



Texas State Board of Pharmacy

Annual Report

Fiscal Year 2022

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

Ian Shaw

Public Member

Dallas

12/20/2021 – 08/31/2027

Suzette Tijerina, R.Ph.

Castle Hills

10/06/2015 – 08/31/2027

Rick Tisch

Public Member

Spring

10/09/2019 – 08/31/2025

Jenny Downing Yoakum, R.Ph

Longview

10/06/2015 – 08/31/2027

STAFF

Office of the Executive Director

Executive Director

Timothy L. Tucker, Pharm.D.

Operations

Operations Director

Ann Driscoll, Ph.T.R.

Executive Assistant

Lily Moreno

Receptionist

Linda Lopez

Human Resources

Staff Services Officer

Sarah Moody, SHRM-CP, Ph.T.R.

HR Specialist

Laura Gomez

Licensing

Licensing Director

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.

Lizbeth Trejo, Ph.T.R.

Compliance

Compliance Director

Iona Grant, R.Ph.

Compliance Officer

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

Kathy Salinas, R.Ph.

James Clark, R.Ph.

Todd Unruh, R.Ph.

Senior Compliance Inspector

Adrienne Bauer, Ph.T.R.

Senior Compliance Specialist

Jessica Rodriguez-Reyes, Ph.T.R.

Compliance Inspector

Felicia Carrasco, Ph.T.R.

Kimberly Miles, Ph.T.R.

Madison Davis, Ph.T.R.

Isaac Gonzalez, Ph.T.R.

Keya Henry, Ph.T.R.

Javier Ledesma, Ph.T.R.

Robert Moura, Ph.T.R.

Kendra O'Neel, Ph.T.R.

Jennifer Trook, Ph.T.R.

Compliance Specialist

LaKeva Crim

STAFF

Enforcement

Enforcement Director

Caroline Hotchkiss, J.D.

Enforcement Program Manager

Robert Rivera, Ph.T.R.

Enforcement Program Specialist

Debra Beall

Chief Pharmacist Officer of Special Projects

Ben Santana, R.Ph.

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.

Madeline Fojtik, Ph.T.R.

Wesley Moody, Ph.T.R.

Senia Perez, Ph.T.R.

Brandy Plummer

Heather Torres, Ph.T.R.

Briana Velasquez, Ph.T.R.

Enforcement Technician

Irene Zapata

John Ruybal

Investigations

Investigations Director

Rolando Belmares

Captain Investigator

Larry Brothers

Lieutenant Investigator

John Plasek

Sergeant Investigator

Shawn Cambron

Daniel Castillo

Brett Cyr

Carol Steward

Hilario Torres

Investigator

Misty Chapa, Ph.T.R.

Legal

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.

Pharmacist Outreach Officer

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

Outreach Coordinator

Shayda Bakhshi

Epidemiologist

Prem Gautam

Legal, cont'd

Hearings Coordinator
Amy Burt, Ph.T.R.

Law Clerk
Kelly Souza

Legal Assistant
Ray Cardenas
Tianekia Harris, Ph.T.R.
Avalon Funk
Shakira McEachern
Christine Pavalasky

Records Analyst
Misty Maldonado-DeLeon

Senior Administrative Assistant
John Arispe
Sandra Chatham
Renee Slaughter

Data Analyst
Michael Segovia, Ph.T.R.

Prescription Monitoring Program

Prescription Monitoring Program Manager
Linda Yazdanshenas

Research Specialist
Sofia Bishop

Research Analyst
Morgan Glueck, Ph.T.R.
Lori Gonzales, Ph.T.R.

Administrative Assistant V
Barbara Racca, Ph.T.R.
Betsa Vallejo-Lopez, Ph.T.R.
Erik Vasquez, Ph.T.R.

Finance

Financial Services Director
Ann Du

Purchaser
David Hardy

Accountant IV
Chantell Solomon

Accountant III
Taylor King

Accountant I
Veronica Guzman

Information Technology

Information Technology Director
Orane Douglas, CISM

Support Systems Specialist
Todd Hayek

Systems Administrator
Devin Wilson

Board Mission

The Texas State Board of Pharmacy, as a leader in protecting the public health of the citizens of Texas, shall uphold quality standards for licensing and facilitate regulation that promotes innovative, multidisciplinary, and collaborative practices and education which produce quality care and positive patient outcomes.

Action Statement

The Texas State Board of Pharmacy approaches its mission with integrity and prioritizes the health and safety of the citizens of Texas in all aspects of facilitating pharmacy regulation. Our processes and services are built on our core values of protecting public health and acting in accordance with the highest standards of ethics. We carry out our mission through the following functions:

- License/Registration issuance and regulation
- Rulemaking in accordance with applicable Texas and federal laws
- Complaint processing and adjudication when appropriate
- Conducting compliance inspections
- Educating our constituency
- Providing practice and information resources
- Hosting our state Prescription Monitoring Program
- Offering excellent customer service

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).

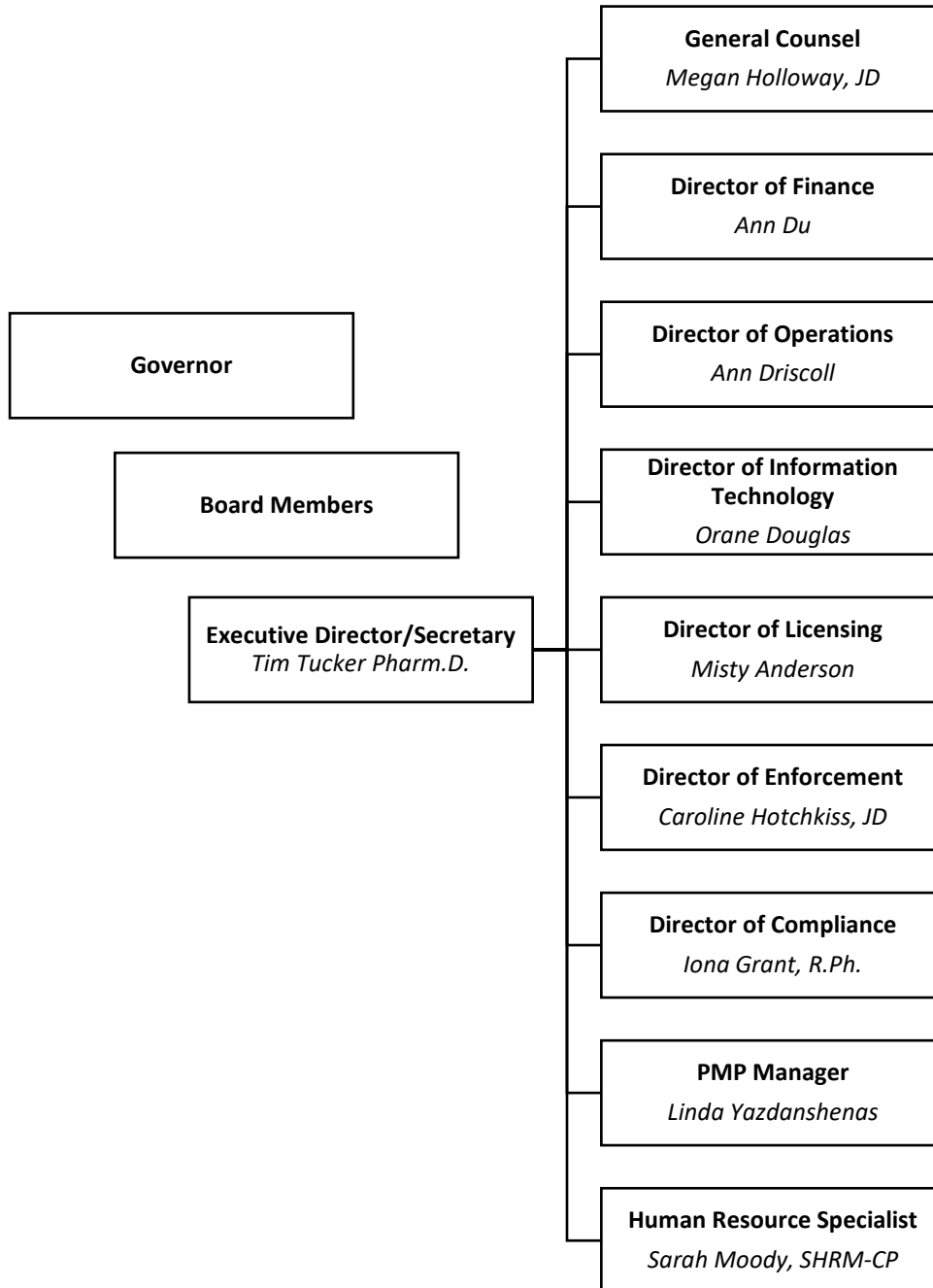
Board Structure

The Board's functional structure at the end of FY2022 was composed of the following:

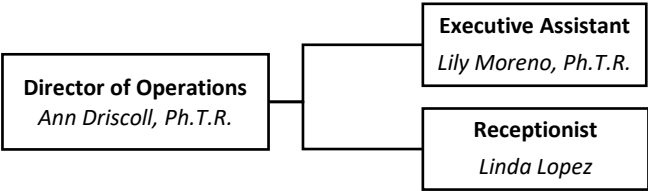
- Office of the Executive Director;
- Operations;
- Human Resources;
- Licensing;
- Compliance;
- Enforcement;
- Legal;
- Prescription Monitoring Program;
- Finance; and
- Information Technology.

