

October 31, 2019

Mrs. Allison Benz
Executive Director
Texas State Board of Pharmacy

Dear Mrs. Benz,

Recently, we learned that the Texas State Board of Pharmacy plans to propose rules that would eliminate the pharmacist to pharmacy technician supervision ratio. We have now been informed that the Board will be voting to propose rules at their meeting on Tuesday, November 5.

We are deeply concerned that the Board has taken this bold action. If these rules are approved, there would not be a limit on the number of technicians that a pharmacist could supervise. This would establish a dangerous precedent, jeopardizing patient safety and placing the public at risk.

We understand that prescription volume is increasing and pharmacy workloads continue to grow as pharmacies provide a greater array of services. It would, however, be irresponsible to move from the current 1:4 ratio to a complete elimination of any ratio. That being said, we would support an increase in the supervision ratio to 1:5. At this time, any increase beyond a 1:5 ratio will compromise the safety and quality of care for Texans.

We strongly encourage the Board take a step back and assess the safety concerns with the current proposal. If you have any questions or would like to visit with any of our offices about this issue and our concerns, we are happy to meet with you or any Board member.

Sincerely,



Charles Schwertner, M.D., R.Ph.
State Senator



Jane Nelson
State Senator
Senate Finance Chair



Lois Kolkhorst
State Senator
Senate Health and Human Services Chair



Donna Campbell, M.D.
State Senator
Senate Veterans Affairs and Border Security
Chair



Dawn Buckingham, M.D.
State Senator
Senate Nominations Chair



DONNA HOWARD
STATE REPRESENTATIVE
DISTRICT 48

February 28, 2020

President Spier and Members of the Texas State Board of Pharmacy
Texas State Board of Pharmacy
333 Guadalupe, Suite 3-500
Austin 78701-3903

Dear President Spier and Members of the Texas State Board of Pharmacy,

In the interests of our growing state and the corresponding health needs of Texans, I am pleased to see that the Texas State Board of Pharmacy (TSBP) is considering an update to the state's pharmacist-to-pharmacy technician ratio. Given that pharmacists are now expected to handle a variety of tasks, including point-of-care testing, immunizations, and disease management, alongside their usual duties of safely managing and dispensing prescription medication, it would be beneficial for Texas pharmacists to have the flexibility to employ more pharmacy technicians. As skilled professionals, pharmacy technicians can provide assistance to pharmacists that non-technician clerical staff cannot.

It is my understanding that the TSBP is considering completely removing the pharmacy-to-pharmacy technician supervision ratio. However, as it ultimately falls on the pharmacist to supervise their technicians and ensure patient safety, I urge the TSBP to instead increase the ratio to 1:8. After speaking with stakeholders, pharmacists themselves have indicated that this is what they would consider a manageable ratio. They would be able to increase their workload and divert their attention to more intensive tasks while comfortably knowing that the rest of their staff can maintain patient safety.

Texans are in need of medical care, and pharmacists have demonstrated that they can help address the issue. A responsible ratio is crucial to building upon the progress that we have made. I respectfully ask the Board to consider and adopt a 1:8 pharmacist-to-pharmacy technician ratio.

Sincerely,

A handwritten signature in cursive script that reads "Donna Howard".

Donna Howard



Jeff Carson, R.Ph.

Oakdell Pharmacy, LLC
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San Antonio, TX 78229
210-240-8316 cell
210-614-6200 wk
Jeff@oakdellpharmacy.com
www.oakdellpharmacy.com

August 2nd, 2020

Greetings from San Antonio. Let me again thank each of you for your dedicated service to the practice of pharmacy in Texas. The last few months have been more than challenging to say the least. This meeting, in some ways, is merely a shadow compared to all these other issues we are all facing. Nonetheless, we must make a difficult decision about the future of the practice of pharmacy and the health and safety of the citizens in Texas. I must start by restating my previous arguments against increasing the current pharmacy technician to pharmacist ratio beyond 5:1. I have not heard from anyone, how increasing the number of pharmacy technicians and expanding their duties will increase the quality of patient care. This is NOT a discussion about improving patient care like so many others have said. It is merely about the financial viability of retail pharmacies. In order to control the greatest expense in operating a retail pharmacy (which is payroll and more specifically, pharmacist payroll), there are those that seek to decrease the number of pharmacists and increase the number of lower-cost pharmacy technicians. They have made arguments stating that increasing the ratio or removing it completely will free the pharmacist up to do more patient care. The problem is that there isn't a viable business model that pays pharmacists and their respective pharmacies in a manner that replaces their current reimbursement model sufficiently. This is simply a "feel-good" and utterly false argument. Trust me, if there was a way to replace the current, dysfunctional payment model from PBM's, I would be the first one in line to change my business model. And secondly, I am scared for the practicing pharmacists and those pharmacists that are seeking jobs. You see, it is not the well-intentioned and honest players that you have to be worried about. It is those that will take this opportunity to abuse the situation for financial gain. If you remove the ratio, expand it to some extraordinary amount like 8:1, or you expand technician duties, there will be those pharmacy owners that will take that opportunity to force their pharmacists into overseeing large numbers of technicians with expanded duties under the threat of losing their jobs. And right now, we have a lot of pharmacists that cannot find a job. They will be "forced" into an uncomfortable situation of overseeing larger numbers of technicians doing tasks that they have never done before that could, and most likely will, result in suboptimal patient care. These pharmacists will now bear the increased liability that results from having to oversee this increased number of technicians with expanded duties. Pharmacist's job satisfaction rates are the lowest they have ever been. This will likely drive many away from the profession all together. The citizens of Texas need pharmacists to improve outcomes

and keep them healthy. We cannot support changes that result in fewer pharmacists and more unskilled, lesser trained pharmacy technicians merely for the sake of increased profits. The mission of the state board of pharmacy is to protect the citizens of Texas by improving patient care and outcomes. Not to further the business of pharmacy and increase profits. I have discussed this point with pharmacy owners around the country and they agree. They have seen their respective states increase ratios under the guise of “furthering” and improving the practice of pharmacy. But at the end of the day, it was only for increased profits.

In short, I can agree that an increase ratio in certain, limited practice settings could make sense. But why can't we simply make a conservative increase to 5:1 in only community retail pharmacies to start with. There is no need for, and certainly no justification for a higher ratio or a lack thereof. I am adamantly opposed to ratios in excess of 5:1 in sterile and non-sterile compounding pharmacies in retail, hospital, and others. With the multitude of changes to USP <795>, <797>, and <800>, it is becoming increasingly more difficult to manage compounding technicians while protecting both them and our patients. Not to mention the increase liability that the pharmacists will have in overseeing a now expanded number of technicians engaged in sterile and non-sterile compounding. And as I mentioned at the last meeting, I would benefit significantly from an increased ratio. I have 64 employees and the portion of my payroll that goes towards pharmacist's salaries is significant. If the ratio is increased, removed, or technician duties are expanded, it will be difficult for me to not take advantage of this and hire more technicians and look to decrease the number of pharmacists I have over time. It is simply a business decision. With PBM reimbursements continually falling, costly and senseless regulations piling up, and continually increasing overhead, I will seek to use more technicians and fewer pharmacists out of necessity. Not for improved patient care. Now consider what either larger pharmacy operators will do or what bad actors will do with an increased tech ratio with expanded technician duties. Now answer me the question. How will increasing technician duties and decreasing the number of pharmacists available to patients improve patient care? Because nobody is going to pay a pharmacist's salary to engage in “patient” care that isn't reimbursable by anyone. While there are small pilot projects occurring in small settings showing promise in changing the payment model for “clinical” services, you can't kick pharmacists out from behind the counter until they are real, and widespread. Thank you for your time. This is a decision that some of you will need to make based on what is best for the citizens of Texas and not what is best for your employer or business model.

Respectfully,

John Jeffrey Carson, R.Ph.

President/Owner

Oakdell Pharmacy, LLC

Oakdell Long Term Care Pharmacy

Oakdell Pharmacy in Stone Oak

Home Intensive Care Pharmacy

August 2, 2020

Allison Vordenbaumen Benz R.Ph., M.S.
Executive Director TSBP
333 Guadalupe, Ste #3-500
Austin, TX 78701

Ms. Benz,

On behalf of Albertsons Companies, we extend our gratitude for your work during the COVID-19 Public Health Emergency. During these trying times, your sound leadership allowed for appropriate actions to be taken to ensure the safety of the public. Albertsons Companies operates 192 pharmacies in your state under six different banners (Albertsons, Amigos, Market Street, Randalls, Tom Thumb, and United). Our company has worked diligently to keep our sites open to serve our patients needs during this emergency. We especially appreciate the work that was done to allow Pharmacists to order and administer COVID-19 tests independently to support overall testing efforts within Texas.

Over the past several years the Board has engaged in many important conversations covering the topics of technician ratio and expansion of technician duties. These topics are of great importance and have been highlighted during the difficult circumstances within which we currently find ourselves. We appreciate the Board putting these topics on the agenda for further consideration during the August 4, 2020 meeting.

On April 7, 2020 Governor Abbott temporarily suspended the requirements under §291.32, which allows technicians to receive oral prescription drug orders and reduce the orders to writing, and transfer or receive a transfer of original prescription information on behalf of a patient. This has been greatly beneficial to allow pharmacists to delegate tasks to technicians and reallocate pharmacist time to direct-patient-care tasks.

In addition to these two important tasks, we would suggest the Board also consider expanding the role of the technician to include calling prescribers for non-judgmental clarification on prescriptions at the discretion of the supervising pharmacist. There are currently nine states where this practice is allowed. Technicians are valuable members of the pharmacy care team. We respectfully request these three tasks be permanently added to the scope of the technician in Texas.

In recent years, many states have eliminated the pharmacist to technician ratios within their perspective jurisdiction. Currently there are 22 states which have no ratio in their statutes or regulations. In these states, we have not experienced any patient safety issues attributed to having no technician ratio.

Eliminating or increasing the ratio will better allow a pharmacist to focus on patient care and counseling while the technicians can handle the administrative tasks within the pharmacy. This will also allow for the pharmacist to work with fewer distractions and interruptions while reviewing prescriptions.

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We strongly recommend the members of the Board eliminate or increase the pharmacist-to-technician ratio requirements in Texas and expand the duties of the technician to allow pharmacists to use professional judgement to supervise technicians and delegate non-judgmental tasks in a safe and effective way.

If you have any questions please direct them to Rob Geddes at 208-513-3470 or rob.geddes@albertsons.com.

Sincerely,

Rob Geddes, PharmD
Director, Pharmacy Legislative and Regulatory Affairs
Albertsons Companies, Inc.

Below is a list of Albertsons Companies Employees who have signed on in support of this letter:

Tim Purser, Pharmacist (United Supermarkets Pharmacy)
Vanessa Jackson, Technician (United Supermarkets Pharmacy)
Amy Cunningham Martin, Pharmacist (United Supermarkets Pharmacy)
Paul Gabriel Garcia, Technician (United Supermarkets Pharmacy)
Christopher Longbine, Pharmacist (Amigos Pharmacy)
Dominic Mashburn, Technician (Amigos Pharmacy)
Will Ford, Pharmacist (United Supermarkets Pharmacy)
Jeffery Ogea, Pharmacist (Market Street Pharmacy)
Jamy L. Young Pharmacist (United Supermarkets Pharmacy)
John Gravitt, Pharmacist (United Supermarkets Pharmacy)
Ashley Garcia, Technician (United Supermarkets Pharmacy)
Jamie Willis, Pharmacist (United Supermarkets Pharmacy)
Nettie A. Hetzel, Technician (United Supermarkets Pharmacy)
Maichel Roshdy, Pharmacist (United Supermarkets Pharmacy)
Shari Zaloski, Pharmacist (United Supermarkets Pharmacy)
Danielle D. Coleman, Technician (United Supermarkets Pharmacy)
Toby Kite, Pharmacist (Market Street Pharmacy)
Sandra Gurrola, Pharmacist (Market Street Pharmacy)
Charles Lantrip, Pharmacist (United Supermarkets Pharmacy)

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From: Nario Work

Sent: Sunday, August 2, 2020 10:31 PM

To: Executive Assistant <execassist@pharmacy.texas.gov>

Subject: Comments

Dear Distinguished Board Members,

My name is Nario Rene Cantu, from Cantu's Pharmacy in Edinburg Texas. I am writing to comment on the proposed changes to the pharmacist, pharmacy technician ratios, item D 2.3. I do not feel it is in the best interest of the public health, to allow Pharmacist to supervise an unlimited number of technicians. The current ratio seems a safe and responsible rule that protects and allows for high-volume and provides a professional level of safety for patients that receive pharmacy services in Texas.

Until rules and statutes allow and provide adequate protection of the public or adjusting technicians responsibilities, with the use of proper technology, the ratio should not exceed 6:1. I am representing myself and my profession in this matter.

Sincerely,

Nario Cantu, R.Ph.

Cantu's Phr.

From: Las Colinas Pharmacy <lascolrx@aol.com>
Sent: Sunday, August 2, 2020 10:28 PM
To: Executive Assistant <execassist@pharmacy.texas.gov>
Subject: TSBP Tech ratio comments from stakeholder

For consideration by the Texas State Board of Pharmacy

In my comments, I will not dance with diplomacy as we did at the last TSBP meeting concerning pharmacist/tech ratios. It is time to be plain-spoken. In national, front page news, class A chain pharmacies are being fined for excess prescription errors resulting in patient harm. The reason? In an anonymous quote in April to TSBP, a Texas big box pharmacist said **"I am a danger to the public working for (chain pharmacy mentioned)"**. Pharmacists are being overworked by chain managers who are more intent on metrics and profits than safety.

