble opinion, ALBOP is more concerned with policing us rather than advocating for us."
Respondent #19 – "The Board's proposed fine schedule is excessive, especially if it is due to clerical error. These amounts need to be lowered"
Respondent #20 – "Thank you for protecting the citiziens of Alabama"
Respondent #21 – "I appreciate having pharmacists from my state being involved in the regulation of my profession."
Respondent #22 – "I have followed ALBOP closely for a number of years and have found the members and staff to be hard-working, competent, and professional. Any agency has room for improvement, but it is wrong to buy in to the narrative of corruption, cash-grabbing, individual targeting, and nefarious motives by certain parties with media access who have taken administrative issues out of context and attributed these motivations and intent without a shred of evidence. It makes it hard for the Board to do their real job of protecting Alabama's citizens and it's time to move on."
Respondent #23 – "The Alabama State Board of Pharmacy was targeted by individuals who had been penalized by them for breaking the law. The sunset committee was weaponized against them by those individuals. The Alabama State Board of Pharmacy has always been fair to Pharmacists and Pharmacies and have always put the health and safety of the citizens of the great state of Alabama first."

Respondent #24 – "A board is necessary to protect and defend our patients and citizens. Our board of corruption can not rule fairly when the incentive is political and monetary. Accountability has failed. Salaries, expenses and waste are extraordinary! Excessive hiring and ridiculous budgets are out of control. Yes, we are informed about changes. The licensees do not have input. We are probably the least represented profession. Our board members do not present the licenses. I do not object to rules and laws. I object to the board's interpretation of certain laws. Their purpose is monetary and not correction. CE can be beneficial for an individual but it is a known fact that pharmacists allow students and technicians to preform online education. Live hours are obtained most often at an event that includes food and golf. The education is expensive and simple and boring. Thus, I would say a waste of time. Just another way for the board to collect fees and fines. [redacted] simplified it when she said on record March 18, 2026, "…we must have a majority vote to…". The 5 pharmacy board members have a majority out of the nine. It is nice to hear the opinion of the other four members, but they can not perform the objective goal to make changes. Major conflicts of interest exist. Our state association has crumbled and is ineffective. [redacted] has lost it's trust and respect by our members and other health care professionals. Fewer students are applying to our schools. The standards are lowered because the education is failing. NEITHER MY HUSBAND OR I ARE RENEWING OUR LICENSES THIS YEAR!"

Respondent #25 – "The Committee needs to listen to the feedback from the pharmacists of this state not disgruntled lawyers with political motives trying to destroy the board and people's lives. The Board of pharmacy regulates the protection of our citizens from illegal and immoral persons and the pharmacists who care, serve, and live in serving those citizens should be trusted by this committee to be leaders and listened to by this committee. Increasing the size of the board is going to take some time to get those who agreed to serve to understand the complexity of the law and practice of pharmacy, a way for past Board presidents to help these new board members should be created with this transition so they understand and get help with the decisions and actions that the Board needs to take to safeguard the profession and laws established. Those past leaders should be compensated for their time in helping these new members as well. It takes some time (years) on the Board for a person to understand the dynamics of the law and the statues and rules of how things work and the impact it has on the profession and on our citizens. A orientation needs to be given to them and those with the experience should be given an opportunity to help them. The men and women who work at the Board are good and dedicated professionals and do a good job in helping people with questions and organizing for the Board members to do and function as they should. They and the investigators should be encouraged and thanked. It is not lost on the pharmacists of this state that the Committee increased the number of Board members and also mandated the Board cut down the fines of those who break the laws and statues leaving tech and pharmacists fees for licensing to increase, those who break and manipulate the rules that protect our families health should be fined heavy not the pharmacists who are serving the people faithfully and truthfully."

Respondent #26 – "The Alabama Board of Pharmacy is better now that there are some new members on the board, but the 4 most senior members of the board are bullying and attempting to intimidate the newest members. There have been some very valid concerns raised by the newest members of the board in recent board meetings and the older board members seem to "shush" these members and discourage them to ask questions. It was stated very clearly by [redacted], board member, recently, that anytime he would email employees at the board asking questions about certain fees and rules, (simply wanting to understand better), no one would respond to him. A fellow new member, [redacted], pointed out what a toxic work environment this is, and spoke for ALL OF US. No one wants to honestly answer the questions we all have. As a licensee of ALBOP, I have major concerns with the lack of improvement of the ALBOP affairs after being called on the carpet in previous Sunset hearings. They have unlawfully passed these (emergency) rules and even said that they did so in an attempt to impress the sunset committee. There was literally nothing impressive about these "revenue-centric" rules: it was more of the same corruption we have seen previously. They continue to operate as a checkbook agency, refusing to publish their budget. If they truly wanted to operate with transparency they would move their money over to the state treasury. They keep trying to increase licensing fees an penalty fees, without properly conducting an economic impact report. I've been very disappointed in how the board has handled business that they don't want discussed in the public board meetings that we can stream online, so they handle that on the Tuesdays before the Wednesday pharmacy board meetings. Tuesdays are reserved for disciplinary hearings, but they are using Tuesdays to also discuss things they don't want live-streamed. THIS IS LITERALLY THE LACK OF TRANSPARENCY everyone is so furious with. I was disappointed in how the board selected their current executive secretary: he has no prior state government or board administration experience. There were other very distinguished candidates that were more qualified. And then "magically" the "technician" seat on the board was filled with his former co-worker who worked as his assistant at his previous job. This was SO disappointing to me, after the massive disappointment of [redacted] and her "payoff" to leave. It felt like "more of the same" when all this happened. The board pays a lobbyist $160,000. That is money from licensees that the board is using to have this lobbyist to try to charm legislators so that the board can continue operating with a zero transparency. When questioned about this lobbyist contract before the contract review committee, the Executive Secretary stated that the lobbyist would be used for scheduling and contacts, not for lobbying! Why would you pay $160K for a lobbyist to not lobby. And why have I seen this very lobbyist lobbying the ALBOP since then? I was under the impression that it is illegal to use licensee funds to pay a lobbyist. (So the optics are that they hired a lobbyist to be a scheduler when questioned by legislators, but in reality they pay a lobbyist with my license fees to lobby for things most licensees don't agree with).
I think the board employs pharmacists and has to pay them pharmacist salaries to do things that administrative assistants could do a much better job of for significantly less money. The most absurd thing I have seen them do is have a clinical pharmacist draft legal codes....she might be a great pharmacist but is terrible at drafting legal documents. Can we please put a legal writing expert in this role? As a preceptor, I spend a lot of time with pharmacy students and the majority of them are leaving the state of Alabama and often the reason is because of ALBOP making it an undesirable state to be licensed in."

Respondent #27 – "Medication shortages have been a persistent challenge for in the healthcare setting for many years. Despite increased national attention and ongoing collaboration among healthcare organizations, manufacturers, and regulatory agencies, these shortages continue to worsen and place significant strain on patient care. During a recent contrast media shortage, my healthcare institution faced a critical supply challenge that threatened our ability to effectively diagnose and treat stroke and cardiac patients in the Emergency Department. Recognizing the urgency of the situation, the Board carefully considered our concerns and worked collaboratively with us to identify a practical solution. Through an emergency hearing, the Board authorized temporary measures that allowed us to extend our existing contrast supply while awaiting the restoration of product availability in the marketplace. The Board's responsiveness, flexibility, and commitment to patient care were instrumental in helping us maintain access to essential diagnostic services during this crisis. Without their cooperation and understanding, our ability to provide timely and appropriate medical care would have been significantly compromised, potentially resulting in adverse outcomes for our patients. Their actions demonstrated the critical role that thoughtful regulatory oversight can play in supporting healthcare providers and protecting public health during times of extraordinary need. [redacted], [redacted] Pharmacy Manager. [redacted].[redacted]@[redacted].org"
Respondent #28 – "No"
Respondent #29 – "The Board of Pharmacy is absolutely vital in the state of Alabama. Sunsetting the board will lead to unnecessary red tape for pharmacists, pharmacy technicians, pharmacy students and schools/colleges of pharmacy, and pharmacies."
Respondent #30 – "The Alabama Board of Pharmacy is critical to the safety and wellbeing of the people of Alabama."
Respondent #31 – "I would like to express my concern about the incoming board members and the lack of fair representation for acute care and health system pharmacists due to limited practical and current practice in this area by most members. This is a large percentage of the pharmacists in the state and the interests of these individuals may not be adequately represented moving forward. Pharmacists are a very unique profession, requiring a doctorate and in some cases additional residency training. Having a board that are not pharmacists who do not understand the clinical, legal and professional ramifications of pharmacy practice would likely result in additional patient harm. Additionally, non- pharmacists may be misinformed and unaware of current practices resulting inappropriate judgments against practitioners in the state."
Respondent #32 – "no"
Respondent #33 – "The board should make a minimum technician to pharmacist ratio so pharmacists are not left alone or with inadequate staff in any pharmacy as it is a massive patient safety issue."
Respondent #34 – "None"
Respondent #35 – "ALBOP serves the pharmacists and technicians of the state by providing guidance and holding them accountable for following the rules and regulations, which keep the patients we serve safe."

Respondent #36 – "I don't think the state realizes the groups that write policies for the pharmacists in the state. The Board of Pharmacy writes standards of practice. The FDA writes a number of laws that every pharmacy must follow. The FDA has written multiple chapters about proper compounding of laws which control compounding. Medicare has a manual of policies which it enforces. Medicaid has another set of mandatory polies. Every insurance company writes a lengthy set of polices and they are different for each and every insurance company. Tri-care has a different set of policies. And each set of policies is different. If the pharmacist does not follow the exact rules, the insurance company does not pay for the prescription. Then Medicare, Medicaid and each separate insurance company send in an inspector once or twice a year. Even if the prescription was filled and billed correctly, the inspector may take back the full payment for the drug and every refill, because the temperature in the refrigerator is off by 1 degree. Maybe it has been busy, and the door has been opening and closing frequently. Each insurance company inspects; the FDA inspects, workers' comp inspects. And every agency wants you to appear before a group to defend what you did. Plus, you need a full-time lawyer to defend you and the business from the federal, state and local oversite. The DEA wants to know why you filled pain pills for a cancer patient. The pharmacy laws are changed every year by all the payers involved, probably for a logical reason. That complicates explaining costs to patients. Some patients are very sick and some are dying. You can't just brush them off because you are busy. Some have questions or want to talk in private. And then the insurance company will only pay for the cheapest drug, and you have to fight with them. Some patients cannot afford the drugs and you feel horrible about the decisions you have to make. Some patients can't afford their drugs and you feel like a scrooge. I would like to respond to question 3. The Board does have a book of rules, But people don't realize that the DEA and FDA each have a book of rules. Each insurance company has a book of rules. Medicaid and Medicare have major rule books which are not always easy to interpret. Worker's Comp for Alabama has a set of rules. The Medical Board has sets of standards about pharmacy, regulations set packaging rules. Chain pharmacies limit the number of employees and the hours they can work. I don't always like the rules from the Board of Pharmacy, but they are required to enforce all the federal rules, the rules from the insurance companies and have to tell patients 'no'. at times."

Respondent #37 – "I attempt to try and keep myself well informed, but the board of Pharmacy rule changes that are emailed out after board meetings may actually be counterintuitive to informing the public of recent role changes. I would greatly appreciate if they would attach PDFs of the rule amendments that they vote or rule on."

Respondent #38 – "The current proposed fee schedule is vague and exorbitant. These fees could actually put an independent pharmacy out of business. They need to be more specific."

Respondent #39 – "Alabama is behind in the times for some things like remote verification and provider status."