Organizational Charts

EXECUTIVE TEAM



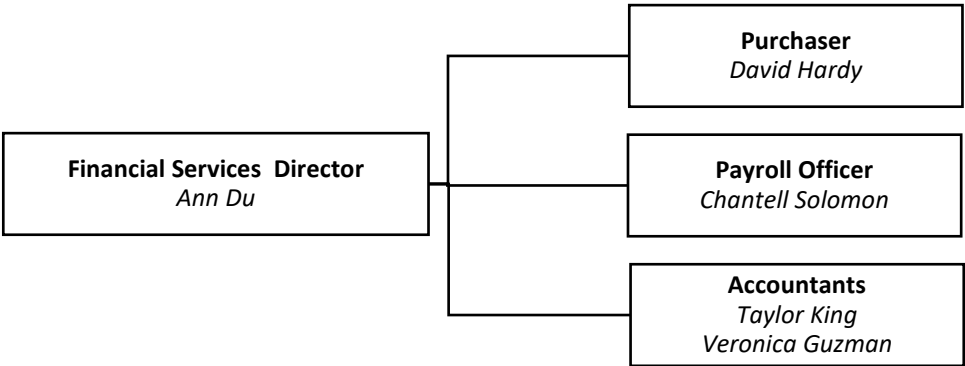
OPERATIONS TEAM



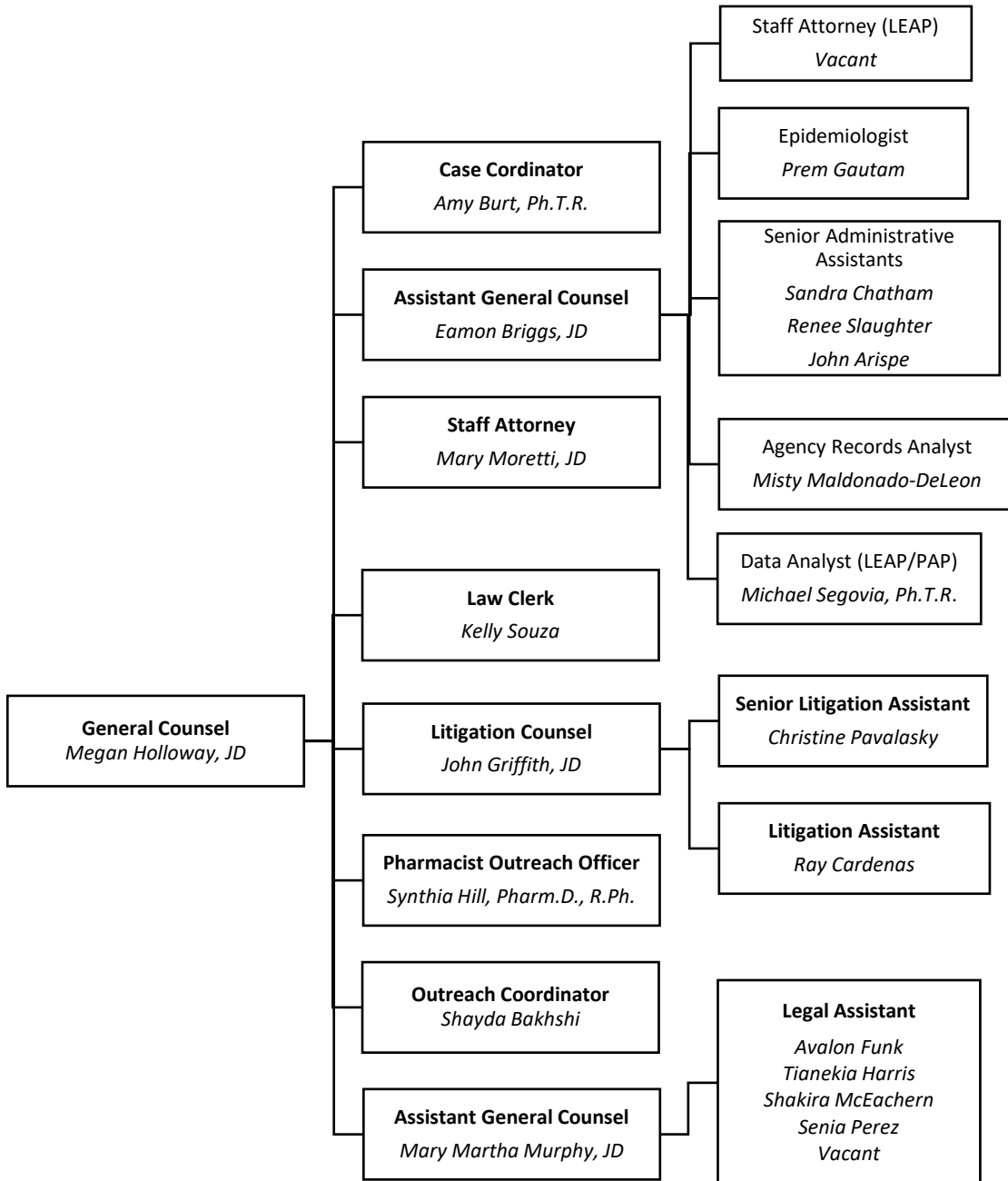
HUMAN RESOURCES TEAM



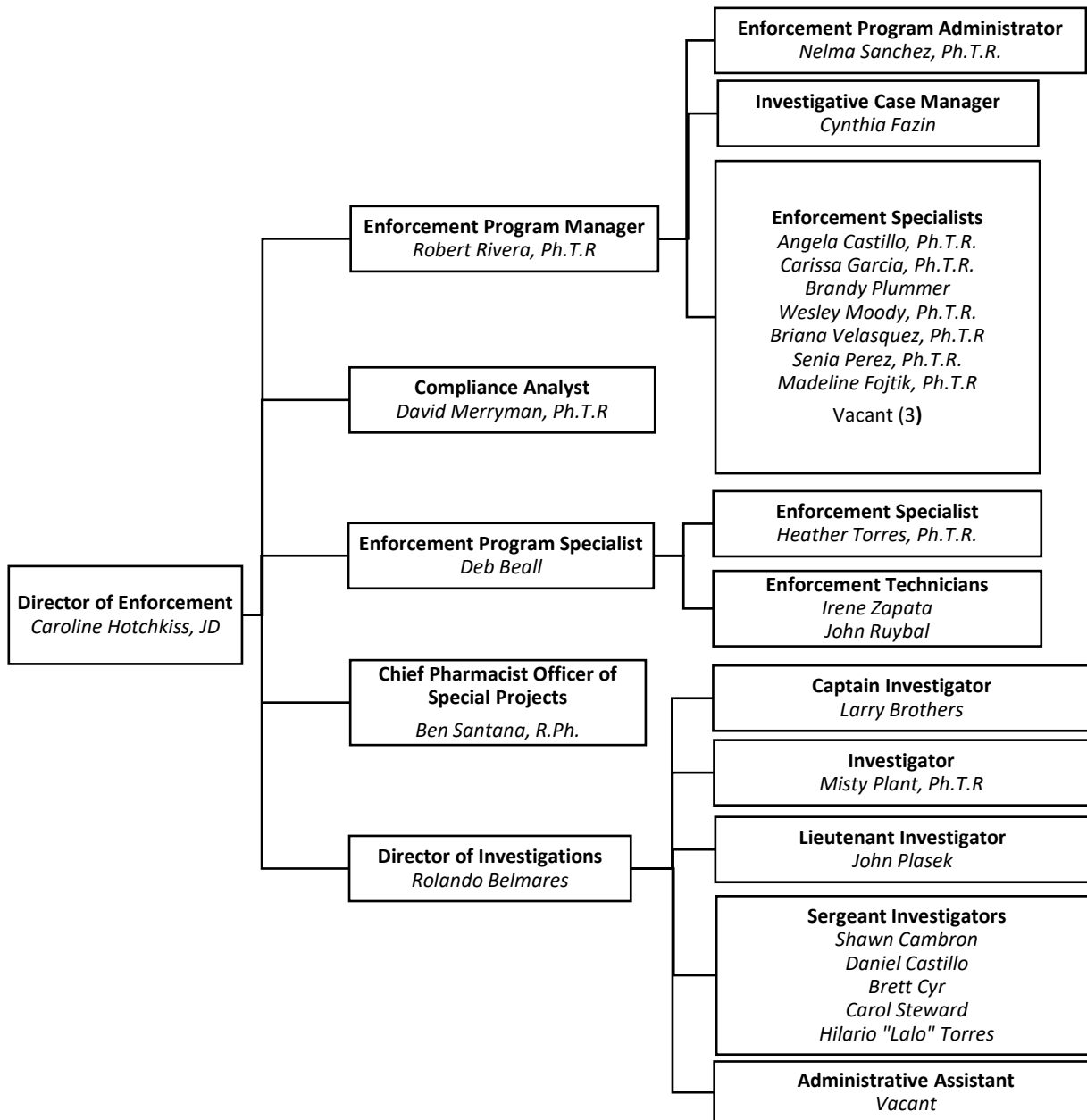
FINANCE TEAM



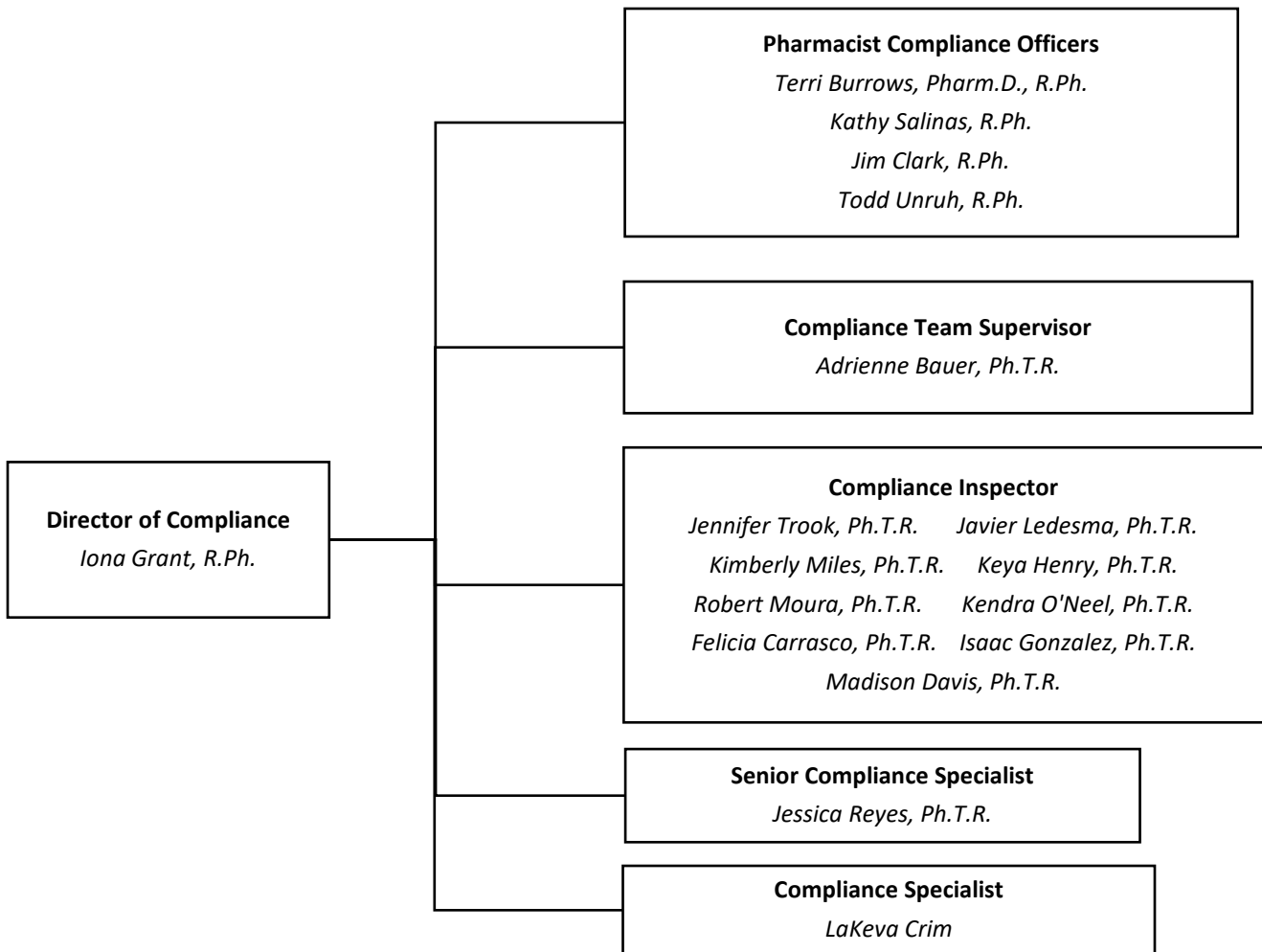
LEGAL TEAM



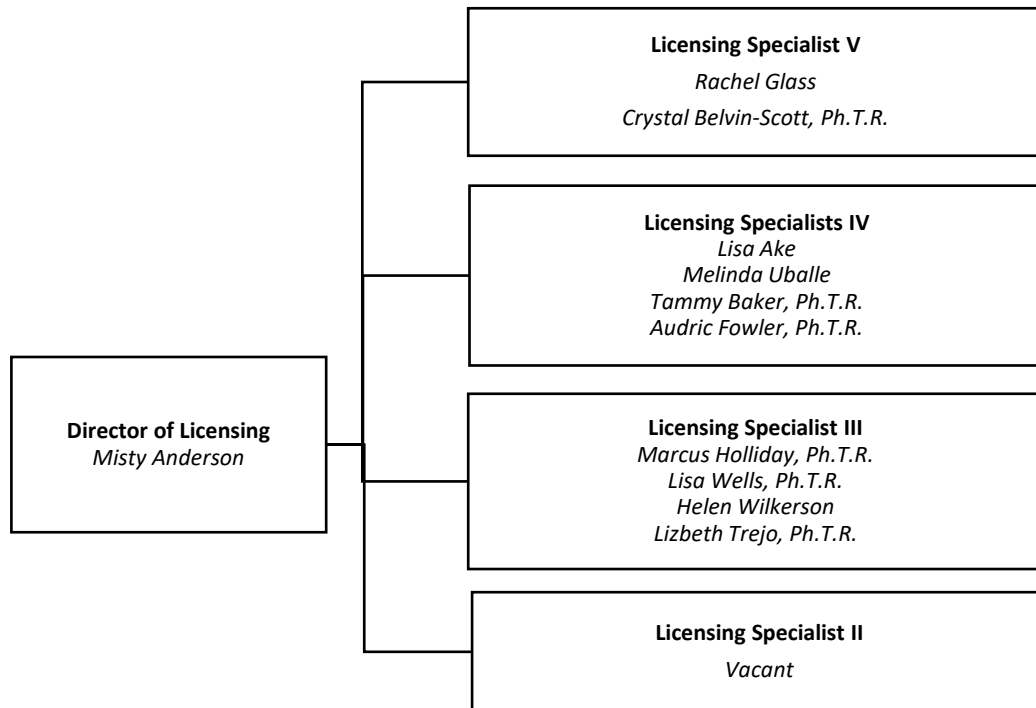
ENFORCEMENT TEAM



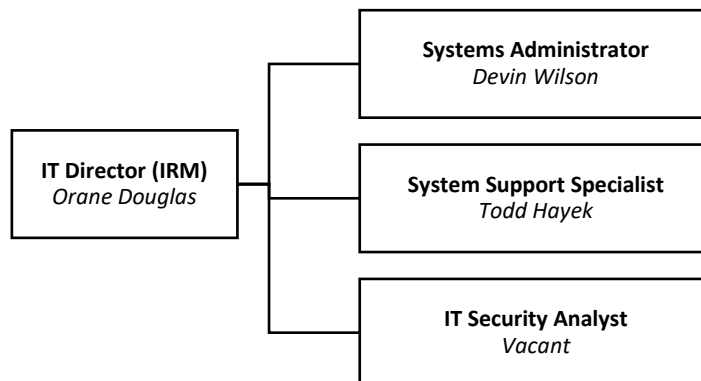
COMPLIANCE TEAM



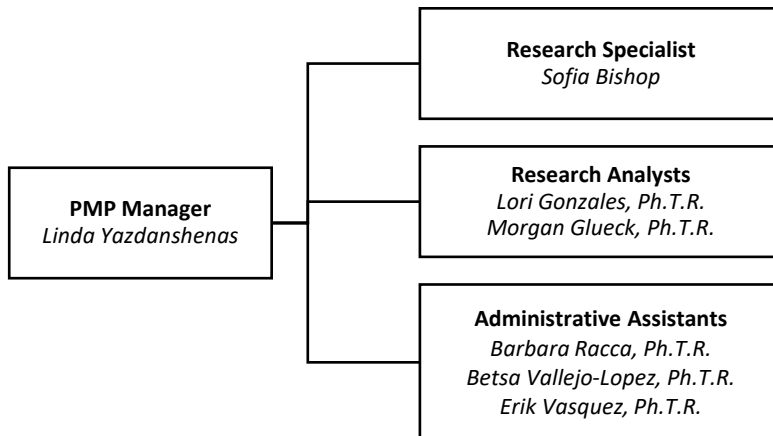
LICENSING TEAM



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 2022 (September 1, 2021 - August 31, 2022). 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 [FY2022 Annual Financial Report](#), located on the Board's website.

As of August 31, 2022, the unexpended balance for FY2022 was approximately \$1,159,191.07.

Texas State Board of Pharmacy

Fiscal Year 2022 - Appropriation Expenditures

As of August 31, 2022

(Based on 12 months of actual data)

Summary of Estimated Budget less YTD Expenditures

Item #		Estimated Operating Budget	Expenditures Paid Plus Est. Payables 9/1/2021-08/31/2022	Balance 8/31/2022	% Expended as of 8/31/2022	% of Total Budget as of 8/31/2022
1	Salaries/ Wages & Other Personnel Costs	\$ 6,092,567.00	\$ (5,502,453.03)	\$ 590,113.97	90%	59.97%
2	Other Personnel Costs	144,040.00	(561,136.53)	(417,096.53)	390%	1.42%
3	Professional Fees and Services	1,200,200.00	(1,062,288.76)	137,911.24	89%	11.81%
4	Fuels and Lubricants	30,000.00	(28,241.74)	1,758.26	94%	0.30%
5	Consumable Supplies	27,700.00	(12,262.04)	15,437.96	44%	0.27%
6	Utilities	25,300.00	(28,547.02)	(3,247.02)	113%	0.25%
7	Travel	111,440.00	(60,104.30)	51,335.70	54%	1.10%
8	Rent and Building	7,800.00	(4,021.41)	3,778.59	52%	0.08%
9	Rent machine and others	18,250.00	(15,295.97)	2,954.03	84%	0.18%
10	Other Operating Expenses	2,489,535.00	(1,694,036.45)	795,498.55	68%	24.51%
11	Capital Expenditure	12,000.00	(31,253.68)	(19,253.68)	260%	0.12%
	Totals	\$ 10,158,832.00	\$ (8,999,640.93)	\$ 1,159,191.07	96%	100%

Prepared by: Ann Du



TEXAS STATE BOARD OF PHARMACY
Budget, 4th Quarter
Fiscal Year 2022

OOE	COBJ	Description	BUDGET Total Per GAA	Expended	Remaining Budget	Expended percent
<u>SALARIES AND WAGES</u>						
1001	7001	Exempt Salaries	141,510.00	(141,510.00)	-	100%
1001	7002	Classified Salaries - Full Time	5,930,742.00	(5,326,853.01)	603,888.99	90%
1001	7007	Salaries/Wages-Hourly Part Time Employees	315.00	(315.00)	-	100%
1001	7012	Emergency Paid Leave Under FFCRA	-	-	-	-
1001	7021	Overtime Pay	20,000.00	(33,775.02)	(13,775.02)	169%
TOTALS			6,092,567.00	(5,502,453.03)	590,113.97	90%
<u>OTHER PERSONNEL COSTS</u>						
1002	7017	One-Time Merit Increase	-	(417,269.46)	(417,269.46)	-
1002	7022	Longevity	90,340.00	(96,020.00)	(5,680.00)	106%
1002	7023	Lump Sum Termination Payment	37,000.00	(37,817.75)	(817.75)	102%
1002	7025	Compensatory PerDiem	3,500.00	-	3,500.00	0%
1002	7033	Employee Retirement - Other Employment Expenses	4,000.00	(3,065.84)	934.16	77%
1002	7043	F.I.C.A. Employer Matching Contributions	-	-	-	-
9999	7050	Benefit Replacement Pay	6,200.00	(5,121.22)	1,078.78	83%
1002	7984	Unemployment Comp	3,000.00	(1,842.26)	1,157.74	61%
TOTALS			144,040.00	(961,136.53)	(417,096.53)	390%
<u>PROFESIONAL FEES AND SERVICES</u>						
2001	Various	(a) Professional Fees & Svcs (Other)	80,692.30	-	80,692.30	0%
2001	7240	Consultant Services - Other	9,600.00	(9,600.00)	-	100%
2001	7243	Educational Training Services	500.00	(44.99)	455.01	9%
2001	7245	Financial and Accounting Services	64,500.00	(37,120.25)	27,379.75	58%
2001	7253	Other Professional Fees & Svcs (TPA-Peer Asst)	251,907.70	(251,907.70)	-	100%
2001	7254	Other Witness Fees	20,000.00	-	20,000.00	0%
2001	7275	PMP Bamboo Health	721,000.00	(721,000.00)	-	100%
2001	7285	Computer Services-Statewide Technology Center	52,000.00	(42,615.82)	9,384.18	82%
TOTALS			1,200,200.00	(1,062,288.76)	137,911.24	89%
<u>FUELS AND LUBRICANTS</u>						
2002	7304	Gas, Other Fuels & Lubricants	30,000.00	(28,241.74)	1,758.26	94%
TOTALS			30,000.00	(28,241.74)	1,758.26	94%
<u>CONSUMABLE SUPPLIES</u>						
2003	7300	Consumable Supplies & Materials	27,700.00	(12,262.04)	15,437.96	44%
TOTALS			27,700.00	(12,262.04)	15,437.96	44%
<u>UTILITIES</u>						
2004	7503	Telecommunications - Long Distance	1,000.00	(859.38)	140.62	86%
2004	7504	Telecommunications - Monthly Charge	800.00	(501.99)	298.01	63%
2004	7510	Telecommunications - Parts and Supplies	500.00	(245.80)	254.20	49%
2004	7516	Telecommunications - Monthly Charge	21,500.00	(25,175.85)	(3,675.85)	117%
2004	7526	Waste Disposal	1,500.00	(1,764.00)	(264.00)	118%
TOTALS			25,300.00	(28,547.02)	(3,247.02)	113%
<u>TRAVEL</u>						
2005	Various	Travel - Board Members In State Travel	15,000.00	(7,577.59)	7,422.41	51%
2005	Various	Travel - Board Members Out of State Conference Travel	1,500.00	(1,394.34)	105.66	93%
2005	Various	Travel - State Vehicle	700.00	-	700.00	0%
2005	Various	Travel - Staff Service	73,740.00	(33,411.74)	40,328.26	45%
2005	Various	Travel - Staff Service (Conference In State)	13,000.00	(11,605.31)	1,394.69	89%
2005	Various	Travel - Staff Service (Conference Out of State)	7,500.00	(6,115.32)	1,384.68	82%
TOTALS			111,440.00	(60,104.30)	51,335.70	54%
<u>RENT AND BUILDING</u>						
2006	7470	Rental of Space	7,800.00	(4,021.41)	3,778.59	52%
TOTALS			7,800.00	(4,021.41)	3,778.59	52%
<u>RENT- MACHINE AND OTHERS</u>						
2007	7406	Rental of Furn & Equip	18,250.00	(15,295.97)	2,954.03	84%
TOTALS			18,250.00	(15,295.97)	2,954.03	84%
<u>OTHER OPERATING EXPENSE</u>						
2009	7040	0.5% Payroll Retirement Contribution	30,362.84	(27,335.09)	3,027.75	90%
2009	7042	1% Payroll Health Insurance Contribution	60,725.67	(53,141.74)	7,583.93	88%
2009	7201	Membership Fees & Dues	2,500.00	(1,687.00)	813.00	67%
2009	7203	Registration Fees	46,000.00	(45,699.00)	301.00	99%
2009	7204	Insurance Premiums and Deductibles	36,889.00	(28,828.77)	8,060.23	78%
2009	7210	Fees and Other Charges	10,000.00	(9,802.35)	197.65	98%
2009	7211	Awards	1,500.00	(737.00)	763.00	49%
2009	7219	*Texas Online Fee	251,106.00	(290,804.00)	(39,698.00)	116%
2009	7224	Hearing Expense	14,000.00	-	14,000.00	0%
2009	7262	Maintenance and Repair - Computer Software - Expensed	59,500.00	(58,788.89)	711.11	99%
2009	7266	Maintenance and Repair-Building	1,000.00	-	1,000.00	0%
2009	7267	Personal Property - Maint & Repair Computer Equipment - Expensed	13,000.00	(7,670.66)	5,329.34	59%
2009	7273	Reproduction & Printing	15,000.00	(10,166.87)	4,833.13	68%
2009	7273	*Reproduction & Printing - Prescription Pad Program, Rider 4	1,000,000.00	(180,763.40)	819,236.60	18%
2009	7276	Communication Services	65,000.00	(50,164.36)	14,835.64	77%
2009	7281	Advertising Services	500.00	(297.00)	203.00	59%
2009	7286	Freight & Delivery Service	8,200.00	(1,987.93)	6,212.07	24%
2009	7291	Postage	48,400.00	(21,750.00)	26,650.00	45%
2009	7295	Criminal Investigative Expense	12,500.00	(11,900.00)	600.00	95%
2009	7299	Purchased Contracted Services	38,400.00	(22,870.94)	15,529.06	60%
2009	7299	HPC Shared Regulatory Database	500,646.00	(500,646.00)	-	100%
2009	7303	Subscriptions	300.00	-	300.00	0%
2009	7330	Parts, Furnishings, and Equipment	-	(85.32)	(85.32)	0%
2009	7334	F & E - Expensed/Inventoried <\$5,000	22,000.00	(155,983.68)	(133,983.68)	-
2009	7335	Computer Equipment - Parts	16,000.00	(999.66)	15,000.34	6%
2009	7368	Vehicles - Maintenance	19,600.00	(19,504.21)	95.79	100%
2009	7374	Furnishings and Equipment Controlled	4,000.00	(3,910.00)	90.00	98%
2009	7377	Personal Property - Computer Equipment - Expensed	42,250.00	(33,112.80)	9,137.20	78%
2009	7378	Computer Equip - Inv/Controlled >\$500	65,199.46	(64,379.87)	819.59	99%
2009	7380	Computer Software - Expense	42,206.03	(31,706.42)	10,499.61	75%
2009	7382	Books & Recorded Materials	500.00	(180.39)	319.61	36%
2009	7806	Interest On Delayed Payments	50.00	-	50.00	0%
2009	7947	State Office of Risk Management	9,000.00	(6,002.66)	2,997.34	67%
2009	7961	STS (Tex-An) Transfers to General Revenue	20,600.00	(20,573.30)	26.70	100%
2009	7962	Capitol Complex Transfers to General Revenue	32,600.00	(32,557.34)	42.66	100%
TOTALS			2,489,535.00	(1,694,036.45)	795,498.55	68%
<u>CAPITAL EXPENDITURES</u>						
5000	7371	Personal Property-Passenger Cars-Capitalized	12,000.00	-	12,000.00	0%
5000	7379	Computer Equip - >\$5000	-	(31,253.68)	(31,253.68)	-
TOTALS			12,000.00	(31,253.68)	(19,253.68)	-
GRAND TOTAL:			10,158,832.00	(8,999,640.93)	1,159,191.07	96%
<u>FORFEITURE COLLECTED BALANCES</u>						
UB Controlled Substance Forfeiture Funds - State Chapter 59 (27782)			71,967.98	(13,214.80)	58,753.18	18%
Total FORFEITURE			71,967.98	-	71,967.98	-

Office of the Executive Director

This FY2022 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 FY2022.

SIGNIFICANT ACCOMPLISHMENTS

1. TSBP received 7,501 complaints in FY2022, a 32% increase from FY2021. Additionally, 95% of the complaints closed in FY2022 were resolved within 84 days.
2. TSBP Compliance Field Staff conducted 3,684 inspections of pharmacies located in Texas.
3. There was a significant increase in registered users and searches conducted through the Prescription Monitoring Program.
4. Agency Staff gave 43 presentations to over 2,944 individuals. Some of the presentations were modified to be given via videoconference.
5. The agency move committee successfully worked with agencies such as with the Texas Facilities Commission (TFC), Department of Public Safety (DPS), Health Professions Council (HPC, and Department of Information Resources (DIR) during the year to coordinate and prepare for the agency move to the new George HW Bush building. At the end of FY2022, the agency was ready for the actual move date in September of 2022.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Staff turnover had a significant negative impact on the agency. In FY2022 the agency had a 24.9% rate of staff turnover and approximately 47% of vacant positions took longer than 90 days to fill. Exit surveys consistently listed pay and teleworking as reasons staff left the agency.
2. Agency staff salaries are approximately 15.8% below average compared with other agencies' current salaries. This directly impacted the agency turnover rate and the length of time to fill open positions.
3. Due to a lack of funding, the agency was not able to update the Texas Wholesale Distributor Database (TWDD) and the RxPad systems. If not updated, these systems have the potential to cease operating, such as the TWDD system has done, which will significantly impact vital agency functions.