It is sad when the quest to satisfy stockholders causes unethical and dangerous decisions to be made to boost profits. In a time when highly skilled pharmacists are abundant and ready to work, and mistakes are being made at high rates, it is baffling to hear chain stores in Texas demanding to do away with Pharmacist/Tech ratios and. In addition, they are moving to greatly expand the authorized duties of techs not qualified to perform those functions.

During the last TSBP meeting discussion on this topic, I heard testimony from chain managers and pharmacists that each store would be given the "autonomy" to decide what was safe for that location. Does anyone really believe micromanaging chain headquarters will actually allow individual store pharmacists any control over payroll numbers? Anyone who has worked for a chain pharmacy knows that statement to be ludicrous and will never happen.

I was shocked to hear Board members (employed in the chain industry) quote highly erroneous data about safety in states with no pharmacist/tech ratios. I looked at those studies and guess what I found? Severe under-reporting of errors and patient harm by chains in those states. The chains said they kept that data in house (national headquarters) and were restricted from reporting the errors due to legal concerns (lawsuits) and fear of breaking anonymity rules for self-reporting of errors. In other words, the publicly available data could not be and is not accurate. So, please don't let TSBP be fooled by this false data and make a decision that does NOT serve the safety of the patients of Texas.

Texas chain pharmacists are not the problem here- they should be defended and commended for doing the best they can under documented dangerous conditions. The elephant in the living room here is chain pharmacy management .

I cherish and reward my techs for a job well done, just as I cherish and reward my pharmacists for the grave responsibilities they are burdened with each day. Sure, I would love to make more money but

at the end of the day, I have to put my love for my patients far above having more cash in my pocket.

A challenge to the management of Texas chain pharmacies, step up and do the right thing, give more than "lip service" to improving patient safety by dropping the unlimited Pharmacist/Tech ratio idea. It is my most sincere hope the TSBP will also rise above the fancy rhetoric, erroneous data and recognize the unlimited pharmacist/tech ratio idea for what it is, a threat to the safety of the citizens to Texas.

Concerned,

Jim Hrncir RPh

Jim Hrncir RPh_

lascolrx@aol.com

LAS COLINAS PHARMACY

Compounding & Wellness



6420 N MacArthur Blvd Suite 100 Irving, TX 75039

OHB Integative Medicine Software

jim.hrncir@optimumhormonebalance.com

Kim A. Caldwell, RPh

August 2, 2020

Julie Spier, RPh
President
Allison Vordenbaumen Benz, RPh, MS
Executive Director
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701

RE: Pharmacist-to-Pharmacy Technician Ratio

Dear President Spier and Executive Director Benz,

Once again, and not surprisingly, you and the other members of the Board, are taking on a challenging topic that really does need to be discussed. You may recall that I have been a vocal supporter of well-thought and appropriate expansion of the Pharmacist-Pharmacy Technician Ratio. This letter will demonstrate my continued support with some additional points. Thank you for allowing me this opportunity as I write solely on my behalf, not representing any other.

Many of you know that I do not believe we have a "healthcare system" in this country. Instead, we have a tremendous group of talented, professional, and intelligent individuals working each day to deliver high quality, affordable, and accessible health care and services to the people in the United States. Among the most important of those professionals are the thousands of pharmacists and pharmacy technicians. While it can be argued that Texas has too many pharmacy schools, and perhaps it can be argued that we have too many pharmacists, I do not believe there is a shred of evidence that pharmacists are currently capable of providing all of the value and clinical support that they are trained to deliver in today's business model.

Making change is very hard, but that is what needs to happen so that pharmacists can maximize their/our contributions to (1) citizens who need readily assessable clinical support and education beyond the delivery of medications, and (2) physicians who are overburdened within their own environments. Pharmacists are extremely well-trained to provide many cognitive skills and services, and payers are primed to compensate for such work. The problem today is that pharmacists and pharmacy owners must come out into the brave new world to accomplish these functions. To support such professional advancements, Boards of Pharmacy need to rethink and expand the non-clinical tasks allowed to pharmacy technicians.

Today, you, the other Board members, and key Board staff will listen to, read about, and likely discuss the opportunity to expand or remove the pharmacist to pharmacy technician ratio. I'm sorry that I cannot stand before you as I did last year, and I, unfortunately, am not available to speak to you virtually, so I offer these points in writing.

1. I support moving the pharmacist to tech ratio in community pharmacies to 1:6
2. I support removing the ratio completely in pharmacy practice settings that (a) are supported by technology to monitor and review technician job functions, and (b) in practice settings that have neither drugs nor face-to-face engagements with patients
3. I support pharmacy technicians expanding their service contributions to all non-clinical, administrative functions for which their employer has trained and tested the technician
4. I believe administering vaccinations to be clinical, therefore, I do not support moving that function to technicians at this time
5. I believe that the Board should remind community pharmacists and pharmacy owners that just because the ratio expands, that does not require every pharmacy to expand the ratio in their setting
6. I believe the Board should discuss at-length the potential of allowing the supervising pharmacist legal guardrails if they are unprepared or incapable of supervising the greater number of technicians

You are faced with a tough task, but I'm confident that you will make the right choice. As we all know, the Board's job is to protect the citizens of Texas. The responsibility is not to protect business or business owners as some will claim. I know you will do what's right.

Thank you for allowing my comments.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kim Caldwell", with a stylized flourish at the end.

Kim A. Caldwell, RPh

JULY 30, 2020

Allison Benz, R.Ph., M.S.
Texas State Board of Pharmacy William P. Hobby Building
333 Guadalupe Street, Suite 3-600 Austin, TX 78701-3942

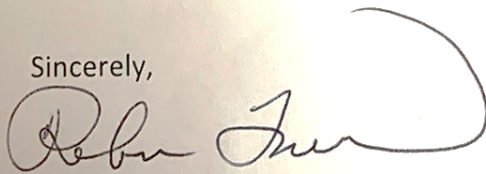
Dear Ms. Benz,

I am writing in regards to the proposed rule change relating to the Pharmacist to Technician Ratio of 1:4. I strongly oppose of such a drastic change in the direct supervision of Pharmacy Technicians as many are straight out of high school and have not gained the much needed experience to process such high levels of responsibility without direct supervision. A drastic change of not having any limit on the number of technicians a pharmacist could supervise would put the lives of the citizens of Texas in jeopardy by increasing medication dispensing errors.

In addition, our current Laws and Regulations have limited liability for technicians in regards to the operational standards of a pharmacy. We should first evaluate the current laws and rules that hold Technicians equally accountable for their dispensing errors and name them in addition to the pharmacist in the operational standards sections of the laws and regulations.

Please keep the current 1:4 ratio as it is on the best interest of the public.

Sincerely,



#34069

From: BShimek@brookshirebros.com <BShimek@brookshirebros.com>

Sent: Friday, July 31, 2020 11:08 AM

To: Executive Assistant <execassist@pharmacy.texas.gov>

Subject: Please vote for Eliminating Tech:RPh ratio

TSBP,

As a practicing Texas pharmacist, I urge you to allow pharmacists to delegate non-clinical duties to pharmacy technicians. I am also in support of increasing or eliminating pharmacy technician to pharmacist ratios. Given the rigorous training and certification requirements for pharmacy technicians in Texas, I ask that as a profession, we move towards expanding pharmacy technician administrative duties and eliminating or significantly increasing the pharmacist-to-pharmacy technician ratio so that community retail pharmacies and pharmacists can provide better, affordable health care for Texans.

As a licensed pharmacist in Texas, I need more certified technicians in my pharmacy to do their job production functions, thus freeing up my time so that I can do the functions that pharmacists are trained to do. I know that this will enhance patient safety and provide better patient care. Please eliminate the ratios.

Thank you for your consideration.

Regards,

Brady Shimek, PharmD

Brookshire Brothers Pharmacy

Brady Shimek

Pharmacy District Director
Brookshire Brothers, Inc.
215 Mill Creek Dr.
Salado TX
76571

Phone: 936-634-8155 ext 4467
Mobile:
Fax:
Email: BShimek@brookshirebros.com
Web: www.brookshirebrothers.com



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July 30th, 2020

Allison Benz, RPh, MS
Executive Director
Texas State Board of Pharmacy
333 Guadalupe, Suite 3-500
Austin, TX 78701

Dear Executive Director Benz and Texas State Board of Pharmacy Members,

I am writing in support of the proposed rules for the upcoming Texas State Board of Pharmacy meeting. Eliminating the pharmacy technician ratio as well as expanding the duties of the pharmacy technician. Both of these items if eliminated will be a benefit to both the communities we serve as well as the patients seeking quality interactions with the pharmacist.

Allowing pharmacy technicians to take verbal orders, transfers and clarify prescriptions will reduce unnecessary tasks on pharmacist. Eliminating the pharmacy technician ratio will enable pharmacists to spend more time providing patient care; moreover, by removing the ratio it will allow the pharmacist the flexibility to staff for the needs of their patients and the services the location provides.

Pharmacists will be able to practice with less interruptions which will improve patient safety and clinical outcomes. By allowing the pharmacist to spend more time with the patient it will improvement their mental health, adherence and reduce drug related events. As the retail pharmacy model continues to evolve this flexibility will be imperative as pharmacists continue to build trusting relationships with patients in order to meet their healthcare needs.

With many pharmacists in Texas working in underserved communities and most patients living within minutes of pharmacy - pharmacists are the most accessible healthcare provider. Allowing the practice of pharmacy to evolve will greatly benefit our communities and our patients. If today's economic condition has proven anything it is the importance of the pharmacist in the healthcare system.

I recommend that you implement these rule changes to better serve our communities, patients and the profession of pharmacy.

Sincerely,

Richard Timko

Director, Pharmacy and Retail Operations
Walgreen Co. | 12515 Research Blvd., Bldg. 8 Ste. 140 | Austin, TX 78759
Telephone 5122199109

July 30th, 2020

Allison Benz, RPh, MS
Executive Director
Texas State Board of Pharmacy
333 Guadalupe, Suite 3-500
Austin, TX 78701

Dear Executive Director Benz and Texas State Board of Pharmacy Members,

I am writing in support of the proposed rules for the upcoming Texas State Board of Pharmacy meeting. Both eliminating the pharmacy technician ratio as well as expanding the duties of pharmacy technicians will be a benefit to both the communities we serve as well as the profession of pharmacy. I strongly urge the Board to approve and implement these changes.

Eliminating the pharmacy technician ratio will do two things for pharmacies in the State of Texas. First, it will allow pharmacists to spend more time providing patient care. It will reduce the necessity for pharmacists to also practice as technicians, reduce interruptions, and spend more time with the patients in most need of their help. I cannot count the number of times a newly diagnosed diabetic patient wants to go over how to use their blood glucose meter or the mother of a sick child wants to verify the dosing and side effects of a medication but the pharmacist is limited on time due to also having to fill prescriptions, call insurance companies and cashier and these patients are required to wait. Eliminating the ratio will allow the pharmacist to flexibility to staff their pharmacy for the needs of their patients. As the pharmacy model continues to evolve this flexibility will be imperative as pharmacists' transition from dispensing to providing pharmaceutical and patient care.

Expanding technician duties is also a crucial move for pharmacies in Texas to help provide better patient care. Allowing pharmacy technicians to take verbal orders, transfers and clarify prescriptions will reduce undo burden on our pharmacists. During cough and cold season, many times I would have 15 voice mails in a short time period, mainly for urgent antibiotics. The patients are often in the waiting room, sick and really in need of starting the z-pack and going home. Allowing the technicians to retrieve these voice mails will help the patients receive their medications faster and head home to rest. Cough and cold season usually coincides with flu vaccines, so often as a pharmacist I was tied up with flu vaccines, new prescription consults and verifying prescription orders. Allowing the technician to assist in this non-clinical task would have allowed me more time to spend with my patients. As a pharmacist who also practiced in Illinois where technicians can do this, I saw firsthand the unnecessary burden placed on me when moving to Texas by not allowing my technicians to assist me to their full capabilities.

Many opponents of these changes site safety concerns with the increase in ratio and expanded technician duties. I would argue safety is improved by these changes. Allowing the pharmacist to practice with reduced interruptions improves concentration and improves patient safety. By allowing the pharmacist to spend more time with patient's improvement will also be seen in patient health, improved patient outcomes and reduction in drug related events.

As the practice of pharmacy evolves beyond dispensing and into pharmaceutical care, medication therapy management, test and treat and expanded pharmacist duties, the flexibility with staffing is critical to go with this evolution. As you are reviewing these rule changes, I urge you think about not only how we practice pharmacy today but how we will practice pharmacy in five years. With many

pharmacists in Texas working in underserved communities and most patients living within 5 minutes of pharmacy, pharmacists are the most accessible healthcare provider. Allowing the practice of pharmacy to evolve will greatly benefit our communities. If COVID-19 has proven anything, it is the accessible, trust and importance of pharmacy to the healthcare ecosystem.

I strongly urge you to implement these rule changes to better serve our communities and our profession.

