



Texas State Board of Pharmacy

Annual Report Fiscal Year 2020

Julie Spier, R.Ph.
President

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

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Board Members

Julie Spier, R.Ph.

President

Katy

10/09/2019 – 08/31/2023

Donnie Lewis, R.Ph.

Vice President

Athens

10/09/2019 – 08/31/2025

Jenny Downing Yoakum, R.Ph

Treasurer

Longview

10/06/2015 – 08/31/2021

Bradley A. Miller, Ph.T.R.

Austin

10/09/2019 – 08/31/2025

Chip Thornsburg

Public Member

San Antonio

10/06/2015 – 08/31/2021

Suzette Tijerina, R.Ph.

Castle Hills

10/06/2015 – 08/31/2021

Rick Fernandez, R.Ph.

Northlake

06/01/2018 – 08/31/2023

Daniel Guerrero

Public Member

San Marcos

06/01/2018 – 08/31/2023

Lori Henke, Pharm.D.

Amarillo

06/01/2018 – 08/31/2023

Donna Montemayor, R.Ph.

San Antonio

10/09/2019 – 08/31/2025

Rick Tisch

Public Member

Spring

10/09/2019 – 08/31/2025

STAFF

Office of the Executive Director

Executive Director

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

Executive Assistant

Lily Moreno

Licensing

Licensing Manager

Misty Anderson

Licensing Specialist

Rachel Glass

Melinda Uballe

Lisa Ake

Tammy Baker, Ph.T.R.

Audric Fowler, Ph.T.R.

Licensing Specialist cont'd

Lisa Wells, Ph.T.R.

Crystal Belvin-Scott, Ph.T.R.

Marcus Holliday, Ph.T.R.

Erica Russell, Ph.T.R.

Helen Wilkerson

Compliance

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 Troom, Ph.T.R.

Felicia Carrasco, Ph.T.R.

Robert Moura, Ph.T.R.

Kendra O'Neel, Ph.T.R.

Senior Compliance Specialist

Jessica Rodriguez-Reyes, Ph.T.R.

Compliance Specialist

Gracie Lara, Ph.T.R.

Noreen Gomez

Enforcement

Division Director

Caroline Hotchkiss, J.D.

Chief Investigator

Rolando Belmares

Captain Investigator

Larry Brothers

STAFF

Enforcement Cont'd

Lieutenant Investigator
John Plasek

**Enforcement Cont'd
Sergeant Investigator**
Shawn Cambron
Daniel Castillo
Brett Cyr
Carol Steward
Hilario Torres

Investigator
Misty Plant, Ph.T.R.

Administrative Assistant
Krista Conn

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

Enforcement Program Specialist
Debra Beall

Compliance Analyst
David Meryman, Ph.T.R.

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

Investigative Case Manager
Cynthia Fazin

Enforcement Specialist
Angela Castillo, Ph.T.R.
Carissa Garcia, Ph.T.R.
Brandy Plummer
Wesley Moody, Ph.T.R.
Heather Torres, Ph.T.R.
Briana Velasquez, Ph.T.R.
Janelle Urbanus, Ph.T.R.
Senia Perez, Ph.T.R.
Tianekia Harris
Todd Unruh, R.Ph.
Isaac Gonzales, Ph.T.R.
Madeline Fojtik, Ph.T.R.

Enforcement Technician
Irene Zapata
John Ruybal

Legal

General Counsel
Kerstin Arnold, J.D.

Deputy General Counsel
Megan Holloway, J.D.

Assistant General Counsel
Eamon Briggs, J.D.
Mary Martha Murphy, J.D.

Litigation Counsel
John Griffith, J.D.

Staff Attorney
Mary Moretti, J.D.
Walquiria Sanchez, J.D.

Legal Assistant Team Manager
Ann Driscoll, Ph.T.R.

Outreach Coordinator
Shayda Bakhshi

Legal Assistant
Amy Burt
Tabatha Lowden
Kelly Clark
Christine Pavalasky
LaDamin Ervin
Laurel Wieland, Ph.T.R.
Jackie Botello

Senior Administrative Assistant
Sandra Chatham
Margarita Zamarripa
Misty Maldonado-DeLeon

Legal Cont'd

Receptionist
Jennifer Baker

Epidemiologist
Erin Doyle

Data Analyst
Heather Hernandez, Ph.T.R.
Michael Segovia, Ph.T.R.
Danielle Lerma

Prescription Monitoring Program

**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.
Barbara Racca, Ph.T.R.
Lisa Rios

Finance

Financial Services Manager
J. Raul Pacheco

Purchaser
David Hardy

Accountant III
Chantell Solomon

Accountant II
Veronica Guzman
Taylor King

Human Resources

Staff Services Officer II
Sarah Moody, Ph.T.R.
Amanda Debs, Ph.T.R.

Information Technology

Information Resources Manager
John Willars

Support Systems Specialist
Todd Hayek

Information Technology Security Analyst
Matthew Hays

Systems Administrator
Devin Wilson

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 (FY2019-2023)

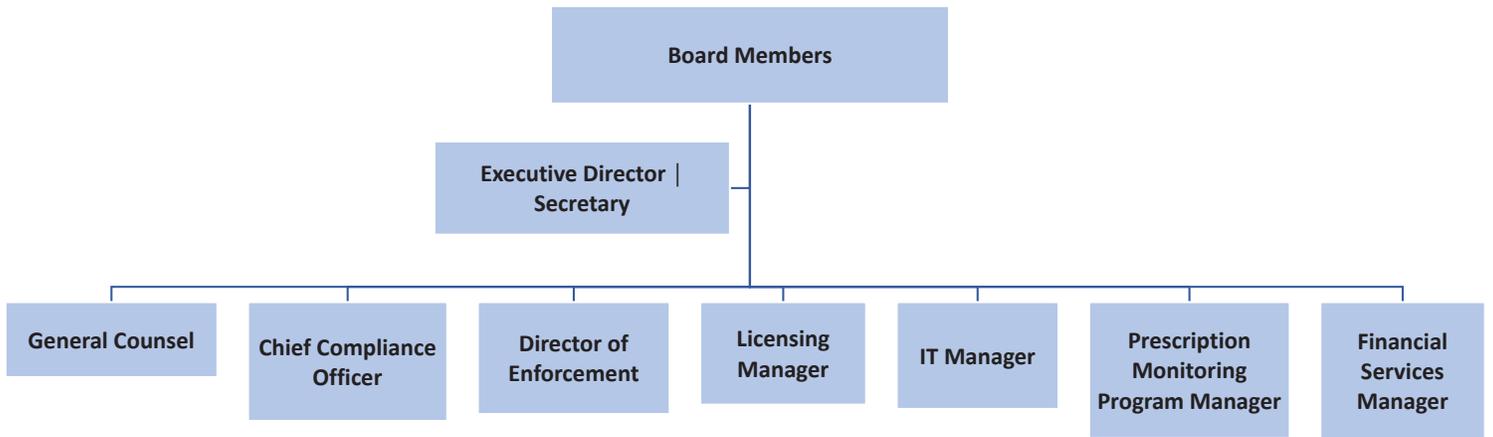
- We will establish and implement reasonable standards for pharmacist, pharmacy technician and pharmacy technician trainee education and practice, and for the operations of pharmacies to assure that safe and effective pharmaceutical care is delivered to the citizens of Texas (Sections 551-569 of the 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, pharmacy technicians and pharmacy technician trainees; 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 and to operate the Prescription Monitoring Program for the State of Texas. [Sections 551-569 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 business (HUBs).

Board Structure

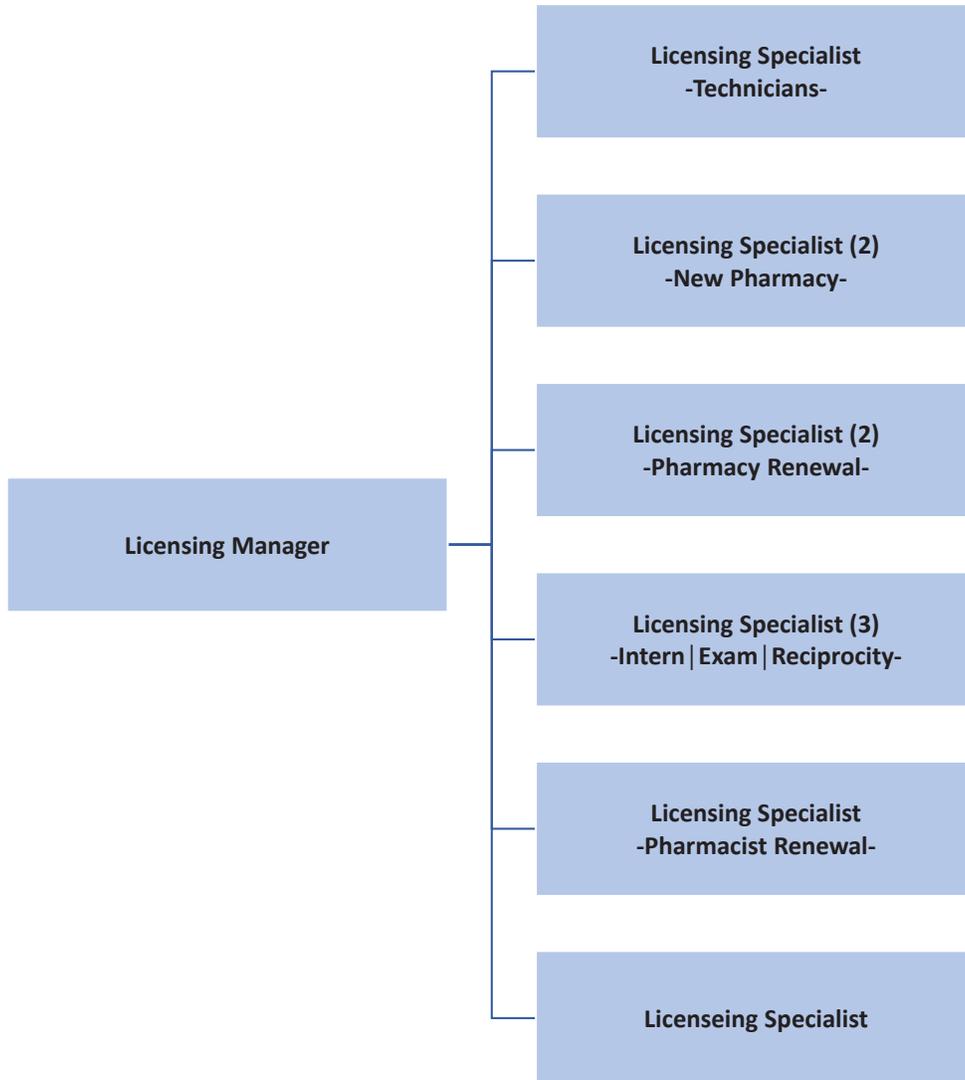
The Board's functional structure at the end of FY2020 was composed of the following:

- Office of the Executive Director;
- Licensing;
- Compliance;
- Enforcement;
- Legal;
- Prescription Monitoring Program;
- Finance;
- Human Resources;
- Information Technology;

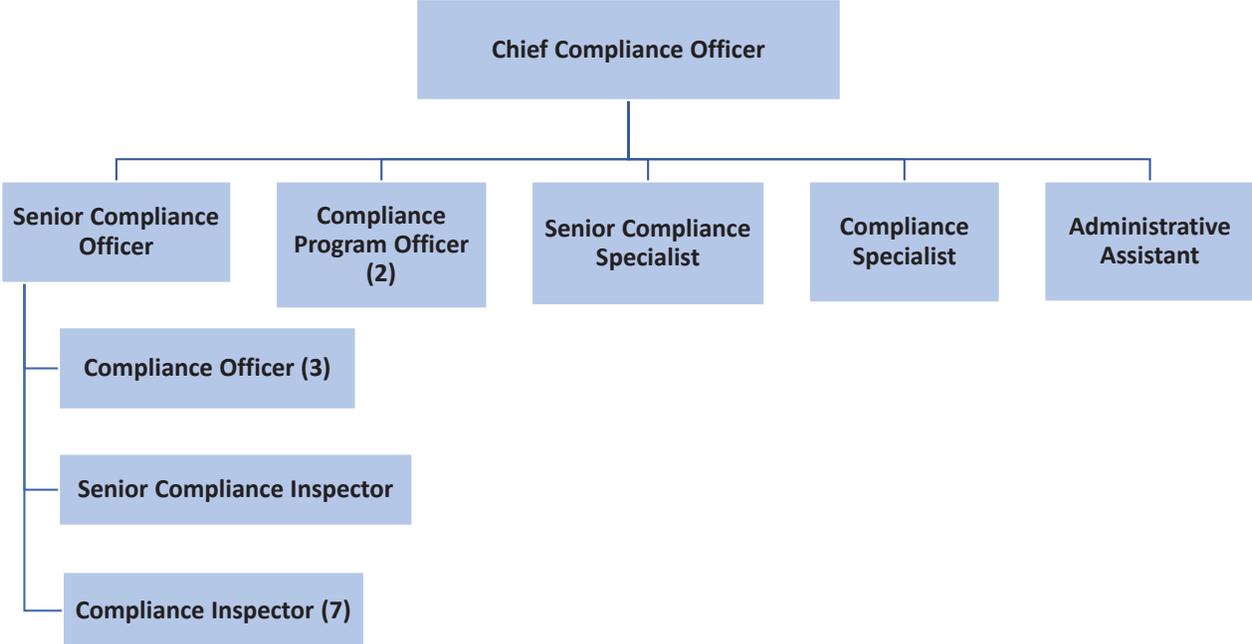
Executive Team



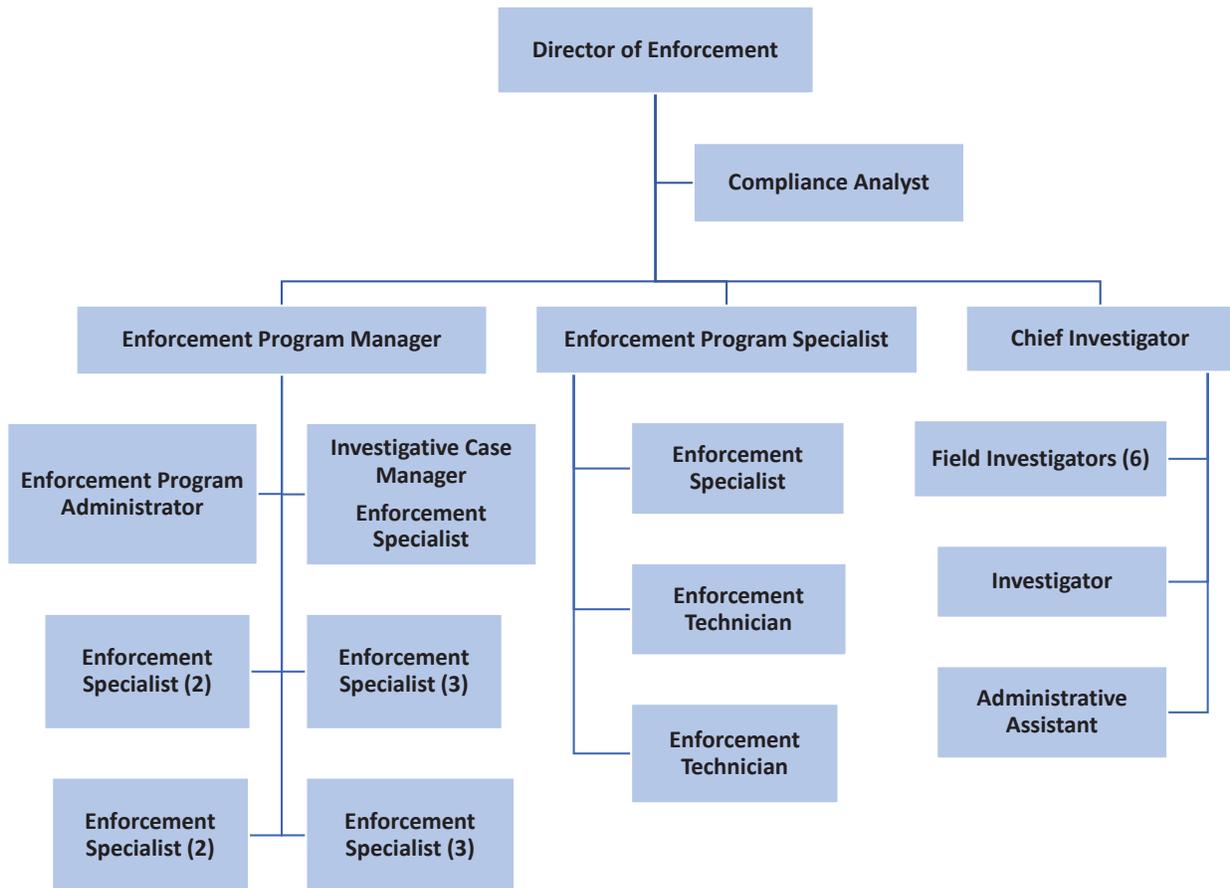
Licensing Team



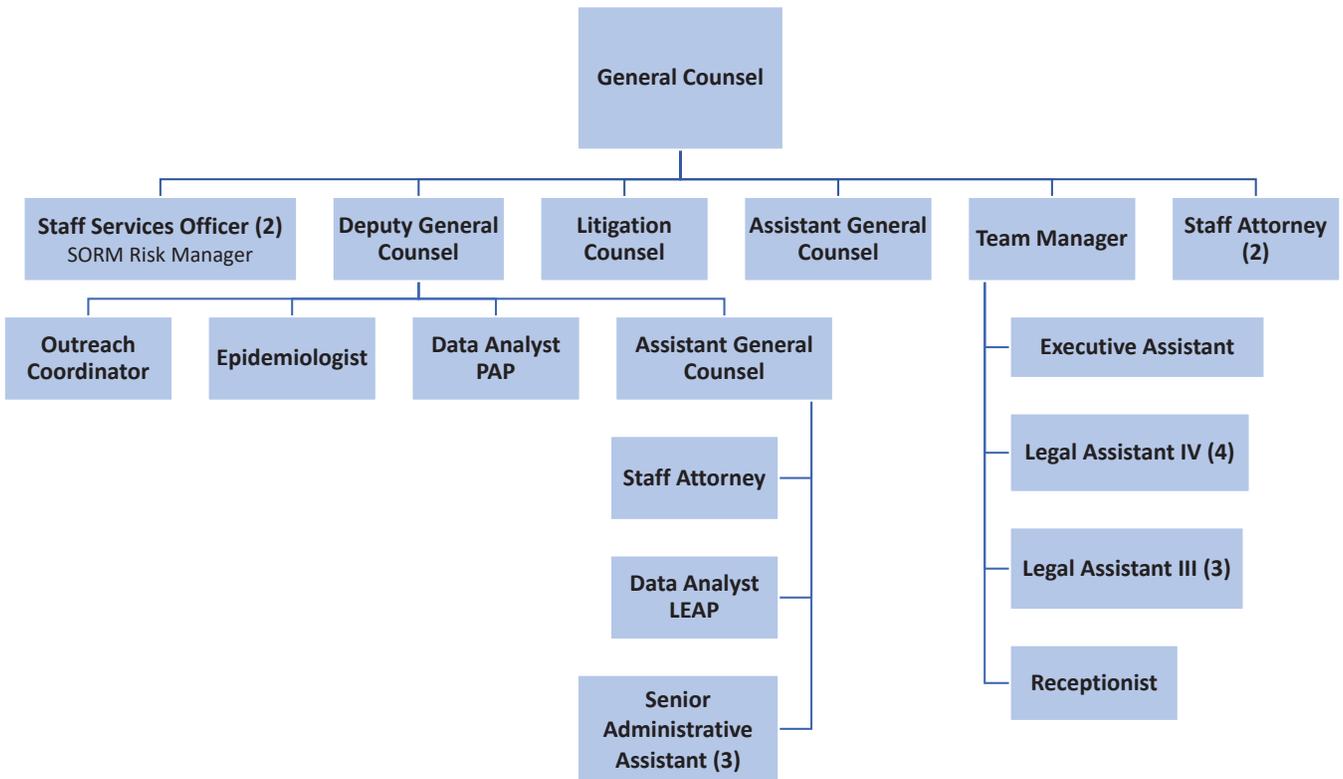
Compliance Team



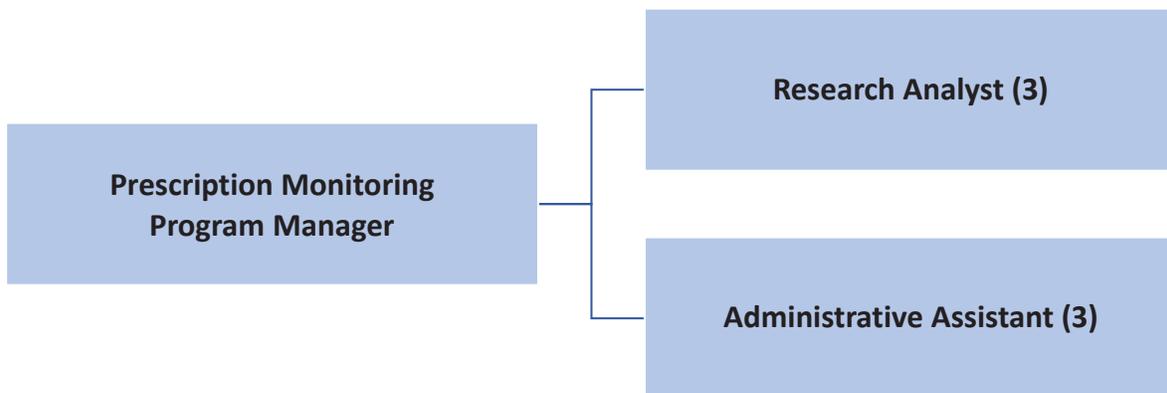
Enforcement Team



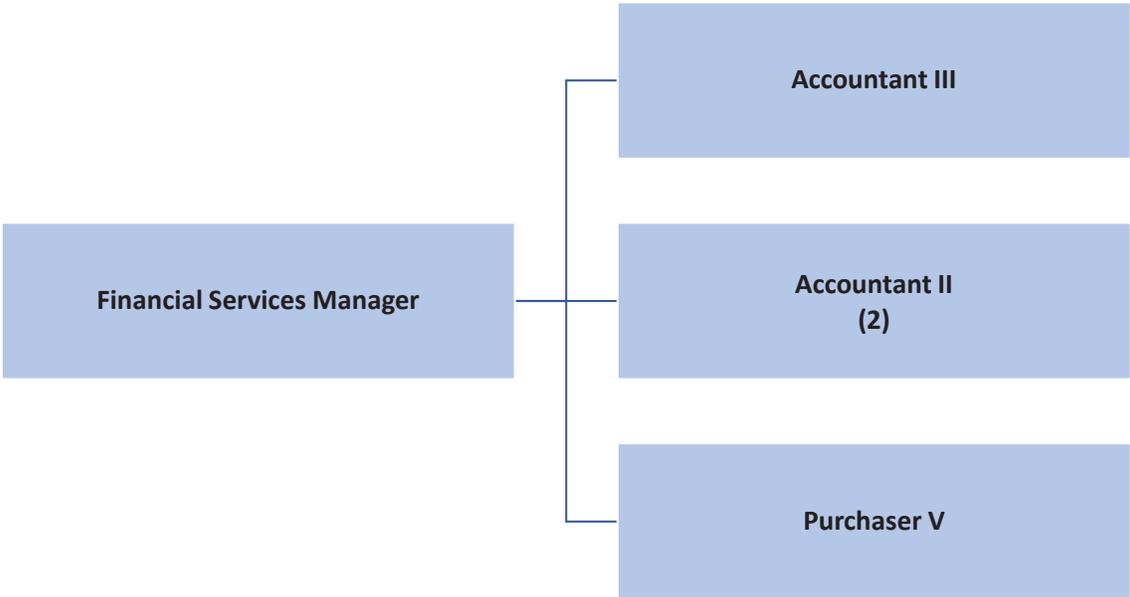
Legal Team



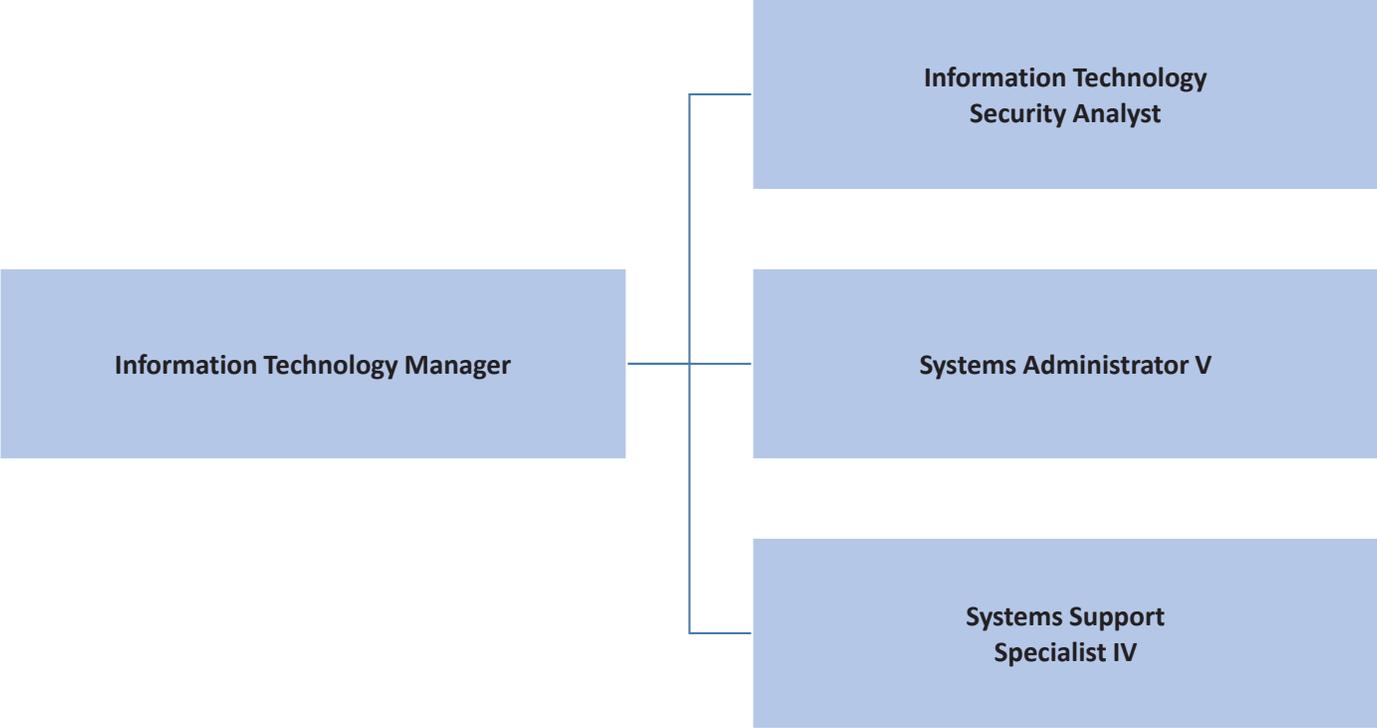
Prescription Monitoring Program



Finance Team



Information Technology Team



Fiscal Report

The attached report represents an unaudited report of the financial activities regarding the internal operating budget for Fiscal Year 2020 (September 1, 2019 - August 31, 2020). 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 [FY2020 Annual Financial Report](#), located on the Board's website.

As of August 31, 2020, the unexpended balance for FY2020 was approximately \$1,343,033 or 13% under budget. Unexpended balance for FY2020 was due to the statewide Coronavirus disaster emergency response declaration and the 5% budget reduction.