Office of the Executive Director

FY2022 ANNUAL REPORT

GOAL

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

Objectives (New)

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

1. Reviewing and implementing legislation passed by the 87th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. Updating and preparing the *TSBP Strategic Plan for FY2023-2027* and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;
3. Preparing a proposed budget for the FY2023-2024 biennium for review and approval by the Board at the Budget meeting;
4. Preparing the *TSBP Legislative Appropriation Request for FY2024-2025* and corresponding performance measures by the due date; and
5. Coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: **ACCOMPLISHED**

Comment:

- A) A chart containing the action steps to implement provisions of bills passed during the 87th Legislative Session was developed with timelines for action and was presented at the November 2, 2021, Board meeting (see Appendix EXC-01).
 - B) The agency researched the trends and resulting issues expected to have the most significant impact on the profession and the agency over the next five years. The Board Members worked with staff to develop issue statements and approved the final TSBP FY2023-2027 Strategic Plan at the May 3, 2022 Board Business Meeting. The TSBP Strategic Plan was published and delivered to the Governor's Office and other applicable agencies by the due date.
 - C) The Executive Committee reviewed and approved staff's recommendations for a proposed budget and the exceptional items contained in the Legislative Appropriation Request (LAR) at an April 29, 2022, meeting. The full Board met on May 3, 2022, and after review, approved the LAR for FY2024-2025.
 - D) The exceptional items requested in the LAR included funding for the following:
 - staff compensation – equity, cost of living, and merit salary
-

OFFICE OF THE EXECUTIVE DIRECTOR

increases for eligible employees;

- Prescription Monitoring Program – statewide integration, Enterprise NarxCare, and Clinical Alerts subscription
- Peer Assistance Program contract increase;
- agency updates and legacy items;
- ten new FTEs; and
- exempt salary increase.

The agency's LAR was submitted by the due date and can be found on the Board's website at <https://www.pharmacy.texas.gov/about/reports/lar-reports.asp>

- E) On January 31, 2021, the Executive Director and other agency staff participated in the new Board member orientation for Ian Shaw.

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 circumstances outside of the Board such as staff turnover, legacy funding, or legacy items.

In addition, the agency met or exceeded 8 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 Peer Assistance Program participants or funding for Legacy items. 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 FY2023 based on the *Strategic Plan* and projected budget, for submission to the Board by the due date for the August 2022 meeting.**

Status: **ACCOMPLISHED**

Comment: Revenue projections and fee recommendations, were presented and approved at the May 2022, Board Business Meeting and the FY2023 Operating Budget was approved at the August 2022 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.**
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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 43 presentations to approximately 2,944 persons (see Appendix EXC-03); and**
 - 2. Participated in interviews with the press as requested.**
- B. The Executive Director attended 52 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. February 8, 2022;**
 - 2. May 29, 2022; and**
 - 3. August 3, 2022**

Some regularly scheduled events/meetings were held virtually.

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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: This objective was accomplished through the following activities:

- A. Team staff were evaluated on an annual basis, as required by agency policy.
- B. Agency staff conducted the hiring process to fill open positions.
- C. Executive Director and agency staff prepared and conducted orientations for all new TSBP employees and interns.
- D. 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.

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 1, 2022, Board Meeting.

OFFICE OF THE EXECUTIVE DIRECTOR

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 *FY2021 Annual Report* to be presented to the Board at the February 2022 meeting.

Status: ACCOMPLISHED

Comment: The final draft of the *FY2021 Annual Report* was presented to and approved by the Board at the February 1, 2022, Board meeting.

SIGNIFICANT ACCOMPLISHMENTS

1. New Quarterly Evaluation System which resulted in continuous performance feedback for staff.
2. The agency move committee successfully worked with agencies such as with the Texas Facilities Commission (TFC), Department of Public Safety (DPS), Health Professions Council (HPC, and Department of Information Resources (DIR) during the year to coordinate and prepare for the agency move to the new George HW Bush building. At the end of FY2022, the agency was ready for the actual move date in September of 2022.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Staff turnover had a significant negative impact on the agency. In FY2022 the agency had a 24.9% rate of staff turnover and approximately 47% of vacant positions took longer than 90 days to fill. Exit surveys consistently listed pay and teleworking as reasons staff left the agency.
2. Agency staff salaries are approximately 15.8% below average compared with other agencies' current salaries. This directly impacted the agency turnover rate and the length of time to fill open positions.

OPERATIONS TEAM

FY2022 ANNUAL REPORT

GOAL

To administer agency operations including human resources, risk management, and assist in accomplishing the stated mission, goals, and objectives of the agency.

Objectives (New)

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

1. Reviewing and implementing legislation passed by the 87th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. Updating and preparing the *TSBP Strategic Plan for FY2023-2027* and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;
3. Preparing a proposed budget for the FY2023-2024 biennium for review and approval by the Board at the Budget meeting;
4. Preparing the *TSBP Legislative Appropriation Request for FY2024-2025* and corresponding performance measures by the due date; and
5. Coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 87th Texas Legislature.
 - B. Team Director worked with the Director of Finance and the other board staff in preparation of the FY2023-2027 Strategic Plan, researched the trends and resulting issues expected to have the most significant impact on the profession and the agency over the next five years, and reviewed the final draft of the document. The Board Members worked with staff to develop issue statements and approved the final TSBP FY2023-2027 Strategic Plan at the May 3, 2022, Board Meeting. The TSBP Strategic Plan was published and delivered to the Governor's Office and other applicable agencies by the due date.
 - C. Team Director worked with the Director of Finance and the other board staff in preparation of the proposed budget for FY2023-24.
 - D. Team Director worked with the Director of Finance and other board staff in preparation of the FY2024-2025 Legislative Appropriations Request (LAR)
-

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and corresponding performance measures, including assisting in the drafting and review of the final draft of the document. The LAR was submitted to the Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by the due date.

- E. On January 31, 2022, agency staff participated in the new Board member orientation for Ian Shaw.

Objectives (Ongoing)

1. **To assist the Executive Director in assessing and managing the agency's performance and operational efficiency.**

Status: ACCOMPLISHED

Comment: The agency accomplished most of its objectives. Some Objectives were not met due to circumstances outside of the Board such as staff turnover, legacy funding, or legacy items.

2. **To coordinate the development of proposed goals and objectives and budget for FY2023 based on the *Strategic Plan* and projected budget, for submission to the Board by the due date for the August 2022 meeting.**

Status: ACCOMPLISHED

Comment: Revenue projections and fee recommendations, were presented and approved at the May 2022, Board Business Meeting. The FY2023 Operating Budget and FY2023 Goals and Objectives were presented and approved at the August 2022 Board meeting.

3. **To assist in the preparation of a proposed budget for FY2023 for submission to the Board two weeks prior to the 2022 Annual Policy Meeting.**

Status: ACCOMPLISHED

Comment: The Proposed Budget for FY2023 was reviewed and submitted on time.

4. **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, Sensitive Personal Information Training, and Cybersecurity Awareness Training as required by state law.
- B. Employee position descriptions were reviewed and revised throughout the year.
- C. The agency updated its *Employee Handbook of Personnel Policies and*

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Procedures.

- D. The agency posted 35 job vacancy announcements to replace 30 positions based on turnover and agency need. A total of 353 applications were received for the fiscal year which results in approximately 10.7 applicants per posting. (see Appendix OPR-001).
- E. 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 8.7%, which is higher than the statewide average of 5.9% but did decrease from 2021.
- F. Workforce demographics released by the Texas State Auditor's office indicates that on average, employees at the agency were 45.4 years of age and had 7.4 years of agency length of service. Of the agency's employees, 62.7% were 40 years of age or older, and 44.3% had fewer than 5 years of agency length of service. It is estimated that between fiscal years 2022 and 2026, 15% of the agency's workforce will be eligible to retire.
- G. In FY2022, the agency was actively recruiting for 105 FTE positions out of the 110 FTE cap. The other FTEs were not posted due to salary budget limitations. Due to the high turnover and long time-to-fill, average FTEs for the fiscal year were 94.8.
- H. The agency had a total of 20 employee separations (including interagency transfers) which included 1 retirement and 1 involuntary separation, resulting in a turnover of rate of 16.4%, excluding interagency transfers. This rate compares to the state turnover rate of 22.7% for the fiscal year and 15.7% turnover rate for Article VIII agencies. Turnover rate including interagency transfers is 21%

5. 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.

6. 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: The agency responded 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.

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7. **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: For the entirety of FY2022, 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. As allowed, staff destroyed records in accordance with the agency's record retention schedule, including general correspondence. During the fiscal year, management of the Records Retention program was transferred to the Legal Team.

8. **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 agency conducted a formal risk 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 State Auditor's Office (SAO).

The agency conducted a program of internal auditing that included an annual audit plan, prepared and submitted to the Board by the internal auditor (Weaver and Tidwell, L.L.P.) for review and approval at the August 2, 2022 Board Meeting.

9. **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 OPR-002).

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

Status: ACCOMPLISHED

Comment: The Executive Director attended meetings of the Health Professions Council.

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

Status: ACCOMPLISHED

Comment: The Agency Personnel Employee Handbook was reviewed and revised policies

OFFICE OF THE EXECUTIVE DIRECTOR

were distributed to staff.

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

- 13. 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 coordinate the periodic reviews and annual evaluations of direct reports and to monitor evaluations of employees on all Board teams.**

Status: ACCOMPLISHED

Comment: Division staff attended three General Staff Meetings and several trainings in person and/or remotely via videoconference as listed below:

- A) December 14, 2021 – All Staff Meeting Trainings
 - Customer Service Task Force: Customer Service Training
 - Finance: Budget Overview
- B) March 31, 2022 – All Staff Meeting Trainings
 - HR: FMLA Training
 - Legal: Jurisdiction 101 Training
 - HR: Pay and Bonuses Budget Training
- C) July 26, 2022 – All Staff Meeting Trainings
 - AWP Training: Inclusivity, Collaboration, and Respect in the Workplace
 - HR: Cube and Office Etiquette Training
 - Legal: Lobbying Legislative Contact and Media Contacts Training
 - Legal: Record Retention 101
- D) August 22, 2022 – Cybersecurity Awareness Training
- E) August 19 and August 31 - 5 Voices Training with Brandon Jennings

Additionally, the following optional training opportunities were provided to management and staff:

- October 2021 – Manager Training – Motivating and Engaging your Employees
- December 2021 – Positive Psychology in the Workplace
- January 2022 – Conquering the Fear of Failure AWP
- January 2022 – Understanding Burnout (UT)

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- April 2022 – Be the Ultimate Assistant
- April 2022 – Manager Training – Dealing with Difficult Employee Behavior AWP
- April 2022 – Staying Motivated on the Job AWP
- June 2022 – Finding Balance AWP
- July 2022 – Defusing Hostile Customers
- July 2022 – Manager Training – Giving Feedback for Managers AWP

All staff evaluations were completed in August 2022.

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

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. Staff Development –Team members attended General All-Staff Meetings and trainings.
- B. Performance Evaluations – Team members' job descriptions were reviewed for accuracy of role and responsibilities. New Quarterly Evaluation System which resulted in continuous performance feedback for staff was implemented. Formal performance reviews were conducted for all team employees, with the exception of new hires.
- C. Other Activities - All newly hired and current employees received Equal Employment Opportunity/Sexual Harassment Training, Sensitive Personal Information Training, and Cybersecurity Awareness Training as required by state law. The activities relating to new hires took significant time and effort, including.

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

Status: ACCOMPLISHED

Comment: In coordination with the General Counsel, information was obtained and provided to the Board so an evaluation of the Executive Director could be conducted at the February 1, 2022, Board Meeting.

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16. To prepare a report on the accomplishment of team and agency objectives, for incorporation into the agency's FY2021 Annual Report and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The final draft of the *FY2021 Annual Report* was presented to and approved by the Board at the February 1, 2022, 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 FY2022, three Licensing Team members departed from the agency. This workforce turnover resulted in a significant loss of institutional knowledge and impacted efficiency in licensing. There was also a significant expenditure of time and effort in hiring and training of the new employees.

LICENSING TEAM

FY2022 ANNUAL REPORT

GOAL

To conduct a pharmacy and pharmacist licensure system, intern registration program, pharmacy technician registration system, and the ongoing renewal of licenses and registrations.

Objectives (New)

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

1. Reviewing and implementing legislation passed by the 87th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. Updating and preparing the *TSBP Strategic Plan for FY2023-2027* and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;
3. Preparing a proposed budget for the FY2023-2024 biennium for review and approval by the Board at the Budget meeting;
4. Preparing the *TSBP Legislative Appropriation Request for FY2024-2025* and corresponding performance measures by the due date; and
5. Coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 87th Texas Legislature.
- B. Team Director worked with the Executive Director and the other board staff in preparation of the FY2023-2027 Strategic Plan and reviewed the final draft of the document. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
- C. Team Director worked with the Executive Director and the other board staff in preparation of the proposed budget for FY2023-24.
- D. Team Director worked with the Executive Director and other board staff in preparation of the FY2024-2025 Legislative Appropriations Request (LAR) and corresponding performance measures and reviewed the final draft of the document. The LAR was submitted to the Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by the due date.

LICENSING TEAM

- E. On January 31, 2022, agency staff participated in the new Board member orientation for Ian Shaw.

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 3,834 interns (student interns, intern trainees, and extended interns) were certified within four days of receipt of required documents. In addition, a total of 6,933 pharmacist preceptors were initially certified or renewed their certification. At fiscal year-end, a total of 13,193 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 2,380 times with 1,904 candidates passing (see Appendix LIC-02).

A total of 937 reciprocity candidates were licensed.

3. **To submit licensing data for Key Performance Targets required under the FY2022-2023 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 1,902 new pharmacist licenses with an average turnaround time of ten business days from the download of the examination results.

LICENSING TEAM

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 19,755 biennial pharmacist licenses during FY2022. Approximately 98.90% 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 five business days. Beginning January 1, 2020, certificates were issued electronically, allowing licensed pharmacists to print certificates or save a digital copy from the TSBP website. The total population of licensed pharmacists for this fiscal year is as follows:

PHARMACISTS LICENSED	
Active Status	37,174
Inactive Status*	2,607**
TOTALS	39,781

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

**Of the above number, 1,248 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 15,773 new pharmacy technician trainee registrations bringing the total population of active registered technician trainees for this fiscal year to 27,303. Approximately 97.08% 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. Beginning January 1, 2020, certificates are electronic, allowing pharmacy technician trainees to print certificates or save a digital copy.

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 6,005 new pharmacy technician registrations, and renewed 18,246 registrations on a biennial basis, bringing the total population of active registered technicians for this fiscal year to 46,927. Approximately 93.24% of eligible applicants and pharmacy technicians applied for or renewed their registrations online.

LICENSING TEAM

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

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

Beginning January 1, 2020, certificates were issued electronically, allowing pharmacy technicians to print certificates or save a digital copy from the TSBP website within 24 hours of the issue or renewal date.

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 475 new pharmacy licenses and 117 changes of ownership, which resulted in 592 new licenses issued. 4,251 licenses were renewed on a biennial basis, bringing the total population of active registered pharmacies for this fiscal year to 8,405. Approximately 29.29% of eligible pharmacies renewed their licenses online (see Appendix LIC-03).

The average processing time to issue a renewal license from receipt of a completed application was five business days and 100% of licenses were mailed within five working days or less.

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

The average processing time to issue an initial license from receipt of a completed application, inspection, and enforcement review was 6 business day, 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

LICENSING TEAM

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: Team staff made suggestions to policies and procedures as necessary to improve the agency's efficiency and effectiveness 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: For the entirety of FY2022, 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. As allowed, staff destroyed records in accordance with the agency's record retention schedule, including general correspondence. Additionally staff reviewed and updated the team's Policy and Procedure Manual and recommendations were submitted to the Executive Director for approval 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 General All-Staff Meetings and trainings.
- B. Performance Evaluations – Team 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.

LICENSING TEAM

13. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2021 Annual Report and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2021 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 2022 Board meeting.

SIGNIFICANT ACCOMPLISHMENTS

1. The team accomplished all of its objectives.
2. Despite training requirements for new hires, staff conducted 3,684 inspections of pharmacies located in Texas, which represents a 6.6 % increase compared to FY2021. See Ongoing Objective #1 for further details regarding inspections.
3. Team staff was able to fully implement electronic interface of inspection reports for all classes of pharmacies from Inspection Editor (Sanswrite) to VERSA as recommended by auditor.
4. Team staff implemented procedures for a Shared Inspections programs to assist team members with pharmacies that have not been inspected in the previous two years.
5. Team staff implemented new procedures for obtaining compounded samples in Class E-S Pharmacies.
6. Team staff increased the number of on-site pharmacy inspections by 220% due to improved COVID conditions and modified procedures.
7. Team staff implemented procedures for pharmacies that have failed to operate within 6 months of licensure.
8. Team staff redrew map of regions to increase efficiency.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Due to lack of dedicated funds, Compliance staff maintain and manage daily operations associated with Inspection Editor (Sanswrite), including the recent development of the interface while also managing inspections in assigned region.
2. Compliance Specialist position was vacant for four months of FY22, which required the Senior Compliance Specialist to assume duties resulting from vacancy.
3. Due to restructuring within the agency, the Compliance team absorbed duties from the previous Pharmacy Services Team, including Special Programs such as Class B applications, Drug Therapy Management, Tech-Check-Tech, Remote Pharmacy applications, Rural Hospital petitions, Class D petitions, Class E-S inspections and Class E-S compounded sterile preparations sampling,
4. Turnover continued to impact the Team. Four team members were hired over two months and staff spent significant time and effort to post and interview for the vacant positions; hire and onboard; and finally, to train new staff including the simultaneous training of three field employees for six months.
5. An aging fleet of vehicles hinders productivity and does not allow staff to fully dedicate time to inspections.

COMPLIANCE TEAM
FY2022 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. Reviewing and implementing legislation passed by the 87th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. Updating and preparing the *TSBP Strategic Plan for FY2023-2027* and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;
3. Preparing a proposed budget for the FY2023-2024 biennium for review and approval by the Board at the Budget meeting;
4. Preparing the *TSBP Legislative Appropriation Request for FY2024-2025* and corresponding performance measures by the due date; and
5. Coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 87th Texas Legislature. Additionally, Compliance staff educate customers regarding new legislation and rules.
- B. Team Director worked with the Executive Director and the other board staff in preparation of the FY2023-2027 Strategic Plan and reviewed the final draft of the document. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
- C. Team Director worked with the Executive Director and the other board staff in preparation of the proposed budget for FY2023-24.
- D. Team Director worked with the Executive Director and other board staff in preparation of the FY2024-2025 Legislative Appropriations Request (LAR) and corresponding performance measures and reviewed the final draft of the document. The LAR was submitted to the Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by the due date.
- E. On January 31, 2022, agency staff participated in the new Board member orientation for Ian Shaw.

COMPLIANCE TEAM

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. Pharmacies that fail to operate require a second inspection within 30 days
 - D. New pharmacies or pharmacies with a recent change of ownership;
 - E. Pharmacies that have received a "Warning Notice" (follow-up inspections);
 - F. Pharmacists and pharmacies who are the subject of a disciplinary order entered by TSBP;
 - G. Routine inspections;
 - H. Licensee requests for inspection; and
 - I. 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 3,684 inspections of pharmacies located in Texas. This number represented a significant increase in inspections compared to the 3,455 inspections conducted in FY2021 (see Appendices COM-01 and COM-02).

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: Staff's ability to collect and submit in state pharmacy samples for analysis was limited in FY2022 due to budget constraints. However, 60 non-resident pharmacy samples were submitted directly by the non-resident licensee or applicant to Team staff (see Appendices COM-03).

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

Status: ACCOMPLISHED

Comment: 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

COMPLIANCE TEAM

pharmacy's licensure renewal period (prior to the pharmacy's expiration date). Compliance Staff continued to conduct virtual inspections and utilized the Shared Inspections Program to achieve this goal.

4. **To provide information to Board staff and customers, including responses to surveys and questionnaires; to provide oral and written communication; and to provide continuing education presentations and other public speaking engagements.**

Status: ACCOMPLISHED

Comment: Compliance Staff routinely answer questions daily in person, via telephone or by email. Licensees are encouraged to contact Compliance Staff with. Additionally, staff conducted continuing education presentations as well as other public speaking engagements 31 times to a total of 1,699 attendees (see Appendix COM-05).

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

Status: ACCOMPLISHED

Comment: Staff provided professional support to Board appointed task forces as requested.

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 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. In addition, staff made suggestions to policies and procedures as necessary to improve the agency's ability to protect the public.

