



Texas State Board of Pharmacy

Annual Report

Fiscal Year 2018

Dennis F. Wiesner, R.Ph.
President

Allison Vordenbaumen Benz, R.Ph, M.S.
Executive Director/Secretary

333 Guadalupe Street, Suite 3-500
Austin, Texas 78701
(512)305-8000
www.pharmacy.texas.gov

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Board Members

Dennis F. Wiesner, R.Ph.
President
Austin
5/9/2008 - 8/31/2019

Jenny Downing Yoakum, R.Ph
Vice President
Longview
10/6/2015 – 8/31/2021

Bradley A. Miller, Ph.T.R.
Treasurer
Austin
9/23/2013 – 8/31/2019

L. Suzan Kedron
Public Member
Dallas
5/9/2008 - 8/31/2019

Chip Thornsburg
Public Member
San Antonio
10/6/2015 – 8/31/2021

Suzette Tijerina, R.Ph.
Castle Hills
10/6/2015 – 8/31/2021

Donnie Lewis, R.Ph.
Athens
06/1/2018 - 8/31/2019

Rick Fernandez, R.Ph.
Northlake
6/1/2018 - 8/31/2023

Daniel Guerrero
Public Member
San Marcos
6/1/2018 – 8/31/2023

Lori Henke, Pharm.D.
Amarillo
06/01/2018 – 08/31/2023

Julie Spier, R.Ph.
Katy
6/1/2018 – 08/31/2023

STAFF

Office of the Executive Director

Executive Director

Allison Vordenbaumen Benz, R.Ph., M. S.

Chief Compliance Officer

Ben Santana, R.Ph.

Senior Compliance Officer

Iona Grant, R.Ph.

Compliance Officer

Terri Burrows, R.Ph., Pharm.D.

Kathy Salinas, R.Ph.

James Clark, R.Ph.

Compliance Program Officer

Tera McConnell, R.Ph., Pharm.D.

Synthia Hill, R.Ph., Pharm.D.

Senior Compliance Inspector

Adrienne Bauer, Ph.T.R.

Compliance Inspector

Keya Henry, Ph.T.R.

Javier Ledesma, Ph.T.R.

Kimberly Miles, Ph.T.R.

Jennifer Trook, Ph.T.R.

Felicia Carrasco, Ph.T.R.

Robert Moura, Ph.T.R.

(Vacant 1)

Senior Compliance Specialist

Jessica Rodriguez-Reyes, Ph.T.R.

Compliance Specialist

Hollie Evans, Ph.T.R.

Noreen Gomez

Education Coordinator

Shayda Bakhshi

Executive Assistant

Rebecca Damon

Receptionist

Debra Dukes

Information Resources Manager

Brian Hurdle

Support Systems Specialist

Todd Hayek

Information Technology Security Analyst

Matthew Hays

Systems Administrator

Vacant

Prescription Monitoring Program Manager

Bj Slack

Program Specialist III

Mary Newman, Ph.T.R.

Sofia Bishop

Linda Yazdanshenas

Administrative Assistant V

Lori Gonzales, Ph.T.R.

Veronica Guzman

Barbara Racca, Ph.T.R.

Administrative Services & Licensing

Division Director

Hemant Makan

Financial Services Manager

Cori Briscoe

STAFF

Accountant III
J. Raul Pacheco

Accountant II
Chantell Solomon

Accountant I
Taylor King

Purchaser
David Hardy

Staff Services Officer II
Robbi Dana

Staff Services Officer I
Sarah Broadbuss, Ph.T.R.

Licensing Manager
Misty Anderson

Licensing Specialist
Rachel Glass
Melinda Uballe
Lisa Ake
Marcie Tapia
Jessica Guerrero, Ph.T.R.
Tammy Baker, Ph.T.R.
Sarah Moody, Ph.T.R.
Audric Fowler, Ph.T.R.
Lisa Wells, Ph.T.R.
(Vacant 1)

Enforcement

Division Director
Caroline Hotchkiss, J.D.

Chief Investigator
Rolando Belmares

Investigator (9)
Vacant (2)

Senior Staff Investigator
Melissa Weeden

Investigative Case Manager
Cynthia Fazin

Enforcement Program Manager
Robert Rivera, Ph.T.R.

Compliance Analyst
David Meryman, Ph.T.R.

Enforcement Program Administrator
Nelma Sanchez, Ph.T.R.

Enforcement Program Officer
Brandy Plummer

Enforcement Officer
Briana Velasquez, Ph.T.R.
Heather Torres, Ph.T.R.
Crystal Belvin-Scott, Ph.T.R.

Enforcement Program Specialist
Debra Beall

Enforcement Specialist
Elaine Naivar, Ph.T.R.
Gracie Lara, Ph.T.R.
Lilly Moreno
Carissa Garcia, Ph.T.R.
Misty Plant, Ph.T.R.
Marisa Sanchez, Ph.T.R.
Angela Castillo, Ph.T.R.
Heather Hernandez, Ph.T.R.

Enforcement Technician
Irene Zapata
Marcus Holliday, Ph.T.R.
Demetria Manning

STAFF

Legal

General Counsel

Kerstin Arnold, J.D.

Assistant General Counsel

Megan Holloway, J.D.

Litigation Counsel

John Griffith, J.D.

Staff Attorney

Mary Martha Murphy, J.D.

Eamon Briggs, J.D.

(Vacant 1)

Legal Assistant Team Manager

Ann Driscoll, Ph.T.R.

Legal Assistant

Tabatha Lowden

Kelly Clark

Amanda Debs, Ph.T.R.

Jessica Hirn

Amy Burt, Ph.T.R.

Christine Pavalasky

Yvette Latin

Senior Administrative Assistant

Sandra Chatham

Margarita Zamarripa

Board Mission

The statutory mission of the Texas State Board of Pharmacy is to promote, preserve, and protect the public health, safety, and welfare by fostering the provision of quality pharmaceutical care to the citizens of Texas, through the regulation of: the practice of pharmacy; the operation of pharmacies; and the distribution of prescription drugs in the public interest.

Board Philosophy

The Texas State Board of Pharmacy will assume a leadership role in regulating the practice of pharmacy and act in accordance with the highest standards of ethics, accountability, efficiency, effectiveness, and open communication. We affirm that regulation of the practice of pharmacy is a public and private trust. We approach our mission with a deep sense of purpose and responsibility. The public and regulated community alike can be assured of a balanced and sensible approach to regulation.

Board Strategic Goals (FY2015-2019)

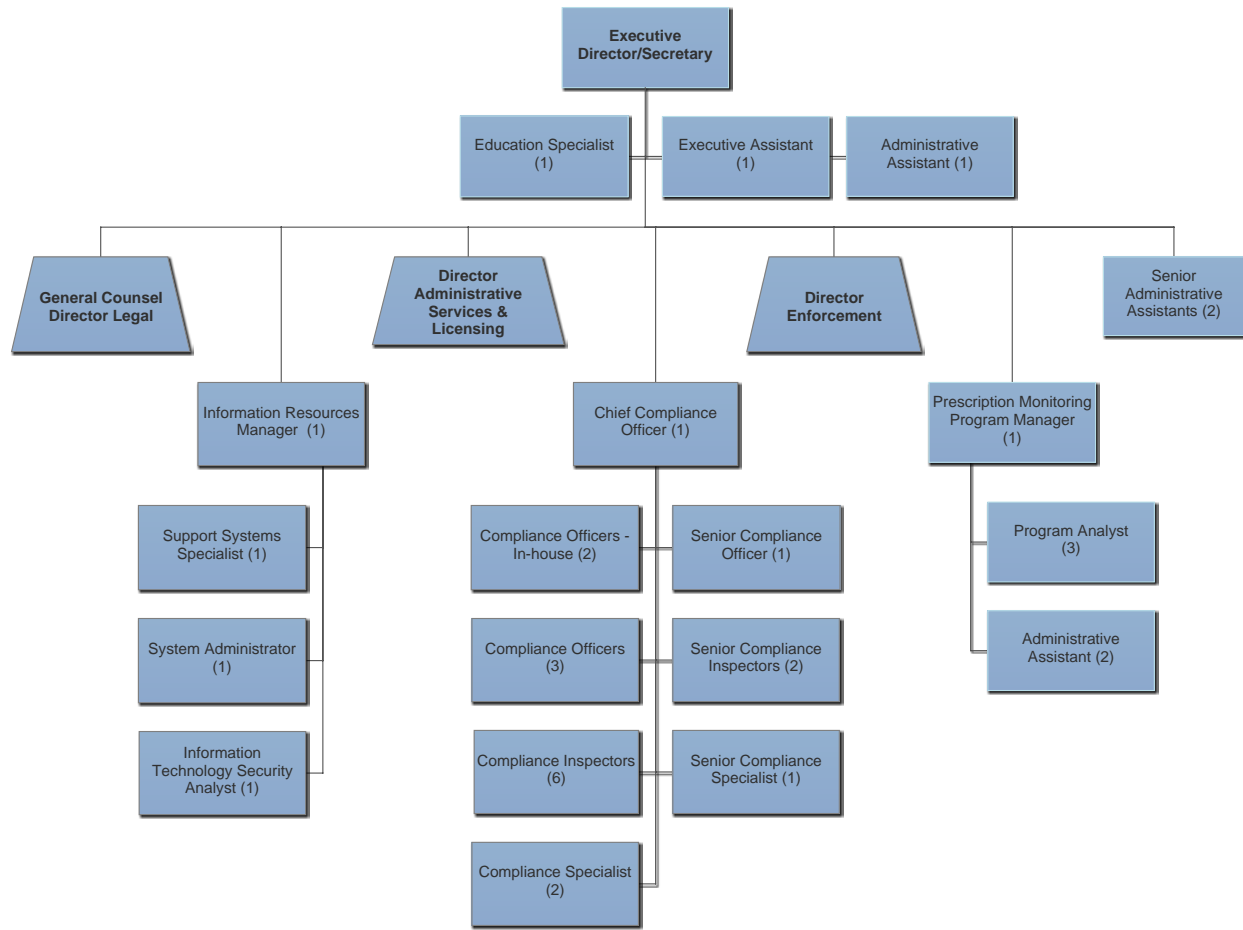
- We will establish and implement reasonable standards for pharmacist and pharmacy technician education and practice, and for the operation of pharmacies to assure that safe and effective pharmaceutical care is delivered to the citizens of Texas (Sections 551-569 of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J).
- We will assertively and swiftly enforce all laws relating to the practice of pharmacy to ensure that the public health and safety are protected from the following: incompetent pharmacists and pharmacy technicians; unprofessional conduct, fraud, and misrepresentation by licensees; and diversion of prescription drugs from pharmacies; and to promote positive patient outcomes through the following: reduction of medication errors by encouraging or requiring licensees to implement self-assessment programs and continuous quality improvement programs, including peer-review processes; and enforcement of rules relating to patient counseling and drug regimen review, including prevention of misuse and abuse of prescription drugs. [Sections 555-569 of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J; Chapter 481 of the Texas Controlled Substances Act, TEX. HEALTH & SAFETY CODE ANN.; and Chapter 483 of the Texas Dangerous Drug Act, TEX. HEALTH & SAFETY CODE ANN.]
- We will establish and implement policies governing purchasing and public works contracting that foster meaningful and substantive inclusion of historically underutilized businesses (HUBs).

Board Structure

The Board's functional structure at the end of FY2018 was composed of the Office of the Executive Director and three Divisions:

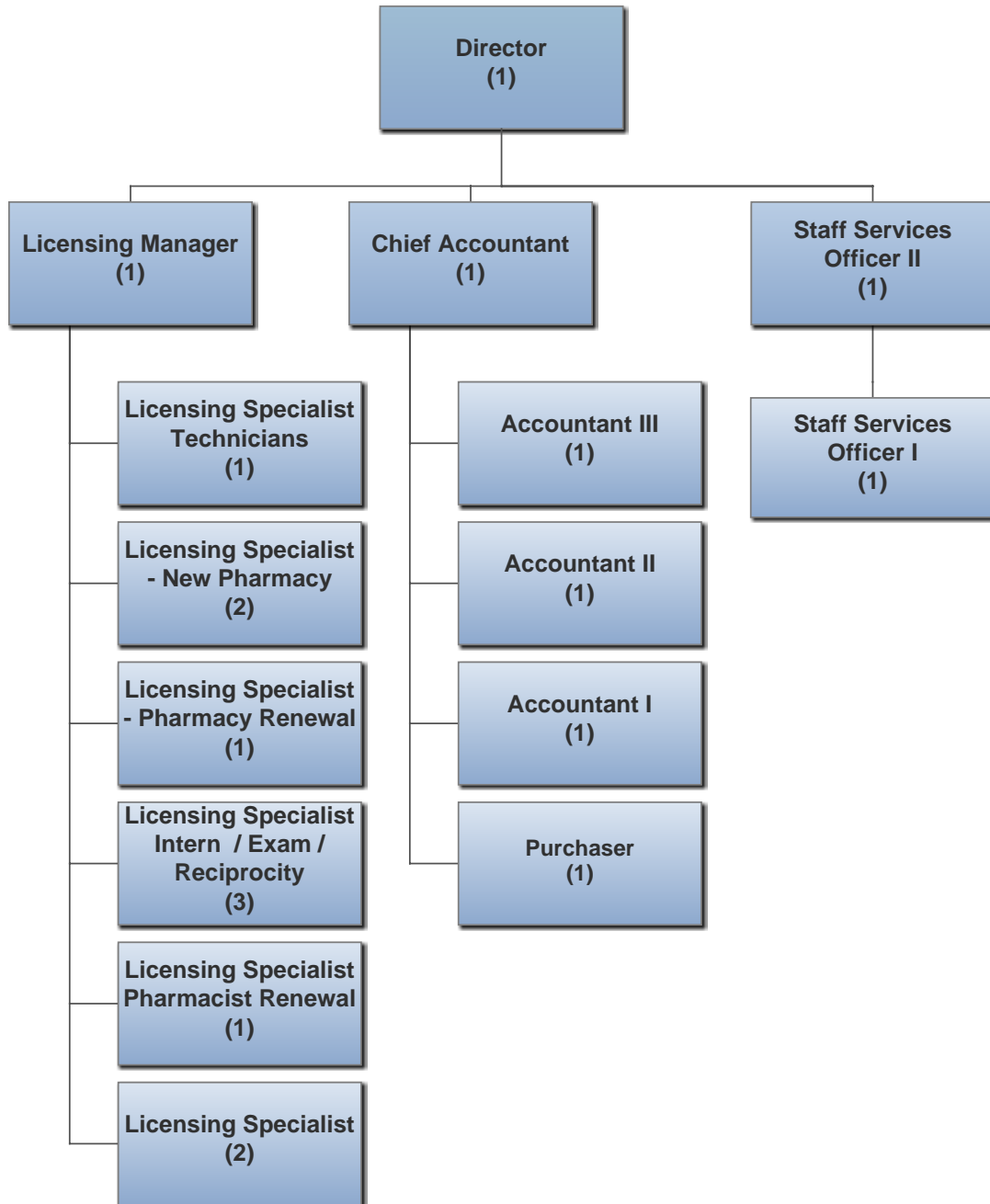
- Division of Administrative Services and Licensing;
- Division of Enforcement; and
- Division of Legal Services

Texas State Board of Pharmacy
FY2018



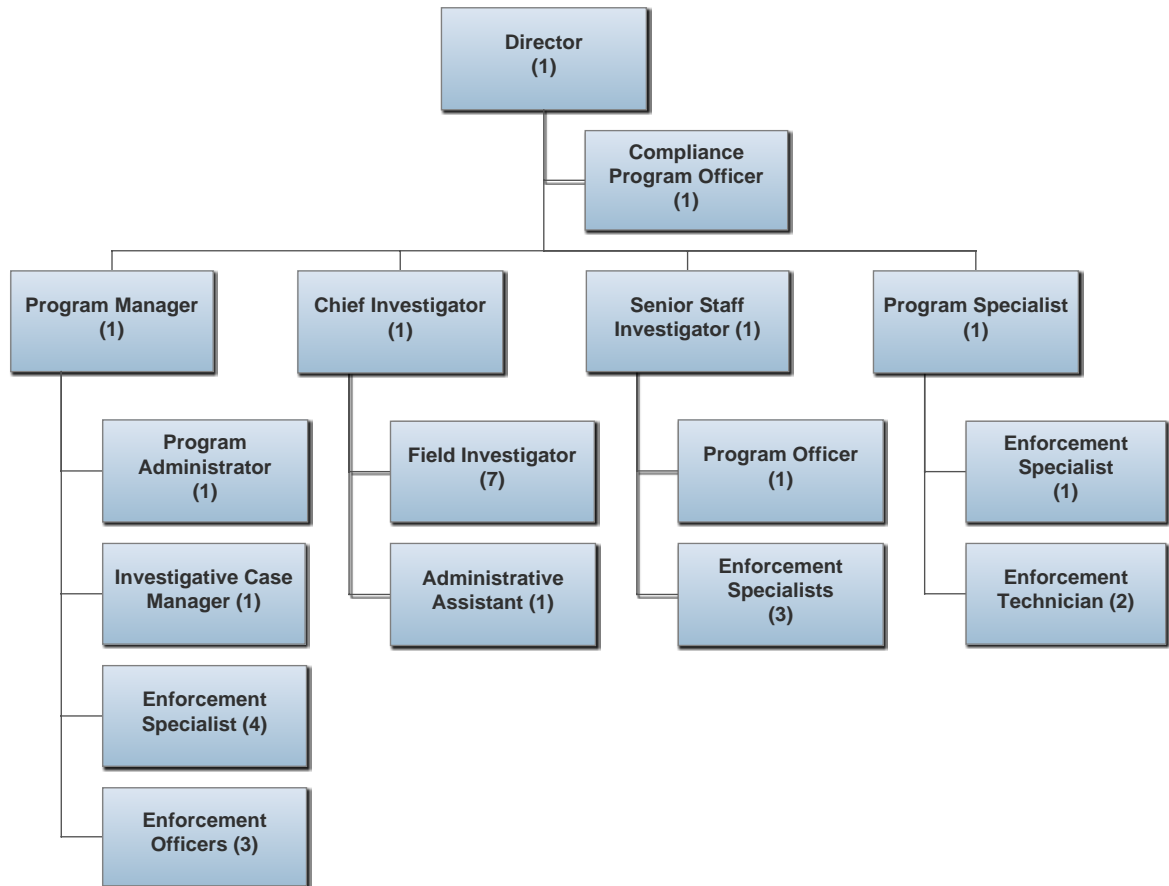
Administrative Services and Licensing Division

FY2018



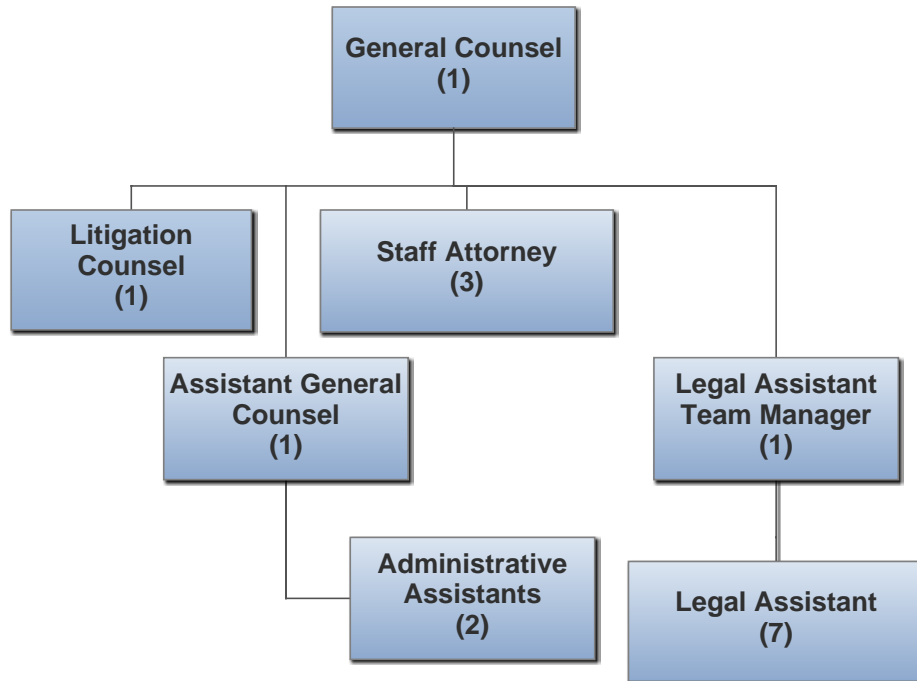
Enforcement Division

FY2018



Legal Division

FY2018



Fiscal Report

The attached report represents an unaudited report of the financial activities regarding the internal operating budget for Fiscal Year 2018 (September 1, 2017 - August 31, 2018). A more detailed accounting of the agency's unaudited financial report, which includes all fund types and account groups, a complete statement of revenues and expenditures, and changes in fund balance, can be found in the "*FY2018 Annual Financial Report*," located here https://www.pharmacy.texas.gov/files_pdf/Annual_Financial_Report_FY2018.pdf.

As of August 31, 2018, the unexpended balance for FY2018 was approximately \$217,057 or 2% under budget.

Texas State Board of Pharmacy

Fiscal Year 2018 - Appropriation Expenditures

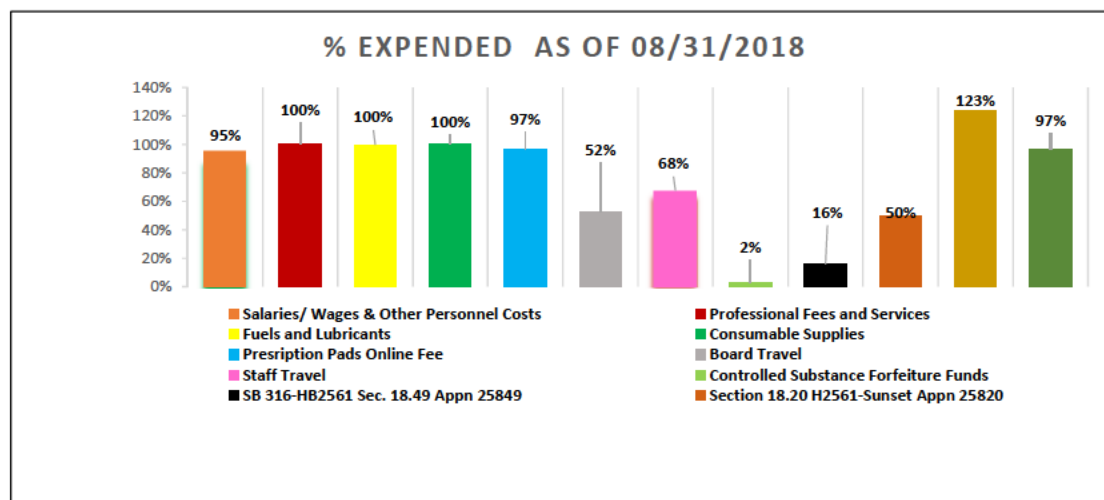
As Of August 31, 2018

(Based on 12 months actual data)

Analysis of Estimated Budget less YTD Expenditures

Line Item		Estimated Operating Budget	Expenditures Paid Plus Est. Payables 9/1/17-08/31/18	Balance 08/31/2018	% Expended as of 08/31/2018
1	Salaries/ Wages & Other Personnel Costs	\$ 5,844,499	\$ 5,560,204	\$ 283,553	95%
2	Professional Fees and Services	958,252	958,252	0	100%
3	Fuels and Lubricants	25,000	24,921	79	100%
4	Consumable Supplies	35,356	35,356	0	100%
5	Prescription Pads Online Fee	916,986	886,895	30,091	97%
6	Board Travel	53,000	27,549	25,451	52%
7	Staff Travel	148,350	100,189	48,161	68%
8	Controlled Substance Forfeiture Funds	177,931	4,066	173,864	2%
9	SB 316-HB2561 Sec. 18.49 Appn 25849	100,598	15,824	84,774	16%
10	Section 18.20 H2561-Sunset Appn 25820	156,154	77,314	78,840	50%
11	TexasOnline Reimbursement	210,500	259,959	(49,459)	123%
12	Other Operating Expenses	839,970	813,744	26,226	97%
Totals		\$ 9,466,597	\$ 9,249,539	\$ 217,057	98%

*Please see Pg 2 for further detail



Line Item	*	Description	Budget	Expended	Unexpended Balance/	Percent Remaining
1		(a) Professional Fees & Svcs (Other)	762,650	\$ (762,650)	\$ -	0%
2		(b) Professional Fees & Svcs (TPA-Peer Asst)	195,602	\$ (195,602)	\$ -	0%
3		Gas, Other Fuels & Lubricants	25,000	\$ (24,921)	\$ 79	0%
4		Vehicles - Maintenance	20,000	\$ (11,853)	\$ 8,147	41%
5		Consumable Supplies & Materials	35,356	\$ (35,356)	\$ -	0%
6		Postage	78,266	\$ (70,542)	\$ 7,724	10%
7		Telephone	54,233	\$ (54,448)	\$ (215)	0%
8		Rx Drug Pad Online Convenience Fee	28,321	\$ (28,321)	\$ -	0%
9		Subscriptions	9,294	\$ (5,300)	\$ 3,994	43%
10		Travel - Board Members (Service)	38,000	\$ (24,094)	\$ 13,906	37%
11		Travel - Board Mbr Conference	15,000	\$ (3,454)	\$ 11,546	77%
12		Travel - State Vehicle	669	\$ (669)	\$ -	0%
13		Travel - Staff (Service)	130,681	\$ (87,730)	\$ 42,951	33%
14		Travel - Staff (Conference)	5,000	\$ (4,519)	\$ 481	10%
15		Travel - Staff (Conf Out Of State)	12,000	\$ (7,271)	\$ 4,729	39%
16		Membership Fees & Dues	3,611	\$ (2,514)	\$ 1,097	30%
17		Administrative Support Service	58,500	\$ (52,337)	\$ 6,163	11%
18		HPC Shared Regulatory Database	282,057	\$ (282,057)	\$ -	0%
34		HPC Transfer and Fees	52,472	\$ (52,472)	\$ -	0%
19		Criminal Investigative Expense	3,606	\$ -	\$ 3,606	100%
20		Freight & Delivery Service	7,350	\$ (8,215)	\$ (865)	-12%
21		Maint & Repair - Furn & Equip	33,285	\$ (33,285)	\$ -	0%
22		Rental of Furn & Equip	28,100	\$ (18,756)	\$ 9,344	33%
23		Rental of Space	5,300	\$ (7,064)	\$ (1,764)	-33%
24		Bonds & Insurance	8,889	\$ (8,992)	\$ (103)	-1%
25		Maintenance and Repair-Building	700	\$ (696)	\$ 4	1%
26		Reproduction & Printing	21,029	\$ (21,029)	\$ -	0%
27		Hearing Expense	3,600	\$ (11,815)	\$ (8,215)	-228%
28		Registration Fees	24,002	\$ (12,362)	\$ 11,640	48%
29		F & E - Expensed/Inventoried <\$5,000	16,475	\$ (16,475)	\$ -	0%
30		Computer Software - Expense	15,710	\$ (15,896)	\$ (186)	-1%
31		Computer Equip - Inv/Controlled >\$500	25,607	\$ (23,636)	\$ 1,971	8%
32		Books & Recorded Materials	1,368	\$ (297)	\$ 1,071	78%
33		Computer Equipment - Parts	25,377	\$ (25,377)	\$ -	0%
35		Awards	2,000	\$ (1,537)	\$ 463	23%
36		Purchase of Vehicles	22,742	\$ (21,516)	\$ 1,226	5%
37		Exempt Salaries	132,490	\$ (121,449)	\$ 11,041	8%
38		Classified Salaries - Full Time	5,313,919	\$ (5,193,844)	\$ 120,075	2%
39		Salaries/Wages-Non-Permanent Full-Time Employees	28,800	\$ (28,800)	\$ -	0%
40		Salaries/Wages-Hourly Part-time FTE	8,443	\$ (6,919)	\$ 1,525	18%
41		Hazardous Pay	1,450	\$ (1,320)	\$ 130	9%
42		Overtime Pay	1,609	\$ (1,675)	\$ (66)	-4%
43		Longevity	96,760	\$ (92,057)	\$ 4,703	5%
44		Lump Sum Termination Payment Pay	166,587	\$ (166,587)	\$ -	0%
45		Compensatory Per Diem	7,004	\$ -	\$ 7,004	100%
46		Employees Retirement - Other	765	\$ (765)	\$ -	0%
47		Addl Payroll Retirement Contribution	28,890	\$ (22,522)	\$ 6,368	22%
48		Payroll Health Insurance Contribution	57,781	\$ (45,714)	\$ 12,067	21%
49		Texas Online Fee	210,500	\$ (259,959)	\$ (49,459)	-23%
50		State Office of Risk Management	8,076	\$ (8,076)	\$ -	0%
51		SB 316 - HB 2561 Sec. 18.49 Appn 25849	100,598	\$ (15,824)	\$ 84,774	84%
52		Section 18.20 HB 2561 - Sunset Appn 25820	156,154	\$ (77,314)	\$ 78,840	50%
53		Accrued Expenditures	\$	\$ (111,668)	\$ (111,668)	
54		PMP UB AUTHORITY	\$	\$ (77,063)	\$ (77,063)	
55		CAPITAL BUDGET UB AUTHORITY	\$	\$ (20,097)	\$ (20,097)	
56		Total ADMIN, LIC & ENF	8,371,680	\$ (8,184,713)	\$ 186,966	2%
57		Reproduction & Printing - Prescription Pad Program	916,986	\$ (886,895)	\$ 30,091	3%
58		Controlled Substance Forfeiture Funds	73,325	\$ (1,355)	\$ 71,970	98%
61		UB Controlled Substance Forfeiture Funds - Fed	27,996	\$ (1,355)	\$ 26,640	95%
62		UB Controlled Substance Forfeiture Funds - State	76,610	\$ (1,355)	\$ 75,254	98%
		FORFEITURE UB	\$	\$ (173,864)	\$ (173,864)	
63			9,466,597	\$ (9,249,539)	\$ 217,057	2%

Office of the Executive Director

This FY2018 Annual Report reflects the objectives accomplished and activities conducted by the agency necessary to implement its *Strategic Plan*. The agency continued to enjoy an excellent reputation with a broad range of customers as a consumer protection advocate and has the support of its activities by the regulated profession.