Texas State Board of Pharmacy

Fiscal Year 2020 - Appropriation Expenditures

As Of August 31, 2020

(Based on 12 months actual data)

Summary of Estimated Budget less YTD Expenditures

Item #		Estimated Operating Budget	Expenditures Paid Plus Est. Payables 3/1/19-08/31/20	Balance 8/31/2020	% Expended as of 08/31/2020	% of Total Budget as of 08/31/2020
1	Salaries/ Wages & Other Personnel Costs	\$ 6,210,248.00	\$ (5,601,892.78)	608,355.22	90%	59.14%
2	Other Personnel Costs	266,439.00	(122,303.86)	144,135.14	46%	2.54%
3	Professional Fees and Services	1,158,979.00	(1,005,423.55)	153,555.45	87%	11.04%
4	Fuels and Lubricants	25,000.00	(13,910.20)	11,089.80	56%	0.24%
5	Consumable Supplies	23,000.00	(23,930.46)	(930.46)	104%	0.22%
6	Utilities	15,765.00	(22,779.02)	(7,014.02)	144%	0.15%
7	Travel	151,750.00	(85,298.09)	66,451.91	56%	1.45%
8	Rent and Building	5,960.00	(2,585.86)	3,374.14	43%	0.06%
9	Rent machine and others	17,265.00	(17,441.78)	(176.78)	101%	0.16%
10	Other Operating Expenses	2,560,277.00	(1,583,402.04)	976,874.96	62%	24.38%
11	Capital Expenditure	66,000.00	(63,135.00)	2,865.00	96%	0.63%
Totals		\$ 10,500,683.00	\$ (8,542,102.64)	1,958,580.36	81%	100%



TEXAS STATE BOARD OF PHARMACY
Budget, 4th. Quarter
Fiscal Year 2020

OOE	COBJ	Description	BUDGET Sub Total	Budgeted	Expended	Remaining Budget	Expended percent
SALARIES AND WAGES							
1001	7001	Exempt Salaries	141,510.00		(141,510.00)	-	100%
1001	7002	Classified Salaries - Full Time	5,674,375.65		(5,302,908.17)	371,467.48	93%
1001	7002	Classified Salaries - Full Time		(185,345.00)			
1001	7002	Classified Salaries - Full Time		(49,362.00)			
1001	7002	Classified Salaries - Full Time		(49,362.00)			
1001	7002	Classified Salaries - Full Time		(49,362.00)			
1001	Various	Article IX 1836 Prescribing & dispensing of controlled substances 4/6 FTEs funded	375,009.00		(151,022.21)	223,986.79	40%
1001	7012	Emergency Paid Leave Under FFCRA	6,382.68		(6,382.68)	-	100%
1001	7021	Overtime Pay	12,970.67		(69.72)	12,900.95	1%
		TOTALS:	6,210,248.00	6,210,248.00	(5,601,892.78)	608,355.22	90%
OTHER PERSONNEL COSTS							
1002	7022	Longevity	102,159.00		(96,055.74)	6,103.26	94%
1002	7023	Lump Sum Termination Payment, Rider 4, \$142,468.00 AY 2020-21	142,468.00		(16,913.02)	125,554.98	12%
1002	7023	Lump Sum Termination Payment, Rider 4, \$142,468.00 AY 2020-21		(100,322.00)			
1002	7017	One-Time Merit Increase	4,457.00		-	4,457.00	0%
1002	7984	Unemployment Comp	1,000.00		(366.74)	633.26	37%
1002	7025	Compensatory PerDiem	7,000.00		-	7,000.00	0%
1002	7025	Compensatory PerDiem		(3,500.00)			
1002	7033	Employee Retirement - Other Employment Expenses	3,000.00		(2,691.96)	308.04	90%
1002	7043	F.I.C.A. Employer Matching Contributions	155.00		(115.24)	39.76	74%
1002							
9999	7050	Benefit Replacement Pay	6,200.00		(6,161.16)	38.84	99%
		TOTALS:	266,439.00	266,439.00	(122,303.86)		46%
PROFESSIONAL FEES AND SERVICES							
2001	Various	(a) Professional Fees & Svcs (Other) PMP	95,801.16			95,801.16	0%
2001	7253	Other Professional Fees & Svcs (TPA-Peer Asst)	260,404.00		(205,473.75)	54,930.25	79%
2001	7253	Other Professional Fees & Svcs (TPA-Peer Asst)		(85,000.00)			
2001	7285	Computer Services-Statewide Technology Center	37,540.08		(37,295.00)	245.08	99%
2001	7245	Financial and Accounting Services	64,500.00		(62,366.00)	2,134.00	97%
2001	7275	Information Technology Services & (State Wide Integrating System)	700,233.76		(700,135.04)	98.72	100%
2001	7243	F.I.C.A. Employer Matching Contribution	500.00		(153.76)	346.24	31%
		TOTALS:	1,158,979.00	1,158,979.00	(1,005,423.55)	57,754.29	87%
FUELS AND LUBRICANTS							
2002	7304	Gas, Other Fuels & Lubricants	25,000.00		(13,910.20)	11,089.80	56%
2002	7304	Gas, Other Fuels & Lubricants		(8,798.00)			
		TOTALS:		25,000.00	(13,910.20)	11,089.80	56%
CONSUMABLE SUPPLIES							
2003	7300	Consumable Supplies & Materials	23,000.00		(23,930.46)	(930.46)	104%
		TOTALS:		23,000.00	(23,930.46)	(930.46)	104%
UTILITIES							
2004	7503	Telecommunications - Long Distance	200		(394.19)	(194.19)	197%
2004	7504	Telecommunications - Monthly Charge	200		(371.99)	(171.99)	186%
2004	7516	Telecommunications - Monthly Charge	13,765.00		(21,220.84)	(7,455.84)	154%
2004	7526	Waste Disposal	1,600.00		(792.00)	808.00	50%
		TOTALS:	15,765.00	15,765.00	(22,779.02)	(7,014.02)	144%
TRAVEL							
2005	Various	Travel - Board Members (Service)	22,000.00		(11,262.81)	10,737.19	51%
2005	Various	Travel - State Vehicle	700.00				
2005	Various	Travel - Staff (Service)	112,550.00				
2005	Various	Travel - Staff (Conference)	3,500.00		(63,587.50)	51,162.50	55%
2005	Various	Travel - Staff (Conf Of Out Of State)	15,000.00		(10,447.78)	4,552.22	70%
2005	Various	Travel - Staff (Service)		(31,000.00)			
		TOTALS:	151,750.00	151,750.00	(85,298.09)	66,451.91	56%
RENT AND BUILDING							
2006	7470	Rental of Space	5,960.00		(2,585.86)	3,374.14	43%
		TOTALS:	5,960.00	5,960.00	(2,585.86)	3,374.14	43%
RENT- MACHINE AND OTHERS							
2007	7406	Rental of Furn & Equip	17,265.00		(17,441.78)	(176.78)	101%
		TOTALS:	17,265.00	17,265.00	(17,441.78)	(176.78)	101%
OTHER OPERATING EXPENSE							
2009	7040	Payroll Retirement Contribution	52,588.00		(27,876.27)	24,711.73	53%
2009	7042	Payroll Health Insurance Contribution	79,769.00		(54,553.97)	25,215.03	68%
2009	7201	Membership Fees & Dues	8,611.00		(1,519.00)	7,092.00	18%
2009	7203	Registration Fees	19,002.00		(13,128.99)	5,873.01	69%
2009	7203	Registration Fees		(2,360.00)			
2009	7204	Insurance Premiums and Deductibles	20,000.00		(16,695.12)	3,304.88	83%
2009	7210	Fees and Other Charges	15,000.00		(9,702.50)	5,297.50	65%
2009	7211	Awards	2,000.00		(1,282.00)	718.00	64%
2009	7216	Bonds & Insurance	8,889.00		-	8,889.00	0%
2009	7219	*Texas Online Fee	251,106.00		(203,850.00)	47,256.00	81%
2009	7224	Hearing Expense	3,600.00		-	3,600.00	0%
2009	7252	Maintenance and Repair - Computer Software - Expensed	16,000.00		(3,720.64)	12,279.36	23%
2009	7266	Maintenance and Repair-Building	1,500.00		(766.45)	733.55	51%
2009	7273	Reproduction & Printing	21,029.00		(5,081.55)	15,947.45	24%
2009	7273	*Reproduction & Printing - Prescription Pad Program, Rider 5	1,000,000.00		(835,407.30)	164,592.70	84%
2009	7276	Communication Services	67,000.00		(61,221.47)	5,778.53	91%
2009	7286	Freight & Delivery Service	9,000.00		(6,813.28)	2,186.72	76%
2009	7291	Postage	60,000.00		(43,267.85)	16,732.15	72%
2009	7295	Criminal Investigative Expense	3,609.00		-	3,609.00	0%
2009	7299	Administrative Support Service	55,000.00		(36,813.88)	18,186.12	67%
2009	7299	HPC Shared Regulatory Database	342,748.00	(244,356.16)		98,391.84	71%
2009	7303	Subscriptions	9,294.00		(38.92)	9,255.08	0%
2009	7334	F & E - Expensed/Inventoried <\$5,000	41,595.73		(28,404.19)	13,191.54	68%
2009	7335	Computer Equipment - Parts	25,377.00		-	25,377.00	0%
2009	7368	Vehicles - Maintenance	17,736.00		(9,941.48)	7,794.52	56%
2009	7377	Personal Property - Computer Equipment - Expensed	15,000.00		(14,670.22)	329.78	98%
2009	7378	Computer Equip - Inv/Controlled >\$500	65,450.00		(62,719.98)	2,730.02	96%
2009	7380	Computer Software - Expense	136,675.00		(28,516.09)	108,158.91	21%
2009	7382	Books & Recorded Materials	1,368.00		(981.69)	386.31	43%
2009	7806	Interest On Delayed Payments	485.92		(30.42)	455.50	6%
2009	7947	State Office of Risk Management	10,000.00		(7,306.76)	2,693.24	73%
2009	7961	STS (Tex-An) Transfers to General Revenue	20,000.00		(16,535.49)	3,464.51	83%
2009	7962	Capitol Complex Transfers to General Revenue	29,610.35		(27,956.53)	1,653.82	94%
Various	Various	Forfeiture State Committed Appropriated, Rider 2	76,234.00			76,234.00	0%
2009	Various	Texas Rules Liaison Service	10,000.00				
2009	Various	Texas Rules Liaison Service		(10,000.00)			
2009	Various	Sec 18.30-SB 683, Licensing & Regulation of Pharmacists and Pharmacies	65,000.00		(65,000.00)	-	100%
		TOTALS:	2,560,277.00	2,560,277.00	(1,583,402.04)	722,518.80	62%
CAPITAL EXPENDITURES							
5000	7371	Personal Property-Passenger Cars-Capitalized	66,000.00		(63,135.00)	2,865.00	96%
		TOTALS:	66,000.00	66,000.00	(63,135.00)	2,865.00	
		GRAND TOTAL:	10,500,683.00	10,500,683.00	(8,542,102.64)	1,958,580.36	81%
FORFEITURE COLLECTED BALANCES							
		UB Controlled Substance Forfeiture Funds -Federal		29,725.65		29,725.65	0%
		UB Controlled Substance Forfeiture Funds - State		71,968.03		71,968.03	0%
		Total FORFEITURE		101,693.68		-	

Office of the Executive Director

This FY2020 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 FY2020.

FY2020 SIGNIFICANT ACCOMPLISHMENTS

1. The agency accomplished all of its objectives.
 2. TSBP Compliance Field Staff conducted 3,630 inspections of pharmacies located in Texas, which represents an 11% increase from last fiscal year.
 3. There was a significant increase in registered users and searches conducted through the Prescription Monitoring Program.
 4. Agency Staff gave 66 presentations to over 6638 individuals. Due to the pandemic, some of the presentations were modified to be given via videoconference.
 5. The following TSBP Board Members and staff were appointed to offices, received honors, or received recognition.
 - A. Board member Donnie Lewis was appointed as a member of the National Association of Boards of Pharmacy Overview Task Force on Pharmacy Technician Education, Practice Responsibilities, and Competence Assessment.
 - B. Board members Lori Henke and Allison Vordenbaumen Benz, Board Executive Director/Secretary, were appointed as members of the National Association of Boards of Pharmacy Task Force on Pharmacy Technician Practice Responsibilities.
 - C. Board members Jenny Downing Yoakum and Donna Montemayor were appointed members of the National Association of Boards of Pharmacy Committee on Law Enforcement/Legislation. Board member Julie Spier was appointed as an alternate member.
 - D. Board Member Julie Spier was appointed a member of the National Association of Boards of Pharmacy Committee on Constitution and Bylaws.
 6. The agency implemented two programs relating to requests for Prescription Monitoring Program information, the Law Enforcement Access Portal (LEAP) on September 1, 2019 and the Patient Access Program (PAP) on June 1, 2020. Team staff processed 2,204 LEAP requests
 7. Agency staff members responded to the business changes imposed by the pandemic in a rapid and efficient manner to ensure Board business suffered minimal impact. Staff effectively transitioned to an electronic environment and modified procedures as needed to meet the continually changing environment and continue to uphold the Board's mission.
-

OFFICE OF THE EXECUTIVE DIRECTOR

8. Several changes implemented by the Teams saved the Board money at a time the Board was requested to reduce the budget by 5%. The savings enabled by the team changes played a part in making the requested reduction

FY2020 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. Due to staff turnover experienced in FY2020, many team members are new to their current positions. Until team staff have a greater experience-level, a considerable amount of time is spent developing investigation quality and providing assistance to handle and respond to team responsibilities
3. Teams were unable to destroy records while subject to the agency litigation hold during part of FY2020, which setback the upkeep of records eligible for destruction per the agency's record retention schedule during that time.

Office of the Executive Director

FY2020 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 FY2020:

1. **Reviewing and implementing legislation passed by the 86th Texas Legislature that affects agency operations and/or the practice of pharmacy;**
2. **Updating and preparing the TSBP Strategic Plan for FY2021-2025 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 FY2022-2023 biennium for review and approval by the Board at the Budget meeting;**
4. **Preparing the TSBP Legislative Appropriation Request for FY2022-2023 and corresponding performance measures by the due date; and**
5. **Coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.**

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 86th Legislative Session was developed with timelines for action. An updated chart was presented to the Board at each Board meeting showing progress of implementation (see Appendix EXC-01).
- 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 FY2021-2025 Strategic Plan at the May 5, 2020 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 20, 2020, meeting. The full Board met on May 5, 2020, and after review, approved the LAR for FY2022-2023.

OFFICE OF THE EXECUTIVE DIRECTOR

- D. The exceptional items requested in the LAR included funding for the following:
- relocation to the Capitol Complex office building;
 - two new FTEs
 - merit salary increases for eligible employees;
 - Peer Assistance Program contract increase;
 - Prescription Monitoring Program – statewide integration, NarxCare, and Clinical Alerts subscription; and
 - Health Professionals Council appropriations increase.

The agency's LAR was submitted by the due date and can be found on the Board's website at https://www.pharmacy.texas.gov/files_pdf/lar-22-23.pdf

- E. On October 17, 2019, the Executive Director and other agency staff participated in the new Board member orientation for Donna Montemayor, R.Ph., and Rick Tisch.

Objectives (Ongoing)

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

Status: ACCOMPLISHED

Comment: The agency accomplished all of its objectives. In addition, the agency met or exceeded 7 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 FY2021 based on the Strategic Plan and projected budget, for submission to the Board by the due date for the August 2020 meeting.**

Status: ACCOMPLISHED

Comment: Revenue projections and fee recommendations, were presented and approved at the August 4, 2020, Board Business Meeting.

- 3. To direct TSBP's leadership approach to ensure coordination of TSBP activities with federal and other state agencies involved in the regulation of the practice of pharmacy.**

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. More information may be found in the team reports.

- 4. 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.**

OFFICE OF THE EXECUTIVE DIRECTOR

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; and the Drug Enforcement Administration regarding controlled substances and pill mill activities.

5. As the Executive Director of the Board, to:

- A. represent Board policies and programs to local, state, and national pharmacy, health-related, and consumer organizations;**
- B. act as the Board's liaison to the professional pharmacy associations;**
- C. maintain a proactive role in the operation of the Health Professions Council; and**
- D. support and participate in the Texas Pharmacy Congress.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. The Executive Director:**
 - 1. Gave 19 presentations to approximately 2,602 persons (see Appendix EXC-03); and
 - 2. Participated in 29 interviews with the press (see Appendix EXC-04).
- B. Attended 51 meetings, conferences, or participated in telephone calls representing the agency (see Appendix EXC-05).**
- C. The Executive Director attended four meetings of the Health Professions Council on the following dates:**
 - 1. September 16, 2019;
 - 2. December 16, 2019;
 - 3. March 30, 2020; and
 - 3. June 15, 2020.
- D. The Executive Director attended three meetings of the Texas Pharmacy Congress on the following dates:**
 - 1. November 13-14, 2019, El Paso;
 - 2. February 19-20, 2020, Houston; and
 - 3. August 27, 2020, on-line.

6. 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.

OFFICE OF THE EXECUTIVE DIRECTOR

Status: ACCOMPLISHED

Comment: The agenda for each meeting of the Board included a discussion item listing possible suggestions for changes to the Pharmacy Act or Board rules. In addition, several teams made recommendations for improvements

- 7. To assist 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 assist in providing new questions for the MPJE as appropriate or requested by NABP.**

Status: ACCOMPLISHED

Comment: Agency staff participated in the drafting and review of the question pool for the Multistate Jurisprudence Examination to ensure the validity of the questions in the pool.

- 8. To maintain a staff development program by encouraging agency 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 direct reports and to monitor evaluations of employees on all Board teams**

Status: ACCOMPLISHED

Comment: Division staff attended four General Staff Meetings and several trainings as listed below:

- General Staff Meeting, held on September 24, 2019, which included a presentation by Board Member Daniel Guerrero on Vision Statements and a presentation by Human Resources on Records Retention;
- General Staff Training, held on December 13, 2019, presented by Ed Hill, Texas Workforce Commission, (Current Issues Relating to Sexual Harassment in the Workplace)
- General Staff Meeting, held on December 13, 2019;
- General Staff Meeting, held on February 25, 2020, which included EAP Orientation presentation by Sally Stone, Alliance Work Partners;
- Management and Team Leader Training, held on March 10, 2020, presented by Kelli Haynes, Alliance Work Partners (Defining Characteristics of Servant Leadership);
- General Staff Meeting, held via videoconference, on June 9, 2020.

Evaluations were completed in August 2020.

- 9. To provide the Board information necessary to conduct performance evaluation of the Executive Director as scheduled by the Board.**

OFFICE OF THE EXECUTIVE DIRECTOR

Status: ACCOMPLISHED

Comment: An evaluation of the Executive Director was conducted at the February 4, 2020 Board Meeting.

- 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 FY2019 Annual Report to be presented to the Board at the February 2020 meeting.**

Status: ACCOMPLISHED

Comment: The final draft of the *FY2019 Annual Report* was presented to and approved by the Board at the February 4, 2020 Board meeting.

SIGNIFICANT ACCOMPLISHMENTS

1. The Licensing Team accomplished all of its objectives.
2. The Licensing Team met or exceeded 100% of the Key Performance Measures required to be submitted to the Legislative Budget Board.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. During FY2020, 3 Licensing Team members departed from the agency. This workforce turnover resulted in a significant loss of institutional knowledge and impacted efficiency in licensing. There was also a significant expenditure of time and effort in hiring and training of new employees.

LICENSING TEAM

FY2020 ANNUAL REPORT

GOAL

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 teams, in the following new objectives:

1. Reviewing and implementing legislation passed by the 86th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. Updating and preparing the *TSBP Strategic Plan for FY2021-2025* 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 FY2022-2023 biennium for review and approval by the Board at the Budget meeting;
4. Preparing the TSBP Legislative Appropriation Request for FY2022-2023 and corresponding performance measures by the due date; and
5. Participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff 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 86th Texas Legislature.
- B. Team manager worked with the Executive Director and the other board staff in preparation of the proposed budget for FY2022-23.
- C. Team manager worked with the Executive Director and the other board staff in preparation of the FY2022-2023 Legislative Appropriations Request (LAR) and corresponding performance measures 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 the due date.

LICENSING TEAM

Objectives (Ongoing)

1. **To coordinate the collection of licensing data for Key Performance Targets required under the 2020-2021 Appropriations Act and to submit to the Executive Director by specified due dates.**

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).

2. **To process and/or register all qualified pharmacist-interns within an average of ten working days of the receipt of all required documents.**

Status: ACCOMPLISHED

Comment: At fiscal-year end, a total of 4,153 interns (student interns, intern trainees, and extended interns) were certified within four days of receipt of required documents. In addition, a total of 6,649 pharmacist preceptors were initially certified or renewed their certification. At fiscal year-end, a total of 12,414 pharmacists were active preceptors.

3. **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.**

Status: ACCOMPLISHED

Comment: The Texas Pharmacy Jurisprudence Examination was administered 2,103 times with 1,850 candidates passing (see Appendix LIC-02).

A total of 645 reciprocity candidates were licensed in FY2020.

4. **To provide staff support to any advisory committee related to licensing issues as required.**

Status: ACCOMPLISHED

Comment: The rules no longer require a committee to make coursework recommendations to applicants who have failed the licensing examination(s) five times. However, team staff continued to inform applicants who failed the licensing examination(s) five times of the recommendations to complete college coursework prior to retaking the examination(s).

5. **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.**

Status: ACCOMPLISHED

LICENSING TEAM

Comment: The agency issued 1,841 new pharmacist licenses with an average turnaround time of ten business days from the download of the examination results.

6. To process renewals to all pharmacist candidates within an average of five working days of receipt of the required fee and all required documents.

Status: ACCOMPLISHED

Comment: The agency renewed 19,091 biennial pharmacist licenses during FY2020. Approximately 99.02% 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. Beginning January 1, 2020, certificates were issued electronically, allowing licensed pharmacists to print certificates or save a digital copy from the TSBP website. The total population of licensed pharmacists for this fiscal year is as follows:

PHARMACISTS LICENSED	
Active Status	35,997
Inactive Status*	2,274**
TOTALS	38,271

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

**Of the above number, 1,033 pharmacists have been licensed in Texas for more than 50 years or are greater than 72 years old and are classified as "exempt."

7. To issue initial registration for all pharmacy technician trainee candidates within an average of four working days of receipt of the required documents.

Status: ACCOMPLISHED

Comment: The agency issued 10,064 new pharmacy technician trainee registrations bringing the total population of active registered technician trainees for this fiscal year to 19,399. Approximately 96.40% 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. Beginning January 1, 2020, certificates are electronic, allowing pharmacy technician trainees to print certificates or save a digital copy.

8. To process initial and/or renewal applications for all pharmacy technician candidates on receipt of the required fees and all required documents according to the following guidelines:

- A. initial applications for pharmacy technician applicants within an average of four working days; and**
- B. renewals for pharmacy technician applicants within four working days.**

Status: ACCOMPLISHED

LICENSING TEAM

Comment: The agency issued 4,579 new pharmacy technician registrations, and renewed 17,477 registrations on a biennial basis, bringing the total population of active registered technicians for this fiscal year to 42,927. Approximately 92.07% of eligible applicants and pharmacy technicians applied for or renewed their registrations online.

The average processing time to issue a renewal registration from receipt of a completed application was one business day.

The average processing time to issue an initial registration from receipt of a completed application was one business day.

Beginning January 1, 2020, certificates were issued electronically, allowing pharmacy technicians to print certificates or save a digital copy from the TSBP website.

9. To issue an initial and/or renewal certificate to all pharmacy license applicants on receipt of the required fees and all required documents (including inspection if applicable) according to the following guidelines:

A. initial certificates to pharmacy license applicants within an average of 10 working days; and

B. renewal certificates to pharmacy license applicants within five working days.

Status: ACCOMPLISHED

Comment: The agency issued 437 new pharmacy licenses and 91 changes of ownership, which resulted in 528 new licenses issued. 4,049 licenses were renewed on a biennial basis, bringing the total population of active registered pharmacies for this fiscal year to 8,223. Approximately 19.29% of eligible pharmacies renewed their licenses online (see Appendix LIC-03).

The average processing time to issue a renewal license from receipt of a completed application was five business days and 100% 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 9 business day, and 100% of applications were licensed within 10 working days or less.

10. In cooperation with the Enforcement Team and in compliance with the agency's policies and procedures, to process criminal background checks on applicants for licensure and registration, including fingerprint-based criminal background checks.

LICENSING TEAM

Status: ACCOMPLISHED

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

- 11. To recommend changes to improve the efficiency and effectiveness of the agency operations and forward the recommendation to the Executive Director.**

Status: ACCOMPLISHED

Comment: Following the Governor's disaster declaration on March 13, 2020, the agency quickly moved to remote working. Many of the documents submitted to the agency for initial and renewal of licenses and registration are sent via US mail. The Licensing Team made modifications to the agency's policies and procedures to allow documents to be submitted electronically. In addition, the Governor suspended numerous rules that authorized the Board to extend the expiration dates on pharmacy technician trainee and pharmacy technician registrations, and pharmacist licenses; exempted pharmacists and pharmacy technicians from continuing education requirements; and allowed pharmacy technicians to renew their registration without completing the fingerprint background check.

- 12. To assist with and destroy records in accordance with the agency's record retention plan; to update the Team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.**

Status: ACCOMPLISHED

Comment: Licensing staff destroyed records, in accordance with the agency's record retention schedule, including general correspondence. Staff reviewed the Program's Policy and Procedure Manual and recommendations were submitted to the Executive Director for approval and updated as appropriate.

- 13. To manage Team employees in compliance with all applicable state and federal laws, 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 Team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

Status: ACCOMPLISHED

- A. Staff Development – Team members attended quarterly General All-Staff Meetings.
- B. Performance Evaluations – All licensing teams members' job descriptions were reviewed for accuracy of role and responsibilities. Formal performance reviews were conducted for all team employees, with the exception of new hires.

LICENSING TEAM

- C. Other Activities - Three employees were hired during this fiscal year. The activities relating to new hires took significant time and effort, including posting/advertising the positions, evaluating applications, conducting interviews, preparing orientation schedules and conducting intensive orientation/training sessions. In addition, team staff prepared and conducted orientations for all new agency employees and interns regarding the Licensing Program.

- 14. **To prepare a report on the accomplishment of Team objectives, for incorporation into the agency's *FY2019 Annual Report* and submit to the Executive Director by the due date.**

Status: **ACCOMPLISHED**

Comment: The Team's first draft of the *FY2019 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 2020 Board meeting.

Compliance Team

SIGNIFICANT ACCOMPLISHMENTS

1. The team accomplished all of its 18 objectives.
2. Despite turnover and training requirements for new hires, TSBP Compliance Field Staff conducted 3,630 inspections of pharmacies located in Texas, which represents an 11% increase when compared to 3,282 inspections conducted in FY2019. See Ongoing Objective #1 for further details regarding inspections.
3. Team staff gave thirty-eight presentations to over 4,000 individuals. See Ongoing Objective #8 for more details.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. The team did not have the full fiscal year to implement a new online submission procedure required by a new contract vendor for analytical laboratory services. The training for the new process was completed during the second quarter of FY2020, and the onsite collection of samples from Texas pharmacies began in January 2020. In March 2020, due to the COVID-19 pandemic, TSBP's ability to conduct onsite inspections was hindered significantly for both in-state inspections and inspections of non-resident pharmacies (See Ongoing Objective #3 and #4, below).
3. On May 20, 2020, Texas agencies were directed by the Governor, Lt. Governor, and Speaker of the House, to reduce their budgets for the 2020 and 2021 fiscal years. The cuts were necessary as part of the State's efforts to offset revenue losses from the effects of the coronavirus pandemic. In order to meet the budget reduction, two Compliance Inspector positions were in the process of being filled, but subsequently were not filled. In addition, the budget for the planned expansion of the mobile inspection project to include additional electronic inspection forms, as well as integration of the electronically collected inspection report data into the agency's regulatory data base system (Versa) was significantly reduced.
4. The audit of pharmacists and pharmacy technicians for the completion of the required number of hours of continuing education decreased in FY2020, in an effort to implement enforcement measures that were consistent with the Governor's emergency declaration for COVID-19, and temporary suspension of specific regulations pertaining to continuing education.
5. The number of pharmacist interns that could be provided an internship rotation site at TSBP decreased during FY2020 due to the restrictions imposed by the colleges of pharmacy throughout the state regarding student participation in their respective internship programs. In addition, institutional sites, such as hospitals, and various other rotation site opportunities, including TSBP's regulatory rotation site, became unavailable due to the multiple restrictions placed on various facilities and internship sites.

