



## **Proposed Quota Rule Comments**

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

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

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

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

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

- (1) Pharmacist;
- (2) Pharmacy intern;
- (3) Certified pharmacy technician;
- (4) Registered pharmacy technician;
- (5) Pharmacy technician trainee.

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

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

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



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

- (1) Prescriptions filled.
- (2) Services rendered to patients.
- (3) Programs offered to patients.
- (4) Revenue obtained.

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

- (1) A measurement of the revenue earned by an outpatient pharmacy not calculated in relation to, or measured by, the tasks performed, or services provided by pharmacy personnel.
- (2) Any evaluation or measurement of the competence, performance, or quality of care provided to patients of pharmacy personnel if the evaluation does not use quotas.
- (3) Any performance metric required by state or federal regulators that does not use quotas.

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

Section 1 - Individual Comments  
**Individual Comments – Prohibition on the Use of Quotas**

**Total of 229 Responses\***

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

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

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

## Section 1 - Individual Comments

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

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

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

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

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<p>The use of quotas gives the individual company an open book on limiting hours to meet the quota which affects profit which is their goal. It leads to understaffing and a very dangerous work environment for pharmacy employees thus impacting the citizens of the state of Ohio. Thank you</p>	Support
<p>It has been wonderful to see that things have been changing in our profession to try to make our pharmacists happier &amp; have a better we'll being. This quota subject is a big deal because so many of us are held to these standards that make it so difficult to think we are actually doing a good job. For instance, my store (retail chain) had a flu shot goal of 1,183 shots. We were suppose to be at 10% of that goal by end of august. 90% by end of October. Because I was not at 10% by end of august, I had to meet with my RPL to discuss why. In mid October I received an email that first talked about the financial benefit of giving vaccines, then secondarily spoke of the clinical benefit. Every week I am pushed to do at least 23 Ancillary vaccinations, and prior to flu season, I had to have a conference call every Wednesday if I was not at half my goal to discuss why. Look, we need goals. We need motivation, we should be held accountable, but I should not be working a 13 hr shift, filling 500 plus scripts, giving 50 plus vaccines and doing this with only 5 hrs of overlap. There needs to be some sort of balance here. We are overworked, not underpaid, but overworked. Expected to do so much and this is why we are seeing such a sustain for this job. People have quit, given it up b/c they cannot put themselves thru the stress of it anymore. When some chains are closing on the weekends &amp; closing at 5 pm during the week, because of there being no RPh's, don't we think that is a problem? It is a problem that has gotten progressively worse since I started practicing in 2012. Because it is all about the almighty dollar, and not about the health &amp; well being of the pharmacists, their staff, and or the patients. It's all about the numbers. We get emails daily with stores being recognized for doing 30-50 flu shots, which doesn't include how many ancillary or booster shots they did, or how many scripts they filled. And ar my store we only have 5 hrs overlap Monday thru Thursday. Again, I'm pleased to see this stuff being talked about, and I hope some changes do occur, but my fear is that if these quotas are not allowed by these corporations, what will they then do to make things more difficult for us pharmacists &amp; our staff while trying to increase revenue for themselves. I believe that is something that needs to be discussed b/c if something is put into place where quotas are not allowed to be used, that could ease our burden, but what will be the counter move by the corporations to offset their ability to hold us accountable with these said quotas? Thank you.</p>	Support
<p>The Board's work on quotas is a good first-step.</p> <p>A necessary second step for the Board is to task the Pharmacist Workload Advisory Committee (PWAC) to:</p> <ol style="list-style-type: none"> <li>1. Require pharmacy information systems to develop software programs to provide health care facilities, organizations and pharmacy leaders with data on various pharmacy workload volumes per pharmacy personnel worked hour broken down into hour by hour increments of time.</li> <li>2. Establish guidelines associated with various workload volumes, staffing levels and risk levels for public safety, health and well-being.</li> </ol> <p>PWAC should seek data to address questions and issues around various pharmacy workload volumes and workload to staffing ratio statistics and risk levels for public safety.</p> <p>For example, what range of pharmacy (retail and hospital) workload volumes per RPh work hour ratio and per Pharm Tech work hour ratio (broken down into hour by hour segments of time) for what consecutive period of time represent a moderate (yellow, cautionary) risk level or zone to the public's safety, health and well being.</p>	Support