The numerous accomplishments achieved by TSBP staff are highlighted in each of the division reports. Although specific activities are highlighted under each Division Director's Objectives, TSBP experienced the following major accomplishments and disappointments/constraints in FY2018.

FY2018 SIGNIFICANT ACCOMPLISHMENTS

1. The agency accomplished or partially accomplished all but one of its 102 objectives. In addition, the agency met or exceeded all of the 10 key performance measures listed in the Appropriations Act and reported on an annual basis to the Legislative Budget Board (LBB). See Office of the Executive Director Ongoing Objective #1 for additional details.
2. The agency successfully implemented the Centralized Accounting and Payroll/Personnel System – Financials (CAPPS-FINS). The CAPPS-FINS project went live in September 2018. Administrative Services Staff exhaustively attended to all Comptroller & Vendor requirements to ensure the continued implementation of all CAPPS modules.
3. TSBP resolved 6,524 complaints in FY2018 which is a significant increase when compared to FY2017. See Enforcement's Ongoing Objective #3 for more details.
4. Despite turnover and training requirements for new hires, TSBP Compliance Field Staff conducted 3,553 inspections of pharmacies located in Texas, which was a significant increase when compared to 3,227 inspections conducted in FY2017. See Office of the Executive Director's Ongoing Objective #12 for further details regarding inspections.
5. There was a significant increase in registered users and searches conducted through the Prescription Monitoring Program. See Office of the Executive Director Ongoing Objective #21 for more details.
6. Agency Staff gave 81 presentations to approximately 6,971 individuals during FY2018. See Legal Ongoing Objective #17 and Office of the Executive Director Ongoing Objectives #6 and #15 for more details.
7. Agency Staff responded to the needs of individuals affected by Hurricane Harvey well into FY2018. To ensure access to medication was available, authorization was given for the dispensing of 30 day emergency medications to affected patients. In addition, the agency licensed temporary remote pharmacies, pharmacists, and pharmacy technicians to help provide pharmacy services. Staff also assisted pharmacy owners whose pharmacies were affected by the storm with licensing and compliance questions.
8. The following TSBP Board Members and staff were appointed to offices, received honors, or received recognition.
 - A. Board Member Dennis Wiesner, R.Ph., was appointed by the Governor as Board President on June 1, 2018.

OFFICE OF THE EXECUTIVE DIRECTOR

- B. Ricardo “Rick” Fernandez, R.Ph., of Northlake was appointed to the Board on June 1, 2018.
- C. Daniel Guerrero of San Marcos, Public Member, was appointed to the Board on June 1, 2018.
- D. Lori W. Henke, Pharm.D., of Amarillo was appointed to the Board on June 1, 2018.
- E. Juliann “Julie” Spier, R.Ph., of Katy was appointed to the Board on June 1, 2018.
- F. Donnie Lewis, R.Ph., of Athens was appointed to the Board on June 1, 2018.
- G. Board members Lori Henke and Donnie Lewis, and Board Executive Director/Secretary Allison Vordenbaumen Benz, were appointed as members of the National Boards of Pharmacy Task Force to Develop Regulations Based on Standards of Care. Board member Daniel Guerrero was appointed an alternate member.
- H. Board member Jenny Downing Yoakum was appointed a member of the National Boards of Pharmacy Committee on Law Enforcement/Legislation. Board member Julie Spier was appointed as an alternate member.
- I. Board Members Rick Fernandez and Bradley Miller were appointed a member of the National Boards of Pharmacy Committee on Constitution and Bylaws.

FY2018 SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. All of the Licensing Services Programs continue to grow resulting in increases in workload. See Administrative Services and Licensing Disappointments/Constraint #1 for statistical details.
2. In FY2017, the Governor of Texas imposed a hiring freeze for state agencies. With the beginning of the new biennium, the agency was able to fill its vacant positions by August 2018 but the impact of this hiring delay impacted business functions well into FY2018.
3. During FY2018, due to retirements, the agency experienced the loss of four employees in key positions including Executive Director, Director of Enforcement, Director of Administrative Services and Licensing, and Chief Accountant. The loss of over 100 years of leadership and experience between the four positions affected almost all agency processes and replacement staff suffered a steep learning curve as a result. Additionally, the agency reorganized divisions and some employee job duties or direct management to promote more efficient work flow processes. This process took time to review the current structure and determine the best outcome for both the agency and the employees. The changes took time for staff to learn and implement.

OFFICE OF THE EXECUTIVE DIRECTOR

FY2018 ANNUAL REPORT

GOAL

To provide policy advice to the Board, implement Board policies, and manage the organization in a manner that will accomplish the stated mission, goals, and objectives of the agency.

Objectives (New)

To direct the agency, in accomplishing the following new objectives throughout FY2018:

1. **Reviewing and implementing legislation passed by the 85th Texas Legislature that affects agency operations and/or the practice of pharmacy;**
2. **Updating and preparing the TSBP Strategic Plan for FY2019-2023 and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.**
3. **Preparing a proposed budget for the FY2020-2021 biennium for review and approval by the Board at the Budget meeting.**
4. **Preparing the TSBP Legislative Appropriation Request for FY2020-2021 by the due date.**
5. **Conducting the orientation of new Board members within 90 days of appointment by the Governor; and**
6. **Implementing the recommendations made by the Sunset Advisory Commission regarding agency operations.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. A chart containing the action steps to implement provisions of bills passed during the 85th Legislative Session was developed with timelines for action. An updated chart was presented to the Board at each Board meeting showing progress of implementation.
- B. The agency researched the trends and resulting issues expected to have the most significant impact on the profession and the agency over the next five years. The Board Members worked with staff to develop issue statements and approved the final TSBP FY2019-2023 Strategic Plan at the May 1, 2018 Board Business Meeting. The TSBP Strategic Plan was published and delivered to the Governor's Office and other applicable agencies by the due date.
- C. The Executive Committee reviewed and approved staff's recommendations for a proposed budget and the exceptional items contained in the Legislative Appropriation Request (LAR) at an April 30, 2018, meeting. The full Board met on May 1, 2018, and after review, approved the agency's proposed budget and LAR for FY2020-2021.

OFFICE OF THE EXECUTIVE DIRECTOR

- D. The exceptional items requested in the LAR included funding for the following:
- enhancements to the Prescription Monitoring Program;
 - technology and imaging;
 - merit salary increases for eligible employees;
 - vehicle replacement;
 - six additional employees; and
 - Health Professionals Council appropriations increase.
- E. On July 9, 2018, the Executive Director and other agency staff participated in the new Board member orientation for Ricardo “Rick” Fernandez, R.Ph.; Daniel Guerrero; Lori Henke, Pharm.D.; Donald E. Lewis, R.Ph.; and Juliann “Julie” Spier, R.Ph.
- F. The status of the management recommendations made by the Sunset Advisory Committee regarding agency operations are listed in Appendix EXC-01.

Objectives (Ongoing)

1. **To manage and monitor the agency's performance and operational efficiency throughout FY2018.**

Status: ACCOMPLISHED

Comment: The agency accomplished or partially accomplished all but one of its objectives. In addition, the agency met or exceeded 100% of the 10 key performance measures listed in the Appropriations Act and reported on an annual basis to the Legislative Budget Board (LBB) [see Appendix EXC-02].

2. **To coordinate the development of proposed goals and objectives and budget for FY2019 based on the *Strategic Plan* and projected budget, for submission to the Board two weeks prior to the August 2018 meeting.**

Status: ACCOMPLISHED

Comment: A proposed budget, including revenue projections and fee recommendations, was presented and approved at the August 7, 2018, Board Business Meeting. See Comments under Administrative Services and Licensing, Ongoing Objectives #1 and #3, for additional information.

3. **To direct TSBP's "*lead agency approach*" to help assure coordination of TSBP activities with those of other state and federal agencies involved in the regulation of the practice of pharmacy throughout FY2018.**

Status: ACCOMPLISHED

Comment: The Executive Director as well as the agency's Enforcement, Compliance, Investigation, and Legal staffs worked extensively with federal, state, and local regulatory agencies. (See Enforcement Division's Ongoing Objective #5, Legal Division's Ongoing Objective #8, and Office of the Executive Director's Ongoing Objective #15 for details of these cooperative efforts.)

OFFICE OF THE EXECUTIVE DIRECTOR

4. **To manage the information resource needs (data processing, telecommunication, and Website) of the agency throughout FY2018 by:**
 - A. **evaluating and implementing solutions for the evolving computing needs of the agency;**
 - B. **providing a stable infrastructure for existing systems;**
 - C. **increasing the efficiency and productivity of Board operations; and**
 - D. **securing the agencies system against internal and external threats.**

Status: ACCOMPLISHED

Comment: The following were accomplished for this objective.

1. Re-prioritized IT strategies to include:
 - a. migrating mail services from on-premise exchange environment to cloud based Microsoft Office 365 through an existing DIR contract;
 - b. consolidating necessary on-premise hardware into a virtualized infrastructure; and
 - c. providing greater bandwidth to agency network to compensate for increased reliance on cloud-based technologies while evaluating current wireless security practices.
 2. Continued implementation of security recommendations from previous year's agency security assessment conducted by Gartner.
 3. IT staff was able to maintain a stable infrastructure for existing systems through scheduled, and timely, replacement of hardware/software nearing end of life status.
 4. Penetration tests and internal security assessments are performed regularly to identify gaps and vulnerabilities. These Gaps and vulnerabilities are then remedied by the agency IT security team. Security training is also provided regularly to agency staff.
-
5. **To review all federal statutes, regulations, and policies that may impact the regulation of the practice of pharmacy and make timely recommendations to the Board for implementation of any required Board actions throughout FY2018.**

Status: ACCOMPLISHED

Comment: The Executive Director and agency staff monitored the activities of the federal Food and Drug Administration regarding compounding pharmacies, the illegal importation of prescription drugs, Internet pharmacies, and counterfeit prescription drugs. Notices of these activities were forwarded to the Board Members when appropriate.

6. **As the Executive Director of the Board, throughout FY2018, to:**
 - A. **represent Board policies and programs to local, state, and national**

OFFICE OF THE EXECUTIVE DIRECTOR

pharmacy, health-related, and consumer organizations;

- B. act as the Board's liaison to the pharmacy professional associations;**
- C. continue to take a proactive role in the operation of the Health Professions Council; and**
- D. continue to support and participate in the Texas Pharmacy Congress.**

Status: ACCOMPLISHED

Comment:

- A. The Executive Director:
 - (1) Gave 37 presentations to approximately 4,400 persons (see Appendix EXC-03); and
 - (2) Participated in 22 interviews with the press (see Appendix EXC-04).
- B. Attended 36 meetings, conferences, or participated in telephone calls representing the agency (see Appendix EXC-05).
- C. Provided testimony and served as a resource on 26 occasions to Interim Legislative Committees, Legislators, and Federal agencies (see Appendix EXC-06).
- D. The Executive Director attended 3 meetings of the Health Professions Council on the following dates:
 - 1. September 18, 2017;
 - 2. December 11, 2017; and
 - 3. June 25, 2018.
- E. The Executive Director attended 3 meetings of the Texas Pharmacy Congress as follows.

Date	Activity and Location
2/20-21/2018	Texas Pharmacy Congress Meeting, Austin
5/9-10/2018	Texas Pharmacy Congress Meeting, Dallas
8/9/2018	Texas Pharmacy Congress Meeting, Austin

- 7. To recommend changes to the Texas Pharmacy Act and rules and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or will improve the efficiency and effectiveness of the agency's operations throughout FY2018.**

Status: ACCOMPLISHED

OFFICE OF THE EXECUTIVE DIRECTOR

Comment: The agenda for each meeting of the Board included a discussion item listing possible suggestions for changes to the Pharmacy Act. In addition, each Division has made recommendations for improvements (see Administrative Services Ongoing Objective #13, Enforcement Ongoing Objective #11, and Legal Ongoing Objectives #12 and #14).

- 8. To maintain a staff development program by encouraging Executive Office staff to participate in professional and interpersonal development seminars, cross training, and on-the-job training and to conduct periodic reviews and annual evaluations of Division Directors and Executive Office staff and to monitor evaluations of employees in all Board Divisions throughout FY2018.**

Status: ACCOMPLISHED

Comment: In FY2018, Division staff attended four General Staff Meetings and trainings as listed below:

- General Staff Meeting, held on November 14, 2017, which included a Blue Cross Blue Shield Wellness Presentation
- General Staff Meeting, held on February 27, 2018, which included training presented by Alliance Work Partners (Plan Your Way to Wellness and AWP Assistance Program Orientation)
- General Staff Meeting, held on March 27, 2018, which included training presented by State Office of Risk Management (Stress Management Training)
- Management and Team Leader Training, held on April 9, 2018, presented by Strasburger & Price, LLP (Equal Employment Opportunity Commission Training for Management)
- General Staff Meeting, held on June 12, 2018, which included training presented by Strasburger & Price, LLP (Equal Employment Opportunity Commission Training)

Evaluations of the Division Directors were completed in August 2018.

- 9. To provide the Board information necessary to conduct performance evaluation of the Executive Director by August 31, 2018.**

Status: NOT ACCOMPLISHED

Comment: Due to the retirement of the Executive Director on November 30, 2017, an evaluation was not conducted by August 31, 2018. The Board elected to move the evaluation of the new Executive Director to the November 2018 Board Meeting. However, monthly updates were provided to the Board regarding the activities of the Executive Director and the agency.

- 10. To prepare a report on the accomplishments of the Office of the Executive Director and direct the preparation and submission of the agency's FY2017 Annual Report to be presented to the Board at the August 2018 meeting.**

Status: ACCOMPLISHED

OFFICE OF THE EXECUTIVE DIRECTOR

Comment: The final draft of the TSBP Annual Report for FY2017 was presented to and approved by the Board at the February 2018 Board meeting.

Objectives (Ongoing) – Compliance

11. To submit data regarding enforcement and peer assistance data for Key Performance Targets required under the FY2018-2019 Appropriations Act to Executive Director by specified due dates throughout FY2018; to assist in the preparation of applicable reports to the Legislative Budget Board and Governor's Budget Office regarding performance measures.

Status: ACCOMPLISHED

Comment: Compliance staff collected data relating to inspections. The data was certified and submitted to the Legislative Budget Board (LBB) and Governor's Office of Budget, Planning & Policy (GBO) by the prescribed due dates.

Enforcement-Related Performance Measure	FY2018 Projected Performance	FY2018 Performance Attained	Key or Non-Key (K/NK)	Projected Target Met?*
<i>Outputs:</i>				
Inspections	2,200	3,553	NK	Exceeded

12. To conduct 3,000 inspections of all classes of pharmacies located in Texas, throughout FY2018, including pre-inspections, partial inspections, attempted inspections, inspection-visits, and/or follow-up inspections to "Warning Notices." To conduct inspections of pharmacies located in Texas, according to the following priorities, throughout FY2018:
- A. Pre-inspections of pharmacies who are applying for a new pharmacy license;
 - B. Pharmacists and pharmacies who are the subject of a complaint received by TSBP or a disciplinary order entered by TSBP;
 - C. Pharmacies that compound sterile preparations;
 - D. New pharmacies or pharmacies with a recent change of ownership;
 - E. Pharmacies that have received a "Warning Notice" (follow-up inspections);
 - F. Pharmacies that have experienced a theft of loss of prescription drugs; and
 - G. Routine inspections.

Status: ACCOMPLISHED

Comment: Compliance Field Staff conducted 3,553 inspections of pharmacies located in Texas. This number represented a significant increase in inspections as compared to the 3,231 inspections that were conducted in FY2017 (see Appendices COM-01 and COM-02).

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13. Throughout FY2018, to conduct inspections of pharmacies that compound sterile preparations prior to initial licensure and prior to pharmacy's expiration date. To conduct inspections of pharmacies that do not compound sterile preparations approximately every four years.

Status: PARTIALLY ACCOMPLISHED

Comment: This objective was partially accomplished through the following activities:

- A. All new pharmacies that applied for a Class A-S, Class B, Class C-S and Class E-S Pharmacy license were inspected prior to initial licensure. All licensed Class A-S, Class B, Class C-S, and Class E-S Pharmacies were inspected during the pharmacy's licensure renewal period (prior to the pharmacy's expiration date).
- B. As of August 31, 2018, there were approximately 87 Texas pharmacies licensed for more than four years that had not been inspected during the past four years. Although 87 pharmacies represents a very small percentage of the total number of pharmacies licensed in Texas, the status of this objective is considered "Partially Accomplished" in that not all Texas pharmacies (licensed for more than four years) have been inspected during the past four years.

14. Throughout FY2018, to monitor the inspections of Class E-S Pharmacies (Non-Resident Pharmacies that compound sterile preparations) that are conducted by authorized vendors, on behalf of TSBP; to monitor the analysis of samples of compounded preparations that are collected by authorized vendors; to provide training to authorized inspectors, as needed, regarding Texas laws/rules and inspection policies/procedures; and in cooperation with the TSBP Accounting Department, to monitor authorized vendors' compliance with their contractual obligations, including the review of activity reports that authorized vendors submit to TSBP on a monthly basis.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

Division staff continued to monitor the inspections of Class E-S Pharmacies by authorized vendors who conducted these inspections on behalf of TSBP, which included the following activities:

- Reviewing inspection reports submitted by vendor inspectors;
- following up on unsatisfactory conditions that were noted during these inspections;
- monitoring the analysis of samples of compounded sterile preparations that were collected by vendor inspectors;
- reviewing monthly activity reports submitted by each vendor; and
- serving as a liaison with the vendors and vendor inspectors.

During FY2018 vendor inspectors conducted 69 inspections of Class E-S Pharmacies. In addition, these inspectors collected and submitted for testing 71 samples of sterile compounded preparations from different Class E-S Pharmacies. Test results revealed that 6 of the 71 samples were not within acceptable limits for potency, as indicated in Appendix C-03:

OFFICE OF THE EXECUTIVE DIRECTOR

15. To provide verbal and written information to Board staff and customers as needed or required throughout FY2018, to include providing technical assistance to other Divisions and responding to surveys and questionnaires.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

A. COMPLAINT FORMS

TSBP mailed 331 complaint forms to individuals who requested a complaint form. As indicated in the chart below, 155 complaint forms were mailed to individuals who had requested a form by calling the HPC toll-free complaint hotline and 176 complaint forms were mailed to individuals who called the TSBP voice mail complaint line.

Complaint Forms Mailed to Potential Complainants (FY2014 – FY2018)						
Fiscal Year	Requests for Complaint Forms via HPC 800#	% Change	Requests for Complaint Forms via TSBP Voice Mail	% Change	Total Requests	% Change
FY2014	200	-30%	324	57%	524	+7%
FY2015	226	13%	275	-15%	501	-4%
FY2016	150	-34%	313	14%	463	-8%
FY2017	123	-18%	219	-30%	342	-26%
FY2018	155	26%	176	-20%	331	-3%

B. PRESENTATIONS (PUBLIC SPEAKING ENGAGEMENTS) – regarding Pharmacy Laws/Rules (unless otherwise noted)

Division staff gave 28 presentations to approximately 1,534 individuals (see Appendix COM-05).

C. WRITTEN INFORMATION

Division staff responded to 965 emails submitted from the TSBP website to the email address: rxlaw@pharmacy.texas.gov.

D. TECHNICAL ASSISTANCE TO BOARD STAFF

- Orientation of New Employees – Division staff conducted orientation sessions with new employees and interns.
- Division staff continued to answer numerous questions received via the Rules Queue line regarding the TSBP laws and rules relating to the practice of pharmacy and licensing issues; and
- Division staff assisted in the review of 11 applications for a Class B or D Pharmacy license, and reviewed 219 Formularies, Petitions for Expanded Formularies, and Alternative Visitation Schedules for Class D Pharmacies, as indicated in Appendix C-04.

OFFICE OF THE EXECUTIVE DIRECTOR

E. TECHNICAL ASSISTANCE TO OTHER AGENCIES AND ORGANIZATIONS

- (1) Division staff worked with the Consumer Product Safety Commission to check for non-compliance issues during inspections; and
- (2) Division staff provided assistance to numerous Boards of Pharmacy located in other states; regulatory agencies in this state, and federal prosecutors and federal agencies (e.g., DEA, FDA, and OIG).

16. In cooperation with the Executive Director and other Divisions, to provide internship experience to student pharmacist-interns upon requests from the Texas colleges of pharmacy, throughout FY2018.

Status: ACCOMPLISHED

Comment: TSBP offered internship experience to 6 students from 5 different Colleges/Schools of Pharmacy.

Objectives (Ongoing) – Information Technology

**To evaluate and implement solutions for the evolving computing needs of the agency;
To increase the efficiency and productivity of Board operations; and
To secure the agencies system against internal and external threats.
To provide a stable infrastructure for existing systems;**

- 17. To assess current printing, copying, faxing, and scanning infrastructure to provide solutions to increase productivity and efficiencies of agency's technology throughout FY2018.**
- 18. To improve Continuity of Operations (COOP) and Disaster Recovery (DR) procedures through the migration of on-site IT services and data to cloud services such as Office 365, AWS, and Google and ensure the availability of these systems through COOP and DR planning, testing and execution.**
- 19. To enforce secure and effective access to technology resources through use of authentication and identity management technologies, staff awareness training, and policies.**
- 20. To support the agency's effort to identify and implement opportunities for technology education to allow staff to develop and improve technology understanding.**

Status: ACCOMPLISHED

Comment:

- A. Major accomplishments include:
 1. Migrating local print services to a managed print service solution, saving the agency approximately \$6,000 - \$7,000K per year in equipment and staffing costs.

OFFICE OF THE EXECUTIVE DIRECTOR

2. Re-prioritized IT strategies for to include:
 - a. Migrating mail services from on-premise exchange environment to cloud based Microsoft Office 365 through an existing DIR contract
 - b. Consolidating necessary on-premise hardware into a virtualized infrastructure
 - c. Providing greater bandwidth to agency network to compensate for increased reliance on cloud-based technologies while evaluating current wireless security practices
 3. Strengthened Continuity of Operations (COOP) and Disaster Recovery (DR) procedures through the migration of on-site IT services and data to cloud services.
 4. Continued implementation of security recommendations from previous year's agency security assessment conducted by Gartner.
 5. Technical and Security training was provided for all IT staff to ensure staff is knowledgeable of current technologies and best security practices.
- B. IT staff was able to maintain a stable infrastructure for existing systems through scheduled, and timely, replacement of hardware/software nearing end of life status.
- C. Penetration tests and internal security assessments are performed regularly to identify gaps and vulnerabilities. These Gaps and vulnerabilities are then remedied by the agency IT security team. Security training is also provided regularly to agency staff.

Objectives (Ongoing) – Prescription Monitoring Program

21. To oversee the operation of the Texas Prescription Monitoring Program, including the issuance of Official Prescription forms to prescribers.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following:

	Registered Users	Number of Searches	Prescriptions Dispensed
FY2017	54,346	4,085,605	29,532,294
FY2018	92,232	8,143,304	39,592,102

In FY2018, the number of registrants rose by an additional 34,092 registrants. A breakdown of registered users as of August 31, 2018, is shown below.

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License Type	Registered Users*
Advanced Practice Registered Nurse	10,107
Dentist	8,596
Medical Resident with Prescriptive Authority	324
Optometrist	625
Pharmacist	24,702
Pharmacy Technician (Pharmacist Delegate)	2,663
Physician (MD, DO)	35,601
Physician Assistant	4,437
Podiatrist	442
Prescriber Delegate	3,883
Other Prescriber	256
Veterinarian	596
TOTAL	92,232

Administrative Services and Licensing

FY2018 SIGNIFICANT ACCOMPLISHMENTS

1. The Division accomplished 100% of its objectives.
2. The Division met or exceeded 100% of the Key Performance Measures required to be submitted to the Legislative Budget Board.
3. The Division was successful in the implementation of the Centralized Accounting and Payroll/Personnel System – Financials (CAPPS-FINS). The CAPPS-FINS project began in May 2018 and went live in September 2018. Administrative Services Staff exhaustively attended to all Comptroller & Vendor requirements to ensure the continued implementation of all CAPPS modules.
4. Agency Staff responded to the needs of all affected by Hurricane Harvey well into FY2018. To ensure access to medication was available, the agency licensed temporary remote pharmacies, pharmacists, and pharmacy technicians to help provide pharmacy services. Staff also assisted pharmacy owners whose pharmacies were affected by the storm with licensing questions.
5. The Division completed multiple additional projects:
 - Request for Proposal was submitted for the Pharmacy Technician Certification Exam.
 - Completion of the FY2018 Annual Internal Audit Report and implementation of audit recommendations.
 - Completion of the FY2019 Annual Internal Audit Charter, Annual Internal Audit Risk Assessment and Annual Internal Audit Plan.
 - Implementation of recommendations made in the Comptroller Post Payment Audit.
 - Certification and release/receipt of contingent revenue funds from the Comptroller for S.B. 2561 (85th Session) and S.B. 316 (85th Session).
 - Completion of the additional 85th Session Legislative Reports: S.B. 1831 report to the Comptroller, S.B. 73 report to the Comptroller, S.B. 73 report posted on the agency's website and S.B. 2065 licensee report.
 - Various revisions to the Employee Handbook.
 - Review of position descriptions and employee evaluations.
 - Completion of the Health Professions Council (HPC) FY2017 Annual Report.

FY2018 SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. All of the Licensing Services Programs continue to grow resulting in the following increases in workload.

Type of License or Registration	FY14	FY15	FY16	FY17	FY 18
Pharmacists	30,707	31,807	33,130	34,642	35,933
Pharmacies	7,656	7,914	8,074	8,084	8,170
Pharmacy Technicians	41,700	41,990	41,678	42,918	43,330
Pharmacy Technician Trainees	15,751	18,777	20,823	22,868	22,742
Pharmacist Interns	2,949	3,725	4,002	4,009	4,229
Total	98,763	104,213	107,707	112,521	114,404

ADMINISTRATIVE SERVICES AND LICENSING DIVISION

2. In FY2017, the Governor of Texas imposed a hiring freeze for state agencies. With the beginning of the new biennium, the agency was able to fill its vacant positions by August 2018 but the impact of this hiring delay impacted business functions well into FY2018. The delay in hiring and the time needed to train new staff created delays in the issuance of new pharmacy licenses. This delay directly impacted other Divisions in the agency and their ability to open complaints and investigate and prosecute violations of the law.
3. Between October 2017 and August 2018, 4 key staff members in the division (2 Accountants, 1 Chief Accountant, and the Director of Administrative Services & Licensing) departed/retired from the agency. This 21% divisional workforce turnover resulted in a significant loss of institutional knowledge. This impacted the Divisions efficiency in both administrative services and licensing at a time when procedural changes were occurring and the Division was absorbing an increase of licensees and applicants. There was also a significant expenditure of time and effort in hiring and training of new employees.

ADMINISTRATIVE SERVICES AND LICENSING DIVISION

FY2018 ANNUAL REPORT

GOAL

To administer agency operations including personnel, finance, purchasing and risk management. To conduct a pharmacy and pharmacist licensure system, intern registration program, pharmacy technician registration system, and the ongoing renewal of licenses and registrations.

