

## **RULE ANALYSIS**

**Introduction:** THE AMENDMENTS ARE SUBMITTED TO THE BOARD FOR CONSIDERATION AS PROPOSED RULES

**Short Title:** Pharmacist to Technician Ratio

**Rule Numbers:** §§291.32, 291.53, 291.153

**Statutory Authority:** Texas Pharmacy Act, Chapter 551-566 and 568-569, Occupations Code:

- (1) Section 551.002 specifies that the purpose of the Act is to protect the public through the effective control and regulation of the practice of pharmacy; and
- (2) Section 554.051 gives the Board the authority to adopt rules for the proper administration and enforcement of the Act.

**Purpose:** The amendments, if adopted, change the ratio for Class A and Class B pharmacies from 1:3 to 1:4; and for Class G pharmacies from 1:6 to 1:8.

**Background:** The Board discussed the pharmacist to pharmacy technician ratio requirements at the February 5, 2013, and May 7, 2013, meetings. The Board directed staff to draft amendments to the rules changing the ratio requirements.

**TITLE 22 EXAMINING BOARDS  
PART 15 TEXAS STATE BOARD OF PHARMACY  
CHAPTER 291 PHARMACIES  
SUBCHAPTER B COMMUNITY PHARMACY (CLASS A)**

**§291.32 Personnel**

(a) – (c) (No change.)

(d) Pharmacy Technicians and Pharmacy Technician Trainees.

(1) (No change.)

(2) Duties.

(A) – (B) (No change.)

(C) Pharmacy technicians and pharmacy technician trainees may perform only nonjudgmental technical duties associated with the preparation and distribution of prescription drugs, as follows:

(i) initiating and receiving refill authorization requests;

(ii) entering prescription data into a data processing system;

(iii) **selecting a stock container** [~~taking a stock bottle~~] from the shelf for a prescription;

(iv) preparing and packaging prescription drug orders (i.e., counting tablets/capsules, measuring liquids and placing them in the prescription container);

(v) affixing prescription labels and auxiliary labels to the prescription container;

(vi) reconstituting medications;

(vii) prepackaging and labeling prepackaged drugs;

(viii) loading bulk unlabeled drugs into an automated dispensing system provided a pharmacist verifies that the system is properly loaded prior to use;

(ix) compounding non-sterile and sterile prescription drug orders; and

(x) compounding bulk preparations.

(3) Ratio of on-site pharmacist to pharmacy technicians and pharmacy technician trainees.

(A) Except as provided in subparagraph (B) of this paragraph, the ratio of on-site pharmacists to pharmacy technicians and pharmacy technician trainees may be **1:4** [~~1:3~~], provided the pharmacist is on-site and at least one of the **four** [~~three~~] is a pharmacy technician. The ratio of pharmacists to pharmacy technician trainees may not exceed 1:2.

51 (B) As specified in §568.006 of the Act, a Class A pharmacy may have a ratio of on-site  
52 pharmacists to pharmacy technicians/pharmacy technician trainees of 1:5 provided:

53  
54 (i) the Class A pharmacy:

55  
56 (I) dispenses no more than 20 different prescription drugs; and

57  
58 (II) does not produce sterile preparations including intravenous or intramuscular drugs on-  
59 site; and

60  
61 (ii) the following conditions are met:

62  
63 (I) at least four are pharmacy technicians and not pharmacy technician trainees; and

64  
65 (II) The pharmacy has written policies and procedures regarding the supervision of  
66 pharmacy technicians and pharmacy technician trainees, including requirements that the  
67 pharmacy technicians and pharmacy technician trainees included in a 1:5 ratio may be involved  
68 only in one process at a time. For example, a technician/trainee who is compounding non-sterile  
69 preparations or who is involved in the preparation of prescription drug orders may not also call  
70 physicians for authorization of refills.

71  
72 (e) (No change.)

1 **TITLE 22 EXAMINING BOARDS**  
2 **PART 15 TEXAS STATE BOARD OF PHARMACY**  
3 **CHAPTER 291 PHARMACIES**  
4 **SUBCHAPTER C NUCLEAR PHARMACY (CLASS B)**

5  
6 **§291.53 Personnel**  
7

8 (a) Pharmacists-in-Charge.  
9

10 (1) General.  
11

12 (A) – (B) (No change.)  
13

14 (C) Each Class B pharmacy shall have one pharmacist-in-charge who is employed on a full-  
15 time basis, who may be the pharmacist-in-charge for only one such pharmacy; provided,  
16 however, such pharmacist-in-charge may be the pharmacist-in-charge of:

17  
18 (i) more than one Class B pharmacy, if the additional Class B pharmacies are not open to  
19 provide pharmacy services simultaneously; or  
20

21 (ii) **during an emergency**, up to two Class B pharmacies open simultaneously if the  
22 pharmacist-in-charge works at least 10 hours per week in each pharmacy **for no more than a**  
23 **period of 30 consecutive days**.  
24

25 (2) Responsibilities. The pharmacist-in-charge shall have the responsibility for, at a minimum,  
26 the following:  
27

28 (A) – (K) (No change)  
29

30 (L) **legally operating** ~~[legal operation of]~~ the pharmacy, including meeting all inspection and  
31 other requirements of all state and federal laws or rules governing the practice of pharmacy.  
32

33 (b) Owner. The owner of a Class B pharmacy shall have responsibility for all administrative and  
34 operational functions of the pharmacy. The pharmacist-in-charge may advise the owner on  
35 administrative and operational concerns. The owner shall have responsibility for, at a minimum,  
36 the following, and if the owner is not a Texas licensed pharmacist, the owner shall consult with  
37 the pharmacist-in-charge or another Texas licensed pharmacist:  
38

39 (1) **establishing** ~~[establishment of]~~ policies for procurement of prescription drugs and devices  
40 and other products dispensed from the Class B pharmacy;  
41

42 (2) **establishing** ~~[establishment of]~~ policies and procedures for the security of the prescription  
43 department including the maintenance of effective controls against the theft or diversion of  
44 prescription drugs;  
45

46 (3) if the pharmacy uses an automated pharmacy dispensing system, reviewing and approving  
47 all policies and procedures for system operation, safety, security, accuracy and access, patient  
48 confidentiality, prevention of unauthorized access, and malfunction;  
49

50 (4) providing the pharmacy with the necessary equipment and resources commensurate with  
51 its level and type of practice; and

(5) **establishing** ~~establishment of~~ policies and procedures regarding maintenance, storage, and retrieval of records in a data processing system such that the system is in compliance with state and federal requirements.

