



Texas State Board of Pharmacy

Annual Report Fiscal Year 2021

Julie Spier, R.Ph.
President

Timothy (Tim) Tucker, Pharm.D.
Executive Director/Secretary

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Board Members

Julie Spier, R.Ph.

President

Katy

10/09/2019 – 08/31/2023

Lori Henke, Pharm.D.

Vice President

Amarillo

06/01/2018 – 08/31/2023

Rick Fernandez, R.Ph.

Treasurer

Northlake

06/01/2018 – 08/31/2023

Daniel Guerrero

Public Member

San Marcos

06/01/2018 – 08/31/2023

Donnie Lewis, R.Ph.

Athens

10/09/2019 – 08/31/2025

Bradley A. Miller, Ph.T.R.

Austin

10/09/2019 – 08/31/2025

Donna Montemayor, R.Ph.

San Antonio

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 Tisch

Public Member

Spring

10/09/2019 – 08/31/2025

Jenny Downing Yoakum, R.Ph.

Longview

10/06/2015 – 08/31/2021

Office of the Executive Director

Executive Director

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

Executive Director Designate

Timothy L. Tucker, Pharm.D.

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.

Sarah Dodd, Ph.T.R.

Helen Wilkerson

Compliance

Field Compliance

Field Compliance Team Manager

Iona Grant, R.Ph.

Compliance Officer

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

Kathy Salinas, R.Ph.

James Clark, R.Ph.

Senior Compliance Inspector

Adrienne Bauer, Ph.T.R.

Compliance Inspector

Keya Henry, Ph.T.R.

Javier Ledesma, Ph.T.R.

Kimberly Miles, Ph.T.R.

Jennifer Trook, Ph.T.R.

Felicia Carrasco, Ph.T.R.

Robert Moura, Ph.T.R.

Kendra O'Neel, Ph.T.R.

Senior Compliance Specialist

Jessica Rodriguez-Reyes, Ph.T.R.

Compliance Specialist

Gracie Lara, Ph.T.R.

Pharmacy Services

Pharmacy Services Team Manager

Ben Santana, R.Ph.

Compliance Program Officer

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

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

Administrative Assistant

Noreen Gomez

Enforcement

Division Director

Caroline Hotchkiss, J.D.

Chief Investigator

Rolando Belmares

Captain Investigator

Larry Brothers

Lieutenant Investigator

John Plasek

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 Team Manager

Ann Driscoll, Ph.T.R.

Outreach Coordinator

Shayda Bakhshi

Legal Cont'd

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

Data Analyst

Michael Segovia, Ph.T.R.

Epidemiologist

Erin Doyle

Receptionist

Jennifer Baker

Human Resources

Staff Services Officer

Sarah Moody, Ph.T.R.

HR Specialist

Laura Gomez

Prescription Monitoring Program

Prescription Monitoring Program

Manager

Bj Slack

Research Specialist

Linda Yazdanshenas

Research Analyst

Sofia Bishop

Administrative Assistant V

Lori Gonzales, Ph.T.R.
Barbara Racca, Ph.T.R.
Lisa Rios

Finance

Financial Services Manager

Ann Du

Purchaser

David Hardy

Accountant III

Chantell Solomon

Accountant II

Veronica Guzman
Taylor King

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)

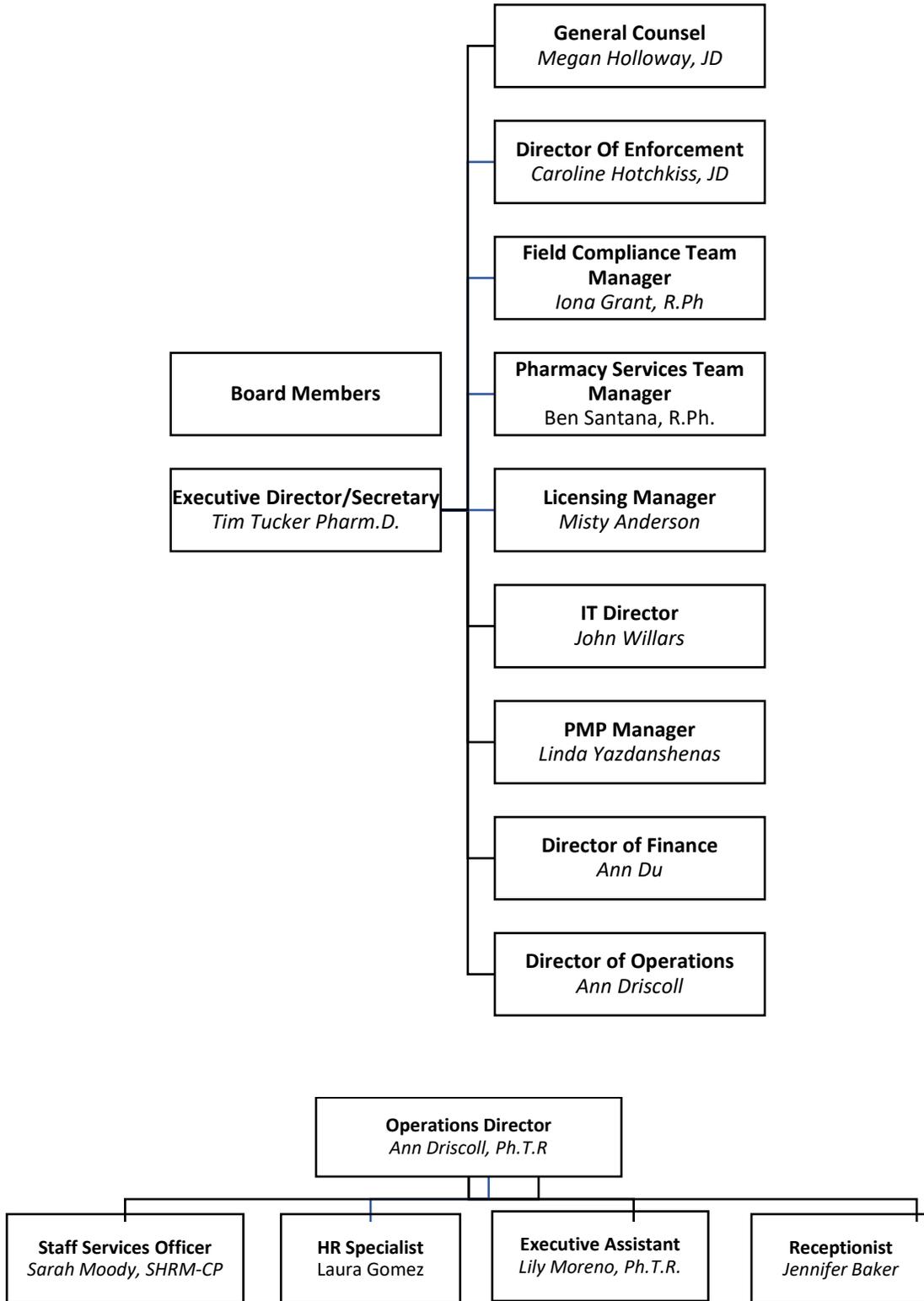
- We will establish and implement reasonable standards for pharmacist, pharmacy technician and pharmacy technician trainee education and practice, and for the operations of pharmacies to assure that safe and effective pharmaceutical care is delivered to the citizens of Texas (Sections 551-569 of the 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

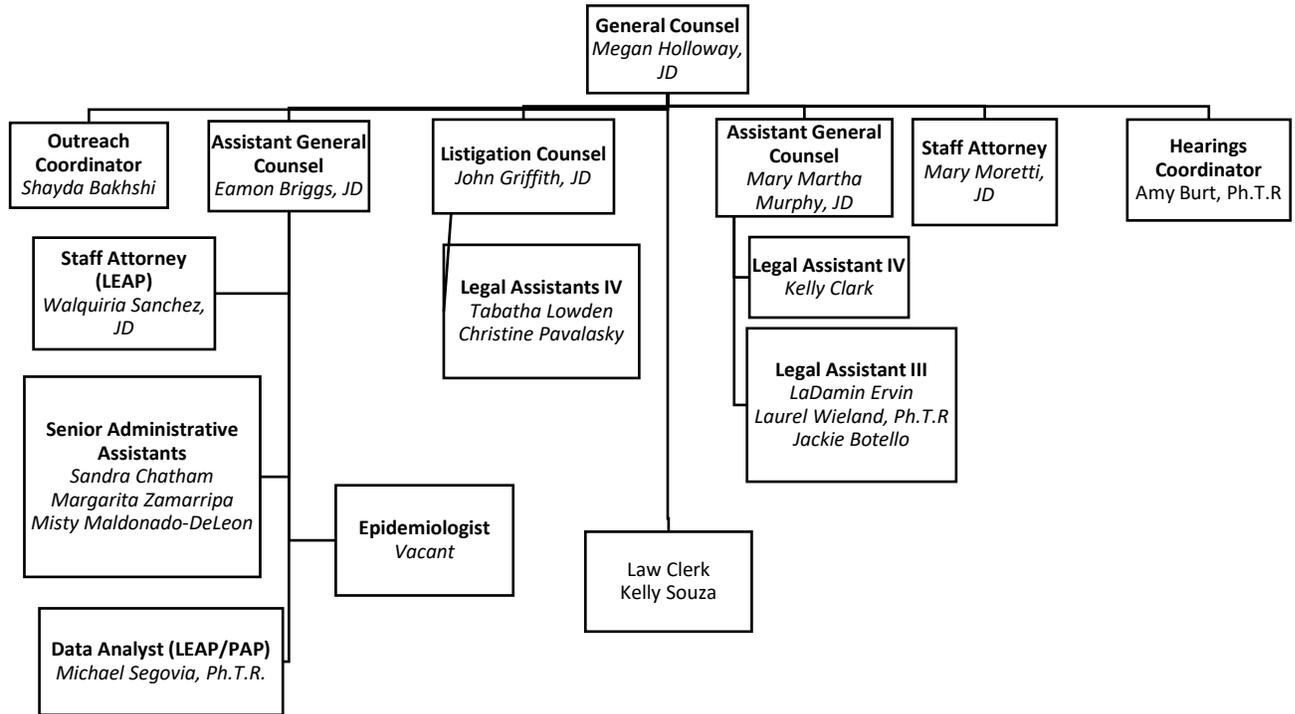
The Board's functional structure at the end of FY2021 was composed of the following:

- Office of the Executive Director;
- Legal;
- Enforcement;
- Compliance;
- Pharmacy Services;
- Licensing;
- Finance
- Information Technology; and
- Prescription Monitoring Program.