Objectives (New)

To assist the Executive Director, in cooperation with other Divisions, in the following new objectives throughout FY2018:

1. Reviewing and implementing legislation passed by the 85th Texas Legislature that affects agency operations and/or the practice of pharmacy throughout FY2018;
2. Updating and preparing the TSBP Strategic Plan for FY2019-2023 and submitting the plan to the Governor's Office of Budget and Policy, and the Legislative Budget Board by the due date;
3. Preparing a proposed budget for the FY2020-2021 biennium for review and approval by the Board at the 2018 Board Budget meeting;
4. Preparing the TSBP Legislative Appropriation Request for FY2020-2021 and corresponding performance measures by the due date; and
5. Conducting the orientation of new Board members within 90 days of appointment by the Governor;
6. Implementing the recommendations made by the Sunset Advisory Commission regarding agency operations.
7. Participate with the Comptroller of Public Accounts in implementing the CAPPS Financials System (FINS) for the Texas State Board of Pharmacy.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

1. Certification and release/receipt of contingent revenue funds from the Comptroller for S.B. 2561 (85th Session) and S.B. 316 (85th Session).
 2. The Strategic Plan for FY2019-2023 was prepared and reviewed. The agency researched the trends and resulting issues expected to have the most significant impact on the profession and the agency over the next five years. The Board Members worked with staff to develop issue statements and approved the final FY2019-2023 Strategic Plan at the May 2018 Board Business Meeting. The Strategic Plan was published and delivered to the Governor's Office and other applicable agencies by the due date.
 3. The Proposed Budget for FY2020-2021 was prepared and reviewed. The Board met and approved staff's recommendations for the exceptional items contained in the
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ADMINISTRATIVE SERVICES AND LICENSING DIVISION

Legislative Appropriation Request (LAR) at the May 2018 Board Meeting. The Board Members were apprised of the exceptional items requested in the LAR, which can be found here:

https://www.pharmacy.texas.gov/files_pdf/Legislative_Appropriations_Request_20_21_P_harmacy.pdf

4. The Legislative Appropriation Request for FY2020-2021 was submitted to the Legislative Budget Board (LBB) and the Governor's Office of Budget and Policy (GOBP) by August 10, 2018. The LAR included the items approved by the Board at the May 2018 Board Meeting.
5. On July 9, 2018, the Division Director and other agency staff participated in the new Board member orientation for Ricardo "Rick" Fernandez, R.Ph.; Daniel Guerrero; Lori Henke, Pharm.D.; Donald E. Lewis, R.Ph.; and Juliann "Julie" Spier, R.Ph.
6. Division Director and staff cooperated with the staff of the State Auditor's Office and the agency's Internal Audit firm (Garza/Gonzalez & Associates) to complete compliance status reporting of all Sunset Advisory Commission recommendations/requirements.
7. The CAPPS-FINS project began in May 2018 and went live in September 2018. Administrative Services Staff exhaustively attended to all Comptroller requirements to ensure the continued implementation of all CAPPS modules.

Objectives (Ongoing) – Administrative Services

1. **To prepare a proposed budget for FY2019 for submission to the Board two weeks prior to the 2018 Annual Policy Meeting.**

Status: ACCOMPLISHED

Comment: A proposed budget for FY2019 was presented and approved at the August 2018 Board Meeting.

2. **To prepare and submit all required accounting and fiscal reports/reconciliations in compliance with all applicable state statutes throughout FY2018.**

Status: ACCOMPLISHED

Comment: The agency submitted the Annual Financial Report (AFR) and the Annual Report of Non-Financial Data, to the Office of the Comptroller for the year ending August 31, 2017, by the due dates. The AFR was reviewed by the Comptroller's Office as part of the statewide annual financial report and found to be in compliance.

3. **To review and recommend to the Executive Director additional sources of spendable revenue and to assess fees charged for Board services throughout FY2018.**

Status: ACCOMPLISHED

Comment: A quarterly operating budget was presented to the Board at each of the regularly

ADMINISTRATIVE SERVICES AND LICENSING DIVISION

scheduled business meetings and recorded as such in the official minutes of the Board meetings. Revenue projections were presented to the Board at the May 2018 Board meeting and no new fee adjustments were recommended for the coming fiscal year.

4. **To assess the material needs of the agency and supervise the purchasing and supply activities in accordance with all Texas Procurement and Support Services rules and procedures throughout FY2018.**

Status: ACCOMPLISHED

Comment: The Chief Accountant and Purchaser continued to review all specifications, product tabulations, and purchase requisitions for compliance with agency policies and procedures and CPA rules. This oversight ensured that the appropriate procurement method was identified, the agency received the best value for the product or service purchased, and that funds were always available.

At each board meeting, the Board considered and acknowledged all material changes to the contracts for goods and services in accordance with Section 2155.088 of the Texas Government Code. New board members also received training addressing state contracts and procurement to provide them with an understanding of the ethical and professional responsibilities related to State of Texas Purchasers and Contract Managers entering into contracts and oversight of awarded contracts.

5. **To increase the efficiency and productivity of Board office operations by managing and coordinating space needs and on-site maintenance of the Board's office facilities throughout FY2018.**

Status: ACCOMPLISHED

Comment: All issues regarding space needs within the Board's office facility were handled as reported. All on-site maintenance of the Board's office facilities were coordinated with the Texas Facilities Commission coordinator for the Hobby Building as needed.

6. **To serve as the agency's Human Resource Coordinator in ensuring agency compliance with all applicable state and federal personnel statutes throughout FY2018.**

Status: ACCOMPLISHED

Comment: This objective was accomplished as follows:

- A. All newly hired and current employees received Equal Employment Opportunity/Sexual Harassment Training and Sensitive Personal Information Training as required by state law. Other training included Sensitive Personnel Information and Bringing It: Finding Value in Your Role.
- B. Division Directors continued to review and revise employee position descriptions.
- C. Division Director continued implementation of "team leader" quarterly meetings.

ADMINISTRATIVE SERVICES AND LICENSING DIVISION

- D. The agency updated its Employee Handbook of Personnel Policies and Procedures.
 - E. The agency posted 22 positions for employment and received 877 applications during this fiscal year, which resulted in 14 new hires and 9 promotions. EEO data can be found in Appendix ADM-01.
 - F. Texas Government Code, Section 657.004, requires agencies to set a goal for the employment of veterans in full-time positions equal to at least 20.0 % of the total number of agency employees effective September 1, 2015. In fiscal year 2018, the TSBP's total percent of veterans employed was 8.42%, which is higher than the statewide average of 6.9%.
 - G. Workforce demographics released by the Texas State Auditor's office indicates that on average, employees at the agency were 46.1 years of age and had 9.3 years of agency length of service. Of the agency's employees, 68% were 40 years of age or older, and 36% had fewer than 5 years of agency length of service. It is estimated that between fiscal years 2019 and 2024, 23.2 % of the agency's workforce will be eligible to retire.
 - H. The agency (98 FTE cap; 93.5 FTE filled positions) had 22 employees that terminated employment with the agency in FY2018, resulting in a turnover rate of 23.53% (including interagency transfers). This compares to the overall statewide turnover rate of the state of 19.73% and 17.13% turnover rate of Article VIII agencies (see Appendix ADM-01).
7. **To serve as the Agency Records Retention Manager to the Texas State Library, in maintaining a Records Retention Program for the economical and efficient management of agency records throughout FY2018.**

Status: ACCOMPLISHED

Comment: The agency continues to save valuable square footage by imaging files. The pharmacist, pharmacy technician, and closed technician complaint imaging project continued with 391,275 images scanned into the imaging system. Agency staff destroyed 4,749.55 cubic feet of records in accordance with the TSBP records retention schedule, and 127 cubic feet of records were sent to the State Library for storage. In addition, 573 cubic feet of TSBP records stored at the State Library storage facility were destroyed. Destruction of the records stored at the Library will result in a cost savings of \$1,280.00 per year.

8. **To serve as the Agency Risk Manager by annually assessing areas of agency risk exposures and recommending procedures to control these exposures throughout FY2018.**

Status: ACCOMPLISHED

Comment: The Texas Internal Audit Act requires all agencies to conduct a formal risk assessment and submit an annual Risk Assessment Report to the Office of the State Auditor (SAO). The Agency conducted an assessment of the major programs of the agency (i.e., licensing, enforcement & peer assistance,

ADMINISTRATIVE SERVICES AND LICENSING DIVISION

prescription monitoring, rulemaking, public information, financial operations, information technology) and submitted the Risk Assessment Report by the due date to the SAO.

State Law (TGC §2102.005) requires a state agency to conduct a program of internal auditing that includes an annual audit plan, (TGC §2102.007) the internal auditor (Garza/Gonzalez & Associates) to develop an annual audit plan and (TGC §2102.008) the annual audit plan developed by the internal auditor must be approved by the state agency's governing board. FY2018 Annual Internal Audit Report activities were completed at the August 2018 Board Meeting.

9. **To provide verbal and written information to Board staff and customers throughout FY2018 including, by the assigned due dates, the preparation of the LBB Performance and Funds Management Report and other special reports as requested by LBB, legislative committees, legislators, and others, in conjunction with other Divisions as necessary.**

Status: ACCOMPLISHED

Comment: This objective was accomplished by providing all required reports by the assigned due dates (see Appendix ADM-002).

10. **To assist the Executive Director in developing and implementing the objectives of the Health Professions Council (HPC) pertinent to Division activities throughout FY2018.**

Status: ACCOMPLISHED

Comment: Division staff participated in the following activities:

- A. Active participation in the ongoing implementation of the joint agency/HPC Shared Regulatory Database System project.
- B. Division Director submitted recommendations and licensing performance data to be incorporated into the HPC Annual Report.
- C. Continued participation in several HPC centralized services, such as the Courier Service; Shared Employee Training; Shared Information Resource Technology staff; posting of position descriptions, and use of the imaging system.

11. **To manage employees under the supervision of the Division throughout FY2018, in compliance with all applicable state and federal personnel statutes, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of Division employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

Status: ACCOMPLISHED

ADMINISTRATIVE SERVICES AND LICENSING DIVISION

Comment: This objective was accomplished through the following activities:

- A. Division Director updated and/or reviewed any revised position descriptions for compliance with all personnel statutes.
- B. Division Director prepared new positions descriptions.
- C. Division Director conducted regular staff team meetings for division staff and in-house training sessions.
- D. Division staff participated in all-staff training.
- E. Division Director conducted the annual evaluation of Division employees in August 2018.

12. To update the Agency Personnel Handbook and the Division's *Policies and Procedures Manual* as needed and submit any substantive revisions to the Executive Director for approval throughout FY2018.

Status: ACCOMPLISHED

Comment: The Agency Personnel Employee Handbook was reviewed and specific policies were revised and distributed to all staff at the general staff meeting in June 2018.

13. To recommend changes to the Texas Pharmacy Act and rules and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director throughout FY2018.

Status: ACCOMPLISHED

Comment: Rules and procedures regarding licensing and registration of pharmacists, pharmacies, pharmacist interns, and pharmacy technicians, are reviewed on a regular basis and recommendations are made as necessary.

14. To prepare a report on the accomplishment of Division objectives for incorporation into the agency's FY2017 Annual Report and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The Division's first draft of the FY2017 *TSBP Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2018 Board meeting.

Objectives (Ongoing) – Licensing

15. To coordinate the collection of licensing data for *Key Performance Targets* required under the 2018-2019 Appropriations Act and to submit to the Executive Director by specified due dates throughout FY2018.

ADMINISTRATIVE SERVICES AND LICENSING DIVISION

Status: ACCOMPLISHED

Comment: All licensing statistical data for Key Performance Targets was submitted to the Legislative Budget Board and Governor's Office of Budget, Planning, and Policy by the prescribed due dates, in conjunction with the enforcement performance measures. Within a 5% variance, the division met or exceeded 100% of the Key Performance measures. (See Appendix LIC-01 for a chart that reflects all year-end data for Licensing Measures required to be reported on an annual basis to the Legislative Budget Board).

16. To register all qualified pharmacist-interns within an average of ten working days of the receipt of all required documents.

Status: ACCOMPLISHED

Comment: At year end, a total of 4,229 interns (student interns, intern trainees, and extended interns) were certified within four days of receipt of required documents. In addition, a total of 6,380 pharmacist preceptors were initially certified or renewed their certification. At fiscal year-end, a total of 11,652 pharmacists were active preceptors.

17. To determine the eligibility of all pharmacist applicants applying to take the NAPLEX and Texas Pharmacy Jurisprudence Examination for initial licensing or licensing by reciprocity throughout FY2018.

Status: ACCOMPLISHED

Comment: See Appendix LIC-02 for statistics that relate to all applicants who were determined eligible and received a score for the NAPLEX and MPJE and the total number of new licenses issued to individuals.

Regarding reciprocity (license transfer) in and out of Texas, 791 candidates were licensed by reciprocity in FY2018.

18. To provide staff support to the Examination Retake Committee and any other advisory committee related to licensing issues as required in FY2018.

Status: ACCOMPLISHED

Comment: Division Director continued to inform applicants who failed the Board licensing examination(s) five times of the recommendations to complete college coursework prior to retaking the examination(s).

19. To issue a pharmacist license by examination, score transfer, or reciprocity within an average of ten working days after the date the agency receives the examination results throughout FY2018.

Status: ACCOMPLISHED

Comment: The agency issued 1,978 new pharmacist licenses with an average turnaround time of ten business days from the download of the examination results.

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- 20. To issue renewal certificates to all pharmacist candidates within an average of five working days of receipt of the required fee and all required documents throughout FY2018.**

Status: ACCOMPLISHED

Comment: The agency renewed 18,373 biennial pharmacist licenses during FY2018. Approximately 95.58% of eligible pharmacists renewed their licenses online. The average processing time to issue a renewal license from receipt of a completed application was one business day and 100% percent of licenses were issued within seven business days.
The total population of licensed pharmacists for this fiscal year is as follows:

PHARMACISTS LICENSED	
Active Status	33,824
Inactive Status*	**2,109
TOTALS	35,542

* Not practicing pharmacy in Texas and not reporting continuing education credits.

**Of the above number, 725 pharmacists have been practicing in Texas for more than 50 years or are greater than 72 years old, and are classified as "exempt."

- 21. To issue initial certificates to all pharmacy technician trainee candidates within an average of five working days of receipt of the required documents throughout FY2018.**

Status: ACCOMPLISHED

Comment: The agency issued 12,154 new pharmacy technician trainee registrations bringing the total population of active registered technician trainees for this fiscal year to 22,742. Approximately 97% of trainees applied for their registrations online. The average processing time to issue a pharmacy technician trainee registration from receipt of a completed application was one business day and 100% of certificates were mailed within five working days or less.

- 22. To issue initial and/or renewal certificates to all pharmacy technician candidates on receipt of the required fees and all required documents according to the following guidelines throughout FY2018.**

- A. initial certificates to pharmacy technician applicants within an average of 10 working days; and**
- B. renewal certificates to pharmacy technician applicants within five working days.**

Status: ACCOMPLISHED

Comment: The agency issued 4,987 new pharmacy technician registrations, and renewed 17,925 registrations on a biennial basis, bringing the total population of active registered technicians for this fiscal year to 43,330. Approximately 99% of eligible applicants and pharmacy technicians applied for or renewed their registrations online.

ADMINISTRATIVE SERVICES AND LICENSING DIVISION

The average processing time to issue a renewal registration from receipt of a completed application was one business day and 100% of certificates were mailed within 10 working days or less.

The average processing time to issue an initial registration from receipt of a completed application was one business day and 100% of certificates were mailed within 10 working days or less.

23. To issue an initial and/or renewal certificate to all pharmacy license applicants on receipt of the required fees and all required documents according to the following guidelines throughout FY2018.

- A. initial certificates to pharmacy license applicants within an average of 21 working days; and**
- B. renewal certificates to pharmacy license applicants within five working days.**

Status: ACCOMPLISHED

Comment: The agency issued 455 new pharmacy licenses and 146 changes of ownership, which resulted in 601 new licenses issued. 4,461 licenses were renewed on a biennial basis, bringing the total population of active registered pharmacies for this fiscal year to 8,170. Approximately 13% of eligible pharmacies renewed their licenses online.

The average processing time to issue a renewal license from receipt of a completed application was five business days and 70% of licenses were mailed within five working days or less.

Although a small percentage of pharmacies continue to use the online payment system for the renewal of their licenses, it should be noted that the inefficiencies of the computer system as well as the lack of automated processes, have necessitated that all pharmacy applications be received and processed in paper format only.

The average processing time to issue an initial license from receipt of a completed application, inspection, and enforcement review was one business day, and 100% of applications were licensed within 21 working days or less.

See Appendix LIC-03 for a breakdown of the total number of pharmacy licenses (business or facilities) issued by the agency.

24. In cooperation with the Enforcement Division and in compliance with the agency's policies and procedures, to process criminal background checks on applicants for licensure and registration throughout FY2018, including fingerprint-based criminal background checks; and to conduct criminal background checks on licensees and registrants on a quarterly basis throughout FY2018.

Status: ACCOMPLISHED

ADMINISTRATIVE SERVICES AND LICENSING DIVISION

Comment: Fingerprint-based criminal background checks continued on all applicants for pharmacist-intern, pharmacy technician, and pharmacy technician trainee registrations and pharmacist licensure. In addition, quarterly DPS background checks were run on all individuals, once they were licensed or registered.

FY2018 SIGNIFICANT ACCOMPLISHMENTS

1. The Division accomplished 100% of its Objectives.
2. TSBP met or exceeded 9 of the 10 enforcement-related performance measures and each of the six key performance measures. (See Ongoing Objective #1 for more information regarding key and non-key performance measures).
3. TSBP received 5,931 complaints that were Jurisdictional or Non-Jurisdictional. While this is a slight decrease from FY2017, it is comparable with recent prior years. (See Ongoing Objective #2 for additional details regarding complaint data).
4. Division staff promoted streamlining of enforcement activities and other regulatory processes utilized in complaint investigations and dispositions. This was accomplished through the implementation of commencing electronic complaint case files, and identifying and utilizing existing and new technology to expedite Division complaint investigations and administrative processes, such as creating MS Excel logs for quarterly dismissed complaint reports and case number logs, and utilizing Abode to create fillable forms for complaint intake, referral and disposition. In addition, all Division staff were interviewed for job responsibilities, and employees' working teams were realigned in the Division following this process. Further, more frequent working meetings between teams and throughout the Division were implemented in order to foster a culture of innovation and flexibility to excel in individual capacities within the Division.

FY2018 SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. The Division underwent a change of its Division Director on March 1, 2018, due to the retirement of the previous director who retired after 40 years with the agency.
2. The Division experienced attrition in the field investigative team due to the resignation of its chief investigator and the retirement of a field investigator. In addition, one field investigator position was vacant for half of FY2018 and was not fully trained to be proficient on solo-investigations until April 2018. The field investigations handle complaints involving complex issues of alleged violations. Combined with staff turnover in the Legal Division, FY2018 experienced an increase of the average complaint resolution time by 31 days (20% increase) compared to FY2017.
3. The Division previously had not been utilizing technology for complaint investigation due to lack of resources budgeted and/or failure to fully engage in electronic processes available through existing technology.

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GOAL

To enforce pharmacy laws and rules through investigations of licensees and registrants of TSBP. To monitor the complaint process and transfer complaints involving substantive allegations to the TSBP Legal Division for review and potential prosecution. To monitor compliance with Disciplinary Orders. To provide enforcement information and information regarding pharmacy laws and rules to agency customers.

Objectives (New)

To assist the Executive Director, in cooperation with other Divisions, in the following new objectives throughout FY2018:

1. Reviewing and implementing legislation passed by the 85th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. Updating and preparing the TSBP Strategic Plan for FY2019-2023 and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;
3. Preparing a proposed budget for the FY2020-2021 biennium for review and approval by the Board at the Board Budget meeting;
4. Preparing the TSBP Legislative Appropriation Request for FY2020-2021 and corresponding performance measures by the due date;
5. Conducting the orientation of new Board members within 90 days of appointment by the Governor; and
6. Implementing the recommendations made by the Sunset Advisory Commission regarding agency operations.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Division Director assisted with the implementation of new legislation passed by the 85th Texas Legislature through the development of new agency rules and review of existing rules that required modification due to legislation;
- B. Division Director assisted in the preparation of the TSBP Strategic Plan for FY2019-2023, including providing enforcement data for various charts in the plan and projections for LBB performance measures;
- C. Division Director assisted in the preparation of a proposed budget for the FY2020-2021 biennium, including the request and justification for additional Enforcement Division FTEs and case management software. The Division Director, together with the Executive Director and other Division Directors, met with the TSBP Executive Committee regarding the review and approval of the draft Exceptional Item Request which was presented to and approved by the full Board during its meeting in May 2018;

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- D. Division Director assisted in the preparation of the agency's LAR for FY2020-2021, including drafting portions related to Division activities and justification of case management software and additional FTEs;
- E. On July 9, 2018, the Division Director and other agency staff participated in the new Board member orientation for Ricardo "Rick" Fernandez, R.Ph.; Daniel Guerrero; Lori Henke, Pharm.D.; Donald E. Lewis, R.Ph.; and Juliann "Julie" Spier, R.Ph.; and
- F. Division Director assisted the Executive Director and other Division Directors and agency staff in implementing the recommendations made by the Sunset Advisory Commission regarding agency operations.

Objectives (Ongoing)

- 1. **To submit data regarding enforcement and peer assistance data for Key Performance Targets required under the FY2018-2019 Appropriations Act to Executive Director by specified due dates throughout FY2018; to assist in the preparation of applicable reports to the Legislative Budget Board and Governor's Budget Office regarding performance measures.**

Status: ACCOMPLISHED

Comment: Division staff collected data relating to enforcement and peer assistance performance measures. The data was certified and submitted to the Legislative Budget Board (LBB) and Governor's Office of Budget, Planning & Policy (GBO) by the prescribed due dates, in conjunction with licensing-related performance measures. Statistics regarding three enforcement-related performance measures (Number of Jurisdictional Complaints Resolved, Average Complaint Resolution Time, and Number of Individuals Participating in a Peer Assistance Program) were reported to the LBB and GBO on a quarterly basis throughout FY2018. The other seven measures were reported to the LBB and GBO at year-end (annual basis). TSBP met or exceeded, within a 5% variance, 9 of the 10 enforcement-related performance measures and five of the six key performance measures (see Appendix ENF-01).

- 2. **To coordinate and monitor throughout FY2018, the receipt, assignment, and resolution of all complaints filed with the agency and the notification of complainants. To investigate complaints throughout FY2018, according to the following priorities:**
 - A. **Continuing threats to the public welfare requiring a temporary suspension;**
 - B. **Complaints filed against licensees/registrants who have a chemical, mental, or physical impairment;**
 - C. **Complaints involving the diversion of prescription drugs, through various illegal means, such as:**
 - **theft of drugs;**
 - **delivering prescription drugs without a prescription;**

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- dispensing prescription drugs pursuant to an invalid prescription, such as forged or fraudulent prescriptions, prescriptions dispensed following an Internet consultation, prescriptions dispensed originating from a pill mill operation, and unauthorized refills; and
 - failing to keep and maintain accurate records of purchases and disposals of prescription drugs (i.e., audit shortages);
- D. Complaints against licensees/registrants who have been convicted of or received deferred adjudication for a felony that involved drug laws or occurred while engaged in pharmacy practice;
- E. Complaints against licensees/registrants who are registered sex offenders;
- F. Complaints against licensees/registrants who have been convicted of or received deferred adjudication for a felony relating to offenses not involving drug laws or not occurring while engaged in pharmacy practice;
- G. Complaints involving applicants for licensure or registration (not including applications for reinstatement);
- H. Complaints involving dispensing errors and malpractice reports;
- I. Complaints involving violations of rules relating to patient counseling or drug regimen review;
- J. Complaints involving health-care fraud or fraud, deceit, and misrepresentation in the practice of pharmacy, including aiding and abetting a non-licensed individual in the practice of pharmacy;
- K. Complaints against licensees/registrants who have been convicted of or received deferred adjudication for a misdemeanor that involved drug laws or occurred while engaged in pharmacy practice;
- L. Applications involving reinstatement of revoked licenses and registrations;
- M. Complaints involving other violations of the laws and rules relating to the practice of pharmacy (e.g., CE audit shortages; falsification of renewal applications; possession of samples or misbranded/adulterated drugs; working with an expired license or registration; and falsification of response to warning notices);
- N. Complaints against licensees/registrants who have been convicted of or received deferred adjudication for a misdemeanor relating to offenses not involving drug laws or not occurring while engaged in pharmacy practice; and
- O. Complaints against licensees/registrants who have been subject to a disciplinary action by another state board of pharmacy.

Status: **ACCOMPLISHED**

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Comment: TSBP received 5,931 complaints and closed 6,524 complaints, which is 586 more closed complaints (10% increase) in comparison to FY2017 closed complaints. This report accounts for complaint types that are entered as Jurisdictional or Non-Jurisdictional, and does not account for complaint assigned as case types of Disciplinary Order, Background Information, Malpractice Report, or Eligibility Letter (see Appendices ENF-02 through ENF-08).

3. **Throughout FY2018, to investigate reports from pharmacies that involve the pilferage of controlled substances by employees; to prepare an annual report regarding the number of individuals who have pilfered controlled substances and the number of dosage units of controlled substances that have been pilfered during FY2018.**

Status: **ACCOMPLISHED**

Comment: TSBP received 139 reports indicating that pharmacies experienced theft of 153,420 dosage units of controlled substances by 126 individuals in FY2018 (see Appendices ENF-09 through ENF-11).

4. **In cooperation with the Licensing Division and in compliance with the agency's policies and procedures, to process criminal background checks on applicants for licensure and registration throughout FY2018, including fingerprint-based criminal background checks; and to conduct criminal background checks on licensees and registrants on a quarterly basis throughout FY2018.**

Status: **ACCOMPLISHED**

Comment: Division staff performed background checks by reviewing fingerprint-based criminal background information on all individuals referred by the Licensing Division staff, accounting for a total of 724 complaints. These individuals included all applicants for a pharmacist license, including applicants for re-licensure and reinstatement, and all applicants for registration (i.e., technician, technician trainee and intern). Also, TSBP initiated complaints through the receipt of arrest report(s) on individuals who were fingerprinted during licensure/registration, and also initiated complaints based on criminal history information provided on quarterly reports for those licensees/registrants who were not fingerprinted at time of licensure/registration (see Appendix ENF-12).

5. **To provide technical assistance, maintain liaison, and coordinate joint investigations of pharmacists, interns, pharmacy technicians, and pharmacies, in line with the "lead agency approach," with federal, state, and local law enforcement agencies, including health regulatory or administrative agencies, throughout FY2018.**

Status: **ACCOMPLISHED**

Comment: TSBP continued to provide assistance to other agencies, both state and federal. TSBP Field Investigators maintained liaison with law enforcement agencies across the state. In-house investigative staff made hundreds of contacts with courts and law enforcement agencies both in Texas and out of state while conducting criminal background checks.

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6. **To monitor compliance with all Board Orders and Agreed Board Orders, including rehabilitation Orders relating to impaired or recovering pharmacists, throughout FY2018.**

Status: **ACCOMPLISHED**

Comment: Almost all of the disciplinary orders entered in FY2018 required some type of monitoring by Division staff (i.e., 473 orders or 91% of the 518 disciplinary orders that TSBP entered during FY2018 required some type of monitoring).

Monitoring included the following types of actions/activities:

- A. Fines & Fees – Division staff, in conjunction with Accounting Staff, ensured that Administrative Penalties (fines) and probation fees were paid.
- B. Reinstatement – Division staff monitored the status of reinstatement applicants [e.g., whether applicant completed Law Exam, Internship, and required CE within the required time period; reviewing reports from supervising pharmacist(s)].
- C. Rehabilitation Orders – These types of Orders are extremely labor-intensive, including monitoring of random drug screens and the review/evaluation of approximately 12 reports per year per Order [reports from probationer, supervising pharmacist(s), and mental health professional(s)].
- D. Other – Division staff monitored the submission of other documents (e.g., required continuing education and policy/procedures manuals; quarterly reports from a consulting/auditing pharmacist on a pharmacy's operation).

In addition to the in-house monitoring described above, Field Investigators conducted visits of pharmacies for the purpose of monitoring compliance with the terms of the Orders, particularly individuals/facilities who were revoked, suspended, or subject to a probated suspension (see appendices ENF-13 through ENF-18).