Sincerely,

Aimee Lusson, PharmD

Aimee Lusson, PharmD
Healthcare Supervisor – Austin, TX
Walgreens Co. | 12515 Research Blvd, Bldg. 8, Ste. 140, Austin, TX 78759
Telephone 210 355 6829

JULY 30, 2020

Allison Benz, R.Ph., M.S.
Texas State Board of Pharmacy William P. Hobby Building
333 Guadalupe Street, Suite 3-600 Austin, TX 78701-3942

Dear Ms. Benz,

I am writing in regards to the proposed rule change relating to the Pharmacist to Technician Ratio of 1:4. I strongly oppose of such a drastic change in the direct supervision of Pharmacy Technicians as many are straight out of high school and have not gained the much needed experience to process such high levels of responsibility without direct supervision. A drastic change of not having any limit on the number of technicians a pharmacist could supervise would put the lives of the citizens of Texas in jeopardy by increasing medication dispensing errors.

In addition, our current Laws and Regulations have limited liability for technicians in regards to the operational standards of a pharmacy. We should first evaluate the current laws and rules that hold Technicians equally accountable for their dispensing errors and name them in addition to the pharmacist in the operational standards sections of the laws and regulations.

Please keep the current 1:4 ratio as it is on the best interest of the public.

Sincerely,

Anjanette Wyatt, PharmD

Dr. Anjanette Wyatt

JULY 30, 2020

Allison Benz, R.Ph., M.S.
Texas State Board of Pharmacy William P. Hobby Building
333 Guadalupe Street, Suite 3-600 Austin, TX 78701-3942

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Please keep the current 1:4 ratio as it is on the best interest of the public.

Sincerely,

A. DeWalle, PharmD 1164 95

JULY 30, 2020

Allison Benz, R.Ph., M.S.
Texas State Board of Pharmacy William P. Hobby Building
333 Guadalupe Street, Suite 3-600 Austin, TX 78701-3942

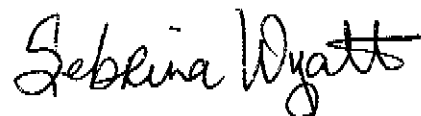
Dear Ms. Benz,

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In addition, our current Laws and Regulations have limited liability for technicians in regards to the operational standards of a pharmacy. We should first evaluate the current laws and rules that hold Technicians equally accountable for their dispensing errors and name them in addition to the pharmacist in the operational standards sections of the laws and regulations.

Please keep the current 1:4 ratio as it is on the best interest of the public.

Sincerely,



JULY 30, 2020

Allison Benz, R.Ph., M.S.
Texas State Board of Pharmacy William P. Hobby Building
333 Guadalupe Street, Suite 3-600 Austin, TX 78701-3942

Dear Ms. Benz,

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Sincerely,

 #31321

07/30/2020

about:blank

JULY 30, 2020

Allison Benz, R.Ph., M.S.
Texas State Board of Pharmacy William P. Hobby Building
333 Guadalupe Street, Suite 3-600 Austin, TX 78701-3942

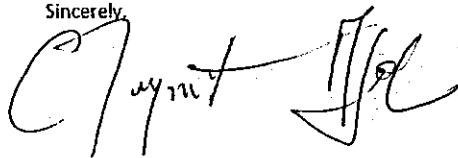
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Please keep the current 1:4 ratio as it is on the best interest of the public.

Sincerely,



#0615 P.001/001

CLINICAL CARE PHARMACY

07/30/2020 02:01 2812728706



**AMERICAN PHARMACIES
BOARD OF DIRECTORS**

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**Michael Wright, VP of
Government Relations**

July 29, 2020

Ms. Allison Vordenbaumen Benz, R.Ph.
Executive Director
Texas State Board of Pharmacy
333 Guadalupe St., Suite 3-600
Austin, Texas 78701

Dear Ms. Benz:

We are writing to oppose any proposal to eliminate the pharmacist-pharmacy technician supervision ratio of 1:5 in class A, B & G pharmacies. We are highly concerned that the Texas State Board of Pharmacy's recommendation is to eliminate the ratio entirely rather than modify it, and we feel that more extensive research is needed before even considering such action.

American Pharmacies is an independent pharmacy purchasing cooperative with 700+ member pharmacies, 50% of them In Texas. Our independent pharmacists enjoy close, community-based relationships with their patients and patient safety and welfare is our #1 concern. Accordingly, the APRx Board of Directors has voted to oppose elimination of the pharmacist-technician supervision ratio and to support the current ratio of 1:5 for Class A and Class B pharmacies.

While we recognize and support the need for pharmacists to devote more time to patient care and consulting, we feel eliminating the ratio is neither wise nor warranted. We recognize that prescription volumes at most retail pharmacies continue to rise with our aging population; therefore, we support the ratio of 1:5 to address this need. We strongly encourage the Pharmacy Board to devote more time and resources to studying this important safety issue further before making major changes to the ratio or eliminating it entirely.

Thank you for your consideration.

Sincerely,

Handwritten signature of Laird Leavoy in black ink.

Laird Leavoy
President, American Pharmacies

Handwritten signature of Alton Kanak in black ink.

Alton Kanak, R.Ph.
Chairman, Board of Directors



**AMERICAN PHARMACIES
BOARD OF DIRECTORS**

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**Michael Wright, VP of
Government Relations**

July 30, 2020

Ms. Allison Vordenbaumen Benz, R.Ph.
Executive Director
Texas State Board of Pharmacy
333 Guadalupe St., Suite 3-600
Austin, Texas 78701

Dear Ms. Benz:

On behalf of the 350 Texas independent pharmacies that American Pharmacies (APRx) represents, we are writing to outline our position on any expansion under consideration for the role of pharmacy technicians. We strongly believe that any action undertaken must be preceded by more extensive research.

American Pharmacies is an independent pharmacy purchasing cooperative with 700+ member pharmacies, half of them In Texas. Our independent pharmacists enjoy close, community-based relationships with their patients, and patient safety and welfare is their #1 concern.

It is our understanding that one change under consideration is to allow technicians to accept verbal orders and transfers called in by a prescriber or a prescriber's agent. We oppose allowing technicians to accept verbal prescriber orders, but would support allowing technicians to accept orders or transfers received electronically. Only six states currently allow certified technicians to accept verbal orders from prescribers and none of those states are contiguous to Texas.

Product verification or clarification is another area of concern. Only six states allow certified technicians to do this task, and none of those states is contiguous to Texas. **We would support this proposal if this duty is restricted to pharmacy technicians that have a current Product Verification Certificate from the Pharmacy Technician Certification Board.**

We also have grave concerns about allowing technicians to discuss medication therapy with patients. There are promising pilot studies underway and we encourage TSBP to thoroughly evaluate these projects for positive patient outcomes and safety before committing to any changes.

We strongly encourage the Pharmacy Board to more thoroughly research important safety issues before making major changes to pharmacy technician duties. **We also urge you to ensure that the appropriate education, training and certification is required of technicians before they are allowed to assume any expanded duties that have a direct impact on patient safety.** As their role has expanded into immunizations, custom compounding, diabetes education and point-of-care testing, pharmacists have been required to obtain advanced certifications and training to

Improve their knowledge and skills in order to protect their patients. **It is imperative that technicians are likewise required to have vital skills and training before they can perform any tasks that affect patient safety. Such a requirement would make it far easier for us to support the expansions of technician duties under consideration.**

We appreciate the Board's role in ensuring the safety of the citizens of Texas and look forward to an open dialogue on ensuring that mission continues.

Thank you for your consideration.

Sincerely,



Laird Leavoy
President, American Pharmacies



Alton Kanak, R.Ph.
Chairman, Board of Directors

From: Stephen Crocco

Sent: Wednesday, July 29, 2020 7:31 PM

Subject: A letter in regards to the proposed increasing of the technician/pharmacist ratio

To the Board of Pharmacy Directors,

I am writing to you in regards to a report on a proposal to increase the technician ratio beyond 4:1. I would like to offer my opinion of the subject. I am a retail pharmacist who has worked for various retail chain pharmacies as well as an independent retail pharmacy. I have 23 years of experience in pharmacy and 10 years as a Pharmacy Manager. When I first started out in 2000 as a newly licensed Pharmacist, there was a massive shortage across the country. As a result, pharmacists worked long hours, most weeks were above 40 hours(I had a base of 42-46 hours 15 of those years) with little to no overtime pay and in almost all years, no breaks of any sort. We were subject to understaffing conditions based on existing technician ratios and had to utilize front store personnel in a "non-technician" role to supplement. As a collective whole, all Pharmacy boards failed to protect the pharmacists. All 50 state pharmacy boards. The result was to increase the ratios in a majority of the states and to increase the amount of schools to alleviate the shortage. There has been no advocate for the individual Pharmacist though. Through misguided projections and turning a blind eye for the sake of corporations profiting from it, there is now a massive oversupply of pharmacists. Where are our advocates? We have no one! Pharmacies have their advocates, at least the big corporations do. Big Pharma have theirs. PBM's have theirs. Where is our advocate?

Over the years, corporations have installed members of their respective companies on the Pharmacy boards to advocate for rules which benefit themselves. Where is our voice though? When an error occurs and the board receives the complaint, who receives the fines in general? The pharmacist. Again, where is our advocate? When a Pharmacy board audits a pharmacy and sees the ratio being exceeded, who receives the fine in general? The Pharmacy Manager or the Pharmacist on duty. The Pharmacy is responsible for the working conditions in which the Pharmacist operates. In most instances, the Pharmacist has no control of how much help is provided on each shift. How is it fair then when an error is made that the Pharmacy is not at fault as well? To be fair, most Pharmacies have paid the fines on behalf of their employees but in recent years, the blame and fines have been shifted to the Pharmacists now.

Let's go back to the ratio now. Will increasing the ratio help or hurt the individual Pharmacist? Will this cause a higher error rate or lower one? In some ways it might help. An extra body in the pharmacy on the surface sounds great right? They can answer that phone that's ringing. Entering in some of those prescriptions. Fill some of those prescriptions that everyone else had to do. Here is what will happen though. No additional help will be provided for the slower stores(300 scripts per day) and no additional help will be provided in the form of overlapping Pharmacists in almost all instances. Technicians will be responsible for inputting a higher percentage of the prescriptions and performing more of the daily duties for which the Pharmacist will now have to double check to ensure accuracy. There is no real accountability on the technicians part. They do not receive fines in most instances when an error occurs. It is the responsibility of the Pharmacist to catch all mistakes. This will cause an increase in error rates in those high volume stores. Again, where is our advocate?

We are now upon flu shot season. This season will be much worse than previous seasons due to COVID-19. More pressure will be placed on the individual Pharmacist to do more with the same and in most circumstances, less help. In most states which include Texas, Pharmacists and Pharmacy Interns are the only ones who may give an immunization. In a store that does 600 scripts per day, that could mean 100 immunizations per day during the October/November timeframe. Imagine 1 pharmacist giving that many shots while verifying all of those prescriptions. To be clear, the bigger companies have a centralized system in place to distribute the burden with respect to data review and prescription entry but ultimately, that one pharmacist is verifying the products for 600 prescriptions in what is likely a 12-14 hour shift which includes giving 100 immunizations. That is a rate of 1 shot per 8.4 minutes. A prescription verified every 1.4 minutes. A counsel on a prescription every 3.5 minutes(assuming a counsel of 40% rate) . Double checking that PMP on those narcotic prescriptions. Checking the doctor voicemail. Taking prescriptions verbally from doctors offices. Calling patients about MTM's. How effective do you think we as Pharmacists will be under those circumstances? How likely is it that we make an error? How likely is it that we miss that DUR that we skimmed past of a duplication of therapy or allergy or drug interaction? We didn't review the VAER's form in its entirety and gave that vaccine to someone who shouldn't have received it? Again, where is our advocate? No real accountability is being placed on the Pharmacies that put us in those situations and no technicians are held accountable for the errors that they make which ultimately don't

get caught. A couple of modules or an online class does not equate to what we have through 5-6 years of college training and internship.

Pharmacy boards were recently offered a glimpse into what pharmacy error rates really are when Oklahoma recently fined CVS \$125,000 for errors. The error rate ranged from 6%-22% on audited prescriptions. This is what state board policies have produced. Where is our advocate? This is pocket change for big corporations like CVS and they will continue with their skeleton crew staffing to squeeze as much as they possibly can out of their workers. During the recent months, the vast majority of pharmacies have seen their staffing cut by 10-20 % even with the workload remaining the same.

What will happen this flu shot season? I am dreading what will come. Immunization projections and expectations are through the roof. Anxiety levels have increased for all staff members and it keeps getting worse. Where is our advocate? To be clear, Pharmacies are doing some of this to offset a reduction in reimbursement rates. PBM's(Pharmacy Benefits Managers) are a huge factor in all of this. Why is it that a company who really has no true healthcare role, be the dictator of where you can go to get your medication? Why do they dictate reimbursement rates to Pharmacies? Why do they get to deny payment to Pharmacies that billed a 100 day supply as 90 days because it's a prepackaged product and cannot be opened to give a 90 day supply? Why are they allowed to give a reimbursement payment below the actual cost to the Pharmacy who actually are entering, filling, dispensing and counselling the patients? Why are they allowed to profit on a healthcare system that has exploded in costs over the entire time frame since they first were introduced? PBM's need to be eliminated or reduced to a non-profit system that gives a guaranteed positive reimbursement rate to Pharmacies.

