

-----Original Message-----

From: Stephany Klein]

Sent: Saturday, August 03, 2013 12:47 PM

To: Becky Damon

Subject: Vote on technician to pharmacist ratio

I am against raising the technician to pharmacist ratio to more than 3 to 1. There are too many distractions in the pharmacy and medication errors have been proved to increase with distractions.

-----Original Message-----

From: Robert Mayes

Sent: Saturday, August 03, 2013 4:35 PM

To: Becky Damon

Subject: Tech ratio

Unsure if unlimited techs is the right answer. All techs aren't equal which may increase mistakes. Companies with unlimited techs will need fewer pharmacists. Jobs and salaries may be affected. The rate from 1:3 to 1:4 may be a better solution. ---Robert Mayes, RPh, Dallas.
Sent from my iPhone

-----Original Message-----

From: Tim Spoon

Sent: Sunday, August 04, 2013 8:54 PM

To: Becky Damon

Subject: RPh to tech ratio

You have got to be kidding me....WE MUST THINK OF THE PATIENT FIRST AS PHARMACIST NOT THE NUMBERS... THESE NUMBERS WILL CAUSE PATIENT INJURY....AND POSSIBLY FATALITY R E A L L Y,,, has this what our profession has come too ??? The all mighty Money first....GET A GRIP PEOPLE AND REMEMBER THE PATIENT FIRST!!!!!!!!!!!!!!!!!!!!

Sent from my iPhone

-----Original Message-----

From: Janet Kim-way

Sent: Sunday, August 04, 2013 9:46 AM

To: Becky Damon

Subject: DENY unlimited tech ratio in Class A

Ms. Damon,

Please deny Request from Davita for unlimited tech ratio in Class A Pharmacy. Unlimited ratio not only endangers health of public but allows profit driven corporations to disregard the practice of pharmacy.

Janet Kim-Way RPh

Sent from my iPad

Sent: Sunday, August 04, 2013 9:50 PM

To: Becky Damon

Subject: technician ratio

My husband, Thomas Neiman, and I are both registered pharmacists in the state of texas. We are both strongly opposed to the unlimited technician-to-pharmacist ratio. We believe that the technicians would not be adequately supervised and that critical mistakes could occur. The possibility of missing these critical errors would be enhanced greatly, and put the patients welfare in jeopardy. In addition, it would place the pharmacist's licensure at unnecessary risk. WE ARE BOTH OPPOSED TO THE IDEA OF UNLIMITED TECHNICIAN-TO-PHARMACIST RATIO.

Please ensure this message is heard in our state legislature.

thank you

Thomas A. Neiman, RPh

M. Rosario Neiman, RPh

From: Don Bristow
Sent: Sunday, August 04, 2013 7:22 PM
To: Gay Dodson
Subject: Tech:Pharmacist Ratio

Hi Gay,

I was emailing about the 3:1 technician : pharmacist ratio requirement. I would like to see this ratio increased based on changes that I have seen in the CVS Healthcare system. Currently as pharmacist we are being pressured by many points of contact. The patient wanting their prescription out in 15 minutes (or less), CVS monitoring and tracking pharmacist calls to patients and doctors, how long it takes us to fill waiters or non-waiters, key performance metrics, store owned sales. The list is longer than this in the area I work. I do not wish to throw up my problems on anyone.

I would just like to say that improving the ratio to a 4:1 or 5:1 would relief much stress on the pharmacist provided that corporations do not take advantage of this.

Thanks

Don Bristow 30422

From: Jim Mayo
Sent: Sunday, August 04, 2013 10:05 AM
To: Gay Dodson
Subject: 3:1 ratio

I feel the 3:1 ratio is important to keep as is. I do feel if a pharmacy is open, there needs to be 1 tech with the pharmacist. I left the last chain after dealing management that had no knowledge of pharmacy operations. During the flu season I was doing calculations for Tamiflu compound liquid, answering phones, ringing the register, counseling, and filling prescriptions. This was during the beginning of the recent recession and my staff pharmacist hours had been cut from 40 to 20 hours and my tech help was cut too. My pharmacy was growing at 39% above previous years dollar volume. The management team at Target was all new and gave me no support to keep pharmacy operations safe. I appreciate your interest in what the Texas pharmacists have to say about working conditions.

Thank You,

James W. Mayo

-----Original Message-----

Sent: Friday, August 02, 2013 8:58 PM

To: Gay Dodson

Subject: Tech Ratio

Please consider backing the removal of the tech/pharmacist ratio. We retail pharmacists spend about 50% of our day doing tech duties because we can't properly staff our stores due to the ratio. I feel a pharmacist can properly supervise at least 5-6 techs at a time on a daily basis allowing us to do our job instead of tech duties.

Thanks for our consideration.

Al Corich, RPH

-----Original Message-----

From: Sharon Abbey

Sent: Friday, August 02, 2013 6:06 PM

To: Gay Dodson

Subject: Tech/pharmacist ratio

Ms. Dodson,

As a pharmacist practicing in a retail pharmacy setting for over 22 years the ratio has been a constant battle. There are so many times I have to perform tech duties just to get prescriptions out which limits the amount of time used for counseling and other clinical duties. Please give consideration to the proposed topic of eliminating the ratio in retail practice. Thank you for your time.

Sincerely,

Sharon Abbey, R.Ph.

Sent from my iPhone

Sharon Abbey

From: Linda Dvorak
Sent: Friday, August 02, 2013 4:47 PM
To: Becky Damon
Subject: Tech to Rph ratio

Ms. Damon,

I am a pharmacist for Tom Thumb (Safeway) and would not like to see the tech to pharmacist ration decreased from the current requirements.

Thank you.

Linda Dvorak

#20754

-----Original Message-----

From: Phil Burgess]

Sent: Monday, July 22, 2013 3:03 PM

To: Gay Dodson

Subject: Follow-up on Call

Gay:

I just wanted to follow-up on the voice mail that I left you earlier today.

At the recent Illinois Board of Pharmacy meeting, the issue of the Texas Board considering revision to your technician ratio restrictions was raised during the public forum. The Board unanimously passed a resolution to convey to the Texas Board that the Illinois Board strongly believes that the current Illinois Pharmacy regulations (which do not have a technician ratio restriction) are appropriate and that they in no way jeopardize the health and welfare of the citizens of the State of Illinois.