Respondent #40 – "I cannot imagine practicing pharmacy without the ALBOP oversight. I occasionally make trips to Uganda Africa as a pharmacist trying to support the local medical community. When I see the state of disarray and exploitation of my industry, it is very disheartening and it all stems from a lack of internal controls and oversight."

Respondent #41 – "Alabama Board of Pharmacy is a predatory licensing agency that most pharmacists avoid dealing with except when absolutely necessary. Their continued actions show blatant disregard for their licensees and for the health and safety of Alabama citizens. They prioritize income/revenue above all else, most recently by raising license renewal fees. What a tone deaf, inconsiderate thing to do at a time when everyone is struggling in the current economy. But at least our Board members will be highly compensated for their nefarious actions. Absolutely ridiculous and an embarrassment to the State of Alabama!"

Respondent #42 – "Meaningful reform is needed. The Board's structure, incentives, and accountability mechanisms should be evaluated to ensure they attract individuals committed to public service and the highest standards of the pharmacy profession. Where misconduct or mismanagement has occurred, appropriate consequences should follow, and safeguards should be established to prevent similar problems from recurring. To that end, the current Alabama Board of Pharmacy should resign or be removed from office. Each individual's actions should be fairly reviewed, and appropriate disciplinary measures should be taken where warranted. A new Board should be appointed, with complete transparency at every level understood to be mandatory and nonnegotiable. As a sign of good faith, the new Board should reduce excessive salaries, prohibit luxury purchases, and provide appropriate redress to those harmed by the prior Board's actions."

Respondent #43 – "As a practicing pharmacist in Alabama, I have consistently observed the Alabama Board of Pharmacy conduct itself with professionalism, integrity, and a strong commitment to protecting the health and safety of Alabama patients. The Board serves a critical role in regulating the practice of pharmacy and ensuring that pharmacists, pharmacy technicians, and pharmacies operate in a manner that protects the public welfare. In my experience, the Board has been responsive, transparent, and willing to engage with licensees and stakeholders. Board members and staff routinely dedicate significant time and effort to addressing concerns raised by practitioners, legislators, and oversight bodies. I would also note that the Board has spent a substantial amount of time and resources responding to recommendations, requests, and findings associated with the Sunset Review process. While accountability and oversight are important, the amount of time devoted to these efforts has, at times, reduced the Board's ability to focus on initiatives that directly advance pharmacy practice and improve patient care in Alabama. In many cases, the Board has gone above and beyond to address concerns raised during the Sunset Review process, often requiring months of work from Board members and staff. While these efforts demonstrate the Board's commitment to transparency and accountability, they also represent time and resources that could otherwise be devoted to addressing pressing healthcare challenges facing our state.

Alabama continues to face significant healthcare access issues, including provider shortages, hospital closures, and limited healthcare resources in many communities. Pharmacists are among the most accessible healthcare professionals in the state and are well-positioned to help address these challenges. The Alabama Board of Pharmacy plays an important role in developing and implementing solutions that maintain patient safety while expanding access to care. As policymakers evaluate the future of the Board, I encourage them to ensure that the Board has sufficient time, resources, and flexibility to focus on its primary mission of protecting the public and advancing safe, effective pharmacy practice. Doing so will ultimately benefit not only pharmacists and pharmacy technicians, but most importantly the patients of Alabama."

Pharmacy Technician Questionnaire

A letter was sent to one hundred two licensees requesting participation in our survey. Thirteen 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 – "The hours and pay rate Also the criteria to become certified 500 hours before qualifying for certification"
   Respondent #2 – "Pay"
   Respondent #3 – "Short staffing"
   Respondent #4 – "Limited ceiling and poor pay"
   Respondent #5 – "The pay"
   Respondent #6 – "Not being able to perform my duties."
   Respondent #7 – "Drug reimbursements"
   Respondent #8 – "poverty"
   Respondent #9 – "Compensation is NOT keeping up with the increased demands of the profession."
   Respondent #10 – "Providing information to everyone in Alabama regarding control substances. Either people know and don't care, or they really don't know. For instance, the change in gabapentin becoming a control substance."
   Respondent #11 – "We still loose money on a lot of claims."
   Respondent #12 – "I don't feel I am qualified to give an answer here."
   Respondent #13 – "None that I can think of."

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

Yes	**13**	**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	1	8%
No	**9**	**69%**
Unknown	3	23%

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

Yes	**9**	**69%**
No	4	31%

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

Yes	**11**	**85%**
No	2	15%

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

Yes	5	38%
Unknown	**8**	**62%**

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

Yes	**13**	**100%**

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

Respondent #1 – "N/A"
Respondent #2 – "I think the Board offer a variety of positions as well as opportunities. I respectfully acknowledge the Board for its consistency and commitment to each licensee."
Respondent #3 – "No"
Respondent #4 – "Make the pay higher and ceiling higher with more room for growth"
Respondent #5 – "No"
Respondent #6 – "One major issue is the amount I'm paid hourly as a tech while all the pharmacists brag about their ski and beach vacations all the while I'm struggling on 12:00 an hour and having my utilities turned off. This is Thor lowest I've been paid in over 15 yrs. At this point I'm considering going back to my old job."
Respondent #7 – "No"
Respondent #8 – "Live CEs are becoming more and more difficult to obtain. Please drop this requirement for technicians."
Respondent #9 – "Drop the live CE requirements for technicians."
Respondent #10 – "Not at this time"
Respondent #11 – "None"
Respondent #12 – "Thanks for giving me the opportunity to share my views."
Respondent #13 – "Would being certified in coding and billing increase my pay as a pharmacy tech."

Intern/Extern Questionnaire

A letter was sent to one hundred one licensees requesting participation in our survey. Eight 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"
   Respondent #2 – "n/a"
   Respondent #3 – " Provider Status"
   Respondent #4 – "Expanding the role of pharmacists in retail/community settings and Pharmacist burnout and staffing pressures"
   Respondent #5 – "Staffing and unrealistic increasing workload at retail location without real support"
   Respondent #6 – "No provider status; limited collaborative practice agreements and point of care capabilities"
   Respondent #7 – "scope of practice, staffing shortages and drug prices"
   Respondent #8 – "The most significant issue is the vertical integration and lack of accountability from out of state companies such as the largest three Pharmacy Benefit Managers and the three largest pharmaceutical wholesalers. They are driving out small business pharmacy and profiteering on our occupation and population."

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

Yes	**8**	**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	25%
No	**3**	**37.5%**
Unknown	**3**	**37.5%**

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

Yes	**4**	**50%**
Unknown	**4**	**50%**

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

Yes	3	37.5%
Unknown	**5**	**62.5%**

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

Yes	**8**	**100%**

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

Respondent #1 – "no"
Respondent #2 – "none"
Respondent #3 – "N/A"
Respondent #4 – "N/A"
Respondent #5 – "NA"
Respondent #6 – "N/A"
Respondent #7 – "no"
Respondent #8 – "As the Board of Pharmacy carries out its responsibilities, I believe it should continue to prioritize both public safety and the long-term sustainability of the pharmacy profession in Alabama. The Board should regularly evaluate licensing, permitting, and renewal fees to ensure they are necessary, reasonable, and not an unnecessary burden on pharmacists, pharmacy technicians, and student pharmacists entering the profession. The Board should also remain vigilant in protecting the appropriate scope of pharmacy practice. As healthcare delivery evolves, pharmacists should continue to be recognized as the medication experts, and the Board should ensure that medication dispensing activities are performed in a manner that protects patient safety and maintains appropriate professional oversight. In addition, the Board should continue to support fair competition and patient access to community pharmacy services. Community pharmacies play a critical role in providing personalized care, medication counseling, immunizations, and access to medications, particularly in rural and underserved areas. Policies that promote patient choice and preserve access to local pharmacies are important to maintaining a strong healthcare infrastructure throughout Alabama. Finally, I encourage the Board to continue advocating for pharmacists as essential healthcare providers and to support practice models that allow pharmacists to utilize their education and training to improve patient outcomes."

Pharmacy Services Questionnaire

A letter was sent to thirty-eight licensees requesting participation in our survey. One 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 mandated mail order that takes away a patients ability to choose their pharmacy. It is causing such a decrease in reimbursement that the locally owned independent pharmacies cannot stay in business. In addition we need to work on adding in protections on the state level for all of the 340b reporting and rebate requirements."

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

Yes	**1**	**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	**1**	**100%**

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

Yes	**1**	**100%**

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

Yes	**1**	**100%**

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

Yes	**1**	**100%**

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

   Respondent #1 – "None"

Chain Pharmacy Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Fourteen 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 reimbursement at a level to sustain profitability."
Respondent #2 – "Reimbursement by third parties"
Respondent #3 – "PBM reform"
Respondent #4 – "Third party reimbursement"
Respondent #5 – " "
Respondent #6 – "The biggest issue facing our profession is the lack of oversight regarding the use of pharmacy metrics as financial incentives. For example, retail chains are pushing us to immunize patients due to their profitability and using this to threaten our jobs as well as our pay. If we aren't giving enough vaccines, our "behaviors" are not in place and we are held accountable for that. This is unethical and unsafe. Of course, this all ties in to negative reimbursements from PBMs, so it could be argued that this is the most significant issue. Either way, ALBOP needs to follow the example of other states and ban the practice of incentivizing of pharmacy metrics."
Respondent #7 – "PBMs"
Respondent #8 – "Too many tasks with not enough help"
Respondent #9 – "One of the most significant issues facing pharmacy professionals in Alabama is balancing patient safety and regulatory compliance with the realities of staffing shortages, increased workload, and administrative burden. Pharmacists are expected to manage high prescription volumes, immunizations, clinical services, insurance issues, and controlled substance compliance simultaneously often with limited staffing support. Another concern is consistency and transparency in communication and enforcement processes. Pharmacists should feel that regulatory matters are handled fairly, with clear guidance and reasonable opportunities to resolve issues, especially during extraordinary circumstances such as the COVID-19 Pandemic. During this time period, we as pharmacists felt like sacrificed lamb who were only trying to help our patients everyday. If we didn't pay the fine…no license… if you fought it with a lawyer it would cost more than the fees, then you give up pay the fees and you find out months later your put on a federal government list that impacts your entire career you have been practicing got over 40 years for! It's very sad and I'm so glad someone is listening and trying to make things right for our profession!"
Respondent #10 – "Ratio staffing restrictions"
Respondent #11 – "Chain pharmacies (CVS, Walgreens) understaffing pharmacies to the point of making it difficult for pharmacists to safely practice."
Respondent #12 – "Time to do my job efficiently"
Respondent #13 – "Pharmacy benefit managers do not compensate material costs equitably - often times we dispense medications at a loss."
Respondent #14 – "In community pharmacy, companies worrying about metrics on fills and vaccines rather than the individualized care of patients."

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

Yes	**13**	**93%**
No	1	7%

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

Yes	4	29%
No	**9**	**64%**
Unknown	1	7%

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

Yes	**8**	**57%**
No	6	43%

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

Yes	**9**	**64%**
No	2	15%
Unknown	3	21%

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

Yes	**13**	**93%**
No	1	7%

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

Respondent #1 – "Thanks for opportunity to have input in the process.."
Respondent #2 – "We are at a critical time in our profession! Without proper oversight outside factors will work to diminish perceived necessity of pharmaceutical care in the community. Retail pharmacists are at the frontline of care in many communities but difficult work conditions and lack of job satisfaction of pharmacists can impact that care. Improvement of those conditions would make retail pharmacy more attractive to rising pharmacists as they begin their careers!"
Respondent #3 – "N/A"
Respondent #4 – "Not at this time"
Respondent #5 – "none"

Respondent #6 – "For far too long, the board has been a good old boys club that is only worried about collecting fines to pad their wallets. There should never be any representative from chain pharmacy allowed. They should NEVER be allowed to have any say regarding any laws or protections. This board also needs to focus on public safety as well as pharmacist/technician safety (protection from unethical and unsafe business practices by the chains). We give our best every day to care for our patients and to keep them safe. This is almost impossible to do in the unsafe working conditions that these companies have in place. These include financial incentives surrounding metrics, long shifts with minimal/no breaks, and the lack of staffing to safely run a pharmacy. Please help us so that we can do our jobs safely and protect the safety of the public. These companies only care about dollars and cents, we, as pharmacists, care about lives."