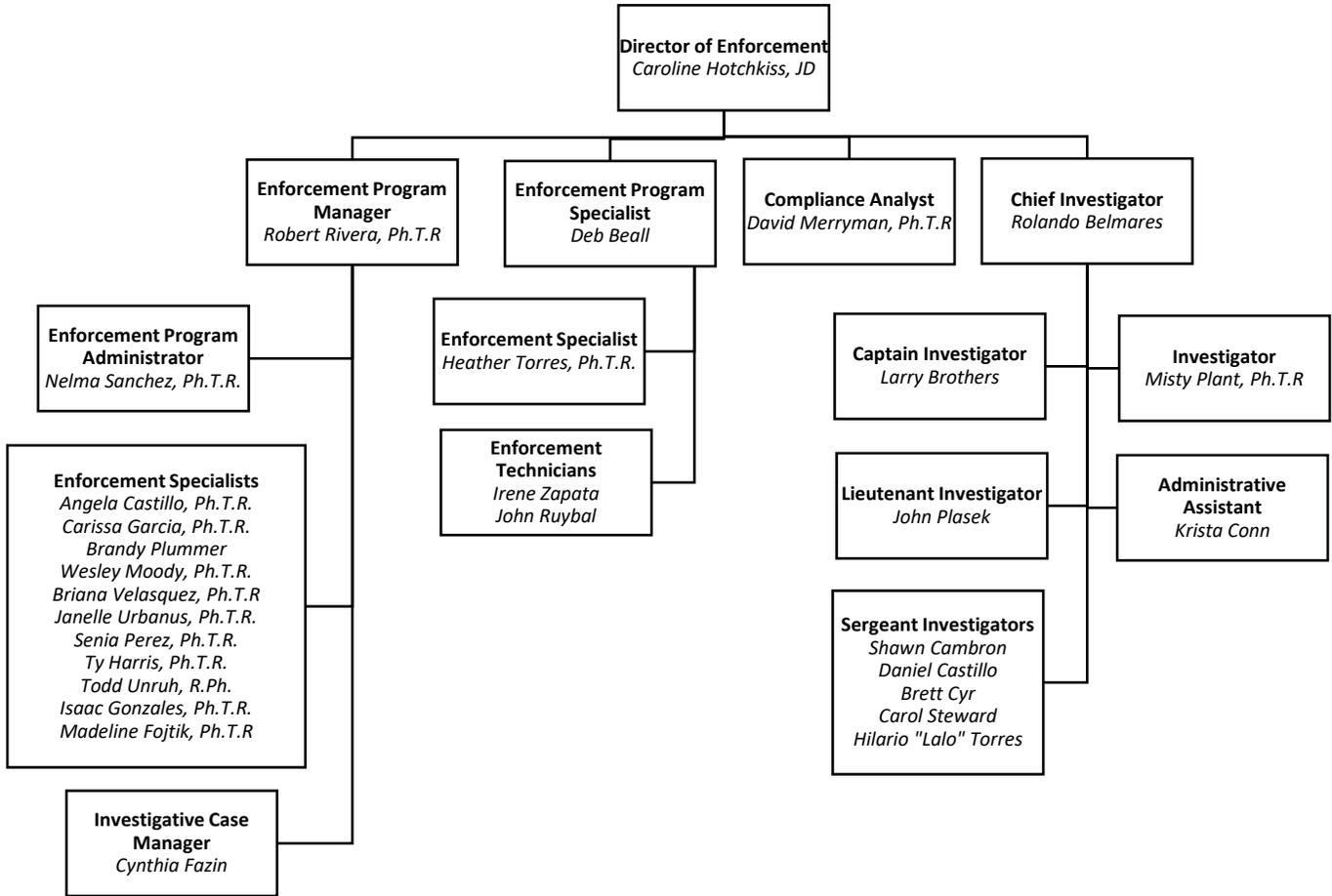
EXECUTIVE TEAM



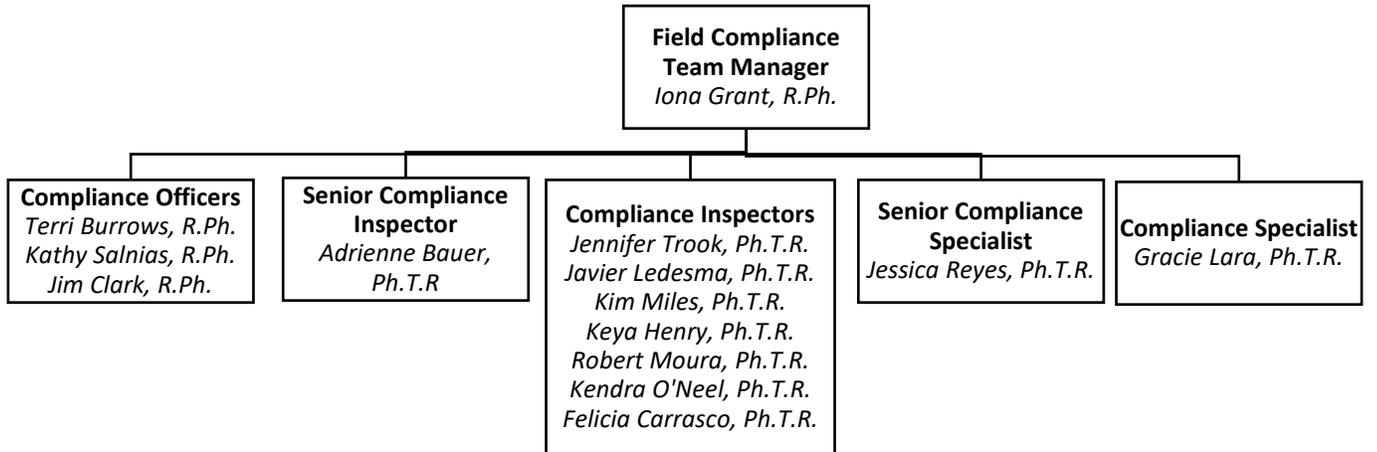
LEGAL TEAM



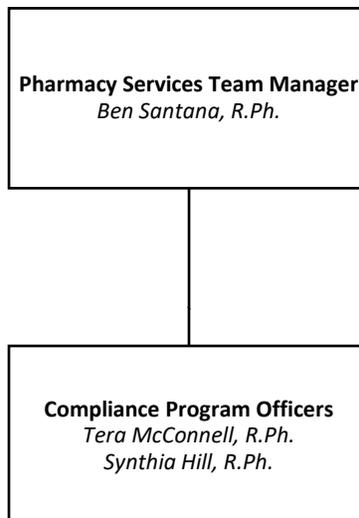
ENFORCEMENT TEAM



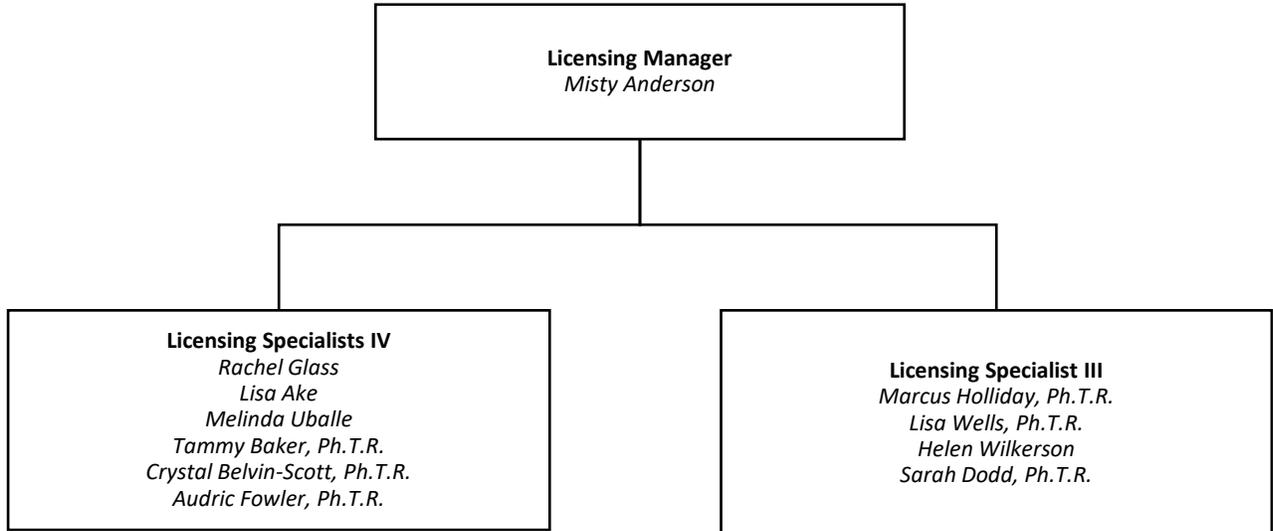
COMPLIANCE TEAM



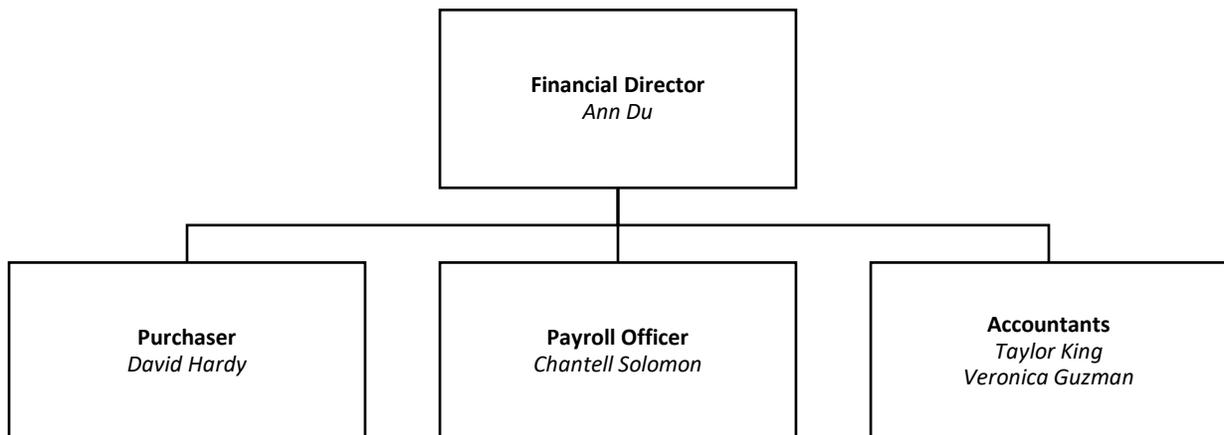
PHARMACY SERVICES TEAM



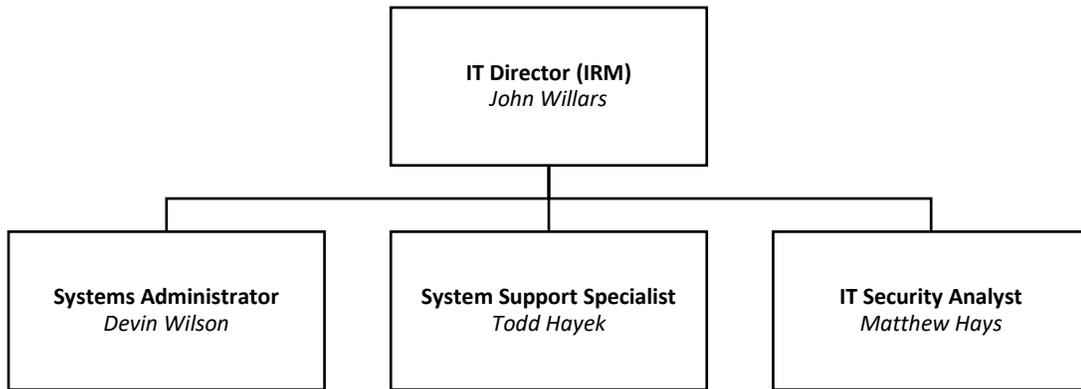
LICENSING TEAM



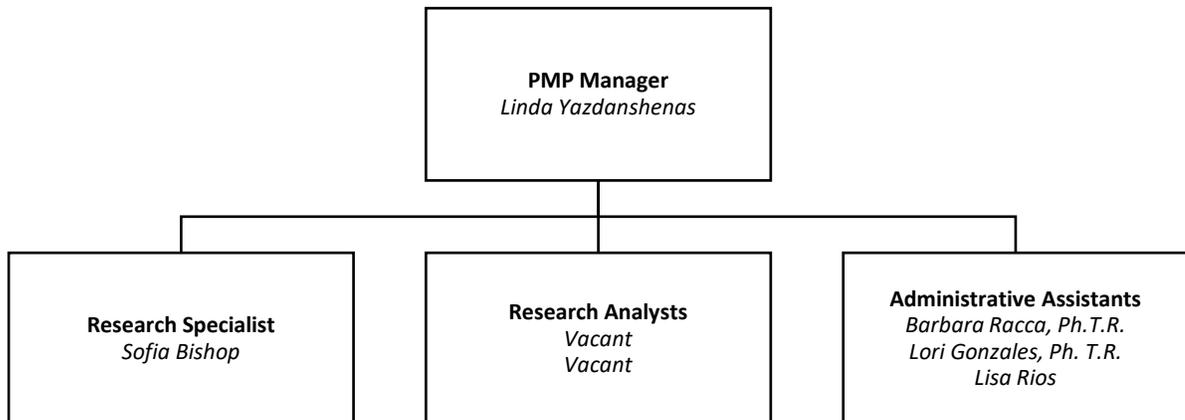
FINANCE TEAM



INFORMATION TECHNOLOGY TEAM



PRESCRIPTION MONITORING PROGRAM TEAM



Fiscal Report

The attached report represents an unaudited report of the financial activities regarding the internal operating budget for Fiscal Year 2021 (September 1, 2020 - August 31, 2021). 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 [FY2021 Annual Financial Report](#), located on the Board's website.

As of August 31, 2021, the unexpended balance for FY2021 was approximately \$1,278,873 or 6% under budget. Unexpended balance for FY2021 was due to the statewide Coronavirus disaster emergency response declaration and the 5% budget reduction.

Texas State Board of Pharmacy

Fiscal Year 2021 - Appropriation Expenditures

As of August 31, 2021

(Based on 12 months of actual data)

Summary of Estimated Budget less YTD Expenditures

Item #		Estimated Operating Budget	Expenditures Paid Plus Est. Payables 9/1/2020-08/31/2021	Balance 8/31/2021	% Expended as of 08/31/2021	% of Total Budget as of 08/31/2021
1	Salaries/ Wages & Other Personnel Costs	\$ 6,348,829.00	\$ (6,005,703.05)	\$ 343,125.95	95%	60.46%
2	Other Personnel Costs	276,029.00	(500,478.35)	(224,449.35)	181%	2.63%
3	Professional Fees and Services	1,093,980.00	(1,024,459.23)	69,520.77	94%	10.42%
4	Fuels and Lubricants	25,000.00	(6,105.46)	18,894.54	24%	0.24%
5	Consumable Supplies	23,000.00	(15,509.20)	7,490.80	67%	0.22%
6	Utilities	15,765.00	(25,873.20)	(10,108.20)	164%	0.15%
7	Travel	151,750.00	(1,063.05)	150,686.95	1%	1.45%
8	Rent and Building	5,960.00	(1,783.71)	4,176.29	30%	0.06%
9	Rent machine and others	17,265.00	(26,222.00)	(8,957.00)	152%	0.16%
10	Other Operating Expenses	2,476,670.00	(1,489,454.78)	987,215.22	60%	23.59%
11	Capital Expenditure	66,000.00	(124,722.44)	(58,722.44)	189%	0.63%
Totals		\$ <u>10,500,248.00</u>	\$ <u>(9,221,374.47)</u>	\$ <u>1,278,873.53</u>	94%	100%

Prepared by: Ann Du



TEXAS STATE BOARD OF PHARMACY
Budget, 4th Quarter
Fiscal Year 2021

OOE	COBJ	Description	BUDGET Total Per GAA	FY21 5% cut	Expended	Remaining Budget	Expended percent	
SALARIES AND WAGES								
1001	7001	Exempt Salaries	141,510.00		(141,510.00)	-	100%	
1001	7001	Exempt Salaries - Payout			(46,657.28)			
1001	7002	Classified Salaries - Full Time	5,841,616.65		(5,511,964.58)	329,652.07	94%	
1001	7002	Classified Salaries - Full Time		5% Reduction, Item II				
1001	7002	Classified Salaries - Full Time		5% Reduction, Item VI	(49,362.00)			
1001	7002	Classified Salaries - Full Time		5% Reduction, item VII	(49,362.00)			
1001	7002	Classified Salaries - Full Time		5% Reduction, item X	(51,850.00)			
1001	7007	Salaries/Wages-Hourly Part Time Employees			(1,890.00)	(1,890.00)		
1001	Various	Article IX 1836 Prescribing & dispensing of controlled substances 4/6 FTEs funded	346,349.00		(276,144.93)	70,204.07	80%	
1001	7012	Emergency Paid Leave Under FFCRA	6,382.68		(3,106.82)	3,275.86	49%	
1001	7021	Overtime Pay	12,970.67		(24,429.44)	(11,458.77)	188%	
TOTALS:			6,348,829.00		(6,005,703.05)	343,125.95	95%	
OTHER PERSONNEL COSTS								
1002	7017	One-Time Merit Increase	-		(358,107.42)	(358,107.42)		
1002	7022	Longevity	139,939.63		(103,820.00)	36,119.63	74%	
1002	7023	Lump Sum Termination Payment, Rider 4, \$142,468.00 AY 2020-21	119,734.37		(25,919.37)	93,815.00	22%	
1002	7025	Compensatory PerDiem	7,000.00			7,000.00	0%	
1002	7025	Compensatory PerDiem		5% Reduction, Item I	(3,500.00)			
1002	7033	Employee Retirement - Other Employment Expenses	3,000.00		(3,002.76)	(2.76)	100%	
1002	7043	F.I.C.A. Employer Matching Contributions	155.00			155.00	0%	
9999	7050	Benefit Replacement Pay	6,200.00		(6,417.80)	(217.80)	104%	
1002	7984	Unemployment Comp	1,000.00		(3,211.00)	(2,211.00)	321%	
TOTALS:			276,029.00		(500,478.35)	(224,449.35)	181%	
PROFESSIONAL FEES AND SERVICES								
2001	Various	(a) Professional Fees & Svcs (Other) PMP	41,508.01			41,508.01	0%	
2001	7243	Educational Training Services	8,500.00		(8,500.00)	-	100%	
2001	7245	Financial and Accounting Services	64,500.00		(34,921.00)	29,579.00	54%	
2001	7253	Other Professional Fees & Svcs (TPA-Peer Asst)	210,190.69		(210,190.69)	-	100%	
2001	7253	Other Professional Fees & Svcs (TPA-Peer Asst)		5% Reduction, item XI	(80,000.00)			
2001	7254	Other Witness Fees			(1,800.00)	(1,800.00)		
2001	7275	PMP Statewide Integration Software	700,233.76		(700,000.00)	233.76	100%	
2001	7285	Computer Services-Statewide Technology Center	69,047.54		(69,047.54)	-	100%	
TOTALS:			1,093,980.00		(1,024,459.23)	69,520.77	94%	
FUELS AND LUBRICANTS								
2002	7304	Gas, Other Fuels & Lubricants	25,000.00		(6,105.46)	18,894.54	24%	
2002	7304	Gas, Other Fuels & Lubricants		5% Reduction, Item VIII	(13,876.00)			
TOTALS:			25,000.00		(6,105.46)	18,894.54	24%	
CONSUMABLE SUPPLIES								
2003	7300	Consumable Supplies & Materials	23,000.00		(15,509.20)	7,490.80	67%	
TOTALS:			23,000.00		(15,509.20)	7,490.80	67%	
UTILITIES								
2004	7503	Telecommunications - Long Distance	200.00		(1,128.34)	(928.34)	564%	
2004	7504	Telecommunications - Monthly Charge	200.00		(501.99)	(301.99)	251%	
2004	7516	Telecommunications - Monthly Charge	13,765.00		(22,190.87)	(8,425.87)	161%	
2004	7526	Waste Disposal	1,600.00		(2,052.00)	(452.00)	128%	
TOTALS:			15,765.00		(25,873.20)	(10,108.20)	164%	
TRAVEL								
2005	Various	Travel - Board Members (Service)	22,000.00			22,000.00	0%	
2005	Various	Travel - State Vehicle	700.00					
2005	Various	Travel - Staff (Service)	112,550.00					
2005	Various	Travel - Staff	3,500.00		(148.61)	114,601.39	0%	
2005	Various	Travel - Staff (Conf Out Of State)	15,000.00		(914.44)	14,085.56	6%	
2005	Various	Travel - Staff (Service)		5% Reduction, Item IX	(79,000.00)			
TOTALS:			151,750.00		(1,063.05)	150,686.95	1%	
RENT AND BUILDING								
2006	7470	Rental of Space	5,960.00		(1,783.71)	4,176.29	30%	
TOTALS:			5,960.00		(1,783.71)	4,176.29	30%	
RENT- MACHINE AND OTHERS								
2007	7406	Rental of Furn & Equip	17,265.00		(26,222.00)	(8,957.00)	152%	
TOTALS:			17,265.00		(26,222.00)	(8,957.00)	152%	
OTHER OPERATING EXPENSE								
2009	7040	0.5% Payroll Retirement Contribution	52,588.00		(29,316.60)	23,271.40	56%	
2009	7042	1% Payroll Health Insurance Contribution	79,769.00		(58,101.61)	21,667.39	73%	
2009	7201	Membership Fees & Dues	8,611.00		(724.00)	7,887.00	8%	
2009	7203	Registration Fees	12,992.79		803.00	13,795.79	-6%	
2009	7203	Registration Fees		5% Reduction, Item V	(2,360.00)			
2009	7204	Insurance Premiums and Deductibles	26,009.21		(26,009.21)	-	100%	
2009	7210	Fees and Other Charges	15,000.00		(3,385.60)	11,614.40	23%	
2009	7211	Awards	2,000.00		(616.00)	1,384.00	31%	
2009	7216	Bonds & Insurance	8,889.00			8,889.00	0%	
2009	7219	*Texas Online Fee	251,106.00		(271,700.00)	(20,594.00)	108%	
2009	7219	*RX Drug Pad Online Convenience Fee Pass Through	38,134.00		-	38,134.00	0%	
2009	7224	Hearing Expense	3,600.00		-	3,600.00	0%	
2009	7262	Maintenance and Repair - Computer Software - Expensed	16,000.00		(3,620.10)	12,379.90	23%	
2009	7266	Maintenance and Repair-Building	1,500.00			1,500.00	0%	
2009	7267	Personal Property - Maint & Repair Computer Equipment - Expensed			(6,861.38)			
2009	7273	Reproduction & Printing	21,029.00		(14,955.17)	6,073.83	71%	
2009	7273	*Reproduction & Printing - Prescription Pad Program, Rider 5	1,000,000.00		(329,020.60)	670,979.40	33%	
2009	7276	Communication Services	67,000.00		(53,539.61)	13,460.39	80%	
2009	7286	Freight & Delivery Service	9,000.00		(3,038.80)	5,961.20	34%	
2009	7291	Postage	60,000.00		(42,000.00)	18,000.00	70%	
2009	7295	Criminal Investigative Expense	3,609.00		-	3,609.00	0%	
2009	7299	Administrative Support Service	42,002.00		(42,752.54)	(750.54)	102%	
2009	7299	HPC Shared Regulatory Database	355,746.00		(355,746.00)	-	100%	
2009	7303	Subscriptions	9,294.00			9,294.00	0%	
2009	7330	Parts, Furnishings, and Equipment			(64.94)	(64.94)	0%	
2009	7334	F & E - Expensed/Inventoried <\$5,000	41,595.73		(28,311.89)	13,283.84	68%	
2009	7335	Computer Equipment - Parts	25,377.00		-	25,377.00	0%	
2009	7368	Vehicles - Maintenance	17,736.00		(6,110.87)	11,625.13	34%	
2009	7377	Personal Property - Computer Equipment - Expensed	15,000.00		(17,200.33)	(2,200.33)	115%	
2009	7378	Computer Equip - Inv/Controlled >\$500	65,450.00		(50,950.00)	14,500.00	78%	
2009	7380	Computer Software - Expense	136,675.00		(24,200.52)	112,474.48	18%	
2009	7382	Books & Recorded Materials	1,368.00			1,368.00	0%	
2009	7806	Interest On Delayed Payments	485.92			485.92	0%	
2009	7947	State Office of Risk Management	10,000.00		(6,476.62)	3,523.38	65%	
2009	7961	STS (Tex-An) Transfers to General Revenue	20,000.00		(18,153.23)	1,846.77	91%	
2009	7962	Capitol Complex Transfers to General Revenue	29,610.35		(30,801.15)	(1,190.80)	104%	
Various	Various	Forfeiture State Committed Appropriated, Rider 2	19,493.00		(66,601.01)	(47,108.01)	342%	
2009	Various	Texas Rules Liaison Service	10,000.00			10,000.00	0%	
2009	Various	Texas Rules Liaison Service		5% Reduction, Item IV	(10,000.00)			
TOTALS:			2,476,670.00		(339,310.00)	(1,489,454.78)	987,215.22	60%
CAPITAL EXPENDITURES								
5000	7371	Personal Property-Passenger Cars-Capitalized	66,000.00		(97,008.92)	(31,008.92)	147%	
	7379	Computer Equip - >\$5000			(27,713.52)			
TOTALS:			66,000.00		(124,722.44)	(58,722.44)		
GRAND TOTAL:			10,500,248.00		(339,310.00)	(9,221,374.47)	1,278,873.53	94%
FORFEITURE COLLECTED BALANCES								
		UB Controlled Substance Forfeiture Funds -Federal (26662)			29,728.55	(29,728.55)	100%	
		UB Controlled Substance Forfeiture Funds - State Chapter 59 (26682)			71,967.98	-	71,967.98	0%
		Total FORFEITURE			101,696.53			

Office of the Executive Director

This FY2021 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 FY2021.

FY2021 SIGNIFICANT ACCOMPLISHMENTS

1. TSBP Compliance Field Staff conducted 3,630 inspections of pharmacies located in Texas, which represents an 11% increase from last fiscal year.
2. There was a significant increase in registered users and searches conducted through the Prescription Monitoring Program.
3. Agency Staff gave 40 presentations to over 6,219 individuals. Due to the pandemic, some of the presentations were modified to be given via videoconference.
4. Agency staff members continued to respond to the business changes imposed by the pandemic in a rapid and efficient manner to ensure Board business suffered minimal impact. Staff continued the transition to an electronic environment and modified procedures as needed to meet the continually changing environment and continue to uphold the Board's mission.

FY2021 SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Some Objectives were not met due to the impact of COVID-19 on the practice of pharmacy and waivers that impacted rules and guidelines used to set the agency FY2021 Goals and Objectives back in FY2020.
2. Some Key Measures were not met due to the impact of COVID-19 on the practice of pharmacy, licensees, and general public which affect the proposed total as the measures were originally drafted in FY2019.
2. Due to staff retirement of several key positions at the end of FY2021, including but not limited to the Executive Director, General Counsel, and PMP Manager, several key team members are new to their current positions. The process to post, interview, hire, and train these positions represented a significant amount of staff time in the last quarter of the fiscal year.
3. Teams were unable to destroy records relating to the agency litigation hold since FY2020, which setback the upkeep of records eligible for destruction per the agency's record retention schedule during that time.

FY2021 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. To prepare testimony, attend public hearings, provide any legal or technical interpretations, review all legislation that has an impact on the practice of pharmacy and agency operations, and monitor the progress of this legislation throughout the 87th Texas Legislative Session.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A total of 9,999 pieces of legislation were introduced in the 87th Regular Legislative Session. The Executive Director assigned a staff member to review each of these bills and 244 bills were tracked and monitored. Legislation that was passed by the Legislature that affects the agency or the practice of pharmacy can be found in Appendix EXC-01.
- The Executive Director met or had telephone conversations with Legislators or others or testified before Legislative committees as requested.
- Agency personnel, including the Executive Director, participated in meetings regarding the TSBP Legislative Appropriation Request.

- 2. To continue providing solutions and adaptations designed to ensure agency services are fully operational through alternative mechanisms in response to the COVID-19 pandemic.**

Status: ACCOMPLISHED

Comment: The Executive Director and other board staff continually reviewed and revised policies as needed to ensure agency services were fully operational in response to the COVID-19 pandemic.

Objectives (Ongoing)

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

Status: ACCOMPLISHED

Comment: The agency accomplished most of its objectives. Some Objectives were not met due to the impact of COVID-19 on the practice of pharmacy and waivers that

impacted rules and guidelines used to set the agency FY2021 Goals and Objectives back in FY2020.

In addition, the agency met or exceeded 6 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). Items not met generally were impacted by circumstances outside of the Board such as number of complaints received or Peer Assistance Program participants. Other items, such as percentage of jurisdictional complaints resulting in disciplinary actions were not met due to increased allowance for more educational directive to licensees on minor and/or first-time offenses, certain licenses expiring, or closing in lieu of discipline.

2. **To coordinate the development of proposed goals and objectives and budget for FY2022 based on the Strategic Plan and projected budget, for submission to the Board by the due date for the August 2021 meeting.**

Status: ACCOMPLISHED

Comment: Revenue projections and fee recommendations, were presented and approved at the May 2021, Board Business Meeting and the FY2022 Operating Budget was approved at the August 2021 Board 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.**

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 and staff:
 - 1. Gave 40 presentations to approximately 6,219 persons (see Appendix EXC-03); and
 - 2. Participated in interviews with the press as requested.
- B. Attended 51 meetings, conferences, or participated in telephone calls representing the agency (see Appendices EXC-04 AND EXC-05).
- C. The Executive Director attended meetings of the Health Professions Council.
- D. The Executive Director attended three meetings of the Texas Pharmacy Congress on the following dates:
 - 1. November 12, 2020;
 - 2. February 26, 2021, and
 - 3. May 19, 2021.

Due to COVID-19 restrictions, some regularly scheduled events/meetings were cancelled, postponed, or held virtually.

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.

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 remotely via videoconference attended four General Staff Meetings and several trainings as listed below:

- General Staff Meeting, held on September 23, 2020, which included a presentation by Alliance Work Partners (EAP Orientation) as well as staff training by Chief Belmares (Identity Theft Training);
- General Staff Meeting, held on December 10, 2020, which included staff training by Alliance Work Partners (Time Management Training);
- General Staff Meeting, held on February 23, 2021;
- Staff Training on March 10th or 18th, 2021, by Alliance Work Partners (Decision Making Skills);
- General Staff Meeting, held on May 25, 2021, which included training by the Director of Enforcement (Legislative Process);
- Staff Training on June 17, 2021, by Alliance Work Partners (Managing Up);
- Staff training on July 22, 2021, by Alliance Work Partners (Receiving Feedback);
- All Staff Training by Patrick Nelson (Leading Through Change); and
- General Staff Meeting held August 26, 2021, in person, which included a training by Compliance Staff (COVID-19 Presentation).