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

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

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

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

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

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

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

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



## Section 1 - Individual Comments

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

## Section 1 - Individual Comments

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

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

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

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

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

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

## Section 1 - Individual Comments

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



## Section 1 - Individual Comments

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

## Section 1 - Individual Comments

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

## Section 2 - Stakeholder Organization Comments



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

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

Dear Board of Pharmacy

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

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

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

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In order to ensure that the proposed regulation, once approved and implemented, recognizes the need for proper methodologies that evaluate the performance of pharmacy personnel in the provision of pharmacy services, and promotes patient safety and positive outcomes, along with positive patient experiences in the provision of these pharmacy services, we recommend that the exceptions to the definition of quota be expanded to include the following:

- Any evaluation or measurement that utilizes demonstrated performance criteria, including quality measures, which are not fixed, but are regularly reviewed and updated to reflect the performance of pharmacy personnel peer groups.
- Any evaluation or measurement of performance that aims to reward performance that exceeds that of demonstrated performance standards of pharmacy personnel peer groups.

A revised draft of the proposed regulation that incorporates these additions is attached. With these additions, Express Scripts would support the proposed regulation. We thank the Board in advance for its thoughtful consideration of these comments.

Very truly yours,  
QUARLES & BRADY LLP



Edward D. Rickert

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### Proposed Revisions to Proposed Board Regulation Prohibiting the Use of Quotas

Additions identified by double underscore.

Deletions identified by ~~strike through~~.

4729:5-3-21 – Prohibition on the Use of Quotas

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

- (1) Pharmacist;
- (2) Pharmacy intern;
- (3) Certified pharmacy technician;
- (4) Registered pharmacy technician;
- (5) Pharmacy technician trainee.

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

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

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

- (1) Prescriptions filled.
- (2) Services rendered to patients.
- (3) Programs offered to patients.
- (4) Revenue obtained.

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

- (1) A measurement of the revenue earned by ~~an~~ a pharmacy not calculated in relation to, or measured by, the tasks performed, or services provided by pharmacy personnel.
- (2) Any evaluation or measurement of the competence, performance, or quality of care provided to patients of pharmacy personnel if the evaluation does not use quotas.
- (3) Any performance metric required by state or federal regulators, or by pharmacy accreditation organizations, that does not use quotas.
- (4) Any evaluation or measurement that utilizes demonstrated performance criteria, including quality measures, which are not fixed, but are regularly reviewed and updated to reflect the performance of pharmacy personnel peer groups.
- (5) Any evaluation or measurement of performance that aims to reward performance that exceeds that of demonstrated performance standards of pharmacy personnel peer groups.

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

November 9, 2022

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

Submitted electronically via [surveymonkey.com](https://www.surveymonkey.com)

RE: Proposed Rule 4729:5-3-21 – Prohibition on the Use of Quotas

Dear Executive Director Schierholt:

This letter is in response to the solicitation for stakeholder feedback on proposed rule 4729:5-3-21 issued by the State of Ohio Board of Pharmacy on October 11, 2022.

CenterWell Pharmacy, Inc. (CenterWell Pharmacy) is a full-service home delivery pharmacy serving 2.5 million patients across all 50 states and dispensing nearly 50 million prescriptions annually. CenterWell Pharmacy provides holistic care that is personalized and coordinated with easy-to-use options so our customers and members can receive the care and prescriptions they need exactly when they need them. This includes home delivery services, as well as retail and specialty pharmacies and over the counter (OTC) fulfillment. CenterWell Pharmacy's largest dispensing facility, which opened in 2008, is located in West Chester Township, Ohio. There are over 240 pharmacists and 650 pharmacy technicians working for CenterWell Pharmacy in Ohio who are critical to ensuring that patients across the country have access to the medication that they need.

CenterWell Pharmacy appreciates the opportunity to provide comments on the proposed rule related to the prohibition of the use of quotas.

Overall, Centerwell Pharmacy recognizes the Board's concerns with the many demands that have been placed on pharmacists in retail and community settings – especially over the course of the pandemic. However, ***the Board's proposal fails to take into account the differing pharmacy models within the State including closed-door pharmacies and the importance of performance measures in ensuring timely access to care for patients.***

- ***Performance measures are essential for the timely delivery of patient care, ensuring appropriate staffing and reducing overall costs to the healthcare system.***