Respondent #7 – "No"

Respondent #8 – "The board needs to limit the scripts an individual pharmacist can fill per hour or day so that stores have to staff pharmacies appropriately. Too many demands on pharmacists negatively impacts safety and patient care."

Respondent #9 – "I appreciate the opportunity to provide feedback. During the COVID-19 period, I personally experienced a situation involving PIC change documentation while dealing with a serious injury, ongoing medical appointments, physical therapy, and ultimately surgery. At the time, I submitted the required change documentation by fax, not realizing the Board office was closed and unable to receive or process it promptly. I later learned this during a Board meeting. The resulting penalties felt excessive because multiple fees were assessed for what appeared to be the same underlying issue presented in different ways. While I fully support accountability and the Board's role in protecting the public, I believe there should also be consideration for good-faith efforts, communication barriers during emergency periods such as COVID, and proportional enforcement. I hope the Sunset review process helps improve transparency, communication, consistency, and collaboration between the Board and practicing pharmacists across Alabama."

Respondent #10 – "N/a"

Respondent #11 – "NA"

Respondent #12 – "I work at a chain pharmacy and I need more time or help to do my job efficiently"

Respondent #13 – "No"

Respondent #14 – "When I first came to AL, became licensed and had "interview" with the board, I felt it was so bizarre and unnecessary. Plus it was all white men, what's that about? In a profession that is well over 50% women, you'd think at least 1 board member would be female. Thanks"

Community Pharmacy Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Twenty-seven 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 – "Reimbursement from PBMs."
Respondent #3 – "Increased government oversight and regulatory requirements create too much red tape paperwork to perform as a professional.:
Respondent #4 – "Pbm corruption"
Respondent #5 – "PBM reform"
Respondent #6 – "Low margins on reimbursement for prescriptions"
Respondent #7 – "reimbursements"
Respondent #8 – "Reimbursement for services"
Respondent #9 – "None"
Respondent #10 – "Reimbursements"
Respondent #11 – "PBM's and big pharmacy company control of the market"
Respondent #12 – "Under reimbursement for prescriptions dispensed. You simply cannot survive as an independent pharmacy by just selling prescriptions any more. Many stores have closed in the past 5 years, and there will be many more if something doesn't change. Also, the ever-changing guidelines for compounding regulations."
Respondent #13 – "Lack of proper reimbursement on insurance"
Respondent #14 – "Poor PBM reimbursements and mail order requirements"
Respondent #15 – "reimbursements"
Respondent #16 – "Work load, presumably due to low reimbursement by insurance companies for prescriptions. Pharmacist are routinely expected to perform beyond what is humanly possible. Completing verification of many 100s of rxs per day, answer phone calls, consult patients, vaccinate plus business operations. Its impossible expectations. If there were regulations in place that specified how many prescriptions may safely be filled/verified by a single pharmacist in a certain time period it would go a long way toward enhancing the profession, patient safety and utlitmately patient well being. Kinda like a simple truck driver has limits on how many hours he can drive each day for the safety of other motorist."
Respondent #17 – "Unfair reimbursement!"
Respondent #18 – "appropriate reimbursement and ability to bill for services (ie a1c testing and bp monitoring)"
Respondent #19 – "Poor reimbursement from PBMs"
Respondent #20 – "PBM regulation regarding appropriate reimbursements."
Respondent #21 – "PBM practices and reimbursements"

Respondent #22 – "pbms"
Respondent #23 – "Scope of Practice and Recognition of Clinical Pharmacy Service: underutilization of pharmacists as providers, inconsistent reimbursement for DSMES, RPM, CCM, and MTM, and the need for expanded collaborative practice authority and pharmacist provider status."
Respondent #24 – "PBM vertical integration and negative reimbursement rates"
Respondent #25 – "Insurance reimbursement rate"
Respondent #26 – "Full transparency with the board and hiring non biased, fully qualified board members to act in a fair balanced manner."
Respondent #27 – "Pharmacy Benefit Managers (PBMs)"

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

Yes	**27**	**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	8	30%
No	**14**	**51%**
Unknown	5	19%

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

Yes	**19**	**70%**
No	7	26%
Unknown	1	4%

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

Yes	**19**	**70%**
No	1	4%
Unknown	7	26%

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

Yes	**27**	**100%**

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

Respondent #1 – "I am trying to find the justification on transfer of Suboxone prescription to another pharmacy. I am told at least the Rx must be filled one time or even i strip has to be filled here before a transfer can be made. In other words a prescription on hold cannot be transferred to another pharmacy."
Respondent #2 – "no"
Respondent #3 – "It would be great to get back to practicing pharmacy without having to take complicated, often unnecessary, steps to do it, and without having the fear of being punished for not having all of the required documentation."
Respondent #4 – "We need easier collaborative practice agreements for test and treat"
Respondent #5 – "N/a"
Respondent #6 – "No"
Respondent #7 – "n/a"
Respondent #8 – "N/A"
Respondent #9 – "No"
Respondent #10 – "No"
Respondent #11 – "Roll Tide"
Respondent #12 – "Please consider a law that allows more than 3 techs per pharmacist. It's unaffordable to pay another pharmacist just to have more techs in today's financial crisis of independent pharmacy."
Respondent #13 – "No"
Respondent #14 – "No"
Respondent #15 – "n/a"
Respondent #16 – "I have been a registered pharmacist in alabama operating an independent pharmacy for 25+ years and have not had any negative experiences with the State Board of Pharmacy."
Respondent #17 – "We are being robbed financially by PBMs…. They have been taking our money since 2017. Sure, they have renamed the means by which they take it but they are still taking it. You can make money doing anything that requires zero professional schooling because products/services are not sold for less than they cost. Why should prescriptions be sold for cost or less than cost. Pharmacy school was hard and expensive. It should not even be on our minds that our profession will not carry us into retirement. We own two independent pharmacies that we owe banks for property and startup monies. Our children ventured far away from even thinking about going to pharmacy school. We are valuable to both communities but having to scrape by is taking our joy away. Pharmacies are closing all around us… it is very scary. Pharmacy schools are advising graduates to be leary of independent pharmacies when considering job opportunities. Sad!"
Respondent #18 – "na"
Respondent #19 – "I think the board has done a good job and was unfairly criticized by the sunset committee. The investigators have always been fair and professional."

Respondent #20 – “Question #2. EVERY set of laws written in Alabama has "some" that are un-needed or un-necessary. For the most part, the board of Pharmacy has been very straight-forward in my business dealings. YES, we need a board of Pharmacy to regulate/advise. Without them, pharmacists have no law authority to answer. EVERYONE, including PBM's, needs a regulatory authority to answer. Even the President of the United States has to answer to Congress and the Supreme Court.”
Respondent #21 – “Only complaint I have is sometimes it is difficult to get someone at board on phone to ask a questions that an immediate answer is necessary. Sometimes emails will not do in the situation”
Respondent #22 – “waiting to see how the new board format works”
Respondent #23 – “I want to acknowledge the progress I have observed in the diversity of Board membership. As someone who regularly attends Board meetings, it is encouraging to see representation that better reflects the communities Alabama pharmacists serve. This is a meaningful step in the right direction and I look forward to continued progress.”
Respondent #24 – “none”
Respondent #25 – “n/a”
Respondent #26 – “I have concerns that the fines have been higher than appropriate. I also find it concerned that their seems to be some bias in the hiring at the board. I would also like for all meeting to be public.”
Respondent #27 – “This board seems to think that following the law is an optional undertaking. It's my understanding that this board passed unlawful emergency rules in August 2025 and only repealed it after being sued a few months later. They seem willing to skirt the laws to rake in more money.”

Institutional Pharmacy Questionnaire

A letter was sent to one hundred one 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 – "decreasing pharmacist graduation numbers plus other job opportunities outside of the traditional hospital or retail routes"
Respondent #2 – "Clear guidance regarding the use of marijuana products, particularly in light of its Scheduled III classification at the federal level, and how this impacts pharmacy professionals, workplace expectations, impairment standards, drug testing, and licensure requirements in Alabama."
Respondent #3 – "Insurance reimbursement"
Respondent #4 – "Job availability long term"
Respondent #5 – "Low reimbursement"
Respondent #6 – "I think technicians could adequately perform many of the duties that are deemed "pharmacist only", especially transferring prescriptions, as well as some counseling."
Respondent #7 – "Work in a rural hospital and all rural hospitals are struggling financially due to uninsured patients and terrible insurance reimbursement"
Respondent #8 – "Reasonable reimbursement from payors for services rendered and drugs dispensed. PBMs have too much control in the market and force below-market reimbursement for the services and goods rendered."
Respondent #9 – "staffing shortages"
Respondent #10 – "n/a"
Respondent #11 – "Poor reimbursement from insurance companies."
Respondent #12 – "Lack of student education specifically everything be handed to today student so easy for the to get intern hours instead of working during summers or school outside of rotation to get 1500 hrs. Plus how easy the boards have become in the proposed giving the exception to take exam before graduation. Secondly 3rd party reimbursement!"
Respondent #13 – "Under reimbursement by insurance companies has made pharmacies have to seek other means of income to stay afloat. Long hours, under staffing."
Respondent #14 – "Vertical integration of pharmacies, PBM, and insurance companies. Those with little to no "risk" have become decision makers for prescribers and absorbed any margin for the pharmacy actually providing the patient care and medications."
Respondent #15 – "Pharmacists are over regulated, and not allowed to practice at the top of their license. We are unable to prescribe medications, even though we are the medication experts. The population in Alabama already does not have enough physicians, and pharmacists could help bridge that gap, but are not allowed to do so in our state."
Respondent #16 – "Workload"
Respondent #17 – "For both community and hospital, reimbursement from insurance providers can affect whether a pharmacy or hospital can keep the doors open. With that said, this decreases the amount of access to care for patients. With pharmacies playing a vital part in preventing communicable diseases through vaccinations, diabetes management through helping patients with devices and medication, and symptom management by helping with the appropriate use of OTC medications, it is vital that pharmacies stay open."
Respondent #18 – "Insurance reimbursement"

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

Yes	**18**	**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	4	22%
No	**13**	**72%**
Unknown	1	6%

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

Yes	**15**	**83%**
No	2	11%
Unknown	1	6%

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

Yes	**12**	**66%**
No	3	17%
Unknown	3	17%

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

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

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

Respondent #1 – "N/A"
Respondent #2 – "none"
Respondent #3 – "Not at this time"
Respondent #4 – "I adamantly disagree with the new makeup of the pharmacy board. Should ONLY be made of pharmacists and techs, nobody else"
Respondent #5 – "I don't think the board has our best interests at heart. Should fight for us rather than fine us to generate revenue"
Respondent #6 – "I believe the requirements for immunizations and parental certification are too strict. Certification should be at a minimum every 5 yrs instead of every 2. Even better would be requiring recertification when there is a substantial change only."
Respondent #7 – "Our board inspector is always available to answer questions or concerns"
Respondent #8 – "No"
Respondent #9 – "none"
Respondent #10 – "No"