All of the Pharmacy boards in my opinion have the obligation to protect their industry and become advocates for Pharmacies AND Pharmacists! The time for change is real and is now! Pharmacy boards must band together and fight for their own survival! Technician ratios will do nothing to promote real change and will only serve to worsen and cheapen what little respect remains for us. In summary, I disagree with increasing the technician ratio. It should remain as is and the companies themselves should be held accountable for providing a safe working condition and provide sufficient Pharmacist help in the form of Pharmacists, not technicians. Pharmacist salaries are not the reason that Pharmacies don't make as much profit as they used to and a technician will NEVER replace what a Pharmacist brings to the table.. Band together and fight for real change. Stand up and fight the PBM's to give all Pharmacies a chance at survival, not just the big corporations. They have no business dictating healthcare in this country.

--

Stephen Crocco RPh
Waterview Estates HOA Treasurer
Cell 518-320-0511



TEXAS *Pharmacy Association*

Together Pharmacy Advances

July 29, 2020

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director
Texas State Board of Pharmacy
333 Guadalupe St., Suite 3-500
Austin, TX 78701

Via email: Allison.benz@pharmacy.texas.gov

Re: Pharmacist-to-Pharmacy Technician Ratio and Pharmacy Technician Duties

Dear Ms. Benz,

On behalf of the thousands of pharmacists, student pharmacists, and pharmacy technicians represented by the Texas Pharmacy Association (TPA), we thank the Texas State Board of Pharmacy (TSBP) for the opportunity to comment on the proposal of rules concerning pharmacist-to-pharmacy technician ratios and pharmacy technician duties. We appreciate the consideration of TPA's perspective on this matter. TPA represents pharmacy professionals in all practice settings and knows firsthand the value pharmacists bring to improving health outcomes with patient safety of utmost concern.

TPA believes that it is important to evaluate the realities community pharmacists face today and the evolving role of pharmacists in providing patient-care services, while simultaneously ensuring public safety. Recognizing the many operational and financial challenges that pharmacies experience, we must optimize the roles of all pharmacy personnel. It is understood in the pharmacy community that nearly a third of pharmacists' time is currently spent on administrative tasks that pharmacy technicians can perform. Expanding the supervision ratio and pharmacy technician duties will not only allow pharmacists to exercise their judgment for their individual practice, it will also enable expanded services focused on providing better patient care in the safest, most effective manner.

After much discussion and debate since the November 5, 2019, quarterly Texas State Board of Pharmacy meeting, what is most important to TPA is that we continue to move the profession forward. Therefore, TPA recommends a 1:6 pharmacist-to-pharmacy technician ratio in the community pharmacy setting. While this differs from what TPA supported in November, it recognizes we must make progress and address what many pharmacists are experiencing today. We, as a profession, need to continue to strive for practice transformation with pharmacists involved in more patient-care services and recognize staffing levels and duties may need to change in the future as we continue to enhance our provider status.

The Office of the Governor suspended certain rule requirements during the state of disaster in Texas due to COVID-19, including the requirements that only a pharmacist may receive oral prescription drug orders and reduce the orders to writing, and transfer or receive a transfer of original prescription information on behalf of a patient. This suspension allows these duties to be performed by pharmacy technicians. Due to the demonstration of pharmacists' ability to provide safe and effective patient care through the suspension of these regulations, TPA supports the permanent allowance for pharmacy technicians to:

- 1) receive oral prescription drug orders and reduce these orders to writing, either manually or electronically,
- 2) transfer or receive a transfer of original prescription information on behalf of a patient, and
- 3) contact a prescriber for information regarding an existing prescription.

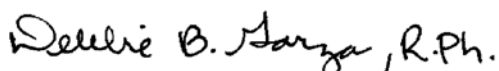
TPA recognizes and emphasizes this expansion of technician duties only occurs under the supervision and delegation of the pharmacist(s) on duty based on their professional judgement.

Allowing pharmacists flexibility to exercise their professional judgment in deciding how to best utilize their clinical skills and maximize their support personnel for their practice is paramount. Supervision ratios and technician duties are affected by a pharmacist's workload, practice setting and experience, as well as the education and experience of their pharmacy technician staff. Patient safety is ultimately the responsibility of the pharmacist, and pharmacists as healthcare professionals should have the ability to make decisions and delegate duties with which they are comfortable.

Expanding the pharmacist-to-pharmacy technician ratio and pharmacy technician duties will not only improve the safety of the prescription process by reducing the distractions represented by administrative tasks performed today by pharmacists, but also enable highly trained pharmacists to use their valuable education, training, and time to provide patient services beyond prescription drug dispensing. Pharmacists are increasingly providing critically important clinical services, such as medication management and adherence programs, immunizations and point-of-care testing, educational programs and chronic disease management that improve health outcomes and the total care of each individual. In addition, pharmacists consistently demonstrate their role as essential front-line healthcare providers during state crises, including the coronavirus pandemic. Regulations must evolve to enable pharmacists to practice at the top of their education and training, especially as they prepare for flu and COVID-19 co-circulating this fall and winter, as well as for future unforeseen circumstances. Pharmacists should have the option to employ a greater number of more highly skilled pharmacy technicians who can provide more effective assistance and elevate patient care through appropriately delegated tasks.

We respectfully ask the Board to further its mission to "promote, preserve, and protect the public health, safety, and welfare by fostering the provision of quality pharmaceutical care to the citizens of Texas" by adopting a 1:6 pharmacist-to-pharmacy technician ratio in the community pharmacy setting and expand pharmacy technician duties that will safely advance the practice of pharmacy in our state.

Sincerely,



Debbie B. Garza, R.Ph.
Chief Executive Officer
dgarza@texaspharmacy.org
512-615-9170

To Members of The Texas State Board of Pharmacy;

My name is Russell Davidson and I am the Pharmacy Manager of the Walgreens in Kerrville, Texas. Today, I am voicing my support for the Board to increase or eliminate the current pharmacist to tech ratio.

As the current healthcare landscape continues to evolve the pharmacy profession must evolve with it. Today's pharmacists are being asked to become more involved in patient outcomes, while still being responsible for the daily workload of a pharmacy. If we hope to advance our profession, we have to be front and center for the patient and can no longer have our time occupied by non-clinical tasks. I run a very efficient, high-volume pharmacy, and I can say without a doubt that the tech ratio limits my ability to expand my clinical role as a pharmacist. When I can have more well trained and certified pharmacy technicians in the pharmacy, I will spend less time on non-clinical tasks such as counting prescriptions, answering phone calls, and running a cash register. Instead I can create value for my patients when I'm able to practice at the top of my license by spending time counseling patients, advocating for and administering immunizations, and completing MTMs.

If the pharmacist to tech ratio is increased or eliminated, pharmacists across Texas will have access to more help in the pharmacy and in turn have a greater impact on our patient's health.

Sincerely,

Russell Davidson, Pharm D
Walgreens



Texas State Board of Pharmacy
 William P Hobby Building, suite 3-500
 333 Guadalupe St
 Austin, TX 78701

Dear State Board Members,

My name is Bobbigai Tribble. I am a retired pharmacist in the state of Texas after practicing for 37 years. I am writing this on behalf of my fellow retail pharmacists who are still practicing. I feel I can speak up on their behalf since I have no fear of retaliation from corporate retail management.

The working conditions that the majority of retail pharmacists and technicians are required to work under are appalling! From what I hear from my colleagues, it is everywhere but particularly bad at Walgreens and CVS. Short staffing and understaffing are common, leading to many errors, and high stress and anxiety at the thought of making errors. Corporations are more concerned with "metrics" than with genuine patient care and the ability to spend even a little bit of time caring for patients' needs. I know they say they do not set quotas and the board doesn't allow quotas, but what else would you call having to fill prescriptions within a certain time frame or you will be penalized with bad reviews, even termination. The pressure to meet quotas for immunization, to pressure patients to refill prescriptions, many of which they no longer need, to check voicemail within certain time frames, all this adds up to quotas, no matter what you call it. To be fearful of being written up, or in this day of an overabundance of pharmacists, even fired, is enormous! Many pharmacists I know work long shifts, 8-14 hours, without meal breaks or even taking time for bathroom breaks, many for fear of falling so much further behind that they again are fearful for their jobs. The majority of pharmacists I know working retail work many hours "off the clock", and they are expected to again because of short staffing and fear of termination and failure to get the job done because "they are not working smartly or efficiently". And don't get me started on the effected this stress has on their health. When I retired, I was finally able to get a good night's sleep without worrying about did I make a mistake and hurt someone, or dreaming of piles of work I had left behind. My blood pressure and blood sugar improved, I was able to lose weight, and start to reclaim my health. The issues caused by this stress and overwork are not just endangering the public, but the people who want to work in at least tolerable working conditions.

I would request that the board address these issues of working conditions and set minimum staffing standards to protect the public and the health and wellbeing of pharmacists and technicians. I loved being a pharmacist and being able to touch and change my patients' lives. I just wish the corporations would set standards that allowed it instead of only being concerned about profit.¹

Thank you for reading this.

Sincerely,

Bobbigai Tribble

TX PHARMACY BOARD

2020 JUL 17 AM 10:30

From: Linda Ramos

Sent: Tuesday, July 28, 2020 8:55 AM

To: Executive Assistant <execassist@pharmacy.texas.gov>

Subject: Technician ratio

I heard from my colleagues that the board of pharmacy has been discussing enhancing patient safety by increasing the pharmacist technician ratio from 1:4 to 1:8 or possibly eliminating it all together. That would be great for our pharmacy. I urge the board to do it.

Sincerely,

Linda Vaughan



Walgreen Co.
6611 N. Belt Line Road
Suite 200
Irving, TX 75063
P 972.822.2600 F 972.822.2480
www.walgreens.com

July 28, 2020

Texas State Board of Pharmacy
Allison Benz, RPh, MS
Executive Director and Secretary
333 Guadalupe, Suite 3-500
Austin, TX 78701-3903
allison.benz@pharmacy.texas.gov

RE: Elimination of Technician Staffing Ratios

Dear Ms. Benz,

Walgreens operates 704 community and specialty pharmacies across Texas, and on behalf of the company, I am writing to urge the board to expand the pharmacist to technician ratio in all practice settings. I have supervised pharmacy personnel in a number of capacities for more than 30 years, and have watched the profession and the pharmacy industry evolve tremendously, especially over the past 10 years.

As a pharmacy and store operations leader, I see the challenges our teams face every day. I firmly believe our pharmacists need additional support, and they are in the ideal position to dictate and designate that help. The expansion of the ratio would allow pharmacists to perform the professional functions that provide the most benefit to patients and serve to alleviate some of the expressed workplace environment concerns without jeopardizing patient safety.

In recent years, we have witnessed a number of states follow this course, and currently 22 states have no ratio in their statutes or regulations. To my knowledge, in these states, Walgreens has not suffered complaints or patient safety issues attributed to having too many working technicians. Rather, the pharmacist is able to use their professional autonomy to optimize the use of technicians in their practice to best serve the needs of the patient.

It is exciting to see – now more than ever – the more progressive role pharmacists play in the health and well-being of the communities we serve and in driving positive patient outcomes: immunizations, medication therapy management, adherence counseling, medication synchronization, and now COVID testing. Now is the time to embrace all the profession may be. To do that, more administrative tasks must be removed from the pharmacists' scope and be allowed to become the responsibility of the qualified, talented and underutilized technicians we employ.

Thank you for your consideration of my views. I appreciate the Board's willingness to consider the impact of this decision on the continued advancement of the profession.

Sincerely,

Connie Latta

Regional Vice President – Texas, Oklahoma, New Mexico

From: Joshua Moore
Sent: Monday, July 27, 2020 3:52 PM
To: Executive Assistant <execassist@pharmacy.texas.gov>
Subject: Pharmacist:Technician Ratio

Dear Board of Pharmacy,

It is my understanding that the board will be voting soon to possibly increase the pharmacist:technician ratio to 8:1. This sounds to me like the corporate world of pharmacy is looking to reduce payroll costs and increase the responsibilities of the pharmacist on duty even more. If our workload requires more technicians, then it most certainly should require more pharmacists to be on duty as well. We currently have two pharmacies that operate quite well with the current ratio and having the ability to have more technicians, would be pushing the limits of one pharmacist to supervise everyone appropriately. As you all know, there are a lot of tasks and interactions taking place every hour of every day in the pharmacy. To help protect the public, the ratio should not exceed the current ratio of 4:1. The public's safety would be diminished if the ratio is increased beyond what it is currently. The current ratio is more than enough for one pharmacist to supervise. I ask that you look into this closely and take seriously the safety of the public. Once this is increased beyond 4:1, there will never be a chance to go back. Thank you for your time and your dedication to our profession. Your work is very much appreciated! Have a great week!

Sincerely,

Joshua Moore, Pharm.D.



105 SW 2nd St
Tulia, Texas 79088
806-995-3551



July 23, 2020

Allison Vordenbaumen Benz, RPh, MS
Executive Director and Secretary
Texas State Board of Pharmacy
333 Guadalupe, Suite 3-500
Austin 78701-3903
allison.benz@pharmacy.texas.gov

Dear Ms. Benz,

On behalf of our members operating community pharmacies in Texas, NACDS greatly appreciates the opportunity to continue working with the Board to advance pharmacy practice for the ultimate benefit and improved safety and health of Texans. Given important Board discussions related to pharmacy technician role expansion last year, NACDS thanks the Board for their continued engagement and consideration of our perspective on these critical issues.