The ability to set performance measures and goals for our clinical and non-clinical associates is essential to the timely delivery of medications to patients at the highest quality levels. Performance measures, such as, rates and goals – or quotas – support the prompt delivery of patient care by creating a pipeline and process that allows for the efficient dispensing of medications. This includes the use of rates and goals for activities like prescription entry, verification and dispensing as well as other metrics that are key to effective management of staffing levels and ensuring prompt service for our patients. The data is also critical to overall pharmacy operations. For instance, performance measures are used to identify when the workforce needs to be augmented to meet patient needs due to influxes in volume or during peak season – thus avoiding the burdensome working conditions that the Board is hoping to

minimize. Without the ability to develop and use performance measures, it would be difficult to determine what level of staffing is appropriate to meet patient needs. Ultimately, the inability to ensure appropriate staffing could lead to additional administrative costs creating increased costs to the overall healthcare system and the patients of Ohio and other states.

The use of goals and metrics is also critical in identifying if additional training is needed to ensure the highest quality standards are met including driving positive outcomes for the pharmacy and the patients it serves. One of the clear considerations of the Board is the potential pressure on performance measures placed on pharmacists, ultimately creating unnecessary errors. However, to the contrary, CenterWell Pharmacy establishes rates and goals to ensure that there is sufficient staff trained in the core pharmacy functions to meet the patient need at the highest quality-levels. Furthermore, standardizing rates and goals ensures consistent accountability across all employees and allows our management teams to assess individual employee performance and monitor for trends that could delay the delivery of medication to patients.

It is important to note that performance rates and goals are not the only measure we use to establish pharmacist and employee performance. But it is one of a number of key metrics we use to determine the overall service levels offered by our employees and facilities – and our ability to meet patient needs. These examples illustrate the importance of using performance measures to ensure overall accuracy, efficiency, and timeliness which result in high-quality care for our patients.

- ***Close-door pharmacies have a different operating model than community and retail pharmacies with fewer competing priorities.***

Beyond the importance of using performance measures to meet patient needs and ensure adequate staffing. Closed-door pharmacies, like CenterWell Pharmacy's home delivery facility in Ohio, have very different fulfillment and dispensing processes than traditional retail or community pharmacies. In a traditional community pharmacy setting, an individual pharmacist may be asked to manage the complete process of a prescription fulfillment and dispensing while also interacting with patients directly and managing other external factors. Unlike this traditional model, CenterWell Pharmacy's pharmacists are assigned specific tasks within the overall dispensing process and have limited external distractions allowing for our employees to work efficiently and at the top of their license. The establishment of rates and goals as measures of employee performance for these specific processes allows our management teams to monitor performance trends, staffing levels and patient service.

As the Board evaluates the responses from the [survey](#) conducted by the Pharmacist Workforce Advisory Committee in the summer of 2022, it is notable that many of the concerns expressed by respondents were due to the competing priorities at open door pharmacies like retail and community pharmacies. The examples of quotas that were offered up by respondents included: number of vaccines administered, face to face patient counseling, 90-day fill conversions, and seconds to answer the phone. As previously stated, these types of functions are structured differently in a closed-door pharmacy which does not have the face-to-face patient interaction and competing priorities that are present in a retail or community setting.

Lastly, the operating model of our closed-door pharmacy also allows for better working





conditions for pharmacists and pharmacy technicians. Employees working a full shift are provided two scheduled breaks and an additional meal break. Additionally, employees are also provided time to dedicate to their personal wellness, continuing education, and individual development. CenterWell's Pharmacy's closed-door model allows pharmacists to focus strictly on prescription processing functions and patient care resulting in superior pharmacists and patient satisfaction.

**Recommendation**

The proposed rule is broad in nature and does not distinguish between the varying pharmacy models and pharmacist employment in Ohio. Given these factors, **CenterWell Pharmacy strongly recommends that the Board reconsider the draft rule on the use of quotas and reconsider how the use of these metrics can be important in evaluating employee and facility performance, particularly in closed-door pharmacies.**

Further, we would suggest that the definition of pharmacy in the rule be altered to limit the scope of the rule to only those employees who directly interact face to face with patients at a point of sale and/or open-door pharmacy setting:

*B) In accordance with division (D) of section 4729.55 of the Revised Code, a pharmacy licensed as a terminal distributor of dangerous drugs shall not establish a quota related to the duties of pharmacy personnel for any pharmacy personnel who work in a pharmacy setting that involves an in person and face to face interaction with patients.*

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

Sincerely,

A handwritten signature in black ink that reads "Scott Clark".