(c) Authorized nuclear pharmacists.

(1) General.

(A) – (C) (No change.)

(D) Authorized nuclear pharmacists are solely responsible for the direct supervision of pharmacy technicians and pharmacy technician trainees and for delegating nuclear pharmacy techniques and additional duties, other than those listed in paragraph (2) of this subsection, to pharmacy technicians and pharmacy technician trainees. Each authorized nuclear pharmacist **shall**:

(i) ~~shall~~ verify the accuracy of all acts, tasks, or functions performed by pharmacy technicians and pharmacy technician trainees; and

(ii) ~~shall~~ be responsible for any delegated act performed by pharmacy technicians and pharmacy technician trainees under his or her supervision.

(E) – (F) (No change.)

(2) (No change.)

(3) Duties. Duties which may only be performed by an authorized nuclear pharmacist are as follows:

(A) receiving verbal therapeutic prescription drug orders and reducing these orders to writing, either manually or electronically;

(B) receiving verbal, diagnostic prescription drug orders in instances where patient specificity is required for patient safety (e.g., radiolabeled blood products, radiolabeled antibodies) and reducing these orders to writing, either manually or electronically;

(C) interpreting and evaluating radioactive prescription drug orders;

(D) **selecting** ~~selection of~~ drug products; and

(E) performing the final check of the dispensed prescription before delivery to the patient to ensure that the radioactive prescription drug order has been dispensed accurately as prescribed.

(d) Pharmacy Technicians and Pharmacy Technician Trainees.

(1) – (3) (No change.)

(4) Ratio of authorized nuclear pharmacist to pharmacy technicians and pharmacy technician trainees.

103

104 (A) The ratio of authorized nuclear pharmacists to pharmacy technicians and pharmacy  
105 technician trainees may be 1:4 [4:3], provided at least one of the four [three] is a pharmacy  
106 technician and is trained in the handling of radioactive materials.

107

108 (B) The ratio of authorized nuclear pharmacists to pharmacy technician trainees may not  
109 exceed 1:2.

110

111 (e) (No change.)

**TITLE 22 EXAMINING BOARDS  
PART 15 TEXAS STATE BOARD OF PHARMACY  
CHAPTER 291 PHARMACIES  
SUBCHAPTER H OTHER CLASSES OF PHARMACY**

**§291.153 Central Prescription Drug or Medication Order Processing Pharmacy (Class G)**

(a) – (b) (No change.)

(c) Personnel.

(1) – (2) (No change.)

(3) Pharmacists.

(A) (No change.)

(B) Duties. Duties which may only be performed by a pharmacist are as follows:

(i) receiving oral prescription drug or medication orders and reducing these orders to writing, either manually or electronically;

(ii) interpreting prescription drug or medication orders;

(iii) **selecting** [~~selection of~~] drug products;

(iv) verifying the data entry of the prescription drug or medication order information at the time of data entry prior to the release of the information to a Class A, Class C, or Class E pharmacy for dispensing;

(v) communicating to the patient or patient's agent information about the prescription drug or device which in the exercise of the pharmacist's professional judgment, the pharmacist deems significant, as specified in §291.33(c) of this title (relating to Operational Standards);

(vi) communicating to the patient or the patient's agent on his or her request information concerning any prescription drugs dispensed to the patient by the pharmacy;

(vii) assuring that a reasonable effort is made to obtain, record, and maintain patient medication records;

(viii) interpreting patient medication records and performing drug regimen reviews; and

(ix) performing a specific act of drug therapy management for a patient delegated to a pharmacist by a written protocol from a physician licensed in this state in compliance with the Medical Practice Act.

(4) Pharmacy Technicians and Pharmacy Technician Trainees.

(A) – (B) (No change.)

(C) Ratio of on-site pharmacists to pharmacy technicians and pharmacy technician trainees.  
A Class G pharmacy may have a ratio of on-site pharmacists to **pharmacy technicians and  
pharmacy technician trainees** ~~[pharmacy technicians/pharmacy technician trainees]~~ of **1:8**  
~~[4:6]~~ provided:

(i) at least **seven** ~~[five]~~ are pharmacy technicians and not pharmacy technician trainees; and  
(ii) the pharmacy has written policies and procedures regarding the supervision of pharmacy  
technicians and pharmacy technician trainees.

(5) (No change.)

(d) – (e) (No change.)



# History of Pharmacy Technicians in Texas

## Summary

September 1, 1981 – Texas Pharmacy Act amended to recognize the persons who assist pharmacists. These individuals are called “supportive personnel” and defined as: those individuals utilized in pharmacies whose responsibility it shall be to provide nonjudgmental technical services concerned with the preparation and distribution of drugs under the direct supervision of and responsible to a pharmacist.

November 5, 1982 – Board adopts first rules that include requirements for “supportive personnel.”

- Training & Qualifications:
  - Supportive personnel must be qualified and trained to perform the tasks assigned to them.
- Duties:
  - Prepare Rx labels.
  - Initiate and receive refill authorization requests.
  - Prepackage drugs.

September 14, 1988 – Board adopts rules to place a maximum ratio (2:1) on the number of supportive personnel a pharmacist is allowed to supervise in Class A pharmacies. (Note: Texas Pharmacy Act prohibits the Board from establishing a ratio in Class C pharmacies).

March 21, 1996 – Qualifications. Rules amended to require all supportive personnel:

- Employed after March 1, 1996, must have a high school degree or be enrolled in a high school program.
- To have taken and passed the PTCB certification examination by January 1, 2001.