7. **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: For the entirety of FY2022, 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. As allowed, staff destroyed records in accordance with the agency's record retention schedule, including general correspondence. Additionally staff reviewed and updated the team's Policy and Procedure Manual and recommendations were submitted to the Executive Director for approval as appropriate.

COMPLIANCE TEAM

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 quarterly ~~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 staff attended general staff meetings and trainings.
- B. Performance Evaluations – Team 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 - 4 employees were hired during this fiscal year which took significant time and effort, including posting/advertising the positions, evaluating applications, developing applicant assessments, conducting telephone and final interviews, preparing orientation schedules and conducting intensive orientation/training sessions.

9. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2021 Annual Report and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2021 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 2022 Board meeting.

Enforcement Team

SIGNIFICANT ACCOMPLISHMENTS

1. The Enforcement team accomplished all of its Objectives.
2. Team staff continued developing complaint intake and investigation workflow processes. This allowed for total complaint resolution to increase and resolution time to remain at its lowest in comparison to the previous four fiscal years, and was accomplished while the agency received approximately 33% more complaints than the average received in the previous four fiscal years. (See Ongoing Objective #1 for additional details regarding complaint data.)
3. The Enforcement team assisted in preparing for the agency's move to the new George H.W. Bush by participating in move meetings, continuing to image files, and updating public forms with notice of the new address.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. The Enforcement team experienced an increase of 32% for complaints received in FY22 compared with FY21 and an increase of approximately 34% when compared with the average received in the three fiscal years before FY21, i.e., FYs 18, 19 and 20. When comparing FY22 to FY21, areas of complaints experiencing the greatest increase were those opened based on licensure applications, which were up nearly 22%; complaints opened based on reports of theft or loss increased by 35%; and finally, complaints received via TSBP's online complaint form experienced increased by 91%. The increase of complaints received places constraints on Enforcement team staff to intake and review the information received and to ensure timely and thorough investigations.
2. Team staff has been unable to destroy records while subject to the agency litigation hold during FY2021. This has setback the upkeep of records eligible for destruction per the agency's record retention schedule.
3. Team staff experienced employee attrition and staffing changes effecting 7 of its initial 29 positions (24% of positions). As a result, staff expended considerable time re-organizing its teams and job duties and posting open job positions.

ENFORCEMENT TEAM

FY2022 ANNUAL REPORT

GOAL

To enforce pharmacy laws and rules through investigations of pharmacies, pharmacists, student pharmacist-interns, pharmacy technicians, and pharmacy technician trainees. To monitor the complaint process and transfer complaints involving substantive allegations to the TSBP Legal team for review and potential prosecution. To monitor compliance with Disciplinary Orders. To provide enforcement information and information regarding pharmacy laws and rules to agency customers

Objectives (New)

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

1. Reviewing and implementing legislation passed by the 87th Texas Legislature that affects agency operations and/or the practice of pharmacy;
2. Updating and preparing the *TSBP Strategic Plan for FY2023-2027* and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;
3. Preparing a proposed budget for the FY2023-2024 biennium for review and approval by the Board at the Budget meeting;
4. Preparing the *TSBP Legislative Appropriation Request for FY2024-2025* and corresponding performance measures by the due date; and
5. Coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 87th Texas Legislature.
- B. Team Director worked with the Executive Director and the other board staff in preparation of the FY2023-2027 Strategic Plan and reviewed the final draft of the document. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
- C. Team Director worked with the Executive Director and the other board staff in preparation of the proposed budget for FY2023-24.
- D. Team Director worked with the Executive Director and other board staff in preparation of the FY2024-2025 Legislative Appropriations Request (LAR) and corresponding performance measures and reviewed the final draft of the document. The LAR was submitted to the Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by the due date.

ENFORCEMENT TEAM

- E. On January 31, 2022, agency staff participated in the new Board member orientation for Ian Shaw.

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
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ENFORCEMENT TEAM

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

Status: ACCOMPLISHED

Comment: TSBP received 7,501 complaints and closed 7,120 complaints. This report accounts for complaint types that are entered as Jurisdictional or Non-Jurisdictional and does not account for complaints assigned as case types of Disciplinary Order, Background Information, Malpractice Report, or Eligibility Letter (see Appendices ENF-01 through ENF-07).

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

Status: ACCOMPLISHED

Comment: Team staff investigated 88 reports to TSBP indicating that pharmacies experienced theft of 19,141.5 tablets and 3,077.5 mls of controlled substances due to employee pilferage in FY2022. The drug category experiencing the highest percentage of reported theft due to employee pilferage was benzodiazepines, which was 27% of total losses reported due to employee pilferage. Zolpidem, a non-benzodiazepine sedative, was the second highest drug type diverted, and accounted for 19% of reported losses by employee pilferage. Following these sedatives, opioid theft reports accounted for the next highest drug category of reported losses due to employee pilferage at 17% of losses (see Appendices ENF-08 through ENF-10).

- 3. To submit data regarding enforcement and peer assistance data for Key Performance Targets required under the FY2023-2024 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. Seven of the ten enforcement-related performance measures and four 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 FY2022 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.

ENFORCEMENT TEAM

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

Status: ACCOMPLISHED

Comment: Team staff performed background checks by reviewing fingerprint-based criminal background information on all individuals referred by the Licensing Team staff, accounting for a total of 593 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. Investigative Field team maintained liaison with law enforcement agencies across the state. In-house investigative staff made hundreds of contacts with courts and law enforcement agencies both in Texas and out of state while conducting criminal background checks.

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

Status: ACCOMPLISHED

Comment: Almost all of the disciplinary orders entered in FY2022 required some type of monitoring by Team staff (i.e., 299 orders or 85% of the 351 disciplinary orders that TSBP entered during FY2022 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

ENFORCEMENT TEAM

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, Investigative Field team 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 responded to 7,702 telephone calls directed to the Rules Queue phone line answering questions regarding laws and rules governing the practice of pharmacy. Team staff implemented a voice-mailbox to receive messages during periods of time when the hotline was not available for incoming calls to be answered live by an agent, and messages were returned by Team staff generally within 2 business hours. Staff continued to follow-up the phone interaction with an e-mailed link to the agency's customer service survey sent out monthly, and through this process, 4,162 links to TSBP's customer service survey were sent out. At the agency's All Staff Meeting in December 2021, Team Director presented a training based on customer service experiences developed by Team staff, and at the All Staff Meeting in June 2022, a handout of Top 5 tips was presented. 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.

Team staff created content to enhance TSBP's website by drafting a webpage regarding "License or Registration Reinstatement" for interested parties to receive information, request an application, and address frequently asked questions on the process for reinstatement.

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) Team Director assisted in the development of the proposed Goals and

ENFORCEMENT TEAM

Objectives for FY2023, which were presented to/approved by the Board at its meeting held in August 2022;

- (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) Team 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 – Team Director and Team staff provided assistance, when needed;
- (3) Proposed Rules – Team Director reviewed drafts of proposed rules, when needed;
- (4) Orientation of New Employees – Team staff conducted orientation sessions with new agency employees;
- (5) Team 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). ;
- (6) Team 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) Investigative Team staff hosted observations for Legal Team members and student-pharmacist interns at TSBP to experience a complaint field investigation;
- (9) Team Director and Team staff routinely recommended content and reviewed drafted items in assistance to the agency's Outreach Coordinator for TSBP's monthly newsletter. Team staff updated the agency's Quick Reference Guide for Dispensing Prescriptions for statutory changes and redesigned it for increased readability. In addition, Team staff developed a chart providing information on Federal Prep Act authorization and Texas Pharmacy Act authorization by license types relating to providing COVID-19 or other recommended vaccines, engaging in COVID-19 testing, and administering COVID-19 therapeutics; and

ENFORCEMENT TEAM

- (10) 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 Director and staff assisted the Texas Office of the Attorney General (OAG) to enforce provisions of the Texas Pharmacy Act regarding a business providing pharmacy services without a license, resulting in a final judgment and permanent injunction against the business. In addition, Team Director and staff worked with the OAG to institute action against a business using a pharmacy-related word in its business name without a license in violation of the Texas Pharmacy Act. Also, Team staff assisted and implemented procedures following an injunctive relief obtained by OAG in an opioid settlement instituting distributor reports for opioid sales to pharmacies & notification to TSBP;
- (4) Team staff presented at University of Houston College of Pharmacy's Alcohol, Drugs and You Convocation; and
- (5) Team 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 October 21, 2021, and May 14, 2022; 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**

ENFORCEMENT TEAM

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. This included reorganizing the Team by intaking one agency employee and transitioning two other Team employee positions to different teams in the agency, specifically, one to the Legal Team and one to the Operations Team. To facilitate the agency's move to a new office space, Team staff worked to internally scan paper files to continue to provide for electronic storage of records. The Team continues to utilize only electronic cases for all complaints received by the agency. The Team maintained its correspondence letters, templates for letters, and utilized 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 review and workflow to handle the increase of complaints received by the agency in FY22. Team staff developed and implemented an option for consumer complaint acknowledgement to be received via e-mail notification from TSBP, which increases timeliness of complaint acknowledgment and decreases agency mailing expenses. Team staff successfully completed follow-up to the internal audit in FY21 that identified one finding related to Peer Assistance Program (PAP). In response, TSBP staff implemented new procedures to ensure more thorough checks on reported data to TSBP and LBB for PAP-supported volunteer participant information. .

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

Status: **ACCOMPLISHED**

Comment: Team staff assisted the Executive Director as requested.

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: For the entirety of FY2022, 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. In August 2022, the agency became subject to a broad destruction hold in relation to the National Opioid Litigation that will further limit the destruction of records that have met retention.

Team staff continued to modify agency complaint records kept in the electronic complaint storage system maintained by the Health Professional Council, and continued 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 FY2022, as needed.

ENFORCEMENT TEAM

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. Staff Development – The following activities are applicable:

- Team staff attended General All-Staff Meetings and trainings;
- In conjunction with General All-Staff Meetings, Team Director or designee conducted reviews of newly adopted rules with Team staff;
- Team leaders and staff attended and participated in team meetings, videoconferences 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 and a yearly team member satisfaction survey;
- 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.

13. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2021 Annual Report and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The Enforcement team prepared and submitted the *FY2021 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 2022 Board meeting.

SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished 22 of its 22 objectives.
2. The Team initiated 494 disciplinary actions by mailing a Preliminary Notice Letter, entered 351 disciplinary orders, and entered 46 Remedial Plans against licensees and registrants during the fiscal year. Additionally, 68 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 88% of the disciplinary cases against pharmacists and pharmacies and 100% of the cases against pharmacy technicians were resolved through the entry of Agreed Board Orders or 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 467 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 12 respondents at the State Office of Administrative Hearings (SOAH), an increase of 50% from FY2021. 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 facilitated remote ICs held via videoconference. 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 17 rules for review by the Board.
9. Team staff completed the reporting of all FY2022 disciplinary actions to NABP/NPDB.
10. General Counsel and Team staff members implemented a new procedure in coordination with the Compliance team to more efficiently effectuate the revocation of a pharmacy license for failure to operate under the Pharmacy Act.

LEGAL TEAM

11. General Counsel and Team staff members continued to respond to changes in the agency following the retirements of the former Executive Director and General Counsel in an efficient manner to ensure that Board business suffered minimal impact.
12. The Team continued to improve efficiency despite the high amount of employee turnover, demonstrating substantial adaptability and collaboration to meet both the needs of the Team and the Board.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Turnover due to employee promotion and termination of employment continued to impact the Team. The Team lost a Staff Attorney, an Epidemiologist, a Senior Administrative Assistant, four Legal Assistant IIIs, and two Legal Assistant IVs 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. Several vacancies were difficult to fill, including the Staff Attorney and Epidemiologist positions, both of which were vacant for over nine months. 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. The Professional Recovery Network (PRN) experienced significant turnover of 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.
4. General Counsel spent significant time managing the transition from the recently retired former General Counsel and assisting the Executive Director with the transition from the recently retired former Executive Director.
5. The Board was subject to numerous subpoenas for records, some of which prevented staff from destroying records in accordance with the retention schedule. Although the agency continues to maintain the records retention program by following the approved Records Retention Schedule, litigation holds prevented the destruction of records related to opioids and nontherapeutic dispensing. As a result, the agency has faced significant delays in its ability to destroy records that met retention in a timely manner.

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FY2022 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 and human resources for the agency. To oversee rule development and the provision of information services for the agency, including responses to requests for public information, educational opportunities, and liaison to the *Texas Register*.

Objectives (New)

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

1. Reviewing and implementing legislation passed by the 87th Texas Legislature that affects agency operations or the practice of pharmacy;
2. Updating and preparing the *TSBP Strategic Plan for FY2023-2027* and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;
3. Preparing a proposed budget for the FY2023-2024 biennium for review and approval by the Board at the Budget meeting;
4. Preparing the *TSBP Legislative Appropriation Request for FY2024-2025* and corresponding performance measures by the due date; and
5. Coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: **ACCOMPLISHED**

Comment: These objectives were accomplished through the following activities:

1. General Counsel and Team staff reviewed and analyzed proposed legislation that had a potential impact on pharmacy practice or agency operations. General Counsel assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 87th Texas Legislature.
2. General Counsel worked with the Executive Director and other Board staff in preparation of the FY2023-2027 Strategic Plan and reviewed the final draft of the document. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
3. General Counsel worked with the Executive Director and other Board staff in preparation of the proposed budget for FY2023-2024.

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4. General Counsel worked with the Executive Director and other Board staff in preparation of the FY2024-2025 Legislative Appropriations Request (LAR) and corresponding performance measures and reviewed the final draft of the document. The LAR was submitted to the Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by the due date.

Objectives (Ongoing)

1. **To 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 Assistant General Counsel and Litigation Counsel met with the Legal Assistants on a regular 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 order to maintain staff efficiencies and to proactively manage case load, Team staff frequently met 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 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 the efficient and immediate sharing of information.
- D. A total of 46 Remedial Plans were entered.
- E. A total of 351 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

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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 633 respondent cases, which involved 369 pharmacist and pharmacy respondents and 264 pharmacy technician and pharmacy technician trainee respondents, and resolved 610 respondent cases.
- C. Team staff mailed 494 Preliminary Notice Letters in accordance with the priorities established for the Team. Of these, 263 PNLs were mailed to pharmacists and pharmacies, and 230 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 85 days. The number of days for PNLs to be sent to pharmacists and pharmacies averaged 103 days and PNLs to pharmacy technicians were sent an average of 67 days from receipt of the case.
- E. Total resolution time for cases averaged 180 days from receipt of the case in Legal to the disposition of the case in Legal.

Case resolution for pharmacists and pharmacies averaged 201 days and case resolution for pharmacy technicians averaged 142 days.

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

Status: **ACCOMPLISHED**

Comment: The Team prepared for and conducted 26 days of Informal Conferences (ICs) for 330 respondents comprised of 158 pharmacy, pharmacist, and intern licensees and applicants and 172 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

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

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 FY2022, 18 respondent cases were ongoing following the filing of a complaint at the State Office of Administrative Hearings in FY2021 and pending a resolution. The Team filed formal Complaints at SOAH for 13 additional respondent cases, with an average of 47 days from the date the case failed to settle with an Agreed Board Order, a decrease of 37 days (56%) in the average number of days from FY2021.
- B. Sixteen respondent cases were resolved through negotiations prior to a full contested case hearing being conducted at SOAH, with seven respondent cases resolved prior to the filing of a formal Complaint with SOAH. 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 15 respondents and Proposals for Decision (PFDs) were issued by the Administrative Law Judges against ten respondents, and Default Dismissals issued against four respondents. Seven respondent cases were pending a hearing at the end of FY2022.
- D. SOAH performed 303 hours of work on 29 respondent cases for the Board, totaling approximately \$16,729 in direct hearing expenses and \$47,443 in total case expenses.

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 the following surveys:

- (1) Annual survey from the State Office of Administrative Hearings; and

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- (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) General Counsel participated in meetings and other communications with the U.S. Food and Drug Administration (FDA) regarding compounding of sterile products.
- (3) General Counsel and Assistant General Counsel reviewed proposed rules of the 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.
- (4) General Counsel and Team staff engaged with the 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.
- (5) Team staff coordinated with and 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.
- (6) General Counsel consulted with outside agencies and licensing healthcare professionals regarding the Prescription Monitoring Program.
- (7) General Counsel, Litigation Counsel, and Assistant General Counsel assisted staff of the Texas State Board of Dental Examiners with various questions regarding the disciplinary process.

C. Technical Assistance to the Legislature

General Counsel or Team staff responded to questions from and attended meetings with legislative members and 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 and 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 and registrants, attorneys, and other members of the public regarding legal issues, including:
 - (a) licensing eligibility and requirements;

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- (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 the University of Texas 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 Litigation Counsel. Team staff continued to work on improving the presentation of the rules to the Board at Board meetings through the use of easily accessible electronic documents with highlighting and bookmarks where appropriate. Changes required by the Board were made quickly to allow final review by the Board in a timely manner, usually during the same Board meeting. The Assistant General Counsel drafted, or assisted others in drafting, and prepared 17 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:

Twenty-eight submissions to the *Texas Register* were made that proposed, adopted, reviewed, repealed, or withdrew amendments or new 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.

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

- November 3, 2021
- February 2, 2022
- May 20, 2022
- August 3, 2022

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Twelve 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 2,697 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 13,691 subscribers at the end of the FY2022 (approximately 5.81% increase as compared to FY2021).

- B. The Team continued implementing its shift in focus to offering high-quality on-demand programs. A total of 2,546 individuals completed the on-demand law course, and a total of 520 individuals completed the on-demand opioid-related course.

- C. Eleven educational videos were produced and posted on YouTube, all Board meeting-related videos. Total video views were approximately 28,405 (a slight decrease of 11.79% from FY2021). Subscriber count increased by 168 for a total of 1,585 subscribers by the end of FY2022.

- D. Facebook, Twitter, and YouTube continued to be useful tools to provide information. At the end of FY2022, over 6,886 individuals "liked" TSBP on Facebook and over 2,250 individuals "followed" TSBP on Twitter. Over

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1,130 individuals followed TSBP on Instagram. A total of 189 posts were made 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 1,846 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 (see Appendix LEG-06).

- 11. 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 FY2022, 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.

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- (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 FY2022.
- (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 handled legal questions from all staff regarding a myriad of issues.
- (4) 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.
- (5) General Counsel and Team staff made presentations at all Board meetings held in FY2022. Presentations included information about proposed Agreed Board Orders, Remedial Plans, and proposed Board Orders following SOAH proceedings.
- (6) General Counsel participated in meetings to discuss appropriate action regarding questions and issues raised by licensees and registrants.
- (7) 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.
- (8) Team staff assisted the Enforcement team with issues involving the monitoring of impaired pharmacists, including legal consultation on

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handling of positive drug screens and interfacing with the PRN program.

- (9) Team staff drafted letters regarding eligibility issues for pharmacist applicants who did not qualify for licensure under the Texas Pharmacy Act.
- (10) Team staff redacted files to comply with orders of expunction and of non-disclosure regarding criminal offenses.
- (11) Team staff assisted Compliance staff with questions during inspections and regarding follow-up issues.
- (12) General Counsel consulted with the Director of the Professional Recovery Network regarding disciplinary implications for certain findings by mental health professionals.
- (13) 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 was consulted on issues concerning licensing of pharmacists and pharmacies, registering of pharmacy technicians and application forms.
- (3) General Counsel advised the Director of Licensing and Licensing staff on numerous questions regarding pharmacy classifications.

D. Other Legal Services regarding Pharmacy Issues

- (1) General Counsel participated in TSBP AWARe 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) Assistant General Counsel 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 assisted the Executive Director in preparation for House and Senate Committee Hearings.
- (5) General Counsel and Team staff contributed to the review and updating of the electronic Compliance inspection forms and warning notices.
- (6) General Counsel participated in meetings regarding the Internal Auditors and their report.
- (7) General Counsel and Team staff assisted representatives of the DOJ and DEA regarding pill mill prosecution and actions being taken by the Board.