Scott Clark  
Market Vice President  
Pharmacy Professional Practice  
Email: sclark8@humana.com

## Section 2 - Stakeholder Organization Comments



Collaborating to  
Ensure a Healthy Ohio

November 9, 2022

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

Re: OHA comments on 4729:5-3-21, Prohibition on the Use of Quotas

Dear Director Schierholt:

On behalf of our 252 hospitals and 15 health systems, the Ohio Hospital Association appreciates the opportunity to respond to the Board of Pharmacy's recent request for comments on its proposed rule prohibiting the use of quotas (Rule 4729:5-3-21).

We appreciate the work of the Pharmacist Workload Advisory Committee and share the goals of promoting safety and compliance, while also ensuring pharmacists have acceptable working conditions. However, we have heard concerns from our members regarding these rules, primarily around the overly broad definition of "quota." The proposed rule specifies that "quota" includes any of the following metrics: prescriptions filled, services rendered to patients, programs offered to patients, and revenue obtained.

Hospital pharmacy leadership have expressed concerns that eliminating the ability to set targets or measure any of these functions could have unintended consequences, including comprising patient care and access, contributing to workload inequities among team members, and exacerbating staffing challenges. It also appears that the overwhelming majority of concerns regarding quotas as reflected in the PWAC's survey come from retail pharmacists, not hospital-based pharmacists, so we encourage you to consider a regulatory approach that accounts for difference in settings.

For example, hospitals often have bedside medication delivery programs. These programs involve delivering discharge medications to hospitalized patients' bedside prior to discharge and typically includes a medication education component. Pharmacy staff often have a target number of patients to see in a shift. This helps to ensure that patients receive their medication in a timely manner and that discharge from the hospital can be done as efficiently as possible.

Another example provided relates to scheduling functions and access to care. Consider a pharmacy that offers 10 "appointment slots" per day that a patient can use to self-schedule a flu or COVID vaccination. There are concerns that this would be an impermissible "quota" of "services to patients" because staff at the pharmacy are expected to administer the vaccinations when the patients self-schedule and arrive at the pharmacy.

These are just a couple of the numerous examples brought to our attention. Other parts of a pharmacist's job may be quota or metric driven as well (e.g., number of temperature checks for where medication is stored, standards around when/where sterile products are prepared, timed monthly and quarterly expired product

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Schierholt

November 9, 2022

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reviews, etc.). Metrics such as these ensure quality patient care, access to care, and the ability to appropriately evaluate employee performance.

Hospitals and health systems take concerns about work environment seriously and agree that it is important to allow pharmacy personnel appropriate timeframes to safely and effectively manage their workload. We believe this can be done while also allowing the flexibility to set metrics that ensure high quality patient care, robust access, and appropriate staffing.

We encourage the Board of Pharmacy and the Pharmacist Workload Advisory Committee to further consider these rules before moving forward. In particular, we believe there needs to be further examination of the potential unintended consequences of the current proposed language and encourage a closer look at the definition of “quota,” particularly as those issues pertain to hospital-based pharmacies. We would be happy to convene a call with some hospital pharmacy leaders to further vet this issue and discuss the concerns we are hearing from them.

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

Sincerely,



Stephanie Gilligan  
Senior Director of Advocacy

## Section 2 - Stakeholder Organization Comments



November 14, 2022

Cameron J. McNamee  
Director of Policy and Communications  
Ohio Board of Pharmacy  
77 South High Street, 17th Floor  
Columbus, Ohio 43215

Re: Proposed Rule Prohibiting Use of Quotas

Dear Mr. McNamee:

The National Association of Chain Drug Stores (NACDS) writes to express our opposition to the Proposed Rule which would prohibit community pharmacies from utilizing metrics to evaluate the performance of employees.

NACDS members are committed to the well-being of their employees, including taking steps to ensure that pharmacists have the tools and support to safely serve patients. In this unprecedented time, our members and their pharmacy teams have risen to the challenge and provided millions of COVID-19 tests and vaccinations to patients throughout the country. NACDS has advocated to remove barriers to care and assist our pharmacy teams during and beyond the current Public Health Emergency, including by working to allow pharmacy technicians to perform COVID-19 tests and administer vaccinations and to allow pharmacists to perform point-of-care tests and initiate treatment, as appropriate, just to name a few.