7. **To provide verbal and written information to Board staff and customers as needed or required throughout FY2018, to include providing technical assistance to other Divisions and responding to surveys and questionnaires.**

Status: **ACCOMPLISHED**

Comment: Division employees spent 60 hours a week on the Rules Queue telephone hotline answering questions regarding laws and rules governing the practice of pharmacy since April 2018. The Division implemented enhanced, ongoing training for participating Rules Queue staff members, including weekly meetings specifically for Rules Queue members. In addition to enhancing the Rules Queue, the Division began reevaluating all correspondence, including automated complaint acknowledgment upon complaint entry into TSBP's Versa online system and automated status letters. In addition, streamlined templates/forms were created complaint disposition letters, 72-hour records request letters, and

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education letters following investigation of violations not considered for formal disciplinary action. Also, the Division mailed 414 customer service surveys to agency customers following completed investigations, which is a 92% increase from FY2017 when 216 surveys were mailed.

The following activities of the Division supported the Board, agency staff and others:

ASSISTANCE TO BOARD MEMBERS AND EXECUTIVE DIRECTOR

- (1) Division Director assisted in the development of the proposed Goals and Objectives for FY2019, which were presented to/approved by the Board at its meeting held in August 2018;
- (2) Division staff made presentations at Board meetings regarding complaint data (e.g., number of open complaints and number of dismissed complaints) and data regarding peer assistance performance measures; and
- (3) Division Director assisted in the review/edit of the drafts of minutes of four Board meetings.

TECHNICAL ASSISTANCE TO BOARD STAFF

- (1) Division staff prepared statistical charts relating to the number of disciplinary orders entered by the Board, including information regarding the violations upon which the orders were based and the sanctions that were imposed;
- (2) Open Records Requests – Division Director provided assistance, when needed;
- (3) Proposed Rules – Division Director reviewed drafts of proposed rules, when needed;
- (4) Multi-State Jurisprudence Examination – Division staff assisted with the review of law questions in the item pool and developed new questions for exam;
- (5) Orientation of New Employees – Division staff conducted orientation sessions with new agency employees;
- (6) Division Director assisted with the preparation of the agency's Internal Risk Assessment Report,
- (7) Division Director and staff assisted the prescription monitoring program and field compliance team with general guidance, investigative backing, and additional resources for encounters rising to the level of a violation (e.g., required dispensing reporting failures, egregious inappropriate dispensing practices, failure to operate, failure to produce requested pharmacy records, possession of non-FDA approved products, falsification of warning notices); and

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- (8) Division staff continued to answer telephone calls received via the Rules Queue line regarding the license application process, particularly from technician applicants.

TECHNICAL ASSISTANCE TO OTHER AGENCIES AND ORGANIZATIONS

- (1) Division staff submitted required annual report to Office of Attorney General regarding disciplinary actions taken by TSBP with respect to confidentiality violations (required by HB 300); and
- (2) Division staff provided assistance to numerous Boards of Pharmacy located in other states; regulatory agencies in this state; federal prosecutors, and federal agencies (e.g., DEA, FDA, and OIG).

8. **To serve as liaison for the Board to the Professional Recovery Network (PRN) of the Texas Pharmacy Association and to assist in monitoring non-financial contractual obligations of PRN throughout FY2018.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Board Member Christopher Dembny, R.Ph., served as an ex-officio member of the TX-PRN State Committee;
- B. Division staff reviewed quarterly activity reports submitted to TSBP by TX-PRN Director, and the TX-PRN Program submitted year-to-date financial reports to TSBP at each one of its Board meetings;
- C. Division staff attended two TX-PRN State Advisory Committee meetings held on October 28, 2017, and May 2, 2018; and
- D. Enforcement Program Manager worked closely with TX-PRN Program Director to ensure the accuracy of data for peer assistance performance measures.

9. **To manage employees under the supervision of the Division throughout FY2018, in compliance with all applicable state and federal personnel statutes, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of Division employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Staff Development – The following activities are applicable:
 - Division staff attended quarterly General All-Staff Meetings;

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- In conjunction with General All-Staff Meetings, Division Director or designee conducted reviews of newly adopted rules with Division staff;
- Division team leaders and staff attended and participated in more frequent Division Meetings (monthly since March 2018), biweekly teleconferences were initiated and held since July 2018 for field investigative staff, and Division team leaders attended and participated in TSBP managers' training in July 2018;
- Division staff attended professional development seminars in pharmacy and related healthcare areas;
- Division staff participating in TSBP Rules Queue met weekly to discuss Rules and related topics, which was approved for 0.75 continuing education hours for TSBP license/registration renewal;
- In-person compliant reviews were instituted monthly regarding open consumer complaints since March 2018 with applicable investigative staff and team leads; and
- Division staff attended informal conferences held by the Board and a Class A pharmacy inspection for observation and training.

B. Performance Evaluations – Formal performance reviews were conducted for all Division employees, with the exception of new hires.

10. **To maintain Division records throughout FY2018, including the following: to image records and destroy records in accordance with the agency's record retention plan; to review the Division's *Policies and Procedures Manual* on an on-going basis and update as needed, and to submit any substantive revisions to the Executive Director for approval.**

Status: ACCOMPLISHED

Comment: Division staff destroyed records, in accordance with the TSBP record retention schedule. In addition, Division staff continued to convert paper complaint files to imaged records. Approximately 2,014 complaint files were scanned.

11. **To recommend changes to the Texas Pharmacy Act and rules and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director throughout FY2018.**

Status: ACCOMPLISHED

Comment: All Division staff made recommendations to improve the efficiency and effectiveness of agency operations. The Division created electronic cases for non-criminal complaints beginning in April 2018. Significant changes also included the numerous fillable-Adobe PDF forms created for the Division for complaint intake, closure, and referral. All education letters prepared by Division were incorporated into Microsoft Mail Merge. A form was created for technicians submitting quarterly reports required by disciplinary orders to TSBP. TSBP Rules created a Frequently Asked Question document regarding TSBP Rules, and introduced a *Commitment to Callers*. A set of Excel spreadsheets were created for the completion of drug accountability audits conducted by field investigative staff.

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Further, Division staff began the process of creating numerous policies and procedures for operations within the Division and functions of investigations, such as how to open complaints in the Versa system, complaint priority and case codes, workflow for investigation of theft/loss and consumer complaints, investigation of criminal history procedures, etc.

12. **To prepare a report on the accomplishment of Division objectives, for incorporation into the agency's *FY2017 Annual Report* and submit to the Executive Director by the due date.**

Status: **ACCOMPLISHED**

Comment: The Division prepared and submitted the FY2017 Annual Report draft to the Executive Director by the due date. The final draft of the report was submitted to and approved by the Board at its February 2018 Board meeting.

FY2018 SIGNIFICANT ACCOMPLISHMENTS

1. Division staff accomplished 100% of its objectives.
2. During FY2018, the Division initiated 608 disciplinary actions by mailing a Preliminary Notice Letter and entered 518 disciplinary orders against licensees and registrants during the fiscal year. Additionally, 86 applicants for registration as a pharmacy technician or pharmacy technician trainee were subject to mandatory withdrawal, indicating that although the Division initiated disciplinary action, the applicant did not complete the process.
3. Approximately 98% of the disciplinary cases against pharmacists and pharmacies and 100% of the cases against pharmacy technicians were settled through the entry of Agreed Board Orders or default Board Orders, and 2% were settled with the entry of Remedial Plans, which resulted in significant efficiencies both in terms of complaint resolution time and agency expenditures.
4. The Division resolved 603 cases against licensees and registrants in FY2018, which was 45 cases more than the Division received during the fiscal year, either through the entry of disciplinary orders, dismissal of cases, or voluntary and mandatory withdrawal of licensee and registrant applications.
5. The Division resolved five respondent cases that were filed for administrative hearings at the State Office of Administrative Hearings (SOAH) prior to proceeding to hearing. The cases were resolved through alternative means, such as Agreed Board Orders (ABO) through negotiations with the licensees or their attorneys and through the SOAH Mediation process. Two respondent cases were resolved through mediation. These resolutions saved the agency considerable resources both in time and expenditures.
6. Administrative hearings were conducted against five respondents at SOAH. These hearings involved preparing motions for summary judgment and numerous discovery documents (including interrogatories and requests for admissions), preparing for trial and for witness examination, depositions, and conducting the hearings. Following the hearings, exceptions were filed and drafts of proposed orders were prepared. The extensive preparation for the hearings and the presentations to the Board required a considerable amount of time, and the Division was able to maintain a fairly consistent number of cases resolved.
7. In order to effectively deal with continuing threat to the public health and safety, the Legal Division continued to evaluate cases, and if such a threat could be established, a panel was convened to hear the cases for potential temporary suspension. Petitions for Temporary Suspension were filed, and Temporary Suspension Hearings were conducted before a Board panel against 11 respondents.

A Requests for a Show Cause Order was filed against one pharmacist. The Show Cause hearing was conducted before a Board panel against the Respondent and the request was approved by the panel resulting in one Show Cause Order being entered.
8. Division staff continued to enhance the legal analysis of nontherapeutic dispensing cases from Enforcement and continued to develop an in-depth and extensive method of

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preparing and analyzing the cases via Excel and detailed reports for submission for expert pharmacist opinion regarding pill mill activities.

9. Division staff changed the structure of the Informal Conference Disciplinary Panel for pharmacy and pharmacist cases to include two Board Members. The change elicited several positive comments from Respondent's and Respondent's Counsel.
10. Statistics for disciplinary actions entered in FY2018 are as follows:

PHARMACISTS/PHARMACIES

FISCAL YEAR	NUMBER OF BOARD ORDERS (BOs)	NUMBER OF DEFAULT ORDERS ENTERED BY BOARD	NUMBER OF AGREED Board of Pharmacy ORDERS (ABOs)	NUMBER OF DISCIPLINARY ORDERS (BOs & ABOs)	% CHANGE IN DISCIPLINARY ORDERS	% ABOs OR DEFAULT OF TOTAL ORDERS
FY2014	4	9	276	289	-21%	99%
FY2015	27	3	275	305	6%	97%
FY2016	10	3	316	329	7%	97%
FY2017	1	3	320	324	-2%	99%
FY2018	2	3	354	359	9.8%	99%
TOTAL	44	21	1,541	1,606		98%

PHARMACY TECHNICIANS/PHARMACY TECHNICIAN TRAINEES

FISCAL YEAR	NUMBER OF BOARD ORDERS (BOs)	NUMBER OF DEFAULT BOARD ORDERS (BOs)	NUMBER OF AGREED BOARD ORDERS (ABOs)	NUMBER OF DISCIPLINARY ORDERS (BOs & ABOs)	% INCREASE IN DISCIPLINARY ORDERS	% ABOs OR DEFAULT OF TOTAL ORDERS
FY2014	1	73	245	319	-<1%	100%
FY2015	1	70	252	323	1%	100%
FY2016	6	52	213	271	-16%	98%
FY2017	0	52	149	201	-26%	100%
FY2018	0	36	123	159	-20%	100%
TOTAL	8	283	982	1,273		99%

11. Division staff drafted, or assisted others in drafting, and prepared 38 rules for review by the Board.
12. Division staff began publishing an updated newsletter on the website and by e-mail subscription through Mail Chimp. Five issues of the newsletter were published.
13. Division staff completed the reporting of a backlog of disciplinary actions to NABP/NPDB. Division staff reported a total of 746 disciplinary actions.
14. Division staff updated the open records intake, processing, and approval process to be entirely electronic.

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FY2018 SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. The retirement of the Executive Director and two long term Division Directors effected the entire agency and the Division was greatly impacted in the subsequent reorganization.

This process specifically effected the Division in the following ways:

- a. The Litigation Counsel was chosen to replace the retiring Enforcement Director, thus removing the Divisions long term Counsel who handled Temporary Suspension and Show Cause Hearings, assessed and prosecuted Pill Mill Cases, and who represented the agency at most State Office of Administrative Services Hearings. To handle assignments related to Hearings, a Litigation Counsel was hired from outside of the agency. This resulted in time needed to learn and understand the agency's laws and rules relating to the practice of pharmacy and the violations alleged. Specifically, there was a gap in knowledge in the assessing and prosecution of Pill Mill cases which required time to learn and implement.
 - b. The Legal Division absorbed the Professional Services Division, which included three employees, who performed duties relating to Open Records, Rules, and Education and Public Information. One of the Staff Attorneys was promoted to Assistant General Counsel and was chosen to manage these additions, removing an experienced attorney from the case preparation process.
 - c. A new Staff Attorney was hired to fill the position created by the above referenced promotion. Additionally, the Division had a Staff Attorney terminate employment with the agency at the end of the fiscal year. This greatly reduced the Divisions efficiency relating to initiating disciplinary actions and thus increasing the resolution time for cases as well as resulting in significant expenditure of time and effort in hiring and training of new employees.
2. The cases against pharmacy technicians and pharmacy technician trainees are more complicated and time-consuming as the cases do not merely involve adjudicated criminal offenses, but also involve investigations by TSBP of thefts at pharmacies and potential impairment which lead to longer resolution times in the Legal Division due to the additional time needed to analyze, draft, and prepare the cases to be heard at an informal conference.
 3. Division staff spent a great deal of time explaining the confidentiality of the Prescription Monitoring Program (PMP) to members of the public requesting PMP information through subpoenas and open records requests.

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GOAL

To prosecute violations of the laws and rules related to the practice of pharmacy. To provide adjudicative information to agency customers. To provide legal services and guidance to the Board and the agency staff relating to the regulation of the practice of pharmacy and the administration of the agency.

Objectives (New)

To assist the Executive Director, in cooperation with other Divisions, in the following new objectives throughout FY2018:

- 1. Reviewing and implementing legislation passed by the 85th Texas Legislature that affects agency operations and/or the practice of pharmacy;**
- 2. Updating and preparing the TSBP Strategic Plan for FY2019-2023 and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;**
- 3. Preparing a proposed budget for the FY2020-2021 biennium for review and approval by the Board at the 201? Board Budget meeting;**
- 4. Preparing the TSBP Legislative Appropriation Request for FY2020-2021 by the due date;**
- 5. Conducting the orientation of new Board members within 90 days of appointment by the Governor;**
- 6. Implementing the recommendations made by the Sunset Advisory Commission regarding agency operations.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

1. General Counsel assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 85th Texas Legislature.
2. General Counsel worked with the Executive Director and the other Division Directors in preparation of the proposed budget for FY2020-2021.
3. General Counsel worked with the Executive Director and the other Division Directors in preparation of the FY2020-2021 Legislative Appropriations Request (LAR) and reviewed the final draft of the document. The LAR was submitted to the Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by August 10, 2018.
4. On July 9, 2018, the Division Director and other agency staff participated in the new Board member orientation for Ricardo "Rick" Fernandez, R.Ph.; Daniel

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Guerrero; Lori Henke, Pharm.D.; Donald E. Lewis, R.Ph.; and Juliann "Julie" Spier, R.Ph..

5. General Counsel assisted the Executive Director and other Division Directors and agency staff in implementing the recommendations made by the Sunset Advisory Commission regarding agency operations.

Objectives (Ongoing)

1. **To coordinate and monitor throughout FY2018 the receipt, assignment, and resolution of all cases accepted by the Division.**

Status: **ACCOMPLISHED**

Comment: This objective was accomplished through the following activities:

- A. Division staff met approximately once a month to discuss the status of pending cases, assess workload allocation, and determine the most effective strategies to complete cases in a timely and efficient manner. The Legal Assistant Team Manager also met with the Legal Assistants on a monthly basis to address common issues and monitor progress.
- B. General Counsel and other senior Division staff conducted regular monthly meetings to review the status of cases and the statistical data on the completion of cases to ensure efficient processing of disciplinary cases. As a result, the Division often reallocated resources to most effectively process the cases in a timely manner.
- C. Division staff maintained a database system to track the current status of all cases, thereby increasing efficiency in monitoring cases. In addition, Division staff continued to maintain electronic logs to track dates for mailing of Preliminary Notice Letters, scheduling of Informal Conferences, mailing and receiving of Agreed Board Orders, and other due dates previously recorded on paper to enhance accessibility by all Division staff and improve more efficient and immediate information sharing.
- D. TSBP entered a total of 17 Remedial Plans.
- E. TSBP entered a total of 518 disciplinary orders and one non-disciplinary Show Cause Order.

The Division staff prepared for the presentation of Agreed Board Orders, Board Orders, and Remedial Plans for approval at the four regularly-scheduled Board meetings throughout the year. The presentation of proposed disciplinary actions to the Board at Board meetings involves creating an electronic summary chart along with the orders linked to the chart.

Charts regarding disciplinary statistics can be found in appendix LEG-01.

2. **To review all cases referred to the Division for potential disciplinary action; and if sufficient evidence exists to warrant action, to institute disciplinary proceedings**

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against licensees within an average of 150 days of the date of the receipt of the case, in accordance with priorities established for the Enforcement Division, throughout FY2018.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Division staff reviewed numerous cases prior to referral for disciplinary action to determine whether sufficient evidence existed to warrant prosecution.
- B. Division staff received 558 cases, 295 pharmacist and pharmacy cases and 263 pharmacy technician and pharmacy technician trainee cases, which was a decrease from the 635 cases received in FY2017, and resolved 603 cases, which was a decrease from the 649 cases resolved during FY2017.
- C. Division staff mailed 608 Preliminary Notice Letters in FY2018, in accordance with the priorities established for the Division, which was less than in FY2017, when the Division mailed 628 PNLs. Of these PNLs, 393 PNLs were mailed to pharmacists and pharmacies, and 215 PNLs were mailed to pharmacy technicians and pharmacy technician trainees.
- D. The number of days to mail PNLs after the case review date in FY2018 was 72.5 days which is an increase from the FY2017 number of 45 days in part due to the constraints previously listed in this report. The number of days for PNLs to be sent to pharmacists and pharmacies averaged 90 days which is an increase from 58 days in FY2017. PNLs to pharmacy technicians were sent in an average of 55 days from receipt of the case, which is an increase from 31 days in FY2017.
- E. Total resolution time for cases was 156 days from receipt of the case in the Legal Division to the disposition of the case in the Legal Division, which is an increase from last year's number of 135 days. Case resolution for pharmacists and pharmacies averaged 181 days which is an increase from 163 days in FY2017. Case resolution for pharmacy technicians averaged 122 days which is an increase from 97 days in FY2017.
- F. The Division filed petitions to conduct a Temporary Suspension hearing for six cases involving a total of 11 respondents comprised of seven pharmacists and four pharmacies and eight Temporary Suspension Hearings were held. Two cases involving four of the pharmacy and pharmacist Respondents were involved in multiple hearings due to initial emergency suspension hearings that required hearings without notice followed within ten days by hearings with notice. One pharmacist was involved in two separate emergency suspension hearings during the fiscal year for separate cases. Eleven temporary suspension petitions were granted, and none were denied.

In addition, Division staff filed one Request for Show Cause Order involving a pharmacist. After a hearing, one Order was entered that granted the request.

Following the temporary suspensions, three cases were referred for hearing at the State Office of Administrative Hearing. One case resolved with ABOs prior to filing, one case resolved in Mediation, and one case had a hearing and a Board Order was entered.

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3. **To plan and conduct a minimum of 24 days of informal conference sessions in FY2018 to adjudicate violators of pharmacy laws/rules.**

Status: **ACCOMPLISHED**

Comment: The Division prepared for and conducted 31 days of Informal Conferences for 376 Respondents comprised of 232 pharmacy, pharmacist, and intern licensees and applicants and 144 registrants and applicants, as indicated in the following charts. The number of licensees/registrants and applicants decreased in FY2017, from 388 Respondents comprised of 240 pharmacy, pharmacist and intern licensees and applicants and 148 registrants and applicants in FY2017 (see appendix LEG-02).

Division staff used electronic notebooks for all informal conferences, thus allowing the informal conference panel to access the allegations and evidence on computer laptops and reducing copying cost and staff time to prepare informal conference notebooks. Division staff also prepared this information in advance to allow the Board members additional time to review the cases prior to informal conference.

4. **To refer disciplinary cases to the State Office of Administrative Hearings (SOAH) throughout FY2018, and file a complaint with SOAH within an average of 180 days of the date that the agency determines the case cannot be settled with an Agreed Board Order.**

Status: **ACCOMPLISHED**

Comment: This objective was accomplished through the following activities:

- A. At the onset of FY2018, three respondent cases were ongoing following the filing of a complaint at the State Office of Administrative Hearings in FY2017 and pending a resolution. The Division filed formal Complaints at SOAH, within an average of 180 days from the date the case failed to settle with an Agreed Board Order, for seven additional respondent cases in FY2018.
- B. Five respondent cases were resolved prior to a full contested administrative hearing being conducted at SOAH. Of these cases, two respondent case were resolved through the SOAH mediation process. The remaining cases were resolved otherwise, including through negotiations. This resolution was beneficial in saving the agency both considerable time and effort in the alternative of preparing for and presenting a full contested case hearing. However, considerable preparation was required for several of the cases because they were not resolved until shortly before the scheduled hearing date.
- C. Administrative hearings were conducted against five respondents. Proposals for Decision (PFD) were issued by the Administrative Law Judges against three respondents. Three respondent cases were pending a hearing at the end of FY2018.
- D. SOAH performed 338.25 hours of work on 10 cases for the TSBP in FY2018, totaling approximately \$20,338.38 in direct hearings expenses and \$63,363.21 in

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total case expenses. These SOAH hours increased from FY2017 which had 157 hours of work on cases.

5. **To research legal issues and provide legal services and advice to the Board and agency staff; to provide legal services to the Enforcement and Administrative Services and Licensing Divisions regarding interpretation of the laws and rules and in the development of agency rules and the public dissemination of information.**

Status: **ACCOMPLISHED**

Comment: This objective was accomplished through the following activities:

- A. Legal Research and Advice on Agency Administration
- (1) General Counsel continued to work to develop efficient procedures for Board member access to case information prior to informal conferences.
 - (2) General Counsel served as Fraud Coordinator for the agency.
 - (3) General Counsel and Division staff provided legal advice and consultation on numerous personnel issues, including:
 - (a) assisted with issues in various hiring/disciplinary processes and complaints against agency employees;
 - (b) advised regarding FMLA leave issues and sick leave pool requests;
 - (c) provided legal advice regarding outside employment for agency staff;
 - (d) developed and/or reviewed performance plans and/or probation;
 - (e) interviewed applicants for new positions;
 - (f) assisted with resolution of complaints against agency employees;
 - (g) developed and/or reviewed policy changes for TSBP Employee Handbook for distribution at the December 2017 general staff meeting;
 - (h) General Counsel consulted with the Executive Director and the other Division Directors regarding the development and implementation of Cross Training and Telecommuting Policies for staff; and
 - (i) attended presentations and webinars to keep apprised of current trends in labor and employment law.
 - (5) General Counsel served as the agency's Ethics Advisor and continued to assist Board Members and staff with legal and ethical issues.

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- (6) General Counsel assisted in the review/drafting of proposed rules and preambles for rules, and the review of rule submissions to the Texas Register for all rules either proposed or adopted during FY2018. See Ongoing Objectives numbers 14 and 15 for a summary of specific rule proposals and submissions.
- (7) General Counsel and Division staff reviewed requests for public information in clarifying requests and requesting assistance from the OAG.
- (8) General Counsel consulted with other Division Directors regarding the evaluation of results of the Survey of Employee Engagement completed by agency staff.
- (9) General Counsel assisted in the creation of the Agency Change Team (ACT) including drafting guidelines and deadlines.
- (10) General Counsel and Division staff assisted in the review and preparation of minutes of four regularly-scheduled Board meetings.
- (11) General Counsel participated in and provided legal analysis for all task force meetings, including the Rural Hospital task force.
- (12) General Counsel reviewed and participated in meetings regarding the HPC interagency and Appriss contracts.
- (13) General Counsel and Division staff cooperated with the staff of the Sunset Advisory Commission by continuing to provide requested information and documents.
- (14) General Counsel consulted with the Executive Director and other Division Directors and agency staff regarding upgrades to Versa.

B. Technical Assistance to Enforcement Activities

- (1) Division staff researched numerous issues, including the determination of crimes of moral turpitude, various forms of disposition for criminal cases and applicability of actions taken in other jurisdictions, whether prescription hardcopies are medical records, and revocation based on incarceration versus imprisonment.
- (2) General Counsel attended meetings, as requested, to provide legal guidance on inspection and investigative issues.
- (3) Division staff drafted numerous subpoenas and voluntary revocation orders to assist with the investigative work of the TSBP investigators.
- (4) Division staff handled legal questions from all staff regarding a myriad of issues.
- (5) General Counsel and Division staff reviewed complaint files for pharmacists and pharmacies and provided guidance regarding the identification of violations and the resolution of the cases. In addition,

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General Counsel and Division staff reviewed complaint files on pharmacy technicians to determine type of violation and appropriate action, as previously determined by the Board.

- (6) General Counsel and Division staff made presentations at all Board meetings. Presentations included information about proposed Agreed Board Orders, Remedial Plans, and proposed Board Orders following SOAH proceedings.
- (7) General Counsel participated in meetings to discuss appropriate action regarding questions/issues raised by licensees.
- (8) Division staff informed the Enforcement staff of disciplinary actions to be taken by the Board prior to entry of the orders, to ensure the correct information is immediately available on the computer system.
- (9) Division staff assisted the Enforcement Division with issues involving the monitoring of impaired pharmacists, including legal consultation on handling of positive drug screens and interfacing with the PRN program.
- (10) Division staff drafted ineligibility issues for pharmacist applicants who did not qualify for licensure under the Texas Pharmacy Act.
- (11) Division staff redacted files to comply with orders of expunction and of non-disclosure regarding criminal offenses.
- (12) Division staff assisted Compliance staff with questions during inspections and regarding follow-up issues.
- (13) General Counsel consulted with the Director of the Professional Recovery Network regarding disciplinary implications for certain findings by Mental Health Professionals.
- (14) General Counsel reviewed the contract proposals and participated in the bid proposal process for providers of drug testing services.
- (15) General Counsel consulted with the Enforcement Division on policies and procedures for the use of body-worn cameras by investigators in the field.
- (16) Division staff aided in revising standard requirements for information letters used to obtain criminal history record information from police departments.
- (17) General Counsel consulted with the Enforcement Division regarding procedures for identifying pharmacy personnel during field investigations.

C. Legal Services for Licensing

- (1) Division staff assisted with recommendations on eligibility for licensure and registration, verified accuracy of warning letters, and handled cases through the legal process.

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- (2) General Counsel reviewed requests for accommodation under the Americans with Disabilities Act for legal compliance.
- (3) General Counsel was consulted on issues concerning licensing of pharmacists and pharmacies and regarding application forms.
- (4) General Counsel advised the Division Director and Licensing staff on numerous questions regarding pharmacy classifications.
- (5) General Counsel advised the Division Director and Licensing staff on removal of attestation questions from application.

D. Other Legal Services regarding Pharmacy Issues

- (1) General Counsel participated in TSBP AWARE Account meetings regarding the Prescription Monitoring Program and attended quarterly PMP Interagency Meetings.
- (2) General Counsel participated in meetings and teleconferences regarding any pending pharmacy issues as required, such as beyond use dating, utilization of the Prescription Monitoring Program, and issues regarding telemedicine in light of recent court decisions.
- (3) General Counsel and agency staff participated in the review of the question pool for the Multistate Jurisprudence Examination to ensure the validity of the questions in the pool.
- (4) General Counsel participated in teleconference meetings of committees to review requests for pilot projects, such as the Telepharmacy Pilot, and assisted with development of rules on related issues.
- (5) General Counsel assisted the Executive Director in preparation for Senate Committee Hearings regarding the Prescription Monitoring Program and House Opioid Committee Hearings.
- (6) General Counsel and Division staff contributed to the creation and implementation of a new, electronic Compliance Inspection Forms and Warning Notices.
- (7) General Counsel participated in meetings regarding the new Internal Auditors and their report.
- (8) General Counsel and Division staff met with representatives of the US Department of Justice (DOJ) and Drug Enforcement Agency (DEA) regarding Pill Mill prosecution and actions being taken by the Board
- (9) General Counsel and Division staff participated in the annual training for all Board members.