September 1, 1997 – Texas Pharmacy Act amended to change the designation from **supportive personnel to pharmacy technicians** and give the Board the authority to determine and issue standards for recognition and approval of pharmacy technician training programs. The Board was also given the authority to register pharmacy technicians, but the agency was not funded to begin this registration.

September 1, 1999 – Texas Pharmacy Act amended to give the Board the authority to register pharmacy technicians beginning January 1, 2001. (Note: No funding was provided with the passage of this bill therefore the Board did not begin the registration of pharmacy technicians on January 1, 2001.)

September 16, 1999 – The ratio of pharmacists to pharmacy technicians may be 1:3 if one of the technicians is certified.

September 1, 2003 – The Board of Pharmacy's appropriation for the fiscal year FY2001-2003 included funding to begin registration of Pharmacy Technicians.

February 23, 2004 – Board registers first pharmacy technician.

September 1, 2005 – Texas Pharmacy Act amended to give the Board the authority to register pharmacy technician trainees.

October 2006 – Board begins pharmacy technician trainee registration program.

September 18, 2007 – The ratio of pharmacists to pharmacy technicians and pharmacy technician trainees may be 1:3, provided at least one of the three is a pharmacy technician. The ratio of pharmacists to pharmacy technician trainees may not exceed 1:2.

## Gay Dodson

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**From:** Gary A Schnabel  
**Sent:** Monday, July 01, 2013 10:04 AM  
**To:** Gay Dodson  
**Subject:** Technician Ratio

Hi Gay,

I hope you are doing well and beating the heat. We are registering a balmy 97 degrees today. Way too hot for Oregonians but we are not complaining. You all in the southwest win that right. I understand that the Texas BOP is revisiting its technician ratio. I just wanted to drop you a note in case there is interest in what other states are doing or have done.

Oregon traditionally had a 1:1 ratio. About 10 years ago Oregon the BOP changed to a 2:1 ratio. After a couple years with 2:1 and no incidents the Oregon BOP engaged in a long deliberation with itself and stakeholders and ultimately removed the ration altogether. The rationale was that one size does not fit all circumstances and the BOP should not be the decider of the appropriate ratio. The PIC on site is in the best position to decide appropriate staffing. Eventually a standard of practice will evolve around tech staffing. This was not a unanimous vote.

Since that time a standard of 1 to 3 technicians per pharmacist has evolved. We have only had one incident. That was a case in which a long term care pharmacy was found with seven technicians processing bubble packs for delivery, and only one pharmacist. We simply told him he was outside the acceptable standard of practice, even for long term care, and could be in violation of our unprofessional conduct rule for practicing outside the accepted standard of practice. The violation is not a "ratio" violation but is "unprofessional conduct". For that to work, we had to establish that the 1-3 techs to 1 pharmacist was the accepted standard. That is not to say that 3 technicians is the maximum either, but the PIC would have to defend a higher staffing pattern in terms of patient safety if there was an issue. We hardly ever hear about or mention ratios anymore.

Good luck in your deliberations. It was not an easy decision here in Oregon but it has worked out well for us.

... gary

*Gary A. Schnabel, RPh, RN*  
*Executive Director*  
Oregon Board of Pharmacy  
800 NE Oregon Street, Suite 150  
Portland, OR 97232

## Gay Dodson

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**From:** Hal Wand  
**Sent:** Tuesday, July 02, 2013 2:09 PM  
**To:** Gay Dodson  
**Subject:** Pharmacy Technician Ratios  
**Attachments:** Hal Wand.vcf

Hello Director Dodson,  
(Gay)

I heard that your board is discussing revising the pharmacist/technician ratio requirements. I thought you might want a short summary of what AZ did several years ago.

As in most states, originally AZ had a 1:1 ratio. Around 1994 we changed to a 2:1 ratio if the techs were not PTCB certified and 3:1 if one or more were PTCB certified. A few years later, after no significant negative patient outcomes and no abuse of the process, our board met with stakeholders and determined to remove the ratio totally. The board felt that the permit holder and PIC were in the best position to determine the appropriate staffing levels and ratios for a facility.

Our inspection staff has observed an unwritten standard of 1 to 3 technicians per pharmacist. We do limit personnel by size of the pharmacy however, requiring either 30 or 60 square feet per additional person, regardless of whether RPh or CPhT depending on the type of pharmacy practice. Size seems to be a more appropriate limiter than number of personnel and there have been no instances of huge numbers of technicians per pharmacist.

The discussions should be interesting and I trust that your board will come to the best decision for Texas citizens and practitioners.



### **Hal Wand**

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Executive Director  
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-----Original Message-----

From: Phil Burgess

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

To: Gay Dodson

Subject: Follow-up on Call

Gay:

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

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

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

Please call or email if you have any questions.

Phil

Philip P. Burgess, RPh, DPh, MBA  
Principal, Philip Burgess Consulting, LLC  
3800 N. Lake Shore Drive  
Chicago, IL 60613  
(773) 595-5990

RECEIVED  
2013 JUL 25 PM 2:17  
TX STATE BD  
OF PHARMACY

July 24, 2013

**HAND DELIVERY**

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

RE: **Pharmacist to Technician Ratio**

Dear Texas Board of Pharmacy,

I am the Chief Pharmacist at DaVita Rx, the first and largest full-service pharmacy created specifically for the unique needs of kidney patients. We have recently reached the milestone of dispensing 10 million prescriptions overall, and are proud to do so from our flagship pharmacy in Coppell, Texas. I want to thank you for researching the current ratio requirements for pharmacist supervision of technicians, specifically in Class A pharmacies. As we expressed in other communications, we are working with our pharmacist colleagues to advocate for and inform a decision to remove the ratio entirely. DaVita Rx understands the complexity of your responsibilities, and want to offer ourselves as a resource on this, or any issue before you.