While the Proposed Rule may be well-intentioned, it contains subjective, problematic provisions that may pose a threat to access to pharmacy services and may jeopardize patient health and safety. Our primary concerns with it are as follows:

### **Ambiguous Requirements that Improperly Restrict Necessary Pharmacy Engagement**

The Rule prohibits community pharmacies from communicating “the existence of quotas, which are prohibited pursuant to this rule, to pharmacy personnel who are employees of the pharmacy with whom the pharmacy contracts.” On its face, this requirement appears impossible to meet, as well as may restrict constitutionally-protected free speech improperly. Even if community pharmacies have policies in place prohibiting quotas, managers are unfairly at-risk communicating information which could be misconstrued under the broad, ambiguous provisions of the Rule to be a “quota.”

### **Potentially Restricts Methods Employers Use to Measure and Evaluate Performance and Patient Safety**

Performance evaluations and metrics are among the tools community pharmacies may use to evaluate, train, discipline and/or terminate employees whose performance may be putting patients at risk. For instance, performance metrics may be a valuable tool to evaluate personnel and systems to promote patient safety and outcomes. The Rule’s subjective, ambiguous language infuses with uncertainty performance metrics available to pharmacies to evaluate and remediate potential patient safety concerns.

In conclusion, NACDS has significant concerns about the Proposed Rule as drafted and its potential adverse impact on patients and pharmacies. Please do not hesitate to contact [Jill McCormack](#) if you have any questions.

Sincerely,

## Section 2 - Stakeholder Organization Comments

**DRAFT**

Steven C. Anderson, FASAE, CAE, IOM  
President & Chief Executive Officer

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The National Association of Chain Drug Stores represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS' over 80 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and health care affordability.

DRAFT

## Section 2 - Stakeholder Organization Comments



November 14, 2022

Cameron J. McNamee  
Director of Policy and Communications  
Ohio Board of Pharmacy  
77 South High Street, 17th Floor  
Columbus, Ohio 43215

**Re: Proposed Rule Prohibiting on the Use of Pharmacy Quotas; 4729:5-3-21**

Dear Mr. McNamee:

On behalf of the food industry and the thousands of supermarket pharmacies operated by our member companies, we at FMI – the Food Industry Association thank the State of Ohio Board of Pharmacy for requesting public input on proposed rule 4729:5-3-21. Although the goal of the proposed rule may be to prohibit pharmacies from establishing or enforcing quotas for minimum duties performed by pharmacists and other pharmacy staff, the proposal is vague, confusing and may prevent pharmacies from utilizing metrics to evaluate the performance of their employees. Therefore, although it may be well-intentioned, FMI wishes to convey our strong opposition to the proposed rule as written.

As the food industry association, FMI works with and on behalf of the entire industry – from retailers who sell to consumers, including supermarket pharmacies, to producers who supply the food and other products sold in grocery venues – to advance safer and more efficient consumer supply chains for both food and pharmaceuticals. In total, FMI member companies, which range from independent operators to the largest national and international players, operate roughly 33,000 grocery stores and 12,000 pharmacies, ultimately touching the lives of more than 100 million U.S. households on a weekly basis and representing an \$800 billion industry with nearly 6 million employees. Throughout the COVID-19 health emergency, our members have been and remain a critical component of ensuring the availability of food, pharmacy and health care services in Ohio and communities nationwide. Moreover, supermarket pharmacies continue to play an outsized role in the COVID-19 vaccination effort while also serving as a bridge between communities and other providers, offering patients immediate care that is close and convenient to home. [www.fmi.org](http://www.fmi.org)

### **Ambiguous Definition**

Pharmacies operate on razor thin profit margins, a challenge that is mitigated with volume. It is this volume that allows pharmacies to stay in business and provide care to their communities.

## Section 2 - Stakeholder Organization Comments

Furthermore, many FMI pharmacy members – like business operations in most other industries – rely on metrics to evaluate strengths, weaknesses, and opportunities, and to share those findings with their teams to minimize risk and improve the quality of care. FMI members report that their pharmacy leaders utilize this data in determining what resources are necessary to provide optimal clinical and distributive services within the pharmacy department to maximize safety and efficiency while improving patient satisfaction. Additionally, the data compiled through internal monitoring efforts can be especially helpful when a pharmacy is implementing a new service or modifying an existing one, e.g., when additional labor resources are needed as a result of volume or service expansion.

However, as written, the proposed rule makes no distinction between mandatory task minimums and communications between managers and pharmacy teams on the health of the pharmacy operation. Therefore, even if a pharmacy has policies in place prohibiting quotas, managers are unfairly at-risk communicating information that could be misconstrued under the broad, ambiguous provisions of the proposed rule to be a “quota.”