6. **To review and monitor the Texas Register for Attorney General opinions; to draft requests for Attorney General rulings throughout FY2018; to serve as liaison for the Board to the Office of the Attorney General (OAG); to monitor and assist with appeals, injunctions, or civil litigation handled by the OAG against pharmacists or non-pharmacists**

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Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Division staff reviewed new opinions of the Office of the Attorney General for applicability to TSBP and disseminated any relevant material to appropriate agency personnel.
- B. Liaison with the Office of Attorney General
 - (1) Division staff continued to serve as liaison with the OAG throughout FY2018. Ted Ross and John Langley served as the Assistant Attorneys General assigned to TSBP from the OAG Administrative Law Division.
 - (2) Appeals; Injunctions; Civil Litigation
 - (a) General Counsel coordinated representation regarding appeal of Board Order on an impaired pharmacist suspended in conjunction with an order in another state at the Texas Supreme Court.
 - (b) General Counsel coordinated representation with OAG attorney regarding an ongoing action filed by a pharmacist in Federal District Court seeking injunctive relief.
 - (3) Requests for OAG rulings

Division staff drafted requests for open records rulings for filing with the OAG.
 - (4) General Assistance

General Counsel answered questions from OAG attorneys regarding various pharmacy and/or agency issues.

7. To provide guidance and advice with open records requests throughout FY2018, in accordance with the procedures set forth in the Texas Public Information Act.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. General Counsel and Division staff reviewed written responses to open records requests for legal compliance with the Public Information Act. In addition, the General Counsel assisted with clarifying certain open records requests requiring telephonic clarification, when legal issues were involved.
- B. General Counsel and Division staff attended presentations regarding current public information topics.
- C. Division staff handled requests for open records ruling letters for those open records requests that related to confidential information requiring a ruling from the OAG.

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- D. Division staff provided education and training to other Division Directors and agency staff regarding the implications of the Public Information Act.
- 8. **To provide verbal and written information to Board staff and customers, including responses to surveys and questionnaires, as needed and required throughout FY2018; to provide legal assistance and maintain liaison with appropriate local, state, and federal prosecutors, legal divisions, and enforcement agencies involved in the investigation or prosecution of Board licensees, in conjunction with the Enforcement Division, throughout FY2018.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Surveys/Questionnaires and Other Correspondence

General Counsel and/or Division staff responded to following surveys:
 - (1) Annual survey from the State Office of Administrative Hearings; and
 - (2) Client survey from the OAG.
- B. Technical Assistance to Other Agencies and Organizations
 - (1) General Counsel and Division staff consulted with the Director of the Professional Recovery Network to discuss the handling of cases involving impaired pharmacists.
 - (2) Division staff attended Public Service Expo Day and Public Service Career Day at the University of Texas School of Law.
 - (3) General Counsel participated in meetings and other communications with the FDA regarding compounding of sterile products.
 - (4) General Counsel reviewed proposed rules of Texas Medical Board prior to stakeholder meetings and attended meetings to provide input. Division staff coordinated with the Texas Medical Board regarding the prosecution of pill mill cases.
 - (5) General Counsel and Division staff engaged with US DOJ, DEA, DPS, the Texas Medical Board and other law enforcement and prosecutorial agencies regarding enforcement of laws against pill mills in the Houston and Dallas area.
 - (6) General Counsel participated in the Texas Government Social Media Alliance meetings.
 - (7) Division staff coordinated with and/or assisted state and federal prosecutors, DEA investigators, and Board staff in other pharmacy and pharmacist licensing jurisdictions with questions and requests as needed throughout the fiscal year.

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- (8) General Counsel consulted with outside agencies licensing healthcare professionals, as well as the Drug Enforcement Administration regarding the Prescription Monitoring Program.
- (9) General Counsel participated in meetings of the Interagency Council.

D. Technical Assistance to the Legislature

General Counsel and/or Division staff responded to questions from and attended meetings with Legislators/legislative staff and Governor's staff regarding pharmacy and/or agency issues and related to proposed legislation.

E. Technical Assistance to the Press and the Public

- (1) Division staff answered numerous telephone calls from pharmacist and pharmacy technician applicants and licensees/registrants regarding the application process and the associated disciplinary process, including providing information about denial of registration and options for Informal Conference.
- (2) Division staff answered questions from licensees, attorneys, and other members of the public regarding legal issues, including:
 - (a) licensing eligibility and requirements;
 - (b) effect of convictions and deferred adjudications and/or probation for various crimes on registration and licensure;
 - (c) applicability of pharmacy laws and rules; and
 - (d) schedules for resolution of pending cases.
- (3) Division staff participated in UT Law School educational and recruitment programs.
- (4) General Counsel provided information to various reporters researching pharmacy-related stories
- (5) Division staff participated in meetings of the State Agency Council.
- (6) General Counsel consulted with pharmacy business entities on issues regarding legalities of implementing proposed business models.

9. To assist the Executive Director in developing and implementing the objectives of the Health Professions Council (HPC) throughout FY2018.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

General Counsel and Division staff participated in the HPC Legal Committee, which includes attorneys from other agencies, as requested to discuss problems

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identified with the State Office of Administrative Hearings regarding the handling of legal cases for HPC agencies.

- 10. To manage employees under the supervision of the Division throughout FY2018, in compliance with all applicable state and federal personnel statutes, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of Division employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Division staff was evaluated on an annual basis, as required by agency policy.
- B. General Counsel conducted team meetings approximately once a month with Division staff. Legal Assistants met with the Legal Assistant Team Manager on a bimonthly basis.
- C. Division staff conducted the hiring process to fill three attorney positions.
- D. Division staff interviewed for and had three legal interns to provide assistance with the preparation of legal cases.
- E. General Counsel and/or Division staff prepared and conducted orientations for all new TSBP employees and interns regarding the Legal Division, the disciplinary process, ethics, and Public Information, Open Meetings Acts, and Rulemaking.
- F. Division staff attended general staff meetings and in-house training sessions. In addition, Division attorneys attended required continuing legal education, and Division staff attended various programs, seminars, and events.

- 11. To destroy records in accordance with the agency's record retention plan throughout FY2018; to update the Division's Policies and Procedures Manual as needed and submit any substantive revisions to the Executive Director/Secretary for approval throughout FY2018.**

Status: ACCOMPLISHED

Comment: This objective was accomplished as follows:

- A. Records Management

Division staff destroyed records, in accordance with the TSBP record retention schedule, including general correspondence. Division staff also prepared and indexed material for electronic storage. In addition, Division staff revised the shared directory structure for improved use by the Legal Division to simplify access to files.
- B. Policies and Procedures

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- (1) Division staff updated and maintained Disciplinary Notebooks containing all Board Orders and Agreed Board Orders.
- (2) Division staff updated notebook of samples of preliminary notice letters for pharmacist and pharmacy disciplinary actions and forms for various pharmacy technician and technician trainee PNLs.
- (3) Division staff continued to review and draft/update written policies and procedures for handling of cases to provide reference and training material for the Division positions.
- (4) Division staff continued to review and updated procedures to handle expunction and nondisclosure orders for varying types of complaints and cases.
- (5) Division staff updated procedures for drafting ABOs to streamline the process and ensure that all paragraphs are up-to-date with the latest changes. This procedure includes a menu of ABO choices and standard paragraphs from which to merge the paragraphs to create the ABO documents.

12. To recommend changes to the Texas Pharmacy Act and rules and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director throughout FY2018.

Status: ACCOMPLISHED

Comment: This objective was accomplished as follows:

- A. Division staff continues the process of posting the scanned version of prior actions entered within the last 10 fiscal years on the agency's website. The ongoing process includes scanning and archiving prior disciplinary actions in PDF files on the shared drive, which has also assisted Board staff by allowing for easy access to the prior orders.
- B. Division staff continues to work on improving the presentation of proposed disciplinary actions to the Board at Board meetings through the use of a detailed summary of those actions entered by the Executive Director and those to be entered by the Board on the electronic notebooks.
- C. Division staff continued to work to improve the use of a secure mechanism for Board member access to confidential information regarding informal conferences and Board meeting presentation material (i.e., proposed disciplinary orders) prior the date of the meeting.
- D. General Counsel served as co-chair on the agency's Wellness Committee and coordinated the following programs:
 - (1) Maintain No Gain;
 - (2) Farm-to-Work;

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- (3) Provision of flu shots;
- (4) Weekly yoga classes; and
- (5) other nutrition presentations.

In addition, General Counsel conducted agency survey regarding utilization of the program. Agency staff responded positively to the survey, and the results were used in the development of new programs.

- E. The General Counsel coordinated with insurance provider for an agency wellness assessment.
- F. Division staff developed a Calendar of Events for FY2019 for informal conferences and reserved conference rooms accordingly.
- G. General Counsel reviewed expenditures of seizure money for compliance with laws and policies.
- H. Division staff updated automatically generated letterhead which resulted in significantly reduced printing costs.
- I. General Counsel and Division staff provided ongoing analysis and preparation of pill mill cases for presentation to pharmacist experts for expert opinions on whether to proceed with disciplinary action.
- J. Division staff continues to update as needed the standard Agreed Board Order guidance paragraphs. Division staff also continues to update as needed the Preliminary Notice Letter standard paragraphs to reflect updates to language routinely used and to accommodate changes in laws and rules.
- K. General Counsel submitted changes to the Pharmacy Act for approval by the TSBP regarding disciplinary and legal proceedings for the legislative session.
- L. General Counsel and Division staff drafted rule changes to disciplinary guidelines and disciplinary sanctions for all licensees and for professional responsibility, and reviewed and recommended modifications for rules changes presented to the Board.
- M. General Counsel and Division staff reviewed rule changes throughout the fiscal year.

- 13. To prepare and submit a report on the accomplishment of Division objectives, for incorporation into the agency's FY2017 *Annual Report* and submit to the Executive Director by the due date.**

Status: **ACCOMPLISHED**

Comment: The Division's first draft of the FY2017 *Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2018 Board meeting.

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Objectives (Ongoing) - Rules

14. To develop rules for consideration by the Board relating to professional issues and to assist other Divisions with the development of rules pertaining to Board operations throughout FY2018.

Status: ACCOMPLISHED

Comment: The Assistant General Counsel and Division staff spent a considerable amount of time drafting rules, assisting others in the drafting of rules, and preparing and presenting the rules for review by the Board. The Assistant General Counsel and Division staff continue to work on improving the presentation of the rules to the Board at Board meetings through the use of easily accessible electronic documents with highlighting and bookmarks where appropriate. Changes required by the Board were made quickly to allow final review by the Board in a timely manner, usually during the same Board meeting. The Assistant General Counsel drafted, or assisted others in drafting, and prepared 38 rules for review by the Board (see appendix LEG-03).

15. To act as agency liaison to the Texas Register, coordinate and monitor all submissions to the Texas Register, to review and monitor the Texas Register for activities of other agencies that would impact TSBP or pharmacy practice, and to provide periodic notice of publications to Board Members, staff, and other interested parties throughout FY2018.

Status: ACCOMPLISHED

Comment: Division staff accomplished the objective through the following activities:

RULE SUBMISSIONS TO THE *TEXAS REGISTER*

Seventy-four submissions to the *Texas Register* were made that proposed, adopted, reviewed, repealed, or withdrew amendments or new Texas Pharmacy rules. Rule reviews were published according to the Board's established review schedule. Division staff met all deadlines for submissions to the *Texas Register*; monitored the submissions for action, and notified Board Members, TSBP staff, and other interested parties of the status of rules.

The Assistant General Counsel provided memoranda to Board members, staff, and interested parties regarding action taken by the Board on rules on the following dates:

- January 31, 2018
- March 9, 2018
- May 20, 2018
- August 9, 2018

OPEN MEETING SUBMISSIONS TO THE *TEXAS REGISTER*

Twenty-one notices of open meetings scheduled during FY2018 were submitted by the Division to the Texas Register for publication.

Statistics regarding Rules submitted and Open Meetings submitted to the Register can be found on appendix LEG-04.

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16. **To provide information to Board staff and customers, including responses to surveys and questionnaires, oral and written communication, display of the TSBP exhibit at meetings, and public speaking engagements, as needed and required throughout FY2018.**

Status: ACCOMPLISHED

Comment: Division staff accomplished this objective through the following activities:

- A. The General Counsel and Division staff routinely answered questions from Enforcement and Licensing staff concerning the laws and rules, including their applicability to specific situations.
- B. Division Staff routinely monitored the TSBP Website. Changes and/or updated information was forward to Network Specialist Todd Hayek.
- C. The Division sent out 74 fifty-year certificates to eligible pharmacists.
- D. Division staff sent out 438 continuing education certificates to participants of continuing education presentations given separately from TSBP's online learning platform.

17. **To educate licensees/registrants and promote voluntary compliance with the laws and rules by providing information about responsibilities under current regulations and to provide information consistent with the responsibilities of the Board through the publication of an Internet version of the Newsletter; online webcasts; live presentations; and social media including Facebook, Twitter, and You Tube.**

Status: ACCOMPLISHED

Comment: Division staff accomplished this objective through the following activities;

- A. Five issue(s) of the *TSBP Newsletter* were published on the TSBP website.

The Division continued to use Mail Chimp, an online email system to manage email addresses and send email notices. The use of Mail Chimp improved agency efficiency by using less paper and postage. The number of subscriptions to the account steadily increased with over 11,059 subscribers at the end of the FY2018 (approximately 3.3% increase as compared to FY2017)
- B. The Division provided 12 online presentations to 1,037 individuals (see appendix LEG-05).
- C. Nine educational videos were produced and posted on YouTube, including a tutorial regarding the student-pharmacist intern application, an internal video, and the introductory installment of a video series regarding the prevention of audit shortages in the pharmacy. Total video views in FY2018 were approximately 31,400 (a 34.8% increase as compared to FY2017).
- D. Facebook, Twitter, and YouTube continued to be useful tools to provide information. At the end of FY2018, over 5,039 individuals "liked" TSBP on Facebook (an increase of 11.98% from FY2017) and over 2,004 individuals

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“followed” TSBP on Twitter (an increase of 5.47% from FY2017). There were a total of 61 posts by TSBP on Facebook/Twitter.

- 18. To work with the National Association of Boards of Pharmacy (NABP) in the ongoing development of the Multi-State Pharmacy Jurisprudence Examination (MPJE); coordinate with other staff the review of MPJE item pools on an agreed timetable with NABP to determine appropriate questions for the Texas exam; and to provide new questions for the MPJE as appropriate or requested by NABP throughout FY2018.**

Status: ACCOMPLISHED

Comment: The Division accomplished this goal with the cooperation of the General Counsel and agency personnel who assisted in the reviews of the MPJE item pool.

- 19. To provide professional staff support to Board-appointed task forces and complete other special projects as assigned throughout FY2018.**

Status: ACCOMPLISHED

Comment: Division staff accomplished this objective through the following activities:

- A. The Division's staff provided professional staff support for one stakeholder meeting regarding sterile compounding.
- B. The Division staff provided professional staff support for four meetings of the Interagency Prescription Monitoring Program Work Group.
- C. The Division staff provided 1,037 continuing education certificates to individuals for programs presented by TSBP staff.

Objectives (Ongoing) – Open Records

- 20. To respond to open records requests throughout FY2018, in accordance with the procedures set forth in the Texas Public Information Act and to notify various state and federal agencies regarding disciplinary orders entered by the Board.**

Status: ACCOMPLISHED

Comment: As indicated in the following chart, TSBP experienced a 3% increase in the number of initiating written requests for records in FY2018, as compared to FY2017. Division staff updated the open records intake, processing, and approval process to be entirely electronic, which allowed requests to be handled more efficiently (see appendix LEG-06)

H.B. 2561 by Thompson, S. (Taylor, V.)

Bill Reference	Source of Provision	Bill Provision	Implementation Status
Page 1, Lines 11–14	Added by Legislature	Clarifies the Pharmacy Board's authority to administer and enforce the PMP provisions of the Controlled Substances Act.	No action required.
Page 1, Line 21 and Page 2, Lines 20–21	Rec. 1.2	Requires pharmacists to enter data in the Prescription Monitoring Program within one business day of dispensing a controlled substance.	Pharmacies were notified of the new requirement through social media posts, presentations, and the agency newsletter. Amendments to Board rule 315.6 is scheduled to be adopted on November 6, 2018. The amendments update the rules to require pharmacies to report the dispensing of prescriptions for controlled substances to the Texas Prescription Monitoring Program (PMP) not later than the next business day.
Page 3, Lines 5–9	Added by Legislature	Authorizes regulatory boards to access the PMP for monitoring, not just investigations.	No action required.
Page 3, Lines 19–27 Page 4, Lines 4–10	Added by Legislature	Clarifies that HIPAA applies to all practitioners checking the Prescription Monitoring Program.	No action required.
Page 4, Lines 24–25	Added by Legislature	Authorizes regulatory boards and practitioners to check the PMP for practitioner prescribing and dispensing.	No action required.
Page 5, Lines 7–21	Rec. 1.3	Requires the pharmacy board to set thresholds indicating potential improper prescribing and dispensing. Authorizes the board to send electronic alerts to prescribers or dispensers for activity that suggests questionable prescribing or dispensing practices.	The board developed a threshold, in consultation with prescriber boards, of 5 prescriptions for controlled substances, issued by 5 prescribers, and dispensed at 5 pharmacies (5-5-5) during the prior month. The board sends emails and letters to prescribers and pharmacies that have patients that meet the 5-5-5 threshold in the prior month. In addition, the PMP system will alert a prescriber or pharmacist when looking up a patient that meets the 5-5-5 threshold during the prior 90 days. The licensing boards of the respective prescribers are also notified of the prescribers whose patients meet the 5-5-5 threshold.

EXC-01 (continued)

Bill Reference	Source of Provision	Bill Provision	Implementation Status
Page 5, Line 22 through Page 6, Line 1	Rec. 1.1	Requires pharmacists to search the Prescription Monitoring Program database before dispensing opioids, benzodiazepines, barbiturates, or carisoprodol. Authorizes the pharmacy board to develop guidelines for behavior requiring pharmacists to check the database before dispensing controlled substances.	The board developed guidelines or “red flags” that are incorporated into Board rule 291.29 with the most recent amendments effective September 16, 2018. The rule identifies patterns (i.e., red flag factors) relevant to preventing the non-therapeutic dispensing of controlled substances and the pharmacist should consider these factors by evaluating the totality of the circumstances rather than any single factor.
Page 6, Lines 2–12	Added by Legislature	Explicitly authorizes the Pharmacy Board to identify patterns that may indicate doctor shopping and send electronic alerts to practitioners based on these indicators.	The board developed a threshold, in consultation with prescriber boards, of 5 prescriptions for controlled substances, issued by 5 prescribers, and dispensed at 5 pharmacies (5-5-5) during the prior month. The board sends emails and letters to prescribers and pharmacies that have patients that meet the 5-5-5 threshold in the prior month. In addition, the PMP system will alert a prescriber or pharmacist when looking up a patient that meets the 5-5-5 threshold during the prior 90 days.
Page 6, Lines 16–21	Added by Legislature	Requires each prescriber board to develop guidelines for responsible prescribing of opioids, benzodiazepines, barbiturates, or carisoprodol.	No action required – prescriber boards will develop guidelines.
Page 6, Lines 22–26	Added by Legislature	Requires prescriber regulatory boards to periodically monitor prescribing patterns using the Prescription Monitoring Program.	No action required – prescriber boards will develop guidelines. Prescriber boards have access to monitor their respective licensees and are notified of prescribers meeting the 5-5-5 threshold.
Page 6, Line 27 through Page 7, Line 3	Added by Legislature	Requires the Pharmacy Board to notify licensing agencies when sending practitioners an electronic alert.	After identifying and notifying prescribers and pharmacies that have patients that meet the 5-5-5 threshold, the board notifies the prescriber board by providing a list of those prescribers.
Page 7, Lines 4–11	Added by Legislature	Requires regulatory agencies to develop criteria to identify harmful prescribing patterns or practices.	No action required – prescriber boards will develop guidelines for prescribing patterns.

EXC-01 (continued)

Bill Reference	Source of Provision	Bill Provision	Implementation Status
Page 7, Lines 12–15	Added by Legislature	Authorizes regulatory boards to notify prescribers if they identify harmful prescribing patterns or practices.	The board sends emails and letters to prescribers that have patients that meet the 5-5-5 threshold in the prior month. Prescriber boards are also notifying their respective prescribers.
Page 7, Lines 16–19	Added by Legislature	Authorizes regulatory boards to open a complaint against prescriber based on information found during a periodic check of the Prescription Monitoring Program.	No action required – prescriber boards will open complaints based on the information obtained when checking the PMP.
Page 7, Lines 20–27	Added by Legislature	Requires regulatory agencies to provide the Pharmacy Board with information to register all practitioners to use the Prescription Monitoring Program.	The board worked with the regulatory agencies to obtain email address information for all practitioners in order to establish “shell” user accounts. The shell account information was emailed to the practitioners with instructions on completing the registration process for a user account.
Page 8, Lines 1–6	Added by Legislature	Requires practitioners (other than veterinarians) to check the PMP before prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol.	The board has notified pharmacies of the requirement for checking the PMP which becomes effective September 1, 2019.
Page 8, Lines 7–10	Added by Legislature	Authorizes practitioners or their delegates to access the Prescription Monitoring Program.	The PMP has the ability for practitioners to authorize individuals to obtain delegate user accounts for the PMP.
Page 8, Lines 11–15	Added by Legislature	Authorizes (not requires) veterinarians to access Prescription Monitoring Program information, but only for animal-related prescriptions.	Veterinarians are authorized to obtain user accounts to access the PMP.
Page 8, Lines 16–19	Added by Legislature	Authorizes regulatory boards to take disciplinary action against practitioners who fail to search the PMP before prescribing or dispensing opioids, benzodiazepines, barbiturates, or carisoprodol as required.	No action required.
Page 8, Lines 20–21	Added by Legislature	Specifies that the Prescription Monitoring Program provisions in the Health and Safety Code do not expand any practitioners’ current prescriptive authority.	No action required.

EXC-01 (continued)

Bill Reference	Source of Provision	Bill Provision	Implementation Status
Page 8, Line 22 through Page 9, Line 5	Added by Legislature	Exempts cancer and hospice prescriptions from requirements to check the PMP before prescribing or dispensing.	No action required. Exemption has been added to amendments to board rules to inform licensees.
Page 9, Lines 6–11	Added by Legislature	Exempts practitioners from requirements to check the PMP before prescribing or dispensing if technical or other problems outside their control.	No action required. Exemption has been added to amendments to board rules to inform licensees.
Page 9, Lines 12–23	Added by Sunset Commission	Requires wholesale pharmaceutical distributors report sales of controlled substances to the board. Modified in House Committee Substitute to require wholesale distributor submit information to the Pharmacy Board in the same manner as they submit to the Federal Drug Enforcement Administration. Requires the board to retain this information confidentially, but not to include in the Prescription Monitoring Program.	The board set up a process for wholesale pharmaceutical distributors to report the sales of controlled substances to the board. The board began receiving reports from wholesalers in February 2018. By the end of FY 2018, the board has received approximately 2 million records from approximately 1,650 wholesalers.
Page 16, Line 1	Rec. 3.1	Continues the pharmacy board for 12 years.	No action required.
Page 16, Lines 4–6	Added by Legislature	Clarifies that a pharmacist has the exclusive authority to determine whether to dispense a prescription drug.	No action required.
Page 16, Lines 7–14	Added by Legislature	Amended by Senate Floor Amendment 2 by Watson to state that board rules, regulations, and policies may not violate Chapter 110 of the Civil Practice and Remedies Code (Religious Freedom Reformation Act). Krause's original amendment had more detailed language on limitations of board rules.	No action required.
Page 16, Line 20 through Page 18, Line 2	Rec. 3.2	Updates Sunset across-the-board recommendation for board member training. Modified by Senate Floor Amendment 1 by Van Taylor to include board training on board rules and actions that may violate federal antitrust law.	All board members received the required training on November 6, 2017. Five new board members were appointed on June 1, 2018, and received the required training on July 9, 2018. Documentation of the training is posted on the TSP website. Ongoing training will be provided at each November Board meeting.

EXC-01 (continued)

Bill Reference	Source of Provision	Bill Provision	Implementation Status
Page 18, Lines 9–11	Rec. 2.3	Authorizes the board to delegate duties to the executive director.	No action required.
Page 18, Line 14 through Page 19, Line 7	Rec. 3.2	Applies the Sunset across-the-board recommendation for negotiated rulemaking and alternative dispute resolution.	The board conducts public task force meetings of the regulated community to incorporate the requirements of the negotiated rulemaking process. Board staff continues to utilize resources at the State Office of Administrative Hearings for alternative dispute resolution for contested cases.
Page 19, Lines 11–12	Added by Legislature	Clarifies that the Pharmacy Board may adopt rules to administer the Prescription Monitoring Program provisions in the bill.	The board has adopted and continues to adopt rules in Chapter 315 in order to administer the PMP.
Page 19, Line 21 Page 20, Line 16 Page 25, Line 10	Rec. 2.1	Removes unnecessary qualification for licensure (good moral character).	No action required.
Page 21, Line 3–4 Page 26, Lines 13–14	Rec. 2.5	Authorizes the board to deny renewal for an applicant who is noncompliant with an existing board order.	No action required.
Page 21, Line 5 through Page 25, Line 5	Added by Legislature	Requires the Pharmacy Board to create a remote dispensing site location license to allow for the provision of telepharmacy services.	The board adopted amendments to board rule 291.121 which implement telepharmacy provisions. The amendments became effective January 4, 2018.
Page 25, Line 19 through Page 26, Line 12	Rec. 2.2	Requires the board to assess reduced, graduated penalties for late renewal of a pharmacy technician registration.	The board adopted amendments to board rule 297.4 which implement the reduced late penalty fees. The amendments became effective on January 4, 2018.
Page 26, Line 17 through Page 27, Line 1	Rec. 2.4	Clearly authorizes the board to develop continuing education requirements for pharmacy technicians.	The board has adopted rules regarding pharmacy technician continuing education requirements. Board rule 297.8 was amended to be effective January 4, 2018.

EXC-01 (continued)

Bill Reference	Source of Provision	Bill Provision	Implementation Status
Page 27, Line 9 through Page 30, Line 1	Added by Legislature	Requires a joint interim committee to complete an interim study on necessary Prescription Monitoring Program improvements, impacts of changes in this bill, and the extent of veterinary drug diversion, to be completed by January 1, 2019.	No action required – Joint interim committee met on October 3, 2018. Executive Director testified regarding the PMP.
Page 30, Lines 2–4	Rec. 1.1	Delays requirement that pharmacists check the Prescription Monitoring Program in circumstances defined by the board until January 1, 2018.	No action required.
Page 30, Lines 5–12	Rec. 1.1	Requires pharmacists and prescribers to begin checking the Prescription Monitoring Program before dispensing opioids, benzodiazepines, barbiturates, and carisoprodol beginning September 1, 2019.	No action required.
Page 30, Lines 13–16	Added by Legislature	Requires the executive commissioner of the Health and Human Services Commission to adopt rules to implement the prescription drug donation program by December 1, 2017.	No action required – rules to be adopted by HHSC.
Page 30, Line 17 through Page 31, Line 3	Rec. 3.2	Specifies across-the-board recommendation on board training applies to board members appointed before, on, or after the bill's effective date. Requires board members who have already completed board training to complete additional training only on subjects added by the bill. Prohibits board members from participating in board meetings after December 1, 2017 if they have not completed the required training.	All board members received the required training on November 6, 2017. Five new board members were appointed on June 1, 2018, and received the required training on July 9, 2018. Documentation of the training is posted on the TSP website.

EXC-01 (continued)

Bill Reference	Source of Provision	Bill Provision	Implementation Status
Page 31, Lines 4–11	Rec. 2.1	Specifies that applicants for license to practice pharmacy or registration as a pharmacy technician or technician trainee submitting an application before the bill's effective date must meet all qualifications for licensure currently in law. Applicants for licensure or registration submitting applications after the bill's effective date are not required to meet qualifications for licensure removed by the bill.	No action required.
Page 31, Lines 12–19	Rec. 2.4	Specifies the board may only deny applications for renewal of a pharmacist license or pharmacy technician registration from a noncompliant applicant after the bill's effective date. Specifies applicants for renewal of a pharmacy technician registration are subject to board rules for continuing education after the bill's effective date.	No action required.
Page 31, Lines 20–22	Added by Legislature	Requires the Pharmacy Board to adopt rules to implement the telepharmacy provision of the bill by January 1, 2018.	The board adopted amendments to board rule 291.121 which implement telepharmacy provisions in November 2017. The amendments became effective January 4, 2018.
Page 31, Line 23 through Page 32, Line 5	Rec. 2.2	Requires the Pharmacy Board to adopt rules to reduce late renewal penalty fees for pharmacy technicians in accordance with statute as soon as practicable after the bill becomes effective. Specifies that pharmacy technicians renewing registration after the bill's effective date must pay the reduced penalty fee specified in the bill.	The board adopted amendments to board rule 297.4 which implement the reduced late penalty fees. The amendments became effective on January 4, 2018.
Page 32, Line 6	<i>Effective Date</i>	Establishes the bill's effective date as September 1, 2017.	No action needed.