Respondent #11 – "Certain requests should not have to be made before the Board in person. They can review requests and make a decision based on the facts presented."
Respondent #12 – "The whole board needs to get wiped out and new people installed not tied to the chains that get away with everything"
Respondent #13 – "N/A"
Respondent #14 – "The Alabama State Board of Pharmacy is critical to ensuring the safe, compliant, and effective delivery of pharmaceutical care across the state. Through clearly defined regulations and practice standards, the Board establishes a consistent framework for medication management, dispensing, and pharmacy operations that all providers must follow. These rules are essential for maintaining safety, minimizing variability in practice, and ensuring adherence to both state and federal requirements. In Alabama, the Board's oversight of licensure, permitting, and routine inspections serves as a key safeguard for patient safety. By ensuring that pharmacists, technicians, and pharmacy facilities meet stringent qualification and operational standards, the Board plays a direct role in preventing medication errors, diversion, and non-compliant practices that could place patients at risk. Additionally, the Alabama Board of Pharmacy supports the advancement of appropriate pharmaceutical care by promoting professional accountability, continuing education, and evolving standards that reflect current clinical practice. Their regulatory framework enables pharmacists to practice at the top of their license while ensuring care delivery remains patient-centered, evidence-based, and aligned with public health priorities. Overall, the Alabama State Board of Pharmacy is indispensable in protecting the citizens of Alabama, upholding the integrity of the medication-use process, and ensuring that high-quality pharmaceutical care is consistently delivered across all care settings. Given the complexity of pharmacy practice across diverse care settings, eliminating, restructuring or combined board with individuals lacking the pharmacy specialty would be exceedingly difficult, if not unfeasible, and would pose significant risks to patient safety. Board members, staff, and inspectors have been consistently and exceptionally responsive whenever I have reached out for guidance."
Respondent #15 – "No"
Respondent #16 – "None"
Respondent #17 – "I think that board has to deal with a lot of undue stress from people who are not educated on the profession of pharmacy. Before law makers, accountants, lawyers, and politicians make decisions for the practice, they need to come see what pharmacists do."
Respondent #18 – "No"

Non-Resident Pharmacy 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 – "N/A - non-resident pharmacist shipping to AL."
   Respondent #2 – "I dont see too many issues at this moment."
   Respondent #3 – "None"
   Respondent #4 – "n/a"
   Respondent #5 – "N/A"
   Respondent #6 – "None"
   Respondent #7 – "PBM owned pharmacies, over licensing of pharmacy that doesn't protect welfare of public"
   Respondent #8 – "none"
   Respondent #9 – "Nothing specific. I'm an out of state pharmacist and have no issues"
   Respondent #10 – "N/A"
   Respondent #11 – "We resolved an issue back in 2022 with the Board of Pharmacy and they sent us a Notice of Hearing regarding the same issue in late 2024 (Case#: [redacted]). We hired a lawyer to help resolve this, they believed it should be dismissed, but then it was put on hold due to Board restructuring. It appears there is a misunderstanding regarding the disciplinary action that happened in 2019 but was finalized in late 2022 due to COVID-19 and its connection to our consent form with Alabama from early 2022. The Alabama Board seems to think we broke our Consent Form by having a disciplinary action after the fact but this disciplinary action was from before the Consent Form was created and signed. We already paid $3,000 and a $120 transaction fee to Alabama for the Consent Form in 2022."

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

Yes	**11**	**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	3	27%
No	**6**	**55%**
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	**9**	**82%**
Unknown	2	18%

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

Yes	**7**	**64%**
Unknown	4	36%

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

Yes	**11**	**100%**

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

Respondent #1 – "N/A"
Respondent #2 – "Not at this time"
Respondent #3 – "N/A"
Respondent #4 – "none"
Respondent #5 – "N/A"
Respondent #6 – "None"
Respondent #7 – "No"
Respondent #8 – "no"
Respondent #9 – "N/A"
Respondent #10 – "None"
Respondent #11 – "This confusion has been going on since August 2024 and has caused issues in the past with getting inspected by NABP. Any resolution or dismissal of this case would be greatly appreciated."

Precursor Questionnaire

A letter was sent to ninety-seven licensees requesting participation in our survey. 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 – "Unusually short timelines required to submit change applications - within 10 days of change. Minimal differences between the regulatory standard Third Party Logistics providers are held to compared to Wholesalers and other entities."
   Respondent #2 – "N/A"
   Respondent #3 – " . "
   Respondent #4 – " . "
   Respondent #5 – "A lot of licensing requirements when applying for a specific license in the profession"
   Respondent #6 – "N/A"
   Respondent #7 – "This is not a comment that is specific to Alabama, but for an FDA-registered 503B outsourcing facility that does not dispense or fill patient-specific prescriptions or engage in any patient-specific compounding, we feel that it is important to state board of pharmacy rules and regulations not to conflict with what FDA allows us to do."
   Respondent #8 – "Overly rigid interpretations applied to complex and/or evolving business models, such as regulating each facility in a contiguous campus and requiring a separate license for precursor activities even when the facility holds a prescription product license for the same activities."
   Respondent #9 – "The most significant issue facing wholesale distributors and supply chain participants in Alabama is the need for greater consistency, transparency, and predictability in the Board's regulatory and enforcement approach, particularly with respect to inspection practices, documentation requirements, and application of disciplinary actions. Variability in interpretation and execution can create operational uncertainty and administrative burden without improving patient safety outcomes. Continued efforts to standardize processes, clarify expectations, and align with national best practices will be critical to supporting compliance while ensuring efficient and reliable access to pharmaceutical products across the state."

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

Yes	**8**	**88%**
No	1	12%

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

Yes	**4**	**44%**
No	**4**	**44%**
Unknown	1	12%

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

Yes	**4**	**44%**
No	3	34%
Unknown	2	22%

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

Yes	4	44%
No	**5**	**56%**

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

Yes	**9**	**100%**

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

Respondent #1 – "Allowing the issuance of a temporary license granted upon submission and valid for a period of time while the applicant and board worked through processing the remaining information would assist in the populations access to lifesaving drugs and reduce challenges/delays in supplying product to the population."
Respondent #2 – "N/A"
Respondent #3 – "no"
Respondent #4 – "Not at this time."
Respondent #5 – "No additional comments"
Respondent #6 – "AL Board of Pharmacy brings little value to our production facilities. It feels simply like a "check-the-box" effort to hold the certification and pay the license fee. Beyond that, we have little to no interface with AL Board of Pharmacy."
Respondent #7 – "We have always had a good relationship with the Board's staff and very much appreciate the Board's and the staff's efforts."
Respondent #8 – "Requirements for virtual entities seem overly restrictive; because the activities do not involve the physical presence or movement of product, physical presence of a designated representative seems unnecessary, the same DR should be able to represent multiple affiliated entities, and the block against multiple virtual entities at the same street address also seems unnecessary."
Respondent #9 – "while the Board's regulatory framework is essential to protecting patient safety, certain requirements and processes can create unnecessary administrative burden or variability in application without a corresponding benefit to public health. Continued efforts to streamline requirements, clarify expectations, and ensure consistent application of rules will help support compliance while maintaining efficient and reliable access to pharmaceutical products."

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

A letter was sent to one hundred licensees requesting participation in our survey. Fourteen 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 – "cannot work remotely"
   Respondent #2 – "N/A"
   Respondent #3 – "Counterfeit products being passed off as legitimate medical products."
   Respondent #4 – "Lack of access for our company."
   Respondent #5 – "The lack of specialized training programs for emerging technologies"
   Respondent #6 – "Finding qualified personnel for higher skill positions"
   Respondent #7 – "Cold Chain & Logistics Constraints (Growing Issue)- Biologics and specialty drugs require strict temperature control. Failures lead to: product loss, recalls, regulatory violations. Cold chain costs and complexity are rising rapidly - core issue for Importers: it's no longer just regulatory, it's logistics-intensive and capital-heavy."
   Respondent #8 – "n/a"
   Respondent #9 – "N/A"
   Respondent #10 – "rules are different in AL than in other states, makes it challenging to be nationwide"
   Respondent #11 – "Consistent state to state requirements for reverse distribution licensing."
   Respondent #12 – "Pharmacy reimbursement"
   Respondent #13 – "My company is out of state"
   Respondent #14 – "Overly rigid interpretations, such as licensing each separate facility of a contiguous campus recognized by FDA and DEA."

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

Yes	**11**	**79%**
No	3	21%

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	14%
No	**12**	**86%**

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

Yes	**10**	**72%**
No	3	21%
Unknown	1	7%

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

Yes	**11**	**79%**
No	1	7%
Unknown	2	14%

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

Yes	**13**	**93%**
No	1	7%

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

Respondent #1 – "no"
Respondent #2 – "No"
Respondent #3 – "Not at this time"
Respondent #4 – "None at this time."
Respondent #5 – "Additional training opportunities would be beneficial"
Respondent #6 – "I would like to say that your on-line applications and renewal process is not very user friendly.. it would be nice if it was more intuitive and user friendly."
Respondent #7 – "n/a"
Respondent #8 – "n/a"
Respondent #9 – "N/A"
Respondent #10 – "n/a"
Respondent #11 – "No"
Respondent #12 – "The Licensure Gateway could be more user friendly."
Respondent #13 – "We have worked with someone named [redacted] for a few years who has been incredibly helpful and knowledgeable with licensing permits for our company."
Respondent #14 – "Requirements for virtual entities seem overly restrictive; because the activities do not involve the physical presence or movement of product, physical presence of a designated representative seems unnecessary, the same DR should be able to represent multiple affiliated entities, and the prohibition against multiple virtual entities at the same street address also seems unnecessary."

Oxygen Retailer Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Twenty-eight 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 versus cost"
Respondent #2 – "The pharmacy board does not understand Hall oxygen"
Respondent #3 – "Lack of insurance oversight Paying for unnecessary licenses like ALBOP"
Respondent #4 – "Third party administrators and decline in fee schedules. Rates we charge are capped by insurance companies, so when our cost such as gas, employee pay, etc increases, we are not allowed to increase our rates to keep up with the economy."
Respondent #5 – "Fee schedules - we cannot increase our rates when gas prices escalate. There is a shrinking margin and we have zero control. I fear we will see more and more DMEs exit because the cost exceed any profits."
Respondent #6 – "None"
Respondent #7 – "over regulation and further reimbursement cuts"
Respondent #8 – "As a DME supplier, we are facing supply issues for our patients we serve."
Respondent #9 – "Lack of information exchange with insurance companies and the outsourcing of customer service (people who do not understand the English language)"
Respondent #10 – "Payor rates vs cost to do business - we cannot increase our rates and cannot control the cost in this economy."
Respondent #11 – "Economy is not helping with the rising cost to do business and fees set for what we are paid to perform services."
Respondent #12 – "Third party administrators handling claims, Medicare HMO'S, accreditation yearly and Medicare scrutiny only affecting companies doing things properly. Financial burden coupled with lower reimbursement."
Respondent #13 – "Too much tax on a small healthcare business. We have city license tax, county license tax. Most other states have a business licensing fee that is a fixed rate not a percentage of their income. Cost of doing business is high in Alabama in comparison to other states."
Respondent #14 – "The most significant issues facing the profession include maintaining regulatory compliance amid evolving requirements, workforce shortages, and ensuring timely patient access to care and medical services, particularly in rural areas. Continued collaboration and communication between providers and regulators is essential."
Respondent #15 – "Rising cost of goods and labor as well as gas prices"
Respondent #16 – "Payor rates and the economy."
Respondent #17 – "Insurance companies"
Respondent #18 – "Excessive fees to do business in a city and county and state"
Respondent #19 – "Escalating costs, unskilled workers"
Respondent #20 – "Poor insurance reimbursement. Major hospitals ([redacted], [redacted], [redacted], [redacted]. [redacted]'s) providing their own DME/O2 services. Government over regulation."