### **Patient Care and Safety**

Ensuring pharmacy services are fulfilled properly is core to patient health. As just two examples, when prescriptions are sent in but go unfilled, or vaccines go unadministered, patient health suffers. Therefore, as previously noted, FMI pharmacy members rely on metric-based indicators to make decisions about appropriate staffing levels and employee competency, to ensure patient needs are being met. Metrics can alert pharmacy supervisors to a range of disturbing trends, including when a prescription is filled incorrectly, the incorrect vaccine is administered, or inaccurate guidance is given to patients. Then, this data can be used to evaluate, train, discipline and/or terminate employees whose performance may be putting patients at risk. Again, however, the proposed rule’s ambiguous language creates uncertainty surrounding the performance metrics available to pharmacies to evaluate and remediate potential patient safety concerns.

### **Conclusion**

In conclusion, FMI has significant concerns about the proposed rule as drafted and its potential adverse impact on pharmacies and patients. If you have questions about these comments or would like additional information, please feel free to contact me at [pmat@fmi.org](mailto:pmat@fmi.org) or (202) 452-8444.

Sincerely,



Peter Matz  
Director, Food and Health Policy

**John Long**  
Director Regulatory Affairs, CVS Health

One CVS Drive  
Woonsocket, RI 02895

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

john.long@cvshealth.com

**VIA ELECTRONIC MAIL**

November 2, 2022

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

**Re: Comment proposed rule 4729:5-3-21 – Prohibition on the Use of Quotas**

Mr. McNamee,

I am writing to you in my capacity as Pharmacy Regulatory Affairs Director for CVS Health and its family of pharmacies located across the country. CVS Health appreciates the opportunity to submit comments on the State of Ohio Board of Pharmacy (“Board”) proposed rule 4729:5-3-21 Prohibition on the use of quotas and would like to thank the Board for their constant vigilance to continuously improve regulations that enhance patient care and guide the practice of pharmacy in Ohio.

While CVS Health fully supports the creation of a professional work environment for all pharmacy personnel in our pharmacy practice settings throughout Ohio, we do not agree with the creation of this new State of Ohio Board of Pharmacy rule. Metrics are a tool that helps measure the impact on patient care and the healthy operations of a business.

In today’s healthcare market, pharmacy has established a stronghold as a center to patient care. This can be seen throughout Ohio pharmacies in the increasing number of immunizations administered, prescriptions dispensed, patient counseling sessions provided, and patient tests performed. The way patients interact and engage with pharmacy businesses has changed dramatically in recent years to meet patient expectations. Local pharmacies are a cornerstone of the community. Currently 90% of Americans live within five miles of a retail pharmacy.



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

In fact, the various sections of Chapter 4729 have a consistent theme...to protect the public and to promote the public health. The proposed regulations do not purport to do either. Specifically, the Board is relying on surveys, with no statistical significance and filled with opinion, as a basis for rulemaking. The Board has failed to show the public true data and evidence to support the necessity of these regulations in fulfilling the Board’s mandate under Chapter 4729.

The proposed rule is deceiving to the public in its representation and redefining of an objective business measure, which every business in the State of Ohio utilizes, as a quota. The Merriam-Webster Dictionary defines a quota to mean a proportional part or share, especially the share or proportion assigned to each in a division or to each member of a body. CVS Health pharmacies do not establish quotas. We do not require individuals to fill a certain number of prescriptions or provide a certain number of immunizations. CVS Health does however have business goals based on historical utilization and demand from the public. What the Board proposes to do is put blinders on all pharmacy personnel by not providing any visibility into key business measures that would fully inform them as to whether the public is provided the full spectrum of pharmacy services within that pharmacy’s capability. This provides a disservice to both the public and to the pharmacy personnel that deserve to know how well pharmaceutical care is being provided or what areas of opportunity are needed.

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

business of pharmacy. The Board should stay focused on the regulation of the practice of pharmacy rather than the business of pharmacy, which was not intended by the Ohio Legislature.

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

Best regards,



John Long RPh, MBA

## Section 2 - Stakeholder Organization Comments



Mr. Steven Schierholt  
Executive Director  
Ohio Board of Pharmacy  
77 S. High St., 17<sup>th</sup> Fl.  
Columbus, OH 43215  
*VIA E-MAIL*

**RE: Proposed Rule 4729:5-3-21**

Dear Mr. Schierholt,

Thank you for the opportunity to share our opposition to proposed rule 4729:5-3-21, Prohibition on the Use of Quotas.