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- (8) General Counsel and Team staff participated in the orientation and annual training for Board members.

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

Status: ACCOMPLISHED

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

13. 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 FY2022. Allison Collins, Craig Cosper, Taylor Gifford, Glen Imes, Ted Ross, Benjamin Walton, Clay Watkins, Karen Watkins and Sarah Wolfe 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 and provided feedback on proposed opioid settlements.

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14. 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.
 - D. Assistant General Counsel and Team staff served on the agency's Wellness Committee and coordinated the following programs:
 - (1) Maintain No Gain;
 - (2) Walking Club;
 - (3) Sharing Library;
 - (4) Hydration and Determination Challenge; and
 - (5) Get Fit Texas Challenge.
 - E. Team staff developed a Calendar of Events for FY2022 for informal conferences and scheduled via a videoconferencing platform.
 - F. 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.
 - G. 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.
 - H. 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.
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- 15. 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 FY2022, 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. In August 2022, the agency became subject to a broad destruction hold in relation to the National Opioid Litigation that will further limit the destruction of records that have met retention. Agency staff destroyed 3,611.63 MB and 55.65 cubic feet of records in accordance with TSBP's records retention schedule, and continued to send records to the State Library for storage.

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 FY2022.
- (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.

- 16. 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

LEGAL TEAM

Comment: This objective was accomplished through the following activities:

- A. Team staff were evaluated on an annual basis, as required by agency policy.
- B. General Counsel conducted Team meetings approximately once a month with Team staff. Team staff met with the Team managers on at least a bimonthly basis.
- C. Team staff conducted the hiring process to fill open positions.
- D. Team staff reviewed numerous internship applications, interviewed 12 internship candidates, and ultimately recruited five 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 IT Director.

17. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2021 Annual Report and submit to the Executive Director by the due date.

Status: **ACCOMPLISHED**

Comment: The Team's first draft of the *FY2021 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 2022 Board meeting.

Prescription Monitoring Program Team

SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished 9 of its 10 objectives.
2. Of the 243,503,593 queries received, 45,557,176 were from AWAxE searches and 197,946,417 were integrated searches. This represents an approximate 23.4% increase from the total in FY2021.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Legacy issues continue to affect systems related to the program, such as Texas Wholesale Distributor Database (TWDD) and the RxPad system. Staff requested funding in the agency's Legislative Appropriations Request (LAR) to update these systems.
2. Turnover continued to impact the Team as staff spent significant time and effort to post and interview for vacant positions; hire and onboard; and finally, to train new staff.
3. The Board was subject to numerous subpoenas for records, some of which prevented the destruction of records related to opioids and nontherapeutic dispensing. As a result, the agency has faced significant delays in its ability to destroy records that met retention in a timely manner.

PREScription MONITORING PROGRAM

FY2022 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. **Reviewing and implementing legislation passed by the 87th Texas Legislature that affects agency operations and/or the practice of pharmacy;**
2. **Updating and preparing the *TSBP Strategic Plan for FY2023-2027* and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;**
3. **Preparing a proposed budget for the FY2023-2024 biennium for review and approval by the Board at the Budget meeting;**
4. **Preparing the *TSBP Legislative Appropriation Request for FY2024-2025* and corresponding performance measures by the due date; and**
5. **Coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 87th Texas Legislature.
- B. Team Director worked with the Executive Director and the other board staff in preparation of the FY2023-2027 Strategic Plan and reviewed the final draft of the document. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
- C. Team Director worked with the Executive Director and the other board staff in preparation of the proposed budget for FY2023-2024.
- D. Team Director worked with the Executive Director and other board staff in preparation of the FY2024-2025 Legislative Appropriations Request (LAR) and corresponding performance measures and reviewed the final draft of the document. The LAR was submitted to the Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by the due date.

PREScription MONITORING PROGRAM

- E. On January 31, 2022, agency staff participated in the new Board member orientation for Ian Shaw.

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 4,412, for a total of 172,469 registered users by year-end of FY2022 (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: Monthly notifications were sent to registered users automatically by the AWARe system during FY2022. A total of 21,718 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 2,311 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: During FY2022, 15,169 official prescription pads were ordered and processed, which included a review by staff to ensure the validity of the order and the prescriber. This total represents a 50% decrease when compared to the number of prescription pads ordered in FY2021. The decrease 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: NOT ACCOMPLISHED

Comment: Texas wholesalers submitted information regarding the distribution of controlled substances to entities in Texas to the Texas Wholesale Distributor Database

PREScription MONITORING PROGRAM

(TWDD). However, submitted data cannot be updated in TWDD due to programming issues and a lack of funding to make legacy updates to the database. The agency submitted an Exceptional Item in the Legislative Appropriations Request (LAR) requesting funding to update and support TWDD.

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 one public speaking engagement during FY2022 (see Appendix PMP-01) and answered approximately 12,965 phone calls on the team queue.

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: For the entirety of FY2022, 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. As allowed, staff destroyed records in accordance with the agency's record retention schedule, including general correspondence. Additionally staff reviewed and updated the team's Policy and Procedure Manual and recommendations were submitted to the Executive Director for approval 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:

PREScription MONITORING PROGRAM

- A. Staff Development – Team staff attended general staff meetings and trainings.
- B. Performance Evaluations – Team 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 as needed.

10. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2021 Annual Report and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The team's first draft of the *FY2021 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 2022 Board meeting.

SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished all of its objectives.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Agency staff salaries are approximately 15.8% below average compared with other agencies' current salaries. This directly impacted the agency turnover rate and the length of time to fill open positions.

FINANCE TEAM
FY2022 ANNUAL REPORT

GOAL

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

Objectives (New)

To direct the agency, in accomplishing the following new objectives throughout FY2022:

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

1. **Reviewing and implementing legislation passed by the 87th Texas Legislature that affects agency operations and/or the practice of pharmacy;**
2. **Updating and preparing the *TSBP Strategic Plan for FY2023-2027* and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;**
3. **Preparing a proposed budget for the FY2023-2024 biennium for review and approval by the Board at the Budget meeting;**
4. **Preparing the *TSBP Legislative Appropriation Request for FY2024-2025* and corresponding performance measures by the due date; and**
5. **Coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 87th Texas Legislature.
- B. Team Director worked with the Director of Finance and the other board staff in preparation of the FY2023-2027 Strategic Plan, researched the trends and resulting issues expected to have the most significant impact on the profession and the agency over the next five years, and reviewed the final draft of the document. The Board Members worked with staff to develop issue statements and approved the final TSBP FY2023-2027 Strategic Plan at the May 3, 2022, Board Meeting. The TSBP Strategic Plan was published and delivered to the Governor's Office and other applicable agencies by the due date.
- C. Team Director worked with the Director of Finance and the other board staff in preparation of the proposed budget for FY2023-24.

FINANCE TEAM

- D. Team Director worked with the Director of Finance and other board staff in preparation of the FY2024-2025 Legislative Appropriations Request (LAR) and corresponding performance measures, including assisting in the drafting and review of the final draft of the document. The LAR was submitted to the Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by the due date.
- E. On January 31, 2022, agency staff participated in the new Board member orientation for Ian Shaw.

Objectives (Ongoing)

- 1. **To prepare a proposed budget for FY2023 for submission to the Board by the due date for the May 2022 Board Meeting.**

Status: ACCOMPLISHED

Comment: Team staff prepared and submitted a proposed budget for FY2023 on time.

- 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 2022 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 Director 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

FINANCE TEAM

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.**

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: For the entirety of FY2022, 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. As allowed, staff destroyed records in accordance with the agency's record retention schedule, including general correspondence. Additionally staff reviewed and updated the team's Policy and Procedure Manual and recommendations were submitted to the Executive Director for approval 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: Team staff made suggestions to policies and procedures as necessary to improve the agency's efficiency and effectiveness 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:

FINANCE TEAM

- A. Staff Development –Team members attended General All-Staff Meetings and trainings.
- B. Performance Evaluations – Team members' job descriptions were reviewed for accuracy of role and responsibilities. New Quarterly Evaluation System which resulted in continuous performance feedback for staff was implemented. Formal performance reviews were conducted for all team employees, with the exception of new hires.
- C. Other Activities - All newly hired and current employees received Equal Employment Opportunity/Sexual Harassment Training, Sensitive Personal Information Training, and Cybersecurity Awareness Training as required by state law. The activities relating to new hires took significant time and effort, including.

8. **To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2021 Annual Report and submit to the Executive Director by the due date.**

Status: **ACCOMPLISHED**

Comment: The final draft of the FY2021 Annual Report was presented to and approved by the Board at the February 1, 2022, Board meeting.

Information Technology Team

SIGNIFICANT ACCOMPLISHMENTS

1. Successfully planned and prepared to be ready to migrate the TSBP's network and Information Technology infrastructure to the Bush building in September.
2. Initiated third-party assessment of Texas Cybersecurity Framework (TCF).
3. Completed submission of DIR's report to the Legislative Budget Board on Prioritized Cybersecurity and Legacy Systems (PCLS)
4. Relocated the RxPAD application from deprecated legacy servers to a modern and secure environment.

OPPORTUNITIES FOR IMPROVEMENTS

1. Resource limitations prevent timely maintenance, enhancements and future development of in-house applications.
2. Lack of procedural documentation has presented challenges relating to architecting and developing a modernization strategy.
3. Review agreement with the Health Professions Council to determine level of services and support relating to database administration.

INFORMATION TECHNOLOGY

FY2022 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. **Reviewing and implementing legislation passed by the 87th Texas Legislature that affects agency operations and/or the practice of pharmacy;**
2. **Updating and preparing the *TSBP Strategic Plan for FY2023-2027* and submitting the plan to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date;**
3. **Preparing a proposed budget for the FY2023-2024 biennium for review and approval by the Board at the Budget meeting;**
4. **Preparing the *TSBP Legislative Appropriation Request for FY2024-2025* and corresponding performance measures by the due date; and**
5. **Coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff assisted with the implementation of new legislation through the development and review of new agency rules, which required modification due to implementation of legislation passed by the 87th Texas Legislature.
- B. Team Director worked with the Executive Director and the other board staff in preparation of the FY2023-2027 Strategic Plan and reviewed the final draft of the document. The Strategic Plan was submitted to the Governor's Office of Budget, Planning, and Policy and the Legislative Budget Board by the due date.
- C. Team Director worked with the Executive Director and the other board staff in preparation of the proposed budget for FY2023-24.
- D. Team Director worked with the Executive Director and other board staff in preparation of the FY2024-2025 Legislative Appropriations Request (LAR) and corresponding performance measures and reviewed the final draft of the document. The LAR was submitted to the Legislative Budget Board and the Governor's Office of Budget, Planning, and Policy by the due date.

INFORMATION TECHNOLOGY

- E. On January 31, 2022, agency staff participated in the new Board member orientation for Ian Shaw.

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 team 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 team 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. DIR certified Cybersecurity training is also provided regularly to agency staff.

5. **To support the agency's effort to identify and implement opportunities for**
-

INFORMATION TECHNOLOGY

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. Joined the Texas Information Sharing and Analysis Organization (TX-ISAO) and the Multi-State Information Sharing and Analysis Center (MS-ISAC) This enables the IT staff to have access to intelligence and educational opportunities within the State of Texas, and it also enables TSBP to participate in information sharing with other states.

- 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: For the entirety of FY2022, 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. As allowed, staff destroyed records in accordance with the agency's record retention schedule, including general correspondence. Additionally staff reviewed and updated the team's Policy and Procedure Manual and recommendations were submitted to the Executive Director for approval as appropriate..

INFORMATION TECHNOLOGY

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 Director was hired during the fiscal year. Regular weekly team 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 FY2021 Annual Report and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The Team's first draft of the FY2021 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 2022 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	

Texas State Board of Pharmacy- 87th Texas Legislative Session Passed Bills

Bill	Caption	Effective Date	Summary	Category	Rules Needed?
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	

Texas State Board of Pharmacy- 87th Texas Legislative Session Passed Bills

Bill	Caption	Effective Date	Summary	Category	Rules Needed?
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	

Texas State Board of Pharmacy- 87th Texas Legislative Session Passed Bills

Bill	Caption	Effective Date	Summary	Category	Rules Needed?
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	
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	

Texas State Board of Pharmacy- 87th Texas Legislative Session Passed Bills

Bill	Caption	Effective Date	Summary	Category	Rules Needed?
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		FY2022 Projected Performance	FY2022 Performance Attained	Projected Target Met?*
A. GOAL: MAINTAIN STANDARDS				
Outcome (Results/Impact)				
	Percent of Licensees with No Recent Violations	95.00%	98.90%	Met
	Percent of Licensees Who Renew Online	95.00%	99.82%	Met
A.1.1 STRATEGY: LICENSING				
Output (Volume)				
	Number of New Licenses Issued to Individuals	1,900	1,902	Met
	Number of Licenses Renewed (Individuals)	19,350	19,755	Exceeded
Explanatory				
	Total Number of Business Facilities Licensed	8,300	8,405	Exceeded
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	7,006	Exceeded
Efficiencies				
	Average Time for Jurisdictional Complaint Resolution	150	83	Exceeded
Explanatory				
	Number of Jurisdictional Complaints Received	5,500	7,405	Exceeded
B.1.2. STRATEGY: PEER ASSISTANT				
Output (Volume)				
	Number of Licensed Individuals Participating in a Peer Assistant Program	160	109	Not Met

EXC-03

TEAM	DATE	PRESENTATION	ATTENDEES
Executive	Sep-21	TPA COVID Webinar Virtual	125
Compliance	Sep-21	Texas Pharmacy Law Update	80
Executive	Oct-21	Board Update Nigerian Pharmacists Association Dallas	50
Executive	Oct-21	Tarrant County/DAPA Meeting Law Update Dallas	75
Compliance	Oct-21	VAPhA Law Update	20
Compliance	Oct-21	TSBP Updates	30
Compliance	Oct-21	CHI Baylor St. Luke's Hospital - Texas Pharmacy Law Update	20
Compliance	Oct-21	HCA Pharmacy Law Update	70
Compliance	Oct-21	Texas Pharmacy Law Update	70
Compliance	Nov-21	TSBP Intro and Overview	20
Compliance	Dec-21	Vaccinators, Emergency Rules & PREP Act	20
Compliance	Dec-21	Texas Pharmacy Law Update	25
Compliance	Dec-21	Harris Health Law Update	70
Executive	Jan-22	Speak at TAHAC Law Update Virtual	50
Executive	Jan-22	Walgreen's Leadership Team Board Update Virtual	40
Compliance	Jan-22	TSBP Inspection Process	60
Compliance	Jan-22	Texas Pharmacy Law Update	70
Compliance	Jan-22	VAPhA Opioid Abuse Epidemic	50
Compliance	Jan-22	LHPA Law Update	50
Compliance	Jan-22	TAIPO Law Update	100
Compliance	Jan-22	HAPA Law Update	50
Compliance	Feb-22	TSBP Inspection for Class A Pharmacies	17
Executive	Mar-22	University of Houston Drugs, Alcohol & You Virtual	100
Executive	Mar-22	University of Texas Law Update Austin	75
Compliance	Mar-22	Texas Pharmacy Law Update	50
Executive	Apr-22	University of Houston Law Update Houston	100
Compliance	Apr-22	TSBP Overview	8
Compliance	Apr-22	VAPhA Law Update	50
Compliance	Apr-22	Texas Pharmacy Law Update	30
Compliance	Apr-22	Texas Pharmacy Law Update	150
Executive	May-22	TSHP Annual Meeting Law Update, Round Rock	125
Compliance	May-22	Texas Pharmacy Law Update	75
Compliance	May-22	Texas Pharmacy Law Update	42
Executive	Jun-22	UT Hospital Practice Seminar Austin	200
Executive	Jun-22	UTEP Law Class Law Update Virtual	30
Executive	Jun-22	Quarles & Brady Conference Board Update Chicago	75
Compliance	Jun-22	Texas Pharmacy Law Update	32
Compliance	Jun-22	Texas Pharmacy Law Update	75
Compliance	Jun-22	Texas Pharmacy Law Update	200

EXC-03 CONTINUED

TEAM	DATE	PRESENTATION	ATTENDEES
Executive	Jul-22	TPA Annual Conference Law Update Austin	200
Compliance	Jul-22	Texas Pharmacy Law Update	30
Compliance	Aug-22	Inspecting Class ES Pharmacies	35
Compliance	Aug-22	Texas Pharmacy Law Update	100
Total		43	2,944

EXC-04

DATE	MEETINGS ATTENDED BY EXECUTIVE DIRECTOR
Mar-21	UT Dean's Advisory Council Meeting
Sep-21	Meeting with UT Dean and other faculty
Sep-21	State Agency Government Affairs (SAGR) Special Session Meeting (Virtual)
Sep-21	Texas Pharmacy Association (TPA) Board Meeting
Sep-21	TDLR COVID-19 Outreach & Interagency Networking (Virtual)
Sep-21	Health Professions Council (HPC) Quarterly Meeting
Sep-21	National Association of Boards of Pharmacy® (NABP®) - Executive Officer Forum
Oct-21	State Agency Government Affairs (SAGR) Meeting (Virtual)
Oct-21	Call with DEA- El Paso
Oct-21	TDLR COVID-19 Outreach & Interagency Networking (Virtual)
Nov-21	Texas Federation of Drug Stores (TFDS) Annual Meeting
Nov-21	National Association of Boards of Pharmacy® (NABP®) Task Force on Workplace Safety & Well-Being
Dec-21	Meeting with UT Dean and Diane Ginsburg
Dec-21	Health Professions Council (HPC) Quarterly Meeting
Dec-21	Meeting with Department of State Health Services (DSHS)- Karen Tannert
Jan-22	Health Professions Council (HPC) Meeting (Virtual)
Jan-22	TMB/BON/TSBP Meeting
Feb-22	Texas Pharmacy Congress
Feb-22	National Association of Boards of Pharmacy® (NABP®) Roundtable- USP
Feb-22	Texas Federation of Drug Stores (TFDS) Meeting
Feb-22	TDLR COVID-19 Outreach & Interagency Networking (Virtual)
Feb-22	Health Professions Council (HPC) Meeting (Virtual)
Mar-22	Health Professions Council (HPC) Meeting (Virtual)
Apr-22	Health Professions Council (HPC) Meeting (Virtual)
Apr-22	State Agency Government Affairs (SAGR) Meeting (Virtual)
May-22	Texas Pharmacy Congress
May-22	Texas Federation of Drug Stores (TFDS) Advocacy Training
May-22	Texas Federation of Drug Stores (TFDS) Annual Meeting
May-22	Health Professions Council (HPC) Meeting (Virtual)
Jun-22	Texas Federation of Drug Stores (TFDS) Meeting
Jun-22	TDLR COVID-19 Outreach & Interagency Networking (Virtual)
Jun-22	National Association of Boards of Pharmacy® (NABP®) Training

EXC-04 CONTINUED

DATE	MEETINGS ATTENDED BY EXECUTIVE DIRECTOR
Jul-22	Health Professions Council (HPC) Meeting (Virtual)
Jul-22	State Agency Government Affairs (SAGR) Meeting (Virtual)
Jul-22	Capital Area Pharmacy Association (CAPA) Meeting
Jul-22	Health Professions Council (HPC) Quarterly Meeting
Aug-22	Texas Pharmacy Congress
Aug-22	TDLR COVID-19 Outreach & Interagency Networking (Virtual)
Aug-22	Health Professions Council (HPC) Meeting (Virtual)
Aug-22	National Association of Boards of Pharmacy® (NABP®) District VI,VII,&VIII Meeting
Total	40