COMPLIANCE TEAM

FY2020 ANNUAL REPORT

GOAL

To promote voluntary compliance with pharmacy laws and rules. To monitor compliance with pharmacy laws and rules

Objectives (New)

To direct the agency, in accomplishing the following new objectives throughout FY2020:

1. **Reviewing and implementing legislation passed by the 86th Texas Legislature that affects agency operations and/or the practice of pharmacy;**
2. **Updating and preparing the TSBP Strategic Plan for FY2021-2025 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 FY2022-2023 biennium for review and approval by the Board at the Budget meeting;**
4. **Preparing the TSBP Legislative Appropriation Request for FY2022-2023 and corresponding performance measures by the due date; and**
5. **Coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff 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 86th Texas Legislature.
- B. Team staff worked with the Executive Director and the other board staff in preparation of the FY2021-2025 Strategic Plan and reviewed the final draft of the document. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
- C. Team staff worked with the Executive Director and the other agency staff in preparation of the proposed budget for FY2022-23.
- D. Team staff worked with the Executive Director and other board staff in preparation of the FY2022-2023 Legislative Appropriations Request (LAR) and corresponding performance measures and reviewed the final draft of the document. The LAR was submitted to the Legislative Budget Board and

COMPLIANCE TEAM

the Governor's Office of Budget, Planning, and Policy by the due date.

Objectives (Ongoing)

1. **To conduct 3,000 inspections of all classes of pharmacies located in Texas, including pre-inspections, partial inspections, attempted inspections, distance inspections, inspection-visits, courtesy call visits, and/or follow-up inspections to "Warning Notices." To conduct inspections of pharmacies located in Texas, according to the following priorities:**
 - A. **Pre-inspections of pharmacies who are applying for a new pharmacy license within 30 days of completed application;**
 - B. **Pharmacies that compound sterile preparations prior to initial licensure, prior to change in pharmacy's classification (rank), or prior to pharmacy's license expiration date;**
 - C. **New pharmacies or pharmacies with a recent change of ownership;**
 - D. **Pharmacies that have received a "Warning Notice" (follow-up inspections);**
 - E. **Pharmacists and pharmacies who are the subject of a disciplinary order entered by TSBP;**
 - F. **Routine inspections;**
 - G. **Licensee requests for inspection; and**
 - H. **Joint inspections of pharmacies undergoing surveys, inspections, and/or investigations by agents of other regulatory agencies or associations.**

Status: **ACCOMPLISHED**

Comment: Compliance Field Staff conducted 3,630 inspections of pharmacies located in Texas. This number represented an increase in inspections as compared to the 3,292 inspections that were conducted in FY2019 (see Appendices COM-01 and COM-02).

2. **To conduct inspections of pharmacies that compound sterile preparations prior to initial licensure, prior to change in pharmacy's classification (rank), or prior to pharmacy's license expiration date. To conduct inspections of pharmacies that do not compound sterile preparations approximately every three years.**

Status: **ACCOMPLISHED**

Comment: This objective was 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, 2020, there was only one Texas pharmacy licensed for more than three years that had not been inspected during the past three

COMPLIANCE TEAM

years. However, the pharmacy in question was inspected within three and half years. Further, the increased focus on those pharmacies engaging in sterile compounding that were overdue for an inspection during FY2020, resulted in a significant improvement from the previous year's results of 207 outstanding Texas pharmacies licensed for more than four years that had not been inspected during the four years prior to August 2019.

- 3. On a random basis, to collect samples of preparations that are compounded by pharmacies located in Texas, including sterile and non-sterile preparations; to monitor the analysis of these samples regarding potency, sterility, and endotoxin testing results.**

Status: ACCOMPLISHED

Comment: The agency contracted with a new vendor (Dynamab) for analytical laboratory services. The training was completed during the second quarter and sampling of Texas pharmacies began in January 2020. Eight samples were able to be collected between January and March 2020, when the COVID-19 pandemic responses began to impact the agency. Specifically, TSBP's ability to conduct onsite inspections to collect and submit samples for analysis was limited. Test results revealed that one of the eight samples collected by Texas inspectors was not within acceptable limits for potency (see Appendix COM-03). However, TSBP did pilot a direct submission process utilizing the non-resident pharmacy inspection program, which involved a process by which the sample be submitted directly by the licensee, and the online submission process be conducted by a Compliance team member. Two samples were submitted through this mechanism by non-resident pharmacies. While the plan is under review for implementation for Texas pharmacies, budgetary restriction for FY2021, may limit the plan.

- 4. To monitor the inspections of Class E-S Pharmacies (non-resident pharmacies engaged in the compounding of sterile preparations) that are conducted by authorized vendor inspectors, on behalf of TSBP; to monitor the analysis of samples of compounded preparations that are collected by authorized vendor inspectors; to provide training to authorized vendor inspectors, as needed, regarding Texas laws/rules and inspection policies/procedures; and to review activity reports that authorized vendor inspectors 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;

COMPLIANCE TEAM

- Reviewing monthly activity reports submitted by each vendor; and
- Serving as a liaison with the vendors and vendor inspectors.

During FY2020 vendor inspectors conducted inspections of Class E-S Pharmacies. In addition, these inspectors collected and submitted for testing 35 samples of sterile compounded preparations from different Class E-S Pharmacies. Test results did not determine any samples to be outside of acceptable limits for potency (see Appendix COM-03). It should be noted that due to the impact of COVID-19 throughout the nation, vendor inspectors were likewise not able to travel to states that subsequently instituted restrictions on travel and business operations. As a result, the number of onsite vendor inspections decreased by 19% in FY2020 (47 in FY2019, to 38 in FY2020). Despite the restrictions, the vendor inspectors were able to implement their own version of virtual inspections, as approximately 14 of the 38 Class E-S inspections were conducted in this manner. In addition, two samples were submitted directly by the applicant in an effort to pilot an alternate process by which TSBP coordinates the online submission process and directs the applicant to submit the sample directly (See Ongoing Objective #3, above).

- 5. To review for compliance with rules and approve applications or petitions from:**
- A. pharmacists performing drug therapy management under the written protocol of a physician; and to maintain a list of pharmacists authorized to sign prescription drug orders for dangerous drugs under a drug therapy management protocol of a physician on the TSBP website;**
 - B. Class B pharmacies for initial licensure;**
 - C. Class C pharmacies seeking evaluation of their clinical pharmacy programs, the approval of which would allow pharmacy technicians to verify the accuracy of other pharmacy technicians (tech-check-tech);**
 - D. Class C pharmacies located in rural counties to allow pharmacy technicians to perform certain duties when a pharmacist is not on duty;**
 - E. Class D pharmacies for either initial licensure, and/or for expanded services or permissions; and**
 - F. Pharmacies seeking to provide remote pharmacy services.**

Status: ACCOMPLISHED

Comment: Applications were reviewed and approved for the following:

- Review and approval of 1,139 applications for pharmacists performing drug therapy management under the written protocol of a physician which were then maintained on the Board's website. This represents a 101% increase when compared to 567 application approvals conducted in FY2019;

COMPLIANCE TEAM

- 28 Class C pharmacies that submitted applications to allow pharmacy technicians to verify the accuracy of other pharmacy technicians (tech-check-tech), which represents a 7% decrease when compared to 30 applications submitted and approved in FY2019; and
- 63 Class C pharmacies located in rural counties that submitted applications to allow pharmacy technicians to perform certain duties when a pharmacist is not on duty. This represents an 34% increase when compared to 47 applications submitted and approved in FY2019.

6. To audit pharmacists' and pharmacy technicians' compliance with continuing education requirements and to initiate complaints on pharmacists and pharmacy technicians who are not in compliance with the rules regarding mandatory completion of continuing education for renewal, in cooperation with the Enforcement and Legal Teams.

Status: ACCOMPLISHED

Comment: Continuing education audits were conducted on 240 pharmacist and 240 pharmacy technician renewals. No complaints were initiated on any pharmacists or pharmacy technicians for non-compliance during FY2020. Routine audits decreased during the second half of FY2020, in response to the emergency temporary suspension of specific regulations by the Governor related to obtaining continuing education for license renewal, and due to the expected general effects of the COVID-19 pandemic on the Texas registrant workforce. The audits represent a 47% decrease for both pharmacists and technicians, when compared to the 450 pharmacist and 451 pharmacy technician audits that were conducted in FY2019. Despite the decrease, the monitoring of pending cases of deficiencies that occurred prior to March 2020, continued for the remainder of the fiscal year.

7. To provide written information to Board customers submitted to the TSBP email address rxlaw@pharmacy.texas.gov.

Status: ACCOMPLISHED

Comment: Division staff responded to 1,851 emails submitted to the Board Rxlaw email, which represented a 41% increase when compared to the 1,316 Rxlaw email responses completed in FY2019.

8. To provide professional staff support to Board-appointed task forces and complete other special projects as assigned.

Status: ACCOMPLISHED

Comment: Compliance Staff provided 38 presentations to approximately 4,036 individuals. Due to the area restrictions put in place by the various audience groups and institutions due to the COVID-19 pandemic, as well as the limitations on travel that ensued as a result of the 5% reduction in budget funds, the compliance staff adapted to the requests for presentations received after March 2020, by conducting 13 of the 38 presentations via Webinar format (see Appendix COM-05).

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9. **In cooperation with the Executive Director and other teams, to provide internship experience to student pharmacist-interns upon requests from the Texas colleges of pharmacy.**

Status: ACCOMPLISHED

Comment: TSBP offered internship experience to four students from three different Colleges/Schools of Pharmacy prior to March 2020. The internship program was essentially suspended for half of the fiscal year due to the effects of COVID-19 on the colleges of pharmacy throughout the state, as student rotation sites became unavailable, including TSBP's two 6-week regulatory pharmacy internship positions.

10. **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 that will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director.**

Status: ACCOMPLISHED

Comment: Team staff suggested rule changes and reviewed all proposed and adopted rules that were approved at the Board meetings.

Team staff made suggestions to policies and procedures as necessary to improve the agency's ability to protect the public. Specifically, modifications were made to the agency's inspection policies and procedures to allow for remote inspections utilizing video devices and telephonic "courtesy call" visits during the Governor's emergency declaration related to COVID. The modification allowed inspectors to continue interacting with licensees through distance virtual inspections and to continue providing timely education to pharmacists and their pharmacy staff, which ensured that the agency's mission continued during a time most staff were working remotely.

11. **To assist with and destroy records in accordance with the agency's record retention plan; to update the team's Policy and Procedure Manual as needed and 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, including general correspondence. The Compliance Policy and Procedure Manual was reviewed and updated as necessary.

12. **To manage team employees in compliance with all applicable state and federal law, 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 team employees; and to promote self-development through such activities as on-the-job training, cross-training, and**

COMPLIANCE TEAM

attendance at professional seminars.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Team staff was evaluated on an annual basis, as required by agency policy.
- B. Team meetings were held on approximately 33 occasions with Team staff.
- C. Team staff conducted the hiring process to fill two Compliance Inspector positions. However, the two positions were not filled as a result of the 5% budget restrictions that were implemented for FY2020.
- D. Team staff interviewed for and had four interns.
- E. Team staff prepared and conducted orientations for all new TSBP employees and interns regarding the Compliance Program.
- F. Team staff attended general staff meetings and in-house training sessions. In addition, Pharmacists and Technicians attended required continuing legal education, and Team staff attended various programs, seminars, and events.

13. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2019 Annual Report and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The Team's first draft of the FY2019 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 2020 Board meeting.

Enforcement Team

SIGNIFICANT ACCOMPLISHMENTS

1. The Enforcement team accomplished all of its Objectives.
2. Team staff easily transitioned to teleworking from home offices due to COVID-19 and experienced almost no disruption in the team's ability to perform essential job functions.
3. Team staff maintained a consistent workflow for handling the agency's complaints, which allowed closure of more complaints than received during FY2020 and decreased the average resolution time for complaints to the lowest average time in the past four fiscal years. (See Ongoing Objective #1 for additional details regarding complaint data.)

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. The team continued to experienced employee attrition and staffing changes in multiple positions, experiencing an employee turnover rate of 38% (11 of 29 positions) either being vacated due to resignation or termination. As a result, team staff spent time and effort to replace vacant positions (e.g., reviewing applications, holding interviews, and conducting orientation and training for new employees).
2. Due to staff turnover experienced FY2020, as well as in prior FY2019, many team members are new to their current positions. Until team staff have a greater experience-level, a considerable amount of time is spent developing investigation quality and providing assistance to handle and respond to team responsibilities.
3. Team staff were unable to destroy records while subject to the agency litigation hold during FY2020, which setback the upkeep of records eligible for destruction per the agency's record retention schedule.
4. Team staff expended considerable amounts of time and resources investigating pharmacy licenses that failed to commence operation within six months of licensure, failed to continue operation after commencing operation, and/or failed to properly close, resulting in active non-operational licenses or expired licenses without current points-of-contact.

ENFORCEMENT TEAM

FY2020 ANNUAL REPORT

GOAL

To enforce pharmacy laws and rules through investigations of pharmacies, pharmacists, student pharmacist-interns, pharmacy technicians, and pharmacy technician trainees. To monitor the complaint process and transfer complaints involving substantive allegations to the TSBP Legal Team 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 teams, in the following new objectives:

- 1. Reviewing and implementing legislation passed by the 86th Texas Legislature that affects agency operations and/or the practice of pharmacy;**
- 2. Updating and preparing the *TSBP Strategic Plan for FY2021-2025* 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 FY2022-2023 biennium for review and approval by the Board at the Budget meeting;**
- 4. Preparing the *TSBP Legislative Appropriation Request for FY2022-2023* and corresponding performance measures by the due date; and**
- 5. Participating in the orientation of new Board members within 90 days of appointment by the Governor.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff 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 86th Texas Legislature.
- B. Team Director worked with the Executive Director and the other board staff in preparation of the FY2021-2025 Strategic Plan and reviewed the final draft of the document. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
- C. Team Director worked with the Executive Director and the other board staff in preparation of the proposed budget for FY2022-23.

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- D. Team Director worked with the Executive Director and the other board staff in preparation of the FY2022-2023 Legislative Appropriations Request (LAR) and corresponding performance measures 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 the due date.
- E. On October 17, 2019, agency staff participated in the new Board member orientation for Donna Montemayor, R.Ph., and Rick Tisch.

Objectives (Ongoing)

- 1. **To coordinate and monitor, the receipt, assignment, and resolution of all complaints filed with the agency and the notification of complainants. To investigate complaints, 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;**
 - **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**

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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 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**
- N. **Complaints against licensees/registrants who have been subject to a disciplinary action by another state board of pharmacy.**

Status: ACCOMPLISHED

Comment: TSBP received 5,150 complaints and closed 5,544 complaints. This report accounts for complaint types that are entered as Jurisdictional or Non-Jurisdictional and does not account for complaints assigned as case types of Disciplinary Order, Background Information, Malpractice Report, or Eligibility Letter (see Appendices ENF-01 through ENF-07).

2. **To investigate reports from pharmacies that involve the pilferage of controlled substances by employees; to prepare an annual report regarding the number of individuals, to include the individual's employment position, the category of drug (e.g., opioid, benzodiazepine, muscle relaxant, stimulant) and the number of dosage units of controlled substances per category that have been pilfered during FY2020.**

Status: ACCOMPLISHED

Comment: TSBP investigated 241 reports indicating that pharmacies experienced theft of 73,369.5 tablets, 13,968.6 mls, and 2 patches of controlled substances due to employee pilferage in FY2020. The drug category experiencing the highest percentage of reported theft due to employee pilferage was benzodiazepines, which was 45.5% of total losses reported due to employee pilferage. Opioid theft reports were 27.7%, which accounted for the second highest drug category of reported losses due to employee pilferage (see Appendices ENF-08 through ENF-10).

3. **To submit data regarding enforcement and peer assistance data for Key Performance Targets required under the FY2020-2021 Appropriations Act to Executive Director by specified due dates; to assist in the preparation of applicable reports to the Legislative Budget Board and Governor's Budget Office regarding performance measures.**

Status: ACCOMPLISHED

Comment: Team staff collected data relating to enforcement and peer assistance performance measures. Six of the ten enforcement-related performance measures and three of the six key performance measures were exceeded or met, within a 5% variance (see Appendix ENF-11). Statistics regarding three enforcement-

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related performance measures (Number of Jurisdictional Complaints Resolved, Average Complaint Resolution Time, and Number of Individuals Participating in a Peer Assistance Program) were reported on a quarterly basis throughout FY2020 to the Legislative Budget Board (LBB) and Governor's Office of Budget, Planning & Policy (GBO). The other seven measures were reported to the LBB and GBO at year-end (annual basis), in conjunction with licensing-related performance measures.

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

Status: ACCOMPLISHED

Comment: Team staff performed background checks by reviewing fingerprint-based criminal background information on all individuals referred by the Licensing Team staff, accounting for a total of 522 complaints. These referrals covered 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). In addition, TSBP initiated complaints through the receipt of arrest report(s) on individuals who were fingerprinted during licensure/registration, and 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, with federal, state, and local law enforcement agencies, including health regulatory or administrative agencies.**

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.

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

Status: ACCOMPLISHED

Comment: Almost all of the disciplinary orders entered in FY2020 required some type of monitoring by Team staff (i.e., 306 orders or 84% of the 364 disciplinary orders that TSBP entered during FY2020 required some type of monitoring).

Monitoring included the following types of actions/activities:

- A. Fines & Fees – Team staff, in conjunction with accounting staff, ensured**
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that administrative penalties (fines) and probation fees were paid.

- B. Reinstatement – Team staff monitored the status of reinstatement applicants [e.g., whether applicant completed law exam, internship, and required continuing education 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 – Team 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, to include providing technical assistance to other Teams and responding to surveys and questionnaires.**

Status: ACCOMPLISHED

Comment: Team employees spent 54 hours a week, answering a total of 12,380 telephone calls directed to the Rules Queue phone line responding to questions regarding laws and rules governing the practice of pharmacy. The Enforcement Team continues to utilize ongoing training for participating Rules Queue staff members, including weekly informational meetings specifically for participants. Web-based content sharing has been extremely helpful in organizing and providing readily available access to Rules Queue callers/consumers and Team employees servicing the Rules Queue phone line. Externally, a public webpage was maintained as part of the agency's website for information and resources related to the Rules Queue. Internally, while Rules Queue staff continued utilizing a wiki webpage, staff also began using Microsoft Teams for quick chat-based collaboration on questions. The wiki webpage is edited weekly regarding TSBP rule content discussed, which allows for up-to-date topic searchability while assisting Rules Queue callers.

Additionally, the Team mailed customer service surveys to agency customers following completed investigations.

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

ASSISTANCE TO BOARD MEMBERS AND EXECUTIVE DIRECTOR

- (1) Enforcement Director assisted in the development of the proposed Goals and Objectives for FY2020, which were presented to/approved by the Board at its meeting held in August 2019;

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- (2) Team 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) Enforcement Director assisted in the review/edit of the drafts of minutes of four Board meetings.

TECHNICAL ASSISTANCE TO BOARD STAFF

- (1) Team 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 – Enforcement Director provided assistance, when needed;
- (3) Proposed Rules – Enforcement Director reviewed drafts of proposed rules, when needed;
- (4) Orientation of New Employees – Team staff conducted orientation sessions with new agency employees;
- (5) Enforcement 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);
- (6) Enforcement Director and team staff served as a resource regarding escalation of violations identified by Compliance Team field staff on a regular basis;
- (7) Compliance Analyst participated with Legal Team staff in item writing and item pool review for the Multi-State Jurisprudence Examination; and
- (8) Team 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) Team 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);
- (2) Team 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);
- (3) Enforcement Director presented at University of Houston College of Pharmacy's Alcohol, Drugs and You Convocation; and
- (4) Enforcement Director sent quarterly notifications to the deans of the Texas

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colleges/schools of pharmacy regarding disciplinary actions taken that effect preceptor status.

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

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Board Member Bradley A. Miller, Ph.T.R., served as an ex-officio member of the PRN State Committee;
- B. Team staff reviewed quarterly activity reports submitted by the PRN Director, and the PRN Director submitted year-to-date financial reports for the PRN Program at each Board meeting;
- C. Team staff attended two PRN State Advisory Committee meetings held on October 19, 2019, and July 31, 2020; and
- D. Enforcement Program Manager worked closely with PRN Program Director to ensure the accuracy of data for peer assistance performance measures.

9. To assist the Executive Director in developing and implementing the objectives of the Health Professions Council.

Status: ACCOMPLISHED

Comment: Team staff participated in user acceptance testing of the Board's regulatory database system in October 2019 and June 2020, following the addition of a new licensing boards to the database system. In addition, Team staff worked with Health Professional Council staff throughout FY2020 to modify the regulatory database for improved functionality.

10. To manage team employees under the supervision of the Team in compliance in compliance with all applicable state and federal laws, 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 team 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:
 - Team staff attended quarterly General All-Staff Meetings;
 - In conjunction with General All-Staff Meetings, Enforcement Director or designee conducted reviews of newly adopted rules with Team staff;

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- Team leaders and staff attended and participated in more frequent team meetings, biweekly teleconferences held for field investigative staff, and team leaders attended and participated in TSBP managers' meetings and trainings;
- Team staff attended professional development seminars in pharmacy and related healthcare areas;
- Team staff participating in TSBP Rules Queue met weekly to discuss rules and related topics;
- Complaint reviews were held monthly regarding open consumer and criminal complaints with applicable investigative staff and team leaders; and
- Team staff attended informal conferences held by the Board for observation and training.

B. Performance Evaluations – All Team staff job descriptions were reviewed for accuracy of role and responsibilities. Formal performance reviews were conducted for all Team employees, with the exception of new hires.

11. To destroy records in accordance with the agency's record retention plan; to review and update the Team's *Policies and Procedures Manual* as needed, and to submit any substantive revisions to the Executive Director for approval.

Status: ACCOMPLISHED

Comment: Team staff successfully gained access during FY2020 to modify agency complaint records kept in the electronic complaint storage system maintained by the Health Professional Council. Upon gaining access to modify these complaint records, Team staff made significant progress towards the removal of improperly stored criminal history records that were identified during an FBI audit in FY2016 of the agency's access to criminal history information. In August 2020, Team Director reviewed and provided changes to descriptions for enforcement records in agency's Record Retention Series draft. The Policies and Procedures Manual for the Team was updated and revised throughout FY2020, as needed.

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.

Status: ACCOMPLISHED

Comment: All Team staff made recommendations to improve the efficiency and effectiveness of agency operations. The Team utilized only electronic cases for all complaints received by the agency, and enhanced e-case file naming conventions and file folders to ensure files location and appropriate retention. The Team maintained its correspondence letters, templates for letters, and established mail-merge logs for most correspondence. The Team collaborated with the Legal Team to establish notification for pharmacy technician/trainee applicants in order to promote better attendance at informal conferences before the Board panel. Further, Team staff continued creating and updating numerous policies and procedures for operations

ENFORCEMENT TEAM

within the Team and functions of investigations, such as new types of investigations and investigative steps.

13. **To prepare a report on the accomplishment of Team objectives, for incorporation into the agency's *FY2019 Annual Report* and submit to the Executive Director by the due date.**

Status: **ACCOMPLISHED**

Comment: The Enforcement team prepared and submitted the *FY2019 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 2020 Board meeting.

FY2020 SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished all of its 22 objectives for FY2020.
2. The Team initiated 499 disciplinary actions by mailing a Preliminary Notice Letter, entered 364 disciplinary orders, and entered 14 Remedial Plans against licensees and registrants during the fiscal year. Additionally, 117 applicants for registration as a pharmacy technician or pharmacy technician trainee were subject to mandatory withdrawal, indicating that although the team 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 1% 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 Team resolved 556 cases against licensees and registrants, which was 30 cases more than the team 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 team resolved ten 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. These resolutions saved the agency considerable resources both in time and expenditures.
6. Administrative hearings were conducted against three 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 where each of the Respondents did not appear. Drafts of Default orders were prepared and entered at the subsequent Board Meetings for two cases with the third continuing into FY2021 for resolution. The extensive preparation for the hearings required a considerable amount of time, and the team was able to maintain a consistent number of cases resolved.
7. Team staff continued to enhance the legal analysis of nontherapeutic dispensing cases from Enforcement and continued to develop an in-depth and extensive method of preparing and analyzing the cases via Excel and detailed reports for submission for expert pharmacist opinion regarding pill mill activities.
8. Team staff changed the schedule for Informal Conferences (IC) to allow for pharmacy and pharmacist ICs and technician ICs to be held over three consecutive days on months without Board Meetings and technician ICs to be held on the day after the Board Meeting. The change allowed a reduced impact on the Board members' time and travel expenses as they were not required to travel an additional day later in the month of a Board meeting.

LEGAL TEAM

Beginning in March and continuing through the remaining months of the fiscal year, Board staff were required to transition to remote ICs held via videoconference due to the COVID pandemic response. The change in the IC schedule helped staff make a smooth transition for staff, Board members, and Respondents to a remote format. The change to videoconference had a significant financial impact in that there were no longer travel expenses incurred by two Board members each month to attend ICs. Another unintentional positive effect of the change to ICs held via videoconference was an increase in attendance by technician and technician trainee respondents as there was less impact on them in relation to missed work time and travel expenses.

9. The agency implemented two programs relating to requests for Prescription Monitoring Program information, the Law Enforcement Access Portal (LEAP) on September 1, 2019 and the Patient Access Program (PAP) on June 1, 2020. Team staff processed 2,204 LEAP requests.
10. Team staff drafted, or assisted others in drafting, and prepared 55 rules for review by the Board.
11. Team staff completed the reporting of all FY2020 disciplinary actions to NABP/NPDB.
12. General Counsel and team staff members responded to the business changes imposed by the pandemic in a rapid and efficient manner to ensure Board business suffered minimal impact. In addition, several changes implemented by the Team saved the Board money at a time the Board was requested to reduce the budget by 5%. The savings enabled by the team changes played a part in making the requested reduction.

FY2020 SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Turnover due to employee promotion and termination of employment continued to impact the team. The team lost three Legal Assistants, two of which were long term employees, early in the fiscal year. This had a significant impact on the team in that key roles in the PNL preparation process were vacant, and the General Counsel and Team Manager spent significant time and effort to post, interview for, hire and onboard; and finally to train three new Legal Assistants remotely.
2. Two attorneys were on leave for a significant period of time in late FY2020. This absence created a backlog in cases and processing of cases which the team is still working to process and catch up.
3. Team 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.

LEGAL TEAM

FY2020 ANNUAL REPORT

GOAL

To prosecute violations of the laws and rules related to the practice of pharmacy. 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. To facilitate rule development and provide information services for the agency, including responding to requests for public information, offering educational opportunities, and serving as liaison to the *Texas Register*.

Objectives (New)

To assist the Executive Director, in cooperation with other teams, in the following new objectives:

1. Reviewing and implementing legislation passed by the 86th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. Updating and preparing the *TSBP Strategic Plan for FY2021-2025* 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 FY2022-2023 biennium for review and approval by the Board at the Budget meeting;
4. Preparing the *TSBP Legislative Appropriation Request for FY2022-2023* and corresponding performance measures by the due date; and
5. Participating in the orientation of new Board members within 90 days of appointment by the Governor.

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 86th Texas Legislature.
2. General Counsel worked with the Executive Director and the other board staff in preparation of the FY2021-2025 Strategic Plan and reviewed the final draft of the document. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
3. General Counsel worked with the Executive Director and the other board staff in preparation of the proposed budget for FY2022-23.
4. General Counsel worked with the Executive Director and the other board staff in preparation of the FY2022-2023 Legislative Appropriations Request (LAR) and corresponding performance measures and reviewed the final draft of the document. The LAR was submitted to the Legislative Budget

LEGAL TEAM

Board and the Governor's Office of Budget, Planning, and Policy by the due date.

5. On October 17, 2019, the General Counsel and other agency staff participated in the new Board member orientation for Donna Montemayor, R.Ph., and Rick Tisch.

Objectives (Ongoing)

1. **To coordinate and monitor the receipt, assignment, and resolution of all Legal cases.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Team 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 team Manager also met with the Legal Assistants on a monthly basis to address common issues and monitor progress.