The Ohio Board of Pharmacy's website indicates that the Board "...enforces state and federal laws and regulations governing the practice of pharmacy and the legal distribution of drugs." Ohio Revised Code section 4729.01 defines the practice of pharmacy as "...providing pharmacist care requiring specialized knowledge, judgment, and skill derived from the principles of biological, chemical, behavioral, social, pharmaceutical, and clinical sciences."

We can find no statutory authority that permits the Board to establish rules dealing with the business-related aspects of pharmacy, nor is there any mention of "quotas" or "formulas" in statute. There is also no mention of anything in statute pertaining to number of prescriptions filled, services rendered to patients, programs offered to patients and certainly not revenue obtained by the pharmacy. There is nothing in statute that gives the Board the authority to regulate how "...the pharmacy or its agent measures or evaluates the number of times either an individual performs tasks or provides services while on duty."

Aside from the lack of statutory authority, the proposed rule has no scientific or clinical basis for being proposed. It is based on the recommendation of an ad hoc committee created by the Board. Is there any measurable data from states that have adopted prohibitions on quotas that it has improved safety and/or patient outcomes? Has the prescription error rate been reduced in states that have established prohibitions on quotas? Has patient care been improved?

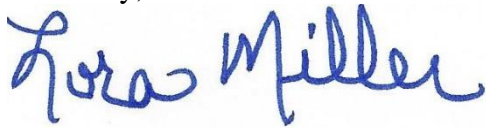
Prescription fulfillment is core to patient health. When prescriptions are received by a pharmacy and go unfilled, or vaccines go unadministered, patient health suffers. Pharmacies rely on metric-based indicators to ensure patient needs are being met. Metrics can alert pharmacy supervisors of disturbing trends including filling incorrect prescriptions, administering incorrect vaccines, providing inaccurate advice to patients, and more.

## Section 2 - Stakeholder Organization Comments

Pharmacies, like any operation in any industry, rely on metrics to evaluate strengths, weaknesses, and opportunities, and share those findings with their teams to maximize safety and efficiency. It helps them to make decisions about appropriate staffing levels and employee competency. As it is written, the rule makes no distinction between mandatory task minimums and communications between managers and pharmacy teams on the health of the pharmacy operation. Any work-related conversation can be construed to be performance-related, and thus, a “quota.”

Thank you for the opportunity to share the facts behind our opposition to the proposed rule.

Sincerely,



Lora Miller  
Director of Governmental Affairs and Public Relations

Cc: [RuleComments@ohio.pharmacy.gov](mailto:RuleComments@ohio.pharmacy.gov)  
[CSIPublicComments@governor.ohio.gov](mailto:CSIPublicComments@governor.ohio.gov)

## Section 2 - Stakeholder Organization Comments



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

November 10, 2022

Via Email

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

Re: Proposed rules regarding prohibition on the use of quotas

Dear Executive Director Schierholt,

On behalf of all pharmacies owned and operated by Walgreen Co. in the state of Ohio, Walgreens thanks the Board for the opportunity to comment on the rule related to Prohibition on the Use of Quotas. Walgreens appreciates the Board's time and effort related to working conditions and considers public comments to obtain a variety of perspectives on these rules. The Board is attempting to solve, thru rule-making, an issue that involves human behavior. While Walgreens agrees with the concept of a prohibition on the use of quotas, there is a significant concern with the utilization of metrics in pharmacy and how an inspector or the Board may decide to interpret this utilization. Walgreens recently announced the removal of the use of metrics from performance evaluations and believes that the onus should be on individual pharmacy owners to effectively and responsibly manage the utilization of metrics.

Many current reimbursement models and Specialty Accreditation (i.e. URAC) Standards rely on the use of metrics to assist in measuring adherence, utilization, patient impact, quality measures, etc. As this information is captured and shared back to pharmacy teams, the concern is the perception that these are seen as quotas, when in fact they are simply providing updates.

## Section 2 - Stakeholder Organization Comments



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

Walgreens hereby recommends that the Board not proceed with this rulemaking and instead issue guidance surrounding the proper use of metrics and improper utilization of quotas. These proposed rules may then serve as notice to all pharmacies that continued utilization of quotas may result in future rulemaking.

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

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

Sincerely,

Nichole Cover, R.Ph.