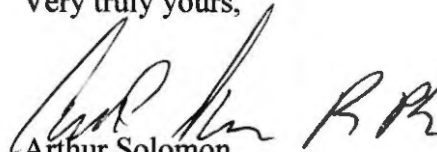
We believe the elimination of the ratio is critical for both growth of our pharmacy and growth of the pharmacy profession to allow for greater utilization of both pharmacists and pharmacy technicians. Pharmacist to technician ratios is an arbitrary model that is becoming restrictive to some of today's changing pharmacy practice settings and models. As the pharmacy work environment is evolving away from the be a non-standard setting in pharmacy, many pharmacies offer patients more than just dispensing prescriptions only – including performance of MTM or other specialized therapeutic reviews and patient adherence and persistence programs. Pharmacy technology has also advanced with automation, IVR systems, electronic processing, IVR, creative counseling solutions, etc. DaVita Rx has witnessed the Board being both thoughtful and proactive regarding technology and feels that the elimination of the ratio

would allow for a similar advance in innovation by enabling pharmacies to be flexible and maximization their resources to meet their specific patient needs. Allowing pharmacists to perform more professional services can lead to better compliance and patient safety as well as reduce healthcare costs and produce better outcomes.

Similarly, we believe elimination of this ratio requirement would be consistent with the Texas Legislature's recent passing of bills to eliminate other health licensing ratio requirements from the recent legislative session.

In closing, we ask for your consideration on this issue and hope that this elimination can be addressed at the Texas Board of Pharmacy meeting in August, or soon after. If we can provide further information or be a resource in any way, please do not hesitate to reach out to us. We appreciate your service to the State of Texas and pharmacy patients.

Very truly yours,

  
Arthur Solomon,  
Chief Pharmacist

**From:** david lee  
**Sent:** Monday, July 29, 2013 9:43 PM  
**To:** Gay Dodson  
**Subject:** Walmart Rph comment on pharmacist: technician ratio

Ms. Dodson,

My name is David S. Lee and am a pharmacist for Walmart pharmacy in Plano, Texas. I have been practicing in Texas for past 6 years in retail setting and have really enjoyed the growth of our profession especially in immunizations and MTM. Today I want to share with you my view on pharmacist, technician ratio. Both at Walgreens and Walmart, I have been involved in development and applying immunizations and MTM services to pharmacist daily workflow so I may have a different view on this matter.

When the discussion comes up about expanding the pharmacist: technician ratio, pharmacists often mention its negative impact on safety and deviation from an "ideal" pharmacist to technician ratio, among others. Ms. Dodson, you more then anyone else is aware of the changes happening in our profession and in our healthcare system. Recently, former president Bill Clinton was at a pharmacist meeting and addressed our roles. He said, for pharmacy profession to continue to grow, we must find voids in healthcare and be able to fill those voids. With pharmacy based services like immunizations, MTM, and preventative health services, we are finding those needs in healthcare and allowing our profession to grow.

But for the pharmacists to practice immunizations and MTM in retail pharmacies, they must have greater support. In 2009, during the H1N1 flu season, my pharmacy team in Plano administered 2700 flu shots in 45 days. As you are well aware, there was a real need in our community to vaccinate and fortunately our pharmacists were there to meet the challenge. On some of those days, I actually administered more then 100 flu shots daily, in addition to our regular prescription duties. What I noticed more then anything else was not need for additional pharmacist support but for additional technician support to interact, direct and guide our patients. What allowed me to get through those days was that my technicians were performing technician duties and I was only performing pharmacist duties.

Medication Therapy Management is something that clearly improves patient care. To interact with patients on one-on-one basis to go over medications and to document interactions with our patients and prescribers can only be beneficial for our profession. However, at the retail outlets, we struggle to perform MTM services for our patients. The primary reason for lack of success has to do with our resistance to change (ie documenting our interactions) and lack of trained technician support. If you look at MTM process, most of the duties including documentation, contacting patients, billing can all be performed by a trained technician. Pharmacists would only need to perform the clinical aspects that they were trained to deliver. But as of right now, we do not have MTM trained technician who can assist the pharmacist to make this program a success. With the expansion of the technician: pharmacist ratio, I feel like we can get that trained technician to further MTM and our profession.



Changes in our roles, profession, and business that we are facing requires us to change. I believe we must adjust roles and policies to keep up with the progress and provide the services and patient care that public expects and needs from our pharmacists. As a retail pharmacist, I look to providing preventive healthcare measures like health testings, immunizations, and MTM, not because it's services that chains offer to improve business but because these are voids in our healthcare system and our pharmacist can be a solution to those needs.

Ms. Dodson, as a pharmacist, I have a good idea about how many technicians I can safely supervise to assist me in offering these services. Also keep in mind that these needs change depending upon the time of the day or what services we are offering at a particular time. But I would like to be able to make that decision based on what would provide the best patient care and not be limited because of ratio that we have established in the past. Also if you look at other healthcare professions, I don't believe there is a limit set on how many support staff a clinician can have. If you look at the physicians, they don't answer calls or get involved in applying discount coupons, they focus on their trained, professional duties. I believe this is what we need for our profession to continue to grow, that is, we staff based on need for optimal patient care and have the pharmacists focused on their trained duties and have the technicians focus on their duties which should all contribute to enhanced patient care and safety.

I sincerely thank you for listening to a one pharmacist's concern regarding our future.

David S. Lee pharm.D

--

David S. Lee PharmD  
Walmart Neighborhood Market 5657  
Phone [972-244-6715](tel:972-244-6715)  
Cell [603-715-4928](tel:603-715-4928)



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

From: Stephany Klein]

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

To: Becky Damon

Subject: Vote on technician to pharmacist ratio

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

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

From: Robert Mayes

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

To: Becky Damon

Subject: Tech ratio

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

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

From: Tim Spoon

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

To: Becky Damon

Subject: RPh to tech ratio

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

Sent from my iPhone

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

From: Janet Kim-way

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

To: Becky Damon

Subject: DENY unlimited tech ratio in Class A

Ms. Damon,

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

Sent from my iPad

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

**To:** Becky Damon

**Subject:** technician ratio

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

Please ensure this message is heard in our state legislature.

thank you

Thomas A. Neiman, RPh

M. Rosario Neiman, RPh

**From:** Don Bristow

**Sent:** Sunday, August 04, 2013 7:22 PM

**To:** Gay Dodson

**Subject:** Tech:Pharmacist Ratio

Hi Gay,

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

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

Thanks

Don Bristow 30422

**From:** Jim Mayo

**Sent:** Sunday, August 04, 2013 10:05 AM

**To:** Gay Dodson

**Subject:** 3:1 ratio

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

Thank You,

James W. Mayo

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

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

To: Gay Dodson

Subject: Tech Ratio

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

Thanks for our consideration.