This resolution will be include in our minutes.....and I will pass that on to you when they are formally approved at the next meeting (Sept. 16th).

Please call or email if you have any questions.

Phil

Philip P. Burgess, RPh, DPh, MBA
Principal, Philip Burgess Consulting, LLC
3800 N. Lake Shore Drive
Chicago, IL 60613



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES



TEXAS FEDERATION OF DRUG STORES

"The Voice of Chain Pharmacy in the State of Texas"

August 2, 2013

Allison Benz, R.Ph., M.S.
Director of Professional Services
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, Texas 78701

Re: Discussion on Technician Ratios

Dear Ms. Benz:

On behalf of 23 companiesⁱ that operate approximately 2,798 chain pharmacies throughout the state of Texas, the National Association of Chain Drug Stores ("NACDS")ⁱⁱ and the Texas Federation of Drug Stores (Federation)ⁱⁱⁱ ask that the Texas State Board of Pharmacy ("TSBP") eliminate the arbitrary and antiquated technician to pharmacist ratios on all classes of pharmacy.

Texas pharmacists are eager to practice at the top of their license which will create the best patient care and greater efficiencies for our expanding health care system. We want to maximize the use of well-trained certified technicians in our pharmacies as they are essential to the pharmacy care team. Adequate staffing of technicians will allow pharmacists and pharmacies to provide a higher level of care to patients.

Let us be clear that we are NOT asking the Board to change or expand technicians' duties. Rather, we want pharmacists to be freed up from performing technician duties so that pharmacists can provide better patient care and practice to the maximum of their capabilities.

Why the Ratios Need to Be Eliminated

In the community pharmacy setting, the extent to which pharmacists are able to engage in direct patient care activities is dependent upon pharmacists' ability delegate non-judgmental tasks to technicians. For this reason, NACDS and the Federation support the ability of pharmacists to supervise as many technicians as they can safely monitor.

The concept of a technician to pharmacist ratio is an antiquated one that is no longer appropriate in today's pharmacy practice environment. Arbitrary ratios prevent pharmacies from maximizing use of pharmacy technicians to perform non-discretionary tasks so that pharmacists may focus on providing cognitive services to their patients. Recognizing this to be true, many state boards of pharmacy have over the years relaxed or eliminated restrictive ratios to allow for optimal use of pharmacy technicians. Other groups, including the National Association of Boards of Pharmacy (NABP), share the view that the technician to pharmacist ratio should be eliminated entirely. No other Texas health care provider has a limit on the number of unlicensed support personnel they can employ to perform nondiscretionary duties.

In today's reformed health care system, health care providers including pharmacists, face increasing pressure to deliver high quality health care services to a greater number of patients. Innovative workflow models and use of pharmacy technicians to perform administrative and nondiscretionary tasks are integral to maximizing the time pharmacists spend with patients and meeting an increasing demand for pharmacy services. To this end, it is critical that restrictive technician to pharmacist ratios be eliminated to allow practicing pharmacists to evaluate their individual practice settings and determine the appropriate staffing scenarios for their pharmacy to meet the needs of their patients.

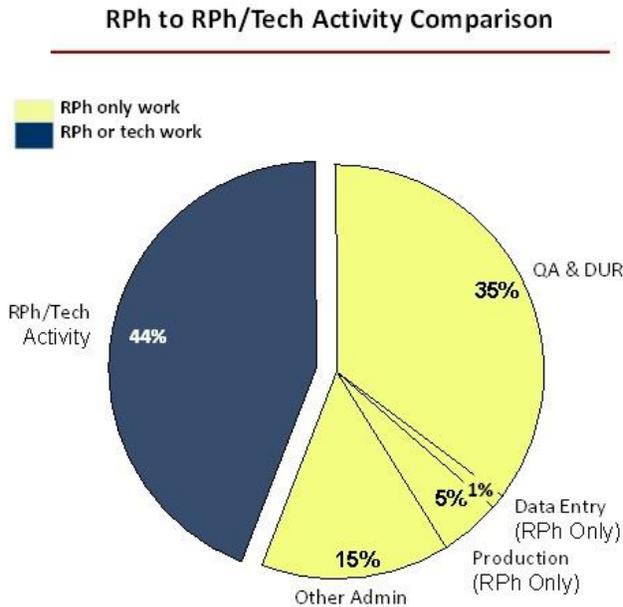
Elimination of technician to pharmacist ratios will enable pharmacists to focus more on counseling patients, performing medication therapy management, providing disease management programs, engaging in other important pharmaceutical patient care services, and conferring with other health care professionals, thus permitting a higher level of service to patients. These services offered by community pharmacists help patients better adhere to their medication regimens and ultimately serve to improve patients' health and wellness and reduce our nation's health care costs.

Technicians Role Will Not Change

In the community pharmacy setting, pharmacy technicians do not work independently, but are supervised by licensed pharmacists. Having the ability to delegate non-judgmental tasks to pharmacy technicians enables pharmacists to focus on counseling patients, performing medication therapy management, providing disease management programs, engaging in other important pharmaceutical patient care services, and conferring with other health care professionals, thus permitting a higher level of service to patients. In Texas, the role of the technician is well defined.

Board Chart Outlining Limited Duties of Texas Pharmacy Technicians in Class A Retail Pharmacies Under the Direct Supervision of a Pharmacist - Technicians Must Be Trained, Certified & Registered	
Initiate & receive refill authorization request	YES
Enter prescription data into a data processing system	YES
Prepare & package drug orders (e.g., tablets/capsules, measure liquids or place them into a container)	YES
Affix prescription label and auxiliary labels to the prescription container	YES
Reconstitute medications	YES
Prepackage & label prepackaged drugs	YES
Load bulk unlabeled drugs into automated dispensing system	YES
Compound non-sterile preparations	YES
Compound sterile preparations (after completing the required 40 hour training)	YES
Compound bulk preparations	YES

Texas Pharmacists Are Handcuffed by 3:1 Ratio - Currently Spending Too Much Time Doing Technician Work



If the arbitrary ratios were eliminated, pharmacist could spend a greater proportion of time on pharmacist only activities such as patient counseling, quality assurance, administering flu shots and other vaccinations, and work involving C-IIs.