EXC-02

Performance Measure		FY18 Projected Performance	FY18 Performance Attained	Projected Target Met?*
A. GOAL: MAINTAIN STANDARDS				
Outcome (Results/Impact)				
	Percent of Licensees with No Recent Violations	95.0%	95.8 %	Met
	Percent of Licensees Who Renew Online	96%	95.58%	Met
A.1.1 STRATEGY: LICENSING				
Output (Volume)				
	Number of New Licenses Issued to Individuals	1,800	1,978	Exceeded
	Number of Licenses Renewed (Individuals)	15,700	18,373	Exceeded
Explanatory				
	Total Number of Business Facilities Licensed	8,200	8,170	Met
B. GOAL: ENFORCE REGULATIONS				
Outcome (Results/Impact)				
	Percent of Jurisdictional Complaints Resulting in Disciplinary Action	10.0%	8.60%	Exceeded
B.1.1 STRATEGY: ENFORCEMENT				
Output (Volume)				
	Number of Jurisdictional Complaints Resolved	5,360	6,487	Exceeded
Efficiencies				
	Average Time for Jurisdictional Complaint Resolution	195	191	Exceeded
Explanatory				
	Number of Jurisdictional Complaints Received	5,620	5,887	Met
B.1.2. STRATEGY: PEER ASSISTANT				
Output (Volume)				
	Number of Licensed Individuals Participating in a Peer Assistant Program	160	162	Exceeded

EXC-03

Date	Presentation	Number of Attendees
9/7/17	Texas Pharmacy Laws and Rules Update, JPS Pharmacy Staff, Fort Worth	60
9/13/17	Texas Pharmacy Laws and Rules Update, TSBP Webinar	110
9/16/17	Texas Pharmacy Laws and Rules Update, University of Texas Pharmacy Practice Symposium, Austin	450
9/22/17	Using the Texas Prescription Monitoring Program, Greater Houston Dental Society, Houston	50
9/27&29/17	Texas Pharmacy Laws and Rules Update, HEB Pharmacists Conference, San Antonio	825
10/6/17	Career Development, University of Texas College of Pharmacy Career Planning Couse, Austin	125
10/12/17	Texas Pharmacy Laws and Rules Update, TSBP Webinar	152
10/28/17	Texas Prescription Monitoring Program Update, Texas Pain Society, Dallas	100
11/8/17	Texas Prescription Monitoring Program Update, Texas Hospital Association Opioid Prescribing Guidelines Workgroup, Austin	55
11/9/17	Regulating Pharmacy Technicians, Virginia College, Austin	12
11/13/17	Policy Panel, University of Texas College of Pharmacy Coalition of Student Pharmacists, Austin	10
11/15/17	Texas Pharmacy Laws and Rules Update, TSBP Webinar	120
11/15/17	Texas Pharmacy Laws and Rules Update, Bexar County Pharmacy Association, San Antonio	50
1/26/18	Texas Prescription Monitoring Program Update, Texas Medical Association Legislative Council, Austin	75
1/27/18	Texas Pharmacy Laws and Rules Update: Long-term Care Edition, Texas Chapter American society of Consultant Pharmacists, Austin	50
3/3/18	Texas Prescription Monitoring Program, Texas Veterinary Medical Association Annual Conference, The Woodlands	100
3/5/18	Texas Prescription Monitoring Program, HDS Distribution Management Conference, Austin	30
3/10/18	Texas Pharmacy Laws and Rules Update, West Texas Pharmacy Association Meeting, Lubbock	65
3/19/18	Regulating Pharmacy Practice in the Public Interest, University of Houston College of Pharmacy, Houston	120
3/24/18	Texas Pharmacy Laws and Rules Update, El Paso Society of Health System Pharmacists Frontiers in Pharmacy Conference	45
4/8/18	Texas Pharmacy Laws and Rules Update, Texas Society of Health System Pharmacists, The Woodlands	200
4/11/18	Texas Pharmacy Laws and Rules Update, Kroger Pharmacy Managers Meeting, Houston	120

EXC-03 (continued)

Date	Presentation	Number of Attendees
4/20/18	What's Next for Prescription Monitoring Programs, San Antonio Substance Use Symposium, San Antonio	150
5/3/18	Texas Pharmacy Laws and Rules Update, Dallas Area Pharmacy Association, Coppell	75
5/7/18	Essential Tools to Catapult Your Board to the Top: Connecting Pharmacies to Knowledge in the Social Media Age, National Association of Boards of Pharmacy 114 th Annual Meeting, Denver	190
5/16/18	Texas Pharmacy Laws and Rules Update, TSBP Webinar	100
6/9/18	Prescription Monitoring Program Update, American Pharmacies Conference, San Antonio	75
6/13/18	Prescription Monitoring: An Rx for Reducing Opioid Misuse, Texas Hospital Association, webinar	30
6/15/18	Texas Pharmacy Laws and Rules Update, University of Texas College of Pharmacy Hospital Practice Seminar, Austin	100
6/15/18	Effective Use of the Texas Prescription Monitoring Program, University of Texas College of Pharmacy Hospital Practice Seminar, Austin	100
6/16/18	Effective Use of the Texas Prescription Monitoring Program, Drug Enforcement Administration Practitioner Conference, Houston	120
6/26/18	Texas Pharmacy Laws and Rules Update, Walgreens pharmacists meeting, Beaumont	50
7/13/18	Texas Pharmacy Laws and Rules Update, Texas Pharmacy Association Annual Meeting, The Woodlands	300
7/19/18	State Board Panel, Quarles and Brady Pharmacy Law Symposium, Chicago	100
8/10/18	Texas Rural Hospital Pharmacy Update, Northwest Rural Hospital Association Annual Meeting, Abilene	30
8/23/18	Regulating the Practice of Pharmacy, University of Texas College of Pharmacy, Austin	120
TOTAL		4,464

EXC-04

Date	Interview
11/27/17	Telephone interview - Discern Health
12/6/17	Telephone interview – San Antonio Express News
12/15/17	Telephone interview – KXAN-TX Austin
12/19/17	On-camera interview – KXAN-TX Austin
1/30/18	Telephone interview – Community Impact News
2/2/18	Telephone interview – Community Impact News

EXC-04 (continued)

2/5/18	Telephone interview – San Angelo Standard Times
2/28/18	Telephone interview – Politico
3/13/18	Telephone interview – WFAA-TV Dallas
3/19/18	Telephone interview – Dallas Morning News
4/24/18	On-camera interview – WFAA-TV Dallas
4/30/18	Telephone interview – CBS-DFW TV Dallas
4/30/18	Telephone interview – Dallas Morning News
5/2/18	Telephone interview – Dallas Morning News
5/22/18	Telephone interview – Austin American Statesman
6/6/18	Telephone interview – WFAA-TV Dallas
6/15/18	Telephone interview – Dallas Morning News
6/22/18	Telephone interview – Reveal News, The Center for Investigative Reporting
6/25/18	Telephone interview – Dallas Morning News
7/18/18	Telephone interview – Austin American Statesman
8/8/18	Telephone interview – Texas Tribune
8/21/18	Telephone interview – Dallas Morning News

EXC-05

Date	Name of Association/Location of Meeting
9/13/17	Texas Federation of Drug Stores Meeting, Austin
10/8-11/17	NABP/AACP District VI, VII, & VIII Meeting, San Antonio
10/13/17	Conference call with Texas Society of Health-System Pharmacists and Texas Department of State Health Services regarding drug donation
10/22-25/17	MALTAGON Meeting, Charleston, SC
10/30/17	Meeting with Debbie Garza, Texas Pharmacy Association CEO
10/31/17	Interagency Prescription Monitoring Program Workgroup Meeting
12/11/17	Meeting with Debbie Garza, Texas Pharmacy Association CEO
12/7/17	Capitol Area Pharmacy Association (CAPA) Meeting, Austin
1/12/18	Meeting with Mary Staples and Janis Carter, National Association of Chain Drug Stores
1/19/18	Bexar County Joint Opioid Task Force Meeting, teleconference

EXC-05 (continued)

Date	Name of Association/Location of Meeting
1/21-23/18	National Association of Boards of Pharmacy Task Force on Law Enforcement Legislation, Mt. Prospect, IL
1/24/18	Interagency Prescription Monitoring Program Workgroup Meeting
2/7/18	Texas Pharmacy Summit Meeting, Austin
2/13/18	Bexar County Joint Opioid Task Force Meeting, San Antonio
2/20/18	Texas Pharmacy Practice Coalition Meeting, Austin
3/28/18	Texas Pharmacy Summit Meeting, Austin
3/29/18	Meeting with Debbie Garza, Texas Pharmacy Association CEO
4/3/18	Meeting with Appriss regarding AWARxE PMP system
4/9/18	Meeting with Brad Shields, Texas Federation of Drug Stores
4/9/18	Meeting with Dan Finch, Texas Medical Association, and Sara Gonzales, Texas Hospital Association
4/12/18	University of Texas Advisory Council Meeting
4/18/18	Meeting with Hennie Garza, TMF Health Quality Institute
4/19/18	Meeting with Stacey Mather, Texas Society of Health-System Pharmacists Executive Director
4/24/18	Interagency Prescription Monitoring Program Workgroup Meeting
5/2/18	Texas Pharmacy Summit Meeting, Austin
7/12-15/18	Texas Pharmacy Association Annual Meeting, The Woodlands
7/18-19/18	Quarles and Brady Pharmacy Law Symposium, Chicago, IL
7/24-25/18	Prescription Monitoring Program Interconnect Steering Committee, Mt. Prospect, IL
8/8/18	Texas Pharmacy Summit Meeting, Austin
8/13/18	Meeting with Texas Osteopath Association representatives
8/24/18	University of North Texas College of Pharmacy White Coat Ceremony

EXC-06

Date	Activity
9/5/17	Meeting with Gaby Fuentes, Governor's Appointment Office
9/12/17	Hurricane Damage Assessment meeting with Governor's State-Federal Relations Office
10/13/17	Meeting with Texas Medical Board representatives regarding implementation of HB 2561
11/20/17	Meeting with Texas Department of Public Safety representatives regarding implementation to HB 2561
12/4/17	Meeting with State Auditor's Office regarding agency audit
1/10/18	Meeting with Drew Graham, Senator Schwertner's office regarding the Prescription Monitoring Program
1/12/18	Phone call with Becky Walker, Senator Seliger's office, regarding pharmacy application
1/24/18	Phone call with Heather Fleming, Speaker Joe Strauss' office regarding rural hospitals
1/30/18	Phone call with Joseph, Senator Hall's office, regarding pharmacy issue
1/30/18	Meeting with Kathy Thomas, Executive Director Texas Board of Nurse Examiners
2/1/18	Phone call with Senator Hughes regarding pharmacy application
2/7/18	Phone call with Joseph, Senator Hall's office, regarding complaint resolution
2/7/18	Phone call with Connie Vick, Rep. Lang's office, regarding rural hospitals
2/13/18	Phone call with Kelly Barnes, Rep. Clardy's office, regarding pharmacy application
2/21/18	Phone call with Lugina Landrum, Rep. Flynn's office, regarding patient issue
2/23/18	Phone call with Sandra Talton, Rep. Price's office, regarding House Opioid Committee hearing
3/5/18	Meeting with Texas Health and Human Services Commission and Center for Healthcare Communication regarding marketing the Prescription Monitoring Program
3/22/18	Testified before Senate Health and Human Services Committee regarding the Prescription Monitoring Program
3/26/18	Meeting with Erin Bennett, Policy Advisor for Governor's office
4/2/18	Meeting with Texas Health and Human Services Commission and Center for Healthcare Communication regarding marketing the Prescription Monitoring Program
4/18/18	Meeting with Center for Healthcare Communication regarding market the Prescription Monitoring Program
4/18/18	Meeting with Health and Human Services Commission representatives
5/11/18	Meeting with Department of State Health Services representatives regarding Prescription Monitoring Program data
5/17/18	Meeting with Texas Health and Human Services Commission and Center for Healthcare Communication regarding marketing the Prescription Monitoring Program
5/14/18	Meeting with Legislative Budget Board Analyst
5/15/18	Testified before House Opioid and Substance Abuse Select Committee regarding the Prescription Monitoring Program
5/21/18	Meeting with Drug Enforcement Administration representatives

EXC-06 (continued)

Date	Activity
6/4/18	Meeting with Department of State Health Services representatives regarding Prescription Monitoring Program data
6/18/18	Meeting with Senator Schwertner's staff regarding Prescription Monitoring Program data
6/25/18	Meeting with Governor's Budget office regarding Legislative Appropriations Request (LAR) FY2020-2021
6/30/18	Phone call with Senator Hinojosa's office regarding the Prescription Monitoring Program
7/17/18	Meeting with Center for Healthcare Communication regarding marketing the Prescription Monitoring Program
7/30/18	Meeting with Department of State Health Services regarding Prescription Monitoring Program data
8/8/18	Meeting with Rep. Stephanie Klick regarding pharmacy issue
8/14/18	Testified at Joint Budget Hearing regarding the agency's Legislative Appropriation Request

Total Inspections by Type/Disposition	FY2016	FY2017	FY2018	% of FY18	3 Year Average
Inspections	3159	2784	3055	78%	2,972
Pre-Inspections	130	160	192	5%	145
Partial-Inspections	195	147	151	4%	171
Inspection-Visits	21	17	16	0%	19
Attempted Inspections	125	110	124	3%	118
Other	10	9	15	0%	10
Total	3,640	3,227	3,553	91%	3,473

The term “inspections” includes inspections, pre-inspections, partial-inspections, and inspection-visits. These terms are described below:

- A. Inspections are full inspections of licensed facilities in which Compliance field staff check the facilities for compliance with each of the items on the inspection report form.
- B. Pre-Inspections are partial inspections that occur prior to TSBP issuing the pharmacy license. The Compliance field staff determines if the pharmacy has the necessary items to open and operate a pharmacy in compliance with the laws and rules governing the practice of pharmacy. A pharmacy license is not issued to the facility unless the facility can pass the pre-inspection process.
- C. Partial-Inspections are inspections of licensed facilities in which Compliance field staff check the facility for compliance with a portion of the items on the inspection report form. In addition, partial inspections include follow-up inspections of pharmacies that received a “Warning Notice” to determine if the pharmacies have corrected the discrepancies listed on the “Warning Notice.” Follow-up inspections are conducted within approximately six to eight months after the pharmacy has notified the Board in writing that the discrepancies have been corrected.
- D. Inspection-Visits are inspections in which Compliance field staff generally do not complete an inspection report form. Inspection-visits include inspections of non-licensed facilities that are operating a pharmacy, visits made to pharmacies that have closed (and did not notify the Board), and visits to “new” pharmacies that have not opened for business. The last two situations are discovered by Compliance field staff after arriving at the addresses listed in TSBP records.

Number of Inspections/Visits by Class	FY2016	FY2017	FY2018	% of FY18	3 Year Average
Class A Pharmacies	2460	2238	2448	69%	2,382
Class A-S Pharmacies	208	199	206	6%	204
Class B Pharmacies	20	16	15	>1%	17
Class C Pharmacies	386	257	277	8%	307
Class C-S Pharmacies	212	241	267	8%	240
Class D Pharmacies	198	120	195	5%	171
Class F Pharmacies	138	141	133	4%	137
Class G Pharmacies	18	15	12	0%	15
Total	3,640	3,227	3,553	100%	3,473

COM-01 (continued)

Purpose of Inspection-Inspection Type (In Order of Priority)	FY2016	FY2017	FY2018	% of FY18	3-Yr. Avg.
Complaint	64	34	86	2%	61
Follow-up to Disciplinary Order	16	5	5	0%	9
Pre-Inspection New	127	160	194	5%	160
New Pharmacies	233	176	231	7%	213
Change of Ownership	77	75	38	1%	63
Preceptor	1	3	2	0%	2
Follow-up to "Warning Notice"	132	80	99	3%	104
Routine Inspections	2654	2451	2603	73%	2,569
Rank Change	18	11	15	0%	15
Reverse Rank Change	1	2	1	0%	1
Licensee Request	26	24	41	1%	30
Sterile Compounding (High Risk)	16	19	22	1%	19
Theft and Loss	50	8	7	0%	22
Other	225	179	209	6%	204
Total	3,640	3,227	3,553	100%	3,473

Number of Warning Notices Issued by Class	FY2016	FY2017	FY2018	% of FY18	3 Year Average
Class A Pharmacies	917	796	819	72%	844
Class A-S Pharmacies	124	129	104	9%	119
Class B Pharmacies	13	9	7	1%	10
Class C Pharmacies	83	52	33	3%	56
Class C-S Pharmacies	146	177	132	12%	152
Class D Pharmacies	30	19	25	2%	25
Class F Pharmacies	14	14	12	1%	13
Class G Pharmacies	1	4	4	0%	3
Total	1,328	1,200	1,136	100%	1,221

* A pharmacy may be issued a "Warning Notice" for non-compliance with more than one condition.

** This figure is the number and percentage of pharmacies receiving a "Warning Notice" during an inspection/visit and is based on the number of inspections/partial-inspections/visits conducted for the particular class of pharmacy.

Conditions Receiving "Warning Notices

Percentages are based on the total number of "Warning Notices" issued to Pharmacies in FY2018.

Note - Pharmacies may be issued a "Warning Notice" for non-compliance with more than one condition.

Type of Violation	FY2016	FY2017	FY2018	3 Year Average	% FY2018
Equipment	164	115	69	116	2%
Balance Failed Inspection	97	69	47	71	
Equipment Inspection Due	65	44	19	43	
Insufficient Equipment	2	2	3	2	
Pharmacy Technicians	465	405	335	402	9%
No/Incomplete Training	394	336	297	342	
No/Improper Supervision	23	32	24	26	
Improper Registration	41	32	8	27	
Supportive Personnel Name Tags	7	5	6	6	
Inadequate Library	119	91	100	103	3%
Counseling Area	1	0	11	4	0%
Licenses	58	85	78	74	2%
Licenses Not Posted	58	85	74	72	
Delinquent Licenses	0	0	4	1	
Prescriptions	377	269	252	299	7%
Lack Proper Information	170	133	125	143	
Prescription Label Incorrect	174	96	95	122	
Non-Emergency CII	0	1	0	0	
Triplicate Non-Compliance	33	39	32	35	
Drug Stock/Environment	355	242	244	280	7%
Improper Environment	110	67	78	85	
Out-of-Date Drug Stock	105	68	61	78	

COM-02 (continued)

Type of Violation (continued)	FY2016	FY2017	FY2018	3 Year Average	% FY2018
Security	84	60	66	70	
Unsanitary/ Orderly/ Clean	23	33	30	29	
Improper Drug Storage/ Refrigerator Temp Log	23	6	5	11	
Area for Non-Sterile Compounding	6	4	1	4	
Violation of Limited Formulary	3	3	2	3	
Prohibited Drugs (Class D)	1	1	1	1	
Inventory	218	170	164	184	5%
No Annual Inventory	83	55	55	64	
No Change of Ownership Inventory	11	6	4	7	
No Change of PIC Inventory	40	30	31	34	
Incomplete Inventory	80	77	68	75	
No Perpetual inventory (Class C)	3	1	2	2	
Improper Drug Destruction	1	1	4	2	
Improper Prepackaging Procedures	54	45	31	43	1%
Computer Systems	144	108	117	123	3%
Computer Records Incomplete	143	107	116	122	
Computer Records Non-Compliance	1	1	1	1	
Records	569	431	549	516	15%
Records Not Available	219	191	256	222	
DEA Order Forms Incomplete	0	0	0	0	
Absence of R.Ph. Record	53	7	10	23	
Rx Not Separated	4	13	6	8	
Rx Records not Numerical Order	27	18	9	18	
Improper Transfer of RX	9	7	0	5	
Invoices Not Separated/Retrievable/ Dated & Initialed	92	59	64	72	
Records for Non-Sterile Compounds	132	107	151	130	
No Complaint Notification	23	28	41	31	
RPh visits/ contact documentation	0	0	10	3	
Improper Refill Documentation	10	1	2	4	
OBRA Violations	65	106	108	93	3%
Written Information Not Provided	17	46	59	41	
No Patient Counseling	42	56	45	48	
PMR Absent or Incomplete	6	4	4	5	
Sterile Pharmaceutical Violations	1280	1782	1058	1373	29%
No/Incomplete QA/QC	73	116	22	70	
No/Incomplete P&P Manual	152	128	111	130	
No/Inadequate Preparation Area	19	6	0	8	
IV Preparation	12	2	1	5	
No Drug Regimen Review	11	10	13	11	
Cytotoxic/Bio Procedures	0	0	0	0	
Anteroom air is not ISO 8	8	19	4	10	
Buffer area is NOT ISO 7	9	17	3	10	
No Separate buffer room for high-risk CSPs	2	2	1	2	
Buffer area not free of water source	0	1	1	1	

COM-02 (continued)

Type of Violation (continued)	FY2016	FY2017	FY2018	3 Year Average	% FY2018
Improper design for hands free access	13	14	1	9	
Clean room not clean/ well-lit/ particle free	34	73	30	46	
Clean room not solely used for CSP	5	8	3	5	
Improper floor covering in clean room	2	9	5	5	
Surfaces not smooth/ impervious/ crevice-free	92	131	83	102	
Anteroom sink not hands free/hot&cold/closed system of soap	21	21	4	15	
Improper room temperature in clean room	31	79	80	63	
Drugs/ supplies stored on floor of clean room	6	7	7	7	
Clean room contains inappropriate supplies	15	19	10	15	
PEC does not maintain ISO 5	2	6	2	3	
Improper location of PEC	0	0	3	1	
Untimely certification of PEC	7	9	8	8	
Improper procedures for PEC prefilters	0	3	5	3	
Improper pressure differential for PEC	6	5	4	5	
No pressure gauge in clean room	29	21	21	24	
Improper documentation of pressure monitoring	45	33	19	32	
Insufficient training for RPH	41	55	37	44	
Insufficient training for Tech	33	42	35	37	
Improper testing prior to compounding	110	106	64	93	
Improper testing after failure	0	0	1		
Untimely evaluation/ testing	39	99	56	65	
Improper testing for all types of CSPs	0	0	1		
Inadequate Library: Injectables	4	10	8	7	
Inadequate Library: Specialty reference	0	1	1	1	
Inadequate Library: USP	21	34	20	25	
Dispensing commercially available	2	3	4	3	
No written agreement with DR	5	2	0	2	
QC Procedures not followed	0	1	6	0	
RPh not available at all times	1	3	2	2	
No thermometer in refrigerator	5	4	9	6	
Inadequate supplies for aseptic mixing	47	29	17	31	
Inadequate cleaning solutions	10	16	10	12	
Inadequate handwashing agents	1	0	0	0	
No lint-free wipes	12	7	1	7	
Inadequate gowns/ garb	6	6	7	6	
Improper calibration of automated cpd device	2	5	9	5	
Improper SOP: Facility	0	0	4	1	
Improper SOP: Accuracy checks	0	0	9	3	
Improper SOP: Prep Recall	3	0	18	7	
Personnel: Cosmetics	9	12	5	9	
Personnel: Jewelry	13	23	7	14	

COM-02 (continued)

Type of Violation (continued)	FY2016	FY2017	FY2018	3 Year Average	% FY2018
Personnel: Artificial nails	8	8	0	5	
Personnel: Shoe covers	19	36	1	19	
Hygeine of nails	28	33	15	25	
Improper hand washing	9	23	6	13	
Improper gowning	4	12	7	8	
Improper drying	17	12	3	11	
Failure to use alcohol-based scrub	71	63	30	55	
Failure to use sterile alcohol	13	5	3	7	
Failure to conduct accuracy checks	20	47	11	26	
Improper label: Generic name	0	1	1	1	
Improper label: CSP statement	1	2	1	1	
Improper Labeling: Lot #	1	1	0	1	
Improper Labeling: Qty	0	1	0	0	
Improper Labeling: Ancillary	0	1	0	0	
Improper BUD	3	2	4	3	
Improper cleaning: Start of day	5	13	0	6	
Improper mopping	11	23	15	16	
Improper Cleaning: walls/ ceiling	15	28	22	22	
Improper Cleaning: Supplies	5	5	2	4	
Improper doc of cleaning	34	47	33	38	
Cleaning by untrained personnel	9	17	11	12	
High Risk: Improper testing of batches	2	1	0	1	
High Risk: Improper cleaning	3	3	1	2	
High Risk: Improper sterilization	0	1	0	0	
High Risk: Improper pre-sterilization	2	5	5	4	
High Risk: Improper re-entry	0	0	3	1	
Hazardous Prep: Improper apparel	0	0	1	0	
Hazardous Prep: Improper disposal	1	0	1	1	
Hazardous Prep: Improper hood	1	5	0	2	
Hazardous Prep: Improper pressure	1	4	0	2	
Hazardous Prep: Improper pressure monitor	0	2	0	1	
Hasardous Prep: Low volume noncompliance	0	1	0	0	
Hazardous Prep: Improper storage	0	1	0	0	
Failed to keep records	8	13	6	9	
Improper Record: Date	3	12	3	6	
Improper Record: Formula	0	12	1	4	
Improper Record: Compounder initials	3	17	11	10	
Improper Record: Initials of final checker	3	23	11	12	
Improper Record: Container used	0	16	5	7	
Improper Record: Qty	1	11	1	4	
Improper Record: BUD	2	20	12	11	
Improper Record: QC	2	17	6	8	
Incomplete master worksheets	2	10	3	5	
Worksheet not approved by RPh	3	5	3	4	
Failure to review records	0	0	8	3	
Inappropriate sampling plan	0	1	27	9	

COM-02 (continued)

Type of Violation (continued)	FY2016	FY2017	FY2018	3 Year Average	% FY2018
Air environment evaluation by untrained staff	2	5	10	6	
Untimely air sampling	10	20	3	11	
No/Incomplete Non-Sterile Cpd Records	132	105	151	129	4%
Improper Distribution	30	32	32	31	1%
No PIC	42	23	30	32	1%
Dispensing	138	110	132	127	4%
Improper Dispensing	91	62	83	74	
Aiding and Abetting	5	5	2	4	
Illegal Dispensing	4	6	5	5	
Substitution Non-Compliance	5	2	1	3	
Out-of-State Rx's for Controlled Substances	0	0	0	0	
Improper Emergency Room Dispensing	0	2	1	1	
Improper Automated Dispensing Procedures	28	31	36	32	
Improper Provision	5	2	4	4	
Improper Advertising	0	0	0	0	0%
Notification Violation	133	149	131	138	4%
Theft & Loss of C/S Not Reported	23	25	23	24	1%
Gray Market diversion	0	0	2	1	0%
Improper Closing/Change of Ownership	3	1	3	2	0%
Improper Inpatient Records (Class C)	14	7	6	9	0%
TOTALS			3,626	4,390	100%

COM-03

**SUMMARY OF RANDOM COMPOUNDED SAMPLE TESTING
PROGRAM IN NON-RESIDENT PHARMACIES**

	FY2016	FY2017	FY2018
Total Number of Samples Tested	134	91	72
Number of Non-Sterile Samples Tested	14	5	1
<i>Number of Potency Failures</i>	4	0	1
Number of Sterile Samples Tested	120	86	71
<i>Number of Potency Failures</i>	14	12	6
<i>Number of Sterility Failures</i>	0	1	0
<i>Number of Fungal Failures</i>	0	0	0
<i>Number of Endotoxin Failures</i>	0	0	0

COM-04

Activity	FY 2016	FY 2017	FY 2018
New Class D (Clinic) Pharmacy Applications and Change of Ownership Applications	47	25	11
New Class B (Nuclear) Pharmacy Applications	2	0	0
Petitions for Expanded Formularies for Class D (Clinic) Pharmacies (New Petitions and Renewal Applications)	63	88	87
Petitions for Alternative Visitation Schedules for Class D (Clinic) Pharmacies	122	49	122
Notifications of Temporary Locations for Class D (Clinic) Pharmacies	8	13	
Standard Class D Formularies Reviewed	89	11	10

COM-05

Presentations regarding Pharmacy Laws/Rules (unless otherwise noted)