After team and agency staff were moved to a remote working environment due to the COVID pandemic, General Counsel and team staff met multiple times each month both within the team and with other agency teams to ensure a smooth and efficient transition to a work at home environment for the majority of the staff. In order to maintain sufficient overview of staff efficiencies and to proactively manage case load, team staff frequently met using TEAMS to discuss case and workload needs.

- B. General Counsel and other senior team 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 team often reallocated resources to most effectively process the cases in a timely manner.
- C. Team staff maintained a database system to track the current status of all cases, thereby increasing efficiency in monitoring cases. In addition, team 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 team staff and improve more efficient and immediate information sharing.
- D. A total of 14 Remedial Plans were entered.
- E. A total of 364 disciplinary orders were entered.

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

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actions to the Board at Board meetings involves creating an electronic summary chart along with the orders linked to the chart (see Appendix LEG-01).

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

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Team staff reviewed numerous cases prior to referral for disciplinary action to determine whether sufficient evidence existed to warrant prosecution.
- B. Team staff received 526 respondent cases, which involved 304 pharmacist and pharmacy and 222 pharmacy technician and pharmacy technician trainee Respondents, and resolved 556 respondent cases.
- C. Team staff mailed 499 Preliminary Notice Letters in accordance with the priorities established for the team. Of these PNLs, 241 PNLs were mailed to pharmacists and pharmacies, and 258 PNLs were mailed to pharmacy technicians and pharmacy technician trainees.
- D. The number of days to mail PNLs after the case review date was 78 days. The number of days for PNLs to be sent to pharmacists and pharmacies averaged 99 days and PNLs to pharmacy technicians were sent in an average of 59 days from receipt of the case.
- E. Total resolution time for cases was 162 days from receipt of the case in Legal to the disposition of the case in the Legal. There was an increase in resolution time which can be attributed to several older SOAH cases which were closed in FY2020 as well as staff vacancies.

Case resolution for pharmacists and pharmacies averaged 176 days and case resolution for pharmacy technicians averaged 148 days.
- F. No Petitions were filed and no Temporary Suspension Hearings were conducted for cases involving pharmacists and pharmacies. Subsequently no temporary suspension petitions were granted or denied.

3. **To plan and conduct a minimum of 21 days of informal conference sessions to adjudicate violators of pharmacy laws/rules.**

Status: ACCOMPLISHED

Comment: The team prepared for and conducted 26 days of Informal Conferences (ICs) for 356 Respondents comprised of 145 pharmacy, pharmacist, and intern licensees and applicants and 211 technician and technician trainee registrants and applicants (see Appendix LEG-02). A change was made statistically to counting individual respondents versus cases in order to match the way SOAHs statistics are counted.

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Team staff changed the structure of the Informal Conference to allow for pharmacy and pharmacist ICs and technician ICs to be held over three consecutive days on months without Board Meetings and technician ICs to be held on the day after the Board Meeting. This change impacted the number of days of ICs held for the fiscal year.

Team 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. Team staff also prepared this information in advance to allow the Board members additional time to review the cases prior to informal conference.

Beginning in March and continuing through the remaining months of the fiscal year, Board staff were required to transitioned to remote ICs held via videoconference due to the COVID pandemic response.

4. **To refer disciplinary cases to the State Office of Administrative Hearings (SOAH) 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 FY2020, five respondent cases were ongoing following the filing of a complaint at the State Office of Administrative Hearings in FY2019 and pending a resolution. The team 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 nine additional respondent cases.
- B. Ten respondent cases were resolved prior to a full contested administrative hearing being conducted at SOAH. 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 three respondents and Proposals for Decision (PFDs) were issued by the Administrative Law Judges against two respondents with the third pending issuance in FY2021. Seven respondent cases were pending a hearing at the end of FY2020.
- D. SOAH performed 205 hours of work on two cases for the Board, totaling approximately \$10,182 in direct hearings expenses and \$33,583 in total case expenses.

5. **To research legal issues and provide legal services and advice to the Board and agency staff; to provide legal services to agency teams regarding interpretation of the laws and rules.**

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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 team staff provided legal advice and consultation on numerous personnel issues during FY2020, 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;
 - (h) attended presentations and webinars to keep apprised of current trends in labor and employment law.
 - (4) General Counsel served as the agency's Ethics Advisor and continued to assist Board Members and staff with legal and ethical issues.
 - (5) 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 FY2020.
 - (6) General Counsel and team staff reviewed requests for public information in clarifying requests and requesting assistance from the OAG.
 - (7) General Counsel consulted with other Team Directors regarding the evaluation of results of the Survey of Employee Engagement completed by agency staff.

LEGAL TEAM

- (8) General Counsel and team staff assisted in the review and preparation of minutes of four regularly-scheduled Board meetings.
- (9) General Counsel reviewed and participated in meetings regarding agency contracts.

B. Technical Assistance to Enforcement Activities

- (1) Team 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, and other pharmacy- and litigation-related legal issues.
- (2) General Counsel attended meetings, as requested, to provide legal guidance on inspection and investigative issues.
- (3) Team staff drafted numerous subpoenas and voluntary revocation orders to assist with the investigative work of the TSBP investigators.
- (4) Team staff handled legal questions from all staff regarding a myriad of issues.
- (5) General Counsel and team staff reviewed complaint files for pharmacists and pharmacies and provided guidance regarding the identification of violations and the resolution of the cases. In addition, General Counsel and team 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 team staff made presentations at all Board meetings held in FY2020. 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) Team 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) Team staff assisted the Enforcement Team with issues involving the monitoring of impaired pharmacists, including legal consultation on handling of positive drug screens and interfacing with the PRN program.
- (10) Team staff drafted ineligibility issues for pharmacist applicants who did not qualify for licensure under the Texas Pharmacy Act.
- (11) Team staff redacted files to comply with orders of expunction and of non-disclosure regarding criminal offenses.

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- (12) Team 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 agency vendors.

C. Legal Services for Licensing

- (1) Team staff assisted with recommendations on eligibility for licensure and registration, verified accuracy of letters, and handled cases through the legal process.
- (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 Licensing Team Leader and Licensing staff on numerous questions regarding pharmacy classifications.
- (5) General Counsel advised the Licensing Team Leader and Licensing staff on removal of attestation questions from applications.

D. Other Legal Services regarding Pharmacy Issues

- (1) General Counsel participated in TSBP AWAxE Account meetings regarding the PMP and attended quarterly PMP Interagency Meetings.
- (2) General Counsel participated in meetings and teleconferences regarding any pending pharmacy issues as required.
- (3) General Counsel and team staff participated in the drafting and review of the question pool for the Multistate Jurisprudence Examination to ensure the validity of the questions in the pool.
- (4) General Counsel and team staff participated in teleconference meetings of committees to review requests for pilot projects and assisted with development of rules on related issues.
- (5) General Counsel assisted the Executive Director in preparation for House and Senate Committee Hearings.
- (6) General Counsel and team staff contributed to the review and updating of the electronic Compliance Inspection Forms and Warning Notices.
- (7) General Counsel participated in meetings regarding the Internal Auditors and their report.

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- (8) General Counsel and team staff assisted representatives of the US Department of Justice (DOJ) and/or Drug Enforcement Agency (DEA) regarding Pill Mill prosecution and actions being taken by the Board.
- (9) General Counsel and team staff participated in the orientation and annual training for Board members.

6. To oversee the review and monitoring of the Texas Register for Attorney General opinions; drafting of requests for Attorney General Opinions; to serve as liaison for the Board to the Office of the Attorney General (OAG); and appeals, injunctions, or civil litigation handled by the OAG against pharmacists or non-pharmacists.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Team 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) Team staff continued to serve as liaison with the OAG throughout FY2020. Ted Ross served as the Assistant Attorney General assigned to TSBP from the OAG Administrative Law Division.
 - (2) Appeals; Injunctions; Civil Litigation
 - (a) General Counsel coordinated representation regarding appeals of Board Order.
 - (b) General Counsel coordinated representation regarding challenges to subpoenas.
 - (3) Requests for OAG rulings

Team 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 verbal and written information to Board staff and customers, including responses to surveys and questionnaires, as needed and required, to provide legal assistance and maintain liaison with appropriate local, state, and federal prosecutors, legal divisions, and enforcement agencies involved in pharmacy practice regulation.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

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A. Surveys/Questionnaires and Other Correspondence

General Counsel and team 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 team staff consulted with the Director of the Professional Recovery Network to discuss the handling of cases involving impaired pharmacists.
- (2) Team staff attended 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. Team staff coordinated with the Texas Medical Board regarding the prosecution of cases and/or rulemaking.
- (5) General Counsel and team 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.
- (6) Team staff participated in the Texas Government Social Media Alliance meetings.
- (7) Team 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.
- (8) General Counsel consulted with outside agencies licensing healthcare professionals regarding the Prescription Monitoring Program.

D. Technical Assistance to the Legislature

General Counsel and/or team 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) Team 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.

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- (2) Team 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) Team staff participated in UT Law School educational and recruitment programs.
- (4) General Counsel provided information to various reporters researching pharmacy-related stories
- (5) General Counsel consulted with pharmacy business entities on issues regarding implementing proposed business models.

8. 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.

Status: ACCOMPLISHED

Comment: The Assistant General Counsel and team 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 team 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 55 rules for review by the Board (see Appendix LEG-03), an increase from 45 rules in FY2019.

9. 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 submissions of other agencies that would impact the agency, and to provide periodic notice of publications to Board members, staff, and other interested parties.

Status: ACCOMPLISHED

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

Ninety-seven submissions to the *Texas Register* were made that proposed, adopted, reviewed, repealed, or withdrew amendments or new Texas Pharmacy rules. Rule reviews were submitted and published as required. Team 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.

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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:

- November 6, 2019
- February 5, 2020
- May 6, 2020
- August 12, 2020

Fifteen notices of open meetings scheduled were submitted by the team to the *Texas Register* for publication.

Statistics regarding Rules submitted and Open Meetings submitted to the *Texas Resister* can be found on Appendix LEG-04.

- 10. To respond to open records requests, in accordance with the procedures set forth in the Texas Public Information Act and to draft requests for open records decisions from the Office of the Attorney General; to notify various state and federal agencies regarding disciplinary orders entered by the Board.**

Status: ACCOMPLISHED

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

- A. Team staff processed 3,559 individual open records requests. Team staff continued to utilize an entirely electronic open records intake, processing, and approval process, which allows requests to be handled more efficiently (see Appendix LEG-05). The agency also made more information available on the agency's website decreasing the need to submit an open records request for this information.
- B. Team staff reviewed and processed 2,204 subpoenas, warrants, and court orders for PMP information submitted to the Law Enforcement Access Portal.

- 11. To provide educational outreach to licensees/registrants about current laws and rules and to provide information consistent with the responsibilities of the Board through the publication of agency updates, webinars, training videos and tutorials, social media posts, and other instructional opportunities.**

Status: ACCOMPLISHED

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

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

The team 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 12,373 subscribers at the end of the FY2020 (approximately 11.3% increase as compared to FY2019)

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- B. The team provided 9 online presentations to 448 individuals (see appendix LEG-06). The team switched focus to dedicated on-demand courses that would allow users to access content at any time, which included major updates to the existing Texas Pharmacy Laws and Rules Update course and a complete rewrite of the opioid-related course to better meet updated continuing education requirements. The opioid-related course was renamed The Opioid Epidemic: History, Treatment Options & Combating the Crisis. A total of 2,248 individuals completed the on-demand law course, and a total of 616 individuals completed the on-demand opioid-related course. .
- C. Ten educational videos were produced and posted on YouTube, including two internal staff training videos; a pharmacist licensure by exam tutorial; and seven Board Meeting videos. Total video views were approximately 23,600 (a slight decrease of about 4% as compared to FY2019). However, subscribers rose by approximately 145 individuals.
- D. Facebook, Twitter, and YouTube continued to be useful tools to provide information. At the end of FY2020, over 6,423 individuals “liked” TSBP on Facebook (an increase of 12.66% from FY2019) and over 2,197 individuals “followed” TSBP on Twitter (an increase of 5.07% from FY2019). Team staff created a TSBP Instagram account on September 17, 2019. At the end of FY2020, approximately 660 individuals “followed” TSBP on Instagram. A total of 226 posts were on TSBP’s Facebook, Twitter, and Instagram.

12. To draft requests for Attorney General Opinions on Open Records decisions.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

General Counsel and team staff submitted ten requests for Open Records letter rulings.

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

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

General Counsel and team staff participated in discussion with members of the HPC Legal Committee, which includes attorneys from other agencies, as requested to discuss common problems identified with handling of legal cases for HPC agencies.

14. To manage team employees in compliance with all applicable state and federal laws, 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 team employees; and to promote self-

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

15. To destroy records in accordance with the agency's record retention plan; to review and update the team's Policies and Procedures Manual as needed and submit any substantive revisions to the Executive Director for approval.

Status: ACCOMPLISHED

Comment: This objective was accomplished as follows:

- A. Records Management

Team staff destroyed records, in accordance with the TSBP record retention schedule, including general correspondence. Team staff also prepared and indexed material for electronic storage. In addition, team staff revised the shared directory structure for improved use by the Legal Team to simplify access to files. For the last six months of FY2020 the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention.
 - B. Policies and Procedures
 - (1) Team staff updated and maintained Disciplinary records containing all Board Orders, Agreed Board Orders, and Remedial Plans moving to purely electronic system of storing the final, entered Orders in early-mid FY2020.
 - (2) Team staff updated drafting procedures regarding drafting of the Statement of Allegations to ensure preliminary notice letters and
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forms for pharmacist and pharmacy disciplinary actions and for pharmacy technicians and technician trainees followed the same guidelines.

- (3) Team staff continued to review and draft/update written policies and procedures for handling of cases to provide reference and training material for the team positions.
- (4) Team staff continued to review and update as needed procedures to handle expunction and nondisclosure orders for varying types of complaints and cases.
- (5) Team staff updated procedures for drafting ABOs to ensure that all paragraphs are up-to-date with the latest changes.

In March of 2020, due to COVID-19 and the Governor's disaster declaration, Team staff transitioned from the office to a remote work environment at home. This necessitated immediate updates to most of the policies and procedures to replace any paper processes with electronic processes and to ensure team members could perform all job duties and functions while working remotely. Team staff successfully moved to remote and paperless processes with minimal short-term effect on standard business. Two of the biggest updates to existing policies and procedures included Board meetings and informal conferences as described below:

- (1) Team staff researched and transitioned the informal conference process from being held in-person to being held remotely via videoconference. Notice language was updated in all PNLs and a new procedures page was drafted to guide Respondents. Team staff planned and implemented a process which allowed the informal conferences to be heard on substantially the same schedule as when in-person. There was a marked increase in the attendance of pharmacy technicians and pharmacy technician trainees when the remote attendance system was put into place
- (2) While under the disaster declaration and with the Governor's suspension of certain open meetings provisions, the Board held Board meetings remotely via videoconference. The General Counsel and team staff researched, planned, and implemented in a short amount of time the transition to a remote Board meeting platform. Team staff held an emergency remote Board meeting within two weeks of the Governor's declaration allowing the Board to give guidance and issue an emergency rule allowing the practice of pharmacy to continue in a safe manner and ensure the safety of the citizens of Texas. Additionally, team staff continued to learn and implement updates to the videoconference system to allow for increasingly efficient Board participation as well as an effective means of participation for the general public.

- 16. 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.**

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Status: ACCOMPLISHED

Comment: This objective was accomplished as follows:

- A. Team staff continued 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. Team staff continued 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. Team 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. This was especially important when the informal conferences and Board meetings were moved to a remote attendance platform during the Governor's disaster declaration and staff needed to provide data to the Board members.
- C. General Counsel and team staff served as on the agency's Wellness Committee and coordinated the following programs:
 - (1) Maintain No Gain;
 - (2) Farm-to-Work;
 - (3) Provision of flu shots;
 - (4) Weekly yoga classes; and
 - (5) other programs and/or 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 and/or activities.
- F. Team staff developed a Calendar of Events for FY2020 for informal conferences and reserved conference rooms accordingly.
- G. General Counsel reviewed expenditures of seizure money for compliance with laws and policies.
- H. General Counsel and team 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.
- I. Team staff continued to update as needed the standard Agreed Board Order guidance paragraphs. Team staff also continued to update as

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needed the Preliminary Notice Letter standard paragraphs to reflect updates to language routinely used and to accommodate changes in laws and rules.

- J. Texas Pharmacy Act
General Counsel submitted changes to the Pharmacy Act for approval by the TSBP regarding disciplinary and legal proceedings for the legislative session.
- K. Board Rules
 - (1) General Counsel and Team 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.
 - (2) General Counsel and team staff reviewed rule changes throughout the fiscal year.

17. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2019 Annual Report and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The team's first draft of the *FY2019 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 2020 Board meeting.

Prescription Monitoring Program Team

SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished all of its 14 objectives.
2. The Team effectively transitioned to remote working conditions with minimal to no disruption regarding AWA Rx E registrations, reporting and updating of files, and processing of prescription pad orders during the pandemic response by the agency.
3. A total of eight presentations were conducted in FY2020 to individuals (i.e., prescribers and pharmacists) regarding the Prescription Monitoring Program (See Appendix PMP-01).

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Providing training remotely to new employees hired after the Governor's disaster declaration was difficult. However, employees have been fully trained and are working effectively and efficiently.
2. A request for proposal for the printing of the official prescription forms was issued during FY2020. Numerous meetings and presentations were conducted over Zoom or Teams. The contract was awarded before the end of FY2020 to a new vendor which created challenges to ensure consistency in the printing of the forms.

PRESCRIPTION MONITORING PROGRAM

FY2020 ANNUAL REPORT

GOAL

To collect and monitor prescription data for all Schedule II, III, IV, and V controlled substances dispensed by a pharmacy in Texas or to a Texas resident from a pharmacy located in another state; provide a venue for wholesalers to report the distribution of controlled substances to entities in Texas; and to provide a venue for monitoring patient prescription history for practitioners and the ordering of Schedule II Texas Official Prescription Forms.

Objectives (New)

To assist the Executive Director, in cooperation with other teams, in the following new objectives:

1. **Reviewing and implementing legislation passed by the 86th Texas Legislature that affects agency operations and/or the practice of pharmacy;**
2. **Updating and preparing the TSBP Strategic Plan for FY2021-2025 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 FY2022-2023 biennium for review and approval by the Board at the Budget meeting;**
4. **Preparing the TSBP Legislative Appropriation Request for FY2022-2023 and corresponding performance measures by the due date; and**
5. **Participating in the orientation of new Board members within 90 days of appointment by the Governor.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff 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 86th Texas Legislature.
- B. Team staff worked with the Executive Director and the other board staff in preparation of the proposed budget for FY2022-23.
- C. Team staff worked with the Executive Director and the other board staff in preparation of the FY2022-2023 Legislative Appropriations Request (LAR) and corresponding performance measures 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 the due date.

Objectives (Ongoing)

1. **To monitor the registration process of individuals authorized to access the Prescription Monitoring Program (PMP) and ensure the appropriate use of the PMP.**
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PRESCRIPTION MONITORING PROGRAM

Status: ACCOMPLISHED

Comment: The number of registered users increased by an additional 37,321, for a total of 153,779 registered users by year-end of FY2020 (see Appendix PMP-02).

- 2. To ensure pharmacies are submitting accurate controlled substance data to the PMP in a timely manner.**

Status: ACCOMPLISHED

Comment: Team staff reviewed reports of pharmacies that had not submitted data to the PMP as required. Pharmacies that were not in compliance were contacted. In addition, the PMP team began reviewing data submitted to the PMP to check for accuracy.

- 3. To provide notification to prescribers and pharmacists, using threshold indicators, when potentially harmful prescribing pattern or practice may be occurring, or drug diversion or drug abuse may be occurring.**

Status: ACCOMPLISHED

Comment: Notifications were sent to registered users from September 1, 2019, through to June 1, 2020 on a monthly basis. During this time, 4,903 notifications were sent to practitioners for patients that exceeded the minimum threshold of 5 prescriptions, issued by 5 prescribers, and dispensed at 3 pharmacies during the prior month. A total of 841 patients were identified as meeting or exceeding the 5-3-5 threshold. On June 1, 2020, modifications were made to the AWARxE system and notifications were automatically sent to registered users as patients reached the 5-3 threshold. Alerts were sent during June to August 2020, totaling 6,884 notifications for 479 patients.

- 4. To process an order for official prescription forms after verification to ensure the proper authorization of the prescriber.**

Status: ACCOMPLISHED

Comment: During FY2020, 83,542 official prescription pad orders were processed. Each order was reviewed by staff to ensure the validity of the order and the prescriber. This represents a 43% decrease when compared to the number of orders in FY2019.

- 5. To maintain information submitted by wholesalers regarding the distribution of controlled substances to entities in Texas.**

Status: ACCOMPLISHED

Comment: Texas wholesalers submitted information regarding the distribution of controlled substances to entities in Texas electronically to the agency's database. The information was provided to investigators as requested with information regarding a licensee's drug ordering history.

- 6. To recommend changes to improve the efficiency and effectiveness of the agency operations and forward the recommendation to the Executive Director.**

PRESCRIPTION MONITORING PROGRAM

Status: ACCOMPLISHED

Comment: Team staff made suggestions to policies and procedures as necessary to improve the agency's efficiency and effectiveness as needed.

7. **To assist with and destroy records in accordance with the agency's record retention plan; to update the Team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.**

Status: ACCOMPLISHED

Comment: Team staff destroyed records, in accordance with the agency's record retention schedule, including general correspondence. Team staff reviewed the Program's Policy and Procedure Manual and recommendations were submitted to the Executive Director for approval and updated as appropriate.

8. **To manage Team employees in compliance with all applicable state and federal laws, 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 Team 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 –Team members attended quarterly General All-Staff Meetings.
- B. Performance Evaluations – All licensing teams members' job descriptions were reviewed for accuracy of role and responsibilities. Formal performance reviews were conducted for all team employees, with the exception of new hires.
- C. Other Activities – One employee was hired during this fiscal year. Monthly team meetings were held. Team staff prepared and conducted orientations for all new agency employees and interns

9. **To prepare a report on the accomplishment of Team objectives, for incorporation into the agency's FY2019 Annual Report and submit to the Executive Director by the due date.**

Status: ACCOMPLISHED

Comment: The team's first draft of the *FY2019 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 2020 Board meeting.

FY2020 SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished all of its objectives.
2. After Team staff transitioned from working at the office to working remotely due to the COVID-19 pandemic and the Governor's disaster declaration, Team staff implemented policies and procedures to process payments remotely in order to maintain this essential business function.

FY2020 SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. The Team continued to experience turnover due to employee retirement and promotion. A key staff member retired in January 2020 resulting in a significant loss of institutional knowledge. A new employee was hired shortly before staff began working remotely due to COVID-19 and had to receive training remotely.
2. On May 20, 2020, the Governor requested that each state agency submit a plan to reduce the agency's appropriations by five percent for the 2020-2021 biennium. This reduction imposed constraints on the agency's budget and ability to perform certain functions.

FINANCE TEAM

FY2020 ANNUAL REPORT

GOAL

To administer agency purchasing and financial operations; to prepare and monitor budgets, and expense-related documentation and reporting for the agency; and to provide accounting services.

Objectives (New)

To direct the agency, in accomplishing the following new objectives throughout FY2020:

1. **Reviewing and implementing legislation passed by the 86th Texas Legislature that affects agency operations and/or the practice of pharmacy;**
2. **Updating and preparing the TSBP Strategic Plan for FY2021-2025 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 FY2022-2023 biennium for review and approval by the Board at the Budget meeting;**
4. **Preparing the TSBP Legislative Appropriation Request for FY2022-2023 and corresponding performance measures by the due date; and**
5. **Participating in the orientation of new Board members within 90 days of appointment by the Governor.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff 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 86th Texas Legislature.
 - B. Team staff worked with the Executive Director and the other board staff in preparation of the FY2021-2025 Strategic Plan and reviewed the final draft of the document. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
 - C. Team staff worked with the Executive Director and the other agency staff in preparation of the proposed budget for FY2022-23.
 - D. Team staff worked with the Executive Director and other board staff in preparation of the FY2022-2023 Legislative Appropriations Request (LAR) and corresponding performance measures 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 the due date.
 - E. On October 17, 2019, Team staff participated in the new Board member
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FINANCE TEAM

orientation for Donna Montemayor, R.Ph., and Rick Tisch.

Objectives (Ongoing)

1. **To prepare a proposed budget for FY2021 for submission to the Board by the due date for the 2020 May Board Meeting.**

Status: ACCOMPLISHED

Comment: Team staff prepared a proposed budget for FY2021.

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

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, 2019, 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.**

Status: ACCOMPLISHED

Comment: A quarterly operating budget was presented to the Board at each of the regularly scheduled business meetings and recorded as such in the official minutes of the Board meetings. Revenue projections and future options for fee adjustments were presented to the Board at the May 2020 Board meeting.

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.**

Status: ACCOMPLISHED

Comment: The Financial Services Manager 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.

5. **To provide verbal and written information to Board staff and customers, by the assigned due dates, the LBB Performance and Funds Management Report, and other special reports as requested by the LBB; legislative committees; legislators; and others, in conjunction with other teams as necessary.**
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FINANCE TEAM

Status: ACCOMPLISHED

Comment: This objective was accomplished by providing all required reports by the assigned due dates.

6. **To assist with and destroy records in accordance with the agency's record retention plan; to update the Team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.**

Status: ACCOMPLISHED

Comment: Staff destroyed records, in accordance with the TSBP record retention schedule, including general correspondence. Staff reviewed the Program's Policy and Procedure Manual and recommendations were submitted to the Executive Director for approval and updated as appropriate.

7. **To manage Team employees in compliance with all applicable state and federal laws, 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 Team 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. Team staff was evaluated on an annual basis, as required by agency policy.
- B. Team meetings were held quarterly with Team staff. After Team and agency staff transitioned to working remotely due to the COVID-19 pandemic, Team meeting frequency was increased to every other week to improve communication and ensure a smooth transition.
- C. Team staff prepared and conducted orientations for all new TSBP employees and interns regarding the Compliance Program.
- D. Team staff attended general staff meetings and in-house training sessions.

8. **To prepare a report on the accomplishment of Team objectives, for incorporation into the agency's FY2019 Annual Report and submit to the Executive Director by the due date.**

Status: ACCOMPLISHED

Comment: The Team's first draft of the FY2019 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 2020 Board meeting.

FY2020 SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished all of its objectives.
2. The Team completed multiple additional projects:
 - Team completed various revisions to the Employee Handbook.
 - Review of position descriptions and employee evaluations.
 - Drafted new Policies and Procedures relating to the COVID-19 pandemic and the agency response and business continuity plans.
 - Created and implemented new training videos to train staff remotely on new Policies and Procedures relating to COVID and office operations
3. The agency underwent a successful Annual Internal Audit for FY2020 that was focused on the area of Compliance. The objective of the Fiscal Year 2020 Annual Internal Audit Report was to ensure that the agency's policies and procedures and internal controls in place over the accounting and financial reporting area provide reasonable assurance of compliance with state requirements, and that complete and accurate financial information is prepared and reported to the Board and various state agencies.
4. The Team was able to respond to the COVID-19 pandemic and ensure that appropriate safety measures and training were in place for agency staff.

FY2020 SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. During FY2020, the Team experienced turnover with the retirement of a key Staff Services Officer and adding a new position. This resulted in a significant loss of institutional knowledge which impacted efficiency for all Teams, particularly due to the increased recruiting and selection for new agency positions. There was also a significant time and effort spent hiring and training the new Staff Services Officers.
2. The COVID-19 pandemic significantly impacted team staff resulting in unforeseen demands and changes to job functions. Team staff redirected efforts to ensure quality safety procedures and training to all in-office and field staff to mitigate the spread of COVID-19.

HUMAN RESOURCES

FY2020 ANNUAL REPORT

GOAL

To administer agency operations involving human resources, payroll, and risk management.