Due to the limitations of the 3-1 technician to pharmacist ratio, pharmacists practicing in retail pharmacies today are having to carve out time from their other important work to complete tasks that could otherwise be done by a technician in accordance with the TSBP rules. A recent internal study done by a national pharmacy chain showed that in states like Texas with a 3-1 technician to pharmacist ratio, pharmacists spend 44% of their time completing technician tasks rather than performing pharmacists' activities.

Myths versus Facts:

NACDS and the Federation want to address some common misperceptions relating to the elimination of the technician to pharmacist ratio.

Myth: Technicians will replace pharmacists. -- Not true!

Pharmacists are highly trained professionals who provide important patient care services, demand for which continues to grow following healthcare reform. Unfortunately, pharmacists' ability to provide these services is hampered by the administrative and nondiscretionary work that must also be performed in a pharmacy. Pharmacy technicians can help with these nonjudgmental tasks, allowing pharmacists to perform the important professional services that they are trained to do.

Rule 22 TAC 291.32 (d)(2)) provides clear and appropriate limits on what work pharmacy technicians can and cannot do. Under no circumstance could a pharmacy technician perform the types of duties in a pharmacy that requires a pharmacist's professional discretion.

Myth: If the TSBP were to remove the perceived safety net of the ratio, retail pharmacies would force employee pharmacists to supervise more technicians than they are comfortable with supervising. -- Not true!

Ultimately, the Board has the authority to initiate disciplinary proceedings against licensees and registrants that violate any of the pharmacy practice laws and rules relating to appropriate use of pharmacy technicians.

Myth: *Eliminating the technician to pharmacist ratio will jeopardize patient safety. -- Not true!*

A recent study performed by the University of Oklahoma College of Pharmacy showed that the majority of pharmacists perceive a reduction in medication errors to be associated with the use of certified pharmacy technicians. Notably, all pharmacy technicians in the state of Texas must be certified. The strict training and certification requirements already in place ensure that pharmacy technicians are well-prepared to safely perform their duties in pharmacies.

Eliminating the technician to pharmacist ratio will allow pharmacists to use their professional judgment to determine how many well-qualified technicians they need and can safely supervise to meet the needs of their patients. Ultimately, pharmacy technicians will remain under the direct supervision of a licensed pharmacist who is responsible for verifying the accuracy of all acts, tasks, and functions performed by pharmacy technicians working under them per the requirements of 22 TAC 291.32 (d)(2), which further serves to protect patient safety.

Myth: *Eliminating the technician to pharmacist ratio will result in pharmacies hiring too many pharmacy technicians for one pharmacist to safely monitor. -- Not true!*

Eliminating the technician to pharmacist ratio would allow pharmacists to use their professional discretion to determine how many technicians to supervise. Pharmacists would have the flexibility to evaluate the needs of their individual practice settings and determine the appropriate number of technicians to safely and efficiently meet the needs of their patients. This approach to technician supervision is currently in place in 16 states plus the District of Columbia, and has been an effective method in those states. Additionally two other states, Montana and New Jersey, have ratios on the books, but allow the ratio to be exceeded upon the board granting a waiver.

Myth: *Pharmacists will not have jobs because technicians will replace pharmacists. -- Not true!*

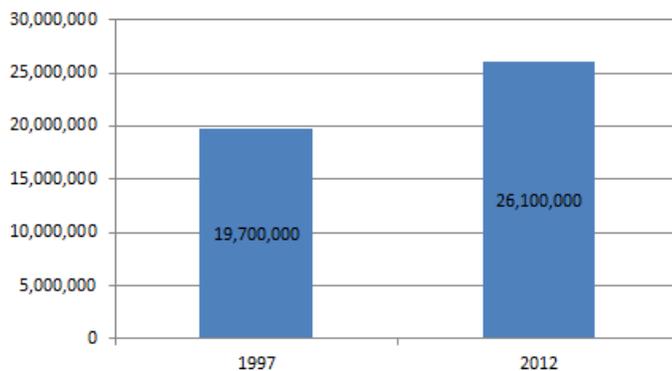
The demand for pharmacists' professional services is growing. Pharmacists are the only licensee in the pharmacy that is qualified and appropriately licensed to provide these many important services that range from patient counseling to quality assurance to drug utilization reviews. Below is a list of just some of the critical services pharmacists, not technicians, are commonly and increasingly called upon to provide to patients in the retail setting.

- ✓ Provide oversight for all tablets and capsules, liquid, and prescriptions for both controlled and non-controlled substances;
- ✓ Patient counseling on first fills and when there is complex therapy
- ✓ Complex clinical adherence issues that helps enhance patient care and lower health care costs;
- ✓ Patient care services such as medication therapy management; the provision of immunizations; and others.

- ✓ Handle all prescriber calls requesting a new script for an existing customer;
- ✓ Complete the production of any prescriptions, as well as any compound production;
- ✓ Handle all inbound and outbound calls from doctors and address any customer questions;
- ✓ Other administrative duties including managing all controlled substance inventory related tasks such as ordering, receiving, stock checks, processing paperwork, perform any patient level recalls;
- ✓ Provide individual coaching to all pharmacy staff members;
- ✓ Handle management responsibilities such as review of weekly/monthly reports, team meetings and management visits.

Myth: If ratios are eliminated, the chain pharmacies will eliminate the competition. -- Not true!

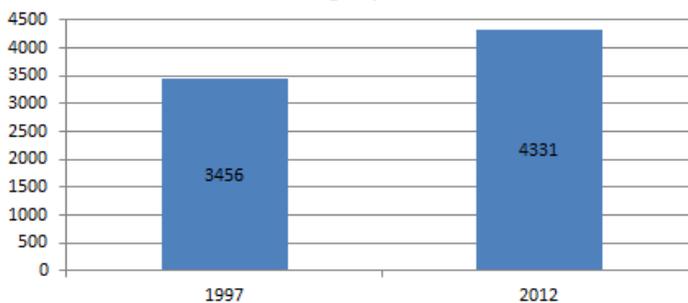
Texas Population Continues to Grow



As the Texas population continues to grow, the need for health care providers will continue to grow. In 1997, there were 19.7 million Texans; by 2012, the population had grown to 26.1 million, and was the fastest growing state in the nation. There should be plenty of business for all.