The unfolding COVID-19 pandemic continues to challenge healthcare systems and providers across Texas and the country more broadly. With more than 9,500 new COVID-19 cases reported in Texas on July 23rd, it is imperative that systems and providers, including pharmacies, continue have the ability to leverage all pharmacy staff to meet public health demands and provide the best possible care for the public during this unprecedented time and beyond. Pharmacies must be empowered to provide critical COVID-19 care along with traditional care to the communities they serve, especially as pharmacies gear up to begin providing influenza vaccines in only a few short weeks, and make preparations to provide COVID-19 vaccines once available.

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. In Texas, NACDS member companies operate more than 3,000 locations that employ about 300,00 people. Our members operate 40,000 pharmacies in total and include regional chains with as few as four stores as well as national companies. Across the nation, chain pharmacies employ more than 3 million individuals, including 157,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative patient-care services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit nacds.org.

Expanding the ability for pharmacies to leverage the unique skills of all pharmacy staff, including pharmacy technicians, is critical given the present circumstances, but would allow for more optimized patient care delivery every day even beyond the pandemic. NACDS urges the Board to better support pharmacists to meet the clinical needs of patients by allowing pharmacy technicians to perform all technical functions not requiring clinical or professional judgement, including product verification and vaccine administration. Decades of research and pilot programs have demonstrated the safety of pharmacy technicians performing such duties.

A. Leveraging All Pharmacy Team Members to Improve Care and Meet Increasing Demands

In the context of an aging population with increased chronic disease prevalence and medication use, and a looming physician shortage, community pharmacists are well-positioned and trained to deliver a wide range of relevant care services to help fill gaps, improve care coordination, and complement the care delivered by others across the continuum. However, the extent to which a pharmacist can engage in direct patient care activities and meet dynamic needs, depends heavily upon whether non-judgmental tasks can be delegated from a pharmacist to pharmacy technicians. Innovative workflow models and the smarter use of pharmacy technicians to perform a comprehensive assortment of administrative, nondiscretionary tasks are integral to better supporting pharmacists to maximizing their ability and refocusing their time as they aim to best meet the needs of patients (e.g. delivery of patient care services, use of clinical judgement, etc.). For Texas pharmacies to best balance and meet the dynamic needs of patients in today's evolving healthcare environment, community pharmacists must be able to better deploy, maximize, and leverage their most valuable resource – the team behind the counter – inclusive of pharmacists and pharmacy technicians.

Based on data from a high-risk Medicaid population, patients visit pharmacies ten (10) times more frequently than they see other healthcare providers, meaning pharmacists are ideally positioned to fill gaps in patient care and support the healthcare team. Given their accessibility and expertise, pharmacists are often cited as a seriously underutilized asset to improve health and care experiences for patients and reduce healthcare costs. Healthcare researchers, thought leaders and policymakers more and more are advocating for pharmacist-provided clinical patient care as one strategy to advance the “Triple Aim.”¹ However, if community pharmacists cannot delegate non-discretionary tasks to pharmacy technicians, opportunities to evolve clinical community pharmacy practice as part of the value transformation of healthcare may remain largely out of grasp. This is not only disadvantageous for the viability and advancement of the pharmacy profession; it is harmful for patient health and the efficiency of our healthcare system based a myriad of evidence. By shifting the roles of pharmacy technicians to better support pharmacists, we can move the dial toward solving this problem.

Compelling scientific research continually supports the value of community pharmacists to improve healthcare outcomes and reduce preventable downstream costs by providing clinical care such as preventive interventions, chronic disease management, and medication optimization. Pharmacists also provide tremendous value across the healthcare continuum, including as an accessible clinical healthcare provider and a dispenser of medications and related information such as adherence strategies, proper use, contraindications, interactions, side effects, storage, disposal and more. Therefore, as the healthcare landscape continues to evolve, increasing expectations of the whole continuum, the pharmacy team must be leveraged and maximized to their highest ability in order to optimally provide care to patients. NACDS encourages the Board to allow pharmacists to better delegate their workload and use their time by engaging pharmacy technicians to take on any administrative and non-discretionary tasks, thereby optimizing the value and role of pharmacy care to serve patients and improve health. Similarly, the Board should

¹ The Institute for Healthcare Improvement (IHI) defines the Triple Aim as a framework to describe an approach to optimizing health system performance, with the belief that new designs must be developed to simultaneously pursue three dimensions: improving patient experience (quality and satisfaction), improving the health of populations, and reducing the per capita cost of healthcare.
<http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx#targetText=The%20IHI%20Triple%20Aim%20is,to%20optimizing%20health%20system%20performance.&targetText=Improving%20the%20patient%20experience%20of,capita%20cost%20of%20health%20care>

remove the unnecessary pharmacist to technician ratio that restricts appropriate use of all members of the pharmacy staff team to best serve patients.

B. Expand Permissible Duties for Pharmacy Technicians in Texas to Better Serve Patients

As mentioned, community pharmacists are increasingly called upon to apply their advanced-level clinical training and medication expertise to improve health outcomes and add value across the care continuum. As such, there is a corresponding need to delegate administrative, nondiscretionary tasks to pharmacy technicians so that pharmacists can focus on providing more care to the communities they serve. Specifically, NACDS encourages the Board to permit pharmacists to delegate any administrative, non-discretionary, non-judgmental task, as has been done in Idaho, where pharmacists may delegate any act consistent with a technician’s training, aligned with accepted standards of care, and unless expressly prohibited.² Such authority empowers pharmacists to determine what administrative, nonjudgmental tasks are appropriate for delegation, while considering pharmacy-specific workflow needs. Specifically, pharmacy technicians should be authorized to perform final product verification, immunization administration, and others.

Transfers & Verbal Orders. Based on research published in 2017, at least 17 states allow pharmacy technicians to accept verbal prescriptions called in by a prescriber or prescriber’s agent or transfer a prescription order from one pharmacy to another.³ The authors of this research concluded that these tasks can be performed safely and accurately by appropriately trained technicians, and the track record of success with these tasks spans four decades.³ The authors also noted that the delegation of verbal orders and prescription transfers removes undue strain on pharmacists and frees up pharmacist time for clinical care.³ Further, it has been suggested that when information on a prescription is incomplete, a pharmacy technician can contact the prescriber and appropriately obtain the needed information. Currently, at least six states permit this activity for certified technicians.⁴ Based on a recent survey of nearly 650 pharmacy technicians across the country, over 56% are already regularly involved in clarifying prescriptions, and over 75% are “very willing” to perform this activity. Additionally, 50% are “very willing” to accept and transcribe a verbal prescription and to transfer prescriptions.⁵

Immunization Administration. Additionally, research supports pharmacy technicians to successfully perform the technical task of administering immunizations. Upon pharmacist review of vaccine appropriateness and patient counseling, authorization of pharmacy technicians to administer vaccines results in more time for pharmacists to focus on tasks requiring clinical judgement, which is no different than support staff administering vaccines in physician offices. States such as Idaho, Utah, and Rhode Island have incorporated the ability for technicians to perform this technical task.⁶ In a recent pilot, pharmacy technicians delivered over 950 immunizations between December 2016 and May 2017 without adverse effects.⁷ Given the technical nature of vaccine administration, pharmacy technicians should be authorized to administer all types of immunizations. Further, the training program

² https://bop.idaho.gov/wp-content/uploads/sites/99/2019/07/2019_Law_Book.pdf

³ <https://www.sciencedirect.com/science/article/abs/pii/S1551741116305721?via%3Dihub>

⁴ Currently allowed in DE, IL, ID, IA, MI and SD.

⁵ Doucette W, Schommer J. Pharmacy Technicians’ Willingness to Perform Emerging Tasks in Community Practice. *Pharmacy*. 2018;6(4):113.

⁶ <https://www.pharmacytimes.com/publications/supplements/2019/March2019/an-update-on-technicians-as-immunizers>

⁷ McKeirnan KC, Frazier KR, Nguyen M, MacLean LG. Training pharmacy technicians to administer immunizations. *J Am Pharm Assoc* (2003). 2018;58(2):174–178.e1. doi:10.1016/j.japh.2018.01.003

developed for pharmacy technicians in Idaho included both intramuscular and subcutaneous administration routes and techniques, equipping technicians to offer a wide range of vaccinations.⁸ Limiting the types of vaccines pharmacy technicians can provide would limit benefits for patients and may have unintended consequences as our healthcare system advances and new vaccine products become available. For example, limitation on the types of vaccines that pharmacy technicians can administer would restrict pharmacy technicians' ability to directly assist during a public health outbreak of a novel disease or virus. Importantly, even when pharmacy technicians administer immunizations, pharmacists continue to maintain all aspects of clinical decision-making.

Product Verification. Product verification performed by pharmacy technicians has been well studied over decades and proven to not only maintain patient safety, but also to promote job satisfaction of the community pharmacy workforce, allowing pharmacists to perform more clinically meaningful activities while providing opportunities for pharmacy technicians to synergistically elevate their work. Also, product verification by technicians is permitted in at least 6 states based on permanent rule (Arizona, Idaho, Iowa, North Dakota, West Virginia, and Wisconsin). The NACDS Optimizing Care Program in Iowa, Wisconsin and Tennessee, has shown through evidence-based pilot studies that technicians can and do safely verify medication products filled by other technicians. Specifically, the Optimizing Care Program aims to evaluate a new pharmacy care model, which includes a pharmacy technician with training in product selection performing the final verification of medications, allowing pharmacists to redirect more of their time to providing clinical patient care. This new role empowers technicians and frees up more time for pharmacist-provided patient care activities. Some states have implemented the use of technology to further support technicians to perform additional dispensing functions including technician product verification (TPV).⁹ Further, this new care delivery model does not remove the pharmacist from any clinical decision-making process, drug utilization review (DUR), counseling, or any other clinical component of the prescription dispensing process. Likewise, this model does not reduce pharmacists' time in the pharmacy, but redistributes their time from technical duties to more clinically meaningful tasks.

Further, these pilot studies have demonstrated that TPV, which has been done in hospital pharmacies for decades, can similarly be performed in community pharmacies safely. For example, results of the [NACDS Optimizing Care Program](#) are provided:

NACDS Optimizing Care Program Overview: Technician Product Verification (TPV)	
State & Pilot Background	Results
<p>Iowa¹⁰</p> <p>18-month pilot began in 2014 and included 7 community pharmacies</p>	<ul style="list-style-type: none"> • There was no significant difference in overall errors, patient safety errors, or administrative errors. • Pharmacists' time in dispensing significantly decreased (67.3% vs. 49.06%, P = 0.005), and time in direct patient care (19.96% vs. 34.72%, P = 0.003), increased significantly. • Total services significantly increased (2.88 vs. 5.16, P = 0.044).

⁸ <https://pharmacy.wsu.edu/pharmacy-technician-immunization-training/>

⁹ Arizona – Notice of Final Rule Making. Published by the Arizona Secretary of State. November 24, 2017. Vol. 23, Issue 47. https://apps.azsos.gov/public_services/register/2017/47/06_final.pdf

Iowa – Chapter 40. Technology-assisted Technician Product Verification Programs. May 2019. <https://www.legis.iowa.gov/docs/iac/chapter/657.40.pdf>

¹⁰ Andreski M, Myers M, Gainer K, Pudlo A. The Iowa new practice model: Advancing technician roles to increase pharmacists' time to provide patient care services. J Am Pharm Assoc. 2018;58,268 -274. Accessed at: <https://doi.org/10.1016/j.japh.2018.02.005>. Further TPV research has been conducted in Iowa on new prescriptions with similar findings. Results not yet published.

<p>Wisconsin¹¹</p> <p>3-year pilot began in 2016 and included 13 community pharmacies</p>	<ul style="list-style-type: none"> • 12,891 pharmacist-verified prescriptions (baseline) and 27,447 Validated Pharmacy Technician-verified prescriptions were audited for accuracy. • The aggregate verification error rate for pharmacist-verified prescriptions was 0.16% and 0.01% for Validated Pharmacy Technician-verified prescriptions. • The mean error rate was significantly less for Validated Pharmacy Technician-verified prescriptions than for pharmacist-verified prescriptions. • The ability to delegate the final product verification task may free up pharmacist time for increased direct patient care, such as medication management and immunizations.
<p>Tennessee¹²</p> <p>2-year pilot began in 2017 and includes 14 community pharmacies</p>	<ul style="list-style-type: none"> • Total undetected error rates were significantly less in the Optimizing Care Model phase compared to the traditional model (0.063%; vs. 0.085%; p<0.001). • Overall, pharmacist time spent delivering patient care services increased significantly upon implementation of the Optimizing Care Model (25% vs. 43%; p<0.001), while time spent performing dispensing-related activities decreased significantly (63% vs. 37%; p=0.02).
<p>Qualitative findings¹³</p> <p>14 semi-structured interviews of pharmacy techs, managers, and pharmacists directly involved with implementation of TPV in any one of the three states – Iowa, Wisconsin, or Tennessee.</p>	<ul style="list-style-type: none"> • Key themes identified include: <ul style="list-style-type: none"> ○ Optimizing Care Model catalyzes patient care service delivery expansion in the community pharmacy setting ○ Effectiveness is driven by “freed-up” pharmacist time compared with the traditional model ○ The model positively affects roles and job satisfaction of pharmacy personnel ○ Technician engagement and ownership have a strong impact on the success and ramifications of the model

As described in the chart, recently conducted qualitative research on the expansion of pharmacy technician duties supports the tremendous potential not only to improve care for patients, but also to reduce undue burden on the community pharmacy workforce. For example, a survey of pharmacists, managers, and pharmacy technicians who implemented technician product verification across three states described highly positive outcomes of this model, including patient care delivery expansion, effectiveness based on “freed-up” pharmacist time, and positive impacts on roles and job satisfaction of personnel.¹⁴

Quotes from the research include:

“There’s definitely a lot more time to spend with the patient...I think it’s almost like the whole atmosphere of our job changes. ... I just feel that the pharmacist is able to step back for a moment from the product and just be like, “Okay, so who can I help today?” (Pharmacist Manager)

¹¹<https://pubs.lib.umn.edu/index.php/innovations/article/view/2340>.