Al Corich, RPH



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

From: Sharon Abbey

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

To: Gay Dodson

Subject: Tech/pharmacist ratio

Ms. Dodson,

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

Sincerely,

Sharon Abbey, R.Ph.

Sent from my iPhone

Sharon Abbey

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

Ms. Damon,

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

Thank you.

Linda Dvorak

#20754



NATIONAL ASSOCIATION OF  
CHAIN DRUG STORES



TEXAS FEDERATION OF DRUG STORES

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

August 2, 2013

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

Re: Discussion on Technician Ratios

Dear Ms. Benz:

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

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

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

### **Why the Ratios Need to Be Eliminated**

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

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

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

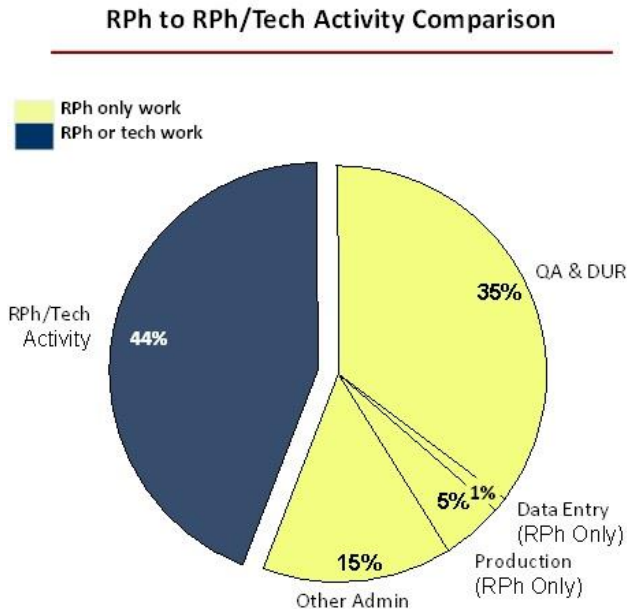
Elimination of technician to pharmacist ratios will enable pharmacists to focus more on counseling patients, performing medication therapy management, providing disease management programs, engaging in other important pharmaceutical patient care services, and conferring with other health care professionals,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

### **Technicians Role Will Not Change**

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

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

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



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

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

#### Myths versus Facts:

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

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

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

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

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

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

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

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

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

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

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

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

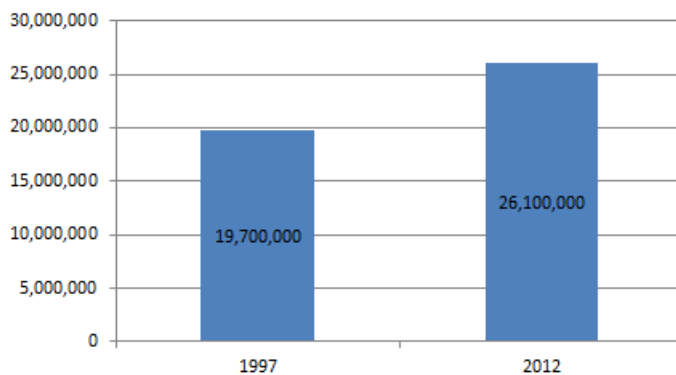
The demand for pharmacists' professional services is growing. Pharmacists are the only licensee in the pharmacy that is qualified and appropriately licensed to provide these many important services that range from patient counseling to quality assurance to drug utilization reviews. Below is a list of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

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

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

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

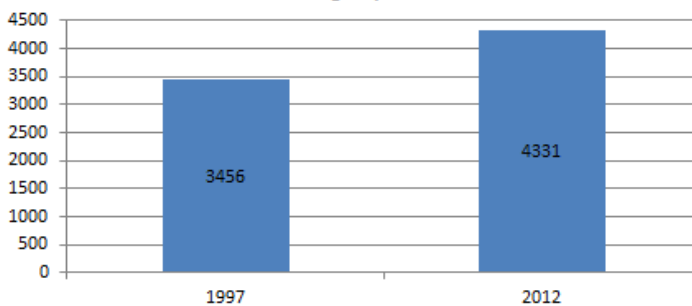
### Texas Population Continues to Grow



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

### Texas Retail Pharmacies 1996 vs. 2012

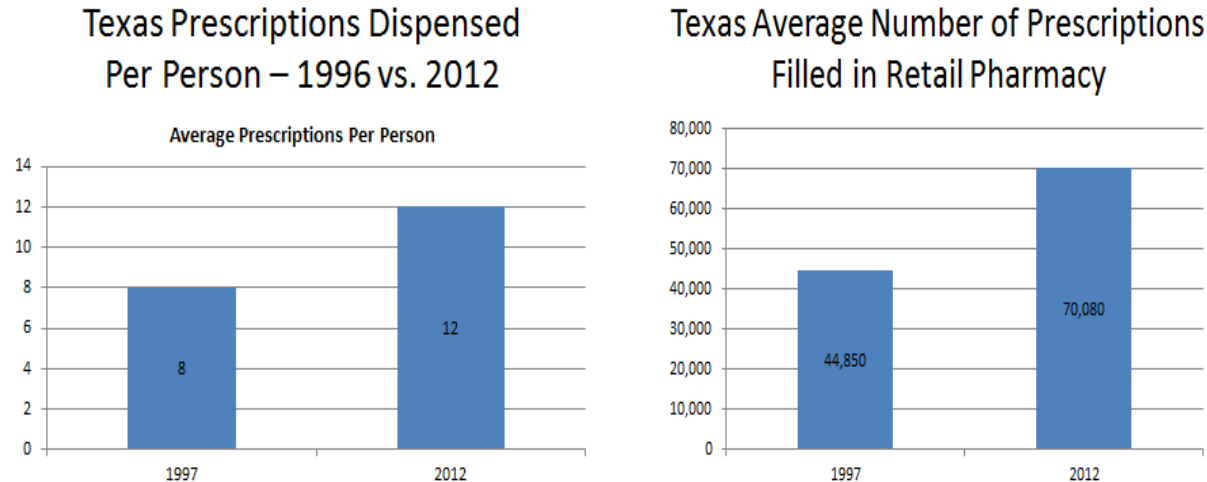
More Chain & Independent Retail Pharmacies  
to Serve Growing Population in Texas