EXC-05

DATE	CONFERENCES ATTENDED BY EXECUTIVE DIRECTOR
10/17-10/20-2021	MALTAGON (Alabama)
11/4-11/7- 2021	American Society for Pharmacy Law Annual Conference (Nevada)
05/13-05/15-2022	Texas Society of Health-System Pharmacists (TSHP) Annual Seminar (Round Rock)
06/23-06/25-2022	American Pharmacies (APEX) Annual Conference (Grapevine)
07/15-07/17-2022	Texas Pharmacy Association (TPA) Annual Conference & Expo (Austin)

DATE	LEGISLATIVE MEETINGS ATTENDED BY EXECUTIVE DIRECTOR
10/5/2021	Meeting with Senator Hall & HHSC
4/25/2022	Senator Hall Staff- Scarlett Smith - Legacy Modernization
4/26/2022	Senator Royce West Staff- Paul Emerson - Legacy Modernization
5/5/2022	Representative Capriglione Staff- Katy Aldredge - Legacy Modernization
5/27/2022	Representative Walle Staff- Rahul - Legacy Modernization
6/27/2022	Testified before Senate Health Committee COVID Response
8/30/2022	Joint Committee - Legacy Modernization

TSBP Compared to County EEO-4 Data

Travis-Hays-Williamson Counties EEO-4 Collective Data from 2020 Census															
	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 based on active employees on 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	1	4	1	1	1	-	-	-	-	1	-	-	3	6	9
Professional	7	7	-	2	2	3	-	-	1	-	-	-	10	12	22
Para-Professional*	9	18	2	6	6	15	-	-	-	-	-	-	17	39	56
Admin Support	1	1	-	1	1	3	-	-	-	-	-	-	2	5	7
Total	18	30	3	10	10	21	-	-	1	1	-	-	32	62	94
	19%	32%	3%	11%	11%	22%	-	-	1%	1%	-	-	34%	66%	100%

New Hires - Includes new hires with an effective date from September 1, 2021 to August 31, 2022.															
	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	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Professional	-	-	1	-	-	-	-	-	1	-	-	-	2	-	2
Para-Professional*	-	4	-	2	2	2	-	-	-	-	-	-	2	8	10
Admin. Support	-	1	-	1	1	1	-	-	-	-	-	-	1	3	4
Total	-	5	2	3	3	3	-	-	1	-	-	-	6	11	17

Promotions -- Includes promotions with an effective date from September 1, 2021 to August 31, 2022.															
	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	-	2	-	1	-	-	-	-	-	-	-	-	-	3	3
Professional	1	1	-	1	-	1	-	-	-	-	-	-	1	3	4
Para-Professional*	-	2	-	2	2	3	-	-	-	-	-	-	2	7	9
Admin. Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	1	5	-	4	2	4	-	-	-	-	-	-	3	13	16

Terminations - Includes terminations with an effective date from September 1, 2021 to August 31, 2022.															
	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	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Professional	1	2	-	-	-	1	-	-	-	-	-	-	1	3	4
Para-Professional*	-	4	1	2	-	2	-	-	-	-	-	1	1	9	10
Admin. Support	-	2	-	-	-	3	-	-	-	-	-	-	-	5	5
Total	2	8	1	2	-	6	-	-	-	-	-	1	3	17	20

*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.eeocdata.org/EEO4/howto/instructionbooklet

Required Reports

Report Title	Recipient(s)	Team Reporting
FTE State Employees	State Auditor	HR
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	Operations
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	Operations
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

LIC-01

Performance Measures

LICENSING RELATED PERFORMANCE MEASURES	FY2022 Projected Performance	FY2022 Performance Attained	Key or Non-Key (K/NK)	Projected Target Met?
Number of New Licenses issued to Individuals (Pharmacists)	1,900	1,902	K	Met
Number of Licenses Renewed (Individuals – Pharmacists)	19,350	19,755	K	Exceeded
Number of New Registrations Issued to Individuals (Technician and Trainee)	17,500	21,778	NK	Exceeded
Number of Registrations Renewed (Technicians)	17,300	18,246	NK	Exceeded
Percent of Licensees (Pharmacists and Pharmacies) with No Recent Violations (Disciplinary Orders)	95%	98%	K	Met
Total Number of Pharmacists Licensed	40,526	39,781	NK	Met
Total Number of Facilities Licensed	8,300	8,405	K	Exceeded
Total Number of Individuals (Technicians & Trainees) Registered	66,375	74,230	NK	Exceeded
Percent of Licenses Who Renew Online	95%	99.82%	K	Exceeded
Percent of New Individual Licenses Issued Online	95%	98.90%	NK	Exceeded

LIC-02

Licenses Issued

JURISPRUDENCE (MPJE)	TOTALS
Candidates Passing	738
Candidates Failing	186
TOTAL ADMINISTERED	924

NAPLEX	TOTALS
Candidates Passing	736
Candidates Failing	241
TOTAL ADMINISTERED	977

LIC-02 continued

NEW PHARMACISTS LICENSED	
Graduates of Texas Colleges of Pharmacy	713
Graduates of Out-of-State Colleges of Pharmacy	1044
Credentialed by the Foreign Pharmacist Equivalency Committee	124
TOTAL	1881

LIC-03**Licensed Pharmacies**

ACTIVE PHARMACIES	
Class A (Community)	5,172
Class A-S (Community Pharmacy Engaged Compounding Sterile Preparations)	303
Class B (Nuclear)	31
Class C (Institutional)	828
Class C-S (Hospital Pharmacy Engaged In Compounding Sterile Preparations)	427
Class D (Clinic)	434
Class E (Non Resident)	529
Class E-S (Non-Resident Pharmacy Engaged In Compounding Sterile Preparations)	112
Class F (Free Standing Emergency Medical Centers)	335
Class G (Central Processing)	38
Class H	N/A
TOTALS	
Remote Pharmacies	1,880

A total of 4,400 change documents were processed as follows:

PHARMACY APPLICATIONS PROCESSED	
Pharmacy Renewals	2,994
New Licenses Issued [new opens (455) and changes of ownership (146)]	603
Closings	387
Remote Pharmacies	347
Changes of Name	144
Changes of Location	242
Changes of Classification	30
TOTAL	4,400

COM-01

Total Inspections by Type/Disposition	FY20	FY21	FY22	% of FY22	3 Year Average
Virtual Inspections	2,939	2,525	1,754	48%	2,406
On-Site Inspections	691	604	1,930*	52%	1,075
Pre-Inspections	200	158	163	4%	183
Partial-Inspections	82	16	40	1%	47
*Inspection-Visits ("Courtesy Call" Visits)	1,139 (1,120)	114	19	1%	425
Attempted Inspections	93	33	153	4%	92
Other	68	5	5	0%	26
Total	3,630	3,455	3,684	100%	3,590

*1,931 onsite inspections were conducted. However, one pre-inspection did not pass and a license number could not be assigned, therefore the inspection could not be data entered into VERSA.

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 assess the compliance of the facility remotely with each of the items on the inspection report form.

B. On-Site Inspections are full inspections of licensed facilities in which Compliance field staff assess the compliance of the facility with each of the items on the inspection report form.

C. Pre-Inspections are partial inspections that occur prior to issuing the pharmacy license. The Compliance field staff determines if the pharmacy has the required 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.

D. Partial-Inspections are inspections of licensed facilities in which Compliance field staff assess the compliance of the facility 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."

E. Inspection-Visits are inspections of non-licensed facilities or utilized to obtain records in a licensed facility but no inspection is conducted. In FY2020, Courtesy Call Visits were used in response to the continued state-wide impact of COVID-19 and the agency's ability to conduct onsite visits and inspections

COM-01 continued

Number of Inspections/Visits by Class	FY20	FY21	FY22	% of FY22	3 Year Average
Class A Pharmacies	2,402	2,367	2,580	70%	2,450
Class A-S Pharmacies	265	185	189	5%	213
Class B Pharmacies	27	31	19	1%	26
Class C Pharmacies*	339	340	379	10%	353
Class C-S Pharmacies	313	214	204	6%	244
Class D Pharmacies	140	174	166	5%	160
Class F Pharmacies	125	125	132	4%	127
Class G Pharmacies	19	19	15	0%	18
Class H Pharmacies	0	0	0	0%	0
Total	3,630	3,455	3,684	100%	3,590

* Class C pharmacy include ASC pharmacies.

Purpose of Inspection- Inspection Type (In Order of Priority)	FY20	FY21	FY22	% of FY22	3-Yr. Avg.
Complaint	2	1	1	0%	1
Follow-up to Disciplinary Order	0	0	0	0%	0
Pre-Inspection New	221	183	154	4%	186
New Pharmacies	166	223	214	6%	201
Change of Ownership	31	24	20	1%	25
Preceptor	0	0	0	0%	0
Follow-up to "Warning Notice"	45	6	27	1%	26
Routine Inspections	1775	2601	3112	84%	2,496
Rank Change	6	9	15	0%	10
Reverse Rank Change	1	0	1	0%	1
Licensee Request	48	78	74	2%	67
Sterile Compounding (High Risk)	37	16	1	0%	18
Theft and Loss	0	1	0	0%	0
Other	1298	313	65	2%	559
Total	3,630	3,455	3,684	100%	3,590

COM-02

Number of Warning Notices* Issued by Class	FY2020	FY21	FY22	% of FY22	3 Year Average
Class A Pharmacies	306	76	277	71%	220
Class A-S Pharmacies	42	22	51	13%	38
Class B Pharmacies	4	1	2	1%	2
Class C Pharmacies**	16	1	10	3%	9
Class C-S Pharmacies	53	9	36	9%	33
Class D Pharmacies	5	1	4	1%	3
Class F Pharmacies	7	2	8	2%	6
Class G Pharmacies	3	0	3	1%	2
Class H Pharmacies	0	0	0	0%	0
Total	436	112	391	100%	313

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

** Class C pharmacy include ASC pharmacies.

Conditions Receiving Warning Notices					
Percentages are based on the total number of Warning Notices issued to Pharmacies in FY2022. Note - Pharmacies may be issued a Warning Notice for non-compliance with more than one condition.					
Type of Violation	FY20	FY21	FY22	% FY22	3 Year Average
Equipment	44	5	26	3%	25
Balance Failed Inspection	32	3	16		
Equipment Inspection Due	10	2	10		
Insufficient Equipment	2	0	0		
Pharmacy Technicians	69	25	46	5%	47
No/Incomplete Training	53	21	40		
No/Improper Supervision	5	3	3		
Improper Registration	7	1	2		
Supportive Personnel Name Tags	4	0	1		
Inadequate Library	19	5	15	2%	13
Counseling Area	2	0	0	0%	1
Licenses	37	12	27	3%	25
Licenses Not Posted	37	8	23		
Delinquent Licenses	0	4	4		
Prescriptions	110	10	48	6%	56
Lack Proper Information	63	2	0		
Prescription Label Incorrect	38	8	18		
Non-Emergency CII	1	0	0		
Triplicate Non-Compliance	8	0	30		
Drug Stock/Environment	102	22	86	10%	70
Improper Environment	31	6	26		
Out-of-Date Drug Stock	15	4	0		
Security	34	6	27		
Unsanitary/ Orderly/ Clean	15	5	16		

COM-02 continued

Type of Violation	FY20	FY21	FY22	% FY22	3 Year Average
Improper Drug Storage/ Refrigerator Temp Log	4	1	12		
Area for Non-Sterile Compounding	0	0	3		
Violation of Limited Formulary	3	0	0		
Prohibited Drugs (Class D)	0	0	2		
Inventory	77	10	86	10%	58
No Annual Inventory	31	2	42		
No Change of Ownership Inventory	3	2	6		
No Change of PIC Inventory	11	4	26		
Incomplete Inventory	31	2	11		
No Perpetual inventory (Class C)	0	0	0		
Improper Drug Destruction	1	0	1		
Improper Prepackaging Procedures	8	7	12	1%	9
Computer Systems	41	16	0	0%	19
Computer Records Incomplete	35	14	33		
Computer Records/ System Non-Compliance	6	2	13		
Records	149	30	90	11%	90
Records Not Available	67	16	34		
DEA Order Forms Incomplete	0	0	0		
Absence of R.Ph. Record	8	1	2		
Rx Not Separated	4	1	0		
Rx Records not Numerical Order	1	0	0		
Improper Transfer of RX	3	1	3		
Invoices Not Separated/Retrievable/ Dated & Initialed	33	4	29		
No Complaint Notification	30	6	16		
RPh visits/ contact documentation	2	1	2		
Improper Refill Documentation-CIII-CV over 5X/6 Mo.	1	0	4		
OBRA Violations	43	5	22	3%	23
Written Information Not Provided	19	3	7		
No Patient Counseling	17	2	10		
PMR Absent or Incomplete	7	0	5		
Sterile Pharmaceutical Violations	285	93	271	32%	216
No/Incomplete QA/QC	0	0	1		
No/Incomplete P&P Manual	11	1	15		
No/Inadequate Preparation Area	0	0	0		
IV Preparation	2	0	0		
No Drug Regimen Review	2	1	7		
Cytotoxic/Bio Procedures	0	0	0		
Anteroom air is not ISO 8	2	0	5		
Buffer area is NOT ISO 7	3	0	5		
No Separate buffer room for high-risk CSPs	0	0	0		
Buffer area not free of water source	3	0	0		
Improper design for hands free access	1	0	1		
Clean room not clean/ well-lit/ particle free	18	5	11		

Type of Violation	FY20	FY21	FY22	% FY22	3 Year Average
Clean room not solely used for CSP	1	0	0		
Improper floor covering in clean room	3	0	1		
Surfaces not smooth/ impervious/ crevice-free	43	7	15		
Anteroom sink not hands free/hot & cold/closed system of soap	2	0	2		
Improper room temperature in clean room	23	8	17		
Drugs/ supplies stored on floor of clean room	0	1	1		
Clean room contains inappropriate supplies	2	0	3		
PEC does not maintain ISO 5	1	0	1		
Improper location of PEC	1	0	0		
Untimely certification of PEC	2	2	5		
Improper procedures for PEC prefilters	0	1	1		
Improper pressure differential for PEC	0	0	1		
No pressure gauge in clean room	2	1	6		
Improper documentation of pressure monitoring	2	3	6		
Insufficient training for RPH	7	2	10		
Insufficient training for Tech	8	2	6		
Improper testing prior to compounding	15	7	19		
Improper testing after failure	0	0	0		
Untimely evaluation/ testing	11	10	15		
Improper testing for all types of CSPs	0	0	0		
Inadequate Library: Injectables	0	0	0		
Inadequate Library: Specialty reference	0	0	0		
Inadequate Library: USP	1	0	2		
Dispensing commercially available	1	3	0		
No written agreement with DR	0	0	1		
QC Procedures not followed	0	0	2		
RPh not available at all times	1	2	1		
No thermometer in refrigerator	4	0	1		
Inadequate supplies for aseptic mixing	0	0	0		
Improper equipment for CSP	11	1	4		
Inadequate cleaning solutions	2	1	1		
Inadequate handwashing agents	0	0	0		
No lint-free wipes	0	0	0		
Inadequate gowns/ garb	1	0	0		
Improper calibration of automated cpd device	3	0	1		
Improper SOP: Facility	1	0	1		
Improper SOP: Accuracy checks	1	2	3		
Improper SOP: QA	5	2	2		
Improper SOP: Prep Recall	10	3	8		
Personnel: Cosmetics	3	1	1		
Personnel: Jewelry	5	3	2		
Personnel: Artificial nails	1	0	0		

COM-02 continued

Type of Violation	FY20	FY21	FY22	% FY22	3 Year Average
Personnel: Shoe covers	0	0	0		
Hygiene of nails	1	1	2		
Improper hand washing	1	1	1		
Improper gowning	1	0	0		
Improper drying	1	0	0		
Failure to use alcohol-based scrub	11	5	8		
Failure to use sterile alcohol	3	0	0		
Failure to conduct accuracy checks	1	0	0		
Improper label: Generic name	0	0	0		
Improper label: CSP statement	0	0	1		
Improper Labeling: Lot #	0	0	0		
Improper Labeling: Qty	0	0	0		
Improper Labeling: Ancillary	0	0	0		
Improper BUD	1	1	4		
Improper cleaning: Start of day	0	0	0		
Improper mopping	4	4	8		
Improper Cleaning: walls/ ceiling	3	1	5		
Improper Cleaning: Supplies	0	0	1		
Improper doc of cleaning	5	3	8		
Cleaning by untrained personnel	1	0	1		
High Risk: Improper testing of batches	2	0	0		
High Risk: Improper cleaning	1	0	0		
High Risk: Improper sterilization	0	0	1		
High Risk: Improper pre-sterilization	0	0	2		
High Risk: Improper re-entry	1	1	1		
Hazardous Prep: Improper apparel	0	0	1		
Hazardous Prep: Improper disposal	0	1	0		
Hazardous Prep: Improper hood	0	0	1		
Hazardous Prep: Improper pressure	0	0	3		
Hazardous Prep: Improper pressure monitor	0	0	0		
Hazardous Prep: Low volume noncompliance	0	0	2		
Hazardous Prep: Improper storage	0	0	0		
Failed to keep records	0	0	0		
Improper Record: Date	2	0	3		
Improper Record: Formula	2	0	4		
Improper Record: Compounder initials	2	0	1		
Improper Record: Initials of final checker	2	0	1		
Improper Record: Container used	2	0	1		
Improper Record: Qty	2	0	1		
Improper Record: BUD	4	1	5		
Improper Record: QC	5	0	0		
Incomplete master worksheets	0	1	1		
Worksheet not approved by RPh	2	0	0		
Failure to review records	2	2	9		
Inappropriate sampling plan	6	2	4		

COM-02 continued

Type of Violation	FY20	FY21	FY22	% FY22	3 Year Average
Air environment evaluation by untrained staff	1	0	3		
Untimely air sampling	1	0	4		
No/Incomplete Non-Sterile Cpd Records	29	28	37	4%	31
Improper Distribution	12	2	5	1%	6
No PIC	10	2	20	2%	11
Dispensing	23	7	21	2%	17
Improper Dispensing/ Corresponding Responsibility	7	3	7		
Aiding and Abetting	2	2	6		
Illegal Dispensing	0	1	0		
Substitution Non-Compliance	0	0	0		
Out-of-State Rx's for Controlled Substances	2	0	0		
Improper Emergency Room Dispensing	0	0	0		
Improper Automated Dispensing Procedures	12	1	8		
Improper Provision	0	0	0		
Improper Advertising	0	0	0	0%	0
Notification Violation	43	17	29	3%	30
Theft & Loss of C/S Not Reported	10	0	5	1%	5
Gray Market diversion/ Samples	1	0	0	0%	0
Improper Closing/Change of Ownership	5	3	9	1%	6
Improper Inpatient Records (Class C)	2	0	0	0%	1
			855	100%	884

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

	FY2020	FY2021	FY22
Number of Non-Sterile Samples Tested	0	0	0
<i>Number of Potency Failures</i>	0	0	0
Number of Sterile Samples Tested	35	76	60
<i>Number of Potency Failures</i>	0	2	0
<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
Total Number of Samples Tested	35	76	60

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

	FY20	FY21	FY22
Number of Non-Sterile Samples Tested	0	0	0
Number of Potency Failures	0	0	0
Number of Sterile Samples Tested	8	1	0
Number of Potency Failures	1	1	0
Number of Sterility Failures	0	0	0
Number of Fungal Failures	0	0	0
Number of Endotoxin Failures	0	0	0
Total Number of Samples Tested	8	1	0

COM-04**Applications**

Activity	FY 20	FY21	FY22
New Class D (Clinic) Pharmacy Applications and Change of Ownership Applications	29	8	19
New Class B (Nuclear) Pharmacy Applications	5	6	4
Petitions for Expanded Formularies for Class D (Clinic) Pharmacies (New Petitions and Renewal Applications)	56	78	64
Petitions for Alternative Visitation Schedules for Class D (Clinic) Pharmacies	108	26	134
Notifications of Temporary Locations for Class D (Clinic) Pharmacies	9	0	1
Standard Class D Formularies Reviewed	10	2	11