Objectives (New)

To assist the Executive Director, in cooperation with other teams, in the following new objectives:

1. Reviewing and implementing legislation passed by the 86th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. Updating and preparing the *TSBP Strategic Plan for FY2021-2025* 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 FY2022-2023 biennium for review and approval by the Board at the Budget meeting;
4. Preparing the *TSBP Legislative Appropriation Request for FY2022-2023* and corresponding performance measures by the due date; and
5. Participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

1. Team staff 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 86th Texas Legislature.
2. Team staff worked with the General Counsel, Executive Director, and other board staff in preparation of the FY2021-2025 Strategic Plan and reviewed the final draft of the document. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
3. General Counsel worked with the Executive Director and the other board staff in preparation of the proposed budget for FY2022-23.
4. General Counsel worked with the Executive Director and the other board staff in preparation of the FY2022-2023 Legislative Appropriations Request (LAR) and corresponding performance measures 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 the due date.
5. On October 17, 2019, the General Counsel and other agency staff participated in the new Board member orientation for Donna Montemayor, R.Ph., and Rick Tisch.

HUMAN RESOURCES

Objectives (Ongoing)

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

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.
- B. Employee position descriptions were reviewed and revised throughout the year.
- C. General Counsel continued implementation of "team leader" quarterly meetings.
- D. The agency updated its Employee Handbook of Personnel Policies and Procedures.
- E. The agency posted 28 positions for employment and received 351 applications during this fiscal year, which resulted in 23 new hires and 10 promotions (see Appendix HR-01 for EEO data).
- 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. The Board's total percent of veterans employed was 9.71%, which is higher than the statewide average of 6.36%.
- G. Workforce demographics released by the Texas State Auditor's office indicates that on average, employees at the agency were 45 years of age and had 6.70 years of agency length of service. Of the agency's employees, 44.85% were 40 years of age or older, and 52.42 % had fewer than 5 years of agency length of service. It is estimated that between fiscal years 2021 and 2026, 22.33% of the agency's workforce will be eligible to retire.
- H. The agency (110 FTE cap; 103 FTE filled positions) had 8 employees that terminated employment with the agency in FY2020 (see Appendix HR-01), resulting in a turnover rate of 7.80% (including interagency transfers). This compares to the overall statewide turnover rate of the state of 20.3% and 12.7% turnover rate of Article VIII agencies as reported for FY19.

HUMAN RESOURCES

- 2. 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.**

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.

- 3. To participate in the development and implementation of the Continuity of Operations (COOP) and Disaster Recovery (DR) procedures and ensure the availability of these agency systems through COOP and DR planning, testing and execution**

Status: ACCOMPLISHED

Comment: This objective was accomplished as follows:

The agency responded to the COVID pandemic by implementing all aspects of the COOP previously developed and developed new and modified procedures to respond to the challenges presented. The agency was efficient and effective in maintain continuity of operations throughout the course of the pandemic and was able to provide all services to its constituents and the public.

- 4. 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; and to destroy records in accordance with the agency's record retention plan.**

Status: ACCOMPLISHED

Comment: The agency continues to maintain the Records Retention program by following the approved Records Retention Schedule. Due to a litigation hold, the agency was not able to destroy of any records that met retention if they related to the prescription of opioids in an improper manner or for an improper purpose. These delayed the agency's ability to destroy records that met retention in a timely manner.

Agency staff destroyed 1,801 cubic feet of records in accordance with the TSBP records retention schedule, and 37 cubic feet of records were sent to the State Library for storage.

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

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

HUMAN RESOURCES

of the agency (i.e., licensing, enforcement & peer assistance, 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. FY2020 Annual Internal Audit Report activities were completed at the August 2020 Board Meeting.

- 6. To provide verbal and written information to Board staff and customers, by the assigned due dates, the LBB Performance Report, and other special reports as requested by the LBB; legislative committees; legislators; and others, in conjunction with other teams as necessary.**

Status: ACCOMPLISHED

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

- 7. To manage team employees in compliance with all applicable state and federal laws, 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 team 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 updated and/or reviewed any revised position descriptions for compliance with all personnel statutes;
- B. Staff prepared new positions descriptions;
- C. Staff conducted regular staff team meetings for team staff and in-house training sessions;
- D. Staff participated in all-staff training; and
- E. Managers conducted the annual evaluation of employees by August 2020.

- 8. To update the Agency Personnel Handbook and the team's Policies and Procedures Manual as needed and submit any substantive revisions to the Executive Director for approval.**

Status: ACCOMPLISHED

HUMAN RESOURCES

Comment: The Agency Personnel Employee Handbook was reviewed, and specific policies were revised and distributed to all staff at the general staff meeting in December 2019 and in June 2020.

Additional COVID-19 Safety Policies were created for both in-office and field staff based on OSHA, CDC, and other federal and state guidelines. Trainings and written policies were distributed to staff in July and August 2020. These policies were reviewed and updated based on new information and recommendations from OSHA, CDC, and other federal and state guidelines.

9. To recommend changes to improve the efficiency and effectiveness of the agency's operations and forward the recommendations to the Executive Director.

Status: ACCOMPLISHED

Comment: Policy and procedures were reviewed on a regular basis and recommendations were made as necessary per the Executive Director's approval.

Team staff were also able to provide policies regarding telecommuting for all agency staff when COVID-19 prevented in-person operations. These policies were expanded upon and provided safety procedures for all staff.

10. To prepare a report on the accomplishment of team objectives for incorporation into the agency's FY2019 Annual Report and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2019 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 2020 Board meeting.

Information Technology Team

SIGNIFICANT ACCOMPLISHMENTS

1. The IT team accomplished all of its objectives.
2. Agency data was successfully moved from on-premises servers to cloud-based servers.
3. Multi-factor Authentication (MFA) was successfully implement for the agency to provide enhanced security.
4. Cyber-security awareness and training was provided to all staff as required.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. The shift from in-person support to remote support due to COVID-19 presented some challenges but the IT was able to overcome these challenges.
2. As agency staff transitioned to remote working, new hardware had to be shipped to staff and not issued in-person.
3. The 5% budget cut for FY2020 required modification of IT Capital and Operational budget items.

INFORMATION TECHNOLOGY

FY2020 ANNUAL REPORT

GOAL

To advance the business processes and operational efficiencies of the agency through effective implementation of information technology (IT) while maintaining a secure agency information technology environment and ensuring the confidentiality, integrity, and availability of critical data and systems.

Objectives (New)

To assist the Executive Director, in cooperation with other teams, in the following objectives:

1. **Reviewing and implementing legislation passed by the 86th Texas Legislature that affects agency operations and/or the practice of pharmacy;**
2. **Updating and preparing the TSBP Strategic Plan for FY2021-2025 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 FY2022-2023 biennium for review and approval by the Board at the Budget meeting;**
4. **Preparing the TSBP Legislative Appropriation Request for FY2022-2023 and corresponding performance measures by the due date; and**
5. **Participating in the orientation of new Board members within 90 days of appointment by the Governor.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff 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 86th Texas Legislature.
- B. Team staff worked with the Executive Director and the other board staff in preparation of the proposed budget for FY2022-23.
- C. Team staff worked with the Executive Director and other board staff in preparation of the FY2022-2023 Legislative Appropriations Request (LAR) and corresponding performance measures 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 the due date.

INFORMATION TECHNOLOGY

Objectives (Ongoing)

1. **To evaluate and implement solutions for the evolving computing, printing, and scanning needs of the agency with the approval of the Executive Director to increase agency productivity and efficiency.**

Status: ACCOMPLISHED

Comment: The IT team transitioned towards electronic records through fax-to-email technologies and developed methods for agency scanning directly to network increasing efficiency of staff document workflow.

2. **To provide reliable and secure services by prioritizing security, connectivity, and continuity of operations.**

Status: ACCOMPLISHED

Comment: The IT transitioned additional agency infrastructure to a virtual environment, and third-party systems to provide greater security and access.

3. **To participate in the development and implementation of the Continuity of Operations (COOP) and Disaster Recovery (DR) procedures and ensure the availability of these systems through COOP and DR planning, testing and execution.**

Status: ACCOMPLISHED

Comment: The IT strengthened Business Continuity (BC) and Disaster Recovery (DR) procedures and additional staff policies and procedures through the transition of on-site IT services and data to cloud services. With backup infrastructure being updated, the additional ability to accommodate more timely and extensive recovery options for all agency systems without incurring additional expense.

4. **To enforce secure and effective access to technology resources through use of authentication and identity management technologies, staff awareness training, and policies to secure the agencies system against internal and external threats.**

Status: ACCOMPLISHED

Comment: The IT team was able to maintain a stable infrastructure for existing systems through scheduled, and timely, replacement of hardware/software nearing end of life status. 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 support the agency's effort to identify and implement opportunities for technology education to allow staff to develop and improve technology understanding.**

Status: ACCOMPLISHED

INFORMATION TECHNOLOGY

Comment: IT staff received continual technical and security training to ensure staff is knowledgeable of current technologies and best security practices.

- 6. To leverage cost effective and collaborative cloud and shared service solutions when applicable to lower overhead costs, increase security, and streamline IT management.**

Status: ACCOMPLISHED

Comment: Through leveraging cloud-based services, transitioning the agency's infrastructure to a virtual environment provided greater remote and secure access to systems. Additionally, Virtual Machine (VM) Servers were added to accommodate daily backup of critical data at no additional costs.

- 7. To recommend changes to improve the efficiency and effectiveness of the agency operations and forward the recommendation to the Executive Director.**

Status: ACCOMPLISHED

Comment: Team staff made suggestions to policies and procedures as necessary to improve the agency's efficiency and effectiveness as needed. Specifically, modifications were made to the agency's hardware refresh cycle to modify equipment/software purchasing during the Governor's emergency declaration related to COVID-19. The modification allowed for laptops, remote desktop access to certain applications, and Multi-factor Authentication (MFA), thus ensuring the agency's mission continued during a time most staff were working remotely.

- 8. To assist with and destroy records in accordance with the agency's record retention plan; to update the Team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.**

Status: ACCOMPLISHED

Comment: Staff destroyed records, in accordance with the agency's record retention schedule, including general correspondence. Staff reviewed the Program's Policy and Procedure Manual and recommendations were submitted to the Executive Director for approval and updated as appropriate.

- 9. To manage Team employees in compliance with all applicable state and federal laws, 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 Team 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 – Team members attended quarterly General All-Staff Meetings.

INFORMATION TECHNOLOGY

- B. Performance Evaluations – All IT team members' job descriptions were reviewed for accuracy of role and responsibilities. Formal performance reviews were conducted for all team employees.
- C. Other Activities – A new IT team manager was hired during this fiscal year. Regular weekly and ad hoc team meetings were held. Team staff prepared and conducted orientations for all new agency employees and interns

- 10. To prepare a report on the accomplishment of Team objectives, for incorporation into the agency's FY2019 Annual Report and submit to the Executive Director by the due date.**

Status: ACCOMPLISHED

Comment: The Team's first draft of the FY2019 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 2020 Board meeting.

Action Chart for Implementation of Legislation Passed - 86th Texas Legislative Session			
Bill Number	Summary of the Provisions of the Bill	Effective Date	Implementation Status
HB 1	General Appropriations Act	9-1-19	<ol style="list-style-type: none"> 1. Draft language to increase fees was presented to the Board at the May 2019 meeting and the Board voted to propose rules. 2. Amendments to §291.6 relating to Pharmacy Licensing Fees and §295.5, concerning Pharmacist License or Renewal Fees were published in the July 5, 2019, issue of the Texas Register. 3. The Board adopted the rules at the August 6, 2019 meeting and the new license fees were effective 10-1-19.
HB 1264	Pharmacists will continue to be required to communicate to a prescribing practitioner within three days certain information about a biological product dispensed to a patient as the bill repealed the September 1, 2019 expiration date of the requirement.	Effective Immediately	<ol style="list-style-type: none"> 1. Draft language to amend §309.5(c). 2. The Board voted to propose these rules at the August 6, 2019 meeting. 3. The Board adopted these rules for final adoption at the November 5, 2019 meeting.
HB 1518	Prohibits a business from dispensing, distributing, or selling dextromethorphan to a customer "over the counter" if the customer is under 18 years of age. Pharmacists may dispense dextromethorphan with a valid prescription to someone less than 18 years of age.	9-1-19	Pharmacists were notified of new requirements.
HB 1899	Amends Chapter 108, Occupations Code by adding a new Subchapter B: AUTOMATIC DENIAL OR REVOCATION OF HEALTH CARE PROFESSIONAL LICENSE. TSBP shall immediately revoke a pharmacist's license (does not include pharmacy technician) on notification by a court or parole panel or deny an application for a pharmacist's license for an applicant who: (1.) is required to register as a sex offender under Chapter 62, Code of Criminal Procedure, (2). has been previously convicted of or placed on deferred adjudication community supervision for the commission of a felony offense involving the use or threat of force, or (3.) has been previously convicted of or placed on deferred adjudication community supervision for the commission of an offense under Section 22.011, 22.02, 22.021, or 22.04 Penal Code,	9-1-19	<ol style="list-style-type: none"> 1. Draft language for new §281.69 concerning automatic denial or revocation for certain criminal offenses. 2. The Board voted to propose these rules at the November 5, 2019 meeting. 3. The Board adopted these rules at the February 4, 2020 meeting.

EXC-01 continued

Action Chart for Implementation of Legislation Passed - 86th Texas Legislative Session			
Bill Number	Summary of the Provisions of the Bill	Effective Date	Implementation Status
	or an offense under another similar state or federal law, committed when the applicant held a license in this state or another state, in the course of providing services within the scope of the pharmacist's license in which the victim of the offense was a patient of the applicant. Applies to an application for a license for a pharmacist pending on or submitted on or after September 1, 2019. There are also procedures and qualifications for reapplication and reinstatement.		
HB 2059	Requires a health care practitioner, including a pharmacist who provides direct patient care to complete a training course approved by HHSC on identifying and assisting victims of human trafficking as a condition for license renewal beginning September 1, 2020. Also requires, the applicable licensing agency to provide notice to a health care practitioner of the training required under Chapter 116, Occupations Code as soon as practicable after the effective date of this Act.	9-1-19	<ol style="list-style-type: none"> 1. Draft rules to amend §§295.8 and 297.8 2. The Board voted to propose these rules at the August 6, 2019 meeting. 3. The Board adopted these rules at the November 4, 2019 meeting.
HB 2088	Requires the TSBP to adopt rules to prescribe the form of a written notice informing certain patients who receive a C-II about locations at which Schedule II controlled substance prescription drugs are accepted for safe disposal. The notice, in lieu of listing those locations, may provide the address of an internet website specified by the board that provides a searchable database of locations at which Schedule II controlled substance prescription drugs are accepted for safe disposal. The board may take disciplinary action against a person who fails to comply with the notice provision.	9-1-19	<ol style="list-style-type: none"> 1. Draft rules to amend §315.3 regarding controlled substance safe disposal notice. 2. The Board voted to propose these rules at the November 5, 2019 meeting. 3. The Board voted to adopt these rules at the February 4, 2020 meeting.
HB 2174	SECTION 3. Amends Section 481.003(a)Health and Safety Code to allow the board to adopt rules to administer new Sections <u>481.0755. Written, Oral and Telephonically Communicated Prescriptions.</u> , and <u>481.0756 Waivers from Electronic Prescribing.</u> As well as <u>481.07635 Continuing Education.</u> and <u>481.07636. Opioid Prescription Limits.</u> Requires Electronic Controlled Substance (CII-CV) Prescribing beginning January 1, 2021. SECTION 4, 5, and 6. Specifies when a prescription for a controlled substance is required to be issued electronically. SECTION 7. Adds new <u>Section 481.0755. Written, Oral and Telephonically Communicated Prescriptions</u> and new <u>Section 481.0756 Waivers from Electronic Prescribing.</u> Requires TSBP to convene an interagency	9-1-19	<ol style="list-style-type: none"> 1. Draft rules to amend §315 regarding e-prescribing and waivers. 2. E-prescribing Waiver Workgroup met October 15, 2019. 3. The Board considered rules for proposal at the February 5, 2020 meeting. <ol style="list-style-type: none"> 1. Draft rules to amend §295.8 concerning pharmacists and §297.8 concerning technicians regarding continuing education.

EXC-01 continued

Action Chart for Implementation of Legislation Passed - 86th Texas Legislative Session			
Bill Number	Summary of the Provisions of the Bill	Effective Date	Implementation Status
	<p>workgroup to establish recommendations and standards for appropriate waiver circumstances and a process for requesting and receiving a waiver. SECTION 8. Deletes board authority to permit by rule multiple CIII- V prescriptions on one form. SECTION 9. 2 HRS CE for pharmacists about prescribing and monitoring controlled substances shall be completed not later than the first anniversary after the person is issued a license. (applies towards ethics credit) TSBP shall approve professional education to satisfy the requirements. Mandates 10 Day Opioid Prescription Limits for Acute Pain. No refills allowed. SECTION 11. Adds new offense to Section 481.129(a), Health and Safety Code: knowingly possessing, obtaining, or attempting to obtain a controlled substance or an increased quantity of a controlled substance through the use of a fraudulent electronic prescription. SECTION 14. Amends Section 554.051(a-1) Occupations Code to allow the board to adopt rules to administer new Sections 481.0755. <u>Written, Oral and Telephonically Communicated Prescriptions.</u>, and 481.0756 <u>Waivers from Electronic Prescribing.</u> As well as <u>481.07635 Continuing Education.</u> and <u>481.07636. Opioid Prescription Limits.</u> SECTION 15. Adds additional grounds for discipline regarding applicant for or holder of a Class E or nonresident pharmacy license. (8.) SECTION 17. Dispensers of controlled substances shall complete two hours of professional education related to approved procedures of prescribing and monitoring controlled substances no later than September 1, 2021 for person with license issued before September 1, 2020.</p>		<ol style="list-style-type: none"> 2. The Board voted to propose these rules at the August 6, 2019 meeting. 3. The Board adopted these rules at the November 5, 2019 meeting. <ol style="list-style-type: none"> 1. Draft rules to amend §315.3 concerning opioid limits for acute pain. 2. The Board voted to propose these rules at the August 6, 2019 meeting. 3. The Board adopted these rules at the November 5, 2019 meeting.
HB 2425	<p>Allows a physician to delegate to a pharmacist practicing in a federally qualified health center (FQHC) the implementation or modification of a patient's drug therapy under protocol, including the authority to sign a prescription drug order for dangerous drugs.</p>	9-1-19	<ol style="list-style-type: none"> 1. Draft rules to amend §295.13(c). 2. The Board voted to propose these rules at the August 6, 2019 meeting. 3. The Board voted to adopt at the November 5, 2019 meeting.
HB 2847	<p>(1.) Requires a pharmacy that does not dispense any controlled substance prescriptions during a period of seven consecutive days to send a report to the board indicating that the pharmacy did not dispense any controlled substance</p>	9-1-19	<ol style="list-style-type: none"> 1. Draft rules to amend §315.6 concerning zero reporting to the PMP and §315.11 concerning delegate access to PMP data.

EXC-01 continued

Action Chart for Implementation of Legislation Passed - 86th Texas Legislative Session			
Bill Number	Summary of the Provisions of the Bill	Effective Date	Implementation Status
	<p>prescriptions during that period, unless the pharmacy has obtained a waiver or permission to delay reporting to the board. (2.) Permits a pharmacist-intern or a pharmacy technician trainee, acting at the direction of a pharmacist, who is inquiring about a recent Schedule II, III, IV or V prescription history of a particular patient of the pharmacist, to access the PMP database. (3.) Also allows a practitioner to access the PMP database to inquire about the prescribing activity of an individual to whom the practitioner has delegated prescribing authority. Also allows a person who is authorized to access information under Section 481.076 (a)(5), HSC to directly access the information available from other states pursuant to an interoperability agreement described by 481.076(j). (4.) Requires a wholesale distributor to report to the board the distribution of all Schedules II, III, IV, and V controlled substances by the distributor to a person in this state in the same format and with the same frequency as the information is reported to the Federal DEA. (5.) Allows the PMP Interagency Workgroup to meet when necessary as determined by the board. (6.) Allows a Class E pharmacy license or nonresident pharmacy licensee to process a prescription drug order for a patient, including a patient in this state or perform another pharmaceutical service, as defined by board rule. (7.) Repeals Canadian Pharmacy provisions in the Occupations Code never implemented due to constitutionality concern. Also, repeals Section 561.003(f), Occupations Code that prevents the license renewal of a pharmacy in Texas if a pharmacy owned by the same company is subject to disciplinary action in another state.</p>		<ol style="list-style-type: none"> 2. The Board voted to propose these rules at the August 6, 2019 meeting. 3. The Board voted to adopt these rules at the November 5, 2019 meeting. <ol style="list-style-type: none"> 1. Draft rules to update Class E rules §291.101 and §291.102(4) 2. The Board voted to propose these rules at the February 5, 2020 meeting
HB 3284	<p>SECTION 1. Closes the Prescription Monitoring Program (PMP) Law Enforcement Information Portal currently at DPS and requires the TSBP to respond to law enforcement requests for prescribing/dispensing information from the PMP database. Also requires law enforcement to provide directly to TSBP a warrant, subpoena, or other court order compelling the disclosure of the prescribing/dispensing information. Allows a health care facility certified by the federal centers for Medicare and Medicaid Services to utilize information in the PMP. Authorizes a patient, a patient's</p>	9-1-19	<ol style="list-style-type: none"> 1. Draft rules to amend §315.15(a) concerning prescription monitoring program access requirements. 2. The Board voted to propose these rules at the August 6, 2019 meeting. 3. The Board adopted these rules at the November 5, 2019 meeting.

EXC-01 continued

Action Chart for Implementation of Legislation Passed - 86th Texas Legislative Session			
Bill Number	Summary of the Provisions of the Bill	Effective Date	Implementation Status
	<p>parent or a patient’s legal guardian to request a report of patient’s PMP data and receive a record of the practitioners and pharmacists that have accessed the patient's data. Allows the TSBP to set a reasonable fee for the report. Requires the TSBP to adopt rules and create the form and set a fee.</p> <p>SECTION 2. Requires TSBP to make controlled substance wholesaler data reported under Section 481.0766(a), Health and Safety Code available to the Vet Board for inspections and investigations. SECTION 3. Requires the TSBP to create a PMP Advisory Committee and appoint members. Requires a regulatory agency that issues a license to a prescriber or a dispenser to update the administrative penalties or any applicable disciplinary guidelines concerning the penalties assessed by that agency for a person that uses or discloses PMP information in a manner not authorized by law and set the penalties in an amount sufficient to deter the conduct. Creates a new Class A Misdemeanor Criminal Offense: A person authorized to receive information under Section 481.076(a), Health and Safety Code commits an offense if the person discloses or uses the information in a manner not authorized by this subchapter or other law. Creates a new Class C Misdemeanor Criminal Offense: A person commits an offense if the person makes a material misrepresentation or fails to disclose a material fact in the request for information under Section 481.076(a-6) Health and Safety Code. SECTION 5. Adopt rules to administer new Sections 481.0767, 481.0768, and 481.0769. SECTION 6. Includes new Sections of Subchapter C, Chapter 481 to violations included in Section 481.128(a), HSC. SECTION 7. Creates a new offense for Section 481.129(a)-knowingly possessing, obtaining, or attempting to obtain a controlled substance or an increased quantity of a controlled substance through the use of a fraudulent electronic prescription. SECTION 9. Adds additional grounds (Subchapter C, Chapter 481) for discipline regarding an applicant for or holder of nonresident Class E pharmacy license SECTION 12. Changes the "Mandatory PMP Look-up" start date from September 1, 2019 to March 1, 2020.</p>		<ol style="list-style-type: none"> 1. Draft new rule §315.16 concerning patient access to the prescription monitoring program. 2. The Board voted to propose the rule at the November 5, 2019 meeting. 3. The Board voted to adopt these rules at the February 4, 2020 meeting. <ol style="list-style-type: none"> 1. LEAP – Law Enforcement Access Portal is operational. <ol style="list-style-type: none"> 1. Create PMP Advisory Committee and appoint members. 2. Advisory Committee began meeting January 2020.

EXC-01 continued

Action Chart for Implementation of Legislation Passed - 86th Texas Legislative Session			
Bill Number	Summary of the Provisions of the Bill	Effective Date	Implementation Status
HB 3285	<p>SECTION 5. Requires the Statewide Behavioral Health Coordinating Council to incorporate into the statewide behavioral health strategic plan, strategies related to substance use disorders and treatment, developed in cooperation with the Texas Medical Board and State Board of Pharmacy.</p> <p>SECTION 7. Requires prescribers or dispensers of opioids to annually attend at least one hour of continuing education (CE) covering best practices, alternative treatment options, and multi-modal approaches to pain management which may include physical therapy, psychotherapy, and other treatments, and requires TSBP to adopt rules to establish the content of the CE. The subsection expires 8-31-23.</p> <p>SECTION 11. Requires TSBP to encourage pharmacists to participate in a program that provides a comprehensive approach to delivering early intervention and treatment services for persons with or at risk for substance use disorders.</p>	9-1-19	<ol style="list-style-type: none"> Draft rules to amend §295.8 concerning continuing education requirements. The Board voted to propose these rules at the August 6, 2019 meeting. The Board adopted these rules at the November 5, 2019 meeting. <ol style="list-style-type: none"> Pharmacists were notified of SAMHSA- Substance Abuse and Mental Health Services Administration information.
HB 3496	<p>(1.) Requires certain applicants for a pharmacy license (not B or C) to fill out and submit a sworn disclosure statement. Publicly traded companies or pharmacies wholly owned by a retail grocery store chain are exempted from the requirement to submit a sworn disclosure form. The board may impose an administrative penalty on an applicant who fails to submit a sworn disclosure statement. The application form must also include a notice that a surety bond may be required under Section 565.0551, Occupations Code. (2.) A surety bond may be required on decision of the Executive Director. The board may use a surety bond to secure the payment of a fine, fee, or penalty imposed on the pharmacy, or costs incurred in conducting an investigation of the pharmacy for failing to engage in business or engaging in fraud, deceit, or misrepresentation. (3.) Requires TSBP to notify a pharmacy that has ceased to operate for a period of 30 days or more that its license will be revoked and inform the license holder of the right to a hearing to contest the revocation. (4.) Allows the board may discipline an applicant or the holder of a pharmacy license if the board finds that the applicant or the license holder engaged in fraud, deceit, or misrepresentation as</p>	1-1-20	<ol style="list-style-type: none"> Draft new rule §291.4 concerning sworn disclosure statement, and amend §291.1 concerning pharmacy license application, §291.3 concerning required notifications, and §291.14 concerning pharmacy license renewal The Board proposed rules at the November 5, 2019 meeting. The Board adopted these rules at the February 4, 2020 meeting. <ol style="list-style-type: none"> Add new rule - §281.70 concerning surety bonds for certain investigations. The Board proposed rules at the November 5, 2019 meeting. The Board voted to adopt these rules at the February 4, 2020 meeting. <ol style="list-style-type: none"> Amend §291.19 concerning response to inspection warning notice.