Date	Presentation	Staff Presentor	Attendance (approx.)
9/14/2017	The Greater Houston Dental Society - Houston	Kathy Salinas	30
9/14/2017	Bexar County Area Hospital Director's Meeting - San Antonio	James Clark	40
9/16/2017	Central Texas Society of Health System Pharmacists - San Antonio	James Clark	90
10/7/2017	Texas Southern University College of Pharmacy Fall Preceptor's Conference - Houston	Iona Grant	128
10/12/2017	North Houston Area Pharmacy Association	Iona Grant	46
10/21/2017	Texas Health Physicians Group Risk Management Conference - Dallas	Terri Burrows	150
10/25/2017	PGY1 Residents for The University of Houston College of Pharmacy Residency Program	Kathy Salinas	12
10/28/2017	Austin Area Health System Pharmacists Annual Seminar - Round Rock	Terri Burrows	30
11/9/2017	The Regulation of Sterile Compounding in Texas - Guest Speaker for P3 Students enrolled in Basic Intravenous Admixtures Lecture Course (PHM 183) - University of Texas at Austin College of Pharmacy	Ben Santana	75
12/6/2017	Texas A&M Law and Opioid Epidemic Update	Kathy Salinas	100
1/18/2018	Houston Area Pharmacy Association	Iona Grant	50
1/19/2018	Lake Houston Pharmacy Association	Iona Grant	83
2/24/2018	Presentation to Texas Association of Independent Pharmacies Organization (TAIPO)	Iona Grant	100
3/3/2018	Texas Southern University College of Pharmacy Spring Preceptor's Conference - Houston	Iona Grant	130
4/12/2018	Gulf Coast Pharmacy Association Law Update - Corpus Christi	Kathy Salinas	26
5/12/2018	Nigerian Pharmacist Organization - Houston	Iona Grant	50
6/9/2018	UNT Annual Preceptor Conclave - Fort Worth	Terri Burrows	65
6/19/2018	West Texas Society of Health System Pharmacists - Rowena	Terri Burrows	22
6/20/2018	Hendrick Medical Center Pharmacy Staff - Abilene	Terri Burrows	23

COM-05 (continued)

Date	Presentation	Staff Presenter	Attendance (approx.)
6/21/2018	HCA Pharmacy Leadership Presentation (Collaborated with other TSBP Representatives)	Iona Grant and Kathy Salinas	27
6/26/2018	Law Presentation for Walgreens - Beaumont	Iona Grant and Kathy Salinas	40
8/16/2018	Update on Inspecting Non-Resident Pharmacies Compounding Sterile Preparations (Class E-S) - Webinar	Tera McConnell and Synthia Hill	21
8/16/2018	Inspecting Non-Resident Pharmacies Compounding Sterile Preparations (Class E-S) - Webinar	Tera McConnell and Synthia Hill	18
8/16/2018	Update on Inspecting Non-Resident Pharmacies Compounding Sterile Preparations (Class E-S) - Webinar	Ben Santana	21
8/16/2018	Inspecting Non-Resident Pharmacies Compounding Sterile Preparations (Class E-S) - Webinar	Ben Santana	18
8/22/2018	Texas Pharmacy Laws and Rules Webinar	Tera McConnell and Synthia Hill	80
8/29/2018	Texas A&M Emergency Preparedness - Houston	Kathy Salinas	30
8/30/2018	Vietnamese-American Pharmacists Association (VAPhA) Law Presentation - Sugar Land	Kathy Salinas	29
TOTAL			1,534

ADM-01
TSBP Compared to Travis County Workforce Composition Based on 2010 Census Data

Texas State Board of Pharmacy EEO Data as of August 31, 2018

<u>Travis County</u>	WHITE		BLACK		HISPANIC		OTHER		TOTAL		GRAND
	M	F	M	F	M	F	M	F	M	F	
Administrators	41,665	25,940	1,648	2,087	4,908	3,933	1,700	1,062	49,921	33,022	82,943
Professional	55,800	44,270	2,894	3,963	7,580	7,922	7,599	4,349	73,873	60,504	134,377
Para-Prof	13,780	14,310	2,750	3,164	9,120	11,213	1,251	1,588	26,901	30,275	57,176
Admin Support	15,635	39,810	2,735	5,705	6,114	14,289	1,222	2,578	25,706	62,382	88,088
TOTALS	126,880	124,330	10,027	14,919	27,722	37,357	11,772	9,577	176,401	186,183	362,584
Percentage	35.0%	34.3%	2.8%	4.1%	7.6%	10.3%	3.2%	2.6%	48.7%	51.3%	100.0%
<u>Agency EEO Data</u>	WHITE		BLACK		HISPANIC		OTHER		TOTAL		GRAND
	M	F	M	F	M	F	M	F	M	F	
Administrators	0	3	0	0	0	0	1	0	1	3	4
Professional	6	10	1	4	4	1	0	1	11	16	27
Para-Prof	7	23	1	4	2	13	0	0	10	40	50
Admin Support	0	1	1	2	0	8	0	0	1	11	12
TOTALS	13	37	3	10	6	22	1	1	23	70	93
Agency	14.0%	39.8%	3.2%	10.8%	6.5%	23.7%	1.1%	1.1%	24.7%	75.3%	100.0%
Travis County	35.0%	34.3%	2.8%	4.2%	7.9%	10.6%	3.3%	2.7%	48.1%	51.9%	100.0%
<u>New Hires</u>	WHITE		BLACK		HISPANIC		OTHER		TOTAL		GRAND
	M	F	M	F	M	F	M	F	M	F	
Administrators	0	0	0	0	0	0	1	0	1	0	1
Professional	2	1	0	1	2	0	1	1	5	3	8
Para-Prof	0	0	0	3	1	1	0	0	1	4	5
Admin Support	0	2	1	0	0	0	0	0	1	2	3
TOTALS	2	3	1	4	3	1	2	1	8	9	17
<u>Promotions</u>	WHITE		BLACK		HISPANIC		OTHER		TOTAL		GRAND
	M	F	M	F	M	F	M	F	M	F	
Administrators	0	2	0	0	0	0	0	0	0	2	2
Professional	1	1	0	0	0	0	1	0	2	1	3
Para-Prof	0	3	1	0	0	4	0	0	1	7	8
Admin Support	0	0	0	0	0	1	0	0	0	1	1
TOTALS	1	6	1	0	0	5	1	0	3	11	14
<u>Terminations</u>	WHITE		BLACK		HISPANIC		OTHER		TOTAL		GRAND
	M	F	M	F	M	F	M	F	M	F	
Administrators	0	3	0	0	0	0	0	0	0	3	3
Professional	0	5	0	1	0	0	1	1	1	7	8
Para-Prof	3	1	0	1	0	0	0	0	3	2	5
Admin Support	0	0	0	0	0	0	0	0	0	0	0
TOTALS	3	9	0	2	0	0	1	1	4	12	16
<u>Applications</u>	WHITE		BLACK		HISPANIC		OTHER		TOTAL		GRAND
	M	F	M	F	M	F	M	F	M	F	
Administrators	8	15	4	4	4	1	1	0	17	20	37
Professional	30	3	2	0	3	0	6	1	41	4	45
Para-Prof	83	53	27	59	39	36	18	30	167	178	345
Admin Support	11	80	9	58	8	68	2	30	30	236	266
TOTALS	132	151	42	121	54	105	27	61	255	438	693

ADM-02

Report Title	Recipient(s)	Division Reporting
FTE State Employees	State Auditor	Administration
Employees Quarterly Report	Texas Workforce Commission	Administration
Employer's Quarterly Federal Tax Return	Internal Revenue Service	Administration
Annual Financial Report	Governor's Office; Legislative Budget Board; State Comptroller; State Auditor	Administration
Non-Financial Annual Report	Governor's Office; Legislative Budget Board; State Auditor	Administration
Operating Budget	Governor's Office; Legislative Budget Board; State Comptroller; State Auditor	Administration
ABEST Reconciliation	Legislative Budget Board	Administration
Historically Underutilized Business Progress Reports	Governor's Office; Lt. Governor; Speaker of House; Texas Building & Procurement Commission	Administration
Encumbrance Reports	State Comptroller; State Auditor; Legislative Budget Board	Administration
State Use Report	Texas Comptroller of Public Accounts	Administration
EEO Information Report	Texas Workforce Commission	Administration
Minority Hiring Practices	Texas Workforce Commission	Administration
SORM 200	Office of Risk Management	Administration
Performance and Funds Mgmt. Reports	Legislative Budget Board	All
Contract Workforce Report	State Auditor; Legislative Budget Board; Governor	Administration
Open Records Online Monthly Report	Office of Attorney General	Open Records Division
Fleet Management Report	Texas Comptroller of Public Accounts	Administration
Risk Assessment	Governor's Office; Legislative Budget Board; State Comptroller; State Auditor, Sunset Advisory Commission	Administration
Veterans Workforce Summary Report	Comptroller	Administration
Space Utilization Survey	Texas Facilities Commission	Administration
SORM Report	SORM	Administration
Professional and Consultant Services Report	Legislative Budget Board	Administration
TexFlex Reconciliation Report	Employees Retirement System	Administration
Annual Debt Report	Office of Attorney General	Administration
Procurement Plan	Comptroller	Administration
Audit Corrective Action Plan	State Auditor	Enforcement and Administration

ADM-02 (continued)

Report Title	Recipient(s)	Division Reporting
FY2019-2023 Strategic Plan	Governor's Office; Legislative Budget Board	All
Sunset Compliance Status	State Auditor; Internal Auditor	All
FY2020-2021 Legislative Appropriations Request	Governor's Office; Legislative Budget Board	All
Customer Services Report	Governor's Office	Administration
HPC Annual Report	HPC	All
CAPPS Scoping Questionnaire	Comptroller's Office	Administration
Business Continuity Planning Documents	SORM	Administration

LIC-01

LICENSING RELATED PERFORMANCE MEASURES	FY18 Projected Performance	FY18 Performance Attained	Key or Non-Key (K/NK)	Projected Target Met?*
Number of New Licenses issued to Individuals (Pharmacists)	1,800	1,978	K	Exceeded
Number of Licenses Renewed (Individuals – Pharmacists)	15,700	18,373	K	Exceeded
Number of New Registrations Issued to Individuals (Technician and Trainee)	16,000	17,141	NK	Exceeded
Number of Registrations Renewed (Technicians)	17,550	17,925	NK	Exceeded
Percent of Licensees (Pharmacists and Pharmacies) with No Recent Violations (Disciplinary Orders)	95%	95.80%	K	Exceeded
Total Number of Pharmacists Licensed	34,562	35,933	NK	Exceeded
Total Number of Facilities Licensed	8,200	8,170	K	Exceeded
Total Number of Individuals (Technicians & Trainees) Registered	66,000	66,072	NK	Exceeded
Percent of Licenses Who Renew Online	96%	95.58%	K	Exceeded
Percent of New Individual Licenses Issued Online	96%	98.74%	NK	Exceeded

LIC-02

JURISPRUDENCE (MPJE)	TOTALS
Candidates Passing	1,726
Candidates Failing	207
TOTAL ADMINISTERED	1,933

LIC-02 (continued)

NAPLEX	TOTALS
Candidates Passing	827
Candidates Failing	105
TOTAL ADMINISTERED	2,865

NEW PHARMACISTS LICENSED	
Graduates of Texas Colleges of Pharmacy	673
Graduates of Out-of-State Colleges of Pharmacy	1,167
Credentialed by the Foreign Pharmacist Equivalency Committee	1,13
TOTAL	1,953

LIC-03

ACTIVE PHARMACIES	
Class A (Community)	5,144
Class A-S (Community Pharmacy Engaged Compounding Sterile Preparations)	299
Class B (Nuclear)	35
Class C (Institutional)	813
Class C-S (Hospital Pharmacy Engaged In Compounding Sterile Preparations)	429
Class D (Clinic)	439
Class E (Non Resident)	526
Class E-S (Non-Resident Pharmacy Engaged In Compounding Sterile Preparations)	111
Class F (Free Standing Emergency Medical Centers)	344
Class G (Central Processing)	29
Class H	01
TOTALS	8,170
Remote Pharmacies	1,805

A total of 6,300 change documents were processed as follows:

PHARMACY APPLICATIONS PROCESSED	
Pharmacy Renewals	4,461
New Licenses Issued [new opens (455) and changes of ownership (146)]	601
Closings	383
Remote Pharmacies	412
Changes of Name	158
Changes of Location	242
Changes of Classification	43
TOTAL	6,300

ENF-01

Enforcement-Related Performance Measure	FY2018 Projected Performance	FY2018 Performance Attained	Key or Non-Key (K/NK)	Projected Target Met?*
Outputs:				
Jurisdictional Complaints Resolved	5,360	6,487	K	Exceeded
Number of Licensed Individuals Participating in a Peer Assistance Program	160	162	K	Met
Efficiency:				
Average Time for Jurisdictional Complaint Resolution	195	183	K	Exceeded
Outcomes:				
Percent of Jurisdictional Complaints Resolved Resulting in Disciplinary Action	10.0%	8.6%	K	Met
Percent of Licensees (Pharmacists and Pharmacies) with No Recent Violations (Disciplinary Orders)	95.0%	95.8 %	K	Met
Recidivism Rate of Those Receiving Disciplinary Action	7.0%	4.8%	NK	Met
Percent of Jurisdictional Complaints Resolved within Six Months	65.0%	65.8%	NK	Met
Recidivism Rate for Participants in Peer Assistance Program	30.0%	31.3%	NK	Met
One-Year Completion Rate for Participants in Peer Assistance Program	80.0%	71.1%	NK	Not Met
Explanatory:				
Jurisdictional Complaints Received	5,620	5,887	K	Met

* Within a 5% variance, TSBP's actual performance was either: equivalent to projected performance ("Met") or better than projected performance ("Exceeded").

ENF-02

Year	Complaints Received	% Change Complaints Received Previous Year	Complaints Closed	% Change Complaints Closed Previous Year	% Complaints Closed	*Resolution Time (Agency Average)	% Change Time
FY14	5,561	-6%	5,606	-14%	101%	176 Days	-6%
FY15	5,925	+7%	5,955	+6%	101%	170 Days	-3%
FY16	6,146	+4%	6,265	+5%	102%	166 Days	-2%
FY17	6,398	+4%	5,938	-5%	93%	152 Days	-8%
FY18	5,931	-7%	6,524	+10%	110%	183 Days	+20%

* TSBP increased projected complaint resolution to 195 days for FY2018 projection. In FY14 – FY17, the projected Resolution Time (Agency Average) was set at 180 days.

ENF-03

Type of Dispensing Error	FY14	FY15	FY16	FY17	FY18	5-Year Avg.
Wrong Drug/Strength or Wrong Directions for Use	174	189	194	168	198	185
Mislabeled	5	11	17	11	17	12
Dispensed Wrong Quantity	35	40	57	42	55	46
Dispensed Outdated Drug	1	11	4	6	2	5
Packaging/Delivery Error	16	18	24	13	25	19
Error + No Counseling	0	5	0	2	2	2
Total # Dispensing Error Complaints	231	274	296	242	299	268
Total # Complaints Closed	5,606	5,955	6,265	5,938	6,524	6,057
% Dispensing Error Complaints	4%	5%	5%	4%	5%	4%

ENF-04

Form of Complaints	FY2016	FY2017	FY2018	% of FY2018	3-Yr. Avg.	% of 3-Yr. Avg.
Telephone	23	16	19	N/A	19	N/A
Letter	125	168	222	3%	172	3%
TSBP Complaint Form	148	109	124	2%	127	2%
HPC 800 #	18	8	17	N/A	14	N/A
Fax	46	44	49	1%	46	1%
Visit	0	0	0	N/A	N/A	N/A
Agency Report	2	1	3	N/A	2	N/A
Inspection	140	95	117	2%	117	2%
Interoffice Referral	38	42	31	N/A	37	1%
Licensure Application	2,414	2,371	2,295	35%	2,360	38%
Data Bank	29	107	138	N/A	91	1%
Theft/Loss Report	1,255	1,099	1,287	19%	1,214	19%
Investigation	538	506	574	9%	539	9%
Intra-Agency Referral	33	20	31	N/A	28	N/A
Malpractice Report	9	4	3	N/A	5	N/A
Press Clip	5	1	3	N/A	3	N/A
Email *	145	152	202	3%	166	3%
Internet *	488	520	663	10%	557	9%
Background Checks **	809	675	743	11%	742	12%
Other	0	0	3	N/A	1	N/A
TOTAL	6,265	5,938	6,524	100%	6,242	100%

* TSBP accepts complaints via email, as well as through the agency's website (Internet). TSBP makes a distinction between email complaints (where the complainant sends an electronic message/ complaint to a TSBP employee) and Internet complaints (where the complainant completes the on-line TSBP complaint form). TSBP began accepting on-line complaints in the Spring of 2001.

** Category includes daily and quarterly reports.

N/A – not applicable, value less than 0.01

ENF-05
DATA ON SOURCE OF COMPLAINTS CLOSED FY2016 – FY2018

Source of Complaints	FY2016	FY2017	FY2018	% of FY2018	3-Yr. Avg.	% of 3-Yr. Avg.
Consumer	589	547	645	10%	594	10%
Government Agency	868	726	807	12%	800	13%
Pharmacist	51	65	64	1%	60	1%
Pharmacist (Self)	77	70	91	1%	79	1%
Pharmacist Applicant	208	235	184	3%	209	3%
Technician	7	14	19	N/A	13	N/A
Technician (Self)	65	67	67	1%	66	1%
Tech Applicant	121	119	122	2%	121	2%
Technician Trainee	0	3	3	N/A	2	N/A
Tech Trainee (Self)	1	0	8	N/A	3	N/A
Tech Trainee Applicant	730	754	718	11%	734	12%
Intern	5	4	3	N/A	4	N/A
Intern Applicant	122	59	70	1%	84	1%
TSBP	1,575	1,408	1,441	22%	1,475	24%
Doctor	42	45	79	1%	55	1%
Other Health Professional	19	43	28	N/A	30	N/A
NABP	37	115	139	2%	97	2%
PIC, Pharmacy Manager, or Supervisor	1,534	1,433	1,657	25%	1,541	25%
Pharmacy Self-Report*	-	0	15	N/A	5	N/A
Out of State Pharmacy Self-Report*	-	1	24	N/A		N/A
Employee/Ex-Employee –RPH*	-	0	1	N/A	8	N/A
Employee/Ex-Employee TCH/TNT*	-	0	14	N/A	5	N/A
Loss Prevention Officer (Corporate)	2	1	1	N/A	1	N/A
Manufacturing Rep.	6	1	5	N/A	4	N/A
Professional Recovery Network (PRN)	14	13	23	N/A	17	N/A
Insurance Company	36	69	151	2%	85	1%
Attorney	10	5	8	N/A	8	N/A
Employee/Ex-Employee	42	17	34	1%	31	N/A
Media	3	0	2	N/A	1	N/A
Drug Screening Co.	98	123	99	2%	107	2%
Other	3	1	2	N/A	2	N/A
TOTAL	6,265	5,938	6,524	100%	6,242	100%

* new source in fy2017

N/A – not applicable, value less than 0.01

ENF-06

Subjects of Complaints	FY2016	FY2017	FY2018	3-Yr. Average
Licensees (RPh/Pharmacy)	2,750 (44%)	2,683 (45%)	3,367 (52%)	2,933 (47%)
Pharmacist	552	576	685	604
In-State Pharmacy	2,043	1,872	2,306	2,074
Out-of-State Pharmacy	155	235	376	255
Registrants (Intern/Tech)	1,211 (19%)	1,047 (18%)	1,039 (16%)	1,099 (18%)
Intern	18	26	19	21
Technician	808	680	656	715
Technician Trainee	385	341	364	363
Applicants (Lic & Reg)	2,265 (36%)	2,167 (36%)	2,075 (32%)	2,169 (35%)
Pharmacist	222	248	188	219
Pharmacy	186	138	128	151
Intern	122	59	88	90
Technician	249	245	227	240
Technician Trainee	1,486	1,477	1,444	1,469
Non-Licensees	39 (1%)	41 (1%)	43 (1%)	40 (1%)
Doctor	2	12	7	7
Manufacturer	0	0	2	N/A
Wholesaler	0	0	0	N/A
Non-Licensed Facility or Person	30	23	28	27
Insurance Company/ PBM	4	5	3	4
Out-of-State Facility	3	1	3	2
Other	0	0	0	N/A
TOTAL	6,265	5,938	6,524	6,241

ENF-07

Alleged Violation	FY2016	FY2017	FY2018	3-Yr. Avg.	% of 3-Yr. Avg.
Diversion	5	5	2	4	N/A
Controlled Substances (C/S)	4	2	1	2	N/A
Dangerous Drugs (D/D)	0	1	0	N/A	N/A
Both (C/S & D/D)	0	0	1	N/A	N/A
Internet Rxs	1	2	0	1	N/A
Unauthorized Dispensing	7	5	22	11	N/A
Controlled Substances	1	0	7	3	N/A
Dangerous Drugs	5	3	14	7	N/A
Both (C/S & D/D)	1	2	1	1	N/A
Illegal Delivery	0	0	0	N/A	N/A
Controlled Substances	0	0	0	N/A	N/A
Dangerous Drugs	0	0	0	N/A	N/A
Both (C/S & D/D)	0	0	0	N/A	N/A
Illegal Possession	0	1	3	1	N/A
Controlled Substances	0	1	2	1	N/A
Dangerous Drugs	0	0	1	N/A	N/A
Both (C/S & D/D)	0	0	0	N/A	N/A
Convictions/Criminal Offenses	1,532	1,479	1,490	1,500	24%
Felony	24	34	35	31	N/A
Misdemeanor	109	94	93	99	2%
DWI/PI	436	378	426	413	6%
Deferred Adjudication	249	197	202	216	3%
Offense on Application	714	776	734	741	12%
Dispensing Error	296	244	299	280	4%
Wrong Drug/Strength	194	168	198	187	3%
Mislabeled	17	11	17	15	N/A
Wrong Quantity	57	43	55	52	1%
Outdated Drug	4	7	2	4	N/A
Packaging/Delivery	24	13	25	21	N/A
Dispensing Error and No or Improper Patient Counseling	0	2	2	1	N/A
No or Improper Patient Counseling	73	55	84	71	1%
No or Improper Drug Regimen Review	16	12	24	17	N/A
Theft/Loss of C/S and/or D/D	1,226	1,074	1,257	1,186	19%
Non-Therapeutic Dispensing	61	24	38	42	1%
Action by Other Board	296	359	443	366	6%
Non-Compliance with Substitution Rules	15	16	6	12	N/A
Non-Compliance with Disciplinary Order	295	331	301	309	5%
Non-Compliance with PRN Contract	6	11	19	12	N/A
Interference with Doctor/Patient Relationship	92	91	92	92	1%
Confidentiality	16	16	28	20	N/A
Failed to Keep Records	1	3	0	1	N/A
Negligence	0	0	0	N/A	N/A
Unsafe Practice	0	0	1	N/A	N/A
Compounding	36	28	20	28	1%
Unprofessional Conduct	0	2	9	4	N/A
Gross Immorality	2	0	0	1	N/A
Fraud	1,016	1,017	832	955	15%
Fraud, Deceit & Misrepresentation	2	6	11	6	N/A
Falsified Response to Warning Notice	0	0	0	N/A	N/A

ENF-07 (continued)

Alleged Violation	FY2016	FY2017	FY2018	3-Yr. Avg.	% of 3-Yr. Avg.
Impairment	27	18	16	20	N/A
Falsified Application	1,002	985	750	912	15%
Filled/Passed Forged Prescription	6	17	54	26	N/A
Insurance Fraud	2	5	14	7	N/A
Medicare Fraud	4	4	3	4	N/A
Probable Cause	10	11	10	7	N/A
Drug & Alcohol	6	2	2	3	N/A
Drug	5	2	1	3	N/A
Alcohol	6	3	1	3	N/A
Physical	0	0	0	N/A	N/A
Mental	0	0	2	1	N/A
Changed Prescription	14	9	22	15	N/A
Aiding and Abetting	18	9	20	16	N/A
Technician working with No/Del Registration	44	42	59	48	1%
Non-Therapeutic Prescribing (Doctor)	1	7	4	4	N/A
Excessive Purchases of Controlled Substances	0	0	5	2	N/A
Anabolic Steroids	0	0	0	N/A	N/A
Grey Market Diversion	0	0	1	N/A	N/A
Samples	0	2	2	1	N/A
Technician Violation	4	4	8	5	N/A
Improper Security	0	1	3	1	N/A
Problem with OTC Drug	3	4	1	3	N/A
Closed Pharmacy Improperly	2	1	6	3	N/A
Operating Pharmacy without License	1	3	2	2	N/A
Working Conditions	0	3	7	3	N/A
Delinquent License	2	0	2	1	N/A
Kickbacks	6	1	1	3	N/A
No PIC	2	9	40	17	N/A
Recordkeeping Error	53	87	144	95	2%
Notification Violation	0	1	1	1	N/A
No Annual/PIC/DEA Inventory	4	1	1	2	N/A
C-II Rx	3	3	1	2	N/A
Improper Rx's Issued by Doctors	1	0	2	1	N/A
Advertising	2	1	0	1	N/A
Overcharging	0	0	2	1	N/A
Billing Dispute	24	34	22	27	N/A
Customer Service	20	23	28	24	N/A
Hot Check	0	0	0	N/A	N/A
Accountability Audit Discrepancies (shortages/overages)	13	4	12	10	N/A
CE Audit	37	39	2	26	N/A
Default on Student Loans	0	0	0	N/A	N/A
Shipping to Other States without a License	18	17	9	15	N/A
Other Allegations	871	772	1,055	899	14%
Texas Pharmacy Act	14	11	13	13	N/A
Texas Dangerous Drug Act	2	1	2	2	N/A
Texas Controlled Substances Act	7	13	17	12	N/A
Food Drug & Cosmetic Act	4	14	19	12	N/A
TSBP Rule	228	205	262	232	4%

ENF-07 (continued)

Alleged Violation	FY2016	FY2017	FY2018	3-Yr. Avg.	% of 3-Yr. Avg.
Other Laws/Rules	616	528	742	629	10%
Request Disciplinary Action	65	33	30	43	1%
Reinstatement	11	7	12	10	N/A
Modification	28	30	34	31	N/A
TOTAL	6,265	5,938	6,524	6,242	100%

N/A – not applicable, value less than 0.01

ENF-08

	FY2016	FY2017	FY2018	3-Yr. Avg.	% of 3-Yr. Avg.
Investigations Not Resulting in Disciplinary Action:	5,199	4,995	5,284	5,159	83%
Investigate + Dismissal (Warning) Letter	1,166	1,166	1,156	1,163	19%
Investigate + Complaint Closed with Verbal Warning	121	112	148	127	2%
Investigate + Complaint Closed with No Action Due to Insufficient Evidence to Prove Violation Occurred	2,368	2,410	2,408	2,395	38%
Investigate + Lost Jurisdiction (registration expired)	170	155	165	163	3%
Inspections	68	21	114	68	1%
Inspection + Warning Notice or Dismissal Letter	63	29	37	43	1%
Application Withdrawn	242	154	180	192	3%
Pharmacy Closed	48	71	119	79	1%
Other *	953	877	957	929	15%
Investigations Resulting in Disciplinary Action:	787	715	715	739	12%
Agreed Board Order	563	485	494	514	8%
Board Order	74	75	68	72	1%
Preliminary Notice Letter + Dismissal (Warning) Ltr.	2	1	0	1	N/A
PNL + Application Withdrawn (with or without Informal Conference)	94	114	86	98	2%
PNL + Informal Conference + Dismissal Letter	5	6	17	9	N/A
PNL + Informal Conference + Case Dismissed	20	11	16	16	N/A
PNL + Case Dismissed or Other	7	12	3	7	N/A
PNL + Remedial Plan	19	11	31	20	N/A
Temporary Suspension Hearing + Case Dismissed	3	0	0	1	N/A
Referrals To:	47	41	51	46	1%
Medical Board	2	8	5	5	N/A
PRN Program	0	0	4	1	N/A
Supervisor	8	3	13	8	N/A
Other Agency	37	30	29	32	N/A
No Action Because:	232	187	474	298	5%
No Violation	34	4	30	23	N/A
No Jurisdiction	22	17	27	22	N/A
Insufficient Information	8	4	9	7	N/A
Other **	168	162	408	246	4%
TOTAL	6,265	5,938	6,524	6,242	100%

* Represents miscellaneous actions, such as: complainant has withdrawn complaint, multiple actions [e.g., investigation and refer to PRN, complainant will not cooperate with investigation, alleged violation has already been addressed by a previous (recent) compliance inspection or the resolution is not described by the above categories].