COM-05

Date	Presentation	Attendance (approx.)
10/13/2021	VAPhA Law Update	20
1/17/2021	Texas Pharmacy Law Update	70+
9/25/2021	Texas Pharmacy Law Update	80
10/14/2021	TSBP Updates	30+
10/19/2021	CHI Baylor St. Luke's Hospital - Texas Pharmacy Law Update	20
10/20/2021	HCA Pharmacy Law Update	70
10/27/2021	Texas Pharmacy Law Update	70+
11/16/2021	TSBP Intro and Overview	20+
12/1/2021	Vaccinators, Emergency Rules & PREP Act	20
12/11/2021	Texas Pharmacy Law Update	25
12/17/2021	Harris Health Law Update	70
1/16/2022	TSBP Inspection Process	60+
1/19/2022	VAPhA Opioid Abuse Epidemic	50

COM-05 continued

Date	Presentation	Attendance (approx.)
1/25/2022	LHPA Law Update	50
1/26/2022	TAIPO Law Update	100
1/27/2022	HAPA Law Update	50
2/16/2022	TSBP Inspection for Class A Pharmacies	17
3/5/2022	Texas Pharmacy Law Update	50
4/5/2022	TSBP Overview	8
4/20/2022	VAPhA Law Update	50
4/23/2022	Texas Pharmacy Law Update	30
4/27/2022	Texas Pharmacy Law Update	150
5/5/2022	Texas Pharmacy Law Update	75
5/5/2022	Texas Pharmacy Law Update	42
6/10/2022	Texas Pharmacy Law Update	32
6/23/2022	Texas Pharmacy Law Update	75
6/29/2022	Texas Pharmacy Law Update	200
7/20/2022	Texas Pharmacy Law Update	30
8/18/2022	Inspecting Class ES Pharmacies	35
8/24/2022	Texas Pharmacy Law Update	100
Total	30	1,699

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
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%
FY22	7,501	+32%	7,120	+17%	95%	84 Days	+1%

ENF-02**Dispensing Error Complaints**

Type of Dispensing Error	FY18	FY19	FY20	FY21	FY22	5-Year Avg.
Wrong Drug/Strength or Wrong Directions for Use	198	171	74	117	146	141
Mislabeling	17	10	11	5	12	11
Dispensed Wrong Quantity	55	19	42	31	58	41
Dispensed Outdated Drug	2	2	5	15	5	6
Packaging/Delivery Error	25	17	25	32	26	25
Error + No Counseling	2	0	0	8	1	2
Total # Dispensing Error Complaints	299	219	157	208	248	226
Total # Complaints Closed	6,524	5,766	5,544	6,070	7,120	6,205
% Dispensing Error Complaints	5%	4%	3%	3%	3%	4%

ENF-03
Data on Form of Complaints

Form of Complaints	FY20	FY21	FY22	% of FY22	3-Yr. Avg.	% of 3-Yr. Avg.
Telephone	10	14	29	N/A	18	N/A
Letter	136	131	128	2%	132	2%
TSBP Complaint Form	139	161	123	2%	141	2%
HPC 800 #	4	0	0	N/A	1	N/A
Fax	38	54	13	N/A	35	1%
Visit	0	0	0	N/A	N/A	N/A
Agency Report	137	195	200	3%	177	3%
Inspection	78	85	86	1%	83	1%
Interoffice Referral	183	186	167	2%	179	3%
Licensure Application	1,560	1,710	2,082	29%	1,784	29%
Data Bank	159	165	124	2%	149	2%
Theft/Loss Report	1,328	1,106	1,500	21%	1,311	21%
Investigation	328	484	529	7%	447	7%
Intra-Agency Referral	66	82	65	N/A	71	1%
Malpractice Report	3	0	3	N/A	2	N/A
Press Clip	15	5	3	N/A	8	N/A
Email *	217	303	436	6%	319	5%
Internet *	658	548	1,047	15%	751	12%
Background Checks **	484	840	584	8%	636	10%
Other	1	0	1	N/A	1	N/A
TOTAL	5,544	6,069	7,120	100%	6,244	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	FY220	FY21	FY22	% of FY22	3-Yr. Avg.	% of 3-Yr. Avg.
Consumer	535	535	943	13%	671	11%
Government Agency	625	1,060	634	9%	773	12%
Pharmacist	77	42	46	1%	55	1%
Pharmacist (Self)	55	56	29	N/A	47	1%
Pharmacist Applicant	138	82	84	1%	101	2%
Technician	4	9	8	N/A	7	N/A
Technician (Self)	5	14	7	N/A	9	N/A
Tech Applicant	175	184	195	3%	185	3%
Technician Trainee	0	0	2	N/A	1	N/A
Tech Trainee (Self)	5	1	1	N/A	2	N/A
Tech Trainee Applicant	1,050	1,225	1,600	22%	1,292	21%
Intern	2	3	1	N/A	2	N/A
Intern Applicant	25	2	4	N/A	10	N/A
TSBP	814	1,014	1,222	17%	1,017	16%
Doctor	85	52	86	1%	74	1%
Other Health Professional	59	45	54	1%	53	1%

ENF-04 continued

Source of Complaints	FY20	FY21	FY22	% of FY22	3-Yr. Avg.	% of 3-Yr. Avg.
NABP	160	173	130	2%	154	2%
PIC, Pharmacy Manager, or Supervisor	1,468	1,262	1,627	23%	1,452	23%
Pharmacy Self-Report	1	2	9	N/A	4	N/A
Out of State Pharmacy Self-Report	62	59	60	1%	60	1%
Employee/Ex-Employee –RPH	10	10	18	N/A	13	N/A
Employee/Ex-Employee TCH/TNT	21	22	14	N/A	19	N/A
Loss Prevention Officer (Corporate)	1	0	0	N/A	N/A	N/A
Manufacturing Rep.	44	143	280	4%	156	3%
Professional Recovery Network (PRN)	17	8	10	N/A	12	N/A
Insurance Company	57	48	41	1%	49	1%
Attorney	5	3	3	N/A	4	N/A
Employee/Ex-Employee	3	0	0	N/A	1	N/A
Media	0	0	2	N/A	1	N/A
Drug Screening Co.	26	15	10	N/A	17	N/A
Other	15	0	0	N/A	5	N/A
TOTAL	5,544	6,069	7,120	100%	6,244	100 %

N/A – not applicable, value less than 0.01

ENF-05
Data on Subject of Complaints

Subjects of Complaints	FY2020	FY2021	FY2022	3-Yr. Average
Licensees (RPh/Pharmacy)	3,218 (58%)	3,118 (51%)	4,185 (59%)	3,507 (56%)
Pharmacist	525	519	502	515
In-State Pharmacy	2,457	2,341	3,468	2,755
Out-of-State Pharmacy	236	258	215	236
Registrants (Intern/Tech)	749 (14%)	1,225 (20%)	820 (12%)	931 (15%)
Intern	16	21	15	17
Technician	507	828	518	618
Technician Trainee	226	376	287	296
Applicants (Lic & Reg)	1,535 (28%)	1,681 (28%)	2,054 (29%)	1,757 (28%)
Pharmacist	138	127	137	134
Pharmacy	80	102	75	86
Intern	45	33	42	40
Technician	178	190	197	188
Technician Trainee	1,094	1,229	1,603	1,309
Non-Licensees	42 (<1%)	45(1%)	61 (<1%)	49 (1%)
Doctor	1	0	0	N/A
Manufacturer	0	0	0	N/A
Wholesaler	0	1	0	N/A
Non-Licensed Facility or Person	40	44	61	48
Insurance Company/ PBM	0	0	0	N/A
Out-of-State Facility	0	0	0	N/A
Other	1	0	0	N/A
TOTAL	5,544	6,069	7,120	6,244

Data on Alleged Violations of Complaints

Alleged Violation	FY2020	FY2021	FY2022	3-Yr. Avg.	% of 3-Yr. Avg.
Diversion	8	3	6	6	N/A
Controlled Substances (C/S)	4	1	4	3	N/A
Dangerous Drugs (D/D)	2	1	0	1	N/A
Both (C/S & D/D)	2	1	2	2	N/A
Internet Rx's	0	0	0	N/A	N/A
Unauthorized Dispensing	15	9	8	11	N/A
Controlled Substances	6	3	2	4	N/A
Dangerous Drugs	9	4	5	6	N/A
Both (C/S & D/D)	0	2	1	1	N/A
Illegal Delivery	1	1	0	<1%	N/A
Controlled Substances	0	1	0	N/A	N/A
Dangerous Drugs	1	0	0	N/A	N/A
Both (C/S & D/D)	0	0	0	N/A	N/A
Illegal Possession	0	1	0	N/A	N/A
Controlled Substances	0	0	0	N/A	N/A
Dangerous Drugs	0	0	0	N/A	N/A
Both (C/S & D/D)	0	1	0	N/A	N/A
Convictions/Criminal Offenses	901	1,137	1,128	1,055	17%
Felony	48	50	69	56	1%
Misdemeanor	189	185	218	197	3%
DWI/PI	336	555	489	460	7%
Deferred Adjudication	260	303	321	295	5%
Offense on Application	68	44	31	48	1%
Dispensing Error	201	208	248	219	4%
Wrong Drug/Strength	118	117	146	127	2%
Mislabeled	11	5	12	9	N/A
Wrong Quantity	42	31	58	44	1%
Outdated Drug	5	15	5	8	N/A
Packaging/Delivery	25	32	26	28	N/A
Dispensing Error and No or Improper Patient Counseling	0	8	1	3	N/A
No or Improper Patient Counseling	22	17	20	20	N/A
No or Improper Drug Regimen Review	23	14	19	19	N/A
Theft/Loss of C/S and/or D/D	1,338	1,114	1,499	1,317	21%
Non-Therapeutic Dispensing	128	114	91	111	2%
Action by Other Board	360	355	290	335	5%
Non-Compliance with Substitution Rules	1	6	6	4	N/A
Non-Compliance with Disciplinary Order	220	239	219	226	4%
Non-Compliance with PRN Contract	16	9	9	11	N/A
Interference with Doctor/Patient Relationship	129	116	258	168	3%
Confidentiality	38	30	21	30	N/A
Failed to Keep Records	0	1	0	N/A	N/A
Negligence	0	3	5	3	N/A
Unsafe Practice	5	6	13	8	N/A
Compounding	21	16	11	16	N/A
Unprofessional Conduct	10	11	47	23	N/A
Gross Immorality	0	0	0	N/A	N/A
Fraud	105	142	189	145	2%
Fraud, Deceit & Misrepresentation	15	4	20	13	N/A
Falsified Response to Warning Notice	0	0	0	N/A	N/A

ENF-06 continued

Alleged Violation	FY2020	FY2021	FY2022	3-Yr. Avg.	% of 3-Yr. Avg.
Falsified Application	64	35	42	47	1%
Filled/Passed Forged Prescription	21	13	24	19	N/A
Insurance Fraud	1	89	103	64	1%
Medicare Fraud	4	1	0	2	N/A
Impairment	8	13	24	15	N/A
Probable Cause	6	10	22	13	N/A
Drug & Alcohol	0	0	0	N/A	N/A
Drug	0	1	1	<1	N/A
Alcohol	1	1	0	<1	N/A
Physical	0	0	0	N/A	N/A
Mental	1	1	1	1	N/A
Changed Prescription	13	12	5	10	N/A
Aiding and Abetting	2	1	1	1	N/A
Technician working with No/Del Registration	32	15	21	23	N/A
Non-Therapeutic Prescribing (Doctor)	1	1	0	<1	N/A
Excessive Purchases of Controlled Substances	15	131	279	142	2%
Anabolic Steroids	0	0	0	N/A	N/A
Grey Market Diversion	0	0	0	N/A	N/A
Samples	1	2	0	1	N/A
Technician Violation	4	2	0	2	N/A
Improper Security	1	4	0	2	N/A
Problem with OTC Drug	0	0	0	N/A	N/A
Closed Pharmacy Improperly	10	9	17	12	N/A
Operating Pharmacy without License	2	3	1	2	N/A
Working Conditions	10	11	10	10	N/A
Delinquent License	0	3	1	1	N/A
Kickbacks	6	2	0	3	N/A
No PIC	114	118	246	159	3%
Recordkeeping Error	97	79	88	88	1%
Notification Violation	2	0	2	1	N/A
No Annual/PIC/DEA Inventory	3	0	1	1	N/A
C-II Rx	0	0	3	1	N/A
Improper Rx's Issued by Doctors	0	0	0	N/A	N/A
Advertising	3	2	0	1	N/A
Overcharging	0	0	0	N/A	N/A
Billing Dispute	54	39	74	56	1%
Customer Service	80	65	216	120	2%
Hot Check	0	0	0	N/A	N/A
Accountability Audit Discrepancies (shortages/overages)	4	2	0	2	N/A
CE Audit	17	1	0	6	N/A
Default on Student Loans	0	0	0	N/A	N/A
Shipping to Other States without a License	11	11	6	9	N/A
Other Allegations	1,467	1,939	1,994	1,800	29%
Texas Pharmacy Act	44	91	141	77	1%
Texas Dangerous Drug Act	1	2	4	2	N/A
Texas Controlled Substances Act	6	8	19	9	N/A
Food Drug & Cosmetic Act	17	28	29	25	N/A
TSBP Rule	184	204	230	206	3%
Other Laws/Rules	1,215	1,606	1,571	1,464	23%
Request Disciplinary Action	9	9	7	8	N/A
Reinstatement	5	13	11	10	N/A
Modification	31	30	26	29	N/A
TOTAL	5,544	6,069	7,120	6,244	100%

N/A – not applicable, value less than 0.01

Data on Resolution of Complaints

	FY2020	FY2021	FY2022	3-Yr. Avg.	% of 3- Yr. Avg.
Investigations Not Resulting in Disciplinary Action:	3,740	4,379	4,460	4,193	67%
Investigate + Dismissal (Warning) Letter	544	753	811	703	11%
Investigate + Complaint Closed with Verbal Warning	376	305	384	355	6%
Investigate + Complaint Closed with No Action Due to Insufficient Evidence to Prove Violation Occurred	1,908	2,279	2,299	2,162	35%
Investigate + Lost Jurisdiction (registration expired)	182	250	95	176	3%
Inspections	9	7	4	7	N/A
Inspection + Warning Notice or Dismissal Letter	3	1	3	2	N/A
Application Withdrawn	57	42	56	52	1%
Pharmacy Closed	175	115	148	146	2%
Other *	486	627	660	591	9%
Investigations Resulting in Disciplinary Action:	556	453	528	512	8%
Agreed Board Order	371	265	313	316	5%
Board Order	23	50	50	41	1%
Preliminary Notice Letter + Dismissal (Warning) Ltr.	0	37	0	12	N/A
PNL + Application Withdrawn (with or without Informal Conference)	117	5	108	77	1%
PNL + Informal Conference + Dismissal Letter	16	69	6	30	N/A
PNL + Informal Conference + Case Dismissed	9	14	3	9	N/A
PNL + Case Dismissed or Other	6	10	2	6	N/A
PNL + Remedial Plan	14	3	46	21	N/A
Temporary Suspension Hearing + Case Dismissed	0	0	0	N/A	N/A
Referrals To:	23	39	27	30	N/A
Medical Board	0	0	0	N/A	N/A
PRN Program	0	0	1	N/A	N/A
Supervisor	13	20	16	16	N/A
Other Agency	10	19	10	13	N/A
No Action Because:	1,225	1,198	2,105	1,509	24%
No Violation	270	190	536	332	5%
No Jurisdiction	37	35	56	43	1%
Insufficient Information	2	10	11	8	N/A
Other **	916	963	1,502	1,127	18%
TOTAL	5,544	6,069	7,120	6,244	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	5	35	1	1	0	2	1
Analgesic	16	2,777	3	3	1	8	1
Anticonvulsant	1	3	0	0	0	1	0
Barbiturate	1	80	0	1	0	0	0
Benzodiazepine	8	5,987	2	2	1	1	2
Codeine	6	2,939	5	1	0	0	0
Opiate ²	22	1,668.5	5	0	2	15	0
Sedative	3	4,257	1	2	0	0	0
Stimulant	2	216	0	1	0	0	1
Dangerous Drugs	3	1,179	1	1	0	1	0
SUBTOTAL	67	19,141.5	18	12	4	28	5
LIQUIDS							
Androgen	2	802 ml	0	2	0	0	0
Anesthetic (Ketamine)	2	5.6 ml	0	0	0	2	0
Benzodiazepine	10	67 ml	0	0	0	10	0
Codeine	1	177 ml	1	0	0	0	0
Opiate	54	2,020.45 ml	3	0	2	46	3
Dangerous Drugs	1	5 ml	0	0	0	1	0
SUBTOTAL	70	3,077.5 mls	4	2	2	59	3

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.

² Includes dosage form of transdermal patch

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	5	5,801	2	0	1	0	2
Clonazepam	1	139	1	0	0	0	0
Diazepam	1	20	0	1	0	0	0
Fentanyl patch	1	1	0	0	1	0	0
Hydrocodone/APAP	15	880	4	0	2	9	0
Hydromorphone	1	1	0	0	0	1	0
Lorazepam	2	23	0	1	1	0	0
Oxycodone	9	786.5	1	0	0	8	0
Temazepam	2	4	0	1	0	1	0
Zolpidem	3	4,257	1	2	0	0	0
Total	40	11,913.5	8	5	5	18	2
LIQUID							
Diazepam	1	4 ml	0	0	0	1	0
Fentanyl	23	1,535.35 ml	1	0	0	20	2
Hydrocodone	1	15 ml	0	0	0	1	0
Hydrocodone-Chlorpheniramine	1	5 ml	0	0	0	1	0
Hydromorphone	31	282 ml	1	0	1	28	1
Lorazepam	8	30 ml	0	0	0	8	0
Meperidine	1	3 ml	0	0	0	2	0
Midazolam	2	33 ml	0	0	0	2	0
Morphine	24	180.1 ml	1	0	2	20	1
Total	91	2,087.45 ml	2	0	2	83	4
TOTALS	129	14,000.95	10	5	7	101	6

¹ Also includes non-benzodiazepine (zolpidem) in chart for reference

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.

ENF-10
Employee Pilferage by Employee Type

CLASSIFICATION OF EMPLOYEE	FY2020		FY2021		FY2022		% Change FY2020-FY2021
	Total # of Dosage Units	%	Total # of Dosage Units	%	Total # of Dosage Units	%	
Registered Pharmacist	5,181	5.9%	5,975	16%	3,799	17%	-36%
Pharmacist Intern	0	N/A	0	N/A	0	N/A	N/A
Registered Pharmacy Technician	48,774	55.7%	21,055.5	56.35%	9,869.5	44%	-53%
Pharmacy Technician-in-Training	12,636	14.4%	1,435	3.8%	333	1%	-77%
Physician	0	N/A	2,720	7.3%	2	0%	-100%
Registered Nurse	6,914.3	7.9%	997.13	2.6%	1,351.5	6%	
Certified Registered Nurse Anesthetist	1,120.8	1.3%	705.2	1.9%	943.5	4%	+34%
Licensed Vocational Nurse	10,657	12.2%	36	0.1%	28	0%	-22%
Miscellaneous *	2,215	2.5%	4,492.4	12%	5,892	27%	+31%
TOTALS	87,498.1	100%	37,416.23	100%	22,219	100%	-40.61%

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

* Non-licensed employee, cashier, patient, consumer; paramedic.