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.

Status: ACCOMPLISHED

Comment: An evaluation of the Executive Director was conducted at the February 2, 2021, 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 FY2020 Annual Report to be presented to the Board at the February 2021 meeting.

Status: ACCOMPLISHED

Comment: The final draft of the *FY2020 Annual Report* was presented to and approved by the Board at the February 2, 2021, 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 FY2021, one Licensing Team member departed from the agency resulting in a significant loss of institutional knowledge that impacted efficiency in licensing. There was also a significant expenditure of time and effort in hiring and training of new employees.

FY2021 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. To review all legislation that has an impact on the practice of pharmacy or the operation of the agency, provide any technical interpretations, and monitor the progress of this legislation throughout the 87th Texas Legislative Session.
2. To continue providing solutions and adaptations designed to ensure agency services are fully operational through alternative mechanisms in response to the COVID-19 pandemic.

Status: **ACCOMPLISHED**

Comment: These objectives were accomplished through the following activities:

- A. Team staff attended public hearings and assisted as requested with the review of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 87th Texas Legislature.
- B. Team staff worked with the Executive Director and the other board staff to ensure agency services were fully operational in response to the COVID-19 pandemic.

Objectives (Ongoing)

1. 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 3,980 interns (student interns, intern trainees, and extended interns) were certified within four days of receipt of required documents. In addition, a total of 7,036 pharmacist preceptors were initially certified or renewed their certification. At fiscal year-end, a total of 12,812 pharmacists were active preceptors.

2. 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 2,417 times with 1,993 candidates passing (see Appendix LIC-02).

A total of 937 reciprocity candidates were licensed in FY2021.

- 3. To submit licensing 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 (LBB) and Governor’s Budget Office regarding performance measures.**

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).

- 4. 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

Comment: The agency issued 1,850 new pharmacist licenses with an average turnaround time of seven business days from the download of the examination results.

- 5. 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 19,679 biennial pharmacist licenses during FY2021. Approximately 99.35% of eligible pharmacists renewed their licenses online. The average processing time to issue a renewal license from receipt of a completed application was one business day and 100% percent of licenses were issued within seven business days. The total population of licensed pharmacists for this fiscal year is as follows:

PHARMACISTS LICENSED	
Active Status	36,580
Inactive Status*	2,423**
TOTALS	39,003

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

**Of the above number, 1,093 pharmacists have been licensed in Texas for more than 50 years or are greater than 72 years old and are classified as “exempt.”

- 6. 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 13,973 new pharmacy technician trainee registrations bringing the total population of active registered technician trainees for this fiscal year to 21,970. Approximately 97.52% 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.

7. **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

Comment: The agency issued 5,506 new pharmacy technician registrations, and renewed 18,023 registrations on a biennial basis, bringing the total population of active registered technicians for this fiscal year to 44,843. Approximately 92.15% 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.

8. **To process initial and/or renewal applications for 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 applications for pharmacy license applicants within an average of 10 working days; and**
 - B. **renewals for pharmacy license applicants within five working days.**

Status: ACCOMPLISHED

Comment: The agency issued 504 new pharmacy licenses and 80 changes of ownership, which resulted in 584 new licenses issued. 3,678 licenses were renewed on a biennial basis, bringing the total population of active registered pharmacies for this fiscal year to 8,422. Approximately 28.87% 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 three 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 3 business days, and 100% of applications were licensed within 10 working days or less.

- 9. 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.**

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.

- 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: Staff recommended changes to the Texas Pharmacy Act and updated policies and procedures as needed

- 11. To assist with and destroy records in accordance with the agency's record retention plan; to review and 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 as allowed, 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.

- 12. 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 –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 - 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.

13. To prepare a report on the accomplishment of team objectives, for incorporation into the agency’s FY2020 Annual Report and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The Team’s first draft of the *FY2020 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 2021 Board meeting.

Compliance Team

SIGNIFICANT ACCOMPLISHMENTS

1. The team accomplished most of its objectives. Objectives not met were directly due to waiver of rules and COVID-19 impact on the practice of pharmacy.
2. Despite turnover and training requirements for new hires, TSBP Compliance Field Staff conducted 3,455 inspections of pharmacies located in Texas, which represents only a 5% decrease when compared to 3,630 inspections conducted in FY2020. See Ongoing Objective #1 for further details regarding inspections.
3. Team staff gave thirty-two presentations to over 5000 individuals. See Ongoing Objective #8 for more details.
4. Team staff was able to fully implement electronic inspections for all classes of pharmacy. This required the development of new templates and training by team staff for use with the Inspection Editor.
5. Team created and implemented an accredited Continuing Education program for all agency staff.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Due to the ongoing COVID-19 pandemic, TSBP's ability to conduct onsite inspections was greatly hindered for both in-state inspections and inspections of non-resident pharmacies. This impacted the team's ability to meet some of the Objectives fully.
2. In order to meet the 5% budget reduction for FY2021, two Compliance Inspector positions were not filled.
3. 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 limited.
3. Due to rule waivers relating to the Governor's emergency declaration still in effect during the fiscal year, the goal relating to review of licensee Continuing Education was not met as this requirement was temporarily waived for licensees.
4. Due to the continued impact of COVID-19 and the continued restrictions imposed by the colleges of pharmacy throughout the state regarding student participation in their respective internship programs, the student-pharmacist intern program goal was not met.

FY2021 ANNUAL REPORT

GOAL

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

Objectives (New)

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

1. **To review all legislation that has an impact on the practice of pharmacy, provide any technical interpretations, and monitor the progress of this legislation throughout the 87th Texas Legislative Session.**
2. **To continue providing solutions and adaptations designed to ensure agency services are fully operational through alternative mechanisms in response to the COVID-19 pandemic**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Staff reviewed bills for fiscal impact and impact to agency and Division operations, when requested; and
- B. Staff assisted with the implementation of new legislation passed by the 87th Texas Legislature through modification to procedures, development of new agency rules, and review of existing rules that required modification due to legislation.
- C. Staff fulfilled numerous presentation requests (see Appendices COM-5), provided testimony for disciplinary cases, served as experts in performing audit review of the Prescription Monitoring Program data regarding physician prescribing provided to TSBP by the Drug Enforcement Administration.
- D. Staff worked with NABP and FDA joint-inspections, and agency auditors and completed numerous special projects, and reviewed existing and developed new policies and procedures, a code of ethics for inspectors, and assisted with the NABP's Multistate Pharmacy Inspection Blueprint Program by developing an inspection form to the NABP Inspection Blueprint standards for sterile compounding and shipping such products across state lines.

Objectives (Ongoing)

1. **To conduct 3,000 inspections of all classes of pharmacies located in Texas, including pre-inspections, partial inspections, attempted inspections, inspection-visits, and/or follow-up inspections to "Warning Notices." To conduct inspections**

of pharmacies located in Texas, according to the following priorities:

- 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, prior to or following a change of location, 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 3,455 inspections of pharmacies located in Texas. This number represented only a slight decrease in inspections as compared to the 3,630 inspections that were conducted in FY2020 (see Appendices COM-01 and COM-02).

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).

- 2. On a random basis and as funding allows, to collect samples to demonstrate validity of the pharmacy's compounding processes, including the aseptic technique of pharmacists and pharmacy technicians from pharmacies located in Texas.

Status: ACCOMPLISHED

Comment: The agency contracted with (Dynalabs) for analytical laboratory services. One sample was able to be collected in FY2021 before 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. However, TSBP continued the direct submission process implemented in FY2020 in response to the pandemic 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 or applicable vendor team member.

3. **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;
- Reviewing monthly activity reports submitted by each vendor; and
- Serving as a liaison with the vendors and vendor inspectors.

Vendor inspectors conducted inspections of 76 Class E-S Pharmacies. In addition, these inspectors collected and submitted for testing 76 samples of sterile compounded preparations from different Class E-S Pharmacies. Two non-resident sterile samples collected were determined to be outside the acceptable testing 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 not able to travel to states that subsequently instituted restrictions on travel and business operations. However, vendor inspectors were able to implement their own versions of virtual inspections, and approximately 29 of the 76 Class E-S inspections were conducted in this manner.

4. **To conduct inspections of pharmacies that do not compound sterile preparations approximately every three years.**

Status: NOT ACCOMPLISHED

Comment: Approximately 10% or about 864 of pharmacies that do not compound sterile preparations were not inspected within the 3 year goal period. This is due to major constraints such as:

- 1) The ability to safely access pharmacies due to COVID-19;
- 3) A freeze on hiring and 5% budget reduction that placed two Compliance positions on hold;
- 4) New inspection procedures (development of FTO procedures by Legal) and workflow processes; and
- 5) An increase in the number of new pharmacy applications approved for licensure;

With the constraints in mind, inspectors focused, identified and accomplished a revised goal to conduct priority inspections for all classes of pharmacies within 3 years. Additionally, newly licensed pharmacies were generally inspected at least twice within the first year of licensure. This allowed the team to support the agency

- 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 C pharmacies seeking initial 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);**
 - A. Class C pharmacies located in rural counties seeking initial authorization to allow pharmacy technicians to perform certain duties when a pharmacist is not on duty; and**
 - B. Class D pharmacies for either initial licensure, and/or for expanded services or permissions.**

Status: ACCOMPLISHED

Comment: Applications were reviewed and approved for the following (see Appendices COM-04):

- 792 applications for pharmacists performing drug therapy management under the written protocol of a physician which were then maintained on the Board's website. This is a significant decrease from the 1,139 approvals in FY2020 due to a rule change no longer requiring annual submission of applications for these applicants;
- 42 Class C pharmacies that submitted applications to allow pharmacy technicians to verify the accuracy of other pharmacy technicians (tech-check-tech which is a significant increase from 28 applications in FY2020; and
- 50 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 is a decrease when compared to 63 applications in FY2020.

- 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: NOT ACCOMPLISHED

Comment: Continuing education audits were not conducted in FY2021 due to the emergency temporary suspension by the Governor of specific regulations 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.

- 7. To provide information to Board staff and customers, including responses to surveys and questionnaires; to provide oral and written communication including responses to emails sent to rxlaw@pharmacy.texas.gov; and to provide continuing education presentations and other public speaking engagements.**

Status: ACCOMPLISHED

Comment: Division staff responded to 1,560 emails submitted to the Board Rxlaw email, which represented a decrease from the 1,851 responses completed in FY2020.

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

Status: ACCOMPLISHED

Comment: Compliance Staff provided 32 presentations to approximately 5,349 individuals. Due to COVID-19 restrictions put in place by various audience groups and institutions, as well as the limitations on travel that ensued because of the 5% reduction in budget funds, the compliance staff conducted presentations via Webinar (see Appendix COM-05).

- 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: NOT ACCOMPLISHED

Comment: The student pharmacist internship program remained suspended due to the effects of COVID-19 on the colleges of pharmacy rotation sites not being available, including TSBP's two 6-week regulatory student pharmacist intern 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. In response to a department internal audit, the complete library of inspection procedures were reviewed and updated. In addition, new policies and procedures for the mobile inspection program were developed and implemented by mid-FY2021. This included new online inspection form templates for all classes of pharmacy as well for pharmacies that engage in

sterile compounding.

- 11. To assist with and destroy records in accordance with the agency's record retention plan; to review and 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, including general correspondence, not associated with the Texas Opioid litigation hold in accordance with the TSBP record retention schedule.

Staff reviewed and updated the team's Policy and Procedure Manual as needed and submitted substantive revisions to the ED for review.

- 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 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 with Team staff.
- C. Team staff prepared and conducted orientations for all new TSBP employees and legal interns regarding the Compliance Program.
- D. 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 FY2020 Annual Report and submit to the Executive Director by the due date.**

Status: ACCOMPLISHED

Comment: The Team's first draft of the FY2020 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 2021 Board meeting.

Enforcement Team

SIGNIFICANT ACCOMPLISHMENTS

1. The Enforcement team accomplished all of its Objectives.
2. Team staff continued teleworking from home offices due to COVID-19 and routinely evaluated team processes to ensure the team's ability to perform essential job functions while teleworking, including processes for maintaining workflow for handling the agency's complaints. In comparison to the last five fiscal years for complaint resolution time, resolution time for complaint closure remained at its lowest average over the last two fiscal years despite ongoing disruption to operations due to COVID-19. (See Ongoing Objective #1 for additional details regarding complaint data.)
3. The Enforcement team completed two successful program audits: (1) the agency's access to the Texas Crime Information Center (TCIC) clearinghouse for Criminal Justice Information Services (CJIS) data (use and dissemination) was audited by the Texas Department of Public Safety (the DPS audit); and (2) the agency's monitoring of compliance with entered disciplinary orders and contract for a Peer Assistance Program was audited by the agency's Internal Auditor (the Internal Audit). The results of the DPS audit were reviewed and finalized on May 25, 2021. The results of the Internal Audit were reviewed and reported to the Board at its August 3, 2021 meeting.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Field Investigators experienced disruption to in-person investigations, which were restricted or not feasible, due to COVID-19 precautions necessary to maintain staff safety and/or licensee safety. Field team staff compensated by converting to desk investigations and utilizing video teleconferences for respondent interviews, as needed.
2. Team staff has been unable to destroy records while subject to the agency litigation hold. This has setback the upkeep of records eligible for destruction per the agency's record retention schedule.
3. Team staff has continued to expend 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.

FY2021 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. To review all legislation that has an impact on the practice of pharmacy, provide any technical interpretations, and monitor the progress of this legislation throughout the 87th Texas Legislative Session.**
- 2. To continue providing solutions and adaptations designed to ensure agency services are fully operational through alternative mechanisms in response to the COVID-19 pandemic.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff attended public hearings and assisted as requested with the review of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 87th Texas Legislature.
- B. Team staff worked with the Executive Director and the other board staff to ensure agency services were fully operational in response to the COVID-19 pandemic.

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 originating from prescribers writing without valid medical need or therapeutic purpose, and unauthorized refills; and
 - failing to keep and maintain accurate records of purchases and disposals of prescription drugs (i.e., audit shortages);
- D. complaints against licensees/registrants who have been convicted of or received deferred adjudication for a felony that involved drug laws or occurred while engaged in pharmacy practice;
- E. complaints against licensees/registrants who are registered sex offenders;
- F. complaints against licensees/registrants who have been convicted of or received deferred adjudication for a felony relating to offenses not involving drug laws or not occurring while engaged in pharmacy practice;
- G. complaints involving applicants for licensure or registration (not including applications for reinstatement);
- H. complaints involving dispensing errors and malpractice reports;
- I. complaints involving violations of rules relating to patient counseling or drug regimen review;
- J. complaints involving health-care fraud or fraud, deceit, and misrepresentation in the practice of pharmacy, including aiding and abetting a non-licensed individual in the practice of pharmacy;
- K. complaints against licensees/registrants who have been convicted of or received deferred adjudication for a misdemeanor that involved drug laws or occurred while engaged in pharmacy practice;
- L. applications involving reinstatement of revoked licenses and registrations;
- M. complaints 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 5,693 complaints and closed 6,069 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).

- 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.**

Status: ACCOMPLISHED

Comment: TSBP investigated 241 reports indicating that pharmacies experienced theft of 30,673 tablets and 6,743.23 mls of controlled substances due to employee pilferage. The drug category experiencing the highest percentage of reported theft due to employee pilferage was benzodiazepines, which was 29.5% of total losses reported due to employee pilferage. Opioid theft reports were 27%, which accounted for the second highest drug category of reported losses due to employee pilferage (see Appendices ENF-08 through ENF-10).

- To submit data regarding enforcement and peer assistance data for Key Performance Targets required under the FY2020-2021 Appropriations Act to the 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-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 FY2021 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.

- 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 546 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. 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: Of the 293 disciplinary orders that TSBP entered in FY2021, 256 orders or 87% required some type of monitoring.

Monitoring included the following types of actions/activities:

- A. Fines & Fees – Team staff, in conjunction with accounting staff, ensured 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 9,754 telephone calls directed to the Rules Queue phone line responding to questions regarding laws and rules governing the practice of pharmacy. For all phone contacts to the Rules Queue phone line, a procedure to gather e-mail addresses for callers was implemented that enabled staff to follow-up the phone interaction with an e-mailed link to the agency's customer service survey sent out monthly. The 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, staff continued using Microsoft Teams for quick chat-based collaboration on questions.

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 FY2022, which were presented to/approved by the Board at its meeting held in August 2021;
- (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 and Team Members 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 team 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). Enforcement Director participated in interviews, supplied information, and responded to questions during the State Auditor's Office audit of the Prescription Monitoring Program regarding reporting violation referrals, available penalties for violations, and use of Texas Wholesale Drug Distribution data in agency investigations;

- (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;
- (8) Team members participated with developing the new intranet site for agency staff and built two intranet pages for content sharing relating to the Enforcement team, i.e., one page for the Enforcement team and the other for additional content related to the Rules Queue Telephone Hotline. Both intranet pages detail team staff job duties/key responsibilities; provide reference links to items such as external reference websites, forms, documents, meeting notes; and list upcoming team calendar events; and
- (9) Team staff continued to answer telephone calls received via the Rules Queue Telephone Hotline 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) Team staff 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 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 November 24, 2020, and June 25, 2021; and
- D. Enforcement Program Manager worked closely with PRN Program Director to ensure the accuracy of data for peer assistance performance measures.

9. 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: All Team staff made recommendations to improve the efficiency and effectiveness of agency operations. Due to the agency's upcoming move to a new office space, team staff trained and implemented a procedure to internally scan paper files to provide for electronic storage of records. The Team continues to utilize 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. Team staff continued creating and updating numerous forms and policies and procedures for operations within the Team and functions of investigations, such as new types of investigations and investigative steps. Team staff developed a new consumer complaint intake form via Microsoft Forms to replace the previous web-based form on the agency's public website for receipt of complaints.

10. To assist with and destroy records in accordance with the agency's record retention plan; to review and 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 continued during FY2021 to modify agency complaint records kept in the electronic complaint storage system maintained by the Health Professional Council, and 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. The Policies and Procedures Manual for the Team was updated and revised throughout FY2021, as needed. Field Investigators developed a Code of Professional Responsibility summary for conducting investigations onsite at pharmacies and in the field.

11. 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 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;
- 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.

12. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2020 Annual Report and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The Enforcement team prepared and submitted the *FY2020 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 2021 Board meeting.

FY2021 SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished all of its objectives for FY2021.
2. The Team initiated 384 disciplinary actions by mailing a Preliminary Notice Letter, entered 293 disciplinary orders, and entered 36 Remedial Plans against licensees and registrants during the fiscal year. Additionally, 69 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 12% 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 415 cases against licensees and registrants, either through the entry of disciplinary orders, dismissal of cases, or voluntary and mandatory withdrawal of licensee and registrant applications.
5. Administrative hearings were conducted against eight respondents at State Office of Administrative Hearings (SOAH), an increase of 267% from FY2020. These hearings involved preparing motions for summary judgment and numerous discovery documents (including interrogatories and requests for production), preparing for trial and for witness examination, depositions, and conducting the hearings. In cases where respondents did not appear, drafts of Default Orders were prepared and entered at the subsequent Board meeting for two respondents. 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 through the contested case process.
6. 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.
7. Board staff continued to facilitate remote ICs held via videoconference due to the COVID-19 pandemic response. ICs held via videoconference continued to have a significant financial impact, in that there were no travel expenses incurred by two Board members each month to attend ICs in person. Board staff continued to note an increase in attendance by technician and technician trainee respondents as a result of this continued format, as there was less impact on them in relation to missed work time and travel expenses.
8. Team staff drafted, or assisted others in drafting, and prepared 23 rules for review by the Board.
9. Team staff completed the reporting of all FY2021 disciplinary actions to NABP/NPDB.
10. General Counsel and Team staff members continued to respond 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 continued to save 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 maintaining the requested reduction.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Turnover due to employee promotion and termination of employment continued to impact the Team. The Team lost a Data Analyst, a Law Clerk, a Human Resources Specialist, and a Team Manager in the fiscal year. This had a significant impact on the Team, in that key roles in the disciplinary process and programs administered by the Team were vacant. In addition, the General Counsel, Team managers, and Case Coordinator spent significant time and effort to post and interview for vacant positions; hire and onboard; and finally to train new staff.
2. 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.
3. Case resolution through formal contested case hearings was delayed due to a lack of availability of Administrative Law Judges at SOAH.
4. The severe weather event of February 2021 known as Winter Storm Uri substantially impacted the Team's productivity. The storm caused Team staff to lose electricity, water, and internet access at their homes, and impeded road access throughout the Austin area. Following the storm, Team productivity was also impacted by the prescient need to address damage to homes and vehicles. Additionally, the storm caused damage to the Hobby Building that affected the Team's productivity. Board records were inaccessible for several months due to hazardous conditions in parts of the building.
5. The Professional Recovery Network (PRN) experienced significant turnover of Directors and Case Managers throughout the fiscal year. This presented challenges to Team staff in ensuring that communications were directed to the appropriate individual, critical information was being received in a timely manner, and that PRN staff were aware of Board expectations and procedures.
6. General Counsel spent significant time on transition plans for the impending retirement of the Executive Director and General Counsel, as well as the hiring search for the incoming Executive Director and General Counsel, including posting, interviewing, and completing the hiring process. General Counsel and Deputy General Counsel spent significant time on the orientation and training of the new Executive Director and managing the transition of the outgoing General Counsel's duties to the incoming General Counsel.