Respondent #21 – "The increase in cost of operations vs the decreases in revenue."
Respondent #22 – "Economy - prices continue to rise such as gas and freight cost."
Respondent #23 – "Reimbursement from Insurance Companies and Advantage Plans and HMO plans!"
Respondent #24 – "Patients needing oxygen equipment and keeping it, destroying it and not paying their portion of what insurance states they should pay."
Respondent #25 – "Low insurance reimbursement rates"
Respondent #26 – "CMS and Insurance regulations"
Respondent #27 – "Decreasing payments from insurance companiews, and over regulation where not needed."
Respondent #28 – "Insurance Reimbursement and constant changes in healthcare"

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

Yes	13	46%
No	**15**	**54%**

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

Yes	**14**	**50%**
No	10	36%
Unknown	4	14%

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

Yes	9	32%
No	**14**	**50%**
Unknown	5	18%

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

Yes	**12**	**43%**
No	6	21%
Unknown	10	36%

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

Yes	**27**	**96%**
No	1	4%

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

Respondent #1 – "Na"
Respondent #2 – "No"
Respondent #3 – "There is NO need for ALBOP to be involved with the HME industry. Their is zero reason for them to inspect oxygen tanks at HME companies when they are already inspecting the company who fills the tanks. They are charging both a license for the same product, it should be illegal!!!"
Respondent #4 – "I understand that gaseous oxygen is considered a drug, but the regulations we are held to, and the cost of the license, seem to be a bit extreme. I do not feel that it requires as strenuous regulation as a drug by a pharmacy should be."
Respondent #5 – "We never reach out to the board other than a license renewal. I do not see why oxygen cylinders are govenered by the board of pharmacy. Seems a bit extreme. No issues with the inspectors, but it does seem to be a bit overboard."
Respondent #6 – "None"
Respondent #7 – "no"
Respondent #8 – "We received a 5 minute survey recently with observation to our E tank storage room. No other questions were asked or observed."
Respondent #9 – "The Pharmacy Board collects fees from us as well as from the oxygen company. If the Pharmacy Board oversees the company filling the tanks, what is the purpose of us paying annual fees? We do not fill any tanks. We only distribute tanks that are provided."
Respondent #10 – "Oxygen cylinders should not be governed by the State Board of Pharmacy. The cost for a license, vs the service we get do not equate. The math is not mathing!"
Respondent #11 – "We never have to contact the board for anything other than send a check for licensure renewals. I don"t understand why oxygen cylinders are governed by the state board of pharmacy. I would think they would have more important things to do, such as focusing on those who are prescribing drugs that keep our citizens drug dependent."
Respondent #12 – "With all the scrutiny and now being accredited each year instead of every three years the financial burden has increased dramatically. Following the policies that we follow already, I don't see the need for the State Board duplicating what the accrediting bodies and the State licensure board are already doing. The State Board has been easy to work with and have always been very accommodating but as I mentioned, we are now under a microscope and I feel like the board should ensure the AO's are aware of your requirements and let them police the industry as Medicare has required them to do."
Respondent #13 – "None"
Respondent #14 – "Thank you for the opportunity to provide feedback. We appreciate the Board's continued efforts to support patient safety, regulatory compliance, and access to care throughout Alabama. I have worked extensively with [redacted] over the last year and have found her to be very knowledgeable, professional, and quick to respond. Her assistance and communication have been greatly appreciated."
Respondent #15 – "None"
Respondent #16 – "We never reach out to the board for anything other than renewal so their response in a timely manner should be NA. I am not certain why the BOP governs oxygen cylinders. Seem to be quite restrictive."

Respondent #17 – “no”
Respondent #18 – “None”
Respondent #19 – “HME Owners will do it cheaper if unregulated”
Respondent #20 – “Annual fees to keep our oxygen permit are excessive.”
Respondent #21 – “I personally feel the pharmacy is not the proper "gate keeper" for Home Oxygen. It is very expensive, with no clear guidelines for all divisions of oxygen dispensing. Communication is nonexistent the only person we can speak with is our inspector. We are unable to log into the renewal portal since we do not have a charge pharmacist (which is not required or needed) we have been attempting to get this corrected for over a year. Phone calls nor emails have worked for us. When we have called we have been told they are working on it and to call at a later date. The present set up is very much available when they demand your fees and are quick to fine you when their system is not allowing payment but totally absent when you are attempting to use their systems to pay those fees.”
Respondent #22 – “I dont ever contact the board other than license renewal. It seems odd that oxygen cylinders would fall under the board of pharmacy and not the Alabama Board of Home Medical Equipment.”
Respondent #23 – “Never had an issue with the State Board of Pharmacy. Thank you for this!”
Respondent #24 – “Working together with patients is so important. They need to care for the equipment and themselves. We can do all we can do but if they don't care it's very difficult.”
Respondent #25 – “No”
Respondent #26 – “I provide oxygen. Why is oxygen regulated under pharmacy except to make money? Also, the regulations require me to maintain an alarm system for my storage area for oxygen while the local pharmacies who have drugs are not required to have an alarm system. Just does not sound right.”
Respondent #27 – “To my knowledge, ALBOP only inspects to verify we are in compliance of oxygen regs. The company who sells the oxygen is inspected by them as well, so it should be unnecessary. As well, the things they look for can be, and often is verified by the many other organizations, boards, etc. who perform inspections. Them doing this costs us money, and wastes our time.”
Respondent #28 – “Not at this time.”

Manufacturer/Wholesaler Oxygen Questionnaire

A letter was sent to one hundred licensees requesting participation in our survey. Sixteen 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 – "i think things flow in a timely manner"
   Respondent #2 – "Over regulation by people that do not truly understand it."
   Respondent #3 – "Not sure"
   Respondent #4 – "Keeping up with the changing of times ."
   Respondent #5 – "None at this time"
   Respondent #6 – "The demanding licensing requirements for medical gases. No other stats in the lower 48 have the requirements AL does and any state that does have a DR has the DR connected to the site, whereas AL has the site connected to the DR."
   Respondent #7 – "N/A"
   Respondent #8 – "Finding qualified help."
   Respondent #9 – "Time it takes to obtain a new license and changing the manager in charge is overly complicated"
   Respondent #10 – "Payor rates and the dwindling number of suppliers who can sustain in this economy."
   Respondent #11 – "Closing of small town hospitals resulting in doctors closing also."
   Respondent #12 – "N/A"
   Respondent #13 – "n/a"
   Respondent #14 – "As a durable medical equipment supplier that handles medical oxygen, we are not aware of any significant issues affecting our operations in Alabama at this time."
   Respondent #15 – "Rising costs of goods."
   Respondent #16 – "None that I am aware of."

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

Yes	**13**	**81%**
No	3	19%

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	19%
No	**8**	**50%**
Unknown	5	31%

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

Yes	**8**	**50%**
No	3	19%
Unknown	5	31%

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

Yes	**7**	**44%**
No	3	19%
Unknown	6	37%

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

Yes	**15**	**94%**
No	1	6%

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

Respondent #1 – "no i do not"
Respondent #2 – "Not at this time."
Respondent #3 – "No"
Respondent #4 – "no"
Respondent #5 – "no"
Respondent #6 – "For medical gases - specifically Oxygen and Nitrogen the licensing rules should be simplified. Is a DR necessary? If so they should be linked to the facility and not the other way around. Many states do NOT have DR for medical gases and most other states have a simpler process for a license. Our industry has AL on the top 5 of difficult processes."
Respondent #7 – "NONE"
Respondent #8 – "Not at this time."
Respondent #9 – "Applications submitted in the portal take too long for review and requirements for a new license are not consistent. Several items that I needed to upload were not required for my type of license"
Respondent #10 – "There have been no updates shared in years. There is no communication with the board, unless a site inspector shows up or if we renew our license. I am not sure why it is necessary for oxygen cylinders to fall under the governance of the board of pharmacy. I would think they would have more important work to do in light of the drug issues that are abundant in Alabama."
Respondent #11 – "None at this time"
Respondent #12 – "None"
Respondent #13 – "no"
Respondent #14 – "We appreciate the Board's efforts to protect public safety while regulating licensed entities. As a medical oxygen supplier, our interactions with the Board have been limited, and we have no additional comments at this time."
Respondent #15 – "No"
Respondent #16 – "The changing of Designated Reps could be a little more clear. It would be more intuitive if the incoming and outgoing apps were linked on the actual main permit itself and not on the DR permit side. The confusion here made changing the DRs on 6 permits time consuming and frustrating. OR, clearer step-by-step instructions should be easily available,"

503-B Facility Questionnaire

A letter was sent to thirty 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 – "I represent a non-resident 503b. If I am not eligible for this survey please delete my responses"
   Respondent #2 – "PBMs and large pharmacy chains colluding to destroy private retail pharmacy"
   Respondent #3 – "Continued access to provide needed products to providers."
   Respondent #4 – "none so far."

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

Yes	**2**	**50%**
Unknown	**2**	**50%**

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 – "I appreciate the Board's flexibility in allowing virtual appearances for licensure."
   Respondent #2 – "None"
   Respondent #3 – "No"
   Respondent #4 – "no"

Complainant Questionnaire

A letter was sent to one hundred complainants requesting participation in our survey. Twenty-three 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	**17**	**74%**
No	3	13%
Unknown	3	13%

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

Within 15 days	**13**	**57%**
Within 30 days	5	22%
Within 60 days	1	4%
Unknown	4	17%

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

Yes	**12**	**52%**
No	10	44%
Unknown	1	4%

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

Yes	7	31%
No	**12**	**52%**
Unknown	4	17%

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

Respondent #1 – "No thank you"
Respondent #2 – "Formal investigation i believe was not handled to the full potential. I believe it was dealt with as a joke and not made as serious of a matter as it was and still is. I filed two complaints and both times felt was brushed off as no big deal. I was also never asked for a in person consultation. Id also like to add while going thru the process of questions about my complaint they were asked/answered while the in investigator was at the fast food drive thru."
Respondent #3 – "I do not understand what you do there, Its seem like a waste of money."
Respondent #4 – "No"
Respondent #5 – "Last time I spoke with them, they said a [redacted] pharmacy rep would be contacting me, and that never happened. That is the last thing I heard from anyone. I have no idea how the situation ultimated ended."