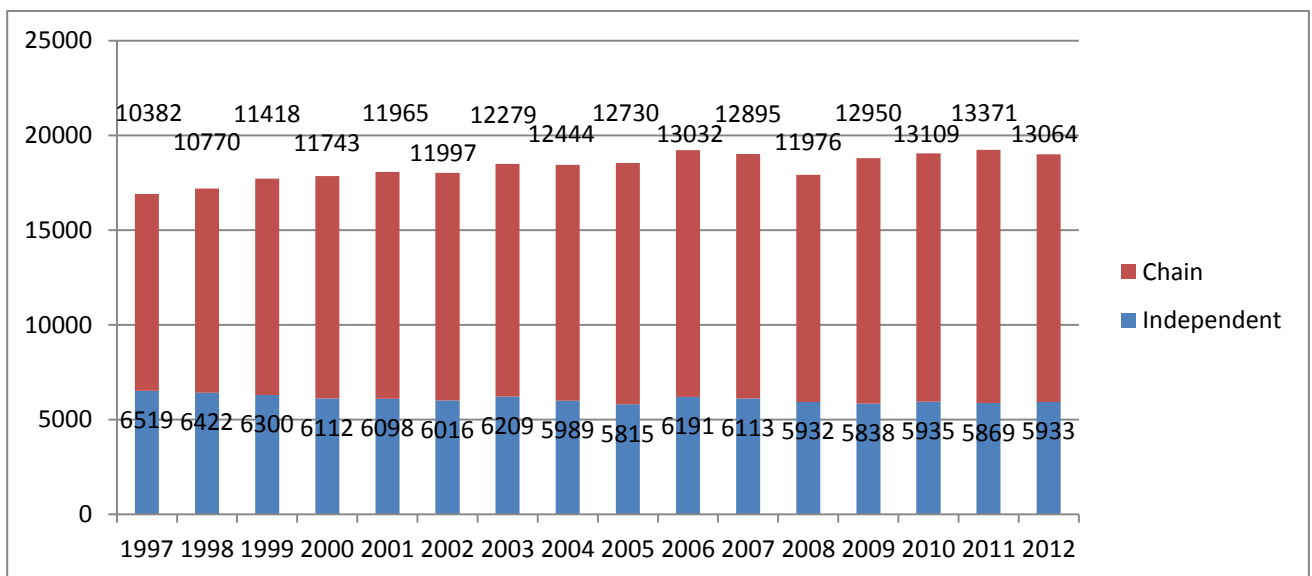
There are more pharmacy licenses be issued in Texas as the population grows.

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

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



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



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

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



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

### Comparing Texas Techs to Tech in States with No Ratios:

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

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

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

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

**Conclusion**

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

Sincerely,



Mary Staples  
Regional Director, State Government Affairs



Brad Shields, II  
Texas Federation of Drug Stores

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

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

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

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

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

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

Thank you for your time,

Kay Jezek Rider  
24594

July 26, 2013

Gay Dodson  
Executive Director  
Texas State Board of Pharmacy  
  
Austin, TX

Dear Gay,

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

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

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

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

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

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

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

Thanks for your time and consideration.

Sincerely,

Jeanne Ann Stasny R.Ph.

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

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

To Gay Dodson:

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

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

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

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

Gay Dodson  
August 5, 2013  
Page 2

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

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

Thank you for your support.

Sincerely,

Mark Comfort, PharmD

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**From:** Guevara-Garza,Rose M

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

**To:** Gay Dodson; Allison Benz

**Cc:** Read,Douglas

**Subject:** Pharmacist to Technician ratio

Good afternoon,

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

Thank you for your time.

Sincerely,

Rose Guevara-Garza

Pharmacy Mgr.

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

Ms. Dodson;

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

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

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

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

Your consideration is greatly appreciated.

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

***HAVE YOU GOT YOUR FLU SHOT YET?***



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

August 1, 2013

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

RE: Pharmacist to Technician Ratio

To the Texas State Board of Pharmacy:

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

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

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

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

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

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

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

Professionally yours,

A handwritten signature in purple ink, appearing to read 'Lance Ray', with a stylized flourish at the end.

Lance Ray, Pharm.D., BCPS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Subject: FW: Class A Pharmacy Technician ratio**

Gay,

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

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

Benefits to no ratio:

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

Common fallacies of eliminating the ratio:

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

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

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

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

Thank you,  
Scott D Lason, RPh

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**From:** Ngozi Dike]

**Sent:** Monday, August 05, 2013 12:15 PM

**To:** Becky Damon

**Subject:** Rph versus tech ratio

I write to support the current ratio of one pharmacist to three technicians. This has always helped me on check. Unlimited technicians versus one pharmacist increases the chances of mistakes. Thanks.

Sent from Yahoo! Mail on Android

**From:** Kim Smith  
**Sent:** Monday, August 05, 2013 5:48 AM  
**To:** Gay Dodson  
**Subject:** RPh;Tech ratio

Mrs. Dodson,

As a practicing pharmacist, I would like to share my thoughts with you and the Board regarding the current discussion of the pharmacist to technician ratio. During my career as a pharmacist, I have worked in retail, mail order, and management. I am currently working as a relief pharmacist for CVS in the Austin market.