## Section 2 - Stakeholder Organization Comments



November 9, 2022

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

### **Re: Request for comments – Prohibition of the use of quotas**

Dear Director Schierholt,

On behalf of The Ohio State University College of Pharmacy (OSUCOP) and The Ohio State University Wexner Medical Center (OSUWMC), we appreciate the opportunity to provide feedback on your recent request for public comments on “Prohibition of the use of quotas”.

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

OSUCOP is a top 10 ranked program in the country and trains over 500 student pharmacists per year in the Doctor of Pharmacy program as well as hundreds more students in undergraduate and graduate programs. Our faculty are innovative and nationally known practitioners moving the needle on care outcomes for patients through pharmacist-provided, interprofessional care. Alumni of OSUCOP practice in a multitude of practice settings spanning from industry, academia, managed care, public health policy, institutional, community, and specialty practice. Our Medication Management Program (MMP) is a limited category 2 licensed pharmacy home to pharmacists, student pharmacists and certified pharmacy technicians who provide telehealth medication management services over 100,000 patients annually to reduce health care costs and improve medication use.

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

## Section 2 - Stakeholder Organization Comments



We are overwhelmingly supportive of the concept intended by this rule. Our overall comments are focused on the Board defining safe and healthy working conditions, while our specific feedback is focused on ensuring the rule does not result in unintended consequences, that pharmacy personnel have a protected pathway to report infractions, and that the rule is appropriately enforceable. The recommendations below have been informed from consultation with licensed pharmacists employed with OSUWMC and OSUCOP.

Overall, we do not suggest prohibiting quotas; instead, we recommend the Board define safe and healthy working conditions so pharmacists can report to the Board safety violations in work settings. Specific language should be included to clearly guide pharmacies in developing and maintaining appropriate standard operating procedures as well as roles and expectations of pharmacy personnel which may necessitate the use of quotas. As written, the comprehensive prohibition of quotas in 4729:5-3-21(D)(1)-(4) will threaten financial and operational sustainability of many currently successful businesses that provide care in a manner safe for patients and pharmacy personnel. Additionally, many businesses currently use quotas not as minimum criterion to establish efficiency standards, but as maximum criteria to establish safety standards for patients and pharmacy personnel.

While we recognize the Board attempted to distinguish quotas and metrics in section 4729:5-3-21(E), we are concerned the proposed rule does not effectively define the difference between quotas and productivity metrics. This is important to discern, as businesses must have authority to determine expectations for employees to be efficient and successful, while also setting the stage for safe and healthy working conditions. Another consideration we suggest addressing is that the current rule addresses “individual” personnel quotas but does not reference quotas that are set for a pharmacy team or pharmacy location.

We recommend the inclusion of language that outlines the process for pharmacy personnel to report infractions of this rule to the Board and whistleblower protections for the pharmacy personnel. Fostering an environment of just culture is critical in healthcare management and leadership. Creating a system to provide feedback in a non-punitive way is beneficial to improve medication safety measures. We are concerned that without the inclusion of explicit language defining the process by which reports can be submitted along with whistleblower protections for pharmacy personnel, that negative workplace conditions will continue to operate unchecked in Ohio.

Our final consideration is ensuring that the Board has appropriate authority to enforce this rule and that the consequences of infractions are clearly delineated to incentivize compliance from organizations. As written, it is unclear if there would be financial consequences if infractions were identified or if a pharmacy’s terminal distributor license would be revoked. Additionally, if infractions are identified in chain pharmacies, it is unclear if these consequences would be focused at the store level where the infractions were identified or at the corporate level to implement systemic change in operations in all locations in Ohio. To ensure compliance with the rule, we recommend the Board include language that clearly dictates the consequences an organization will face if infractions are identified.



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OSUWMC and OSUCOP supports the Board of Pharmacy's steps to address workplace environments putting patients and pharmacy personnel at risk, and strongly recommend the expansion of language in Ohio Administrative Code 4729:5-3-21 to ensure the rule does not result in unintended consequences, that pharmacy personnel have a pathway to report infractions, and that rule is appropriately enforced. We would be happy to discuss these recommendations further at the e-mails listed below.

Sincerely,

A handwritten signature in black ink that reads 'Trisha Jordan'.

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

A handwritten signature in black ink that reads 'Henry J. Mann'.

Henry J. Mann, PharmD, FCCP, FCCM, FASHP  
Dean and Professor  
The Ohio State University College of Pharmacy  
[Mann.414@osu.edu](mailto:Mann.414@osu.edu)