Respondent #6 – "Why is A amphetamine salts, dextroamphetamine-amphetamine, amphetamine salts combo, Amphetamine aspartame, dextroamphetamine sulfate, amphetamine succinate, dextroamphetamine saccharate Dextro, Levorotary
The enantiomer of sterioisomer of the chiral mirror image of the molecular structure
75%, 25% Instant-release Half-life Why does it have FDA black box warning: WARNING, THIS PRODUCT IS HIGHLY ABUSED, Adderall 20mg XR, 25mg XR, 30mg XR
Adderall 5mg, 10mg ir, 20mg ir 90-day Rx supply Qty limit: 180qty For personal use, not for resale or consumption by anyone other than for whom it is prescribed. Is the medication prescribed Suboxone, buprenorphine naloxone Hydrocodone/acetominophen 5mg/325mg
Oxycodone Fentanyl citrate Methadone Percocet Vicodin Narcotic drugs are non-stimulant, strong mu-receptor binding Opioid agonists pain relievers? Opioids are narcotic. N-within the black box is Narcotic/Safe. They say that, no it's New Brand [redacted] is an Israeli-based (formerly German) pharmaceutical company that specializes in manufacturing high quality, low-cost generic medicines worldwide. Actavis was the Brand name drug manufacturer for Promethazine/Codeine cough syrup. $350/bottle per 500mL [redacted] was the original "Brand name" for Adderall. Then sold to [redacted] in the early 2000's? As far as Patent protection and drug exclusivity, the patent for Adderall, if there were a patent still available for it, would effectively prevent or exclude other manufacturers from selling the same version of the drug. However, Once the drug loses patent exclusivity, and other generic manufactures can produce low-cost alternative drugs to the reference drug without facing legal repercussions like lawsuits for patent infringement, trademark violations, and copyright infringement laws, then ceases to exist the "Brand-Name" value of the drug because insurance companies no longer cover the Brand name price of the dtug. MSRP: $999.99 Now $99.99 $40-$60 for 30-day supply 60qty About a $1/pill. $10.65 per pill, for 30-60-90 days supply, $5 copay becomes, $400 out-of-network visit to [redacted] in-network provider 2026 Alabama Medicaid Drug Formulary Adderall XR 35 day supply $1.90-$3.50 copay [redacted] -> referred me to [redacted], he's in-network provider with [redacted] Which I was fine with, but when they can theoretically bill whatever price they want, to Medicaid, Medicare, VA, Employer-Sponsored Private Insurance plans etc. Well my father has had [redacted] Medicare 65+ Which, you charge him an additional $185-$200/mo to potentially deny him Original Medicare Parts A and B, to upcharge me Then my mother is on a separate [redacted] plan, why is it different? Same family household, you price gouge us Which we've already had to pay into the company hundreds of thousands of dollars for denials or lapses in coverage when we actually need it in the emergency situation… [redacted] Bronze Catastrophic coverage $2,100/mo in monthly premiums $780-$830/mo with $1,200/mo tax credit subsidy for $65k-$85k family income Over 10 years, $780-$830/mo * 12/mo = $9,360-$9,960 (2009) $96,000 over 120 months $48,000 + $96,000 =$144,000.00 over 180mo or 15 years of monthly premium Plus the $1,200/mo in APTC 180 * We didn't use it often enough to justify the cost of it, but employees were mandated during the [redacted] administration, there was a 4% tax penalty for not having creditable health insurance coverage, general liability, worker's compensation, small business owner's policy, homeowners, auto insurance $2,500-$4,500/mo in monthly insurance premiums Over 10-25years, fha Life optional [redacted] administration Annual calendar year deductible Individual $7,500 Family $15,700 In-network deductible: Out-of-network ded: N/A Patient responsibility: $960 [redacted] $560 ($500 deductible, $60 copay) for Tier 4 non-preferred Brand Name drug, Why is it not dispensed from the time delayed safe?

Respondent #7 – "N/A"
Respondent #8 – "No"
Respondent #9 – "I feel like they could expand on what they deem appropriate to investigate. In my case it was a professional conduct issue that impacted my ability to fill a prescription and an ongoing tension with a local pharmacist. They indicated it was out of their scope in a letter I received so nothing was done to look into the situation further."
Respondent #10 – "The ALBOP has always been very responsive and professional concerning this process."
Respondent #11 – "filed the complaint months ago. I have yet received a letter or called of the results."
Respondent #12 – " "
Respondent #13 – "I was never contacted about my complaint made toward the pharmacist/manager at the [redacted] location in muscle shoals alabama. Not once outside of telling me the complaint was recieved on your end. She does infact need true guidance in patient care. The reason the reviews and patient retention is so abhorrent is because of her behavior. She is constantly on her personal phone and ignoring the need for help in her staff. She speaks arrogantly and horrendously to patients. She sits on a stool all day and doesnt move. Her actions to not fill/order certain medicines for me directly resulted in being admitted to the hospital. Mind you it was an inhaler i needed not something crazy. I never once got an explanation of what was done or heard from the albop on this issue. As a former pharm tech myself I expected a much better follow up and disciplinary actions."
Respondent #14 – "Pharmacists think they are physicians and are being increasingly unreasonable with prescription filling. I was totally unsatisfied with the response of the board and will continue to report pharmacists who overstep their authority. They are NOT physicians and are not involved in the care of the patients we care for. Getting worse by the month- especially chain stores. [redacted]"
Respondent #15 – "I believe the pharmacist was responsible for the supervision of the pharmacy tech who mistreated us, and then pulled the abusive store manager into it. I will never shop at [redacted] or use their pharmacy again."
Respondent #16 – "The handling of medical supplies/raw colostomy supplies taking them out of sealed boxes by warehouse workers is not sanitary on any level and my insurance company pays for full unopened boxes!"
Respondent #17 – "The complaint filed centered more around a HIPAA violation against a pharmacist. The boards reply was that there was nothing they could do because there was not any kind of medication error. The board further stated they would notify the pharmacy manager of the formal complaint and that this was an internal issue for the pharmacy itself to handle. I feel like they could have routed me in a different direction so this could be handled from another state agency. I had already talked to the Pharmacy manager about this one time and it happened again. I filed the complaint because this was the second time a HIPAA violation had occurred from the same pharmacist towards me. Obviously, it was not handled the first time by the pharmacy. Furthermore, after discussing with another pharmacist at a different pharmacy I was told that this was a common occurrence with this particular pharmacist."

Respondent #18 – “It was a timely and thorough investigation into our situation. The follow-up was also timely and considerate. Thank you.”
Respondent #19 – “I feel the complaint was handled appropriately”
Respondent #20 – “I was impressed by the Pharmacy Board employees that I interacted with. Disappointed that the case didn't move forward.”
Respondent #21 – “I appreciated the reviewer calling me to inform me that he had received my complaint and would be launching the investigation. I like open communication.”
Respondent #22 – “i would like to have an update on how this was resolved.”
Respondent #23 – “Board involved the same Agent that previously stormed into my own medical practice on a matter related to my personal healthcare, terrorizing my receptionist. I asked to meet him in person at the ALBOP office in 35242; he only offered phone, with which I am profoundly uncomfortable. Please, BOP, be more flexible about meeting with complainants, especially those that are physicians.”

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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.

(a) Each state drug investigator employed by the board must furnish satisfactory proof to the board that the investigator is 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 the duties as an investigator consistent with this chapter. A state drug investigator employed by the board must 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. 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) A state drug investigator shall:

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

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

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

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

(f) A state drug investigator 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 whose license or permit has been revoked or suspended.

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

(Acts 1966, Ex. Sess., No. 205, p. 231, §7; Act 2017-422, p. 1392, §1; Acts 2025-372, §3.)

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.
(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 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 the selection in accordance with subdivision (4).
(2) A licensed pharmacist 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 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.
(b) 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.
(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; Act 2025-372, §3.)

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.
(a) The board may bring an action in the circuit court for an injunction 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 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; Act 2025-372, §3.)

Section 34-23-13 Violations.
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 a license from the board.
(2) Permits prescriptions to be compounded or dispensed by unauthorized persons.
(3) Willfully violates any provision of this chapter or rule adopted by the board.
(Acts 1966, Ex. Sess., No. 205, p. 231, §10; Act 2025-372, §3.)

ARTICLE 2 LICENSES AND PERMITS.

DIVISION 1 GENERAL PROVISIONS.

Section 34-23-30 Pharmacy Permits.
(a) Every pharmacy, hospital pharmacy, drugstore, pharmacy department, prescription department, prescription laboratory, apothecary, and any other entity with a title implying the sale, offering for sale, compounding, or dispensing of drugs, 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 operate 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 be authorized to transact business until the pharmacy or entity has been registered, inspected, and issued a permit 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 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 entity.
(2) Every application for a permit for a new pharmacy or entity where pharmacy services are performed shall be accompanied by a fee to beset by the board, by rule.
(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 the 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. Owners of pharmacies or the owners of entities where pharmacy services are performed who are not licensed pharmacists shall immediately notify the board upon the termination of employment of licensed pharmacists and 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 prohibited; 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 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.
(e) The board, by rule, shall establish qualifications for any person providing pharmacy services in the state.
(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 benefits managers.
(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, p. 1392, §1; Act 2023-60, §1; Act 2025-372, §3.)

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 Adherence to FDA Guidelines in the Drug Quality and Security Act; Annual Permits; Fees.
(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 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 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 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, p. 1392, §2.; Act 2025-372, §3)

Section 34-23-33 Disciplinary Action -- Grounds; Monetary Penalties.

(a) The board may revoke or suspend a license, permit, certificate, or registration, place on probation, require remediation, 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 person has engaged in any of the following:

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

(2) 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 to practice pharmacy with reasonable skill and safety to patients by reason of illness, 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 a 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 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 person 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 secretary or chair of the board.

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

(12) Violation of the code of professional conduct adopted by the board in the rules and regulations of the board.
(b)(1) The board 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 persons 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 board's 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.
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, p. 1392, §1; Act 2025-372, §3.)

Section 34-23-34 Disciplinary Action -- Statement of Charges and Notice of Hearing.
No disciplinary action described in Section 34-23-33 relating to the license, registration, certificate, or permit of any person regulated by the board may be taken unless a statement of charges and notice of hearing has been served on the person 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 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; Act 2025-372, §3.)

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)(1) All certificates of licensure shall expire on December 31 of even-numbered years unless a licensed pharmacist pays a renewal fee in a specified amount set by the board, by rule. 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 December 31 and shall entitle the registrants to renewal of their certificates at the discretion of the board. If any pharmacist fails to pay the renewal fee 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.
(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; Act 2025-372, §3.)

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 Creation; Composition.

(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) Beginning January 1, 2026, the board shall consist of 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.

(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.

(c) Any vacancies occurring on the board shall be filled by appointment by the respective appointing authority for the unexpired term.

(d) No member shall serve more than two full terms consecutively.
(e)(1) The Governor may remove a member of the board upon proven charges of inefficiency, incompetency, immorality, or professional misconduct. The replacement member shall be appointed by the respective appointing authority for the unexpired term.
(2) Appointees to the board, within 30 days after their appointment, 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 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. Not later than November 1, 2025, the board 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 his or her service by any person holding a license, permit, certificate, or registration issued by the board.
b. The board shall fix the secretary's salary.
(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; Act 2025-372, §3.)

Section 34-23-91 Duties of Officers; Compensation and Expenses; Meetings; Funds and Disbursements; Books and Records.
(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 that is 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) 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 entitled to actual expenses incurred as is paid by law to state employees while engaged in official business of 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 the board. Public notice of all meetings shall 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.
(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; Act 2025-372, §3.)

Section 34-23-92 Powers and Duties of Board.
The board shall do all of the following:
(1) 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) 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.
(5) Adopt rules regarding sanitation consistent with state health regulations.
(6) Employ chemists, agents, clerical help, attorneys, and other personnel as necessary for the proper administration of the duties of the board.
(7) Employ under the supervision of the board a chief drug investigator and other state drug investigators that the board deems necessary to enforce this chapter.
(8) Adopt rules for the administration and enforcement of this chapter. The board shall adopt all rules in accordance with the Alabama Administrative Procedure Act. A copy of every rule containing a requirement of general application shall be electronically mailed to each registered pharmacist at least 10 days before the effective date of the certified rule. A printed copy of the rules shall be mailed to any registered pharmacist upon written request to the board.
(9) Investigate alleged violations of this chapter, any rule of the board, or any other law pertaining to the practice of pharmacy which may come to the knowledge of the board and:
a. Institute or cause to be instituted appropriate proceedings in a court 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.