**\*\*First and foremost, with the current 3:1 ratio, I spend a significant amount of time doing technician work (data entry, production, inventory activities) that could be better spent with the patients counseling, advising, and answering questions.**

**\*\*The 3:1 ratio does not take into account the skills or ability of the technicians. There is a vast difference in what a pharmacist can do when working with 3 skilled/experienced/seasoned technicians than when working with 3 in-experienced technicians. The current ratio purely looks at the number of bodies in the pharmacy.**

**\*\*I believe that the individual pharmacist should be able to determine how many people they can supervise. Pharmacies are also business and this means that payroll costs are of concern as well. Having been in management, I know that a change in the ratio does not mean there is unlimited payroll in the pharmacy. I am sure each retailer, just as CVS, has payroll guidelines that must be followed. CVS has pharmacies in states that have no ratio or higher ratios than Texas and they have payroll guidelines to follow just as we are given here in Texas. A change or elimination of the ratio would allow the pharmacists to better schedule their help in the pharmacy and not be limited to 3 technicians being involved in the filling process, especially at the busiest time of the day or the busier times of the year such as when cough/cold/flu season hits or during the immunization season.**

**\*\*Training technicians is important. No ratio would allow a better training environment for new technicians in the pharmacy field or to a new employer. As it currently stands, a tech training in the pharmacy is part of the 3:1 ratio and we lose the valuable skills of the trainer so that the new employee has the opportunity to learn**

**. \*\*Because all scripts must ultimately go through the pharmacist for final verification and the technology that is available to us (images of the hardcopy, barcode scanning and even the robotics) the more a technician can do for the pharmacists ultimately leads to more time that the pharmacist can spend with the patient.**

I know most pharmacists decided upon their career because they wanted to help people not because they wanted to stand in front of a computer or "count, pour, lick & stick". We have a knowledge to share with the public and by having assistance in preparing scripts and the general "maintenance" that is required to successfully run a pharmacy we can help provide a better chance for the public to live healthy lives and reduce the cost of healthcare for the country. Pharmacists are the most available source of information for the general public. We are on the front line to answer question, help patients make decisions on OTC products, and refer them to other providers when the need is there. People will ask pharmacists questions that they will not ask their physicians. We have to be available to them for this! Right now there is no "budget" in the pharmacy for the non-rx related questions and counseling that the pharmacists provide. For years I have told my staff that as a pharmacist, I am only as good as my technicians are and without them I would not be able to practice pharmacy in the best interest of my patients.

By increasing or better yet eliminating the 3:1 ratio, I believe that pharmacists would have an even greater opportunity to help the public in their quest for better health.

I would also like to share my opinion at the meeting on Tuesday August 8th and am prepared to answer any questions that might arise for the other board members.

Thank you for your time,

Kimberly Smith, RPh  
TX 30892



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

From: Michele Owens

Sent: Monday, August 05, 2013 1:23 PM

To: Becky Damon

Subject: Tech to pharmacist ratio - Community pharmacy setting

Texas Board of Pharmacy,

I have been a pharmacist in Texas for 22 years and I am extremely concerned about requests for the tech to pharmacist ratio to be significantly increased or eliminated in the community pharmacy setting. There are many significant issues to consider that would adversely affect the public, but I will address only a couple.

The amount of technological advances in our field has made the job of the pharmacist safer and more efficient when utilized properly. However, the board still places final responsibility on the pharmacist for correct data entry, drug utilization review, accuracy of dispensed drug and patient counseling. If a pharmacist has six technicians that can enter, prepare and process 600 prescriptions in a shift, the pharmacist cannot safely verify that quantity of prescriptions while counseling patients, giving and taking transfers, taking new verbal prescriptions, vaccinating patients, completing MTM, following through with drug utilization issues, answering questions from customers with regard to OTC medications and dealing with the many other daily distractions that are encountered. As a floating staff pharmacist I have the opportunity to observe many different situations and I observe how pharmacists are already over extended and many feel forced to choose between productivity in prescription volume versus patient counseling and drug utilization review actions. Patient counseling is already at a dangerously low level and that is where many errors are discovered and is very important for proper utilization of the medication. Changing the ratio affects all pharmacists, not just those in the ideal employment situation which allows them to use their professional judgment on how many techs and what volume of work is expected. Companies are in business to make money, not look out for public health.

Comparing the ratios in Texas with other states may or may not be relevant. Do all these other states have the same requirements of pharmacists and limitations on technicians that Texas does? Do the other states have the same standards of excellence that our board of pharmacy has instituted? If technicians could vaccinate (like medical assistants) or be responsible for the final dispensed product then a pharmacist could utilize them more with less supervision. As long as the pharmacist has the current responsibilities designated by the state board increasing the tech to pharmacist ratio will not be in the interest of public health in many pharmacies. I do not object to increasing the ratio to 4:1, but I feel beyond this will put many pharmacists in worse retail employment conditions which will be detrimental to public safety.

Please feel free to contact me with any question you may have.

Thank you for your consideration,

Michele Owens RPh

RECEIVED  
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July 24, 2013

**HAND DELIVERY**

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

RE: **Pharmacist to Technician Ratio**

Dear Texas Board of Pharmacy,

I am the Chief Pharmacist at DaVita Rx, the first and largest full-service pharmacy created specifically for the unique needs of kidney patients. We have recently reached the milestone of dispensing 10 million prescriptions overall, and are proud to do so from our flagship pharmacy in Coppell, Texas. I want to thank you for researching the current ratio requirements for pharmacist supervision of technicians, specifically in Class A pharmacies. As we expressed in other communications, we are working with our pharmacist colleagues to advocate for and inform a decision to remove the ratio entirely. DaVita Rx understands the complexity of your responsibilities, and want to offer ourselves as a resource on this, or any issue before you.