¹² Hohmeier KC, Garst A, Adkins L, Yu X, Desselle S, Cost M. The Optimizing Care Model: A Novel Community Pharmacy Approach to Enhance Patient Care Delivery by Leveraging the Technician Workforce through Technician Product Verification. Journal of the American Pharmacists Association. July 2019. [https://www.japha.org/article/S1544-3191\(19\)30347-4/fulltext](https://www.japha.org/article/S1544-3191(19)30347-4/fulltext) These preliminary results will be supplemented with a full analysis once the pilot concludes later this year.

¹³ Hohmeier, Kenneth C. et al. Exploring the implementation of a novel optimizing care model in the community pharmacy setting. Journal of the American Pharmacists Association, Volume 59, Issue 3, 310 - 318

¹⁴ Hohmeier, Kenneth C, et al. Exploring the implementation of a novel optimizing care model in the community pharmacy setting. Journal of the American Pharmacists Association, Volume 59, Issue 3, 310 - 318

“It’s allowed every member of the pharmacy care team to practice at the top of their job description and enable pharmacists to really use that license.” (Pharmacist Manager)

“It’s really been helpful because it’s been less stressful just being able to focus...” (Pharmacist Manager)

“The pharmacists feel that they are able to step back for a moment and not be in that kind of pressurized feeling all the time ...” (Pharmacist Manager)

“I would hate to go back to the way that things were before... [The pharmacist] can go take their blood pressure or go over their meds with them [and] we have more time to call the doctor and ask about questions.” (Pharmacy Technician)

Such evidence supports the ability of pharmacy technicians to take on additional, nondiscretionary duties, which expand pharmacists’ capacity to provide patient care and focus on aspects of the dispensing process which require clinical decision making. Expanding technicians’ ability to better support pharmacists does not remove pharmacists from any clinical aspect of pharmacy care, nor does it remove pharmacists from the dispensing process, diminish the importance of a pharmacist or the license they hold, nor does it replace pharmacists with technicians. Instead, the change in duties allows pharmacists to redirect their time toward activities requiring their clinical expertise and advanced-level training.

Especially given the rigorous training and certification requirements for pharmacy technicians already implemented in Texas, NACDS urges the Board to authorize technicians to better support pharmacists by providing a full range of administrative, nondiscretionary dispensing tasks. These tasks include – but are not limited to – immunization administration, final product verification, receiving and accepting oral prescriptions and reducing these orders to writing, either manually or electronically; transferring or receiving a transfer of original prescription information on behalf of a patient; and contacting a prescriber for clarification when information on a prescription is incomplete, unless the inquiry regarding missing information requires the professional judgment of a pharmacist. Because the literature strongly supports technicians safely performing such expanded duties without specific credentialing or extensive training, any additional requirements would be unnecessarily burdensome for pharmacies looking to improve the health of their patients. While NACDS strongly supports technicians being appropriately trained for assigned tasks, we believe that the employers are in the best position to decide what is necessary for their technician workforce in that pharmacy setting and provide that training.

In sum, to realize greater benefits for pharmacist-provided patient care and to reduce undue burden on pharmacy personnel, NACDS urges the Board to authorize pharmacy technicians to perform all technical, non-discretionary duties given maintained patient safety demonstrated in other states and underpinned by research.

C. Remove Antiquated, Unnecessary “Pharmacist to Technician Ratio” Which Hinders Care

Currently in Texas, pharmacies are subject to ratios ranging from 1:3 to 1:5, depending on precise circumstances, for instance: if a technician is a “trainee,” if the number of drugs dispensed at that particular pharmacy exceeds 20, and based on the presence or absence of sterile compounding activity. However, no evidence exists to support any particular ratio for the circumstances listed, and NACDS is unaware of any reports or studies showing that ratios

improve patient safety. Arbitrary ratios undermine the ability of community pharmacists to best manage the needs and requirements of each individualized pharmacy to provide population-specific patient care. Such ratios especially prevent pharmacies from maximizing the use of pharmacy technicians to provide a broader set of patient care services to the public. Recognizing this to be true, many state boards of pharmacy have relaxed or totally removed pharmacist-technician ratios to allow for optimal use of pharmacy technicians. For example, the following 23 states, in addition to the District of Columbia, do not limit the number of technicians a pharmacist can oversee: Alaska, Arizona, Delaware, Hawaii, Idaho, Illinois, Iowa, Kentucky, Maine, Maryland, Michigan, Missouri, New Hampshire, New Mexico, Ohio, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Washington, Wisconsin, and Wyoming.¹⁵ NACDS has not heard of any observed or reported excessive technician staffing or patient safety issues arising in those states in which ratios have been eliminated. Testimonials recently collected by NACDS add additional context and are provided below:

“I’m not aware of any information which suggests that patients in a state which has no ratio are any safer or worse off than patients in a state which has a ratio. There does not appear to be a public safety imperative for ratio requirements. Since every practice site is different, it would appear prudent to task the pharmacist-in-charge of a pharmacy with the appropriate staffing mix commensurate with the nature and scope of the practice site.” – Malcolm Broussard, RPh, Executive Director, Louisiana Board of Pharmacy

“The New Mexico Board of Pharmacy eliminated the tech ratio by rule change in June 2013. The Board reserved the right to impose a ratio on a licensee if it could be shown that a violation or complaint resulted from poor supervision due to the number of techs on duty. To date, the Board has not imposed a ratio on any licensee. I am not aware of any complaints or violations that have resulted from tech ratio issues.” – Rich Mazzoni, Past President of both the New Mexico Board of Pharmacy and the California Board of Pharmacy

“Arizona eliminated the ratio almost 15 years ago. ...In these 15 years, there has never been a case of an error related to an unsafe number of technicians in the pharmacy.” – Dennis McAllister, Arizona Board of Pharmacy

“In the last several years, Maine migrated to a no ratio regulation and left the technician staffing up to the pharmacist licensed with their board. There have been no negative outcomes from this change. I believe the citizens are getting better and more timely service and taking a greater understanding of how to use their medications effectively home with them.” – Mark Polli, RPh, Maine Board of Pharmacy

“I have spent 8 years on the Michigan Board of Pharmacy... Michigan is a state that has no pharmacist to technician ratio. In my 8 years on the board (2001-2009,) I did not review a case in either the full board or the DSC that involved an issue with a pharmacist that encountered a quality incident involving too many technicians to supervise. ... The idea of restricting the amount of technicians a pharmacist can utilize in their practice setting, works to the detriment of the

¹⁵ NACDS internal research. 2020.

patient and inhibits the pharmacist to provide patient care at the top of their license since the technicians are there to assist the pharmacist and patient, not make decisions regarding patient care or quality decisions.” – Laura A. Shaw, Michigan Board of Pharmacy

“I have been a Pennsylvania pharmacist for 27 years and served on the Pennsylvania Board of Pharmacy for 15 years, eight of those years as Chairman. **During my tenure on the Board of Pharmacy, there was NEVER a disciplinary case, nor allegation that came before us, that alleged that an error or patient harm was caused by too many technicians on duty in the pharmacy.**” – Mike Podgurski, RPh, Pennsylvania Board of Pharmacy

Notably, the National Association of Boards of Pharmacy (NABP) has long supported the complete elimination of the pharmacist to technician ratio, and the cutting edge pharmacy care models implemented by the Department of Veterans Affairs (VA) health systems/military do not include the use of a pharmacist to technician ratio, which has not appeared to negatively impact patient safety in those programs.

Given the nonexistence of evidence supporting outdated, arbitrary ratios, and the imperative to reduce undue burden on pharmacy personnel, NACDS urges the Board to remove unwarranted ratio restrictions in the state of Texas. Such action would be an important step toward modernizing pharmacy practice in the state and aligning rules and regulations with the healthcare needs of today’s patients. Removing ratio restrictions will empower pharmacists to best determine what staffing and optimal workflow models best meet their needs given the specific volume and patient care requirements of their pharmacy.

Conclusion

Amid the global pandemic and given escalating imperative to improve quality and transformation of healthcare delivery across the United States, community pharmacists are increasingly providing direct, clinical patient care in accessible neighborhood pharmacy locations across the country. By removing antiquated pharmacist to technician ratios, and expanding permissible duties for technicians, the Board will drive innovation and collaboration to maximize and empower pharmacies across the state to better care for their patients given evolving healthcare needs. NACDS encourages the Board to urgently act on these issues to advance pharmacy practice for the ultimate goal of improving healthcare in the state of Texas and buttressing the response to COVID-19 in communities across the state. We greatly appreciate the consideration of our recommendations and the opportunity to continue working with the Board on these critical issues. We greatly appreciate the consideration of our recommendations and welcome any further discussion on these issues. Please contact NACDS’ Mary Staples at MStaples@NACDS.org or by phone at (817)-442-1155.

Sincerely,



Steven C. Anderson, FASAE, CAE, IOM
President and Chief Executive Officer

From: can bra

Sent: Monday, July 27, 2020 11:10 AM

To: Executive Assistant <execassist@pharmacy.texas.gov>

Subject: Pharmacist to tech ratio

As a certified pharmacy technician during the pandemic I'm sure it goes without saying how stressed out the healthcare system is. Raising the ratio during these times, especially with winter on the horizon can only help society not hurt it.

From: Juan Adame

Sent: Monday, July 27, 2020 10:27 AM

To: Executive Assistant <execassist@pharmacy.texas.gov>

Subject: Pharmacist to Technician Proposal

To whomever this may concern,

I am a PTCB certified technician, proud to be working for a busy retail pharmacy. While my job can be exhausting at times, I find it very fulfilling knowing that I am helping people be healthy. I had no idea that the reason we struggle with subpar staffing was because the Texas State Board of Pharmacy will not allow it. It has come to my attention that the TBoP has been discussing adjusting the pharmacist to technician ratio.

I believe that it is critical that the TBoP increase/eliminate the ratio of technicians to pharmacists. As a certified senior technician, I am capable of handling all of the administrative & production related tasks while in conjunction with other technicians. Pharmacists' concerns should be focused on patient care and not aiding in filling and/or other tasks that a technician could otherwise handle.

Please either increase or eliminate technician ratios so that our pharmacy can provide better patient care in a much less stressful and much safer workplace. We take our patient's lives in our hands on a daily basis, and to deny a pharmacy the amount of staff they need is not only harmful to their practice, but also very harmful to our customers!

The right thing to do is to give us the tools to ensure the safety of the public.

Thank you for your consideration,

- Juan Adame.

From: Pataky, Matt <matthew.pataky@walgreens.com>
Sent: Monday, July 27, 2020 9:49 AM
To: Executive Assistant <execassist@pharmacy.texas.gov>
Subject: Removal of Pharmacist:Technician Ratios in Texas

I'm writing this email to express support for the REMOVAL of pharmacist-to-tech ratios in Texas. I'm currently a licensed pharmacy manager and I'm all too familiar with the amount of work we have to do every single day, both patient related and clerical. Because of our current staffing limitation, I consistently find myself needing to do technician duties, just to keep the store afloat. It drastically impacts my time spent with patients. There has been no evidence that quality of work suffers when we have adequate staffing with no ratios

-Matthew Pataky, PharmD

From: Dorian Maloy

Sent: Monday, July 27, 2020 9:46 AM

To: Executive Assistant <execassist@pharmacy.texas.gov>

Subject: Lift 1:4 Ratio

Hello,

My name is Dorian Maloy and I am a pharmacy technician/Intern certified with PTCB. I am a full time student in pharmacy school and also work many hours at a community pharmacy. I am asking that you please vote in favor of lifting the 1:4 ratio of pharmacist:technician to ensure we are able to do our jobs to the best of our ability and provide excellent patient care. Thank you for your time and consideration.

Best,
Dorian

From: Shannon Wiesendanger
Sent: Monday, July 27, 2020 9:43 AM
To: Executive Assistant <execassist@pharmacy.texas.gov>
Subject: Technician ratios

Please eliminate this rule and give us back some control over our already overworked staff so we can take care of our customers. We take our patient's lives in our hands on a daily basis, and to deny a pharmacy the amount of staff they need is not only harmful to their practice, but also very harmful to our customers. The right thing to do is give us the tools to ensure the safety of the public.