FY2021 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. To prepare testimony, attend public hearings, provide any legal or technical interpretations, review all legislation that has an impact on the practice of pharmacy and agency operations, and monitor the progress of this legislation throughout the 87th Texas Legislative Session.
2. To monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2022-2023.
3. To continue providing solutions and adaptations designed to ensure agency services are fully operational through alternative mechanisms in response to the COVID-19 pandemic.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

1. General Counsel and team staff attended public hearings and assisted as requested with the review of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 87th Texas Legislature.
2. General Counsel and team staff worked with the Executive Director and the other Board staff in monitoring the progress of the FY2022-2023 Legislative Appropriations Request (LAR).
3. General Counsel and team staff worked with the Executive Director and the other board staff to ensure agency services were fully operational in response to the COVID-19 pandemic.

Objectives (Ongoing)

Disciplinary Actions and Hearing

1. To coordinate and monitor the receipt, assignment, and resolution of all cases referred for disciplinary action.

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 and subsequently the Assistant General Counsel and Litigation Counsel also met with the Legal Assistants on a weekly basis to address common issues and monitor progress.

General Counsel and Team staff continued to meet multiple times each month both within the Team and with other agency teams to ensure continued efficiency in the work at home environment for the majority of staff, as well as a smooth transition back into the office on a part-time basis beginning May 2021. In order to maintain sufficient overview of staff efficiencies and to proactively manage case load, Team staff frequently met virtually 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 36 Remedial Plans were entered.
- E. A total of 293 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 actions to the Board at Board meetings involves creating an electronic summary chart along with electronic copies of the Orders and Remedial Plans for members of the Board. (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 511 respondent cases, which involved 309 pharmacist and pharmacy respondents and 202 pharmacy technician and pharmacy technician trainee respondents, and resolved 415 respondent cases.
- C. Team staff mailed 384 Preliminary Notice Letters in accordance with the priorities established for the Team. Of these PNLs, 219 PNLs were mailed to pharmacists and pharmacies, and 165 PNLs were mailed to pharmacy technicians and pharmacy technician trainees.
- D. The average number of days to mail PNLs after the case review date was 93 days. The number of days for PNLs to be sent to pharmacists and pharmacies averaged 113 days and PNLs to pharmacy technicians were sent an average of 62 days from receipt of the case.
- E. Total resolution time for cases was 195 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 FY2021 as well as staff vacancies.

Case resolution for pharmacists and pharmacies averaged 220 days and case resolution for pharmacy technicians averaged 162 days.

- F. One Request for Show Cause Order was filed and one Show Cause Hearing was conducted. Subsequently, one Show Cause Order was issued by the Board Panel.

Three Petitions were filed and two Temporary Suspension Hearings were conducted for cases involving pharmacists and pharmacies. Subsequently, three temporary suspension petitions were granted.

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 27 days of Informal Conferences (ICs) for 320 respondents comprised of 142 pharmacy, pharmacist, and intern licensees and applicants and 178 pharmacy technician and pharmacy technician trainee registrants and applicants (see Appendix LEG-02).

Team staff continued with the videoconference format for holding informal conferences throughout the fiscal year. Continuing with this format has increased our number of IC days as well as the number of respondents that appear at the informal conferences, specifically at technician IC days.

Team staff continued to use 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.

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; and to resolve the case.**

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. At the onset of FY2021, four respondent cases were ongoing following the filing of a complaint at the State Office of Administrative Hearings in FY2020 and pending a resolution. The Team filed formal Complaints at SOAH, within an average of 84 days from the date the case failed to settle with an Agreed Board Order, for 22 additional respondent cases, an increase of 244% from FY2020.
- B. Two respondent cases were resolved prior to a full contested case hearing being conducted at SOAH. Those cases were resolved otherwise, including through negotiations. These resolutions were 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 eight respondents and Proposals for Decision (PFDs) were issued by the Administrative Law Judges against five respondents with one pending issuance in FY2021. Eighteen respondent cases were pending a hearing at the end of FY2021.
- D. SOAH performed 297 hours of work on 20 cases for the Board, totaling approximately \$15,878 in direct hearings expenses and \$45,688 in total case expenses.

Professional Services

5. **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:

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 U.S. Food and Drug Administration (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 U.S. Department of Justice (DOJ), U.S. Drug Enforcement Administration (DEA), Department of Public Safety (DPS), the Texas Medical Board and other law enforcement and prosecutorial agencies regarding enforcement of laws against pill mills.
- (6) 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.
- (7) General Counsel consulted with outside agencies licensing healthcare professionals regarding the Prescription Monitoring Program.

C. Technical Assistance to the Legislature

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

D. Technical Assistance to the Press and the Public

- (1) Team staff answered numerous telephone calls from pharmacy, pharmacist, and pharmacy technician applicants and licensees/registrants regarding the application process and the associated disciplinary process, including providing information about denial of registration and options for Informal Conference.
- (2) 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, deferred adjudications, 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 School of Law 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.

6. To develop rules for consideration by the Board relating to professional issues and to assist other teams with the development of rules pertaining to Board operations.

Status: ACCOMPLISHED

Comment: Team staff spent a considerable amount of time drafting rules, assisting others in the drafting of rules, and preparing the rules for presentation to the Board. The rules were presented to the Board by the Deputy General Counsel or the Litigation Counsel. 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 Deputy General Counsel and Assistant General Counsel drafted, or assisted others in drafting, and prepared 23 rules for review by the Board (see Appendix LEG-03).

7. 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 Attorney General opinions and 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:

Eighty-five 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.

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

- November 6, 2020
- February 3, 2021

- May 13, 2021
- August 4, 2021

Eighteen notices of open meetings scheduled were submitted by Team staff to the *Texas Register* for publication.

Statistics regarding rules submitted and notices of open meetings submitted to the *Texas Register* can be found on Appendix LEG-04.

8. 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:

Team staff processed 2,464 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.

9. 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 issues of the *TSBP Newsletter* were published on TSBP's website.

The Team continued to use MailChimp, an online email system to manage email addresses and send email notices. The use of MailChimp improved agency efficiency by using less paper and postage. The number of subscriptions to the account steadily increased with over 12,939 subscribers at the end of the FY2021 (approximately 4.57% increase as compared to FY2020)

B. The Team provided four online presentations to 972 individuals (see Appendix LEG-06). A total of 2,588 individuals completed the on-demand law course, and a total of 729 individuals completed the on-demand opioid-related course.

C. Nine educational videos were produced and posted on YouTube, including two Continuing Education (CE) requirement overview videos for pharmacists and pharmacy technicians; an updated pharmacist licensure by exam tutorial; two podcast episodes, and four Board meeting videos. Total video views were approximately 32,200 (an increase of 36.37% from

FY2020). Subscriber count increased by 204 for a total of 1,417 subscribers by the end of FY2021.

- D. Facebook, Twitter, and YouTube continued to be useful tools to provide information. At the end of FY2021, over 6,711 individuals “liked” TSBP on Facebook and over 2,207 individuals “followed” TSBP on Twitter. Over 1,044 individuals followed TSBP on Instagram (an increase of 58.18% from FY2020). A total of 286 posts were on TSBP’s Facebook, Twitter, and Instagram.

10. To provide Prescription Monitoring Program information upon request by law enforcement and prosecutorial entities and by patients or patient guardians in accordance with the Texas Controlled Substances Act through the Law Enforcement Access Portal and the Patient Access Program.

Status: ACCOMPLISHED

Comment: Team staff reviewed and processed 2,216 subpoenas, warrants, and court orders for Prescription Monitoring Program information submitted to the Law Enforcement Access Portal. Additionally, Team staff reviewed and processed requests for Prescription Monitoring Program information submitted to the Patient Access Program.

Human Resources

11. To coordinate the agency's human resources and ensure 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 13 positions for employment and received 103 applications during this fiscal year, which resulted in 7 new hires (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 6.8%, 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 46 years of age and had 7.84 years of agency length of service. Of the agency's employees, 65.05% were 40 years of age or older, and 44.66% had fewer than 5 years of agency length of service. It is estimated that between fiscal years 2022 and 2026, 21.36% of the agency's workforce will be eligible to retire.
- H. The agency (110 FTE cap; 103 FTE filled positions) had 7 employees that terminated employment with the agency in FY2021 (see Appendix HR-01), resulting in a turnover rate of 6.8% (including interagency transfers). This compares to the overall statewide turnover rate of the state of 18.6% and 11.0% turnover rate of Article VIII agencies as reported for FY20.

12. To increase the efficiency and productivity of agency operations by managing and coordinating space needs and on-site maintenance of the 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.

13. 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 continued to respond to the COVID-19 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.

14. To serve as the Records Retention Manager to the Texas State Library; to maintain a records retention program for the economical and efficient management of agency records; and to coordinate the destruction of agency 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.

The Team spent significant time revising the agency's record retention schedule. Team staff worked closed with Texas State Library and Archives Commission staff during this process and has received approval of a new record retention schedule.

Agency staff destroyed 5,797.41 MB and 14.86 cubic feet of records in accordance with TSBP's records retention schedule, and continued to send records to the State Library for storage.

15. To serve as the Risk Manager by monitoring and assessing areas of agency risk exposures and making recommendations 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 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. FY2021 Annual Internal Audit Report activities were completed at the August 2020 Board meeting.

16. To coordinate with the Finance team to provide verbal and written information, by the assigned due dates, regarding 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).

General

17. 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.

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 FY2021, 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; and
 - (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 and 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 FY2021.
- (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.
- (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 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, pharmacies, and pharmacy technicians and provided guidance regarding the identification of violations and the resolution of the cases.
- (6) General Counsel and Team staff made presentations at all Board meetings held in FY2021. 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 and issues raised by licensees and registrants.
- (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.
- (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, registering of pharmacy technicians and application forms.
- (4) General Counsel advised the Licensing Team Leader and Licensing staff on numerous questions regarding pharmacy classifications.

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 Pharmacy 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.
- (8) General Counsel and Team staff assisted representatives of the DOJ and 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.

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

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

General Counsel and Team staff assisted the Executive Director as requested to address legal issues before HPC agencies.

19. To draft requests for Attorney General Opinions and to serve as liaison for the Board to the Office of the Attorney General (OAG) for appeals, injunctions, or civil litigation handled by the OAG on behalf of the agency.

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

A. Team staff reviewed new opinions of the OAG for applicability to TSBP and disseminated any relevant material to appropriate agency personnel.

B. Liaison with the OAG

(1) Team staff continued to serve as liaison with the OAG throughout FY2021. Ted Ross, Kimberly Fuchs, Clay Watkins, Sarah Wolfe, Rosalind Hunt, Kate Diller, Taylor Gifford, and Benjamin Walton served as the Assistant Attorneys General assigned to TSBP from the OAG Administrative Law and General Litigation Divisions.

(2) Appeals; Injunctions; Civil Litigation

(a) General Counsel coordinated representation regarding appeals of Board Order.

(b) General Counsel coordinated representation regarding challenges to subpoenas.

(c) General Counsel coordinated representation regarding other civil litigation.

(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 agency issues.

20. 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: 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.
- 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 as informal conferences and Board meetings continued with a remote attendance platform and staff needed to provide data to the Board members.
- D. General Counsel and Team staff served on the agency's Wellness Committee and coordinated the following programs:
 - (1) Maintain No Gain;
 - (2) Zen at Ten;
 - (3) Water Challenge;
 - (4) Get Fit Texas Challenge; and
 - (5) Other programs and presentations.

In addition, General Counsel and Team staff provided wellness-related resources to Board staff on topics such as nutrition, stress awareness, preventative screening, and no-cost fitness tools.

- E. General Counsel coordinated with insurance provider for an agency wellness assessment and activities.
- F. Team staff developed a Calendar of Events for FY2021 for informal conferences and scheduled via videoconferencing platform.
- 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 needed the Preliminary Notice Letter standard paragraphs to reflect updates to language routinely used and to accommodate changes in laws and rules.
- J. General Counsel and Team staff reviewed and recommended modifications for rule changes presented to the Board. General Counsel and Team staff reviewed rule changes throughout the fiscal year.

21. To assist with and destroy records in accordance with the agency’s record retention plan; to review and update the team’s Policy and Procedure 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 TSBP’s record retention schedule. Team staff also prepared and indexed material for electronic storage. For the entirety of FY2021, 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 utilizing an electronic system of storing the final, entered Orders in FY2021.
- (2) Team staff updated templates and forms relating to pharmacist, pharmacy, and pharmacy technician disciplinary processes as needed to maintain consistency across all licensees.
- (3) Team staff continued to review, draft, and update written policies and procedures for handling of cases to provide reference and training materials for Team members.
- (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.

Due to COVID-19 and the Governor’s disaster declaration, Team staff continued to work remotely at home. This necessitated continued updates to policies and procedures to ensure team members could continue to effectively perform all job duties and functions while working remotely.

Team staff continued to update policies and procedures for Board meetings and informal conferences held via videoconference.

- 22. 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. General Counsel conducted Team meetings approximately once a month with Team staff. Legal Assistants met with the Team managers on a bimonthly basis.
- C. Team staff conducted the hiring process to fill open positions.
- D. Team staff interviewed for and had seven legal interns to provide assistance with the preparation of legal cases.
- E. General Counsel and Team staff prepared and conducted orientations for all new TSBP employees and interns regarding the Legal team, the disciplinary process, ethics, the Public Information Act, the Open Meetings Act, 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.
- G. General Counsel spent significant time on the hiring search for the new Executive Director, as well as training the new Executive Director and replacement General Counsel.

- 23. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2020 Annual Report and submit to the Executive Director by the due date.**

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2020 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 2021 Board meeting.

Prescription Monitoring Program Team

SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished all of its 14 objectives.
2. The Team effectively continued 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 three presentations were conducted in FY2021 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. Due to the agency litigation hold during FY2021, PMP staff has not been able to destroy prescription pads and maintain destruction of records.

FY2021 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. To provide a platform for monitoring patient controlled substance prescription histories for prescribers and pharmacists. To process orders for Schedule II Texas Official Prescription Forms. To provide information regarding the Texas Prescription Monitoring Program and controlled substance laws and rules to agency customers. To provide a platform for wholesalers to report the distribution of controlled substances to entities in Texas.

Objectives (New)

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

1. **To review all legislation that has an impact on the Prescription Monitoring Program, provide any technical interpretations, and monitor the progress of this legislation throughout the 87th Texas Legislative Session.**
2. **To continue providing solutions and adaptations designed to ensure agency services are fully operational through alternative mechanisms in response to the COVID-19 pandemic.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Staff reviewed bills for fiscal impact and impact to agency and Division operations, when requested; and
- B. Staff assisted with the implementation of new legislation passed by the 87th Texas Legislature through modification to procedures, development of new agency rules, and review of existing rules that required modification due to legislation.
- C. Staff worked to ensure that agency services remained fully operational throughout the COVID-19 pandemic during FY2021.

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.**

Status: ACCOMPLISHED

Comment: The number of registered users increased by an additional 14,278, for a total of 168,057 registered users by year-end (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 automatically by the AWARxE system FY2021 on a monthly basis. 20,162 notifications were sent to practitioners for patients that exceeded the minimum threshold of 5 prescribers and dispensed at 3 pharmacies during the prior month. A total of 2,370 patients were identified as meeting or exceeding the 5-3 threshold.

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

Status: ACCOMPLISHED

Comment: Team staff processed 30,348, official prescription pad orders. Each order was reviewed to ensure the validity of the order and the prescriber. This represents a 64% decrease when compared to the number of orders in FY2020. This is due to mandatory electronic prescribing legislation that went into effect January 1, 2021.

- 5. To maintain data 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 provide information to Board staff and customers, including responses to surveys and questionnaires, oral and written communication, and public speaking engagements.**

Status: ACCOMPLISHED

Comment: Team staff conducted three public speaking engagements.

- 7. To recommend changes to the Texas Pharmacy Act and rules, and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or 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 made suggestions to policies and procedures as necessary to improve the agency's efficiency and effectiveness as needed.

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

Status: ACCOMPLISHED

Comment: As possible, team staff destroyed records, in accordance with TSBP's record retention schedule. For the entirety of FY2021, 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.

- 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.
- 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. 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 FY2020 Annual Report and submit to the Executive Director by the due date.**

Status: ACCOMPLISHED

Comment: The team's first draft of the *FY2020 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 2021 Board meeting.

FY2021 SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished all of its objectives.

FY2021 SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. The 5% reduction in the agency's appropriations for the 2020-2021 biennium continued to impose constraints on the agency's budget and ability to perform certain functions.

FY2021 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 assist the Executive Director, in cooperation with other teams, in the following new objectives:

1. To review all legislation that has an impact on the operation of the agency, provide any technical interpretations, and monitor the progress of this legislation throughout the 87th Texas Legislative Session;
2. To monitor the progress of the agency's Legislative Appropriation Request for FY2022-2023;
3. To continue providing solutions and adaptations designed to ensure agency services are fully operational through alternative mechanisms in response to the COVID-19 pandemic.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff attended public hearings and assisted as requested with the review of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 87th Texas Legislature.
- B. Team staff worked with the Executive Director and the other Board staff in monitoring the progress of the FY2022-2023 Legislative Appropriations Request (LAR).
- C. Team staff worked with the Executive Director and the other board staff to ensure agency services were fully operational in response to the COVID-19 pandemic.

Objectives (Ongoing)

1. To prepare a proposed budget for FY2022 for submission to the Board by the due date for the 2021 May Board Meeting.

Status: ACCOMPLISHED

Comment: Team staff prepared a proposed budget for FY2022 and submitted to the Board by the due date.

- 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, 2021, 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 2021 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, submit 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.**

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 as allowed, 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.

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

Status: ACCOMPLISHED

Comment: Staff recommended changes to the Texas Pharmacy Act and updated policies and procedures as needed.

- 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. Team staff was evaluated on an annual basis, as required by agency policy.
- B. Regular team meetings were held with Team staff.
- C. Team staff prepared and conducted orientations for all new TSBP employees.
- D. Team staff attended general staff meetings and in-house training sessions.

- 9. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2020 Annual Report and submit to the Executive Director by the due date.**

Status: ACCOMPLISHED

Comment: The Team's first draft of the FY2020 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 2021 Board meeting.

Information Technology Team

SIGNIFICANT ACCOMPLISHMENTS

1. The IT team accomplished all of its objectives.
2. Multi-factor Authentication (MFA) was successfully implemented for the agency to provide enhanced security.
3. Successfully implemented the 12-character complex password requirement, with password change every 90 days as a cyber-security measure.
4. Refresh of technology (30 laptops) to preclude failure of older equipment.
5. Implemented Veeam backup software for encrypted & cloud-based storage as part of TSBPs disaster recovery initiative.
6. Systems security was enhanced through Endpoint Vulnerability Management software implementation using EMS FortiClient.. More consistent operating systems updates and patch management.
7. Sanswrite project completed with additional inspection forms created and successfully rolled out to field staff.
8. Microsoft SharePoint project completed to provide a livelier intranet page for information sharing withing the organization, offering the departments control of their specific content.
9. 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 department 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.

FY2021 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 new objectives:

1. To review all legislation that has an impact on the operation of the agency, provide any technical interpretations, and monitor the progress of this legislation throughout the 87th Texas Legislative Session.
2. To continue providing solutions and adaptations designed to ensure agency services are fully operational through alternative mechanisms in response to the COVID-19 pandemic.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff assisted as requested with the review of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 87th Texas Legislature.
- B. Team staff worked with the Executive Director and the other board staff to ensure agency services were fully operational in response to the COVID-19 pandemic.

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

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 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 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 review and 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 as allowed, 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.
- B. Performance Evaluations – 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 FY2020 Annual Report and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The Team's first draft of the FY2020 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 2021 Board meeting.