EXC-01 continued

Action Chart for Implementation of Legislation Passed - 86th Texas Legislative Session			
Bill Number	Summary of the Provisions of the Bill	Effective Date	Implementation Status
	defined by board rule in dispensing drugs for nontherapeutic purposes.		2. The Board proposed these rules at the February 5, 2020 meeting.
SB 37	Eliminates a state agency's authority to deny revoke suspend or fail to renew a professional license due to the licensee or applicant being in default on a student loan.	Immediate Effect	<ol style="list-style-type: none"> 1. Draft rules to amend §281.7 concerning pharmacist and §281.9 concerning technician. 2. The Board reviewed proposed rules at the November 5, 2019 meeting. 3. The Board voted to adopt these rules at the February 4, 2020 meeting.
SB 670	Adds a "Federally Qualified Health Center" (FQHC) as defined by 42 U.S.C. Section 1396d(1)(2)(B) to the types of health facilities at which a telepharmacy system may be located and permits a telepharmacy system at a FQHC to be located in a community in which a Class A or Class C pharmacy is located as determined by board rule. This act takes effect September 1, 2019.	9-1-19	<ol style="list-style-type: none"> 1. Draft rules to amend §291.121 2. The Board voted to propose these rules at the August 6, 2019 meeting. 3. The Board voted to adopt these rules at the November 5, 2019 meeting.
SB 683	Same pharmacy clean-up provisions as HB 2847, and in addition to HB 3496, requires TSBP to notify a pharmacy that has ceased to operate for a period of 30 days or more that its license will be revoked and inform the license holder of the right to a hearing to contest the revocation.	9-1-19	<ol style="list-style-type: none"> 1. Amend §291.19 concerning response to inspection warning notice. 2. The Board reviewed proposed rules at the February 5, 2020 meeting.
SB 1056	Clarifies that a physician may delegate to any properly qualified and trained pharmacist the implementation and modification of a patient's drug therapy under protocol, ensuring that pharmacists may now enter into collaborative practice agreements with physicians for their patients and establish protocols to make changes to a patient's drug therapy regimen. The pharmacist must maintain a copy of the protocol for inspection until at least the seventh anniversary of the expiration date of the protocol. Requires TSBP to adopt rules no later than December 1, 2019.	9-1-19	<ol style="list-style-type: none"> 1. Draft rules to amend §295.13 concerning physician delegation to pharmacist under written protocol. 2. The Board reviewed proposed rules at the November 5, 2019 meeting. 3. The Board voted to adopt these rules at the February 4, 2020 meeting.
SB 1200	Despite any other law, requires a state licensing agency to recognize an out-of-state license of a military spouse and authorize the spouse to engage in the occupation if the spouse is currently licensed in good standing	9-1-19	<ol style="list-style-type: none"> 1. Draft rules to amend §283.12 concerning pharmacists and §297.10 concerning technicians.

EXC-01 continued

Action Chart for Implementation of Legislation Passed - 86th Texas Legislative Session			
Bill Number	Summary of the Provisions of the Bill	Effective Date	Implementation Status
	by another jurisdiction that has licensing requirements that are substantially equivalent to the requirements for the license in this state. License is good for 3 years only. No renewal. Adopt rules to implement the bill's provisions not later than December 1, 2019.		<ol style="list-style-type: none"> 2. The Board voted to propose these rules at the August 6, 2019 meeting. 3. The Board voted to adopt at the November 5, 2019 meeting.
SB 1217	Prohibits licensing boards from considering an arrest that did not result in the person's conviction or placement on deferred adjudication community supervision in determining an applicant's eligibility for an occupational license.	Immediate Effect	<ol style="list-style-type: none"> 1. Draft rules to amend §281.66 concerning reissuance or removal of restrictions. 2. The Board reviewed proposed rules at the November 5, 2019 meeting. 3. The Board voted to adopt at the February 4, 2020 meeting.
SB 1564	States that a prescriber or dispenser is not subject to the requirements of Section 481.0764(a) HSC (Prescription Monitoring Program Look-up), before prescribing or dispensing opioids, benzodiazepines, barbiturates or carisoprodol if a patient is noted to be diagnosed with sickle cell disease. Applies only to a prescription issued on or after 6-10-19.	Immediate Effect	<ol style="list-style-type: none"> 1. Draft rules to amend §315.15(b)(2). 2. The Board voted to propose these rules at the August 6, 2019 meeting. 3. The Board voted to adopt these rules at the November 5, 2019 meeting.

EXC-02

Performance Measure		FY2020 Projected Performance	FY2020 Performance Attained	Projected Target Met?*
A. GOAL: MAINTAIN STANDARDS				
Outcome (Results/Impact)				
	Percent of Licensees with No Recent Violations	95.00%	97.40%	Met
	Percent of Licensees Who Renew Online	95.00%	96.14	Met
A.1.1 STRATEGY: LICENSING				
Output (Volume)				
	Number of New Licenses Issued to Individuals	1,800	1,841	Met
	Number of Licenses Renewed (Individuals)	18,540	19,091	Exceeded
Explanatory				
	Total Number of Business Facilities Licensed	8,250	8,210	Met
B. GOAL: ENFORCE REGULATIONS				
Outcome (Results/Impact)				
	Percent of Jurisdictional Complaints Resulting in Disciplinary Action	10.00%	7.00	Not Met
B.1.1 STRATEGY: ENFORCEMENT				
Output (Volume)				
	Number of Jurisdictional Complaints Resolved	5,420	5,493	Met
Efficiencies				
	Average Time for Jurisdictional Complaint Resolution	180	128	Exceeded
Explanatory				
	Number of Jurisdictional Complaints Received	6,000	5,085	Not Met
B.1.2. STRATEGY: PEER ASSISTANT				
Output (Volume)				
	Number of Licensed Individuals Participating in a Peer Assistant Program	160	131	Not Met

EXC-03

Date	Presentation/Group/Location	Number of Attendees
September 14, 2019	University of Texas Pharmacy Practice Seminar Texas Pharmacy Laws and Rules Update Austin	400
September 20, 2019	Women in State Government Austin	10
September 25 & 27, 2019	H-E-B Pharmacy Conference Texas Pharmacy Laws and Rules Update San Antonio	900
October 11, 2019	Texas Pharmacy Association Women in Pharmacy Austin	100
October 16, 2019	Texas Federation of Chain Drug Stores Board of Pharmacy Update Austin	30
October 25, 2019	Texas Pain Society Annual Meeting Using the Prescription Monitoring Program San Antonio	150
October 28, 2019	MALTAGON Meeting USP <800> Panel Discussion Biloxi, Mississippi	75
February 1, 2020	CHRISTUS Trinity Mother Frances Health System Opioid Awareness Symposium Tyler	75
February 12, 2020	Texas Hospital Association Hospital Physician Executives Group & Quality and Patient Safety Council Prescription Monitoring Program Update San Antonio	40
April 14, 2020	Texas Federation of Drug Stores Meeting TSBP's Response to COVID-19 Online	30
April 21, 2020	Texas Society of Health System Pharmacists Texas Pharmacy Laws and Rules Update Online	350
May 22, 2020	University of Texas College of Pharmacy TSBP's Response to COVID-19 Recording	
May 27, 2020	Texas Association of Community Health Centers Texas Pharmacy Law Update Recording	

EXC-03 continued

Date	Presentation/Group/Location	Number of Attendees
June 12, 2020	University of North Texas College of Pharmacy Preceptor Conference Texas Laws and Rules Update Online 155 attendees	155
July 17, 2020	Texas Chapter American Society of Consultant Pharmacists Texas Chapter Virtual Meeting Texas Pharmacy Law Update Online	55
July 24, 2020	Texas Pharmacy Association Annual Meeting Texas Pharmacy Laws and Rules Update Online	212
August 27, 2020	Texas Pharmacy Congress Meeting TSBP Response to COVID-19 Online	20
August 31, 2020	University of Texas College of Pharmacy Texas Pharmacy Law Update Recording	
TOTAL		2,602

EXC-04

Date	Interview
September 4, 2019	Politico
September 10, 2019	New York Times
September 26, 2019	Last Week Tonight
October 29, 2019	KXAN-TV, Austin
January 23, 2020	KVUE-TV, Austin – on camera interview
January 27, 2020	CNN Health
February 10, 2020	News4 San Antonio
February 24, 2020	NBC
February 26, 2020	KUT Austin
March 9, 2020	ProPublica
March 17, 2020	Kaiser Health News
March 20, 2020	KXAN-TV, Austin
March 23, 2020	KVUE-TV, Austin
March 23, 2020	KXAN-TV, Austin
March 23, 2020	New York Times
March 25, 2020	RT TV International News
March 25, 2020	WOAI TV, San Antonio
March 26, 2020	CBS 11 TV, Dallas
April 6, 2020	Houston Chronicle
April 7, 2020	Dallas Morning News
April 16, 2020	KXAN-TV, Austin
May 14, 2020	The Texan News
May 14, 2020	Empower Texans
May 21, 2020	KVIA-El Paso
June 26, 2020	El Paso Matters
June 29, 2020	KXAN-TV, Austin
July 21, 2020	Texas Medical Association magazine
August 16, 2020	Texas Medical Association magazine
August 18, 2020	NBC News

EXC-05

Date	Activity
September 4, 2019	Meeting with Pill Pack
September 6, 2019	Meeting with DSHS
September 13, 2019	Meeting with UT Health Communications
September 16, 2019	Health Professions Council meeting
September 20, 2019	Meeting with UT Health Communications
September 24, 2019	Agency CEO Breakfast, DPS
October 11, 2019	Facilities Commission Meeting
November 6, 2019	Meeting with Compounding Pharmacists
November 6, 2019	Meeting with Governor's office and Texas Medical Board
November 15, 2019	Meeting with DSHS
November 18, 2019	Meeting with HHSC
November 18, 2019	Meeting with Comptroller's Office
December 3, 2019	Texas Physician Health Program Meeting
December 16, 2019	Health Professions Council Quarterly Meeting
January 14, 2020	Prescription Monitoring Program Advisory Committee Meeting
January 27, 2020	Meeting with Office of Attorney General
January 27, 2020	Pre-National Opioid Litigation Conference Call
January 29, 2020	Meeting with UT Center for Health Communication
January 30, 2020	National Opioid Litigation Conference Call
February 11, 2020	Meeting with Governor's Office
February 13, 2020	Meeting with Texas State Board of Dental Examiners
February 18, 2020	Texas Medical Board Opioid Stakeholder Meeting
February 26, 2020	Meeting with Texas Facilities Commission
February 27, 2020	Agency Orientation meeting with Governor's office
March 3, 2020	Meeting with Attorney General's office
March 6, 2020	Meeting with Attorney General's office
March 12, 2020	Deposition
March 23, 2020	Conference call with Texas Department of Insurance
March 30, 2020	Health Professions Council Quarterly Meeting
March 31, 2020	Meeting with Internal Auditor

EXC-05 continued

Date	Activity
April 2, 2020	Office of the Attorney General, Medicaid Fraud Conference Call
April 3, 2020	NABP COVID-19 Conference Call
April 10, 2020	NABP COVID-19 Conference Call
April 16, 2020	Texas Medical Board Conference Call
April 17, 2020	NABP COVID-19 Conference Call
April 22, 2020	State Agency Government Relations Conference Call
April 22, 2020	Department of Information Resources Town Hall
April 24, 2020	NABP COVID-19 Conference Call
May 1, 2020	Conference call with Governor's office
May 7, 2020	Texas Department of Licensing and Regulation Conference Call
May 12, 2020	Conference call with Governor's office, DSHS, and TMB
June 9, 2020	Continuity Council Conference Call
June 11, 2020	Conference call with DEA
June 15, 2020	Health Professions Council Quarterly Meeting
July 6, 2020	Texas Medicaid Conference Call
July 20, 2020	PMP Advisory Committee Virtual meeting
August 17, 2020	Conference Call with NAPB
August 24, 2020	Conference Call with TSHP
August 27, 2020	Texas Pharmacy Congress Meeting – virtual
August 28, 2020	NABP Executive Officer Call

EXC-06

Date	Name of Association/Location of Meeting
September 9-11, 2019	Appriss PMP Summit, Louisville, KY
September 24-25 & 26-27, 2019	H-E-B Pharmacy Conference, San Antonio
September 26, 2019	2019 Tri-Regulator Symposium, webinar
October 1-2, 2019	NABP Executive Officer Forum, Mount Prospect, IL
October 3-4, 2019	University of Texas College of Pharmacy Dean's Advisory Committee, Austin
October 6-9, 2019	NABP District VI, VII, VIII Annual meeting, Boise, ID
October 21-23, 2019	NABP Pharmacy Technician Task Force, Mount Prospect, IL
October 27-30, 2019	MALTAGON Annual Meeting, Biloxi, MS
November 13-14, 2019	Texas Pharmacy Congress Meeting, El Paso
November 7-10, 2019	American Society of Pharmacy Law Annual Meeting, San Diego
December 9-11, 2019	Citizen Advocacy Center Conference, Washington DC
February 19-20, 2020	Texas Pharmacy Congress Meeting, Houston

LIC-01

Performance Measures

LICENSING RELATED PERFORMANCE MEASURES	FY2020 Projected Performance	FY2020 Performance Attained	Key or Non-Key (K/NK)	Projected Target Met?
Number of New Licenses issued to Individuals (Pharmacists)	1,800	1,841	K	Exceeded
Number of Licenses Renewed (Individuals – Pharmacists)	18,540	19,091	K	Exceeded
Number of New Registrations Issued to Individuals (Technician and Trainee)	17,500	14,643	NK	Met
Number of Registrations Renewed (Technicians)	17,300	17,477	NK	Exceeded
Percent of Licensees (Pharmacists and Pharmacies) with No Recent Violations (Disciplinary Orders)	95.0%	97.4%	K	Met
Total Number of Pharmacists Licensed	38,968	38,271	NK	Met
Total Number of Facilities Licensed	8,250	8,210	K	Met
Total Number of Individuals (Technicians & Trainees) Registered	66,230	62,326	NK	Met
Percent of Licenses Who Renew Online	96%	95.87%	K	Met
Percent of New Individual Licenses Issued Online	96%	92.02%	NK	Met

LIC-02

Licenses Issued

JURISPRUDENCE (MPJE)	TOTALS
Candidates Passing	1,850
Candidates Failing	253
TOTAL ADMINISTERED	2,103

NAPLEX	TOTALS
Candidates Passing	848
Candidates Failing	138
TOTAL ADMINISTERED	986

LIC-02 continued

NEW PHARMACISTS LICENSED	
Graduates of Texas Colleges of Pharmacy	750
Graduates of Out-of-State Colleges of Pharmacy	969
Credentialed by the Foreign Pharmacist Equivalency Committee	104
TOTAL	1,823

LIC-03

Licensed Pharmacies

ACTIVE PHARMACIES	
Class A (Community)	5,204
Class A-S (Community Pharmacy Engaged Compounding Sterile Preparations)	289
Class B (Nuclear)	31
Class C (Institutional)	846
Class C-S (Hospital Pharmacy Engaged In Compounding Sterile Preparations)	417
Class D (Clinic)	438
Class E (Non Resident)	540
Class E-S (Non-Resident Pharmacy Engaged In Compounding Sterile Preparations)	114
Class F (Free Standing Emergency Medical Centers)	305
Class G (Central Processing)	39
Class H	0
TOTALS	8,223
Remote Pharmacies	1,962

A total of 5,634 change documents were processed as follows:

PHARMACY APPLICATIONS PROCESSED	
Pharmacy Renewals	4,049
New Licenses Issued [new opens (437) and changes of ownership (91)]	528
Closings	445
Remote Pharmacies	330
Changes of Name	104
Changes of Location	163
Changes of Classification	15
TOTAL	5,634

Inspections

Total Inspections by Type/Disposition	FY2018	FY2019	FY2020	% of FY2020	3 Year Average	% of 3 Year Average
Inspections	3,055	2,733	2,048	75%	2,894	83%
Pre-Inspections	192	201	200	6%	197	6%
Partial-Inspections	151	117	82	3%	134	4%
*Inspection-Visits ("Courtesy Call" Visits)	16	17	1,139 (1,120)	0%	17	0%
Attempted Inspections	124	202	93	6%	163	5%
Other	15	12	68	0%	14	0%
Total	3,553	3,282	3,630	90%	3,488	100%

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. In keeping with the state-wide response to the COVID-19 impact, including the Governor's emergency declaration, and in response to the impact on the ability for the agency to conduct onsite inspections, TSBP began performing remote inspections using device applications that would enable the inspector to conduct visual inspections and interactions by way of video applications (e.g., FaceTime, etc.). For the total reflected in the above chart, TSBP was able to conduct approximately 691 full inspections by way of remote or virtual format between the months of March and August 2020.
- 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. In addition, for the total reflected in the chart above, TSBP was able to conduct approximately 62 pre-inspections between the months of March and August 2020 (See A, above).
- 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. In addition, for the total reflected in the chart above, TSBP was able to conduct approximately 13 partial-inspections between the months of March and August 2020 (See A, above).
- 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. In keeping with the state-wide response to the COVID-19 impact, including the Governor's emergency declaration, and in response to the impact on the ability for the agency to conduct onsite inspections, TSBP began a "reach out" program to interact with pharmacists and pharmacy staff members to provide timely education regarding the Board's efforts during the COVID-19 pandemic. Specifically, TSBP developed policies and procedures to conduct "courtesy call" inspection visits. TSBP inspectors were able to complete 1,094 courtesy call visits.

COM-01 continued

Number of Inspections/Visits by Class	FY2018	FY2019	FY2020	% of FY2020	3 Year Average
Class A Pharmacies	2,448	2,225	2,402	66%	2,358
Class A-S Pharmacies	206	179	265	7%	217
Class B Pharmacies	15	20	27	1%	21
Class C Pharmacies	277	304	339	9%	307
Class C-S Pharmacies	267	228	313	9%	269
Class D Pharmacies	195	170	140	4%	168
Class F Pharmacies	133	131	125	3%	130
Class G Pharmacies	12	24	19	1%	18
Class H Pharmacies	0	1	0	0%	0
Total	3,553	3,282	3,630	100%	3,488

Purpose of Inspection-Inspection Type (In Order of Priority)	FY2018	FY2019	FY2020	% of FY2020	3-Yr. Avg.
Complaint	86	2	2	0%	30
Follow-up to Disciplinary Order	5	1	0	0%	2
Pre-Inspection New	194	194	221	6%	203
New Pharmacies	231	240	166	5%	212
Change of Ownership	38	37	31	1%	35
Preceptor	2	1	0	0%	1
Follow-up to "Warning Notice"	99	73	45	1%	72
Routine Inspections	2,603	2,385	1775	49%	2,254
Rank Change	15	12	6	0%	11
Reverse Rank Change	1	2	1	0%	1
Licensee Request	41	54	48	1%	48
Sterile Compounding (High Risk)	22	10	37	1%	23
Theft and Loss	7	1	0	0%	3
Other	209	270	1298	36%	592
Total	3,553	3,282	3,630	100%	3,488

Warning Notices

Number of Warning Notices* Issued by Class	FY2018	FY2019	FY2020	% of FY2020	3 Year Average
Class A Pharmacies	819	1,645	306	70%	923
Class A-S Pharmacies	104	504	42	10%	217
Class B Pharmacies	7	38	4	1%	16
Class C Pharmacies	33	81	16	4%	43
Class C-S Pharmacies	132	519	53	12%	235
Class D Pharmacies	25	45	5	1%	25
Class F Pharmacies	12	41	7	2%	20
Class G Pharmacies	4	15	3	1%	7
Class H Pharmacies	0	1	0	0%	0.33
Total	1,136	2,889	436	100%	1,487

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

Conditions Receiving Warning Notices					
Percentages are based on the total number of Warning Notices issued to Pharmacies in FY2020. Note - Pharmacies may be issued a Warning Notice for non-compliance with more than one condition.					
Type of Violation	FY2018	FY2019	FY2020	% FY2020	3 Year Average
Equipment	69	59	44	4%	57
Balance Failed Inspection	47	41	32		40
Equipment Inspection Due	19	17	10		15
Insufficient Equipment	3	1	2		2
Pharmacy Technicians	335	270	69	6%	225
No/Incomplete Training	297	196	53		182
No/Improper Supervision	24	61	5		30
Improper Registration	8	9	7		8
Supportive Personnel Name Tags	6	4	4		5
Inadequate Library	100	44	19	2%	54
Counseling Area	11	2	2	0%	5
Licenses	78	63	37	3%	59
Licenses Not Posted	74	56	37		56
Delinquent Licenses	4	7	0		4
Prescriptions	252	210	110	10%	191
Lack Proper Information	125	113	63		100
Prescription Label Incorrect	95	79	38		71
Non-Emergency CII	0	0	1		0
Triplicate Non-Compliance	32	18	8		19
Drug Stock/Environment	244	198	102	9%	181
Improper Environment	78	61	31		57
Out-of-Date Drug Stock	61	27	15		34
Security	66	67	34		56
Unsanitary/ Orderly/ Clean	30	29	15		25

COM-02 continued

Type of Violation	FY2018	FY2019	FY2020	% FY2020	3 Year Average
Improper Drug Storage/ Refrigerator Temp Log	5	8	4		6
Area for Non-Sterile Compounding	1	4	0		2
Violation of Limited Formulary	2	2	3		2
Prohibited Drugs (Class D)	1	0	0		0
Inventory	164	148	77	7%	130
No Annual Inventory	55	64	31		50
No Change of Ownership Inventory	4	9	3		5
No Change of PIC Inventory	31	23	11		22
Incomplete Inventory	68	46	31		48
No Perpetual inventory (Class C)	2	2	0		1
Improper Drug Destruction	4	4	1		3
Improper Prepackaging Procedures	31	24	8	1%	21
Computer Systems	117	84	41	4%	81
Computer Records Incomplete	116	80	35		77
Computer Records/ System Non-Compliance	1	4	6		4
Records	398	304	149	13%	284
Records Not Available	256	160	67		161
DEA Order Forms Incomplete	0	0	0		0
Absence of R.Ph. Record	10	8	8		9
Rx Not Separated	6	7	4		6
Rx Records not Numerical Order	9	14	1		8
Improper Transfer of RX	0	14	3		6
Invoices Not Separated/Retrievable/ Dated & Initialed	64	51	33		49
No Complaint Notification	41	42	30		38
RPh visits/ contact documentation	10	4	2		5
Improper Refill Documentation-CIII-CV over 5X/6 Mo.	2	4	1		2
OBRA Violations	108	81	43	4%	77
Written Information Not Provided	59	39	19		39
No Patient Counseling	45	31	17		31
PMR Absent or Incomplete	4	11	7		7
Sterile Pharmaceutical Violations	1,058	941	285	25%	761
No/Incomplete QA/QC	22	13	0		12
No/Incomplete P&P Manual	111	70	11		64
No/Inadequate Preparation Area	0	1	0		0
IV Preparation	1	1	2		1
No Drug Regimen Review	13	9	2		8
Cytotoxic/Bio Procedures	0	0	0		0
Anteroom air is not ISO 8	4	4	2		3
Buffer area is NOT ISO 7	3	7	3		4
No Separate buffer room for high-risk CSPs	1	0	0		0
Buffer area not free of water source	1	1	3		2
Improper design for hands free access	1	6	1		3
Clean room not clean/ well-lit/ particle free	30	38	18		29

COM-02 continued

Type of Violation	FY2018	FY2019	FY2020	% FY2020	3 Year Average
Clean room not solely used for CSP	3	4	1		3
Improper floor covering in clean room	5	6	3		5
Surfaces not smooth/ impervious/ crevice-free	83	107	43		78
Anteroom sink not hands free/hot & cold/closed system of soap	4	7	2		4
Improper room temperature in clean room	80	73	23		59
Drugs/ supplies stored on floor of clean room	7	8	0		5
Clean room contains inappropriate supplies	10	7	2		6
PEC does not maintain ISO 5	2	1	1		1
Improper location of PEC	3	2	1		2
Untimely certification of PEC	8	9	2		6
Improper procedures for PEC prefilters	5	2	0		2
Improper pressure differential for PEC	4	2	0		2
No pressure gauge in clean room	21	10	2		11
Improper documentation of pressure monitoring	19	13	2		11
Insufficient training for RPH	37	30	7		25
Insufficient training for Tech	35	25	8		23
Improper testing prior to compounding	64	51	15		43
Improper testing after failure	1	0	0		0
Untimely evaluation/ testing	56	57	11		41
Improper testing for all types of CSPs	1	0	0		0
Inadequate Library: Injectables	8	8	0		5
Inadequate Library: Specialty reference	1	1	0		1
Inadequate Library: USP	20	25	1		15
Dispensing commercially available	4	0	1		2
No written agreement with DR	0	7	0		2
QC Procedures not followed	6	4	0		0
RPh not available at all times	2	1	1		1
No thermometer in refrigerator	9	2	4		5
Inadequate supplies for aseptic mixing	17	3	0		7
Improper equipment for CSP	0	21	11		11
Inadequate cleaning solutions	10	5	2		6
Inadequate handwashing agents	0	1	0		0
No lint-free wipes	1	1	0		1
Inadequate gowns/ garb	7	15	1		8
Improper calibration of automated cpd device	9	2	3		5
Improper SOP: Facility	4	3	1		3
Improper SOP: Accuracy checks	9	5	1		5
Improper SOP: QA	0	21	5		9
Improper SOP: Prep Recall	18	15	10		14
Personnel: Cosmetics	5	5	3		4
Personnel: Jewelry	7	7	5		6
Personnel: Artificial nails	0	1	1		1

COM-02 continued

Type of Violation	FY2018	FY2019	FY2020	% FY2020	3 Year Average
Personnel: Shoe covers	1	0	0		0
Hygiene of nails	15	12	1		9
Improper hand washing	6	4	1		4
Improper gowning	7	2	1		3
Improper drying	3	5	1		3
Failure to use alcohol-based scrub	30	47	11		29
Failure to use sterile alcohol	3	2	3		3
Failure to conduct accuracy checks	11	8	1		7
Improper label: Generic name	1	0	0		0
Improper label: CSP statement	1	2	0		1
Improper Labeling: Lot #	0	0	0		0
Improper Labeling: Qty	0	0	0		0
Improper Labeling: Ancillary	0	0	0		0
Improper BUD	4	0	1		2
Improper cleaning: Start of day	0	0	0		0
Improper mopping	15	8	4		9
Improper Cleaning: walls/ ceiling	22	11	3		12
Improper Cleaning: Supplies	2	1	0		1
Improper doc of cleaning	33	26	5		21
Cleaning by untrained personnel	11	7	1		6
High Risk: Improper testing of batches	0	3	2		2
High Risk: Improper cleaning	1	0	1		1
High Risk: Improper sterilization	0	1	0		0
High Risk: Improper pre-sterilization	5	2	0		2
High Risk: Improper re-entry	3	4	1		3
Hazardous Prep: Improper apparel	1	0	0		0
Hazardous Prep: Improper disposal	1	0	0		0
Hazardous Prep: Improper hood	0	1	0		0
Hazardous Prep: Improper pressure	0	1	0		0
Hazardous Prep: Improper pressure monitor	0	0	0		0
Hazardous Prep: Low volume noncompliance	0	2	0		1
Hazardous Prep: Improper storage	0	0	0		0
Failed to keep records	6	3	0		3
Improper Record: Date	3	2	2		2
Improper Record: Formula	1	3	2		2
Improper Record: Compounder initials	11	6	2		6
Improper Record: Initials of final checker	11	8	2		7
Improper Record: Container used	5	2	2		3
Improper Record: Qty	1	2	2		2
Improper Record: BUD	12	9	4		8
Improper Record: QC	6	4	5		5
Incomplete master worksheets	3	2	0		2
Worksheet not approved by RPh	3	2	2		2
Failure to review records	8	6	2		5
Inappropriate sampling plan	27	17	6		17

COM-02 continued

Type of Violation	FY2018	FY2019	FY2020	% FY2020	3 Year Average
Air environment evaluation by untrained staff	10	4	1		5
Untimely air sampling	3	5	1		3
No/Incomplete Non-Sterile Cpd Records	151	87	29	3%	89
Improper Distribution	32	28	12	1%	24
No PIC	30	25	10	1%	22
Dispensing	132	83	23	2%	79
Improper Dispensing/ Corresponding Responsibility	83	51	7		74
Aiding and Abetting	2	3	2		2
Illegal Dispensing	5	0	0		2
Substitution Non-Compliance	1	1	0		1
Out-of-State Rxs for Controlled Substances	0	2	2		1
Improper Emergency Room Dispensing	1	0	0		0
Improper Automated Dispensing Procedures	36	23	12		24
Improper Provision	4	3	0		2
Improper Advertising	0	0	0	0%	0
Notification Violation	131	129	43	4%	101
Theft & Loss of C/S Not Reported	23	12	10	1%	15
Gray Market diversion/ Samples	2	1	1	0%	1
Improper Closing/Change of Ownership	3	7	5	0%	5
Improper Inpatient Records (Class C)	6	4	2	0%	4
			1121	100%	2695

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

	FY2018	FY2019	FY2020
Total Number of Samples Tested	72	68	
Number of Non-Sterile Samples Tested	1	0	
<i>Number of Potency Failures</i>	1	3	
Number of Sterile Samples Tested	71	68	
<i>Number of Potency Failures</i>	6	3	
<i>Number of Sterility Failures</i>	0	0	
<i>Number of Fungal Failures</i>	0	0	
<i>Number of Endotoxin Failures</i>	0	0	