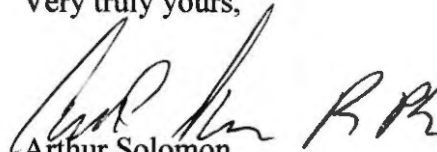
We believe the elimination of the ratio is critical for both growth of our pharmacy and growth of the pharmacy profession to allow for greater utilization of both pharmacists and pharmacy technicians. Pharmacist to technician ratios is an arbitrary model that is becoming restrictive to some of today's changing pharmacy practice settings and models. As the pharmacy work environment is evolving away from the be a non-standard setting in pharmacy, many pharmacies offer patients more than just dispensing prescriptions only – including performance of MTM or other specialized therapeutic reviews and patient adherence and persistence programs. Pharmacy technology has also advanced with automation, IVR systems, electronic processing, IVR, creative counseling solutions, etc. DaVita Rx has witnessed the Board being both thoughtful and proactive regarding technology and feels that the elimination of the ratio

would allow for a similar advance in innovation by enabling pharmacies to be flexible and maximization their resources to meet their specific patient needs. Allowing pharmacists to perform more professional services can lead to better compliance and patient safety as well as reduce healthcare costs and produce better outcomes.

Similarly, we believe elimination of this ratio requirement would be consistent with the Texas Legislature's recent passing of bills to eliminate other health licensing ratio requirements from the recent legislative session.

In closing, we ask for your consideration on this issue and hope that this elimination can be addressed at the Texas Board of Pharmacy meeting in August, or soon after. If we can provide further information or be a resource in any way, please do not hesitate to reach out to us. We appreciate your service to the State of Texas and pharmacy patients.

Very truly yours,



Arthur Solomon,  
Chief Pharmacist

**From:** david lee  
**Sent:** Monday, July 29, 2013 9:43 PM  
**To:** Gay Dodson  
**Subject:** Walmart Rph comment on pharmacist: technician ratio

Ms. Dodson,

My name is David S. Lee and am a pharmacist for Walmart pharmacy in Plano, Texas. I have been practicing in Texas for past 6 years in retail setting and have really enjoyed the growth of our profession especially in immunizations and MTM. Today I want to share with you my view on pharmacist, technician ratio. Both at Walgreens and Walmart, I have been involved in development and applying immunizations and MTM services to pharmacist daily workflow so I may have a different view on this matter.

When the discussion comes up about expanding the pharmacist: technician ratio, pharmacists often mention its negative impact on safety and deviation from an "ideal" pharmacist to technician ratio, among others. Ms. Dodson, you more then anyone else is aware of the changes happening in our profession and in our healthcare system. Recently, former president Bill Clinton was at a pharmacist meeting and addressed our roles. He said, for pharmacy profession to continue to grow, we must find voids in healthcare and be able to fill those voids. With pharmacy based services like immunizations, MTM, and preventative health services, we are finding those needs in healthcare and allowing our profession to grow.

But for the pharmacists to practice immunizations and MTM in retail pharmacies, they must have greater support. In 2009, during the H1N1 flu season, my pharmacy team in Plano administered 2700 flu shots in 45 days. As you are well aware, there was a real need in our community to vaccinate and fortunately our pharmacists were there to meet the challenge. On some of those days, I actually administered more then 100 flu shots daily, in addition to our regular prescription duties. What I noticed more then anything else was not need for additional pharmacist support but for additional technician support to interact, direct and guide our patients. What allowed me to get through those days was that my technicians were performing technician duties and I was only performing pharmacist duties.

Medication Therapy Management is something that clearly improves patient care. To interact with patients on one-on-one basis to go over medications and to document interactions with our patients and prescribers can only be beneficial for our profession. However, at the retail outlets, we struggle to perform MTM services for our patients. The primary reason for lack of success has to do with our resistance to change (ie documenting our interactions) and lack of trained technician support. If you look at MTM process, most of the duties including documentation, contacting patients, billing can all be performed by a trained technician. Pharmacists would only need to perform the clinical aspects that they were trained to deliver. But as of right now, we do not have MTM trained technician who can assist the pharmacist to make this program a success. With the expansion of the technician: pharmacist ratio, I feel like we can get that trained technician to further MTM and our profession.

**Gay Dodson**

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**From:** Cindy Young Meyers, RPh  
**Sent:** Sunday, August 04, 2013 10:09 PM  
**To:** Gay Dodson  
**Subject:** Technician Ratio

Gay,

I appreciate the time you gave to lecture at the TPA Conference in Frisco. Your updates are always informative and necessary for my practice.

I have thought about the proposed changes to pharmacist technician ratio. I feel that the limit should be practice site specific but if I need to pick a number: I support 1 Pharmacist to 4 technicians.

Respectfully,

Cynthia Young Meyers, RPh

Changes in our roles, profession, and business that we are facing requires us to change. I believe we must adjust roles and policies to keep up with the progress and provide the services and patient care that public expects and needs from our pharmacists. As a retail pharmacist, I look to providing preventive healthcare measures like health testings, immunizations, and MTM, not because it's services that chains offer to improve business but because these are voids in our healthcare system and our pharmacist can be a solution to those needs.

Ms. Dodson, as a pharmacist, I have a good idea about how many technicians I can safely supervise to assist me in offering these services. Also keep in mind that these needs change depending upon the time of the day or what services we are offering at a particular time. But I would like to be able to make that decision based on what would provide the best patient care and not be limited because of ratio that we have established in the past. Also if you look at other healthcare professions, I don't believe there is a limit set on how many support staff a clinician can have. If you look at the physicians, they don't answer calls or get involved in applying discount coupons, they focus on their trained, professional duties. I believe this is what we need for our profession to continue to grow, that is, we staff based on need for optimal patient care and have the pharmacists focused on their trained duties and have the technicians focus on their duties which should all contribute to enhanced patient care and safety.

I sincerely thank you for listening to a one pharmacist's concern regarding our future.

David S. Lee pharm.D

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David S. Lee PharmD  
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