Texas State Board of Pharmacy- 87th Texas Legislative Session Passed Bills					
Bill	Caption	Effective Date	Summary	Category	Rules Needed?
HB 139	Relating to state occupational licensing of certain military veterans and military spouses.	9/1/2021	Amends the Occupations Code to provide that a state agency may adopt rules that would establish alternate methods for a military service member, military veteran, or military spouse to demonstrate competency to meet licensure requirements, including receiving appropriate credit for training, education, and clinical and professional experience.	Licensing	Board will consider amendments to §§283.12 and 297.10 for adoption at November Board meeting.
HB 735	Relating to service contracts for leased or purchased motor vehicles.	9/1/2021	Updates meaning of term "depreciation benefit optional member program" to be a service contract for a vehicle, regardless of whether the vehicle is purchased for cash, financed, or leased, that pays to the lessee or buyer a specified amount, as a credit that may be used toward the lease or purchase of a replacement vehicle at a participating dealer after a total constructive loss of the vehicle.	Contracts/Purchasing/HUBs	
HB 1118	Relating to state agency and local government compliance with cybersecurity training requirements.	5/18/2021 (applies to strategic plans submitted on or after 1/1/22)	Requires state agencies to submit as part of the strategic plan written certification of the agency's compliance with the cybersecurity training required under §§2054.5191 and 2054.5192.	Cybersecurity/IT	
HB 1322	Relating to a summary of a rule proposed by a state agency.	9/1/2021	Requires a state agency at the time of filing notice of a proposed rule to publish on the agency's website a summary of the proposed rule written in plain language in both English and Spanish in accordance with §2054.116.	Rulemaking	
HB 1535	Relating to the medical use of low-THC cannabis by patients with certain medical conditions and the establishment of compassionate-use institutional review boards to evaluate and approve proposed research program.	9/1/2021	Adds a condition that causes chronic pain for which a physician would otherwise prescribe an opioid, post-traumatic stress disorder, and a medical condition that is approved for a research program and for which the patient is receiving treatment under that program or a debilitating medical condition designated by the Department of State Health Services to the list of patient diagnoses for which a physician may prescribe low-THC cannabis.	Cannabis/Controlled Substances/Criminal Penalties	
HB 1589	Relating to paid leave for public officers and employees engaged in certain military service.	9/1/2021	Provides for a paid leave of absence for state employees called to state active duty by the governor or another appropriate authority in response to a disaster.	Agency Operations	
HB 1935	Relating to emergency refills of insulin and insulin-related equipment or supplies.	9/1/2021	Adds §562.0541 to the Texas Pharmacy Act allowing a pharmacist to provide an emergency refill of insulin or insulin related equipment or supplies if the pharmacist follows certain requirements. Limits the quantity of an emergency refill of insulin to not exceed a 30-day supply.	Practice of Pharmacy	Board will consider amendments to §291.34 for adoption at November Board meeting.
HB 2056	Relating to the practice of dentistry and the provision of teledentistry dental services.	9/1/2021 (rules must be adopted by March 1, 2022)	Requires TSBP and TSBDE to jointly adopt rules that establish the determination of a valid prescription for teledentistry dental services and jointly develop and publish on each respective board's Internet website responses to frequently asked questions relating to the determination of a valid prescription issued in the course of the provision of teledentistry dental services.	Other Health Professions	Board will consider amendments to §291.29 for proposal at November Board meeting.
HB 2063	Relating to the establishment of a state employee family leave pool.	9/1/2021	Establishes a program to allow an agency employee to voluntarily transfer sick or vacation leave to a family leave pool and an eligible employee to use time contributed to the employing agency's family leave pool if the employee has exhausted the employee's compensatory, discretionary, sick, and vacation leave because of certain circumstances.	Agency Operations	
HB 3712	Relating to the training and hiring of peace officers.	9/1/2021	Requires TCOLE to develop model policies for training and preemployment investigations and make those policies available to all law enforcement agencies. Not later than the 180th day after the date the commission provides the model policies, each law enforcement agency in this state shall adopt a policy on the topics described by that subsection. A law enforcement agency may adopt the model policies developed by the commission under that subsection.	Miscellaneous	

Texas State Board of Pharmacy- 87th Texas Legislative Session Passed Bills					
Bill	Caption	Effective Date	Summary	Category	Rules Needed?
SB 19	Relating to prohibited contracts with companies that discriminate against the firearm or ammunition industries.	9/1/2021	Prohibits a governmental entity from entering into a contract with a company for the purchase of goods or services unless the contract contains a written verification from the company that it does not have a written or unwritten internal practice, policy, guidance, or directive that discriminates against a firearm entity or firearm trade association based solely on its status as a firearm entity or firearm trade association; and will not discriminate during the term of the contract against a firearm entity or firearm trade association based solely on its status as a firearm entity or firearm trade association.	Contracts/Purchasing/HUBS	
SB 44	Relating to leave for state employees who are volunteers of certain disaster relief organizations.	9/1/2021	Allows a state employee who is a volunteer of an organization that is a member of the Texas Voluntary Organizations Active in Disaster to be granted leave to participate in disaster relief services without a deduction in salary or loss of vacation time, sick leave, earned overtime credit, or state compensatory time under certain conditions.	Agency Operations	
SB 45	Relating to the prohibition against sexual harassment in the workplace.	9/1/2021	Makes an unlawful employment practice if sexual harassment of an employee occurs and the employer or the employer's agents or supervisors know or should have known that the conduct constituting sexual harassment was occurring; and fail to take immediate and appropriate corrective action.	Agency Operations	
SB 424	Relating to state agency enforcement of laws regulating small businesses.	9/1/2021 (must adopt and implement policy by 1/1/2022)	Prohibits a state agency from imposing an administrative penalty against a small business for a first violation unless the agency first provides the small business with written notice and opportunity to remedy the violation and requires each state agency to adopt a policy consistent with the requirements. Does not apply to an action taken to protect public health.	Miscellaneous	
SB 475	Relating to state agency and local government information security, including establishment of the state risk and authorization management program and the Texas volunteer incident response team; authorizing fees.	6/14/2021 (except Section 10 which is effective 9/1/21)	Requires a state agency to require each vendor contracting with the agency to provide cloud computing services to comply with the requirements of the state risk and authorization management program and requires state agencies entering into or renewing a contract with a vendor authorized to access, transmit, use, or store data for the agency shall include a provision in the contract requiring the vendor to meet certain security controls. Establishes a Texas Volunteer Incident Response Team for cybersecurity events and authorizes the department to establish a fee schedule for agencies receiving incident response team assistance. Requires each state agency with more than 150 full-time employees to designate a full-time employee of the agency to serve as a data management officer.	Contracts/Purchasing/HUBS	
SB 768	Relating to increasing the criminal penalties for manufacture or delivery of fentanyl and related substances.	9/1/2021	Amends the Texas Controlled Substances Act to add offenses relating to new Penalty Group 1-B consisting of fentanyl, alpha-methylfentanyl, and any other derivative of fentanyl.	Cannabis/Controlled Substances/Criminal Penalties	
SB 799	Relating to contracting procedures and requirements for governmental entities.	9/1/2021	Increases a state agency's delegated purchase authority for goods and services from \$15,000 to \$50,000 and updates contracting requirements and procedures for major information resources projects.	Contracts/Purchasing/HUBS	
SB 800	Relating to certain required reports or information received or prepared by state agencies and other governmental entities.	9/1/2021	Updates state agency reporting requirements, including the vulnerability report by the information security officer of a state agency under §2054.077 of Texas Gov't Code, security assessment report under §2054.515, and data security plan under §2054.516.	Cybersecurity/IT	
SB 966	Relating to legislative oversight during a public health disaster, including the establishment of a legislative public health oversight board.	9/1/2021 (or immediate with 2/3 vote)	Establishes a legislative public health oversight board to provide oversight for declarations of public health disasters issued by the commissioner. Provides that a public health disaster may be renewed, following the initial 30-day renewal, by the commissioner for an additional 30 days only if each subsequent renewal is approved by the legislative public health oversight board.	Disasters	

Texas State Board of Pharmacy- 87th Texas Legislative Session Passed Bills					
Bill	Caption	Effective Date	Summary	Category	Rules Needed?
SB 993	Relating to the practice of therapeutic optometry.	9/1/2021	Expands a therapeutic optometrist's ability to prescribe to not more than one three-day supply of any medication classified as a controlled substance under Schedule III, IV, or V and one three-day supply of hydrocodone or a hydrocodone combination medication classified as a controlled substance under Schedule II.	Other Health Professions	
SB 1225	Relating to the authority of a governmental body impacted by a catastrophe to temporarily suspend the requirements of the public information law.	9/1/2021	Allows a governmental body to temporarily suspend the requirements of the Public Information Act if it is currently significantly impacted by a catastrophe such that the catastrophe directly causes the inability of a governmental body to comply with the requirements, but does not apply a period when staff is required to work remotely and can access information responsive to a request for information electronically, but the physical office of the governmental body is closed.	Disasters	
SB 1827	Relating to the creation of the opioid abatement account.	9/1/2021	Establishes the opioid abatement account is a dedicated account in the general revenue fund. Provides a state agency may be appropriated money from the account only for specified purposes, including creating and providing training on the treatment of opioid addiction, including the treatment of opioid dependence with each medication approved for that purpose by the United States Food and Drug Administration, medical detoxification, relapse prevention, patient assessment, individual treatment planning, counseling, recovery supports, diversion control, and other best practices.	Cannabis/Controlled Substances/Criminal Penalties	

EXC-02

Performance Measure		FY2021 Projected Performance	FY2021 Performance Attained	Projected Target Met?*
A. GOAL: MAINTAIN STANDARDS				
Outcome (Results/Impact)				
	Percent of Licensees with No Recent Violations	95.00%	98.0%	Met
	Percent of Licensees Who Renew Online	95.00%	95.65	Met
A.1.1 STRATEGY: LICENSING				
Output (Volume)				
	Number of New Licenses Issued to Individuals	1,900	1,850	Not Met
	Number of Licenses Renewed (Individuals)	19,000	19,679	Exceeded
Explanatory				
	Total Number of Business Facilities Licensed	8,300	8,422	Met
B. GOAL: ENFORCE REGULATIONS				
Outcome (Results/Impact)				
	Percent of Jurisdictional Complaints Resulting in Disciplinary Action	10.00%	5.00	Not Met
B.1.1 STRATEGY: ENFORCEMENT				
Output (Volume)				
	Number of Jurisdictional Complaints Resolved	5,420	6,010	Exceeded
Efficiencies				
	Average Time for Jurisdictional Complaint Resolution	180	136	Exceeded
Explanatory				
	Number of Jurisdictional Complaints Received	6,000	5,626	Not Met
B.1.2. STRATEGY: PEER ASSISTANT				
Output (Volume)				
	Number of Licensed Individuals Participating in a Peer Assistant Program	160	120	Not Met

EXC-03

DATE	PRESENTATION/GROUP/LOCATION	ATTENDEES
September 2020	University of Texas Pharmacy Practice Seminar (Texas Pharmacy Laws and Rules Update)	400
October 2020	DEA TSBP Symposium	
October 2020	HEB Pharmacists – 2 sessions (Texas Pharmacy Laws and Rules Update)	365
October 2020	Texas Federation of Drugs Stores (Response to COVID and Legislative Session Update)	25
November 2020	Texas Pharmacy Congress update on TSBP	
February 2021	Dallas Area Pharmacy Association (Texas Pharmacy Laws and Rules Update webinar)	50
April 2021	TSHP Annual Meeting (Texas Pharmacy Law Update) virtual	
April 2021	Texas American Society of Consultant Pharmacists (Texas Pharmacy Law Update) virtual	25
September 2020	Texas Pharmacy Law Update, Lubbock Area Society of Health System Pharmacists (LASHP) via Zoom	15
October 2020	TSU College of Pharmacy and Health Sciences	214
October 2020	Texas PMP, DEA/TSBP Virtual Pharmacist Opioid Symposium	279
October 2020	TSBP Compliance Q & A, Nigerian Pharmacy Association DFW via Zoom	53
October 2020	Texas PMP, DEA/TSBP Virtual Pharmacist Opioid Symposium	177
November 2020	UT College of Pharmacy	62
January 2021	Prescription Monitoring Program Overview – Part 1	40
January 2021	Inspecting Pharmacies Compounding Sterile Preparations	30
February 2021	Prescription Monitoring Program Overview – Part 2	40
February 2021	COVID-19 Vaccines	100
February 2021	TSBP Overview, Grayson College Pharmacy Technician Class	20
February 2021	Rules Review and Application to Inspections	30
February 2021	TAIPO – Texas Association of Independent Pharmacy Owners	134
March 2021	Texas Pharmacy Law Update, West Texas Pharmacy Association (pre-recorded for virtual access)	100
March 2021	Inspecting Class G Pharmacies (Rules and Compliance Policy Review)	30
March 2021	Fort Worth Academy General Dentists Virtual Opioid Symposium	800

DATE	PRESENTATION/GROUP/LOCATION	ATTENDEES
April 2021	Frontiers in Pharmacy Seminar, El Paso Area Society of Health System Pharmacist (EPASHP) via Zoom	25
April 2021	Inspecting Class A Pharmacies Using SansWrite	30
May 2021	COVID-19 Vaccines, Texas Dept of Licensing & Regulation via WebEx	53
May 2021	Rules Review and Application to Inspections	50
June 2021	PMP Update, TSBP/DEA Virtual Pharmacist Opioid Symposium	350
June 2021	PMP Update, TSBP/DEA Virtual Pharmacist Opioid Symposium	330
June 2021	Inspecting Class A Pharmacies Using SansWrite	30
June 2021	Pharmacy Law Update, UNT Preceptor Event via Zoom	134
June 2021	Pharmacy Law Update, UT Hospital Practice Seminar via WebEx	75
June 2021	TSU Preceptor Development Series	228
July 2021	PMP Update, DEA Practitioner Virtual Opioid Symposium	850
July 2021	PMP Update, DEA Practitioner Virtual Opioid Symposium	815
July 2021	Inspecting Class D Pharmacies Using SansWrite	30
August 2021	COVID-19 (COronaVirus Disease 2019) - The Variants & A Closer Look at the Illness	100
August 2021	COVID-19 – Vaccine Review & Update	100
August 2021	Rules Review and Application to Inspections	30
Total	40	6,219

EXC-04

DATE	MEETING
9/1/20	Meeting with Texas Facilities Commission – agency move
9/1/20	NABP Task Force on Pharmacy Technician Practice Responsibilities
9/11/20	Meeting with Texas Facilities Commission – agency move
9/14/20	Quarterly Health Professions Council (HPC) meeting
9/16/20	Compounding Advisory Committee meeting
9/17/20	NABP PMP InterConnect Steering Committee meeting
9/18/20	Meeting with Sunset Commission – Veterinary Board
9/24/20	Meeting with Senate Finance Committee
9/25/20	NABP Executive Officer conference call
9/28/20	HPC Leadership meeting
9/30/20	NABP Interactive Executive Officer Forum – virtual
10/9/20	Meeting with UT Communications
10/13/20	NABP District VI, VII, VIII meeting
10/14/20	University of Texas College of Pharmacy Advisory Committee meeting
10/20/20	Prescription Monitoring Program Advisory Committee meeting
10/26/20	Call with Governor’s office
10/29/20	Joint Budget Hearing for Article VII Agencies – LBB and Governor’s office
11/9/20	Meeting with UT Medical School
11/12/20	Texas Pharmacy Congress meeting
11/18/20	Compounding Advisory Group meeting
12/11/20	OAG Medicaid Fraud conference call
12/14/20	HPC Quarterly Meeting
12/17/20	NABP- PMPi Steering Committee conference call
1/13/21	Compounding Advisory Group meeting
1/19/21	Prescription Monitoring Program Advisory Committee meeting
2/11/21	Meeting with Texas Department of Licensing and Regulations – Inspection Process
2/24/21	Meeting with State Auditor – Prescription Monitoring Program
2/26/21	Texas Pharmacy Congress Meeting
3/9/21	ASHP Virtual Meeting of Health System Pharmacists Serving on State Boards of Pharmacy
3/15/21	Health Professions Council meeting
3/30/21	Call with Department of Justice, DEA
4/9/21	FDA-State/Territory MOU Listening Sessions Meeting
5/1/21	NABP Annual Meeting (virtual)
5/19/21	Texas Pharmacy Congress meeting
5/1/21	Executive Director Interviews (virtual)
6/13-14/2021	DEA/TSBP Virtual Pharmacist Opioid Symposium (virtual)
6/16/21	PMP Advisory Committee Meeting (virtual)
6/24/21	Compounding Advisory Committee meeting (virtual)
7/1/21	New Executive Director Orientations for Tim Tucker, Pharm.D.
8/30/21	NABP District Meeting
Total	40

EXC-05

DATE	ORGANIZATION / MEETING
9/21-22/2020	FDA Compounding Conference
10/8/2020	Texas Department of Emergency Management COVID-19 Provider Enrollment webinar
10/27-28/2020	2020 FDA Virtual Intergovernmental Working Meeting on Drug Compounding
11/19/2020	MALTAGON Meeting

DATE	LEGISLATIVE MEETING
December 2020	Senate Health and Human Services Committee Hearing
March 2021	Senate Finance Committee hearing - testified
March 2021	House Appropriations Committee hearing – testified
March 2021	House Appropriations Committee hearing
March 2021	Senate Finance Committee hearing
April 2021	Conference Committee – SB 1
April 2021	House Public Health Hearing
May 2021	House Appropriations (opioid abatement account)

LIC-01

Performance Measures

LICENSING RELATED PERFORMANCE MEASURES	FY2021 Projected Performance	FY2021 Performance Attained	Key or Non-Key (K/NK)	Projected Target Met?
Number of New Licenses issued to Individuals (Pharmacists)	1,900	1,950	K	Exceeded
Number of Licenses Renewed (Individuals – Pharmacists)	18,540	19,679	K	Exceeded
Number of New Registrations Issued to Individuals (Technician and Trainee)	17,500	19,479	NK	Exceeded
Number of Registrations Renewed (Technicians)	17,300	18,023	NK	Exceeded
Percent of Licensees (Pharmacists and Pharmacies) with No Recent Violations (Disciplinary Orders)	95.0%	98.0%	K	Met
Total Number of Pharmacists Licensed	38,968	39,003	NK	Exceeded
Total Number of Facilities Licensed	8,250	8,422	K	Exceeded
Total Number of Individuals (Technicians & Trainees) Registered	66,230	66,813	NK	Exceeded
Percent of Licenses Who Renew Online	96%	95.65%	K	Met
Percent of New Individual Licenses Issued Online	96%	99.35%	NK	Exceeded

LIC-02

Licenses Issued

JURISPRUDENCE (MPJE)*	TOTALS
Candidates Passing	1,993
Candidates Failing	424
TOTAL ADMINISTERED	2,417

NAPLEX*	TOTALS
Candidates Passing	1,431
Candidates Failing	417
TOTAL ADMINISTERED	1,848

*Numbers are provided by NABP

LIC-02 continued

NEW PHARMACISTS LICENSED	
Graduates of Texas Colleges of Pharmacy	964
Graduates of Out-of-State Colleges of Pharmacy	1034
Credentialed by the Foreign Pharmacist Equivalency Committee	133
TOTAL	2131

LIC-03

Licensed Pharmacies

ACTIVE PHARMACIES	
Class A (Community)	5,286
Class A-S (Community Pharmacy Engaged Compounding Sterile Preparations)	291
Class B (Nuclear)	34
Class C (Institutional)	881
Class C-S (Hospital Pharmacy Engaged In Compounding Sterile Preparations)	410
Class D (Clinic)	435
Class E (Non Resident)	591
Class E-S (Non-Resident Pharmacy Engaged In Compounding Sterile Preparations)	118
Class F (Free Standing Emergency Medical Centers)	328
Class G (Central Processing)	47
Class H (Rural) – this was removed in 2020	0
TOTALS	8,421
Remote Pharmacies	1,919

A total of 5,100 change documents were processed as follows:

PHARMACY APPLICATIONS PROCESSED	
Pharmacy Renewals	3,678
New Licenses Issued [new opens (504) and changes of ownership (80)]	584
Closings	274
Remote Pharmacies	244
Changes of Name	97
Changes of Location	209
Changes of Classification	14
TOTAL	5,100

Inspections

Total Inspections by Type/Disposition	FY2019	FY2020	FY2021	% of FY2021	3 Year Average
Virtual Inspections	2,733	2,939	2,525	73%	2,732
On-Site Inspections	N/A	691	604	17%	
Pre-Inspections	201	200	158	5%	186
Partial-Inspections	117	82	16	0.75%	72
*Inspection-Visits ("Courtesy Call" Visits)	17	1,139 (1,120)	114 (0)	3%	423
Attempted Inspections	202	93	33	1%	109
Other	12	68	5	0.25%	28
Total	3,282	3,630	3,455	100%	3,456

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

- A. Virtual 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 continued 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 604 full inspections by way of remote or virtual format in FY2021. By mid-way through FY2021, the Team had fully implemented the use of an online inspection editing application that was accessed through an agency portal to conduct all categories of inspections, including virtual inspections.
- B. On-Site 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. All on-site inspections required initial approval from the Human Resources (HR) and the Senior Compliance Officer prior to working in the field. On-site inspections are conducted in the traditional manner in which all field inspections were conducted prior to the COVID-19 pandemic. In the summer of 2021, the requirement for initial approval from HR and the Senior Compliance Officer prior to traveling to conduct an on-site inspection was lifted. By mid-way through FY2021, the Team had fully implemented the use of an online inspection editing application that was accessed through an agency portal to conduct all categories of inspections, including on-site inspections.
- C. 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. By mid-way through FY2021, the Team had fully implemented the use of an online inspection editing application that was accessed through an agency portal to conduct all categories of inspections, including pre-inspections.