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

ENF-11
Performance Measures

Enforcement-Related Performance Measure	FY2022 Projected Performance	FY2022 Performance Attained	Key or Non-Key (K/NK)	Projected Target Met?*
Outputs:				
Jurisdictional Complaints Resolved	5,420	7,006	K	Exceeded
Number of Licensed Individuals Participating in a Peer Assistance Program	160	109	K	Not Met
Efficiency:				
Average Time for Jurisdictional Complaint Resolution	180	83	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%	NK	Met
Percent of Jurisdictional Complaints Resolved within Six Months	68.0%	87%	NK	Exceeded
Recidivism Rate for Participants in Peer Assistance Program	30.0%	18.52%	NK	Not Met
One-Year Completion Rate for Participants in Peer Assistance Program	80.0%	77.78%	NK	Met
Explanatory:				
Jurisdictional Complaints Received	5,500	7,405	K	Exceeded

* 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	FY2018	FY2019	FY2020	FY2021	FY2022
Daily Reports (fingerprints)	598	644	491	528	561
Quarterly Reports	126	104	31	18	32
Total	724	748	522	546	593

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

	FY2022	% of FY2022
Total Number of Orders on Licensees Requiring Monitoring	194	55%
Total Number of Orders on Technicians Requiring Monitoring	105	30%
Total Number of Orders Requiring Monitoring	299	85%
Total Number of Orders Not Requiring Monitoring	52	15%
Total Number of Orders Entered by TSBP in FY2022	351	100%

ENF-14
**Types of Disciplinary Orders Entered on Licensees
(Pharmacists and Pharmacies) and Interns That Required Monitoring**

Sanction	FY2020 Orders	FY2021 Orders	FY2022 Orders	% of FY2021	3-Yr. Avg.	% of 3-Yr. Avg.
Revoke / Retire	19	26	35	16%	27	14%
Suspension	13	14	5	2%	11	6%
Restricted	13	3	1	N/A	6	3%
Rehabilitation Orders*	3	9	4	2%	5	3%
Reinstatement	1	3	1	N/A	2	1%
Fines or Probation Fees Only	57	55	100	45%	71	36%
Continuing Education, Texas Jurisprudence Exam, and/or Pharmacy Law Course (could also include fines and/or probation fees)	17	6	12	5%	12	6%
Continuous Quality Improvement Program, Self-Assessments, Policies/ Procedures, and/or Quarterly Reports (could also include fines and/or probation fees)	51	31	36	16%	39	20%
Public Orders Requiring Drug Screens	0	0	0	N/A	N/A	N/A
Total number of orders on licensees requiring monitoring	174	147	194	88%	172	87%
Total number of orders not requiring monitoring	32	21	27	12%	27	14%
Total orders	206	168	221	100%	198	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	FY2020 Orders	FY2021 Orders	FY2022 Orders	% of FY2022	3-Year Average	% of 3-Year Average
Revoke *	41	43	31	24%	38	28%
Suspension	15	12	7	5%	11	8%
Restriction	0	1	0	N/A	N/A	N/A
Fines Only	60	39	57	44%	52	38%
Other **	16	14	10	8%	13	9%
Total number of orders on technicians requiring monitoring	132	109	105	81%	115	83%
Total number of orders on technicians not requiring monitoring	26	16	25	19%	22	16%
Total number of orders on technicians	158	125	130	100%	138	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 FY2022, TSBP revoked the registrations of 21 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 (FY2021 – FY2022)			
Fiscal Year	Total Orders	Total New Orders	Total Being Monitored
FY2021	19	19	30
FY2022	10	10	18

* TSBP entered 10 Orders on pharmacy technicians or pharmacy technician trainees who were subject to probation periods with random drug screening in FY2022. Of the 10 Orders, there were 10 Orders resulting in a pharmacy technician or pharmacy technician in training being added to the number who were being monitored at the end of FY2022, as reflected in the chart above. However, 22 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	FY2020	FY2021	FY2022	% of FY2021	3-Yr. Avg.	% of 3-Yr. Avg.
Non-Compliance with ABO	8	6	6	29%	7	26%
Non-Compliance with PRN	4	3	0	N/A	2	7%
Action by Other Boards	1	1	1	5%	1	4%
Audit Shortages	0	0	0	N/A	N/A	N/A
Alcohol-Related Conviction	1	2	2	10%	2	7%
Theft of Prescription Drugs	0	0	0	N/A	N/A	N/A
Created Fraudulent Rx or Obtained C/S by Fraud	1	2	1	5%	1	4%
Convictions	1	0	0	N/A	N/A	N/A
Deferred Adjudication	1	0	1	5%	1	4%
Illegal Possession of Controlled Substances	0	0	0	N/A	N/A	N/A
Unauthorized Refills of Controlled Substances	0	1	0	N/A	N/A	N/A
Probable Cause/Dependency	1	6	2	10%	3	11%
Mental Impairment	1	1	0	N/A	1	4%
Request for Modification of Previously Entered ABO	8	4	7	33%	3	11%
Request for Retirement or Revocation	6	1	1	5%	3	11%
Request for Reinstatement	1	0	0	N/A	N/A	N/A
TOTAL	34	27	21	100%	27	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***
FY2018	40	13	86
FY2019	32	15	79
FY2020	35	14	76
FY2021	27	14	75
FY2022	21	6	62

* 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 21 confidential pharmacist/intern Orders entered in FY2022, there were 6 Orders resulting in an impaired/recovering pharmacist or intern being added to the number who were being monitored at the end of FY2022 is set forth in Appendix Chart ENF-17. However, 19 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, 2022, a total of 62 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 (FY2022)

		%	PHARMACIST	PHARMACY	TOTAL
LICENSES REMOVED	37	17%			
Revoke			4	28	32
Retire			5	0	5
SUSPENSIONS	5	2%			
Suspension			1	0	1
Suspension/Conditions			4	0	4
Suspension/Fine			0	0	0
Suspension/Fine/Conditions			0	0	0
PROBATIONS	15	7%			
Probation			1	3	4
Probation/Conditions			4	2	6
Probation/Fine			0	0	0
Probation/Fine/Conditions			3	2	5
RESTRICTED	1	<1%	1	0	1
OTHER	136	62%			
Fine			51	39	90
Fine/Conditions			2	9	11
Fine/Reprimand			1	1	2
Fine/Reprimand/Conditions			3	11	14
Reprimand			3	12	15
Reprimand/Conditions			4	0	4
Require MHP Evaluation			0	0	0
ISSUANCE LICENSE/REG	12	5%			
Grant/Suspension			0	0	0
Grant/Restrictions			1	0	1
Grant/Probation			1	0	1
Grant/Probation/Fine			0	0	0
Grant Probation/Fine/Conditions			0	0	0
Grant/Probation/Conditions			1	0	1
Grant/Reprimand/Fine			0	0	0
Grant/Fine			2	1	3
Grant/Fine/Conditions			0	0	0
Grant/Reprimand			5	1	6
REINSTATEMENTS	1	<1%			
Grant			0	0	0
Grant/Probation/Conditions			1	0	1
Deny			0	0	0
MODIFICATIONS	14	6%			
Grant			11	2	13
Deny			1	0	1
TOTAL FY22	221	100%	110	111	221

FY22 Orders Entered Against Pharmacist Licenses	110	50%
FY22 Orders Entered Against Pharmacy Licenses	111	50%
FY22 Total Disciplinary Orders on Pharmacist/Pharmacy	221	100%

TEXAS STATE BOARD OF PHARMACY
DISCIPLINARY ORDERS ON PHARMACISTS, INTERNS, AND
APPLICANTS FOR LICENSURE AND INTERN REGISTRATIONS (FY22)
NATURE OF VIOLATIONS*

	RPH	PHY	TOTAL	TOTAL %
DIVERSION	6	2	8	4%
Illegal Delivery	0	0	0	N/A
Illegal Poss of Rx Drugs	0	0	0	N/A
Unauth Dispensing	0	1	1	<1%
Theft	1	0	1	<1%
Obtain C/S by Fraud	1	0	1	<1%
No Valid Dr-Pt Relationship	4	1	5	2%
CONVICTIONS/DEFER ADJ	9	2	11	5%
Felony	2	1	3	1%
Misdemeanor	1	0	1	<1%
Defer Felony	2	1	3	2%
Defer Misdemeanor	2	0	2	1%
Alcohol-Related	2	0	2	1%
AUDIT DISCREPANCIES	0	0	0	N/A
Drug	0	0	0	N/A
Continuing Education	0	0	0	N/A
PRACTICE DEFICIENCIES	12	26	38	17%
Dispensing Errors	4	20	24	11%
Dispensing Errors/No Counsel/No DUR	6	6	12	5%
No Counsel/No DUR	0	0	0	N/A
Compounding Sterile w/out Class S	0	0	0	N/A
Shipping Rx to States w/out License	2	0	2	1%
UNPROFESSIONAL CONDUCT	59	70	129	58%
Aiding & Abetting	0	0	0	N/A
TCH working w/no Active Registration	8	8	16	7%
Falsified Application	2	1	3	1%
Sterile Compounding w/out Training	0	0	0	N/A
Impairment	2	0	2	1%
Action by TSBP or Other Boards	10	5	15	7%
Non-Compliance w/Previously Entered Order	9	0	9	4%
Non-Compliance w/PRN program	0	0	0	N/A
Violation of Board Rules	28	56	84	38%
OTHER	24	11	35	16%
Modification	12	2	14	6%
Reinstatement	1	0	1	<1%
Request for Revoke/Retire/Restrict	6	7	13	6%
Temporary Suspension Orders	0	0	0	N/A
Other	5	2	7	3%
TOTAL FY22	110	111	221	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.

FY22 Orders Entered Against Pharmacist Licenses	110	50%
FY22 Orders Entered Against Pharmacy Licenses	111	50%
FY22 Total Disciplinary Orders on Pharmacist/Pharmacy	221	100%

TEXAS STATE BOARD OF PHARMACY
SANCTIONS IMPOSED BY THE ENTRY OF DISCIPLINARY ORDERS ON
PHARMACY TECHNICIANS, TECHNICIAN TRAINEES, AND
APPLICANTS FOR TECHNICIAN/TRAINEE REGISTRATIONS (FY22)

		TOTAL	PERCENT
REGISTRATION REMOVED		31	24%
Revoke	31		
Retire	0		
SUSPENSIONS		4	3%
Suspension	1		
Suspension/Probation	3		
Suspension/Probation/Conditions	0		
Suspension/Conditions	0		
Suspension/Fine/Probation/Conditions	0		
Suspension/Fine	0		
PROBATION		11	8%
Probation	5		
Probation/Conditions	6		
Probation/Fine	0		
Probation/Fine/Conditions	0		
RESTRICTED		0	N/A
OTHER		15	12%
Fine	10		
Fine/Conditions	0		
Fine/Reprimand	0		
Fine/Reprimand/Conditions	0		
Reprimand	5		
Reprimand/Conditions	0		
ISSUANCE REGISTRATION		58	45%
Grant/Suspension	1		
Grant/Suspend/Probation	1		
Grant/Suspension/Fine	0		
Grant/Probation	39		
Grant/Probation/Conditions	1		
Grant/Probation/Fine/Conditions	0		
Grant/Probation/Fine	0		
Grant/Fine	2		
Grant/Fine/Reprimand	0		
Grant/Reprimand	14		
Deny	0		
REINSTATEMENTS		7	5%
Grant	0		
Grant/Suspension/Probation/Conditions	0		
Grant/Suspension/Probation	1		
Grant/Probation	3		
Grant/Probation/Conditions	1		
Grant/Conditions	2		
Grant/Conditions/Reprimand	0		
Grant/Fine	0		
MODIFICATIONS		4	3%
TOTAL FY22		130	100%

TEXAS STATE BOARD OF PHARMACY
DISCIPLINARY ORDERS ON PHARMACY TECHNICIANS, TECHNICIAN TRAINEES,
AND APPLICANTS FOR TECHNICIAN/TRAINEE REGISTRATIONS (FY22)
NATURE OF VIOLATIONS*

		TOTAL	PERCENT
DIVERSION		3	2%
Theft	3		
Forged Rx	0		
Illegal Delivery	0		
CONVICTIONS/DEFERRED ADJUDICATIONS		87	67%
Felony	15		
Felony/False App	0		
Misdemeanor	11		
Misdemeanor/False App	0		
Defer Felony	38		
Defer Felony/False App	0		
Defer Misdemeanor	17		
Defer Misdemeanor/False App	0		
Alcohol-Related (e.g., DWI)	6		
Alcohol-Related/False App	0		
IMPAIRMENT		0	N/A
Drug or Alcohol Dependency	0		
Drug or Alcohol Dependency/False App	0		
Probable Cause	0		
FALSE APPLICATIONS**		0	N/A
OTHER VIOLATIONS		10	8%
Gross Immorality	0		
Non-Compliance w/Previously Entered Order	3		
Performed TCH duties w/Delinquent Registration	3		
Performed TCH duties w/No Registration	3		
Performed RPH duties	0		
Action by TSBP or Other Board	0		
Negligence	1		
CE Shortage	0		
REQUEST FOR REVOKE/RETIRE/RESTRICT		19	15%
REINSTATEMENT		7	5%
MODIFY		4	3%
TEMPORARY SUSPENSION ORDERS		0	N/A
TOTAL FY22		130	100%

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

** Does not include the 3 falsified applications described above.

LEG-01 continued

Type of Order	Summary Suspensions	SOAH Board Orders	Default Board Orders	ABOs Entered by ED	ABOs Public	Confidential Orders*	Total Number of Orders
Pharmacists, Pharmacies, and Interns	0	7	26	27	146	26	232
Pharmacy Technicians	0	0	17	41	69	0	127
Total	0	7	43	68	215	26	359

* 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
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%
FY22	23	25	221	269	63%	91%

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
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%
FY22	Xx	16	110	126	1%	100%

PHARMACY AND PHARMACIST REMEDIAL PLANS

FISCAL YEAR	PHARMACISTS	PHARMACIES	TOTAL
FY18	10	1	11
FY19	15	2	17
FY20	13	1	14
FY21	27	9	36
FY22	40	6	46

Informal Conferences for Pharmacies and Pharmacists

Dates of Informal Conferences	# of Days	# of Phy Respondents	# of RPh Respondents	# of Licensees Dismissed
September 8-9, 2021	2	8	13	1
October 5-6, 2021	2	6	11	1
December 7-8, 2021	2	9	15	3
January 11-12, 2022	2	5	13	7
March 1-2, 2022	2	9	12	5
April 5-6, 2022	2	6	12	1
June 7-8, 2022	2	4	14	1
July 6-7, 2022	2	7	14	3
TOTAL	16	54	104	22

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
October 7, 2021	1	20	14	6	10	1
November 16, 2021	1	15	13	2	6	0
December 9, 2022	1	16	12	4	3	3
January 13, 2022	1	16	10	6	5	1
March 3, 2022	1	21	16	5	7	2
April 7, 2022	1	17	13	4	7	3
May 17, 2022	1	15	11	4	8	4
June 9, 2022	1	18	12	6	11	2
June 28, 2022	1	18	15	3	9	2
August 9, 2022	1	16	9	7	6	2
TOTAL	10	172	125	47	72	20

RULE PROPOSALS

For presentation at November 2, 2021, Board meeting:
§283.4 concerning Internship Requirements
§291.29 concerning Professional Responsibility of Pharmacists
§291.34 concerning Records
For presentation at February 1, 2022, Board meeting:
§281.66 concerning Application for Reissuance or Removal of Restrictions of a License or Registration
§291.121 concerning Remote Pharmacy Services
For presentation at May 3, 2022, Board meeting:
§283.4 concerning Internship Requirements
§291.33 concerning Operational Standards
§291.104 concerning Operational Standards
§291.125 concerning Centralized Prescription Dispensing
§291.131 concerning Pharmacies Compounding Non-Sterile Preparations
§305.1 concerning Pharmacy Education Requirements
§305.2 concerning Pharmacy Technician Training Programs
For presentation at August 2, 2022, Board meeting:
§291.8 concerning Return of Prescription Drugs
§291.33 concerning Operational Standards
§291.73 concerning Personnel
§295.8 concerning Continuing Education Requirements
§297.8 concerning Continuing Education Requirements

RULE SUBMISSIONS TO THE TEXAS REGISTER

Rules	Type of Action	Published in TxReg as Proposed	Published in TxReg as Adopted/Withdrawn
283.4	Amendment	-	09/03/2021
291.6	Amendment	-	09/03/2021
291.76	Amendment	-	09/03/2021
291.121	Amendment	-	09/03/2021
291.151	Amendment	-	09/03/2021
295.5	Amendment	-	09/03/2021
297.4	Amendment	-	09/03/2021
283.12	Amendment	09/24/2021	12/03/2021
291.34	Amendment	09/24/2021	12/03/2021
291.36	Withdrawn	09/24/2021	12/24/2021
291.77	Withdrawn	09/24/2021	12/24/2021
291.106	Withdrawn	09/24/2021	12/24/2021
291.131	Withdrawn	09/24/2021	12/24/2021
297.10	Amendment	09/24/2021	12/03/2021
283.4	Amendment	12/24/2021	03/11/2022
291.29	Amendment	12/24/2021	03/11/2022
291.34	Amendment	12/24/2021	03/11/2022
Ch. 291C (§§291.51-291.55)	Review	12/24/2021	03/18/2022
Ch. 305 (§§305.1-305.2)	Review	12/24/2021	03/18/2022
Ch. 309 (§§309.1-309.8)	Review	12/24/2021	03/18/2022
291.121	Amendment	03/18/2022	06/03/2022
281.66	Amendment	03/18/2022	06/03/2022
Ch. 305 (§§305.1-305.2)	Repeal	06/24/2022	08/19/2022
283.4	Amendment	06/24/2022	08/19/2022
291.33	Amendment	06/24/2022	08/19/2022
291.104	Amendment	06/24/2022	08/19/2022
291.125	Amendment	06/24/2022	08/19/2022
291.131	Amendment	06/24/2022	08/19/2022

OPEN MEETING SUBMISSIONS TO THE TEXAS REGISTER

Type of Submission	Date Published
Compounding Advisory Group – 10/08/2021 via Zoom	09/27/2021
Board Member Training Session – 11/01/2021	10/15/2021
Board Business Meeting – 11/02/2021	10/15/2021
PMP Advisory Committee Meeting – 11/17/2021	11/02/2021
Interagency Prescription Monitoring Program Work Group – 12/16/2021	12/02/2021
Board Business Meeting – 02/01/2022	01/18/2022
Board Executive Committee Meeting – 04/29/2022	04/14/2022
Interagency Prescription Monitoring Program Work Group – 04/27/2022	04/18/2022
Board Business Meeting – 05/03/2022	04/19/2022
PMP Advisory Committee Meeting – 06/29/2022	06/16/2022
Interagency Prescription Monitoring Program Work Group – 07/25/2022	07/13/2022
Board Business Meeting – 08/02/2022	07/15/2022

OPEN RECORDS REQUESTS

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
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
FY22	110	1,845	2,697	2,807	9	225

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
FY22	71	7	1,831	15	1,846

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
FY22	16	17	33	20	1	21

PMP-01**Prescription Monitoring Program Presentations**

DATE	PRESENTATION	NUMBER OF ATTENDEES
7/20/2022	Texas PMP Update, PDMP East and South Regional Meeting	30

PMP-02**Prescription Monitoring Program Data**

	FY19	FY20	FY21	FY22
Registered Users	116,458	153,779	168,057	172,469
Number of Controlled Substances Prescriptions Submitted to PMP System	38,159,456	36,397,998	35,221,966	35,014,668
Total Number of Queries Received by Prescription Monitoring Program	30,231,675	155,711,646	197,330,274	243,503,593
<i>Number of AWA Rx E Searches</i>	<i>12,567,013</i>	<i>27,503,579</i>	<i>49,435,512</i>	<i>45,557,176</i>
<i>Number of Integrated Searches*</i>	<i>17,664,662</i>	<i>128,208,067</i>	<i>197,330,274</i>	<i>197,946,417</i>

*Integrated searches began June 2019.