Sincerely,
Shannon Wiesendanger

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From: Nguyen, Nhat <nhat.nguyen@walgreens.com>
Sent: Friday, July 24, 2020 7:39 PM
To: Executive Assistant <execassist@pharmacy.texas.gov>
Subject: Pharmacist to Technician Ratio

To Whom It May Concern,

My name is Nhat Nguyen and I am a Texas licensed pharmacist working in the Dallas metro area. I want to urge TSBP to significantly increase or eliminate the pharmacist to technician ratio which is currently 1:4. I believe that allowing me adequate staffing when I am on duty in my pharmacy will enhance patient care and public safety because I will have more time to focus on what I have been trained to do (i.e. interact with and counsel patients).

As a licensed Texas pharmacist for 15 years, I have worked in different pharmacy settings. I have seen the practice of pharmacy evolve and in order to keep up with the pace of change that affects our industry, I am asking the Board to vote in favor of eliminating technician ratios so that I can provide better patient care in a much less stressful workplace. I am writing in support of eliminating the pharmacist to tech ratio. Currently, there are 22 states and DC that don't have ratios in place. There are no studies that indicate that quality suffers with no ratios. It's important for us to acknowledge that the pharmacy workplace is different. All pharmacies have payroll budgets which will prohibit corporations and owners from hiring too many technicians. In today's pharmacy practice with dispensing, counseling, immunization, MTM, PA assistance, and clinical management, a pharmacist needs the assistance of technicians. As highly trained professionals, we should be empowered to determine what the appropriate staffing in our pharmacy should be. I strongly urge you to adopt unlimited pharmacist to technician ratios.

Because I am limited on the number of technicians with whom I can work with in Texas, I find that I am often spending about half of my time completing technician duties and not practicing at the top of my license. Please leverage TSBP to take action today to change the rules to allow pharmacists to use our professional judgment to determine adequate staffing needs. The Board has the power and should hold licensees accountable if any laws or rules regarding the appropriate use of technicians are violated. It is my understanding that the Board has been discussing increasing or eliminating the pharmacist-to-technician ratio. Although I cannot attend the August 4th meeting, I am asking you to support the pharmacy profession and urge the Board to take action now to eliminate technician ratios and expand tech duties so that we can continue to contribute as health care providers. Thank you for your time.

**Thank you,
Nhat**

Nhat Nguyen
[6611 North Beltline Suite 200, Irving, TX 75063](#)
Telephone [972 822 2362](#) | Mobile [972 336 1114](#)

Dear members of the Texas State Board of Pharmacy,

I am a Texas licensed pharmacist working at a busy community pharmacy in Austin. I am writing in SUPPORT of the motions to expand the pharmacy technician to pharmacist ratio and to expand their duties.

The ability to have additional technicians with expanded duties work under my supervision would allow me to spend more time administering patient care. Pharmacists could use their unique skills and medication expertise to perform more MTMs, spend more time counseling patients, and provide other clinical services that are much needed by the people in our communities. Additional technicians would mean patients may have to spend less time waiting to receive care.

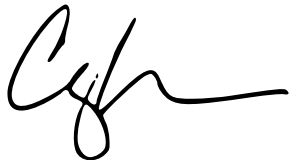
Our technicians receive extensive on-the-job training and have the skills required to complete many tasks beyond the current allowable jobs designated to technicians. Studies put together by the NACDS have shown that technicians are able to perform additional duties with similar error rates to pharmacists. As we march toward gaining provider status, the relief pharmacists would receive by technicians performing expanded duties would allow pharmacists to provide critical patient care to our communities in need of accessible health care.

I come from Montana and have many colleagues working in Idaho, where pharmacy technicians are able to accept telephone prescriptions, transfer prescriptions between pharmacies, clarify prescriptions, immunize, and work with no ratio. After speaking to those colleagues at length, they reported that having a team of technicians with the expanded duties has allowed them more opportunities to complete tasks that help promote patient care. The technicians receive the appropriate training to do these tasks and patients appreciate having greater access to pharmacists who are not spending as much time performing the aforementioned tasks. Pharmacists in Idaho have provider status and are able to prescribe smoking cessation products, medications for minor ailments, travel medications, and more.

Expanding technician ratios and extending their range of duties will help pharmacies help our community and reach more people desperate for access to healthcare professionals.

Please vote in favor of expanded roles and ratios for our pharmacy technicians.

Sincerely,

A handwritten signature in black ink, appearing to read 'Casey', with a long horizontal flourish extending to the right.

Casey Nicholas, Pharm.D.

From: Cribbs, Cody <cody.cribbs@walgreens.com>
Sent: Thursday, July 23, 2020 10:35 AM
To: Allison Benz <Allison.Benz@pharmacy.texas.gov>
Subject: Pharmacist to Technician Ratio Elimination

To whom it may concern,

As a Texas licensed pharmacist working in Fort Worth, I want to urge the Board of Pharmacy to significantly increase or eliminate the pharmacist to technician ratio, which is currently 1:4. I believe that allowing me adequate staffing when I am on duty in my pharmacy will enhance patient care and public safety because I will have more time to focus on what I am trained to do. This includes interacting with and counseling patients more thoroughly to ensure they remain adherent on their medications and keep them healthier and out of the hospital.

I am writing in support of NO pharmacist to technician ratio. Currently, 22 states and DC do not have ratios in place. There have been no studies indicating that quality suffers with no ratios put in place.

I have worked in several pharmacy settings, including retail and specialty pharmacy. In today's pharmacy practice with dispensing, counseling, immunizations, MTM, PA assistance, and clinical management, a pharmacist needs the assistance of technicians. As highly trained professionals, we should be empowered to determine what the appropriate staffing in our pharmacy should be. Budget constraints will prohibit corporations and owners from hiring too many technicians.

Because I am limited on the number of technicians with whom I can work with in Texas, I find that I am often spending about half of my time doing the work of a technician. I did not spend seven years in pharmacy school to count, pour, and stick labels. I also find myself spending a lot of time answering phone calls for simple refills that could be more adequately spent proactively reaching out to patients for extensive medication therapy management. The Board needs to take action today to change the rules to allow pharmacists to use our professional judgment to determine adequate staffing needs. The Board has the power and should hold licensees accountable if any laws or rules regarding the appropriate use of technicians are violated.

I understand that for more than a year the Board has been discussing increasing or eliminating the pharmacist-to-technician ratio. Unfortunately, I cannot attend the August 4th meeting, but I urge the Board to take action now to eliminate technician ratios and expand tech duties. Please give pharmacists like me a chance to be a true professional health care provider and practice at the top of my license.

Thank you,

Cody Cribbs, Pharm.D.
Fort Worth Area Healthcare Supervisor

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To whom it may concern,

As a Texas licensed pharmacist working in Dallas, I want to urge the Board of Pharmacy to significantly increase or eliminate the pharmacist to technician ratio which is currently 1:4. I believe that allowing me adequate staffing when I am on duty in my pharmacy will enhance patient care and public safety because I will have more time to focus on what I have been trained to do, interact with and counsel patients.

As a licensed Texas pharmacist, I am asking the Board to vote in favor of eliminating technician ratios so that I can provide better patient care in a much less stressful workplace.

I am writing in support of NO pharmacist to tech ratio. Currently, there are 22 states and DC that don't have ratios in place. There are no studies that indicate that quality suffers with no ratios.

Every pharmacy workplace is different. I am a licensed Texas pharmacist and have worked in several pharmacy settings, most recently in specialty pharmacy. All pharmacies have payroll budgets which will prohibit corporations and owners from hiring too many technicians. In today's pharmacy practice with dispensing, counseling, immunization, MTM, PA assistance, and clinical management, a pharmacist needs the assistance of technicians. As highly trained professionals, we should be empowered to determine what the appropriate staffing in our pharmacy should be. I strongly urge you to adopt unlimited pharmacist to technician ratios.

Because I am limited on the number of technicians with whom I can work with in Texas, I find that I am often spending about half of my time doing the work of a technician. I did not spend seven years in pharmacy school to count, pour, and stick labels. The Board needs to take action today to change the rules to allow pharmacists to use our professional judgment to determine adequate staffing needs. The Board has the power and should hold licensees accountable if any laws or rules regarding the appropriate use of technicians are violated.

I understand that for more than a year the Board has been discussing increasing or eliminating the pharmacist-to-technician ratio. Unfortunately, I cannot attend the August 4th meeting, but I urge the Board to take action now to eliminate technician ratios and expand tech duties. Please give pharmacists like me a chance to be a true professional health care providers and practice at the top of our license.

Thank you!

From: ray@carvajalpharmacy.com <ray@carvajalpharmacy.com>

Sent: Thursday, March 12, 2020 9:36 AM

Subject: Re: Technician Ratio Increase May agenda

Well articulated.

Ray

Get [Outlook for iOS](#)

From: Carter High <chigh@mybestvaluerx.com>

Sent: Thursday, March 12, 2020 9:32:55 AM

Subject: Technician Ratio Increase May agenda

Dear Texas State Board of Pharmacy Officers and Directors,

I hope my email finds you well and I will be brief. My name is Carter High and I am a co-owner of Best Value Pharmacies, a group of 12 independent pharmacies located in and around the Fort Worth area. I wanted to convey my professional thoughts on the upcoming discussions on the increase in technician ratio. Several years ago this very same topic came up for discussion and resulted in an increase to 4:1 from a 3:1 ratio. But now the conversation has shifted to *more aggressive* increase in ratio, for some its unlimited and for others its 8:1 (which is in my opinion unlimited by another name). I personally and professionally could not support this strong of an increase. This aggressive increase is merely driven by financial measures. The pharmacist is the only entity to perform the final verification prior to dispensing and if an increase in ratio occurred it would put undue pressure on a pharmacist and a system. This increased performance stress (I point to a NY times article) would create a realized fear of making a mistake. For those board members who actively still dispense, how would you like to have a employment setting that would value increased verification volume (due to more techs in the work-space funneling prescriptions your direction) knowing that realistically you could only verify a certain number of prescriptions in a given period of time? And knowing that if you don't meet or exceed those verification numbers your employment may be in jeopardy. Not a good feeling to have and something will eventually fail and potentially harm a patient. I do not feel this *Giant* increase does anything to help promote patient quality. Find me a measure that does increase patient safety and quality and I will back it. This is purely a financial move by some. I respect the nature of business, I just do not believe dramatic increase in the ratio this to be in the best interest of the public at this time.

The Texas State Board of Pharmacy stands for the safety of the public and any adopted increase does not reflect that mandate.

Thank you for your attention.

Carter High Pharm.D., R.Ph.
Best Value Pharmacies, Inc
Director of Legislative Affairs

Best Value Rhome Pharmacy
Operating owner
400 S. Main Street
Rhome, Texas 76078
817-638-5561
817-636-2854 fax
chigh@mybestvaluerx.com



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Allison Benz, RPh
Executive Director
Texas State Board of Pharmacy

Sent: Via email to annette.graves@pharmacy.texas.gov

November 4, 2019

Dear Mrs. Benz,

I am writing regarding the elimination of pharmacist/technician ratio on the agenda for Tuesday, November 5. The board's first responsibility is to the safety of patients in Texas. Best Value Pharmacies' feel that any increase in this ratio would go against that mission.

Best Value Pharmacies, Inc. has some reservations about eliminating or changing the ratio due to patient's safety concerns. We believe this drastic increase in ratio or elimination of any ratio is financially driven and not in the best interest of patient safety for those in Texas. This increase in ratio would also produce a devaluation in a pharmacist's worth to the industry.

In addition, given the current trend in pharmacy technicians appearing in the TSBP newsletters for diversion, it would be not wise to adjust the current 4:1 ratio for Class A pharmacies. It stands to reason that any decrease in pharmacist supervision would increase diversion, and therefore increase the burden on the TSBP resources and add to the opioid crisis.

Best Value Pharmacies Inc. does not endorse any increase in pharmacist/technician ratios or elimination of the ratio. The current standard is acceptable for the patients in Texas and goes against the mission statement of the Texas State Board of Pharmacy.

Sincerely,

A handwritten signature in black ink, appearing to read "Carter High", with a long horizontal flourish extending to the right.

Carter High, Pharm.D., RPh.
Director of Legislative Affairs
Best Value Pharmacies, Inc.



TEXAS *Pharmacy Association*

Together Pharmacy Advances

November 3, 2019

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director
Texas State Board of Pharmacy
333 Guadalupe St., Suite 3-500
Austin, TX 78701

Via email: allison.benz@pharmacy.texas.gov

Re: Pharmacist-to-Pharmacy Technician Ratio

Dear Ms. Benz,

On behalf of the thousands of pharmacists, student pharmacists, and pharmacy technicians represented by the Texas Pharmacy Association (TPA), we thank the Texas State Board of Pharmacy (TSBP) for the opportunity to comment on the proposed rule concerning pharmacist-to-pharmacy technician ratios and for considering TPA's perspective on this matter. TPA represents pharmacy professionals in all practice settings and knows firsthand the value pharmacists bring by improving health outcomes, with patient safety of utmost concern.

TPA believes that it is important to evaluate the realities community pharmacists face today and the evolving role of pharmacists in providing patient-care services. Recognizing the many operational and financial challenges that pharmacies experience, we must optimize the roles of all pharmacy personnel. Thirty percent of pharmacists' time is currently spent on administrative tasks that pharmacy technicians can perform. Expanding the supervision ratio will allow pharmacists additional time to use their often-underutilized clinical skills and focus on providing better patient care in the safest and most effective manner for their individual practice.