Texas Retail Pharmacies 1996 vs. 2012

More Chain & Independent Retail Pharmacies
to Serve Growing Population in Texas

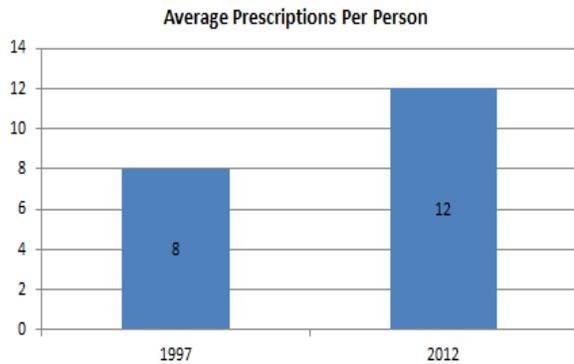


There are more pharmacy licenses issued in Texas as the population grows.

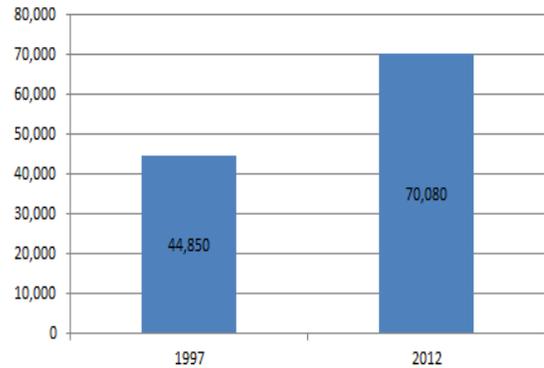
In 2011, 3.7 billion prescriptions were filled in retail pharmacies nationally – a 29% increase since 2000. More scripts are being filled each year in Texas, and as the population ages, prescription demand will continue to rise. In 1996, the average Texan had 8 prescriptions; by 2012, the average was 12.

Texas retail pharmacies dispensed an average of 44,850 in 1996; by 2012, the average prescriptions dispensed per pharmacies was 70,080.

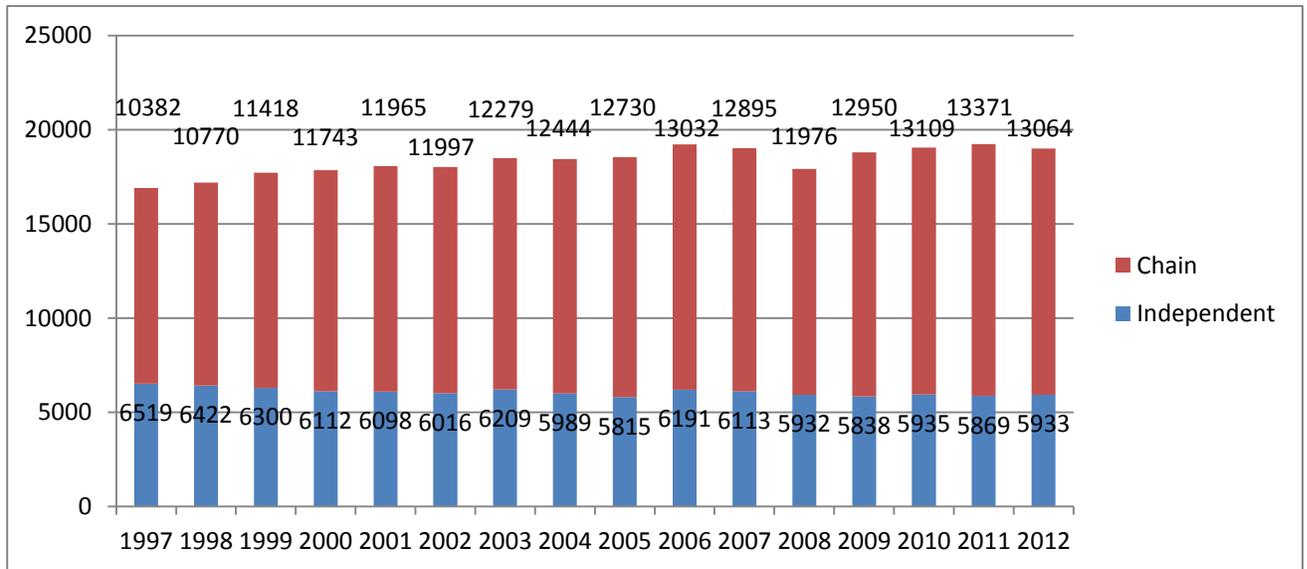
Texas Prescriptions Dispensed Per Person – 1996 vs. 2012



Texas Average Number of Prescriptions Filled in Retail Pharmacy



It is important to note that in states without ratios, the number of chain versus independent pharmacies has remained constant. *Chain pharmacies are not eliminating the competition.*



Clear Disparity in Texas Between Ratio in Retail Pharmacy vs. Other Practice Settings

The disparity between the technician-to-pharmacist ratio in the retail pharmacy setting vs. other settings is notable and unjustified. As the chart below illustrates, there are numerous other practice settings in Texas that either have no ratio, or have a ratio much higher than 3:1. Considering that technicians in all of the different settings must undergo the same certification requirement and complete training that is appropriate to their practice setting, we see no rationale for imposing a stricter and arbitrary limitation on the use of technicians in the retail pharmacy setting.

TEXAS PHARMACY CLASSES OF PHARMACY TECHNICIAN TO PHARMACIST RATIOS		
CLASS A	COMMUNITY (Retail)	3:1
	DO NOT DISPENSE MORE THAN 20 DRUGS	5:1
CLASS B	NUCLEAR	3:1
CLASS C	INSTITUTIONAL (Hospitals)	NONE – ratio explicitly prohibited by law
CLASS D	CLINIC	NONE
CLASS E	NON-RESIDENT (Mail Order)	NONE
CLASS F	FREESTANDING EMERGENCY MEDICAL CARE	NONE
CLASS G	CENTRAL PROCESSING (Medication order processing - no drugs)	6:1
	SATELLITE PHARMACY (licensed as a Class A or Class C pharmacy)	3:1

Comparing Texas Techs to Tech in States with No Ratios:

It is noteworthy that in states that do not have a ratio, there have been no indicators to suggest excessive staffing of technicians, nor have there been any proven issues of patient safety. Furthermore, when compared to other states with no ratios, Texas has notably tougher standards for technicians. Considering the strict requirements that technicians must meet in order to qualify to work in Texas, the Board can rest-assured that Texas technicians are similarly well-prepared to safely perform their duties in pharmacies.