**SUMMARY OF RANDOM COMPOUNDED SAMPLE TESTING
PROGRAM IN TEXAS PHARMACIES**

	FY2018	FY2019	FY2020
Total Number of Samples Tested	0	1	8
Number of Non-Sterile Samples Tested	0	0	0
<i>Number of Potency Failures</i>	0	0	0
Number of Sterile Samples Tested	0	1	8
<i>Number of Potency Failures</i>	0	1	1
<i>Number of Sterility Failures</i>	0	0	0
<i>Number of Fungal Failures</i>	0	0	0
<i>Number of Endotoxin Failures</i>	0	0	0

COM-04**Applications**

Activity	FY 2018	FY 2019	FY 2020	3 Year Average
New Class D (Clinic) Pharmacy Applications and Change of Ownership Applications	11	31	29	22
New Class B (Nuclear) Pharmacy Applications	0	1	5	0
Petitions for Expanded Formularies for Class D (Clinic) Pharmacies (New Petitions and Renewal Applications)	87	85	56	87
Petitions for Alternative Visitation Schedules for Class D (Clinic) Pharmacies	122	30	108	67
Notifications of Temporary Locations for Class D (Clinic) Pharmacies	14	14	9	14
Standard Class D Formularies Reviewed	10	15	10	12

COM-05**Presentations**

Date	Presentation	Attendance (approx.)	Staff Presenter
9/9/2019	University of Houston American Pharmacists Association Academy of Student Pharmacists	50	Iona Grant
10/5/2019	TSUCOPHS Annual Fall Preceptors Conference	125	Iona Grant
10/8/2019	Lone Star College Tomball	60	Iona Grant
11/12/2019	North Houston Pharmacy Association	40	Iona Grant
12/5/2019	Houston Methodist Hospital Medical Center-Healthco Pharmacy	13	Iona Grant
12/21/2019	Texas Association of Independent Pharmacy Owners Association	30	Iona Grant
1/26/2020	Lake Houston Pharmacy Association	82	
1/30/2020	Houston Area Pharmacy Association	52	Iona Grant
2/29/2020	Texas Association of Independent Pharmacy Owners Association	125	Iona Grant
8/25/2020	Lake Houston Pharmacy Association	33	Iona Grant
9/18/2019	TSBP Online Webinar, "Sterile Compounding Inspections"	22	Terri Burrows
9/21/2019	"Texas Pharmacy Law Update," Texas Oncology Pharmacy Managers Annual Seminar, Las Colinas	52	Terri Burrows
10/15/2019	"Texas Pharmacy Law Update," Tenet/USPI Pharmacy Managers - Online Webinar	20	Terri Burrows
11/15/2019	"Texas Pharmacy Law Update," Medical City Pharmacy Directors, Coppell	18	Terri Burrows
1/12/2020	"Texas PMP" DEA Practitioner Opioid Symposium, Hurst	500	Terri Burrows
1/13/2020	"Texas PMP" DEA Practitioner Opioid Symposium, Hurst	300	Terri Burrows

COM-05 continued

Date	Presentation	Attendance (approx.)	Staff Presenter
1/22/2020	TSBP Online Webinar "Sterile Compounding Inspections"	25	Terri Burrows
2/8/2020	"Texas Pharmacy Law Update" South Plains Pharmacy Symposium, Lubbock	35	Terri Burrows
3/7/2020	"Texas Pharmacy Law Update" Spring Pharmacy Retreat, West Texas Pharmacy Association, Amarillo	75	Terri Burrows
7/19/2020	"Texas PMP" at DEA Practitioner Virtual Opioid Symposium, Dallas Division	763	Terri Burrows
7/20/2020	"Texas PMP" at DEA Practitioner Virtual Opioid Symposium, Dallas Division	520	Terri Burrows
10/22/19	Opioid Epidemic and Controlled Substance Recordkeeping – broadcast to multiple locations for BSLMC (Baylor St. Luke's Medical Center) – (Houston)	11	Kathy Salinas
11/9/2019	Law Update – El Paso Pharmacy Association – (El Paso)	40	Kathy Salinas
11/20/2019	TSBP Laws and Rules Update – Broadcast to multiple locations for Houston Baylor St. Luke's Medical Center – (Houston)	17	Kathy Salinas
1/21/2020	Opioid Epidemic – Gulf Coast Society of Health System Pharmacists – (League City)	40	Kathy Salinas
1/30/2020	TSBP Laws and Rules Update – Gulf Coast Society of Health System Pharmacists – (Webster)	40	Kathy Salinas
6/11/2020	TSBP Laws and Rules Update – Houston Methodist – (Houston)	200	Kathy Salinas
11/20/2019	Bexar County Pharmacy Association	90	Jim Clark
2/18/2020	UIW Feik School of Pharmacy	100	Jim Clark
1/08/2019	The University of Texas at Austin College of Pharmacy P3 Students (Austin)	121	Synthia Hill
9/10/19	TSBP Laws and Rules Update - Webinar	107	Synthia Hill
10/10/19	TSBP Laws and Rules Update - Webinar	82	Synthia Hill
1/14/20	TSBP Laws and Rules Update - Webinar	44	Synthia Hill
10/19/2019	Laws and Rules Presenter at AASHP meeting	45	Tera McConnell
11/13/2019	TSBP Laws and Rules Update - Webinar	66	Tera McConnell
12/03/2019	TSBP Laws and Rules Update - Webinar	70	Tera McConnell
8/24/2020	TSBP Class E-S New Vendor Inspector Refresher Training - Webinar	14	Tera McConnell
8/24/2020	TSBP Class E-S Vendor Inspector Full Training - Webinar	9	Tera McConnell
Total	38	4036	

ENF-01

Complaints Received and Closed

Year	Complaints Received	% Change Complaints Received Previous Year	Complaints Closed	% Change Complaints Closed Previous Year	% Complaints Closed	*Resolution Time (Agency Average)	% Change Time
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%
FY19	5,682	-4%	5,766	-12%	101%	145 Days	-20%
FY20	5,150	-9%	5,544	-4%	108%	127 Days	-12%

ENF-02

Dispensing Error Complaints

Type of Dispensing Error	FY2016	FY2017	FY2018	FY2019	FY2020	5-Year Avg.
Wrong Drug/Strength or Wrong Directions for Use	194	168	198	171	74	161
Mislabeling	17	11	17	10	11	13
Dispensed Wrong Quantity	57	42	55	19	42	43
Dispensed Outdated Drug	4	6	2	2	5	4
Packaging/Delivery Error	24	13	25	17	25	21
Error + No Counseling	0	2	2	0	0	<1
Total # Dispensing Error Complaints	296	242	299	219	157	243
Total # Complaints Closed	6,265	5,938	6,524	5,766	5,544	6,007
% Dispensing Error Complaints	5%	4%	5%	4%	3%	4%

ENF-03

Data on Form of Complaints

Form of Complaints	FY2018	FY2019	FY2020	% of FY2020	3-Yr. Avg.	% of 3-Yr. Avg.
Telephone	19	7	10	N/A	12	N/A
Letter	222	134	136	2%	164	3%
TSBP Complaint Form	124	129	139	3%	131	2%
HPC 800 #	17	6	4	N/A	9	N/A
Fax	49	36	38	1%	41	1%
Visit	0	0	0	N/A	N/A	N/A
Agency Report	3	25	137	2%	55	1%
Inspection	117	87	78	1%	94	2%
Interoffice Referral	31	160	183	3%	125	2%
Licensure Application	2,295	2,200	1,560	28%	2,018	34%
Data Bank	138	133	159	3%	143	2%
Theft/Loss Report	1,287	897	1,328	24%	1,171	20%
Investigation	574	420	328	6%	441	7%
Intra-Agency Referral	31	39	66	1%	45	1%
Malpractice Report	3	6	3	N/A	4	N/A
Press Clip	3	3	15	N/A	7	N/A
Email *	202	211	217	4%	210	4%
Internet *	663	637	658	12%	653	11%
Background Checks **	743	632	484	9%	620	10%
Other	3	4	1	N/A	3	N/A
TOTAL	6,524	5,766	5,544	100%	5,945	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-04

DATA ON SOURCE OF COMPLAINTS CLOSED

Source of Complaints	FY2018	FY2019	FY2020	% of FY2020	3-Yr. Avg.	% of 3-Yr. Avg.
Consumer	645	567	535	10%	582	10%
Government Agency	807	688	625	11%	707	12%
Pharmacist	64	72	77	1%	71	1%
Pharmacist (Self)	91	69	55	1%	72	1%
Pharmacist Applicant	184	171	138	2%	164	3%
Technician	19	5	4	N/A	9	N/A
Technician (Self)	67	17	5	N/A	30	1%
Tech Applicant	122	172	175	3%	156	3%
Technician Trainee	3	2	0	N/A	2	N/A
Tech Trainee (Self)	8	1	5	N/A	5	N/A
Tech Trainee Applicant	718	1,109	1,050	19%	959	16%
Intern	3	0	2	N/A	2	N/A
Intern Applicant	70	12	25	N/A	36	1%
TSBP	1,441	1,249	814	15%	1,168	20%
Doctor	79	92	85	2%	85	1%
Other Health Professional	28	40	59	1%	42	1%

ENF-04 continued

Source of Complaints	FY2018	FY2019	FY2020	% of FY2020	3-Yr. Avg.	% of 3-Yr. Avg.
NABP	139	131	160	3%	143	2%
PIC, Pharmacy Manager, or Supervisor	1,657	1,075	1,468	26%	1,400	24%
Pharmacy Self-Report	15	11	1	N/A	9	N/A
Out of State Pharmacy Self-Report	24	62	62	1%	49	1%
Employee/Ex-Employee –RPH	1	11	10	N/A	7	N/A
Employee/Ex-Employee TCH/TNT	14	22	21	N/A	19	N/A
Loss Prevention Officer (Corporate)	1	0	1	N/A	1	N/A
Manufacturing Rep.	5	22	44	1%	24	N/A
Professional Recovery Network (PRN)	23	14	17	N/A	18	N/A
Insurance Company	151	69	57	1%	92	2%
Attorney	8	6	5	N/A	6	N/A
Employee/Ex-Employee	34	8	3	N/A	15	N/A
Media	2	0	0	N/A	1	N/A
Drug Screening Co.	99	66	26	N/A	64	1%
Other	2	3	15	N/A	7	N/A
TOTAL	6,524	5,766	5,544	100%	5,945	100%

N/A – not applicable, value less than 0.01

ENF-05

Data on Subject of Complaints

Subjects of Complaints	FY2018	FY2019	FY2020	3-Yr. Average
Licenses (RPh/Pharmacy)	3,367 (52%)	2,771 (48%)	3,218 (58%)	3,119 (52%)
Pharmacist	685	578	525	596
In-State Pharmacy	2,306	1,991	2,457	2,251
Out-of-State Pharmacy	376	202	236	271
Registrants (Intern/Tech)	1,039 (16%)	770 (13%)	749 (14%)	853 (14%)
Intern	19	27	16	21
Technician	656	421	507	528
Technician Trainee	364	322	226	304
Applicants (Lic & Reg)	2,075 (32%)	2,156 (37%)	1,535 (28%)	1,922 (32%)
Pharmacist	188	169	138	165
Pharmacy	128	109	80	106
Intern	88	59	45	64
Technician	227	228	178	211
Technician Trainee	1,444	1,591	1,094	1,376
Non-Licenses	43 (1%)	69 (1%)	42 (<1%)	51 (1%)
Doctor	7	0	1	3
Manufacturer	2	1	0	1
Wholesaler	0	0	0	N/A
Non-Licensed Facility or Person	28	62	40	43
Insurance Company/PBM	3	6	0	3
Out-of-State Facility	3	0	0	1
Other	0	0	1	N/A
TOTAL	6,524	5,766	5,544	5,945

ENF-06

Data on Alleged Violations of Complaints

Alleged Violation	FY2018	FY2019	FY2020	3-Yr. Avg.	% of 3-Yr. Avg.
Diversion	2	4	8	5	N/A
Controlled Substances (C/S)	1	3	4	3	N/A
Dangerous Drugs (D/D)	0	0	2	<1	N/A
Both (C/S & D/D)	1	1	2	1	N/A
Internet Rxs	0	0	0	N/A	N/A
Unauthorized Dispensing	22	27	15	21	N/A
Controlled Substances	7	2	6	5	N/A
Dangerous Drugs	14	21	9	15	N/A
Both (C/S & D/D)	1	4	0	2	N/A
Illegal Delivery	0	1	1	<1	N/A
Controlled Substances	0	0	0	N/A	N/A
Dangerous Drugs	0	1	1	<1	N/A
Both (C/S & D/D)	0	0	0	N/A	N/A
Illegal Possession	3	0	0	1	N/A
Controlled Substances	2	0	0	<1	N/A
Dangerous Drugs	1	0	0	N/A	N/A
Both (C/S & D/D)	0	0	0	N/A	N/A
Convictions/Criminal Offenses	1,490	965	901	1,119	19%
Felony	35	22	48	35	1%
Misdemeanor	93	114	189	132	2%
DWI/PI	426	435	336	399	7%
Deferred Adjudication	202	186	260	216	4%
Offense on Application	734	208	68	337	6%
Dispensing Error	299	194	201	231	4%
Wrong Drug/Strength	198	146	118	154	3%
Mislabeled	17	10	11	13	N/A
Wrong Quantity	55	19	42	39	1%
Outdated Drug	2	2	5	3	N/A
Packaging/Delivery	25	17	25	22	N/A
Dispensing Error and No or Improper Patient Counseling	2	0	0	<1	N/A
No or Improper Patient Counseling	84	29	22	45	1%
No or Improper Drug Regimen Review	24	25	23	24	N/A
Theft/Loss of C/S and/or D/D	1,257	890	1,338	1,162	20%
Non-Therapeutic Dispensing	38	109	128	92	2%
Action by Other Board	443	346	360	383	6%
Non-Compliance with Substitution Rules	6	4	1	4	N/A
Non-Compliance with Disciplinary Order	301	275	220	265	4%
Non-Compliance with PRN Contract	19	13	16	16	N/A
Interference with Doctor/Patient Relationship	92	155	129	125	2%
Confidentiality	28	28	38	31	1%
Failed to Keep Records	0	2	0	<1	N/A
Negligence	0	2	0	<1	N/A
Unsafe Practice	1	5	5	4	N/A
Compounding	20	19	21	20	N/A
Unprofessional Conduct	9	12	10	10	N/A
Gross Immorality	0	1	0	N/A	N/A
Fraud	832	487	105	475	8%
Fraud, Deceit & Misrepresentation	11	5	15	10	N/A
Falsified Response to Warning Notice	0	2	0	<1	N/A

ENF-06 continued

Alleged Violation	FY2018	FY2019	FY2020	3-Yr. Avg.	% of 3-Yr. Avg.
Falsified Application	750	417	64	410	7%
Filled/Passed Forged Prescription	54	43	21	39	1%
Insurance Fraud	14	16	1	10	N/A
Medicare Fraud	3	4	4	4	N/A
Impairment	16	13	8	12	N/A
Probable Cause	10	11	6	9	N/A
Drug & Alcohol	2	0	0	<1	N/A
Drug	1	2	0	1	N/A
Alcohol	1	0	1	<1	N/A
Physical	0	0	0	N/A	N/A
Mental	2	0	1	1	N/A
Changed Prescription	22	19	13	18	N/A
Aiding and Abetting	20	8	2	10	N/A
Technician working with No/Del Registration	59	22	32	38	1%
Non-Therapeutic Prescribing (Doctor)	4	3	1	3	N/A
Excessive Purchases of Controlled Substances	5	20	15	13	N/A
Anabolic Steroids	0	0	0	N/A	N/A
Grey Market Diversion	1	0	0	N/A	N/A
Samples	2	0	1	1	N/A
Technician Violation	8	1	4	4	N/A
Improper Security	3	0	1	1	N/A
Problem with OTC Drug	1	0	0	N/A	N/A
Closed Pharmacy Improperly	6	4	10	7	N/A
Operating Pharmacy without License	2	4	2	3	N/A
Working Conditions	7	13	10	10	N/A
Delinquent License	2	3	0	2	N/A
Kickbacks	1	7	6	5	N/A
No PIC	40	74	114	76	1%
Recordkeeping Error	144	87	97	109	2%
Notification Violation	1	5	2	3	N/A
No Annual/PIC/DEA Inventory	1	0	3	1	N/A
C-II Rx	1	1	0	<1	N/A
Improper Rx's Issued by Doctors	2	0	0	<1	N/A
Advertising	0	2	3	2	N/A
Overcharging	2	0	0	<1	N/A
Billing Dispute	22	34	54	37	1%
Customer Service	28	81	80	63	1%
Hot Check	0	1	0	N/A	N/A
Accountability Audit Discrepancies (shortages/overages)	12	6	4	7	N/A
CE Audit	2	5	17	8	N/A
Default on Student Loans	0	0	0	N/A	N/A
Shipping to Other States without a License	9	13	11	11	N/A
Other Allegations	1,055	1,702	1,467	1,408	24%
Texas Pharmacy Act	13	18	44	25	N/A
Texas Dangerous Drug Act	2	0	1	1	N/A
Texas Controlled Substances Act	17	16	6	13	N/A
Food Drug & Cosmetic Act	19	8	17	15	N/A
TSBP Rule	262	194	184	213	4%
Other Laws/Rules	742	1,466	1,215	1,141	19%
Request Disciplinary Action	30	11	9	17	N/A
Reinstatement	12	9	5	9	N/A
Modification	34	25	31	30	1%
TOTAL	6,524	5,766	5,544	5,945	100%

N/A – not applicable, value less than 0.01

Data on Resolution of Complaints

	FY2018	FY2019	FY2020	3-Yr. Avg.	% of 3- Yr. Avg.
Investigations Not Resulting in Disciplinary Action:	5,284	4,108	3,740	4,377	74%
Investigate + Dismissal (Warning) Letter	1,156	767	544	822	14%
Investigate + Complaint Closed with Verbal Warning	148	267	376	264	4%
Investigate + Complaint Closed with No Action Due to Insufficient Evidence to Prove Violation Occurred	2,408	2,077	1,908	2,131	36%
Investigate + Lost Jurisdiction (registration expired)	165	152	182	166	3%
Inspections	114	15	9	46	<1%
Inspection + Warning Notice or Dismissal Letter	37	6	3	15	N/A
Application Withdrawn	180	97	57	111	2%
Pharmacy Closed	119	110	175	135	2%
Other *	957	617	486	687	12%
Investigations Resulting in Disciplinary Action:	715	658	556	643	11%
Agreed Board Order	494	388	371	418	7%
Board Order	68	56	23	49	<1%
Preliminary Notice Letter + Dismissal (Warning) Ltr.	0	0	0	N/A	N/A
PNL + Application Withdrawn (with or without Informal Conference)	86	158	117	120	2%
PNL + Informal Conference + Dismissal Letter	17	20	16	18	N/A
PNL + Informal Conference + Case Dismissed	16	6	9	10	N/A
PNL + Case Dismissed or Other	3	2	6	4	N/A
PNL + Remedial Plan	31	28	14	25	N/A
Temporary Suspension Hearing + Case Dismissed	0	0	0	N/A	N/A
Referrals To:	51	22	23	32	N/A
Medical Board	5	0	0	2	N/A
PRN Program	4	2	0	2	N/A
Supervisor	13	15	13	14	N/A
Other Agency	29	5	10	15	N/A
No Action Because:	474	978	1,225	892	15%
No Violation	30	311	270	204	3%
No Jurisdiction	27	59	37	41	N/A
Insufficient Information	9	4	2	5	N/A
Other **	408	604	916	643	11%
TOTAL	6,524	5,766	5,544	5,945	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

Employee Pilferage Reports

EMPLOYEE THEFT BY DRUG CATEGORY	No. of Reported Instances of Theft	DUs	Tech or Tech Trainee	RPH	LVN	RN or CRNA	~Other/ Unknown Employee
TABLETS							
Amphetamine	14	3,055	11	1	1	1	0
Analgesic	15	6,070	6	0	3	5	1
Anesthetic	1	4	0	0	0	1	0
Benzodiazepine	35	39,069	20	2	3	8	2
Cannabinoid	1	1	0	0	0	1	0
Codeine	18	3,890	6	1	4*	8	1
Carisoprodol	2	977	2	0	0	0	0
Opiate	43	17,058.5	13	2	5*	22	2
Sedative (non-benzodiazepine)	4	3,245	1	1	1	1	0
Dangerous Drugs	1	1	1	0	0	0	0
OTC Products	1	1	1	0	0	0	0
SUBTOTAL	135	73,371.5	61	7	16	47	6
LIQUIDS							
Androgen	1	12 ml	0	1	0	0	0
Analgesic	2	3 ml	0	0	0	2	0
Anesthetic	5	111.7 ml	0	0	0	5	0
Benzodiazepine	12	725.61 ml	0	0	1	11	0
Codeine	8	5,923 ml	7	0	0	0	1
Opiate	75	7,193.26 ml	3	0	3*	70	1
Dangerous Drugs	6	74 ml	5	0	0	1	0
OTC Products	1	82 ml	0	0	0	1	0
SUBTOTAL	110	14,124.6 ml	15	1	4	90	2
PATCHES							
Opiate (patches)	1	2	0	0	0	1	0
SUBTOTAL	1	2	0	0	0	1	0
TOTAL	246	87,498.1	76	9	20	138	8

~Other covers theft or loss reported due to Non-pharmacy employees, non-licensed person, lab technicians; or unknown. No physicians or student pharmacist-interns were identified during this reported period.

*Two LVNs identified on same report of theft/loss.

ENF-09

Employee Pilferage of Benzodiazepines & Opioids

DRUG	# of Reported Instances	DUs	Tech or Tech Trainee	RPH	LVN	RN or CRNA	Other/ Unknown Employee
TABLETS							
Alprazolam	28	28,617	19	1	3	4	1
Clonazepam	7	3,528	3	1	1	2	0
Diazepam	3	2,907	1	0	1	0	1
Hydrocodone/APAP	31	8,691	10	2	5*	13	2
Hydrocodone/lbuprofen	1	106	1	0	0	0	0
Hydromorphone	4	106	1	0	0	3	0
Lorazepam	4	4,012	0	0	2	2	0
Methadone	1	5	1	0	0	0	0
Morphine	2	1,717	1	0	0	1	0
Oxycodone	11	4,505.5	1	1	1	7	1
Oxycodone/APAP	4	1,928	1	1	0	2	0
Temazepam	2	5	0	0	1	1	0
Total	98	56,127.5	39	6	14*	35	5
LIQUID							
Fentanyl	36	5,066.6 ml	0	0	1	35	0
Hydrocodone	3	402 ml	3	0	0	0	0
Hydromorphone	45	949.16 ml	0	0	3*	43	0
Lorazepam	4	12 ml	0	0	1	3	0
Midazolam	9	713.61 ml	0	0	0	9	0
Morphine	31	357 ml	0	0	1	29	1
Meperidine	4	418.5 ml	0	0	0	4	0
Total	132	7,918.87 ml	3	0	6*	123	1
PATCHES							
Fentanyl	1	2	0	0	0	1	0
Total	1	2	0	0	0	1	0
TOTALS	231	64,046.37	42	6	20	159	6

ENF-10

Employee Pilferage by Employee Type

CLASSIFICATION OF EMPLOYEE	FY2018		FY2019		FY2020		% Change FY2019-FY2020
	Total # of Dosage Units	%	Total # of Dosage Units	%	Total # of Dosage Units	%	
Registered Pharmacist	42,361	28%	67,697	46%	5,181	5.9%	-92%
Pharmacist Intern	0	N/A	0	N/A	0	N/A	N/A
Registered Pharmacy Technician	73,128	48%	63,792	43%	48,774	55.7%	-24%
Pharmacy Technician-in-Training	27,094	18%	8,479	5%	12,636	14.4%	+49%
Physician	1	N/A	0	N/A	0	N/A	N/A
Registered Nurse	9,755	6%	4,597.5	3%	6,914.3	7.9%	+50%
Certified Registered Nurse Anesthetist	7	N/A	1,392	1%	1,120.8	1.3%	N/A
Licensed Vocational Nurse	6	N/A	58	N/A	10,657	12.2%	+100>%
Miscellaneous *	670	N/A	1,579	1%	2,215	2.5%	+40%
TOTALS	153,420	100%	147,594.5	100%	87,498.1	100%	-41%

** Total Dosage Units based on combined tablets, liquids in mls, and patches.
 * Non-licensed employee, laboratory technician or unknown.
 N/A = Not Applicable, value is below 0.01.