(10) 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.
(11) Administer oaths in connection with the duties of the board.
(12) 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 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.
(13) 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 subdivision shall be construed to deprive the Alabama Department of Public Health of any powers or duties otherwise prescribed by law including the enforcement of the narcotic law.
(14) Cooperate and assist with prosecuting officers in any proceeding involving an alleged criminal offense and furnish prosecuting officers with any evidence the board or its officers or employees determine will assist in the prosecution of a criminal offense.
(15) On application of any person and payment of the actual cost of providing a certified copy, furnish, under its seal and signed by the secretary, a certified copy of the license or permit of the requester. In any court or proceeding, the copy shall be prima facie evidence of the fact of the issuance of the permit or license.
(16) 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, p. 1392, §1; Act 2025-372, §3.)

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 Employment of Counsel; Disciplinary and Administrative Divisions.
(a)(1) The Attorney General of the state shall be the attorney for the board, but the board may employ other counsel.
(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.
(Acts 1966, Ex. Sess., No. 205, p. 231, §6; Act 2025-372, §3.)

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)(1) A pharmacy technician shall register and pay a registration fee 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 unless a registered pharmacy technician pays a biennial renewal fee in a specified amount set by the board by rule. The fee shall be not less than twenty dollars ($20) nor more than sixty dollars ($60). The renewal fee shall be due 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 rule of the board, for each lapsed 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.

(Acts 1996, No. 96-496, p. 625, §2; Act 2004-450, p. 801, §1; Act 2017-422, p. 1392, §1; Act 2019-128, §1; Act 2025-372, §3.)

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

SB100

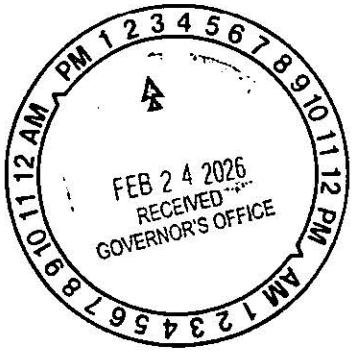
ACT #2026-158

3P7I8ZZ-2

By Senator Kelley

RFD: Fiscal Responsibility and Economic Development

First Read: 13-Jan-26



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, 2027, with certain modifications; to amend Section 34-23-90, Code of Alabama 1975, as last amended by Act 2025-372 of the 2025 Regular Session, to revise the appointing authority for a certain board member.

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, 2027, 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 Sections 34-23-1 to 34-23-187, inclusive, Code of Alabama 1975, is continued until October 1, 2027, and those code sections are expressly preserved.

Section 3. Section 34-23-90, Code of Alabama 1975, as last amended by Act 2025-372 of the 2025 Regular Session, is amended to read as follows:

"§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) Beginning January 1, 2026, the board shall

consist of 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~~ four names, with two names each submitted ~~by the Alabama Pharmacy Association~~ from the two state pharmacy schools.

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.

(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~~ respective appointing authority 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.

(6) If an applicable nominating entity does not submit a list of nominees for a board position within 45 days after a vacancy occurs on the board, the applicable appointing authority shall appoint a qualified individual. Each appointing authority shall have 45 days within which to fill a vacancy.

(c) Any vacancies occurring on the board shall be filled by appointment by the respective appointing authority for the unexpired term.

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

(e)(1) The Governor may remove a member of the board upon proven charges of inefficiency, incompetency, immorality, or professional misconduct. The replacement member shall be appointed by the respective appointing authority for the unexpired term.

(2) Appointees to the board, within 30 days after their appointment, 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 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. Not later than November 1, 2025, the board 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 his or her service by any person holding a license, permit, certificate, or registration issued by the board.

b. The board shall fix the secretary's salary."

Section 4. The Legislature concurs in the recommendations of the Sunset Committee as provided in Sections 1, 2, and 3.

Section 5. This act shall become effective June 1, 2026.

President and Presiding Officer of the Senate

Speaker of the House of Representatives

SB100
Senate 15-Jan-26
I hereby certify that the within Act originated in and passed the Senate.

Patrick Harris,
Secretary.

House of Representatives
Passed: 19-Feb-26

By: Senator Kelley

APPROVED 3-3-2026

TIME 12:10 pm

Kay Ivey
GOVERNOR

Alabama Secretary Of State

Act Num....: 2026-158
Bill Num...: S-100

Recv'd 03/03/26 01:33pmKCW

SPONSOR

1 Kelley

CO-SPONSORS

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3 20
4 21
5 22
6 23
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8 25
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11 28
12 29
13 30
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SENATE ACTION

DATE: 1-13 20 26

RD 1 RFD FRED

I hereby certify that the notice & proof is attached to the Bill, SB _____ as required in the General Acts of Alabama, 1975 Act No. 919.

PATRICK HARRIS, Secretary

This Bill was referred to the Standing Committee of the Senate on FRED

and was acted upon by such Committee in session and is by order of the Committee returned therefrom with a favorable report

w/amd(s) 0 w/sub 0 w/eng sub 0

yeas 14 nays 0 abstain 0

this 14th day of January, 2026

_____, Chairperson

DATE: 1-14 20 26

RF FAV RD 2 CAL

I hereby certify that the Resolution as required in Section C of Act No. 81-889 was adopted and is attached to the Bill, SB 100.

yeas 35 nays 0 abstain 0

PATRICK HARRIS, Secretary

DATE: 1-15-26 RD 3 at length

PASSED ☑ PASSED AS AMENDED ☐

yeas 35 nays 0 abstain 0

And was ordered sent forthwith to the House.

PATRICK HARRIS, Secretary

FURTHER SENATE ACTION (OVER)

HOUSE ACTION

DATE: 1-15 20 26

RD 1 RFD BA+C

REPORT OF STANDING COMMITTEE

This bill having been referred by the House to its standing committee on

BA + C

was acted upon by such Committee in session, and returned therefrom to the House with the recommendation that it be Passed,

w/amd(s) _____ w/sub _____

this 21st day of January, 2026.

_____, Chairperson

DATE: 1-21 20 26

RF 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, SB 100.

YEAS 102 NAYS 0

JOHN TREADWELL, Clerk

FURTHER HOUSE ACTION (OVER)

Appendix III: Board Members

ALABAMA BOARD OF PHARMACY

111 Village Street, Birmingham, AL 35242
205-981-2280 | www.albop.com

Jon Linna, RPh
Executive Secretary

Mr. Wagstaff,

Please find this letter submitted in response to your request for Item No. 2 contained within Attachment A of the Sunset Review requested materials.

Name	City of Residence	Expiration of Term
Lee Ann Cain, RPh. MBA, CPEL.	Fairhope, AL	12/31/2026
Stacy Sharp Giles, RPh.	Auburn, AL	12/31/2027
Johnny Brooklere, RPh.	Mount Olive, AL	12/31/2028
Brandon Hicks Pharm.D.	Auburn, AL	12/31/2029
Jeb Mitchell, Pharm.D.	Birmingham, AL	12/31/2027
Alecia Booker, CPhT.	Northport, AL	12/31/2029
Darrelle Knight Marbury, Pharm.D, MSM, CCHP.	Alabaster, AL	12/31/2028
Nathan Pinner, Pharm.D, BCPS	Mountain Brook, AL	12/31/2030
The Honorable Freddie Stokes	Mobile, AL	12/31/2028

If you need anything further, please do not hesitate to contact our office.



Jon Linna

Executive Secretary, Alabama Board of Pharmacy

Appendix IV: Board's Response

ALABAMA BOARD OF PHARMACY

111 Village Street, Birmingham, AL 35242
205-981-2280 | www.albop.com

Jon Linna, RPh
Executive Secretary

October 8, 2026

Ms. Dixie B. Thomas
Director of Operational Audits
Examiners of Public Accounts
P.O. Box 302251
Montgomery, AL 36130-2251

Dear Ms. Thomas:

Thank you for the work of your team during our recent reviews. We appreciate the professionalism and efficiency of everyone involved. The report that all prior findings/significant issues have been resolved was welcome news and we hope this report demonstrates the agency's ongoing commitment to compliance. Although the Significant Issues identified in our current review were detected by the agency and corrective measures were implemented, we remain committed to operational changes to prevent similar issues in the future. Please find below our responses to these issues including these changes.

Thank you again, and I am available at any time to address questions or provide any additional information you may need.

Sincerely,

Jon M. Linna
Executive Secretary

SIGNIFICANT ISSUES

Significant Issue 2026-001: The Board's administrative rule for the pharmacy technician late renewal fee was in conflict with the Board's statute authorizing the late fee from May 14, 2025 through April 13, 2026. The Board amended administrative rule establishing the pharmacy technician late renewal fee in accordance with the statute effective April 13, 2026.

Agency Response: The agency affirms that this issue is correct. The agency independently detected this conflict and applied corrective action to bring the administrative rule into compliance with Act 2025-372. Further review of the administrative rule revealed that 680-X-2-.14 still refers to this fee as a "penalty." Additional rulemaking will be initiated to harmonize

the language of this rule with statute ("late fee") to reduce confusion and improve transparency. Additionally, agency staff have begun the process of identifying any instances where these fees were collected in the absence of a proper administrative rule with the intention of refunding any amounts found to have been assessed and collected in the absence of full and proper legal authority.

Significant Issue 2026-002: The Board did not accurately record certain revenue transactions during the review period. The Board incorrectly coded $27,750.00 collected for Pharmacist and Technician Non-Disciplinary Penalty Fees as Collaborative Practice Agreement Fees. Inaccurate recordings of revenue transactions may misrepresent the financial activity of the Board.

Agency Response: The agency affirms that this issue is correct. In the fall of 2025, the agency independently detected an error with the general ledger code mapping that occurred during implementation of the new ThoughtSpan licensing software. Although corrective action was implemented to ensure these receipts were accurately recorded for fiscal year 2027, additional work is needed to accurately represent all receipts in the correct revenue accounts during fiscal year 2026. Agency staff are actively engaged with our accountant to implement additional corrective actions, including but not limited to the preparation of restated financial statements for the affected periods.
Additionally, corrective action to prevent recurrence is underway. In coordination with the software vendor, new reports have been created which include a more detailed breakdown of revenue category sub-types to be used in weekly and monthly reconciliation of revenue. A full review of general ledger code and item descriptions between the licensing system and the accounting system will be performed to ensure the accuracy of each system and agreement system to system. Agency staff will coordinate quarterly in-depth financial reviews with the Treasurer and the accountant to more quickly identify early warning signs such as revenue lines running far over budget.

Significant Issue 2026-003: The Board was charging a reinstatement fee for lapsed pharmacist license, pharmacist controlled substance license, and pharmacy technician license for which a specified amount is not set by an administrative rule as required by law.

Agency Response: The agency affirms that this issue is correct. The agency did detect and correct the oversight that this fee type was not properly disabled in the ThoughtSpan licensing software. The additional scrutiny discussed in response to Significant Issue 2026-002 is expected to prevent recurrence. Act 2025-372 replaced instances of "reinstated upon payment of a penalty" with "the board may impose a late fee", generally. The Act also adds the requirement to "Set fees, by rule, for … reinstatement fees…". To address both requirements, agency staff will prepare administrative rule drafts for rulemaking by the Board to include:

- Pharmacist Controlled Substance Permit
    - Amend 680-X-3-.02 to make it explicit that there is no late fee or reinstatement fee for this permit type. Notably, a pharmacist can only hold a CS permit if they are first duly licensed.
- Pharmacists
    - Amend 680-X-2-.34 to explicitly establish a fixed "late fee" for licenses inactive for less than five years, and to specifically state conditions for reinstatement after a license has been inactive for more than five years.
    - Amend 680-X-2-.36 to remove "as a condition for reinstatement" for renewal of a license lapsed for 1 to 5 years.
- Technicians
    - Amend 680-X-2-.14(9) to further clarify that there is no additional "penalty" or "reinstatement fee," only a "late fee" as prescribed by Rule.