TEXAS TECHNICIAN REQUIREMENTS vs. STATES WITH NO RATIO -			
STATE	LICENSE	REGISTER	CERTIFY
TEXAS	NO	YES	YES
Alaska	YES	NO	NO
Arizona	YES	NO	YES
Delaware	NO	NO	NO
District of Columbia	NO	NO	NO
Hawaii	NO	NO	NO
Illinois	NO	YES	YES
Iowa	NO	YES	NO
Kentucky	NO	YES	NO
Maryland	NO	YES	YES
Michigan	NO	NO	NO
Missouri	NO	YES	NO
New Hampshire	NO	YES	YES
New Mexico	NO	YES	YES
Ohio	NO	NO	NO
Oregon	YES	NO	YES
Pennsylvania	NO	NO	NO
Rhode Island	YES	NO	YES
Vermont	NO	YES	NO

Retail Pharmacies Need to Continue to Adapt to Changing Times to Remain Competitive and Viable in the Emerging New World of Health Care

Today's pharmacists do so much more than they did a decade ago, and their roles will continue to evolve in light of the healthcare reform laws that have prompted changes in healthcare delivery models. As pharmacists continue to engage more in the provision of direct patient care activities and other activities that require pharmacists' professional discretion, there is a strong need to maximize efficiencies to serve patients' needs. Being able to optimize the use of technicians to perform the non-discretionary tasks and handle third party issues for the growing number of prescriptions is integral to achieving this aim. Furthermore, new technologies and innovative practices that pharmacies have implemented over the years have gone a long way towards improving patient safety and better patient care outcomes, and lowering health care costs. In light of all of developments and changes in pharmacy practice, it is time to modernize the rules and eliminate the antiquated technician ratio.

Conclusion

It is important to note that neither pharmacy operations for both the Veterans Administration and the military have never had a technician to pharmacist ratio. For all of the reasons stated above, NACDS and TFDS urge the Board to consider eliminating the technician to pharmacist ratio for all classes of pharmacy. Please do not hesitate to contact us with any questions. Mary can be reached at: 817-442-1155, mstaples@nacds.org or Brad can be reached at 512-658-1990, brad@bradshields.com.

Sincerely,



Mary Staples
Regional Director, State Government Affairs



Brad Shields, II
Texas Federation of Drug Stores

ⁱ Alberstons, Brookshire Brothers, Brookshire Grocery, Costco, CVS/Caremark, Gibson, Good Neighbor Pharmacies, Health Mart, H-E-B, Kmart, Kroger, Lifecheck, Market Basket, Medicine Chest, Medicine Shoppe, OMNICARE, QVL, Recept, Safeway/Randalls/Tom Thumb, Target, United, Walgreens, and Walmart.

ⁱⁱ NACDS represents traditional drug stores, supermarkets, and mass merchants with pharmacies – from regional chains with four stores to national companies including franchisors. Chains operate more than 41,000 pharmacies and employ more than 3.8 million employees, including 132,000 pharmacists. They fill over 2.7 billion prescriptions annually, which is more than 72 percent of annual prescriptions in the United States. In Texas, NACDS members operate 3,100 pharmacies, employing more than 243,956 Texans including 10,285 pharmacists.

ⁱⁱⁱ The Texas Federation of Drug Stores (TFDS), is a non-profit trade association representing 14 companies that operate more than 2,500 community retail pharmacy outlets in the State of Texas.

Sent: Friday, August 02, 2013 3:28 PM

Subject: Unlimited Ratio of Techs to Pharmacists in Class A Pharmacies

I understand that the Board of Pharmacy will be discussing a possible change in the tech ratio at their next meeting. I am a community Pharmacist working for a chain. I do believe our patient care is somewhat restricted on the 3 to 1 ratio that we now abide by so it is good to visit the issue. However, I am concerned about the ourpouring from some parties to push for unlimited techs. I know that every practice setting is different but in the community setting both Pharmacists and techs are in direct contact with our patients every day all day. I am concerned about patient care and safety if I were forced to supervise an unlimited number of techs. I do think with the technology we have today that 3 is too few but I think 4 or 5 techs to Pharmacists should be the limit based on the Pharmacists being responsible for patient care, safety and the security of the drug products in the pharmacy. I would recommend to the board a maximum of 4 techs per Pharmacist.

Thank you for your time,

Kay Jezek Rider
24594

July 26, 2013

Gay Dodson
Executive Director
Texas State Board of Pharmacy

Austin, TX

Dear Gay,

It's been quite a while since we have talked so I hope this letter finds you well. I am writing to you to discuss current pharmacy practice improvement and specifically the technician ratio law.

As you know, I have dedicated my career to maximizing the practice of pharmacy for patients. We talked many years ago about how our profession is responsible for ensuring pharmaceutical care and optimal outcomes for each and every patient we serve. You have led us since I was just out of school and dedicated your career to see that we are not centered only on packaging and distribution of medications.

I believe the technician ratio was implemented to protect patients and the quality of pharmacy practice so while its intent I appreciate, in reality it has failed this goal and at times been counterproductive to that cause.

While we need to provide regulation to ensure quality patient care and pharmacy practice, we must focus our regulations in other areas to ensure that all patients receive proper processing and interfacing of their medications and pharmacy patient services. The technician ratio cripples the pharmacist many times from maximizing their practice as they are forced to do many administrative tasks not served by technicians.

I recommend we remove the technician ratio and require the pharmacist in charge be accountable to the board and determine their technician needs while we further develop regulations between the interface of the individual patients, medications, the drug regimen/treatment plan with the pharmacist.

Our profession has been at a cross roads ever since we realized the age of manufactured pharmaceuticals and technology. I know Texas has many times joined other states or been the leader in this evolution. I hope we continue to lead the country with progressive pharmacy practice that enables pharmacists to be utilized by the healthcare system to maximize patient care, the essence of why we exist.

Please let me know if I can answer any questions or provide any effort to support you in this area.

Thanks for your time and consideration.

Sincerely,

Jeanne Ann Stasny R.Ph.