ENF-11

Performance Measures

Enforcement-Related Performance Measure	FY2020 Projected Performance	FY2020 Performance Attained	Key or Non-Key (K/NK)	Projected Target Met?*
Outputs:				
Jurisdictional Complaints Resolved	5,420	5,493	K	Exceeded
Number of Licensed Individuals Participating in a Peer Assistance Program	160	131	K	Not Met
Efficiency:				
Average Time for Jurisdictional Complaint Resolution	180	136	K	Exceeded
Outcomes:				
Percent of Jurisdictional Complaints Resolved Resulting in Disciplinary Action	10.0%	7.0%	K	Not Met
Percent of Licensees (Pharmacists and Pharmacies) with No Recent Violations (Disciplinary Orders)	95.0%	97.4 %	K	Met
Recidivism Rate of Those Receiving Disciplinary Action	5.0%	7.4%	NK	Met
Percent of Jurisdictional Complaints Resolved within Six Months	68.0%	70.9%	NK	Met
Recidivism Rate for Participants in Peer Assistance Program	30.0%	21.4%	NK	Not Met
One-Year Completion Rate for Participants in Peer Assistance Program	80.0%	78.95%	NK	Met
Explanatory:				
Jurisdictional Complaints Received	6,000	5,085	K	Not Met

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

ENF-12**Criminal History Reports**

Criminal History Notification Type	FY2016	FY2017	FY2018	FY2019	FY2020
Daily Reports (fingerprints)	605	590	598	644	491
Quarterly Reports	143	148	126	104	31
Total	748	738	724	748	522

ENF-13**Total Number of Orders Entered by TSBP That Required Monitoring on Licensees (Pharmacists and Pharmacies), Interns, and Technicians**

	FY2020	% of FY2020
Total Number of Orders on Licensees Requiring Monitoring	174	48%
Total Number of Orders on Technicians Requiring Monitoring	132	36%
Total Number of Orders Requiring Monitoring	306	84%
Total Number of Orders Not Requiring Monitoring	58	16%
Total Number of Orders Entered by TSBP in FY2020	364	100%

ENF-14

**Types of Disciplinary Orders Entered on Licensees
(Pharmacists and Pharmacies) and Interns That Required Monitoring**

Sanction	FY192018 Orders	FY2019 Orders	FY2020 Orders	% of FY2020	3-Yr. Avg.	% of 3-Yr. Avg.
Revoke / Retire	21	18	19	9%	19	7%
Suspension	32	30	13	6%	25	9%
Restricted	6	8	13	6%	9	3%
Rehabilitation Orders*	9	7	3	1%	6	2%
Reinstatement	8	5	1	N/A	5	2%
Fines or Probation Fees Only	137	77	57	28%	90	33%
Continuing Education, Texas Jurisprudence Exam, and/or Pharmacy Law Course (could also include fines and/or probation fees)	31	20	17	8%	23	8%
Continuous Quality Improvement Program, Self-Assessments, Policies/ Procedures, and/or Quarterly Reports (could also include fines and/or probation fees)	85	61	51	25%	66	24%
Public Orders Requiring Drug Screens	0	0	0	N/A	N/A	N/A
Total number of orders on licensees requiring monitoring	329	226	174	84%	243	89%
Total number of orders not requiring monitoring	30	28	32	16%	30	11%
Total orders	359	254	206	100%	273	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 Disciplinary Orders Entered on Technicians That Required Monitoring

Sanction	FY2018 Orders	FY2019 Orders	FY2020 Orders	% of FY2020	3-Year Average	% of 3-Year Average
Revoke *	39	45	41	26%	42	27%
Suspension	22	23	15	9%	20	13%
Restriction	0	2	0	N/A	1	1%
Fines Only	69	46	60	38%	58	37%
Other **	14	14	16	10%	15	10%
Total number of orders on technicians requiring monitoring	144	130	132	84%	135	87%
Total number of orders on technicians not requiring monitoring	15	18	26	16%	20	13%
Total number of orders on technicians	159	148	158	100%	155	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 FY2020, TSBP revoked the registrations of 32 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**

*Pharmacy Technicians / Pharmacy Technician Trainees Monitored (with probation under conditions, including random drug screens) by Enforcement Division (FY2019 – FY2020)			
Fiscal Year	Total Orders	Total New Orders	Total Being Monitored
FY2019	18	20	32
FY2020	19	18	34

* TSBP entered 19 Orders on pharmacy technicians or pharmacy technician trainees who were subject to probation periods with random drug screening in FY2020. Of the 19 Orders, there were 18 Orders resulting in a pharmacy technician or pharmacy technician in training being added to the number who were being monitored at the end of FY2020, as reflected in the chart above. However, 16 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 Entered on Pharmacists and Interns

Nature of Violation	FY2018	FY2019	FY2020	% of FY2020	3-Yr. Avg.	% of 3-Yr. Avg.
Non-Compliance with ABO	9	3	8	24%	7	20%
Non-Compliance with PRN	3	2	4	12%	3	9%
Action by Other Boards	1	2	1	3%	1	3%
Audit Shortages	0	0	0	N/A	N/A	N/A
Alcohol-Related Conviction	0	0	1	3%	N/A	N/A
Theft of Prescription Drugs	3	3	0	N/A	2	6%
Created Fraudulent Rx or Obtained C/S by Fraud	1	0	1	3%	1	3%
Convictions	4	8	1	3%	4	11%
Deferred Adjudication	1	1	1	3%	1	3%
Illegal Possession of Controlled Substances	0	0	0	N/A	N/A	N/A
Unauthorized Refills of Controlled Substances	0	1	0	N/A	N/A	N/A
Probable Cause/Dependency	2	0	1	3%	1	3%
Mental Impairment	0	0	1	3%	N/A	N/A
Request for Modification of Previously Entered ABO	12	7	8	24%	9	26%
Request for Retirement or Revocation	2	3	6	18%	4	11%
Request for Reinstatement	2	2	1	3%	2	6%
TOTAL	40	32	34	100%	35	100%

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

ENF-18

Impaired/Recovering Pharmacists Monitored by Enforcement Division

Fiscal Year	Total Orders*	Total New Orders**	Total Being Monitored***
FY2016	36	18	106
FY2017	55	23	99
FY2018	40	13	86
FY2019	32	15	79
FY2020	35	14	76

* *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 35 confidential pharmacist/intern Orders entered in FY2020, there were 10 Orders resulting in an impaired/recovering pharmacist or intern being added to the number who were being monitored at the end of FY2020 is set forth in Appendix Chart ENF-17. However, 14 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, 2020, a total of 76 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	19	(9%)			
Revoke			10	5	15
Retire			4	0	4
Suspensions	39	(19%)			
Suspension			1	0	1
Suspension w/Conditions			9	0	9
Suspension w/ Fine			0	0	0
Suspension/Fine/Conditions			0	1	1
Probation			2	1	3
Probation w/Conditions			7	5	12
Probation/Fine			2	1	3
Probation/Fine/Conditions			3	7	10
Restricted	12	(6%)	12	0	12
Other	98	(48%)			
Fine			24	16	40
Fine with Conditions			2	16	18
Fine and Reprimand			0	1	1
Fine, Reprimand with Conditions			6	17	23
Reprimand with Conditions			3	6	9
Reprimand			4	3	7
Require MHP Evaluation			0	0	0
Issuance License/Regist.	15	(7%)			
Grant with Suspension			1	0	1
Grant with Restrictions			1	0	1
Grant with Probation			1	0	1
Grant with Probation and Fine			1	1	2
Grant with Probation/Fine/Conditions			0	0	0
Grant with Probation and Conditions			1	0	1
Grant with Reprimand and Fine			1	2	3
Grant with Fine			2	1	3
Grant with Fine/Conditions			0	0	0
Grant with Reprimand			2	1	3
Reinstatements	1	(<1%)			
Grant			1	0	1
Grant with Probation/Conditions			0	0	0
Deny			0	0	0
Modifications	22	(11%)			
Grant			20	2	22
Deny			0	0	0
TOTAL FY20:	206	(100%)	120	86	206

FY20 Orders Entered Against Pharmacist Licenses	120	58%
FY20 Orders Entered Against Pharmacy Licenses	86	42%
FY20 Total Disciplinary Orders on Pharmacist/Pharmacy	206	100%

LEG-01 continued

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

	RPh	Phcy	Total	Total %
Diversion	11	2	13	6%
Illegal Delivery	0	0	0	
Illegal Possession of Rx Drugs	0	0	0	
Unauthorized Dispensing	3	0	3	
Theft	1	0	1	
Obtained C/S by Fraud	1	0	1	
No Valid Dr-Pt Relationship	6	2	8	
Convictions/Defer Adj	9	1	10	5%
Felony	5	0	5	
Misdemeanor	0	0	0	
Deferred Adjudication, Felony	1	1	2	
Deferred Adjudication, Misdemeanor	2	0	2	
Alcohol-Related	1	0	1	
Audit Discrepancies	1	3	4	2%
Drug	1	3	4	
Continuing Education	0	0	0	
Practice Deficiencies	14	32	46	22%
Dispensing Errors	3	18	21	
Dispensing Errors & No Counsel and/or No Drug Regimen Review	7	14	21	
No Counsel and/or DRR	4	0	4	
Compounding Sterile without Class S	0	0	0	
Shipping Rx to Other States w/o License	0	0	0	
Unprofessional Conduct	49	43	92	45%
Aiding and Abetting	2	2	4	
Allow Tech to Work without an Active Registration	8	9	17	
Falsified Application for Licensure	2	2	4	
Sterile Compounding w/o Proper Training	0	0	0	
Impairment	2	0	2	
Action by TSBP or Other Boards	10	8	18	
Non-Compliance with Previously Entered Order	8	0	8	
Non-Compliance with PRN Program	4	0	4	
Violation of Board Rules	13	22	35	
Other				
Modification	20	2	22	11%
Reinstatement	1	0	1	<1%
Request for Revocation/Retirement/Restrict	15	3	18	9%
Temporary Suspension Orders	0	0	0	N/A
Other	0	0	0	N/A
TOTAL FY20:	120	86	206	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.

LEG-01 continued

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

		Total	Percent
Registration Removed		41	(26%)
Revoke	41		
Retire	0		
Suspensions		17	(11%)
Suspension	4		
Suspension, followed by Probation	2		
Suspension w/Conditions	0		
Suspension w/Conditions, followed by Probation	4		
Suspension/Fine	0		
Suspension/Fine w/Conditions, followed by Probation	1		
Probation	1		
Probation with Conditions	4		
Probation/Fine	1		
Probation/Fine with Conditions	0		
Restricted	0	0	(N/A)
Other		35	(22%)
Fine	19		
Fine with Conditions	10		
Fine/Reprimand	1		
Fine/Reprimand with Conditions	0		
Reprimand	5		
Reprimand with Conditions	0		
Issuance Registration		60	(38%)
Grant with Suspension	3		
Grant with Suspension/Fine	1		
Grant with Probation	36		
Grant with Probation/Conditions	3		
Grant with Probation/Conditions and Fine	0		
Grant with Probation and Fine	0		
Grant with Fine	0		
Grant with Fine and Reprimand	0		
Grant with Reprimand	17		
Deny	0		
Reinstatements		1	(<1%)
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	4	4	(3%)
TOTAL FY20:		158	(100%)

LEG-01 continued

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

		Total	Percent
Diversion		3	(2%)
Theft	2		
Forged Rx	1		
Illegal Delivery	0		
Convictions/Deferred Adjudications		89	(56%)
Felony	14		
with Falsified Application	0		
Misdemeanor	13		
with Falsified Application	0		
Deferred Adjudication/Felony	35		
with Falsified Application	0		
Deferred Adjudication/Misdemeanor	24		
with Falsified Application	0		
Alcohol-Related (e.g., DWI)	3		
with Falsified Application	0		
Impairment		0	(N/A)
Drug or Alcohol Dependency	0		
with Falsified Application	0		
Probable Cause	0		
Falsified Applications **		1	(<1%)
Other Violations		30	(19%)
Gross Immorality	0		
Non-Compliance w/Previously Entered Order	5		
Performed Tech Duties w/Delinquent Registration	6		
Performed Pharmacist Duties	0		
Performed Tech Duties without Registration	5		
Action by TSBP or Other Board	1		
Negligence	0		
CE Shortage	13		
Request for Revocation/Retirement/Restriction		31	(20%)
Reinstatement		0	(N/A)
Modify		4	(3%)
Temporary Suspension Orders		0	(N/A)
TOTAL FY20:		158	(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 3 falsified applications described above.

LEG-01 continued

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	0	1	3	54	118	31	206
Pharmacy Technicians	0	1	17	76	65	0	158
Total	0	2	20	130	183	31	364

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

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
FY16	10	3	316	329	7%	97%
FY17	1	3	320	324	-2%	99%
FY18	2	3	354	359	9.8%	99%
FY19	8	4	242	254	-29%	97%
FY20	0	3	203	203	-20%	100%

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
FY16	6	52	213	271	-16%	98%
FY17	0	52	149	201	-26%	100%
FY18	0	36	123	159	-20%	100%
FY19	0	36	112	148	-7%	100%
FY20	0	17	141	158	7%	100%

PHARMACY AND PHARMACIST REMEDIAL PLANS

FISCAL YEAR	PHARMACISTS	PHARMACIES	TOTAL
FY15	28	1	29
FY16	19	0	19
FY17	10	1	11
FY18	15	2	17
FY20	13	1	14

Informal Conferences for Pharmacies and Pharmacists

Dates of Informal Conferences	# of Days	# of Phy/RPh Respondents	# of RPh Respondents	# of Licenses Dismissed
September 10-11, 2019	2	7	12	2
October 8-9, 2019	2	4	17	2
December 10-11, 2019	2	10	11	4
January 7-8, 2020	2	2	9	1
March 3-4, 2020	1	4	8	
April 7-8, 2020	2	6	13	
June 2-3, 2020	2	11	14	2
July 7-8, 2020	2	10	14	3
TOTAL	15	51	94	14

Informal Conferences for Technicians/Technician Trainees

Dates of Informal Conferences	# of Days	# of Respondents	Technician Trainee Applicants or Registrants	Technician Applicants or Registrants	No Show Withdrawal or Dismissal	Defaults
September 12, 2019	1	20	15	5	14	1
October 10, 2019	1	23	19	4	14	2
November 6, 2019	1	20	14	6	10	3
December 12, 2019	1	23	17	4	13	1
January 9, 2020	1	22	17	5	14	4
February 5, 2020	1	17	15	2	8	3
March 5, 2020	1	18	5	13	10	2
April 9, 2020	1	21	15	6	7	1
May 6, 2020	1	14	8	6	4	
June 4, 2020	1	15	8	7	4	
July 9, 2020	1	18	16	2	12	
Total	11	211	149	60	110	17

LEG-03

RULES
For presentation at November 5, 2019, Board meeting:
§281.7 Concerning Removal of Student Loan Default as Ground for Discipline
§281.9 Concerning Removal of Student Loan Default as Ground for Discipline
§281.66 Concerning Removal of Arrests as Consideration for Licensure or Registration
§281.69 Concerning Automatic Denial or Revocation for Certain Criminal Offenses
§281.70 Concerning Surety Bonds for Certain Investigations
§291.4 Concerning Sworn Disclosure Statement
§291.1 Concerning Sworn Disclosure Statement
§291.3 Concerning Sworn Disclosure Statement
§291.14 Concerning Sworn Disclosure Statement
§291.34 Concerning Electronic Controlled Substance Prescriptions
§295.9 Concerning Reactivation of Pharmacist License Continuing Education Requirements
§295.13 Concerning Physician Delegation to Pharmacist under Written Protocol
§315.3 Concerning Controlled Substance Safe Disposal Notice
§315.16 Concerning Patient Access to Prescription Monitoring Program Information
For presentation at February 4, 2020, Board meeting:
§281.35 Concerning Temporary Suspension or Restriction Procedures
§283.2 Concerning Elimination of Pharmacist Intern/Trainee Designation
§283.4 Concerning Elimination of Pharmacist Intern/Trainee Designation
§283.5 Concerning Elimination of Pharmacist Intern/Trainee Designation
§283.6 Concerning Elimination of Pharmacist Intern/Trainee Designation
§295.1 Concerning Fee for Change of Name
§297.9 Concerning Fee for Change of Name
§291.19 Concerning Administrative Actions as a Result of a Compliance Inspection
§291.93 Concerning Drug or Device Labeling in a Clinic Pharmacy
§291.155 Concerning Limited Prescription Delivery Pharmacy (Class H)
§295.8 Concerning Mental Health Awareness Continuing Education
§315.3 Concerning Electronic Prescribing Waivers
For presentation at May 5, 2020, Board meeting:
§281.65 Concerning Penalty for Failure to Access Prescription Monitoring Program
§291.9 Concerning Prescription Pick Up Locations
§291.121 Concerning Requirements for Using an Automated Pharmacy System
§291.153 Concerning Requirement for Sink
For presentation at August 4, 2020, Board meeting:
§283.2 Concerning Healthcare Professional Preceptor Definition
§283.4 Concerning Pharmacist-Intern Change of Name Requirements
§283.5 Concerning Pharmacist-Intern Duties
§291.31 Concerning Class A (Community) Pharmacy
§291.32 Concerning Class A (Community) Pharmacy
§291.33 Concerning Class A (Community) Pharmacy
§291.34 Concerning Class A (Community) Pharmacy
§291.52 Concerning Class B (Nuclear) Pharmacy
§291.53 Concerning Class B (Nuclear) Pharmacy
§291.55 Concerning Class B (Nuclear) Pharmacy
§291.73 Concerning Class C (Institutional) Pharmacy
§291.74 Concerning Class C (Institutional) Pharmacy
§291.76 Concerning Class C (Institutional) Pharmacy
§291.121 Concerning Remote Pharmacy Services
§291.129 Concerning Satellite Pharmacy
§291.151 Concerning Class F (Located in a Freestanding Emergency Medical Care Facility) Pharmacy
§291.153 Concerning Class G (Central Prescription Drug or Medication Order Processing) Pharmacy
§309.2 Concerning Other Classes of Pharmacy
§309.3 Concerning Other Classes of Pharmacy

LEG-03 continued

§283.11 Concerning Examination Retake Requirements
§291.1 Concerning Pharmacy License Application
§291.3 Concerning Change of Managing Officers
§291.101 Concerning Definition of Class E Pharmacy License
§291.102 Concerning Definition of Class E Pharmacy License
§315.3 Concerning Electronic Prescribing Waivers

LEG-04

RULE SUBMISSIONS TO THE TEXAS REGISTER

Rules	Type of Action	Published in TxReg as Proposed	Published in TxReg as Adopted/Withdrawn
§281.14	New	-	09/06/2019
§281.15	Repeal	-	09/06/2019
§281.15	New	-	09/06/2019
§281.16	New	-	09/06/2019
§281.19	Amendment	-	09/06/2019
§291.6	Amendment	-	09/06/2019
§295.8	Amendment	-	09/06/2019
§283.11	Amendment	-	09/06/2019
Ch. 291A (§§291.1-291.3, 291.5-291.11, 291.14-291.19, 291.22-291.24, 291.27-291.29)	Review	-	09/06/2019
Ch. 291E (§§291.91-291.94)	Review	-	09/06/2019
Ch. 291F (§§291.101-291.106)	Review	-	09/06/2019
Ch. 295 (§§295.1-295.9, 295.11-295.16)	Review	-	09/06/2019
§295.5	Amendment	-	09/06/2019
§295.8	Amendment	09/27/2019	12/06/2019
§297.8	Amendment	09/27/2019	12/06/2019
§309.5	Amendment	09/27/2019	12/06/2019
§315.3	Amendment	09/27/2019	12/06/2019
§315.6	Amendment	09/27/2019	12/06/2019
§283.12	Amendment	09/27/2019	12/06/2019
§295.13	Amendment	09/27/2019	12/06/2019
§297.10	Amendment	09/27/2019	12/06/2019
§315.11	Amendment	09/27/2019	12/06/2019
§315.15	Amendment	09/27/2019	12/06/2019
§291.121	Amendment	09/27/2019	12/06/2019
§281.7	Amendment	01/03/2020	02/28/2020
§281.9	Amendment	01/03/2020	02/28/2020
§291.1	Amendment	01/03/2020	02/28/2020
§291.3	Amendment	01/03/2020	02/28/2020
§291.4	New	01/03/2020	02/28/2020
§295.9	Amendment	01/03/2020	02/28/2020
§315.3	Amendment	01/03/2020	02/28/2020
§281.66	Amendment	01/03/2020	02/28/2020
§281.69	New	01/03/2020	02/28/2020
§281.70	New	01/03/2020	02/28/2020
§291.14	Amendment	01/03/2020	02/28/2020
§291.34	Amendment	01/03/2020	02/28/2020
§295.13	Amendment	01/03/2020	02/28/2020
§315.16	New	01/03/2020	02/28/2020
Ch. 283 (§§283.1-283.12)	Review	01/03/2020	02/28/2020
Ch. 291B (§§291.31-291.36)	Review	01/03/2020	02/28/2020
Ch. 315 (§§315.1-315.14)	Review	01/03/2020	02/28/2020
281.35	New	04/03/2020	06/12/2020
283.2	Amendment	04/03/2020	06/12/2020
283.4	Amendment	04/03/2020	06/12/2020
283.5	Amendment	04/03/2020	06/12/2020
283.6	Amendment	04/03/2020	06/12/2020
291.19	Amendment	04/03/2020	06/12/2020
291.93	Withdrawn	04/03/2020	06/12/2020

LEG-04 continued

291.155	Repeal	04/03/2020	06/12/2020
295.1	Amendment	04/03/2020	06/12/2020
295.8	Amendment	04/03/2020	06/12/2020
297.9	Amendment	04/03/2020	06/12/2020
281.65	Amendment	07/03/2020	-
291.9	Amendment	07/03/2020	-
291.121	Amendment	07/03/2020	-
291.153	Amendment	07/03/2020	-
Ch. 291D (§§291.71-291.77)	Review	07/03/2020	-
Ch. 303 (§§303.1-303.3)	Review	07/03/2020	-

OPEN MEETING SUBMISSIONS TO THE TEXAS REGISTER

Type of Submission	Date Published
Interagency Advisory Committee Work Group Meeting – 10/15/2019	9/26/2019
Board Member Orientation - 10/17/2019	10/9/2019
Board Member Orientation - 10/18/2019	10/9/2019
Board Member Training Session – 11/4/2019	10/24/2019
Board Business Meeting – 11/5/2019	10/24/2019
Prescription Monitoring Program Advisory Committee - 1/14/2020	1/3/2020
Board Business Meeting – 2/4/2020	1/22/2020
Compounding Advisory Group 3/24/2020	3/12/2020
Compounding Advisory Group Cancellation – 3/24/2020	3/17/2020
Emergency Board Business Meeting 3/20/2020	3/20/2020
Board Executive Committee Meeting – 4/20/2020	4/09/2020
Board Business Meeting – 5/05/2020	4/21/2020
Prescription Monitoring Program Advisory Committee – 7/20/2020	7/07/2020
Board Business Meeting – 8/04/2020	7/21/2020
Temporary Suspension Hearing – 9/2/2020	8/20/2020

LEG-05

OPEN RECORDS REQUESTS FY2016 - 2020

Fiscal Year	Verbal Requests	Written Requests		Total # of individual requests	Monthly Average		% Change from Prior FY		
		# of initiating requests	# of individual requests		# of individual verbal requests	# of individual written requests	# of initiating verbal requests	# of initiating written requests	Total # of initiating requests
FY16	364	2,265	-	-	-	-	-29%	13%	5%
FY17	182	2,165	-	-	-	-	-50%	-4%	-10%
FY18	100	2,218	2,719	2,818	8	227	-45%	3%	-1%
FY19	106	2,667	4,510	4,616	9	375	6%	20%	20%
FY20	46	2,313	3,559	3,605	4	297	-57%	-13%	-15%

LEG-06

ONLINE PRESENTATIONS

DATE	PROGRAM	ATTENDANCE (APPROX.)
9/10/2019	Webinar - Texas Pharmacy Laws and Rules Update	107
9/18/2019	Webinar - Sterile Compounding	20
10/10/2019	Webinar – Texas Pharmacy Laws and Rules Update	82
10/15/2019	Webinar - PMP	15
11/13/2019	Webinar – Texas Pharmacy Laws and Rules Update	66
12/3/2019	Webinar – Texas Pharmacy Laws and Rules Update	70
1/14/2020	Webinar – Texas Pharmacy Laws and Rules Update	44
1/22/2020	Webinar – Sterile Compounding	20
1/28/2020	Webinar – PMP	24
Total		448

LEG-07

LEAP REGISTRATIONS AND REPORTS FY2020

Fiscal Year	Registrations		Reports Processed		
	New Law Enforcement Registrants	New Prosecutor Registrants	Law Enforcement	Prosecutor	Total Processed
FY20	302	29	2,184	20	2,204

PAP REQUESTS FY2020

Fiscal Year	Records Requested			Requestor Type		
	RX Record	Access Record	Total Processed	Patient	Parent/Guardian	Total
FY20	2	2	4	4	0	4

PMP-01**Prescription Monitoring Program Presentations**

DATE	PRESENTATION
09/07/19	Texas Nurse Practitioners' 31 st Annual Conference Effective Use of the Prescription Monitoring Program Austin
09/20/19	DEA Opioid Seminar Effective Use of the Prescription Monitoring Program San Antonio
10/02/19	DSHS Grand Rounds Effective Use of the Prescription Monitoring Program Austin
12/12/19	Pharmacy Board Compliance PMP Training PMP Investigator Tools Austin
01/28/20	Pharmacist CE Webinar PMP Effective Use of the Prescription Monitoring Program Austin
2/22/20	DEA Opioid Seminar Effective Use of the Prescription Monitoring Program Corpus Christi
04/16/20	Pharmacy Board Investigator PMP Training PMP Investigator Tools Teams
05/13/20	Houston Area Nurse Practitioner's Virtual Meeting Effective Use of the Prescription Monitoring Program Zoom

PMP-02**Prescription Monitoring Program Data**

	FY2018	FY2019	FY2020
Registered Users	92,232	116,458	153,779
Number of AwarxE Searches	8,143,304	12,567,013	27,503,579
Number of Integrated Searches*		17,664,662	128,208,067
Prescription Dispensed	39,592,102	38,159,456	36,397,998

*Integrated searches began June 2019.

HR-01

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

Texas State Board of Pharmacy EEO Data as of August 31, 2020

<u>Travis County</u>	<u>WHITE</u>		<u>BLACK</u>		<u>HISPANIC</u>		<u>OTHER</u>		<u>TOTAL</u>		<u>GRAND TOTAL</u>
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	
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>	<u>WHITE</u>		<u>BLACK</u>		<u>HISPANIC</u>		<u>OTHER</u>		<u>TOTAL</u>		<u>GRAND TOTAL</u>
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	
Administrators	0	3	0	0	0	0	0	0	0	3	3
Professional	7	12	0	3	5	3	0	1	12	19	31
Para-Prof	10	20	3	7	4	12	0	1	17	40	57
Admin Support	1	2	0	0	0	9	0	0	1	11	12
TOTALS	18	37	3	10	9	24	0	2	30	73	103
Agency	17.5%	35.9%	2.9%	9.7%	8.7%	23.3%	0.0%	1.9%	29.1%	70.9%	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>	<u>WHITE</u>		<u>BLACK</u>		<u>HISPANIC</u>		<u>OTHER</u>		<u>TOTAL</u>		<u>GRAND TOTAL</u>
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	
Administrators	0	0	0	0	0	0	0	0	0	0	0
Professional	0	1	0	0	1	1	0	0	1	2	3
Para-Prof	2	2	1	4	2	1	0	1	5	8	13
Admin Support	1	2	0	0	0	4	0	0	1	6	7
TOTALS	3	5	1	4	3	6	0	1	7	16	23

<u>Promotions</u>	<u>WHITE</u>		<u>BLACK</u>		<u>HISPANIC</u>		<u>OTHER</u>		<u>TOTAL</u>		<u>GRAND TOTAL</u>
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	
Administrators	0	0	0	0	0	0	0	0	0	0	0
Professional	1	0	0	1	1	0	0	0	2	1	3
Para-Prof	0	1	0	1	0	2	0	0	0	4	4
Admin Support	0	0	0	0	0	0	0	0	0	0	0
TOTALS	1	1	0	2	1	2	0	0	2	5	7

<u>Terminations</u>	<u>WHITE</u>		<u>BLACK</u>		<u>HISPANIC</u>		<u>OTHER</u>		<u>TOTAL</u>		<u>GRAND TOTAL</u>
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	
Administrators	0	0	0	0	0	0	0	0	0	0	0
Professional	0	2	1	0	0	0	0	0	1	2	3
Para-Prof	0	1	0	1	0	0	0	0	0	2	2
Admin Support	0	1	0	0	0	2	0	0	0	3	3
TOTALS	0	4	1	1	0	2	0	0	1	7	8

<u>Applications</u>	<u>WHITE</u>		<u>BLACK</u>		<u>HISPANIC</u>		<u>OTHER</u>		<u>TOTAL</u>		<u>GRAND TOTAL</u>
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	
Administrators	0	0	0	0	0	0	0	0	0	0	0
Professional	9	6	0	0	0	3	2	1	11	10	21
Para-Prof	33	54	6	24	6	15	10	19	55	112	167
Admin Support	24	53	3	15	0	5	4	23	31	96	127
TOTALS	66	113	9	39	6	23	16	43	97	218	315

There were 36 applicants who did not submit EEO data with their applications

Required Reports

Report Title	Recipient(s)	Team Reporting
FTE State Employees	State Auditor	Finance
Employees Quarterly Report	Texas Workforce Commission	Finance
Employer's Quarterly Federal Tax Return	Internal Revenue Service	Finance
Annual Financial Report	Governor's Office; Legislative Budget Board; State Comptroller; State Auditor	Finance
Non-Financial Annual Report	Governor's Office; Legislative Budget Board; State Auditor	Finance and HR
Operating Budget	Governor's Office; Legislative Budget Board; State Comptroller; State Auditor	Finance
ABEST Reconciliation	Legislative Budget Board	Finance
Historically Underutilized Business Progress Reports	Governor's Office; Lt. Governor's Office; Speaker of House; Texas Building & Procurement Commission	Finance
Encumbrance Reports	State Comptroller; State Auditor; Legislative Budget Board	Finance
State Use Report	Texas Comptroller of Public Accounts	Finance
EEO Information Report	Texas Workforce Commission	HR
Minority Hiring Practices	Texas Workforce Commission	HR
SORM 200	Office of Risk Management	HR
Performance and Funds Mgmt. Reports	Legislative Budget Board	All
Contract Workforce Report	State Auditor; Legislative Budget Board; Governor's Office	Finance
Fleet Management Report	Texas Comptroller of Public Accounts	Finance
Risk Assessment	Governor's Office; Legislative Budget Board; State Comptroller; State Auditor, Sunset Advisory Commission	HR
Veterans Workforce Summary Report	Comptroller	HR
Space Utilization Survey	Texas Facilities Commission	Finance
SORM Report	SORM	HR
Professional and Consultant Services Report	Legislative Budget Board	Finance
TexFlex Reconciliation Report	Employees Retirement System	Finance
Annual Debt Report	Office of Attorney General	Finance
Procurement Plan	Comptroller	Finance
Audit Corrective Action Plan	State Auditor	As applicable
Customer Services Report	Governor's Office	Legal
HPC Annual Report	HPC	All
COVID-19 Survey Reports	Legislative Budget Board; Governor's Office	Finance