COM-01 continued

- D. 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. By mid-way through FY2021, the Team had fully implemented the use of an online inspection editing application that was accessed through an agency portal to conduct all categories of inspections, including partial-inspections. .
- E. 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. By mid-way through FY2021, the Team had fully implemented the use of an online inspection editing application that was accessed through an agency portal to conduct all categories of inspections, including inspection visits. In the early months of FY2021, TSBP continued with a critical “reach out” program developed during the previous fiscal year in response to the continued state-wide impact of COVID-19 and the agency’s ability to conduct onsite visits and inspections. The need for the program decreased as inspectors began to transition back to increasing field work with licensees and onsite interactions at the outset for FY2021. During the phase-out period of the program the team briefly continued the program in an informal manner and completed approximately 260 informal “courtesy calls” during the ensuring months of FY2021.

Number of Inspections/Visits by Class	FY2019	FY2020	FY2021	% of FY2021	3 Year Average
Class A Pharmacies	2,225	2,402	2,367	69%	2,314
Class A-S Pharmacies	179	265	185	5%	222
Class B Pharmacies	20	27	31	1%	24
Class C Pharmacies	304	339	340	10%	322
Class C-S Pharmacies	228	313	214	6%	271
Class D Pharmacies	170	140	174	5%	155
Class F Pharmacies	131	125	125	4%	128
Class G Pharmacies	24	19	19	1%	22
Class H Pharmacies	1	0	0	0%	1
Total	3,282	3,630	3,455	100%	3,456

COM-01 continued

Purpose of Inspection-Inspection Type (In Order of Priority)	FY2019	FY2020	FY2021	% of FY2021	3-Yr. Avg.
Complaint	2	2	1	0%	2
Follow-up to Disciplinary Order	1	0	0	0%	1
Pre-Inspection New	194	221	183	5%	208
New Pharmacies	240	166	223	6%	203
Change of Ownership	37	31	24	1%	34
Preceptor	1	0	0	0%	1
Follow-up to "Warning Notice"	73	45	6	0%	59
Routine Inspections	2,385	1775	2601	75%	2,080
Rank Change	12	6	9	0%	9
Reverse Rank Change	2	1	0	0%	2
Licensee Request	54	48	78	2%	51
Sterile Compounding (High Risk)	10	37	16	0%	24
Theft and Loss	1	0	1	0%	1
Other	270	1298	313	9%	784
Total	3,282	3,630	3,455	100%	3,456

Warning Notices

Number of Warning Notices* Issued by Class	FY2019	FY2020		% of FY2020	3 Year Average
Class A Pharmacies	1,645	306	76	68%	676
Class A-S Pharmacies	504	42	22	20%	189
Class B Pharmacies	38	4	1	1%	14
Class C Pharmacies	81	16	1	1%	33
Class C-S Pharmacies	519	53	9	8%	194
Class D Pharmacies	45	5	1	1%	17
Class F Pharmacies	41	7	2	2%	17
Class G Pharmacies	15	3	0	0%	6
Class H Pharmacies	1	0	0	0%	.33
Total	2,889	436	112	100%	1146

* 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 FY2021. Note - Pharmacies may be issued a Warning Notice for non-compliance with more than one condition.					
Type of Violation	FY2019	FY2020	FY2021	% FY2021	3 Year Average
Equipment	59	44	5	2%	36
Balance Failed Inspection	41	32	3		25
Equipment Inspection Due	17	10	2		10
Insufficient Equipment	1	2	0		1
Pharmacy Technicians	270	69	25	8%	121
No/Incomplete Training	196	53	21		90
No/Improper Supervision	61	5	3		23
Improper Registration	9	7	1		6
Supportive Personnel Name Tags	4	4	0		3
Inadequate Library	44	19	5	2%	23
Counseling Area	2	2	0	0%	1
Licenses	63	37	12	4%	37
Licenses Not Posted	56	37	8		34
Delinquent Licenses	7	0	4		4
Prescriptions	210	110	10	3%	110
Lack Proper Information	113	63	2		59
Prescription Label Incorrect	79	38	8		42
Non-Emergency CII	0	1	0		0
Triplicate Non-Compliance	18	8	0		9
Drug Stock/Environment	198	102	22	7%	107
Improper Environment	61	31	6		33
Out-of-Date Drug Stock	27	15	4		15
Security	67	34	6		36
Unsanitary/ Orderly/ Clean	29	15	5		16

COM-02 continued

Type of Violation	FY2019	FY2020	FY2021	% FY2021	3 Year Average
Improper Drug Storage/ Refrigerator Temp Log	8	4	1		4
Area for Non-Sterile Compounding	4	0	0		1
Violation of Limited Formulary	2	3	0		2
Prohibited Drugs (Class D)	0	0	0		0
Inventory	148	77	10	3%	78
No Annual Inventory	64	31	2		32
No Change of Ownership Inventory	9	3	2		5
No Change of PIC Inventory	23	11	4		13
Incomplete Inventory	46	31	2		26
No Perpetual inventory (Class C)	2	0	0		1
Improper Drug Destruction	4	1	0		2
Improper Prepackaging Procedures	24	8	7	2%	13
Computer Systems	84	41	16	5%	47
Computer Records Incomplete	80	35	14		43
Computer Records/ System Non-Compliance	4	6	2		4
Records	304	149	30	10%	161
Records Not Available	160	67	16		81
DEA Order Forms Incomplete	0	0	0		0
Absence of R.Ph. Record	8	8	1		6
Rx Not Separated	7	4	1		4
Rx Records not Numerical Order	14	1	0		5
Improper Transfer of RX	14	3	1		6
Invoices Not Separated/Retrievable/ Dated & Initialed	51	33	4		29
No Complaint Notification	42	30	6		26
RPh visits/ contact documentation	4	2	1		2
Improper Refill Documentation-CIII- CV over 5X/6 Mo.	4	1	0		2
OBRA Violations	81	43	5	2%	43
Written Information Not Provided	39	19	3		20
No Patient Counseling	31	17	2		17
PMR Absent or Incomplete	11	7	0		6
Sterile Pharmaceutical Violations	941	285	93	31%	440
No/Incomplete QA/QC	13	0	0		4
No/Incomplete P&P Manual	70	11	1		27
No/Inadequate Preparation Area	1	0	0		0
IV Preparation	1	2	0		1
No Drug Regimen Review	9	2	1		4
Cytotoxic/Bio Procedures	0	0	0		0
Anteroom air is not ISO 8	4	2	0		2
Buffer area is NOT ISO 7	7	3	0		3
No Separate buffer room for high-risk CSPs	0	0	0		0
Buffer area not free of water source	1	3	0		1
Improper design for hands free access	6	1	0		2
Clean room not clean/ well-lit/ particle free	38	18	5		20

COM-02 continued

Type of Violation	FY2019	FY2020	FY2021	% FY2021	3 Year Average
Clean room not solely used for CSP	4	1	0		2
Improper floor covering in clean room	6	3	0		3
Surfaces not smooth/ impervious/ crevice-free	107	43	7		52
Anteroom sink not hands free/hot & cold/closed system of soap	7	2	0		3
Improper room temperature in clean room	73	23	8		35
Drugs/ supplies stored on floor of clean room	8	0	1		3
Clean room contains inappropriate supplies	7	2	0		3
PEC does not maintain ISO 5	1	1	0		1
Improper location of PEC	2	1	0		1
Untimely certification of PEC	9	2	2		4
Improper procedures for PEC prefilters	2	0	1		1
Improper pressure differential for PEC	2	0	0		1
No pressure gauge in clean room	10	2	1		4
Improper documentation of pressure monitoring	13	2	3		6
Insufficient training for RPH	30	7	2		13
Insufficient training for Tech	25	8	2		12
Improper testing prior to compounding	51	15	7		24
Improper testing after failure	0	0	0		0
Untimely evaluation/ testing	57	11	10		26
Improper testing for all types of CSPs	0	0	0		0
Inadequate Library: Injectables	8	0	0		3
Inadequate Library: Specialty reference	1	0	0		0
Inadequate Library: USP	25	1	0		9
Dispensing commercially available	0	1	3		1
No written agreement with DR	7	0	0		2
QC Procedures not followed	4	0	0		0
RPh not available at all times	1	1	2		1
No thermometer in refrigerator	2	4	0		2
Inadequate supplies for aseptic mixing	3	0	0		1
Improper equipment for CSP	21	11	1		11
Inadequate cleaning solutions	5	2	1		3
Inadequate handwashing agents	1	0	0		0
No lint-free wipes	1	0	0		0
Inadequate gowns/ garb	15	1	0		5
Improper calibration of automated cpd device	2	3	0		2
Improper SOP: Facility	3	1	0		1
Improper SOP: Accuracy checks	5	1	2		3
Improper SOP: QA	21	5	2		9
Improper SOP: Prep Recall	15	10	3		9
Personnel: Cosmetics	5	3	1		3
Personnel: Jewelry	7	5	3		5
Personnel: Artificial nails	1	1	0		1

COM-02 continued

Type of Violation	FY2019	FY2020	FY2021	% FY2021	3 Year Average
Personnel: Shoe covers	0	0	0		0
Hygiene of nails	12	1	1		5
Improper hand washing	4	1	1		2
Improper gowning	2	1	0		1
Improper drying	5	1	0		2
Failure to use alcohol-based scrub	47	11	5		21
Failure to use sterile alcohol	2	3	0		2
Failure to conduct accuracy checks	8	1	0		3
Improper label: Generic name	0	0	0		0
Improper label: CSP statement	2	0	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	0	1	1		1
Improper cleaning: Start of day	0	0	0		0
Improper mopping	8	4	4		5
Improper Cleaning: walls/ ceiling	11	3	1		5
Improper Cleaning: Supplies	1	0	0		0
Improper doc of cleaning	26	5	3		11
Cleaning by untrained personnel	7	1	0		3
High Risk: Improper testing of batches	3	2	0		2
High Risk: Improper cleaning	0	1	0		0
High Risk: Improper sterilization	1	0	0		0
High Risk: Improper pre-sterilization	2	0	0		1
High Risk: Improper re-entry	4	1	1		2
Hazardous Prep: Improper apparel	0	0	0		0
Hazardous Prep: Improper disposal	0	0	1		0
Hazardous Prep: Improper hood	1	0	0		0
Hazardous Prep: Improper pressure	1	0	0		0
Hazardous Prep: Improper pressure monitor	0	0	0		0
Hazardous Prep: Low volume noncompliance	2	0	0		1
Hazardous Prep: Improper storage	0	0	0		0
Failed to keep records	3	0	0		1
Improper Record: Date	2	2	0		1
Improper Record: Formula	3	2	0		2
Improper Record: Compounder initials	6	2	0		3
Improper Record: Initials of final checker	8	2	0		3
Improper Record: Container used	2	2	0		1
Improper Record: Qty	2	2	0		1
Improper Record: BUD	9	4	1		5
Improper Record: QC	4	5	0		3
Incomplete master worksheets	2	0	1		1
Worksheet not approved by RPh	2	2	0		1
Failure to review records	6	2	2		3
Inappropriate sampling plan	17	6	2		8

COM-02 continued

Type of Violation	FY2019	FY2020	FY2021	% FY2021	3 Year Average
Air environment evaluation by untrained staff	4	1	0		2
Untimely air sampling	5	1	0		1
No/Incomplete Non-Sterile Cpd Records	87	29	28	9%	48
Improper Distribution	28	12	2	1%	14
No PIC	25	10	2	1%	12
Dispensing	83	23	7	2%	38
Improper Dispensing/ Corresponding Responsibility	51	7	3		74
Aiding and Abetting	3	2	2		2
Illegal Dispensing	0	0	1		0
Substitution Non-Compliance	1	0	0		0
Out-of-State Rxs for Controlled Substances	2	2	0		1
Improper Emergency Room Dispensing	0	0	0		0
Improper Automated Dispensing Procedures	23	12	1		12
Improper Provision	3	0	0		1
Improper Advertising	0	0	0	0%	0
Notification Violation	129	43	17	6%	63
Theft & Loss of C/S Not Reported	12	10	0	0%	7
Gray Market diversion/ Samples	1	1	0	0%	1
Improper Closing/Change of Ownership	7	5	3	1%	5
Improper Inpatient Records (Class C)	4	2	0	0%	2
			299	100%	1575

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

	FY2019	FY2020	FY2021
Total Number of Samples Tested	68	35	76
Number of Non-Sterile Samples Tested	0	0	0
<i>Number of Potency Failures</i>	3	0	0
Number of Sterile Samples Tested	68	35	76
<i>Number of Potency Failures</i>	3	0	2
<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

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

	FY2019	FY2020	FY2021
Total Number of Samples Tested	1	8	1
Number of Non-Sterile Samples Tested	0	0	0
<i>Number of Potency Failures</i>	0	0	0
Number of Sterile Samples Tested	1	8	1
<i>Number of Potency Failures</i>	1	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 2019	FY 2020	FY2021	3 Year Average
New Class D (Clinic) Pharmacy Applications and Change of Ownership Applications	31	29	8	23
New Class B (Nuclear) Pharmacy Applications	1	5	6	4
Petitions for Expanded Formularies for Class D (Clinic) Pharmacies (New Petitions and Renewal Applications)	85	56	78	73
Petitions for Alternative Visitation Schedules for Class D (Clinic) Pharmacies	30	108	26	55
Notifications of Temporary Locations for Class D (Clinic) Pharmacies	14	9	0	8
Standard Class D Formularies Reviewed	15	10	2	9

COM-05**Presentations**

Date	Presentation	Attendance (approx.)	Staff Presenter
9/24/20	Texas Pharmacy Law Update, Lubbock Area Society of Health System Pharmacists (LASHP) via Zoom	15	Terri Burrows
10/23/20	TSU College of Pharmacy and Health Sciences	214	Synthia Hill
10/11/20	Texas PMP, DEA/TSBP Virtual Pharmacist Opioid Symposium	279	Terri Burrows
10/11/20	TSBP Compliance Q & A, Nigerian Pharmacy Association DFW via Zoom	53	Terri Burrows
10/12/20	Texas PMP, DEA/TSBP Virtual Pharmacist Opioid Symposium	177	Terri Burrows
11/09/20	UT College of Pharmacy	62	Synthia Hill
1/28/21	Prescription Monitoring Program Overview – Part 1	40	Terri Burrows
1/28/21	Inspecting Pharmacies Compounding Sterile Preparations	30	Terri Burrows
2/03/21	Prescription Monitoring Program Overview – Part 2	40	Terri Burrows
2/23/21	COVID-19 Vaccines	100	Terri Burrows
2/23/21	TSBP Overview, Grayson College Pharmacy Technician Class	20	Terri Burrows
2/25/21	Rules Review and Application to Inspections	30	Terri Burrows
2/27/21	TAIPO – Texas Association of Independent Pharmacy Owners	134	Synthia Hill

COM-05 continued

Date	Presentation	Attendance (approx.)	Staff Presenter
3/5/21	Texas Pharmacy Law Update, West Texas Pharmacy Association (pre-recorded for virtual access)	100	Terri Burrows
3/25/21	Inspecting Class G Pharmacies (Rules and Compliance Policy Review)	30	Kathy Salinas
3/27/21	Fort Worth Academy General Dentists Virtual Opioid Symposium	800	Terri Burrows
4/24/21	Frontiers in Pharmacy Seminar, El Paso Area Society of Health System Pharmacist (EPASHP) via Zoom	25	Terri Burrows
4/29/21	Inspecting Class A Pharmacies Using SansWrite	30	Terri Burrows
5/26/21	COVID-19 Vaccines, Texas Dept of Licensing & Regulation via WebEx	53	Terri Burrows
5/27/21	Rules Review and Application to Inspections	50	Jim Clark/Terri Burrows
6/13/21	PMP Update, TSBP/DEA Virtual Pharmacist Opioid Symposium	350	Terri Burrows
6/14/21	PMP Update, TSBP/DEA Virtual Pharmacist Opioid Symposium	330	Terri Burrows
6/17/21	Inspecting Class A Pharmacies Using SansWrite	30	Terri Burrows
6/18/21	Pharmacy Law Update, UNT Preceptor Event via Zoom	134	Terri Burrows
6/18/21	Pharmacy Law Update, UT Hospital Practice Seminar via WebEx	75	Terri Burrows
6/26/21	TSU Preceptor Development Series	228	Synthia Hill
7/18/21	PMP Update, DEA Practitioner Virtual Opioid Symposium	850	Terri Burrows
7/19/21	PMP Update, DEA Practitioner Virtual Opioid Symposium	815	Terri Burrows
7/22/21	Inspecting Class D Pharmacies Using SansWrite	30	Terri Burrows
8/26/21	COVID-19 (COronaVirus Disease 2019) The Variants & A Closer Look at the Illness	100	Ben Santana
8/26/21	COVID-19 – Vaccine Review & Update	100	Terri Burrows
8/27/21	Rules Review and Application to Inspections	30	Kathy Salinas
Total		5,354	

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
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%
FY21	5,693	+11%	6,069	+9%	107%	125 Days	-2%

ENF-02

Dispensing Error Complaints

Type of Dispensing Error	FY2017	FY2018	FY2019	FY2020	FY2021	5-Year Avg.
Wrong Drug/Strength or Wrong Directions for Use	168	198	171	74	117	146
Mislabeled	11	17	10	11	5	11
Dispensed Wrong Quantity	42	55	19	42	31	38
Dispensed Outdated Drug	6	2	2	5	15	6
Packaging/Delivery Error	13	25	17	25	32	22
Error + No Counseling	2	2	0	0	8	12
Total # Dispensing Error Complaints	242	299	219	157	208	225
Total # Complaints Closed	5,938	6,524	5,766	5,544	6,070	5,968
% Dispensing Error Complaints	4%	5%	4%	3%	3%	4%

ENF-03

Data on Form of Complaints

Form of Complaints	FY2019	FY2020	FY2021	% of FY2021	3-Yr. Avg.	% of 3-Yr. Avg.
Telephone	7	10	14	N/A	10	N/A
Letter	134	136	131	2%	134	2%
TSBP Complaint Form	129	139	161	3%	143	2%
HPC 800 #	6	4	0	N/A	3	N/A
Fax	36	38	54	1%	43	1%
Visit	0	0	0	N/A	N/A	N/A
Agency Report	25	137	195	3%	119	2%
Inspection	87	78	85	1%	83	1%
Interoffice Referral	160	183	186	3%	176	3%
Licensure Application	2,200	1,560	1,710	28%	1,823	31%
Data Bank	133	159	165	3%	152	3%
Theft/Loss Report	897	1,328	1,106	18%	1,110	19%
Investigation	420	328	484	8%	411	7%
Intra-Agency Referral	39	66	82	1%	62	1%
Malpractice Report	6	3	0	N/A	3	N/A
Press Clip	3	15	5	N/A	8	N/A
Email *	211	217	303	5%	244	4%
Internet *	637	658	548	9%	614	11%
Background Checks **	632	484	840	14%	652	11%
Other	4	1	0	N/A	2	N/A
TOTAL	5,766	5,544	6,069	100%	5,793	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	FY2019	FY2020	FY2021	% of FY2021	3-Yr. Avg.	% of 3-Yr. Avg.
Consumer	567	535	535	8%	546	9%
Government Agency	688	625	1,060	17%	791	14%
Pharmacist	72	77	42	1%	64	1%
Pharmacist (Self)	69	55	56	1%	60	1%
Pharmacist Applicant	171	138	82	1%	130	2%
Technician	5	4	9	N/A	6	N/A
Technician (Self)	17	5	14	N/A	12	N/A
Tech Applicant	172	175	184	3%	177	3%
Technician Trainee	2	0	0	N/A	N/A	N/A
Tech Trainee (Self)	1	5	1	N/A	2	N/A
Tech Trainee Applicant	1,109	1,050	1,225	20%	1,128	19%
Intern	0	2	3	N/A	2	N/A
Intern Applicant	12	25	2	N/A	13	N/A
TSBP	1,249	814	1,014	18%	1,026	18%
Doctor	92	85	52	1%	76	1%
Other Health Professional	40	59	45	1%	48	1%