Mark Comfort, PharmD
Pharmacy Manager, PIC
HEB Pharmacy #425
1000 E 41st St
Austin, TX 78751
August 1, 2013

Gay Dodson, R.Ph.
Executive Director/Secretary
Texas State Board of Pharmacy
333 Guadalupe St
Austin, TX 78701

To Gay Dodson:

I am writing to you to leave feedback regarding the technician-to-pharmacist ratio. In April you spoke at the TPA Spring Leadership Symposium and mentioned that the Board may be considering increasing the ratio or removing it completely. Afterwards I spoke to you briefly about this issue but wanted to put something official in writing.

I am currently a Pharmacy Manager and PIC at a busy retail grocery chain pharmacy. I have managed three other pharmacies for HEB previously and have a total of 10 years experience as a pharmacy manager and PIC. The pharmacies I have managed have varied in volume and I feel that my experience managing these four pharmacies has given me a very good understanding of this issue.

I strongly support eliminating the Pharmacist to Technician ratio in Class A pharmacies in the State of Texas. I feel that the Pharmacist in Charge should be allowed to decide how many technicians they can effectively supervise at their individual practice setting. If the ratio is not eliminated I would also recommend increasing the current ratio from 3:1 to 6:1. In my pharmacy the current ratio often requires me to staff my pharmacy with employees who are not pharmacy technicians in order to stay within the ratio guidelines. My experience is from working in a retail setting and I cannot comment on ratio recommendation in other settings.

I have several reasons for recommending eliminating or increasing the ratio for Class A pharmacies. It is my opinion that everybody working in a pharmacy should be registered with the Board of Pharmacy. Currently employees working as clerks in non-technician roles are not registered by the Board of Pharmacy. These employees pose a greater threat to the safety of our patient's as they are less trained than they can be and should be. Many pharmacies are not training these employees because they cannot have too many technicians due to the restrictions of this ratio. In addition to being less trained, these employees also pose a general threat to the general population by potentially diverting prescription drugs. Because these employees are not registered with the Board of Pharmacy they are not effectively tracked from one pharmacy to the next. Furthermore, I feel that if we are able to have all non pharmacist employees of the pharmacy trained as

Gay Dodson
August 5, 2013
Page 2

technicians then we will be able to offer higher quality healthcare. This higher quality healthcare will result from less errors being made by lesser trained individuals, decreased time spent by pharmacists performing technician duties, and increased time for pharmacists to spend with patients and on cognitive services. Ultimately this will allow pharmacists more time on verifying prescriptions, counseling patients, administering immunizations, providing disease state and medication therapy management, and other cognitive services that will benefit the customers we service and lead to higher quality healthcare.

I am aware that the Board of Pharmacy will be discussing this issue at the next Board meeting on August 6th. Please share my feedback with the Board.

Thank you for your support.

Sincerely,

Mark Comfort, PharmD

From: Guevara-Garza,Rose M

Sent: Thu 8/1/2013 4:03 PM

To: Gay Dodson; Allison Benz

Cc: Read,Douglas

Subject: Pharmacist to Technician ratio

Good afternoon,

I am writing in an effort to eliminate the 1:3 Pharmacist to technician ratio. I saw the agenda for the next TSBP meeting and noticed that it may increase to 1:4. While that is an improvement, I wholeheartedly think it should be eliminated. Upon discussing with another Pharmacist, Laura Gwosdz, we both feel the roles and education of technicians have greatly increased. They are much more competent. Here at our location, we rely heavily on the technicians to answer the phones, type all prescriptions, handle all TP issues, maintain our ScriptPro machine, put away drug orders, etc. Due to our heavy volume and the limit of our ratio, we are at times unable to have an assembly tech because they are all tied up with data entry and customer service. During cough, cold and flu season, Pharmacists are pulled away for immunizations and OTC recommendations. Having additional tech coverage would enable the Pharmacy to provide better customer service and stay caught up with the increase in prescription drop off for antibiotics and other medications. The increase would also enable the Pharmacists to better manage MTM's for our population. We also take pride in being a total wellness destination and we use the technicians to do blood pressure and blood glucose screenings. All in all, the elimination of the ratio would open up the doors for Pharmacists and Pharmacy to better serve the customers and reduce possible errors.

Thank you for your time.

Sincerely,

Rose Guevara-Garza

Pharmacy Mgr.

From: Bonham, Scott R.
Sent: Thu 8/1/2013 4:14 PM
To: Gay Dodson
Subject: Elimination of the Technician 3:1 ratio

Ms. Dodson;

Thank you for your time in reading this email. I write to you to urge your favor in the removal of the 3:1 Tech:RPh ratio. With studies showing that Retail Pharmacists are performing technician duties 44% of their time, it only makes sense that this limitation that only hinders the amount of patient contact and patient consultation, be increased or completely removed. I myself as a practicing pharmacist for 20 years know, that if I just had that extra tech or two – I could spend the precious little time we have with the patients in a more effective manner, building compliance and understanding into the reason I get up in the morning – the patients health.

As an employer of Pharmacists in Texas, I tell my Pharmacists that I want them to do two things – verify the prescription is correct (both from the script and for the patient) and talk to their patients. I also tell them that they may need to take out the trash as well as we are all a collective team. How can we support the reason we became Pharmacists in the first place – to help people? Removal of the ratio (or even increasing it) would help us serve our patients safer (less stress since there is more help, focusing on the verification of the script alone and not seeing it several times along the process - leading to med errors, and speaking to our patients more to catch those errors before they leave the pharmacy) and more effectively (adherence and compliance are the key as countless studies have shown – and when we speak to the patients, they listen – it is when we don't get that quality time with them that essential meds go unfilled and not taken).

We have been told thru studies for years that compliance and adherence of maintenance medications are the keys to an increased quality of life. When patients stay adherent to their meds the total costs of their healthcare decreases as well as again, studies have shown.

Removal of the 3:1 ratio would allow proactive pharmacists to influence their patients leading to increased adherence which would lead to decreased total healthcare costs. How can not removing the ratio be argued, when the ratio decreases our time with our patients and ultimately is one of the driving measures in the increased healthcare costs we all are faced with today?

Your consideration is greatly appreciated.

Scott R Bonham RPh., RN.
District 59-08 Pharmacy Supervisor

HAVE YOU GOT YOUR FLU SHOT YET?