Additionally, agency staff have begun the process of identifying all instances where these fees were collected in the absence of a proper administrative rule with the intention of refunding any amounts found to have been assessed and collected in the absence of full and proper legal authority

Significant Issue 2026-004: The Board's initial rules intended to comply with the Code of Alabama 1975, Section 34-23-33(b)(2), did not meet the statutory requirements for monetary penalty schedules for civil penalties and administrative fines. Specifically, the initial approved rules established specified fine amounts for administrative fines rather than the dollar-amount ranges required by law. The Board subsequently recognized the issue, withdrew and redrafted the rule, and adopted a compliant monetary penalty schedule for administrative fines that became effective April 13, 2026.

Agency Response: The agency agrees that the initial rulemaking addressing administrative fines were in conflict with statute. The Board responded with corrective action including withdrawing and redrafting rules in compliance with statute. The agency also agrees, and regrets, that the complicated rulemaking process related to civil penalties and administrative fines may have contributed to confusion for all stakeholders. Although the process took longer than the Board would have liked, the Board now believes that its current Rules governing administrative fines and civil penalties comply with the Legislature's directions set forth in Act 2025-372. To improve transparency and stakeholder engagement, proposed rulemaking is now generally presented in public Board meetings for review as a 'first look' opportunity for Members and the public at least one public meeting before the initiation of formal rulemaking proceedings. The agency believes that this practice, which goes beyond the requirements of the Administrative Procedure Act, enhances transparency and accountability. As Members are discussing potential or formal rulemaking, the document under review is now displayed on screen for in-person and virtual meeting attendees.

MATTERS OF CONCERN FROM QUESTIONNAIRES

Matter of Concern 2026-001: Four of the thirteen (31%) pharmacy technicians, six of the fourteen (43%) chain pharmacies, seven of the twenty-seven (26%) community pharmacies, three of the nine (33%) precursors, three of the fourteen (21%) distributors, manufacturers, repackagers, wholesalers, and third party logistics, and fourteen of the twenty-eight (50%) oxygen retailers responding to the survey indicated they are not adequately informed by the Board of changes to and interpretations of its positions, policies, rules, and laws.

Agency Response: The agency continues to evolve efforts to improve stakeholder communication with the understanding that communication preference varies widely by individual. Feedback solicited at association meeting listening sessions has confirmed that there is no consensus on a "best" way to receive communication, therefore a broad approach is required. Examples of communication methods used by the agency include:

- Livestream of Board meetings
- Posting meeting recording on YouTube
- Offering live continuing education credit to meeting attendees
- On-going website updates
- Agency Facebook page
- Soliciting feedback at speaking engagements
- Monthly emailed Executive Secretary report
- Quarterly National Association of Boards of Pharmacy newsletter
- Quarterly Alabama Pharmacy Association newsletter
- Alabama Society of Health System Pharmacists newsletter
- Board presence at association meetings
- Listening sessions at association meetings
- Participation in ALSHP Leaders Forum
- Email to all pharmacists notifying them of rule changes 10 days before effective date
- Presentations at schools of pharmacy throughout the year

STATUS OF PRIOR MATTERS OF CONCERN FROM QUESTIONNAIRES

Prior Matter of Concern 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.

Current Status: Unresolved. Ten of the forty-three (23%) pharmacists, four of the fourteen (29%) chain pharmacies, seventeen of the twenty-seven (63%) community pharmacies, nine of the eighteen (50%) institutional pharmacies, and eight of the twenty-eight (29%) oxygen retailers responding to the survey indicated reimbursements as the most significant issue facing their profession in Alabama.

Agency Response: Although the agency does not regulate drug pricing and reimbursement outside of fraudulent practices, the health, safety, and welfare of the citizens of Alabama is best supported by convenient access to pharmacy services which is negatively impacted by this concern. The agency recognizes the contributions of the legislature to this goal by passing the Community Pharmacy Relief Act. The agency supports enforcement of this important safety net legislation by the Department of Insurance through regular responses to Pharmacy Benefit Manager requests for pharmacy location and type lists, through ongoing engagement with DOI to provide essential data, and to ensure Board administrative rules remain in alignment with statutes and rules enforced by DOI.

Prior Matter of Concern 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.

Current Status: Unresolved. Five of the nine (56%) precursors and six of the twenty-eight (21%) oxygen retailers that responded to the survey indicated the Board does not respond to inquiries in a timely manner.

Agency Response: The agency recognizes that ongoing review and revision of operations is essential to supporting stakeholder communication and appropriate responsiveness. Actions taken by the agency to support this process include website updates to the Board Office Directory in the “Contact Us” section to provide the email address for points of contact, refining workflows in the licensing software, updating frequently asked questions and guidance on the website, staff training in anticipation of increased volume of communication during renewal periods, and bringing on a part-time receptionist to reduce calls rolling to voicemail and to assist with call routing to the most appropriate staff member.

Prior Matter of Concern 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.

Current Status: Unresolved. Three of the fourteen (21%) distributors, manufacturers, repackagers, wholesalers, and third party logistics and fifteen of the twenty-eight (54%) oxygen retailers that responded to the survey indicated they do not think regulation of their profession by

the Alabama State Board of Pharmacy is necessary to protect the public's welfare.

Agency Response: The agency strongly affirms that regulation is essential to the goals of protecting public health, safety, and welfare of the citizens of Alabama as required by Alabama law. To better understand how stakeholders find that regulations do not promote these goals, the agency is in the process of arranging roundtable discussions specific to each permit type. Future agency communication will also include references to the administrative rule for petition to adopt, amend, or revoke an administrative rule, which formalizes the procedure for stakeholders to participate in the rulemaking process. Agency staff have also been exploring, in collaboration with the Board of Home Medical Equipment, statutory changes necessary to reduce regulatory burden on retail medical oxygen providers.

Prior Matter of Concern 2025-008: 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.

Current Status: Unresolved. Fourteen of the twenty-eight (50%) oxygen retailers and four of the nine (44%) precursors that responded to the survey indicated the increasing regulatory burdens being imposed is the most significant issue facing their profession in Alabama.

Agency Response: The agency is aware that medical oxygen retailers are frustrated with the statutory requirement to register with both the Board of Pharmacy and the Board of Home Medical Equipment. Recent conversations between both agencies have identified opportunities to reduce regulatory burden for retail medical oxygen providers with appropriate changes to Alabama statutes. Precursor permit holders will be invited to share their concerns with regulatory burden in roundtable discussions with agency staff.

Prior Matter of Concern 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. Eleven of the forty-three (35%) pharmacists that responded to the survey indicated they have a negative perception of the Alabama State Board of Pharmacy. Respondents indicated lack of support of actual pharmacy employees, a lack of transparency, violations of the Open Meetings Act, and passing unlawful emergency rules contribute to the continued mistrust of the Board.

Agency Response: The agency continues to implement enhanced communication methods to improve transparency for all stakeholders as discussed. Agency staff and Board members continue to represent the agency and engage with licensees at trade association and school of pharmacy events. These engagements include update presentations with listening sessions at both APA meetings, similar participation in monthly and semi-annual ALSHP calls and meetings, presentations and student interviews at the schools of pharmacy, and informal one-on-one conversations between licensees and Members or staff who attend these events. The agency continues to livestream business meetings and post the recordings on a YouTube channel. The Board has approved CE credit for attending or remotely viewing up to three meetings a year to encourage attendance.

Prior Matter of Concern 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. Seven of the thirteen (54%) pharmacy technicians, three of the eight (38%) interns-externs, and seven of the fourteen (50%) chain pharmacies that responded to the survey indicated workload, staffing, and pay is the most significant issue facing their profession in Alabama. Some of the issues cited include compensation not keeping up with demand and unrealistic workloads.

Agency Response: The agency affirms that workload, staffing, and compensation remain concerns within the pharmacy profession. While these challenges largely arise from market and industry dynamics outside the authority of the Board, recent actions have been taken to allow the industry more flexibility. In addition to rulemaking to formalize allowances for practices intended to reduce workload such as Central Fill, Remote Work, and Central Services, the agency intends to engage with businesses and licensed individuals assessing the impact of these changes and to explore other ways the agency can impact workload. Vice President Giles has been selected to chair an upcoming workload committee which will hold open meetings and report out in future business meetings.

Prior Matter of Concern 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. Nine of the forty-three (21%) pharmacists, three of the fourteen (21%) chain pharmacies, and nine of the twenty-seven (33%) community pharmacies that responded to the survey indicated pharmacy benefit managers (PBMs) as the most significant issue facing their profession in Alabama.

Agency Response: The agency agrees that it is widely understood that PBMs are uniquely positioned to exert significant financial and procedural pressures on the practice of pharmacy. Although the Board of Pharmacy has no authority to regulate PBMs, agency staff continue to receive and respond to monthly data requests from multiple PBMs confirming key data elements required for supporting safety net legislation enforced by the Department of Insurance. Additionally, the agency is engaged with agency staff at DOI to provide requested data and to ensure Board rules remain consistent with statutes enforced by DOI.

Prior Matter of Concern 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. Fourteen of the forty-three (33%) pharmacists, two of the eight (25%) interns-externs, four of the fourteen (29%) chain pharmacies, eight of the twenty-seven (30%) community pharmacies, four of the eighteen (22%) institutional pharmacies, three of the eleven (27%) non-resident pharmacies, four of the nine (44%) precursors, and fourteen of the twenty-eight (50%) oxygen retailers that responded to the survey indicated that some of the Board's laws, rules, or policies, are an unnecessary restriction on the practice of their profession.

Agency Response: The agency is aware that there is significant effort being made nationally to increase the services patients can receive from pharmacists. In Alabama, the practice of the various healing arts is defined by statute and outside the authority of the Board. Actions are being taken, however, to ensure stakeholders have the opportunity to engage with rulemaking by the Board. The Board has adopted rules formalizing the process for declaratory ruling and filing a petition to adopt, amend, or repeal rules of the Board in an effort to encourage licensees to engage with the agency when administrative rules negatively impact their ability to do business in Alabama. Agency staff are currently in the process of scheduling collaborative roundtable meetings with related categories of all licensees to provide a platform for licensees to share current and emerging industry and professional challenges.

<u>Prior Matter of Concern 2024-020</u>: 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.

<u>Current Status</u>: Unresolved. Five of the twenty-three (22%) complainants that responded to the survey indicated they were not satisfied with the outcome of their complaints. Additionally, ten of the twenty-three (43%) complainants indicated the Board did not communicate the results of its investigation and twelve of the twenty-three (52%) complainants indicated they did not think the Board did everything it could to resolve their complaints. Testing of complaint files did not reveal any issues with the Board notifying the complainants of the resolution of their complaints.

Agency Response: The agency affirms that the ability of the public to file formal complaints is fundamental to protecting the health, safety, and welfare of the citizens of Alabama. All public complaints received by the agency are tracked by the ThoughtSpan enforcement software and the results of resolved complaints are communicated to the complainant. The Chief Investigator meets with the Complaint Coordinator at least monthly to review outstanding complaints and complaints resolved and provides a summary report of complaints received and resolved to the Board in monthly business meetings