ENF-04 continued

Source of Complaints	FY2019	FY2020	FY2021	% of FY2020	3-Yr. Avg.	% of 3-Yr. Avg.
NABP	131	160	173	3%	155	3%
PIC, Pharmacy Manager, or Supervisor	1,075	1,468	1,262	21%	1,268	22%
Pharmacy Self-Report	11	1	2	N/A	5	N/A
Out of State Pharmacy Self-Report	62	62	59	1%	61	1%
Employee/Ex-Employee –RPH	11	10	10	N/A	10	N/A
Employee/Ex-Employee TCH/TNT	22	21	22	N/A	22	N/A
Loss Prevention Officer (Corporate)	0	1	0	N/A	N/A	N/A
Manufacturing Rep.	22	44	143	2%	70	1%
Professional Recovery Network (PRN)	14	17	8	N/A	13	N/A
Insurance Company	69	57	48	1%	58	1%
Attorney	6	5	3	N/A	5	N/A
Employee/Ex-Employee	8	3	0	N/A	4	N/A
Media	0	0	0	N/A	N/A	N/A
Drug Screening Co.	66	26	15	N/A	36	1%
Other	3	15	0	N/A	6	N/A
TOTAL	5,766	5,544	6,069	100%	5,793	100%

N/A – not applicable, value less than 0.01

ENF-05

Data on Subject of Complaints

Subjects of Complaints	FY2019	FY2020	FY2021	3-Yr. Average
Licenses (RPh/Pharmacy)	2,771 (48%)	3,218 (58%)	3,118 (51%)	3,036 (52%)
Pharmacist	578	525	519	541
In-State Pharmacy	1,991	2,457	2,341	2,263
Out-of-State Pharmacy	202	236	258	232
Registrants (Intern/Tech)	770 (13%)	749 (14%)	1,225 (20%)	915 (16%)
Intern	27	16	21	21
Technician	421	507	828	585
Technician Trainee	322	226	376	308
Applicants (Lic & Reg)	2,156 (37%)	1,535 (28%)	1,681 (28%)	1,792 (31%)
Pharmacist	169	138	127	145
Pharmacy	109	80	102	97
Intern	59	45	33	46
Technician	228	178	190	199
Technician Trainee	1,591	1,094	1,229	1,305
Non-Licenses	69 (1%)	42 (<1%)	45(1%)	52 (1%)
Doctor	0	1	0	N/A
Manufacturer	1	0	0	N/A
Wholesaler	0	0	1	N/A
Non-Licensed Facility or Person	62	40	44	49
Insurance Company/PBM	6	0	0	2
Out-of-State Facility	0	0	0	N/A
Other	0	1	0	N/A
TOTAL	5,766	5,544	6,069	5,793

Data on Alleged Violations of Complaints

Alleged Violation	FY2019	FY2020	FY2021	3-Yr. Avg.	% of 3-Yr. Avg.
Diversion	4	8	3	5	N/A
Controlled Substances (C/S)	3	4	1	3	N/A
Dangerous Drugs (D/D)	0	2	1	1	N/A
Both (C/S & D/D)	1	2	1	1	N/A
Internet Rxs	0	0	0	N/A	N/A
Unauthorized Dispensing	27	15	9	17	N/A
Controlled Substances	2	6	3	4	N/A
Dangerous Drugs	21	9	4	11	N/A
Both (C/S & D/D)	4	0	2	2	N/A
Illegal Delivery	1	1	1	1	N/A
Controlled Substances	0	0	1	N/A	N/A
Dangerous Drugs	1	1	0	1	N/A
Both (C/S & D/D)	0	0	0	N/A	N/A
Illegal Possession	0	0	1	N/A	N/A
Controlled Substances	0	0	0	N/A	N/A
Dangerous Drugs	0	0	0	N/A	N/A
Both (C/S & D/D)	0	0	1	N/A	N/A
Convictions/Criminal Offenses	965	901	1,137	1,001	17%
Felony	22	48	50	40	1%
Misdemeanor	114	189	185	163	3%
DWI/PI	435	336	555	442	8%
Deferred Adjudication	186	260	303	250	4%
Offense on Application	208	68	44	107	2%
Dispensing Error	194	201	208	201	3%
Wrong Drug/Strength	146	118	117	127	2%
Mislabeling	10	11	5	9	N/A
Wrong Quantity	19	42	31	31	1%
Outdated Drug	2	5	15	7	N/A
Packaging/Delivery	17	25	32	25	N/A
Dispensing Error and No or Improper Patient Counseling	0	0	8	3	N/A
No or Improper Patient Counseling	29	22	17	23	N/A
No or Improper Drug Regimen Review	25	23	14	21	N/A
Theft/Loss of C/S and/or D/D	890	1,338	1,114	1,114	19%
Non-Therapeutic Dispensing	109	128	114	117	2%
Action by Other Board	346	360	355	354	6%
Non-Compliance with Substitution Rules	4	1	6	4	N/A
Non-Compliance with Disciplinary Order	275	220	239	245	4%
Non-Compliance with PRN Contract	13	16	9	13	N/A
Interference with Doctor/Patient Relationship	155	129	116	133	2%
Confidentiality	28	38	30	32	1%
Failed to Keep Records	2	0	1	1	N/A
Negligence	2	0	3	2	N/A
Unsafe Practice	5	5	6	5	N/A
Compounding	19	21	16	19	N/A
Unprofessional Conduct	12	10	11	11	N/A
Gross Immorality	1	0	0	N/A	N/A
Fraud	487	105	142	245	4%
Fraud, Deceit & Misrepresentation	5	15	4	8	N/A
Falsified Response to Warning Notice	2	0	0	1	N/A

ENF-06 continued

Alleged Violation	FY2019	FY2020	FY2021	3-Yr. Avg.	% of 3-Yr. Avg.
Falsified Application	417	64	35	172	3%
Filled/Passed Forged Prescription	43	21	13	26	N/A
Insurance Fraud	16	1	89	35	1%
Medicare Fraud	4	4	1	3	N/A
Impairment	13	8	13	11	N/A
Probable Cause	11	6	10	9	N/A
Drug & Alcohol	0	0	0	N/A	N/A
Drug	2	0	1	1	N/A
Alcohol	0	1	1	1	N/A
Physical	0	0	0	N/A	N/A
Mental	0	1	1	1	N/A
Changed Prescription	19	13	12	15	N/A
Aiding and Abetting	8	2	1	4	N/A
Technician working with No/Del Registration	22	32	15	23	N/A
Non-Therapeutic Prescribing (Doctor)	3	1	1	2	N/A
Excessive Purchases of Controlled Substances	20	15	131	55	1%
Anabolic Steroids	0	0	0	N/A	N/A
Grey Market Diversion	0	0	0	N/A	N/A
Samples	0	1	2	1	N/A
Technician Violation	1	4	2	2	N/A
Improper Security	0	1	4	2	N/A
Problem with OTC Drug	0	0	0	N/A	N/A
Closed Pharmacy Improperly	4	10	9	8	N/A
Operating Pharmacy without License	4	2	3	3	N/A
Working Conditions	13	10	11	11	N/A
Delinquent License	3	0	3	2	N/A
Kickbacks	7	6	2	5	N/A
No PIC	74	114	118	102	2%
Recordkeeping Error	87	97	79	88	2%
Notification Violation	5	2	0	2	N/A
No Annual/PIC/DEA Inventory	0	3	0	1	N/A
C-II Rx	1	0	0	N/A	N/A
Improper Rx's Issued by Doctors	0	0	0	N/A	N/A
Advertising	2	3	2	2	N/A
Overcharging	0	0	0	N/A	N/A
Billing Dispute	34	54	39	42	1%
Customer Service	81	80	65	75	1%
Hot Check	1	0	0	N/A	N/A
Accountability Audit Discrepancies (shortages/overages)	6	4	2	4	N/A
CE Audit	5	17	1	8	N/A
Default on Student Loans	0	0	0	N/A	N/A
Shipping to Other States without a License	13	11	11	12	N/A
Other Allegations	1,702	1,467	1,939	1,703	29%
Texas Pharmacy Act	18	44	91	51	1%
Texas Dangerous Drug Act	0	1	2	1	N/A
Texas Controlled Substances Act	16	6	8	10	N/A
Food Drug & Cosmetic Act	8	17	28	18	N/A
TSBP Rule	194	184	204	194	3%
Other Laws/Rules	1,466	1,215	1,606	1,429	25%
Request Disciplinary Action	11	9	9	10	N/A
Reinstatement	9	5	13	9	N/A
Modification	25	31	30	29	N/A
TOTAL	5,766	5,544	6,069	5,793	100%

N/A – not applicable, value less than 0.01

Data on Resolution of Complaints

	FY2019	FY2020	FY2021	3-Yr. Avg.	% of 3- Yr. Avg.
Investigations Not Resulting in Disciplinary Action:	4,108	3,740	4,379	4,076	70%
Investigate + Dismissal (Warning) Letter	767	544	753	688	12%
Investigate + Complaint Closed with Verbal Warning	267	376	305	316	5%
Investigate + Complaint Closed with No Action Due to Insufficient Evidence to Prove Violation Occurred	2,077	1,908	2,279	2,088	36%
Investigate + Lost Jurisdiction (registration expired)	152	182	250	195	3%
Inspections	15	9	7	10	N/A
Inspection + Warning Notice or Dismissal Letter	6	3	1	3	N/A
Application Withdrawn	97	57	42	65	1%
Pharmacy Closed	110	175	115	133	2%
Other *	617	486	627	577	10%
Investigations Resulting in Disciplinary Action:	658	556	453	556	10%
Agreed Board Order	388	371	265	342	6%
Board Order	56	23	50	43	1%
Preliminary Notice Letter + Dismissal (Warning) Ltr.	0	0	37	12	N/A
PNL + Application Withdrawn (with or without Informal Conference)	158	117	5	93	2%
PNL + Informal Conference + Dismissal Letter	20	16	69	35	1%
PNL + Informal Conference + Case Dismissed	6	9	14	10	N/A
PNL + Case Dismissed or Other	2	6	10	6	N/A
PNL + Remedial Plan	28	14	3	15	N/A
Temporary Suspension Hearing + Case Dismissed	0	0	0	N/A	N/A
Referrals To:	22	23	39	28	N/A
Medical Board	0	0	0	N/A	N/A
PRN Program	2	0	0	N/A	N/A
Supervisor	15	13	20	16	N/A
Other Agency	5	10	19	11	N/A
No Action Because:	978	1,225	1,198	1,134	20%
No Violation	311	270	190	257	4%
No Jurisdiction	59	37	35	44	1%
Insufficient Information	4	2	10	5	N/A
Other **	604	916	963	828	14%
TOTAL	5,766	5,544	6,069	5,793	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 ¹ / Unknown Employee
TABLETS							
Amphetamine	10	1,755	9	1	0	0	0
Analgesic (Tramadol)	8	7,434	3	1	0	3	1*
Barbiturate	1	37	1	0	0	0	0
Benzodiazepine	20	10,996	13	3	1	3	0
Codeine	8	2,857	6	0	1	1	0
Carisoprodol	2	382	2	0	0	0	0
Opiate ²	22	7,206	6	2	2	11	1
Dangerous Drugs	1	6	1	0	0	0	0
SUBTOTAL	72	30,673	42	7	4	18	2
LIQUIDS							
Anesthetic (Ketamine)	4	3,714.4 ml	0	0	0	1	3
Benzodiazepine	6	49 ml	1	0	0	3	2
Codeine	1	5 ml	0	0	0	1	0
Opiate	33	2,924.83 ml	1	1	1	29	1
Dangerous Drugs	1	50 ml	0	0	0	1	0
SUBTOTAL	45	6,743.23 ml	2	1	1	35	6

¹ Other covers theft or loss reported due to medical doctor, ENT, patient; customer; or unknown. No student pharmacist-interns were identified during this reported period.

* Expired Technician in Training

² Includes dosage form of sublingual film

Employee Pilferage of Benzodiazepines & Opioids

DRUG	# of Reported Instances	DUs	Tech or Tech Trainee	RPH	LVN	RN or CRNA	Other ¹ / Unknown Employee
TABLETS							
Alprazolam	17	6,544	9*	3	0	2	0
Buprenorphine	1	570	0	1	0	0	0
Clonazepam	4	784	3	1	0	0	0
Diazepam	5	512	2	1	1	0	1
Hydrocodone/APAP	14	4,621	5	1	2	6	0
Hydromorphone	2	72	0	1	0	1	0
Lorazepam	3	1,124	2	0	1	0	0
Oxycodone	10	1,928	3	1	1	5	0
Temazepam	3	9	3	0	0	0	0
Zolpidem	4	2,023	3	0	0	1	0
Total	63	18,187	30*	9	5	15	1
LIQUID							
Diazepam	1	7	0	0	0	0	1
Fentanyl	15	983.5 ml	0	0	0	15	0
Hydrocodone	1	1,581 ml	0	1	0	0	0
Hydromorphone	18	206.88 ml	1	0	1	16	0
Lorazepam	1	1ml	0	0	0	0	1
Meperidine	2	14 ml	0	0	0	2	0
Midazolam	4	41 ml	1	0	0	3	0
Morphine	15	138.25 ml	1	0	0	14	0
Sufentanil	1	1.2 ml	0	0	0	1	0
Total	58	2,973.83 ml	3	1	1	51	2
FILM							
Buprenorphine/ Naloxone	1	15	0	0	0	0	1
Total	1	15	0	0	0	0	1
TOTALS	122	21,175.83	33*	10	6	66	4

¹ Other covers theft or loss reported due to medical doctor, ENT, patient; customer; or unknown. No student pharmacist-interns were identified during this reported period.

* One technician reported with pilferage from 4 licensed pharmacies.

ENF-10

Employee Pilferage by Employee Type

CLASSIFICATION OF EMPLOYEE	FY2019		FY2020		FY2021		% Change FY2020-FY2021
	Total # of Dosage Units	%	Total # of Dosage Units	%	Total # of Dosage Units	%	
Registered Pharmacist	67,697	46%	5,181	5.9%	5,975	16%	+15%
Pharmacist Intern	0	N/A	0	N/A	0	N/A	N/A
Registered Pharmacy Technician	63,792	43%	48,774	55.7%	21,055.5	56.3%	-57.8%
Pharmacy Technician-in-Training	8,479	5%	12,636	14.4%	1,435	3.8%	-88.6%
Physician	0	N/A	0	N/A	2,720	7.3%	%
Registered Nurse	4,597.5	3%	6,914.3	7.9%	997.13	2.6%	-85.6%
Certified Registered Nurse Anesthetist	1,392	1%	1,120.8	1.3%	705.2	1.9%	-37.1
Licensed Vocational Nurse	58	N/A	10,657	12.2%	36	0.1%	-99.7%
Miscellaneous *	1,579	1%	2,215	2.5%	4,492.4	12%	+102.8%
TOTALS	147,594.5	100%	87,498.1	100%	37,416.23	100%	-57.24%

** Total Dosage Units based on combined tablets, liquids in mls, and patches.

* Non-licensed employee, expired pharmacy technician in training, patient, consumer; paramedic.
N/A = Not Applicable, value is below 0.01.

ENF-11

Performance Measures

Enforcement-Related Performance Measure	FY2021 Projected Performance	FY2021 Performance Attained	Key or Non-Key (K/NK)	Projected Target Met?*
Outputs:				
Jurisdictional Complaints Resolved	5,420	6,010	K	Exceeded
Number of Licensed Individuals Participating in a Peer Assistance Program	160	120	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%	5%	K	Not Met
Percent of Licensees (Pharmacists and Pharmacies) with No Recent Violations (Disciplinary Orders)	95.0%	98%	K	Met
Recidivism Rate of Those Receiving Disciplinary Action	5.0%	8.1%	NK	Met
Percent of Jurisdictional Complaints Resolved within Six Months	68.0%	73%	NK	Exceeded
Recidivism Rate for Participants in Peer Assistance Program	30.0%	21%	NK	Not Met
One-Year Completion Rate for Participants in Peer Assistance Program	80.0%	79%	NK	Met
Explanatory:				
Jurisdictional Complaints Received	6,000	5,626	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	FY2017	FY2018	FY2019	FY2020	FY2021
Daily Reports (fingerprints)	590	598	644	491	528
Quarterly Reports	148	126	104	31	18
Total	738	724	748	522	546

ENF-13

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

	FY2021	% of FY2021
Total Number of Orders on Licensees Requiring Monitoring	147	50%
Total Number of Orders on Technicians Requiring Monitoring	109	37%
Total Number of Orders Requiring Monitoring	256	87%
Total Number of Orders Not Requiring Monitoring	37	13%
Total Number of Orders Entered by TSBP in FY2021	293	100%

ENF-14

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

Sanction	FY2019 Orders	FY2020 Orders	FY2021 Orders	% of FY2021	3-Yr. Avg.	% of 3-Yr. Avg.
Revoke / Retire	18	19	26	15%	21	10%
Suspension	30	13	14	8%	19	9%
Restricted	8	13	3	2%	8	4%
Rehabilitation Orders*	7	3	9	5%	6	3%
Reinstatement	5	1	3	2%	3	1%
Fines or Probation Fees Only	77	57	55	33%	63	30%
Continuing Education, Texas Jurisprudence Exam, and/or Pharmacy Law Course (could also include fines and/or probation fees)	20	17	6	4%	14	7%
Continuous Quality Improvement Program, Self-Assessments, Policies/ Procedures, and/or Quarterly Reports (could also include fines and/or probation fees)	61	51	31	18%	48	23%
Public Orders Requiring Drug Screens	0	0	0	N/A	N/A	N/A
Total number of orders on licensees requiring monitoring	226	174	147	88%	182	87%
Total number of orders not requiring monitoring	28	32	21	13%	27	13%
Total orders	254	206	168	100%	209	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	FY2019 Orders	FY2020 Orders	FY2021	% of FY2021	3-Year Average	% of 3-Year Average
Revoke *	45	41	43	34%	43	30%
Suspension	23	15	12	10%	17	12%
Restriction	2	0	1	N/A	1	1%
Fines Only	46	60	39	31%	48	33%
Other **	14	16	14	11%	15	10%
Total number of orders on technicians requiring monitoring	130	132	109	87%	124	86%
Total number of orders on technicians not requiring monitoring	18	26	16	13%	20	14%
Total number of orders on technicians	148	158	125	100%	144	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 FY2021, TSBP revoked the registrations of 24 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 (FY2020 – FY2021)			
Fiscal Year	Total Orders	Total New Orders	Total Being Monitored
FY2020	19	18	34
FY2021	19	19	30

* TSBP entered 19 Orders on pharmacy technicians or pharmacy technician trainees who were subject to probation periods with random drug screening in FY2021. Of the 19 Orders, there were 19 Orders resulting in a pharmacy technician or pharmacy technician in training being added to the number who were being monitored at the end of FY2021, as reflected in the chart above. However, 23 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	FY2019	FY2020	FY2021	% of FY2021	3-Yr. Avg.	% of 3-Yr. Avg.
Non-Compliance with ABO	3	8	6	22%	6	19%
Non-Compliance with PRN	2	4	3	11%	3	10%
Action by Other Boards	2	1	1	4%	1	3%
Audit Shortages	0	0	0	N/A	N/A	N/A
Alcohol-Related Conviction	0	1	2	7%	1	3%
Theft of Prescription Drugs	3	0	0	N/A	1	3%
Created Fraudulent Rx or Obtained C/S by Fraud	0	1	2	7%	1	3%
Convictions	8	1	0	N/A	3	10%
Deferred Adjudication	1	1	0	N/A	<1	3%
Illegal Possession of Controlled Substances	0	0	0	N/A	N/A	N/A
Unauthorized Refills of Controlled Substances	1	0	1	4%	<1	3%
Probable Cause/Dependency	0	1	6	22%	2	6%
Mental Impairment	0	1	1	4%	<1	3%
Request for Modification of Previously Entered ABO	7	8	4	15%	6	19%
Request for Retirement or Revocation	3	6	1	4%	3	10%
Request for Reinstatement	2	1	0	N/A	1	3%
TOTAL	32	34	27	100%	31	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***
FY2017	55	23	99
FY2018	40	13	86
FY2019	32	15	79
FY2020	35	14	76
FY2021	27	14	75

* 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 27 confidential pharmacist/intern Orders entered in FY2021, there were 12 Orders resulting in an impaired/recovering pharmacist or intern being added to the number who were being monitored at the end of FY2021 is set forth in Appendix Chart ENF-17. However, 12 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, 2021, a total of 75 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).