Lance Ray, R.Ph., Pharm.D., BCPS
Clinical-Staff Pharmacist
Texas Health Harris Methodist Fort Worth Hospital
Fort Worth, Texas
lanceray@texashealth.org

August 1, 2013

Texas State Board of Pharmacy
William P. Hobby Building, Suite 3-600
333 Guadalupe Street
Austin, Texas 78701

RE: Pharmacist to Technician Ratio

To the Texas State Board of Pharmacy:

Pharmacy is a dynamic profession. Thus it requires laws and regulations to be updated according to important advancements and changes in practice. I believe that it is in the best interest of both the public and the profession to increase the technicians-to-pharmacist ratio of class A pharmacies in Texas.

I have seen significant changes in just the short time since I graduated pharmacy school in Texas in 2006. As a technician, prior to applying to pharmacy school, I worked at a progressive independent pharmacy. Witnessing direct patient-care from “behind the counter”, it was eye-opening to see the impact that pharmacists *could* have on patient care. It was fast-paced and busy. Pharmacists were also involved in seemingly odd tasks at times that I could handle as a technician. When the pharmacist had the time to interact with the patient, the results were – in short – my compelling reason to apply to pharmacy school. Although I did not fully realize it then, I was already seeing the less-than-perfect model that would eventually drive me away from a career in retail pharmacy.

During pharmacy school I learned about pharmaceutical care. This broad, patient-centered idea was the most important prevailing theme throughout school and is made a priority in my daily practice as a pharmacist. It puts the patient at the center of the pharmacist-patient care model. By the end of my pharmacy education, I made the choice to work in a hospital setting.

I have never viewed hospital pharmacy as a “better” more prestigious avenue. I have worked occasionally as a retail pharmacist since graduation, although I often find that I am unable to provide high level of patient care to those that walk through the door. I also understand that hospital and retail pharmacy work-models are fundamentally different.

Nonetheless, I am disappointed in the current retail pharmacy model. Many of my colleagues and I believe it is a broken model, namely because of antiquated regulations such as the current technician-to-pharmacist ratio requirement. I tell my students, my peers and others that given the chance to provide high-quality care and positive patient-interaction in a retail setting, I would. I see many good pharmacists driven away from the retail setting for this precise reason.

Within my institution – a class C pharmacy – I feel that patients benefit from the unrestricted pharmacist to technician ratio. With appropriate technician procedures and oversight, this allows me to focus on the patient instead of the tasks that technicians are fully and indisputably capable of performing.

As progressive as was the independent pharmacy mentioned earlier, I later saw it was being held back from its true potential. The pharmacists were being held back. The profession was being held back. And since this was the case for the progressive pharmacy, it is worrisome what the state of affairs is for other retail pharmacies. Pharmaceutical care is unfortunately continuing to take a back seat at the cost of an outdated regulation.

Professionally yours,



Lance Ray, Pharm.D., BCPS

From: Buchel, Scott A.
Sent: Thu 8/1/2013 4:49 PM
To: Gay Dodson
Subject: Pharmacy Technician Ratio Discussion

It has been brought to my attention that the board will be discussing the possibility of making changes to the Technician to Pharmacist Ratio at the meeting on Monday, August 6th, 2013.

If you would grant me a moment, I would like to share some of my views and insights around this topic.

As a point of introduction, I am the Regional Sales Manager for CVS Pharmacy based in Houston TX, and I am responsible for approximately 150 stores in Houston, Corpus Christi, Brazoria County, El Paso, and the Rio Grande Valley.

The scope of pharmacy has changed dramatically over the last 10 years, and with the proposed changes coming into the National Health Care scene starting January 1, the role of the pharmacist is going to be even more critical than it is today. Patient counseling will remain as critical as it is today, but the pharmacist's role in managing adherence and compliance will become a central tenant of the affordable health care act. Doctor's will be reimbursed based on "outcome" and prescription adherence and compliance is the primary foundation for a successful outcome. Interestingly enough, the pharmacist is the only one in the physician/pharmacist relationship that is aware of non-compliance and non-adherence issues.

CVS has been focused on improving technology over the last 10 years to reduce as much red tape and "process impact" as possible for our pharmacists, to allow them to maximize the amount of time that they have to counsel patients and provide other health care services. We have been able to dramatically impact the adherence and compliance of our patients over the last couple of years, and our partnerships with the medical community have saved patients millions of dollars in "out of pocket" costs by working to find low cost and alternative solutions with the prescribers.

The single biggest road block that exists today for our pharmacists, is the requirement to perform technician and cashier tasks. The primary reason for that is the current restrictions that are in place that allow a maximum of 3 technicians per RPH. The pharmacist's time is best spent speaking with a patient about a new or existing medicinal regiment, or working with a doctor to provide additional/replacement options to maximize the effectiveness and cost of a treatment plan. With the complexities of third party plans growing exponentially, and the explosive growth of "out of pocket" costs for patients, the involvement of the pharmacist in these issues will be at the highest levels in the history of modern medicine. When a pharmacist is required to spend time at a cash register, on the phone with an insurance company, or at the production counter because we cannot have additional technicians in the building, it heavily impacts the patient care effectiveness.

One often overlooked item that is also significantly changing the role of the pharmacist is the ways in which prescriptions are getting to the pharmacy for action. Only 5 years ago, 70% to 80% of the prescriptions that arrived in a pharmacy were physically dropped off by the patient. Today the exact opposite is true, and 70% to 80% of prescriptions are arriving in the pharmacy using some type of electronic communication process. This change has impacted the number of opportunities (frequency) that the pharmacist has to interact, counsel, advise, and partner with the patient. It has been reduced to a short window of time during the actual "pick-up" process. Typically the majority of prescription "pick-ups" happen in a very small period of the day, with most patients arriving in the stores between 3pm and 7pm. Based on the volume of customers in the building, and the impact of the current tech ratio restrictions, the pharmacist is typically performing cashier duties during that period, when that

time period actually demands maximum patient exposure because now that is the ONLY time we have face to face contact with that patient.

With the super majority of scripts arriving electronically now, the amount of time dedicated to issue resolution is growing exponentially. Issue resolution, prior authorization approval collection, insurance rejection resolution, new insurance data collection, and potential inventory out-of-stock issues require additional task workload, because the patient is no longer in front of you to assist with these issues at “drop off”. The amount of time required on the phone has increased dramatically with the growth of electronically delivered scripts. This IS NOT the best use of a pharmacist’s time, but with the current restrictions in place today there are no other solutions currently available.