** Violation not substantive (e.g., report of theft/loss of small quantity of controlled substance).

N/A = Not Applicable, value is below 0.01

ENF-09

CLASSIFICATION OF EMPLOYEE	Class "A"	Class "C"	Hospital Floor Stock	Total	%	DU	%
Registered Pharmacist	11	0	0	11	9%	42,361	28%
Pharmacist Intern	0	0	0	0	N/A	0	N/A
Registered Pharmacy Technician	32	3	0	35	28%	73,128	48%
Pharmacy Technician Trainee	8	0	0	8	6%	27,094	18%
Physician	0	0	1	1	1%	1	N/A
Registered Nurse	0	1	54	55	44%	9,755	6%
Certified Registered Nurse Anesthetist	0	0	2	2	2%	7	N/A
Licensed Vocational Nurse	0	0	1	1	1%	6	N/A
Pharmacy Cashier – Pharmacy Clerk	5	0	0	5	4%	296	N/A
Pharmacy Staff – Unidentified	0	0	0	0	N/A	0	N/A
Hospital Staff – Unidentified	0	0	5	5	4%	102	N/A
Hospital Staff – Pharmacy Staff	0	0	0	0	N/A	0	N/A
Miscellaneous*	3	0	0	3	2%	670	N/A
TOTALS	59	4	63	126	100%	153,420	100%

* Examples: Non-pharmacy employees; contract workers (e.g., repairmen, cleaning crew).

N/A = Not Applicable, value is below 0.01

ENF-10

CLASSIFICATION OF EMPLOYEE	FY2016		FY 2017		FY2018		% Change FY2017- FY2018
	Total # of Individuals	%	Total # of Individuals	%	Total # of Individuals	%	
Registered Pharmacist	14	7%	9	6%	11	9%	+22%
Pharmacist Intern	0	N/A	0	N/A	0	N/A	N/A
Registered Pharmacy Technician	47	23%	33	23%	35	28%	+6%
Pharmacy Technician-in-Training	14	7%	14	10%	8	6%	-43%
Physician	2	1%	1	1%	1	1%	N/A
Registered Nurse	115	55%	65	45%	55	44%	-15%
Certified Registered Nurse Anesthetist	3	1%	2	1%	2	2%	N/A
Licensed Vocational Nurse	6	3%	2	1%	1	1%	-50%
Pharmacy Cashier – Pharmacy Clerk	4	2%	7	5%	5	4%	-29%
Pharmacy Staff – Unidentified	0	N/A	0	N/A	0	N/A	N/A
Hospital Staff – Unidentified	3	1%	1	1%	5	4%	+4%
Hospital Staff – Pharmacy Staff	0	N/A	1	1%	0	N/A	N/A
Miscellaneous *	0	N/A	8	6%	3	2%	-63%
TOTALS	208	100%	143	100%	126	100%	-12%

* Examples: Non-pharmacy employees; contract workers (e.g., repairmen, cleaning crew).

N/A = Not Applicable, value is below 0.01

ENF-11

CLASSIFICATION OF EMPLOYEE	FY2016		FY2017		FY2018		% Change FY2017- FY2018
	Total # of Dosage Units	%	Total # of Dosage Units	%	Total # of Dosage Units	%	
Registered Pharmacist	34,674	10%	24,431	18%	42,361	28%	+73%
Pharmacist Intern	0	N/A	0	N/A	0	N/A	N/A
Registered Pharmacy Technician	291,539	80%	55,089	41%	73,128	48%	+33%
Pharmacy Technician-in-Training	27,341	7%	27,103	20%	27,094	18%	-332%
Physician	30	N/A	0	N/A	1	N/A	N/A
Registered Nurse	8,337	2%	2,814	2%	9,755	6%	+247%
Certified Registered Nurse Anesthetist	73	N/A	56	N/A	7	N/A	N/A
Licensed Vocational Nurse	131	N/A	15	N/A	6	N/A	-60%
Pharmacy Cashier – Pharmacy Clerk	2,358	1%	4,569	3%	296	N/A	-94%
Pharmacy Staff – Unidentified	0	N/A	0	N/A	0	N/A	N/A
Hospital Staff – Unidentified	489	N/A	10	N/A	102	N/A	+920%
Hospital Staff – Pharmacy Staff	0	N/A	1	N/A	0	N/A	N/A
Miscellaneous *	0	N/A	18,784	14%	670	N/A	-96%
TOTALS	364,972	100%	132,872	100%	153,420	100%	+15%

** Examples: Non-pharmacy employees; contract workers (e.g., repairmen, cleaning crew).

N/A = Not Applicable, value is below 0.01.

ENF-12

Criminal History Notification Type	FY2014	FY2015	FY2016	FY2017	FY2018
Daily Reports (fingerprints)	556	592	605	590	598
Quarterly Reports	375	211	143	148	126
Total	931	803	748	738	724

ENF-13

Total Number of Orders Entered by TSBP That Required Monitoring on Licensees (Pharmacists and Pharmacies), Interns, and Technicians (FY2018)		
	FY2018	% of FY2018
Total Number of Orders on Licensees Requiring Monitoring	329	64%
Total Number of Orders on Technicians Requiring Monitoring	144	28%
Total Number of Orders Requiring Monitoring	473	91%
Total Number of Orders Not Requiring Monitoring	45	9%
Total Number of Orders Entered by TSBP in FY2018	518	100%

ENF-14

Types of TSBP Disciplinary Orders Entered on Licensees (Pharmacists and Pharmacies) and Interns That Required Monitoring (FY2016-FY2018)						
Sanction	FY2016 Orders	FY2017 Orders	FY2018 Orders	% of FY2018	3-Yr. Avg.	% of 3-Yr. Avg.
Revoke / Retire	17	24	21	6%	21	6%
Suspension	17	27	32	9%	25	7%
Restricted	6	4	6	2%	5	1%
Rehabilitation Orders*	7	12	9	3%	9	3%
Reinstatement	8	5	8	2%	7	2%
Fines or Probation Fees Only	126	122	137	38%	128	38%
Continuing Education, Texas Jurisprudence Exam, and/or Pharmacy Law Course (could also include fines and/or probation fees)	26	19	31	9%	25	7%
Continuous Quality Improvement Program, Self-Assessments, Policies/ Procedures, and/or Quarterly Reports (could also include fines and/or probation fees)	83	63	85	24%	77	23%
Public Orders Requiring Drug Screens	0	0	0	N/A	N/A	N/A
Total number of orders on licensees requiring monitoring	290	276	329	92%	298	88%
Total number of orders not requiring monitoring	39	48	30	8%	39	12%
Total orders	329	324	359	100%	337	100%

* Rehabilitation Orders which are not included in the following categories: Revocation, Restriction, Reinstatement, and Suspension.

N/A = Not Applicable, value is below 0.01.

ENF-15

Types of TSBP Disciplinary Orders Entered on Technicians That Required Monitoring (FY2016 – FY2018)						
Sanction	FY2016 Orders	FY2017 Orders	FY2018 Orders	% of FY2018	3-Year Average	% of 3-Year Average
Revoke *	73	48	39	25%	53	25%
Suspension	35	33	22	14%	30	14%
Restriction	0	0	0	N/A	0	N/A
Fines Only	89	64	69	43%	74	35%
Other **	37	29	14	9%	27	13%
Total number of orders on technicians requiring monitoring	234	174	144	91%	184	88%
Total number of orders on technicians not requiring monitoring	37	27	15	9%	26	12%
Total number of orders on technicians	271	201	159	100%	210	100%

* Disciplinary Orders that TSBP enters on Technicians and Technician Trainees contain language that will suspend a registration for non-compliance of conditions, and ultimately revoke a registration for continued non-compliance. During FY2018, TSBP revoked the registrations of 47 Technicians due to non-compliance.

** Orders not in other categories (e.g., probation with conditions; probation with conditions and fines; report required from Mental Health Professional)

N/A = Not Applicable, value is below 0.01.

ENF-16

*Pharmacy Technicians / Pharmacy Technician Trainees Monitored (with probation under conditions, including random drug screens) by Enforcement Division (FY2017 – FY2018)			
Fiscal Year	Total Orders	Total New Orders	Total Being Monitored
FY17	44	39	62
FY18	24	20	40

* TSBP entered 24 Orders on pharmacy technicians or pharmacy technician trainees who were subject to probation periods with random drug screening in FY2018. Of the 24 Orders, there were 20 Orders resulting in a pharmacy technician or pharmacy technician in training being added to the number who were being monitored at the end of FY2018, as reflected in the chart below. However, 42 technicians/tech-trainees were deleted from the list as a result of early termination of probation, successful completion of probation, death, revocation or retirement of the registration, registration expired, or application denied subsequent to entry of the Order.

ENF-17

Confidential Disciplinary Orders On Pharmacists and Interns Entered by TSBP (FY2016 – FY2018)						
Nature of Violation	FY2016	FY2017	FY2018	% of FY2018	3-Yr. Avg.	% of 3-Yr. Avg.
Non-Compliance with ABO	5	6	9	23%	7	16%
Non-Compliance with PRN	1	5	3	8%	3	7%
Action by Other Boards	3	5	1	3%	3	7%
Audit Shortages	1	0	0	N/A	N/A	N/A
Alcohol-Related Conviction	0	1	0	N/A	N/A	N/A
Theft of Prescription Drugs	3	5	3	8%	4	9%
Created Fraudulent Rx or Obtained C/S by Fraud	0	0	1	3%	N/A	N/A
Convictions	3	1	4	10%	2	5%
Deferred Adjudication	2	3	1	3%	2	5%
Illegal Possession of Controlled Substances	0	0	0	N/A	N/A	N/A
Unauthorized Refills of Controlled Substances	0	0	0	N/A	N/A	N/A
Probable Cause/Dependency	3	5	2	5%	3	7%
Mental Impairment	0	0	0	N/A	N/A	N/A
Request for Modification of Previously Entered ABO	9	12	12	30%	11	26%
Request for Retirement or Revocation	3	10	2	5%	5	12%
Request for Reinstatement	3	1	2	5%	2	5%
TOTAL	36	54	40	100%	43	100%

N/A = Not Applicable, value is below 0.01.

ENF-18

Impaired/Recovering Pharmacists Monitored by Enforcement Division (FY2014 – FY2018)			
Fiscal Year	Total Orders*	Total New Orders**	Total Being Monitored***
FY14	52	18	115
FY15	54	19	108
FY16	36	18	106
FY17	55	23	99
FY18	40	13	86

* All confidential Orders entered by the Board involving an impaired pharmacist or intern (including revocations, modifications, and "second Orders" due to disciplinary action for violation of the terms of previously entered Orders). Of the 40 confidential pharmacist/intern Orders entered in FY2018, there were 13 Orders resulting in an impaired/recovering pharmacist or intern being added to the number who were being monitored at the end of FY2018 is set forth in Appendix Chart E-03-17. However, 26 pharmacists were deleted from the list as a result of early termination of probation, successful completion of probation, death, revocation or retirement of license, license expired, or application withdrawn subsequent to entry of order. Accordingly, as of August 31, 2018, a total of 86 impaired/recovering pharmacists or interns were being monitored by TSBP. The number of individuals being monitored at year-end, as compared to the year-end of previous fiscal years.

** An Order that resulted in one individual being added to the list of impaired pharmacists to be monitored.

*** Total number of pharmacists being monitored as of the last day of the reporting period. The number represents the new Orders entered by the agency during the fiscal year, minus the number of deletions made during reporting period (e.g., as a result of death, early termination of probation through the entry of an Order, and/or successful completion of probation).

LEG-01

**SANCTIONS IMPOSED BY THE ENTRY OF DISCIPLINARY ORDERS ON PHARMACISTS,
PHARMACIES, INTERNS, AND APPLICANTS FOR LICENSURE AND INTERN REGISTRATIONS**

			Pharmacist	Pharmacy	Total
Licenses Removed	21	(6%)			
Revoke			11	5	16
Retire			5	0	5
Suspensions	63	(18%)			
Suspension			13	6	19
Suspension w/Conditions			7	1	8
Suspension w/ Fine			0	0	0
Suspension/Fine/Conditions			0	0	0
Probation			2	4	6
Probation w/Conditions			9	2	11
Probation/Fine			1	2	3
Probation/Fine/Conditions			5	11	16
Restricted	5	(1%)	5	0	5
Other	227	(63%)			
Fine			56	53	109
Fine with Conditions			2	33	35
Fine and Reprimand			0	4	4
Fine, Reprimand with Conditions			9	21	30
Reprimand with Conditions			6	17	23
Reprimand			8	3	11
Require MHP Evaluation			15	0	15
Issuance License/Regist.	17	(5%)			
Grant with Suspension			0	0	0
Grant with Restrictions			0	0	0
Grant with Probation			1	0	1
Grant with Probation and Fine			0	0	0
Grant with Probation/Fine/Conditions			0	0	0
Grant with Probation and Conditions			0	0	0
Grant with Reprimand and Fine			1	0	1
Grant with Fine			6	6	12
Grant with Fine/Conditions			0	1	1
Grant with Reprimand			2	0	2
Reinstatements	7	(2%)			
Grant			0	0	0
Grant with Probation/Conditions			7	0	7
Deny			0	0	0
Modifications	19	(5%)			
Grant			18	1	19
Deny			0	0	0
TOTAL FY18:	359	(100%)	189	170	359

FY18 Orders Entered Against Pharmacist Licenses	189	53%
FY18 Orders Entered Against Pharmacy Licenses	170	47%
FY18 Total Disciplinary Orders on Pharmacist/Pharmacy	359	100%

**DISCIPLINARY ORDERS ON PHARMACISTS, INTERNS, AND
APPLICANTS FOR LICENSURE AND INTERN REGISTRATIONS
NATURE OF VIOLATIONS FOR ***

	RPh	Phcy	Total	Total %
Diversion	13	3	16	4%
Illegal Delivery	0	0	0	
Illegal Possession of Rx Drugs	0	0	0	
Unauthorized Dispensing	8	2	10	
Theft	3	0	3	
Obtained C/S by Fraud	1	1	2	
No Valid Dr-Pt Relationship	1	0	1	
Convictions/Defer Adj	17	3	20	6%
Felony	6	3	9	
Misdemeanor	3	0	3	
Deferred Adjudication, Felony	1	0	1	
Deferred Adjudication, Misdemeanor	7	0	7	
Alcohol-Related	0	0	0	
Audit Discrepancies	2	6	8	2%
Drug	2	6	8	
Continuing Education	0	0	0	
Practice Deficiencies	55	79	134	37%
Dispensing Errors	14	25	39	
Dispensing Errors & No Counsel and/or No Drug Regimen Review	12	24	36	
No Counsel and/or DRR	27	24	51	
Compounding Sterile without Class S	2	2	4	
Shipping Rx to Other States w/o License	0	4	4	
Unprofessional Conduct	55	69	100	28%
Aiding and Abetting	2	4	6	
Allow Tech to Work without an Active Registration	12	16	26	
Falsified Application for Licensure	12	13	25	
Sterile Compounding w/o Proper Training	0	0	0	
Impairment	3	0	2	
Action by TSBP or Other Boards	5	6	11	
Non-Compliance with Previously Entered Order	11	0	11	
Non-Compliance with PRN Program	3	0	3	
Violation of Board Rules	7	30	16	
Other				
Modification	20	1	21	6%
Reinstatement	8	0	8	2%
Request for Revocation/Retirement/Restrict	10	3	13	4%
Temporary Suspension Orders	9	6	15	4%
Other	0	0	0	N/A
TOTAL FY18:	189	170	359	100%

* Board Orders/Agreed Board Orders may contain more than one type of violation. However, for purposes of this list, only one type of violation has been identified. The identified violation was selected as the primary violation.

**SANCTIONS IMPOSED BY THE ENTRY OF DISCIPLINARY ORDERS ON PHARMACY TECHNICIANS,
TECHNICIAN TRAINEES, AND APPLICANTS FOR TECHNICIAN/TRAINEE REGISTRATIONS**

		Total	Percent
Registration Removed		39	(25%)
Revoke	39		
Retire	0		
Suspensions		29	(18%)
Suspension	0		
Suspension, followed by Probation	1		
Suspension w/Conditions	7		
Suspension w/Conditions, followed by Probation	13		
Suspension/Fine	0		
Suspension/Fine w/Conditions, followed by Probation	0		
Probation	0		
Probation with Conditions	8		
Probation/Fine	0		
Probation/Fine with Conditions	0		
Restricted	0	0	(N/A)
Other		38	(24%)
Fine	34		
Fine with Conditions	1		
Fine/Reprimand	1		
Fine/Reprimand with Conditions	0		
Reprimand	2		
Reprimand with Conditions	0		
Issuance Registration		49	(31%)
Grant with Suspension	0		
Grant with Suspension/Fine	1		
Grant with Probation	13		
Grant with Probation/Conditions	4		
Grant with Probation/Conditions and Fine	0		
Grant with Probation and Fine	3		
Grant with Fine	16		
Grant with Fine and Reprimand	2		
Grant with Reprimand	10		
Deny	0		
Reinstatements		1	(N/A)
Grant with Suspension, followed by Prob/Cond	0		
Grant with Probation/Conditions	1		
Grant with w/Conditions and Reprimand	0		
Grant with Fine	0		
Modifications	3	3	(2%)
TOTAL FY18:		159	(100%)

**DISCIPLINARY ORDERS ON PHARMACY TECHNICIANS, TECHNICIAN TRAINEES,
AND APPLICANTS FOR TECHNICIAN/TRAINEE REGISTRATIONS
NATURE OF VIOLATIONS***

		Total	Percent
Diversion		6	(4%)
Theft	5		
Forged Rx	1		
Illegal Delivery	0		
Convictions/Deferred Adjudications		72	(45%)
Felony	9		
with Falsified Application	1		
Misdemeanor	13		
with Falsified Application	0		
Deferred Adjudication/Felony	22		
with Falsified Application	3		
Deferred Adjudication/Misdemeanor	20		
with Falsified Application	3		
Alcohol-Related (e.g., DWI)	1		
with Falsified Application	0		
Impairment		4	(3%)
Drug or Alcohol Dependency	4		
with Falsified Application	0		
Probable Cause	0		
Falsified Applications **		19	(12%)
Other Violations		32	(20%)
Gross Immorality	0		
Non-Compliance w/Previously Entered Order	14		
Performed Tech Duties w/Delinquent Registration	4		
Performed Pharmacist Duties	6		
Performed Tech Duties without Registration	4		
Action by TSBP or Other Board	2		
Negligence	1		
CE Shortage	1		
Request for Revocation/Retirement		22	(14%)
Reinstatement		1	(1%)
Modify		3	(2%)
Temporary Suspension Orders		0	(N/A)
TOTAL FY18:		159	(100%)

* Board Orders/Agreed Board Orders may contain more than one type of violation. However, for purposes of this list, only one type of violation has been identified. The identified violation was selected as the primary violation.

** Does not include the 7 falsified applications described above.

Types of Orders Entered

Type of Order	Summary Suspensions	SOAH Board Orders	Default Board Orders	ABOs Entered by ED	ABOs Public	Confidential Orders*	Total Number of Orders
Pharmacists, Pharmacies, and Interns	15**	2	0	45	258	40	360
Pharmacy Technicians	0	0	36	72	51	0	159
Total	15*	2	36	117	309	40	519

* Contains all Confidential Orders (Default, ED Entered, and ABOs)

** One Show Cause Order entered

LEG-02

Informal Conferences for Pharmacies and Pharmacists

Dates of Informal Conferences	# of Days	# of Phy/RPh Licensees	# of Techs	# of Cases	# of Licensees Dismissed
September 12, 13, and 14, 2017	2.5	26	3	17	3
September 21, 2017	0.5	4		3	1
October 3, 2017	1	9		8	
October 25 and 26, 2017	2	27	2	19	3
December 5, 2017	0.5	3		3	
December 12, 13, and 14, 2017	2.5	24		19	3
January 9, 10, and 11, 2018	2.5	28		18	2
January 18, 2018	0.5	3		2	
March 6, 7, and 8, 2018	2	25	1	16	6
April 3, 4, and 5, 2018	3	34	3	23	3
June 5, 6, and 7, 2018	2	21	2	16	3
June 21, 2018	0.5	1		1	
July 10, 11, and 12, 2018	2.5	23	3	17	5
July 19, 2018	0.5	4		4	
TOTAL	22.5	232	14	166	29

Informal Conferences for Technicians/Technician Trainees

Dates of Informal Conferences	# of Days	# of Cases	Applicants	Registrants	No-shows	Defaults
September 21, 2017	1	14	5	9	2	7
November 16, 2017	1	23	14	9	6	5
December 5, 2017	0.5	8	3	5	1	5
January 18, 2018	1	15	8	7	5	4
February 22, 2018	1	16	12	4	7	2
March 22, 2018	1	15	6	9	2	3
June 21, 2018	1	18	9	9	7	6
July 19, 2018	1	11	6	5	4	2
August 30, 2018	1	10	6	4	4	3
Total	8.5	130	69	61	38	37

Remedial Plans Entered

Fiscal Year	Pharmacists	Pharmacies	Total
FY2014	1	0	1
FY2015	28	1	29
FY2016	19	0	19
FY2017	10	1	11
FY2018	15	2	17
TOTAL	73	4	77

RULES	
For presentation at November 7, 2017 Board meeting:	
§283.3 concerning licensing requirements	
§291.133 concerning fingertip testing, end product testing, and certification of primary engineering control devices	
§291.153 concerning duties of a pharmacist in charge of a Class G pharmacy	
§295.2 concerning the definition of employment	
§295.8 concerning continuing education requirements for pharmacists	
§297.3 concerning renewal fees for expired pharmacy technician registrations	
For presentation at the February 6, 2018 Board meeting:	
§291.9 concerning prescription pick up locations	
§291.33 concerning automated checking devices	
§291.75 concerning dispensing pharmacist initial log	
§291.76 concerning dispensing pharmacist initial log	
§291.121 concerning drugs dispensed through a telepharmacy system	
§291.125 concerning prescription drug order clarification	
§291.151 concerning pharmacies located in freestanding emergency medical care facility (Class F) emergency room	
For presentation at the May 1, 2018 Board meeting:	
§281.62 concerning disciplinary aggravating and mitigating factors	
§291.1 concerning pharmacy license applications	
§291.3 concerning change of location by sterile compounding pharmacies	
§291.19 concerning pharmacy inspection warning notices	
§291.29 concerning the red flag checklist	
§291.31 concerning automation rules	
§291.32 concerning automation rules	
§291.33 concerning automation rules	
§291.34 concerning professional responsibility	
§291.74 concerning prospective review in rural hospitals	
§291.133 concerning fingertip and media fill testing in pharmacies under common ownership	
§295.9 concerning education requirements for pharmacists	
§295.11 concerning notification to consumers	
§305.2 concerning pharmacy technician training programs	
For presentation at the August 7, 2018 Board meeting:	
§281.62 concerning disciplinary aggravating and mitigating factors	
§281.65 concerning administrative penalties	
§291.17 concerning inventory requirements	
§291.28 concerning access to confidential records	
§291.33 concerning patient counseling requirements	
§291.34 concerning prescription drug orders for patients in licensed health care institutions	
§291.34 concerning a pharmacist decreasing the quantity prescribed	
§291.34 concerning reproduced signatures	
§291.104 concerning reporting to the prescription monitoring program	
§291.129 concerning satellite pharmacy application requirements	
§315.6 concerning pharmacy electronic reporting responsibility	
§315.15 concerning access requirements	

Rule Submissions to the *TEXAS REGISTER*

Rules	Type of Action	Published in TxReg as Proposed	Published in TxReg as Adopted
§291.32	Amendment	-	09/01/2017
§291.33	Amendment	-	09/01/2017
§291.34	Amendment	-	09/01/2017
§291.76	Amendment	-	09/01/2017
§291.77	Amendment	-	09/01/2017
§291.93	Amendment	-	09/01/2017
§306.6	Amendment	09/22/2017	-
§§291.3, 291.5, 291.6	Amendment	09/22/2017	12/29/2017
§291.74	Amendment	09/22/2017	12/29/2017
§§291.121, 291.131, 291.133	Amendment	09/22/2017	12/29/2017
§295.5	Amendment	09/22/2017	12/29/2017
§§297.4, 297.7, 297.8, 297.10	Amendment	09/22/2017	12/29/2017
§283.3	Amendment	12/15/2017	03/02/2018
§295.2	Amendment	12/15/2017	03/02/2018
§295.8	Amendment	12/15/2017	03/02/2018
§297.3	Amendment	12/15/2017	03/02/2018
§291.153	Amendment	12/15/2017	03/02/2018
§309.6	Amendment	09/22/2017	12/29/2017
§283.3	Amendment	12/29/2017	03/02/2018
§291.153	Amendment	12/29/2017	03/05/2018
§295.2	Amendment	12/29/2017	03/02/2018
§295.8	Amendment	12/29/2017	03/02/2018
§297.3	Amendment	12/29/2017	03/02/2018
§§291.51-291.55	Rule Review	12/29/2017	03/23/2018
§§305.1-305.2	Rule Review	12/29/2017	03/23/2018
§§309.1-309.8	Rule Review	12/29/2017	03/23/2018
§291.9	Withdrawn	09/22/2017	03/23/2018
§291.9	Amendment	03/23/2018	06/01/2018
§291.33	Amendment	03/23/2018	06/01/2018
§291.75	Amendment	03/23/2018	06/01/2018
§291.76	Amendment	03/23/2018	06/01/2018
§291.121	Amendment	03/23/2018	06/01/2018
§291.125	Amendment	03/23/2018	06/01/2018
§291.151	Amendment	03/23/2018	06/01/2018
§291.1	Amendment	06/29/2018	-
§291.3	Amendment	06/29/2018	-
§291.19	Amendment	06/29/2018	-
§291.29	Amendment	06/29/2018	-
§291.31	Amendment	06/29/2018	-
§291.32	Amendment	06/29/2018	-
§291.33	Amendment	06/29/2018	-
§291.34	Amendment	06/29/2018	-
§291.74	Amendment	06/29/2018	-
§291.133	Amendment	06/29/2018	-
§295.9	Amendment	06/29/2018	-
§295.11	Amendment	06/29/2018	-
§305.2	Amendment	06/29/2018	-

Open Meeting Submissions to the *TEXAS REGISTER*

Type of Submission	Date Published
Temporary Suspension Hearing – 9/15/2017	9/1/2017
Interagency Prescription Monitoring Program Work Group – 10/31/17	10/11/2017
Board Member Training Session – 10/25/2017	11/6/2017
Board Business Meeting – 10/25/2017	11/7/2017
Temporary Suspension Hearing – 10/27/2017	11/15/2017
Temporary Suspension Hearing – 1/3/2018	1/19/2018
Interagency Prescription Monitoring Program Work Group – 1/9/2018	1/30/2108
Board Business Meeting – 1/24/2018	2/6/2018
Board Executive Meeting – 4/18/2018- Canceled	3/5/2018
Task Force on the Operation of Rural Hospital Pharmacies – 4/17/2018	4/5/2018
Interagency Prescription Monitoring Program Work Group – 4/24/2018	4/9/2018
Board Executive Meeting – 4/30/2018-Reposted	4/17/2018
Board Business Meeting – 5/1/2018	4/19/2018
Task Force on the Operations of Rural Hospital Pharmacies – 06/20/2018	6/6/2018
Emergency Temporary Suspension Hearing – 6/18/2018	6/18/2018
Hearing - Suspension 06/29/2018	6/19/2018
Board Member Orientation Session – 07/09/2018	6/22/2018
Board Member Orientation Session – 07/10/2018	6/27/2018
Interagency Prescription Monitoring Program Work Group Meeting – 07/31/2018	6/29/2018
Board Business Meeting – 08/07/2018	7/24/2018
Temporary Suspension Hearing – 09/05/2018 - Canceled	8/21/2018

LEG-05**Online Presentations**

Date	Program	Attendance (Approx.)
9/13/2017	Laws and Rules Update	101
10/12/2017	Laws and Rules Update	127
11/15/2017	Laws and Rules Update	99
12/5/2017	Laws and Rules Update	64
1/24/2018	Laws and Rules Update	95
2/13/2018	Laws and Rules Update	62
3/20/2018	Laws and Rules Update	124
4/18/2018	Laws and Rules Update	80
5/16/2018	Laws and Rules Update	59
6/13/2018	Laws and Rules Update	85
7/17/2018	Laws and Rules Update	73
8/22/2018	Laws and Rules Update	68
11/15/2017	Laws and Rules Update	101
12/5/2017	Laws and Rules Update	127
1/24/2018	Laws and Rules Update	99
2/13/2018	Laws and Rules Update	64
TOTAL		1037

LEG-06**OPEN RECORDS REQUESTS FY2014 through FY2018**

Fiscal Year	Verbal Requests	Written Requests		Total # of individual requests*	% Change from Prior FY		
		# of initiating requests	# of individual requests*		# of initiating verbal requests	# of initiating written requests	Total # of initiating requests
FY2014	230	1,490	-	-	-	-	25%
FY2015	514	1,998	-	-	124%	34%	46%
FY2016	364	2,265	-	-	-29%	13%	5%
FY2017	182	2,165	-	-	-50%	-4%	-10%
FY2018	100	2,218	2,719	2,818	-45%	3%	-1%

*New statistics initiated in FY2018 which breaks out the total number of individual items requested (an initiating request may have more than one specific request for information included)