TEXAS STATE BOARD OF PHARMACY
SANCTIONS IMPOSED BY THE ENTRY OF DISCIPLINARY ORDERS ON
PHARMACISTS, PHARMACIES, INTERNS, AND
APPLICANTS FOR LICENSURE AND INTERN REGISTRATIONS (FY2021)

			Pharmacist	Pharmacy	Total
Licenses Removed	26	(15%)			
Revoke			6	11	17
Retire			9	0	9
Suspensions	36	(21%)			
Suspension			5	1	6
Suspension w/Conditions	9		0	9	
Suspension w/ Fine			0	0	0
Suspension/Fine/Conditions			0	0	0
Probation			2	1	3
Probation w/Conditions			10	4	14
Probation/Fine			1	0	1
Probation/Fine/Conditions	1		2	3	
Restricted	3	(2%)	3	0	3
Other	76	(45%)			
Fine			20	21	41
Fine with Conditions			0	2	2
Fine and Reprimand			0	1	1
Fine, Reprimand with Conditions			5	15	20
Reprimand with Conditions			0	8	8
Reprimand			3	1	4
Require MHP Evaluation			0	0	0
Issuance License/Regist.	9	(5%)			
Grant with Suspension			1	0	1
Grant with Restrictions			0	0	0
Grant with Probation			1	1	2
Grant with Probation and Fine			0	0	0
Grant with Probation/Fine/Conditions			0	0	0
Grant with Probation and Conditions			0	3	3
Grant with Reprimand and Fine			0	0	0
Grant with Fine			1	0	1
Grant with Fine/Conditions			0	0	0
Grant with Reprimand			2	0	2
Reinstatements	3	(2%)			
Grant			0	0	0
Grant with Probation/Conditions			3	0	3
Deny			0	0	0
Modifications	15	(9%)			
Grant			14	1	15
Deny			0	0	0
TOTAL FY21:	168	(100%)	99	69	168

FY21 Orders Entered Against Pharmacist Licenses	99	59%
FY21 Orders Entered Against Pharmacy Licenses	69	41%
FY21 Total Disciplinary Orders on Pharmacist/Pharmacy	168	100%

TEXAS STATE BOARD OF PHARMACY
DISCIPLINARY ORDERS ON PHARMACISTS, INTERNS, AND
APPLICANTS FOR LICENSURE AND INTERN REGISTRATIONS (FY21)
NATURE OF VIOLATIONS*

	RPh	Phcy	Total	Total %
Diversions	6	0	6	4%
Illegal Delivery	0	0	0	
Illegal Possession of Rx Drugs	0	0	0	
Unauthorized Dispensing	2	0	2	
Theft	0	0	0	
Obtained C/S by Fraud	2	0	2	
No Valid Dr-Pt Relationship	2	0	2	
Convictions/Defer Adj	7	0	7	4%
Felony	2	0	2	
Misdemeanor	2	0	2	
Deferred Adjudication, Felony	1	0	1	
Deferred Adjudication, Misdemeanor	1	0	1	
Alcohol-Related	1	0	1	
Audit Discrepancies	1	1	2	1%
Drug	1	1	2	
Continuing Education	0	0	0	
Practice Deficiencies	8	28	36	21%
Dispensing Errors	2	20	22	
Dispensing Errors & No Counsel and/or No Drug Regimen Review	6	8	14	
No Counsel and/or DRR	0	0	0	
Compounding Sterile without Class S	0	0	0	
Shipping Rx to Other States w/o License	0	0	0	
Unprofessional Conduct	43	36	79	47%
Aiding and Abetting	0	0	0	
Allow Tech to Work without an Active Registration	2	1	3	
Falsified Application for Licensure	2	2	4	
Sterile Compounding w/o Training	0	0	0	
Impairment	8	0	8	
Action by TSBP or Other Boards	6	4	10	
Non-Compliance with Previously Entered Order	8	0	8	
Non-Compliance with PRN Program	3	0	3	
Violation of Board Rules	14	29	43	
Other	34	4	38	23%
Modification	15	1	16	
Reinstatement	3	0	3	
Request for Revoke/Retire/Restrict	14	2	16	
Temporary Suspension Orders	2	1	3	
Other	0	0	0	
TOTAL FY21:	99	69	168	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.

TEXAS STATE BOARD OF PHARMACY
SANCTIONS IMPOSED BY THE ENTRY OF DISCIPLINARY ORDERS ON
PHARMACY TECHNICIANS, TECHNICIAN TRAINEES, AND
APPLICANTS FOR TECHNICIAN/TRAINEE REGISTRATIONS (FY21)

		Total	Percent
Registration Removed		43	(34%)
Revoke	43		
Retire	0		
Suspensions		21	(17%)
Suspension	1		
Suspension, followed by Probation	6		
Suspension w/Conditions	2		
Suspension w/Conditions, followed by Probation	4		
Suspension/Fine	0		
Suspension/Fine w/Conditions, followed by Probation	0		
Probation	1		
Probation with Conditions	7		
Probation/Fine	0		
Probation/Fine with Conditions	0		
Restricted	1	1	(<1%)
Other		9	(7%)
Fine	5		
Fine with Conditions	0		
Fine/Reprimand	0		
Fine/Reprimand with Conditions	0		
Reprimand	4		
Reprimand with Conditions	0		
Issuance Registration		42	(37%)
Grant with Suspension	2		
Grant with Suspension/Fine	0		
Grant with Probation	31		
Grant with Probation/Conditions	2		
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	7		
Deny	0		
Reinstatements		4	(3%)
Grant with Suspension, followed by Prob/Cond	0		
Grant with Probation/Conditions	4		
Grant with w/Conditions and Reprimand	0		
Grant with Fine	0		
Modifications	5	5	(4%)
TOTAL FY21:		125	(100%)

TEXAS STATE BOARD OF PHARMACY
DISCIPLINARY ORDERS ON PHARMACY TECHNICIANS, TECHNICIAN TRAINEES,
AND APPLICANTS FOR TECHNICIAN/TRAINEE REGISTRATIONS (FY21)
NATURE OF VIOLATIONS*

	Total	Percent
Diversion	5	(4%)
Theft	5	
Forged Rx	0	
Illegal Delivery	0	
Convictions/Deferred Adjudications	75	(60%)
Felony	13	
with Falsified Application	0	
Misdemeanor	8	
with Falsified Application	0	
Deferred Adjudication/Felony	39	
with Falsified Application	0	
Deferred Adjudication/Misdemeanor	13	
with Falsified Application	0	
Alcohol-Related (e.g., DWI)	2	
with Falsified Application	0	
Impairment	1	(<1%)
Drug or Alcohol Dependency	0	
with Falsified Application	0	
Probable Cause	1	
Falsified Applications **	0	(N/A)
Other Violations	7	(6%)
Gross Immorality	0	
Non-Compliance w/Previously Entered Order	7	
Performed Tech Duties w/Delinquent Registration	0	
Performed Pharmacist Duties	0	
Performed Tech Duties without Registration	0	
Action by TSBP or Other Board	0	
Negligence	0	
CE Shortage	0	
Request for Revocation/Retirement/Restriction	28	(22%)
Reinstatement	4	(3%)
Modify	5	(4%)
Temporary Suspension Orders	0	(N/A)
TOTAL FY21:	125	(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	3	2	6	38	92	27	168
Pharmacy Technicians	0	0	23	39	63	0	125
Total	3	2	29	77	155	27	293

* 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
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%
FY21	2	6	157	165	-19%	98%

PHARMACY TECHNICIANS/PHARMACY TECHNICIAN TRAINEES

FISCAL YEAR	NUMBER OF BOARD ORDERS (BOs)	NUMBER OF DEFAULT BOARD ORDERS (BOs)	NUMBER OF AGREED BOARD ORDERS (ABOs)	NUMBER OF DISCIPLINARY ORDERS (BOs & ABOs)	% INCREASE IN DISCIPLINARY ORDERS	% ABOs OR DEFAULT OF TOTAL ORDERS
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%
FY21	0	23	102	125	-21%	100%

PHARMACY AND PHARMACIST REMEDIAL PLANS

FISCAL YEAR	PHARMACISTS	PHARMACIES	TOTAL
FY16	28	1	29
FY17	19	0	19
FY18	10	1	11
FY19	15	2	17
FY20	13	1	14
FY21	27	9	36

LEG-02

Informal Conferences for Pharmacies and Pharmacists

Dates of Informal Conferences	# of Days	# of Phy Respondents	# of RPh Respondents	# of Licensees Dismissed
September 8-9, 2020	2	7	11	2
October 6-7, 2020	2	4	16	2
December 1-2, 2020	2	4	11	2
January 5-6, 2021	2	2	13	3
March 2-3, 2021	2	5	10	5
April 6-7, 2021	2	5	14	3
June 8-9, 2021	2	6	18	3
July 6-7, 2021	2	6	10	3
TOTAL	16	39	103	23

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 10, 2020	1	15	10	5	4	2
October 8, 2020	1	22	15	7	11	3
November 4, 2020	1	12	6	6	4	6
January 7, 2021	1	19	7	12	6	2
February 3, 2021	1	15	8	7	5	4
March 4, 2021	1	14	9	5	8	3
April 8, 2021	1	11	6	5	2	0
May 12, 2021	1	17	10	7	5	2
June 10, 2021	1	20	7	13	4	4
July 8, 2021	1	15	10	5	6	0
August 4, 2021	1	18	9	9	7	1
TOTAL	11	178	97	81	62	27

RULE PROPOSALS

For presentation at November 3, 2020, Board meeting:
§291.14 concerning Pharmacy License Renewal
§295.13 concerning Drug Therapy Management by a Pharmacist under Written Protocol of a Physician
§315.15 concerning Access Requirements
For presentation at February 2, 2021, Board meeting:
§291.11 concerning Operation of a Pharmacy
§291.34 concerning Records
§291.75 concerning Records
§291.76 concerning Class C Pharmacies Located in a Freestanding Ambulatory Surgical Center
§315.3 concerning Prescriptions
§315.5 concerning Pharmacy Responsibility - Generally - Effective September 1, 2016
For presentation at May 11, 2021, Board meeting:
§283.4 concerning Internship Requirements
§291.6 concerning Pharmacy License Fees
§291.76 concerning Class C Pharmacies Located in a Freestanding Ambulatory Surgical Center
§291.121 concerning Remote Pharmacy Services
§291.151 concerning Pharmacies Located in a Freestanding Emergency Medical Care Facility (Class F)
§295.5 concerning Pharmacist License or Renewal Fees
§297.4 concerning Fees
For presentation at August 3, 2021, Board meeting:
§283.12 concerning Licenses for Military Service Members, Military Veterans, and Military Spouses
§291.34 concerning Records
§291.36 concerning Pharmacies Compounding Sterile Preparations (Class A-S)
§291.77 concerning Pharmacies Compounding Sterile Preparations (Class C-S)
§291.106 concerning Pharmacies Compounding Sterile Preparations (Class E-S)
§291.131 concerning Pharmacies Compounding Non-Sterile Preparations
§297.10 concerning Registration for Military Service Members, Military Veterans, and Military Spouses

RULE SUBMISSIONS TO THE TEXAS REGISTER

Rules	Type of Action	Published in TxReg as Proposed	Published in TxReg as Adopted/Withdrawn
281.65	Amendment	-	09/04/2020
291.9	Amendment	-	09/04/2020
291.121	Amendment	-	09/04/2020
291.153	Amendment	-	09/04/2020
Ch. 291D (§§291.71-291.77)	Review	-	09/04/2020
Ch. 303 (§§303.1-303.3)	Review	-	09/04/2020
283.2	Amendment	10/02/2020	12/11/2020
283.4	Amendment	10/02/2020	12/11/2020
283.5	Amendment	10/02/2020	12/11/2020
283.11	Amendment	10/02/2020	12/11/2020
291.1	Amendment	10/02/2020	-
291.3	Amendment	10/02/2020	-
291.31	Amendment	10/02/2020	12/11/2020
291.32	Amendment	10/02/2020	12/11/2020
291.33	Amendment	10/02/2020	12/11/2020
291.34	Amendment	10/02/2020	12/11/2020
291.52	Amendment	10/02/2020	12/11/2020
291.53	Amendment	10/02/2020	12/11/2020
291.55	Amendment	10/02/2020	12/11/2020
291.74	Amendment	10/02/2020	12/11/2020
291.101	Amendment	10/02/2020	12/11/2020
291.102	Amendment	10/02/2020	12/11/2020
291.121	Amendment	10/02/2020	12/11/2020
291.129	Amendment	10/02/2020	12/11/2020
291.153	Amendment	10/02/2020	12/11/2020
309.2	Amendment	10/02/2020	12/11/2020
309.3	Amendment	10/02/2020	12/11/2020
315.3	Amendment	10/02/2020	12/11/2020
291.14	Amendment	12/11/2020	-
295.13	Amendment	12/11/2020	03/12/2021
315.15	Amendment	12/11/2020	03/12/2021
Ch291G (§§291.120-291.121, 291.123, 291.125, 291.127, 291.129, 291.131, 291.133)	Review	12/11/2020	03/05/2021
Ch291H (§§291.151, 291.153)	Review	12/11/2020	03/05/2021
Ch297 (§§297.1-297.11)	Review	12/11/2020	03/05/2021
291.11	Amendment	04/02/2021	06/04/2021
291.34	Amendment	04/02/2021	06/04/2021
291.75	Amendment	04/02/2021	06/04/2021
291.76	Amendment	04/02/2021	06/04/2021
315.3	Amendment	04/02/2021	06/04/2021
315.5	Amendment	04/02/2021	06/04/2021

LEG-04 continued

Rules	Type of Action	Published in TxReg as Proposed	Published in TxReg as Adopted/Withdrawn
283.4	Amendment	06/25/2021	09/03/2021
291.6	Amendment	06/25/2021	09/03/2021
291.76	Amendment	06/25/2021	09/03/2021
291.121	Amendment	06/25/2021	09/03/2021
291.151	Amendment	06/25/2021	09/03/2021
295.5	Amendment	06/25/2021	09/03/2021
297.4	Amendment	06/25/2021	09/03/2021

OPEN MEETING SUBMISSIONS TO THE TEXAS REGISTER

Type of Submission	Date Published
Compounding Advisory Group Meeting – 09/16/2020 via Zoom	09/04/2020
PMP Advisory Committee Meeting – 10/20/2020 via Zoom	10/12/2020
Board Member Training Session – 11/02/2020 via Zoom	10/19/2020
Public Hearing – 11/03/2020 via Zoom	10/19/2020
Board Business Meeting – 11/03/2020 via Zoom	10/19/2020
Compounding Advisory Group Meeting – 11/18/2020 via Zoom	11/09/2020
Compounding Advisory Group Meeting – 01/13/2021 via Zoom	01/04/2021
PMP Advisory Committee Meeting – 01/19/2021 via Zoom	01/04/2021
Board Business Meeting – 02/02/2021 via Zoom	01/22/2021
Show Cause Hearing – 04/28/2021 via Zoom	03/31/2021
Board Business Meeting – 05/11/2021 via Zoom	04/23/2021
Executive Committee Meeting – ED Posting 05/18/2021 via Zoom	05/06/2021
Executive Committee Meeting – ED Posting 05/19/2021 via Zoom	05/06/2021
Executive Committee Meeting – ED Posting 05/20/2021 via Zoom	05/06/2021
Board Business Meeting – 05/28/2021 via Zoom	05/20/2021
PMP Advisory Committee Meeting – 06/16/2021 via Zoom	06/03/2021
Temporary Suspension Hearing – 07/22/2021 via Zoom	06/30/2021
Board Business Meeting – 08/03/2021 via Zoom	07/19/2021

OPEN RECORDS REQUESTS FY2017 – FY2021

Fiscal Year	Verbal Requests	Written Requests		Total # of individual requests	Monthly Average	
		# of initiating requests	# of individual requests		# of individual verbal requests	# of individual written requests
FY17	182	2,165	-	-	-	-
FY18	100	2,218	2,719	2,818	8	227
FY19	106	2,667	4,510	4,616	9	375
FY20	46	2,313	3,559	3,605	4	297
FY21	86	1,649	2,464	2,550	7	205

LEG-06**ONLINE PRESENTATIONS**

DATE	PROGRAM	ATTENDANCE (APPROX.)
10/11/2020	DEA Symposium (Fall 2020) – Session #1	246
10/12/2021	DEA Symposium (Fall 2020) – Session #2	152
6/13/2021	DEA Symposium (Summer 2021) – Session #1	293
6/14/2021	DEA Symposium (Summer 2021) – Session #2	281
TOTAL		972

LEG-07**LEAP REGISTRATIONS AND REPORTS**

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
FY21	64	9	2,187	29	2,216

PAP REQUESTS

Fiscal Year	Records Requested			Requestor Type		
	RX Record	Access Record	Total Processed	Patient	Parent/Guardian	Total
FY20	2	2	4	4	0	4
FY21	21	19	40	23	0	23

PMP-01**Prescription Monitoring Program Presentations**

DATE	PRESENTATION	NUMBER OF ATTENDEES
9/27/2020	Texas Nurse Practitioner's Annual Conference - Virtual	Approx. 150
11/07/2020	Texas Pain Society Conference - Virtual	Approx 150
11/10/2020	DEA Opioid Seminar - Virtual	Approx 50

PMP-02**Prescription Monitoring Program Data**

	FY2018	FY2019	FY2020	FY2021
Registered Users	92,232	116,458	153,779	167,654
Number of AWAxE Searches	8,143,304	12,567,013	27,503,579	45,642,795
Number of Integrated Searches*	N/A	17,664,662	128,208,067	197,330,274
Prescription Dispensed	39,592,102	38,159,456	36,397,998	35,226,394

*Integrated search counts began June 2019.

TSBP Compared to County EEO-4 Data

Travis-Hays-Williamson Counties EEO-4 Collective Data															
	White		Black		Hispanic		Amer. Indian /Alaskan		Asian		Other (includes NHOPi)		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Officials	72,040	49,860	4,125	4,750	15,170	13,950	270	99	3,825	2,615	1,175	1,735	96,895	73,010	169,905
Professional	88,985	89,105	6,355	7,425	19,790	23,180	165	205	8,705	8,025	2,750	3,020	126,740	130,960	257,700
Technical	15,450	12,565	2,270	2,330	8,710	7,895	120	19	1,340	1,325	339	825	28,215	24,965	53,180
Admin Support	58,605	76,240	6,875	11,390	23,790	39,895	75	159	3,225	4,070	2,245	3,500	95,085	135,260	480,785
Total	235,080	227,770	19,625	25,895	67,460	84,920	630	482	17,095	16,035	6,809	9,080	346,935	364,195	961,570
	24%	24%	2%	3%	7%	9%	0%	0%	2%	2%	1%	1%	36%	38%	100%

TSBP Agency Data as of August 31, 2021															
	White		Black		Hispanic		Amer. Indian /Alaskan		Asian		Other (includes NHOPi)		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Officials	-	3	-	-	-	-	-	-	-	-	-	-	-	3	3
Professional	8	12	-	3	4	3	-	1	-	1	-	-	12	20	32
Para-Professional*	10	19	3	6	4	13	-	-	-	-	-	1	17	39	56
Admin Support	1	2	-	-	-	9	-	-	-	-	-	-	1	11	12
Total	19	36	3	9	8	25	-	1	-	1	-	1	30	73	103
	18%	35%	3%	9%	8%	24%	0%	1%	0%	1%	0%	1%	29%	71%	100%

New Hires															
	White		Black		Hispanic		Amer. Indian /Alaskan		Asian		Other (includes NHOPi)		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Officials	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Professional	1	1	-	-	1	-	-	-	-	1	-	-	2	2	4
Para-Professional*	-	2	-	-	-	1	-	-	-	-	-	-	-	3	3
Admin. Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	1	3	-	-	1	1	-	-	-	1	-	-	2	5	7

Terminations															
	White		Black		Hispanic		Amer. Indian /Alaskan		Asian		Other (includes NHOPi)		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Officials	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Professional	-	1	-	-	2	-	-	-	-	-	-	-	2	1	3
Para-Professional*	-	3	-	1	-	-	-	-	-	-	-	-	-	4	4
Admin. Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	-	4	-	1	2	-	-	-	-	-	-	-	2	5	7

TSBP did not have any promotions in FY2021.

*Para-Professional is defined by EEO as an occupation where workers perform duties of a professional or a technician in a supportive role. As the EEO-4 data did not have a para-professional breakdown, the technician totals were used for comparison.

A complete list of definitions for job categories and race/ethnicity categories can be found at: www.eocdata.org/EEO4/howto/instructionbooklet

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