I am also concerned about the future ability of our pharmacists to fill in the “gaps” that are going to happen in health care when January 2014 arrives. Simply looking at the model of the healthcare system in Massachusetts today shows that there will be extensive waits to see a primary physician for the rest of us in the future, and if the projections that are being discussed in the media are correct, there is going to be an extensive shortage of doctors. We have also seen that a high proportion of the uninsured today are in Texas, which would lead me to believe that the strain on the medical field will be exponentially higher in Texas. Some of the health care service we provide today such as immunizations and OTC counseling will take on an even bigger role as access to primary care physicians becomes even more strained. These activities require focused time from our pharmacist team, and with a ratio in place, the number of people required to sustain a viable workflow becomes strained.

Finally, the changes that have taken place on reimbursement rates for Texas Medicaid have dramatically impacted the viability of the smaller independent pharmacist. We have been approached to purchase the files of many small independent pharmacists this year, many of whom practice in small rural towns. The reimbursement reductions that happened in 2012 and 2013 were financially more than many owners were able to sustain. Based on many projections around the Affordable Health Care Act implementation in 2014, there will be a significant increase in the number of patients who will be participating in Texas Medicaid. So in many cases there will be a growing number of patients relying on a smaller number of pharmacy options to fill prescriptions. To maximize the safety, security, and counseling requirements of those patients, the removal of the current ratio restrictions would be an impactful decision.

At the end of the day, this decision to eliminate the current ratio restrictions should be based on one single guiding principle. What is in the best interest of the patients to maximize the relationship, the involvement, the exposure, and the amount of time that they have with the pharmacist to improve their health. There is also a significant “convenience” factor at play, but that is secondary to a safe and accessible relationship with a pharmacist.

Allowing additional people in the pharmacy to support the pharmacist to remove some of the “task” elements that a pharmacist is being forced to complete today, will dramatically improve healthcare for everyone.

I truly appreciate your time, and I hope the outcome of the meeting on Monday leads to changes that will allow my pharmacists to practice pharmacy at its highest level.

Scott Buchel | CVS Caremark | Region Manager - R59 Houston / Corpus Christi / Rio Grande Valley / El Paso | Office 713-339-2100 x8011 | Cell 603-318-6503 | 3030 South Gessner #230 Houston, TX 77063 | CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments.

From: Scott Lason
Sent: Thursday, August 01, 2013 9:47 PM
To: Gay Dodson
Subject: Fwd: Class A Pharmacy Technician ratio

Subject: FW: Class A Pharmacy Technician ratio

Gay,

Thank you for allowing pharmacists the opportunity to comment on the pending Tech Ratio discussion for Class A pharmacies.

As a licensed pharmacist, I am supporting the elimination of ratios for tech to pharmacist. I practiced for 7 years in the state of Missouri where there were no tech ratios. I know that many pharmacists believe that without a ratio, pharmacists would have a difficult time managing the teams within their pharmacies and that there could be a safety concern. In my practice I found it to be a true benefit to be able to have more technicians in my pharmacy during peak times and the ability to pull a pharmacy employee from non tech duties to tech duties during times of need.

Benefits to no ratio:

- Pharmacists would spend less time completing technical duties when they could be focusing on verification, quality and consultation.
- Budget/Profit constraints limit the number of techs in the pharmacy, but do not limit them at times of need to provide optimal patient care in a timely manner.
- Current Pharmacy Laws already hold the pharmacist accountable to accuracy of prescriptions regardless of the number of technicians involved in the filling process and this would be no different if there were 4, 5 or more techs completing the technical duties
- Current employees that act as clerks or maintenance help and are cross trained as technicians would be able to step in and assist patients when others are currently busy. Ultimately, the acute patients that are sick or in pain, would be taken care of in a timely manner and the pharmacist(s) would be more readily available to perform verification, quality assurance and consultation without making these patients wait longer periods of time.
- More eyes on a prescription without interruptions actually increases accuracy vs. fewer technicians multitasking due to having to perform multiple duties
- Pharmacy as a profession will have the opportunity to increase its position as a primary healthcare provider and would also allow the opportunity to redefine the technicians role and education requirements. If we continue to perform technical duties as one of our primary responsibilities, that will continue to be the expectation of the public and perception of pharmacists as pill counters and not as health care providers.

Common fallacies of eliminating the ratio:

- There is a higher chance for theft within the pharmacy.
 - Whether there is 1 tech or more the chance for theft is no different. It truly comes down to the person. If you have 1 tech and they are dishonest, you can still have a theft issue
- Pharmacists can't manage more than 3 technicians.
 - We only allowed 2 technicians in the past and increased to 3 and this did not seem to cause additional issues. It is the pharmacist's responsibility to work in an environment

that they can manage. If one pharmacist cannot properly supervisor more than 3 technicians, they should not work in an environment that requires more than 3. Many pharmacists are excellent managers of talent and can verify prescriptions and validate which technicians are not performing up to standards.

- Corporations will put techs in pharmacies in place of pharmacists.
 - This simply is not realistic. In reality, corporations and independent pharmacists will staff their pharmacies with the appropriate number of techs and pharmacists based on their patient requirements. If pharmacists are performing typical technician duties, they are not focusing on the verification, quality assurance and consultation required of their skill level. Elimination of ratios could potentially replace pharmacists with technicians, but it would be replacing pharmacists that are acting as technicians. We must make sure that the public sees pharmacists as providers of healthcare and information and not as pill counters and typists.
- Hospitals don't need tech ratios and community pharmacies do need them.
 - In a community pharmacy the technicians are in close proximity to the pharmacist and by definition are in closer direct supervision. In hospitals the pharmacies are often larger and in many cases on different floors or units.

The Texas State Board of Pharmacy is a leader in the United States when it comes to Laws and Rules to protect the public. Eliminating the tech ratio does not change any of the other Laws or Rules that require the pharmacist on duty and the Pharmacist in Charge to maintain a safe environment that is clean and with proper processes to protect the drug products within the four walls from contamination, theft, safety, etc. Whether a pharmacist is working with 1 technician or with many technicians, the ultimate responsibility is on that pharmacist to validate everything that was completed to properly and safely fill a prescription and provide it to a patient with appropriate consultation.

Thank you,
Scott D Lason, RPh

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