TPA supports a pharmacist-to-pharmacy technician ratio in the community pharmacy setting of 1:8. Though the number may seem arbitrary, this measured approach moves the profession forward by allowing pharmacists appropriately broad flexibility to exercise their professional judgment in deciding how to best utilize their clinical skills and personnel resources for their practice. Supervision ratios are affected by a pharmacist's workload, practice setting and experience, as well as the education and experience of his/her pharmacy technician staff. Patient safety is ultimately the responsibility of the pharmacist, and pharmacists should be granted leeway to determine the number of technicians they can safely supervise.

Expanding the pharmacist-to-pharmacy technician ratio will not only improve the safety of the prescription process by reducing the distractions represented by administrative tasks performed today

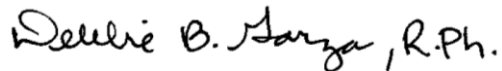
800.505.5463 (toll-free) | 512.836.8350 (local) | 512.836.0308 (fax)

3200 Steck Avenue, Suite 370 | Austin, Texas 78757

by pharmacists, but also enable highly trained pharmacists to use their valuable education, training, and time to provide patient services beyond prescription drug dispensing. Pharmacists are increasingly providing critically important clinical services, such as medication management and adherence programs, immunizations and point-of-care testing, educational programs and chronic disease management that improve health outcomes and the total care of each individual patient. Pharmacists who currently augment their staff with non-technician clerical staff will have the option to employ a greater number of more highly skilled pharmacy technicians who can provide more effective assistance and elevate patient care. TPA has reviewed pharmacist-to-pharmacy technician ratios in other states and concludes that there is no evidence among states with expanded ratios that a ratio of 1:8 would compromise patient safety or quality of care in Texas.

We respectfully ask the Board to further its mission to “promote, preserve, and protect the public health, safety, and welfare by fostering the provision of quality pharmaceutical care to the citizens of Texas” by adopting a 1:8 pharmacist-to-pharmacy technician ratio that will safely advance the practice of pharmacy in our state.

Sincerely,

A handwritten signature in black ink that reads "Debbie B. Garza, R.Ph." The signature is written in a cursive, flowing style.

Debbie B. Garza, R.Ph.

Chief Executive Officer

dgarza@texaspharmacy.org

512-615-9170

From: McMillan, Chris <christopher.r.mcmillan@walgreens.com>
Sent: Friday, November 1, 2019 11:01 AM
To: Allison Benz <Allison.Benz@pharmacy.texas.gov>
Subject: Community pharmacy tech ratios

Hello,

As a licensed pharmacist in Texas I am for removal of the technician-to pharmacist ratio. The biggest reason for my point of view is patient safety. There is a lot of demand on our pharmacists and technicians and when a pharmacist is limited to just for technicians it also limits the pharmacies capacity to help their patients. Pharmacist would be able to care and protect more patients if we removed the limitations of the technician-to-pharmacist ratio.

**With gratitude,
Chris**

Chris McMillan
Healthcare Supervisor
Walgreen Co. 2112 Trawood, Suite B-9, El Paso, TX 79935
Telephone [915 595 2788](tel:9155952788) | Mobile [915 219 6772](tel:9152196772) | Fax [915 594 9741](tel:9155949741)

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Clinical Care Pharmacy, LLC

2770 NORTH SAM HOUSTON PARKWAY WEST
HOUSTON, TX 77038
(281) 272-8700 • FAX: (281) 272-8706

October 31, 2019

Allison Benz, R.Ph., M.S.
Texas State Board of Pharmacy William P. Hobby Building
333 Guadalupe Street, Suite 3-600 Austin, TX 78701-3942

Dear Ms. Benz,

I am writing in regards to the proposed rule change relating to the Pharmacist to Technician Ratio of 1:4. I strongly oppose of such a drastic change in the direct supervision of Pharmacy Technicians as many are straight out of high school and have not gained the much needed experience to process such high levels of responsibility without direct supervision. A drastic change of not having any limit on the number of technicians a pharmacist could supervise would put the lives of the citizens of Texas in jeopardy by increasing medication dispensing errors.

In addition, our current Laws and Regulations have limited liability for technicians in regards to the operational standards of a pharmacy. We should first evaluate the current laws and rules that hold Technicians equally accountable for their dispensing errors and name them in addition to the pharmacist in the operational standards sections of the laws and regulations.

Please keep the current 1:4 ratio as it is on the best interest of the public.

Sincerely,

Anjanette Wyatt, PharmD

Dr. Anjanette Wyatt

Jasper and Keisha Lovoi
The Woodlands Compounding Pharmacy
129 Vision Park Blvd. Ste 100
Shenandoah, Tx 77384
10-31-2019

TSBP Board Members
William P. Hobby Building, Suite 3-500
333 Guadalupe Street
Austin, Texas 78701

Dear Board Members,

I am writing to you regarding the proposed change of technician ratios in the retail setting. I request that you raise the ratio of Pharmacist to Technicians to **NO** greater than 5:1. I feel that anything higher than this will put patient safety at risk. A pharmacist has many duties and increasing their workload by having more technicians preparing even more items to be verified does not help the pharmacist manage their workload. Adding to pharmacists' responsibilities can increase the strain on pharmacists due to the larger work burden and ultimately, potentially increase the likelihood of errors.

In my industry of compounding, I find it would be impossible to maintain quality and prevent errors if there were to be a pharmacy where technicians were performing at a higher output than what a pharmacist can perform at pertaining to in-process checks and final checks. It would be physically impossible to perform timely in-process checks with an unlimited ratio of technicians. This would result in a failure of quality control and put patient safety in jeopardy. I have tremendous fears that if some of my colleagues were allowed an unlimited ratio there would definitely be compounding errors in the future.

Pharmacists in all types of industry must assure that they do everything in their power to dispense the correct drug to the correct patient. Over the past few decades, the pharmacist's role has changed to more clinical aspects, including immunizations, detailed patient counseling, controlled substance abuse prevention, performing MTMs, and dispensing specialty drugs that require pre-authorizations and more time with the patient. We have added many duties to the pharmacist and adding more work volume due to the added management of labor is, in my opinion, not going to prevent medication errors due to increased fatigue and inability to balance the work volume by a single pharmacist. The person that will suffer the most from this will ultimately be the patient.

Texas has always been a leader in the pharmacy industry at adopting rules, such as USP changes, decades ahead of other states. I would like Texas to maintain that status and continue to be a state that doesn't compromise on patient safety by choosing to have unlimited technicians perform continuous labor while the sole pharmacist finalizes the workload. This rational will all be at the expense of patient safety only to save money. It simply is not in the best interest of the public.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jasper and Keisha Lovoi". The signature is written in dark ink on a white background.

Jasper and Keisha Lovoi

The Woodlands Compounding Pharmacy

October 31, 2019

Allison Vordenbaumen Benz, RPh, MS
Executive Director and Secretary Texas State Board of Pharmacy
333 Guadalupe, Suite 3-500
Austin 78701-3903
allison.benz@pharmacy.texas.gov

Dear Ms. Benz,

My name is Ly Tran and I am currently the Pharmacy Manager with H-E-B Pharmacy in Killeen, Texas since 2016. Before working for H-E-B, I was a pharmacy manager for Wal-Mart Pharmacy for 2 years. I was a technician/pharmacist intern with CVS Pharmacy for 8 years during school so a total of 13 years in the pharmacy setting.

I am writing you today to ask you and the Board to vote in favor to increase or eliminate the Pharmacist to technician ratio, so I can give my patients more time and care in a much less stressful environment. Retail pharmacy has evolved so much throughout the years and we, as retail pharmacist can take better care for our patients without them having to visit their physician. Pharmacists now have a lot more duties/responsibilities such as MTM, counseling, OTC recommendations, immunizations, and we heavily rely on the assistances of our technicians. Because I am limited to four technicians per one pharmacist, I find that the majority of my time is spent performing the tasks that technicians could assist me in so that I can have more time to thoroughly care for our patients. Besides spending more time caring for our patients, eliminating the ratio/increasing the ratio would definitely give us pharmacist more time to thoroughly verify and perform DURs for the safety of our patients.

After talking to my brother, who has recently moved back from Maine, a state without pharmacist to technician ratio, he said that there haven't been any negative outcomes but in turn, he saw a higher quality care and positive patient care interactions. He said that the pharmacist was a lot less stressed so the errors were less and the patients were more taken care of with less errors.

Since I was unable to attend the Board meeting, I want to thank you for your time in reading my letter to increase or eliminate the pharmacists to technician ratio.

Sincerely,



Ly Tran
Pharmacy Manager - HEB Pharmacy #721
1101 W. Stan Schlueter Loop
Killeen, TX 76549
Store: (254) 519-2760
Cell: (512) 586-8902



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October 31, 2019

Ms. Allison Vordenbaumen Benz, R.Ph.
Executive Director
Texas State Board of Pharmacy
333 Guadalupe St., Suite 3-600
Austin, Texas 78701

Dear Ms. Benz:

We are writing to oppose the proposed rules to eliminate the pharmacist-pharmacy technician supervision ratio of 1:4 in class A, B & G pharmacies. We are highly concerned that the Texas State Board of Pharmacy's recommendation is to eliminate the ratio entirely rather than modify it, and we feel that more extensive research is needed before even considering such action.

American Pharmacies is an independent pharmacy purchasing cooperative with more than 600 member pharmacies, 50% of them in Texas. Our independent pharmacists enjoy close, community-based relationships with their patients and patient safety and welfare is our #1 concern. Accordingly, the APRx Board of Directors has voted to oppose elimination of the pharmacist-technician supervision ratio and instead support a change in the ratio from 1:4 to 1:5 for Class A and Class B pharmacies.

While we recognize and support the need for pharmacists to devote more time to patient care and consulting, we feel eliminating the ratio is neither wise nor warranted. We recognize that prescription volumes at most retail pharmacies continue to rise with our aging population; therefore we support raising the ratio to 1:5 to address this need. We strongly encourage the Pharmacy Board to devote more time and resources to studying this important safety issue further before making major changes to the ratio or eliminating it entirely.

Thank you for your consideration.

Sincerely,

Handwritten signature of Mike Gohlke in black ink.

Mike Gohlke
President, American Pharmacies

Handwritten signature of Alton Kanak in black ink.

Alton Kanak, R.Ph.
Chairman, Board of Directors

October 31, 2019

Texas State Board of Pharmacy
c/o Allison Vordenbaumen Benz, RPH, MS
Executive Director and Secretary
333 Guadalupe, Ste #3-500
Austin, TX 78701

Re: Elimination of Technician Staffing Ratios

Dear Ms. Benz,

Albertsons Companies owns and operates 197 pharmacies in Texas under the following banner names: Albertsons, Safeway, United, Market Street, Amigos, Tom Thumb, and Randalls. On behalf of our company, we are writing to urge the board to eliminate the pharmacist to technician ratio in all practice settings.

Currently Texas regulations state the technicians are limited to a ratio ranging from 1:3 to 1:5 depending on the situation and setting. We recommend eliminating the ratios altogether and allowing the pharmacist to schedule technicians according to the needs of their pharmacy setting.

In recent years many states have eliminated the pharmacist to technician ratios within their perspective jurisdiction. Currently there are 22 states that have no ratio in their statutes or regulations and two states that have no ratio for a hospital setting. In states we operate in with no ratio, we have not had complaints of any patient safety issues being attributed to having too many technicians working.

As an example of a state's language indicating pharmacist discretion, we would cite Idaho:

Staffing. A drug outlet must be staffed sufficiently to allow for appropriate supervision, to otherwise operate safely and, if applicable, to remain open during the hours posted as open to the public for business.

By eliminating the ratio and instead allowing a pharmacist to optimize the use of technicians in their practice, the ability to better serve patients is enhanced by allowing for more direct pharmacist to patient interaction when providing counseling and other services. Allowing for appropriate technician staffing also better enables a pharmacist to delegate administrative tasks, focus on patient care, and work with less distraction and interruptions while reviewing prescriptions.

For these reasons, we respectfully request that the members of the Board amend the rule to eliminate the pharmacist to pharmacy technician ratio and allow the pharmacist to exercise professional judgement in ensuring that the staffing of the pharmacy allows for appropriate supervision of technicians in a safe and effective way.

Sincerely,

ALBERTSONS COMPANIES, INC.



Rob Geddes, PharmD
Director, Pharmacy Legislative and Regulatory Affairs

Cc: Anthony Provenzano, Vice President, Pharmacy Compliance

October 30, 2019

Allison Vordenbaumen Benz, Rph, MS
Executive Director and Secretary
Texas State Board of Pharmacy
333 Guadalupe, Suite 3-500
Austin, TX 78701

Dear Ms Benz,

I am writing in regard to the upcoming board meeting in which technician ratios in Class A pharmacies will be discussed. I am a pharmacist and pharmacy manager of a busy community pharmacy in Austin, Texas. I appreciate that the board is again revisiting this issue as it is very important to my practice and the pharmacists and pharmacy technicians working at our site.

Currently, in order to operate our business, we employ clerks without any specialized training or oversight of the board. This allows us to meet the demands of our customers and process a large volume of prescriptions while providing excellent customer service. We may have several clerks in addition to pharmacy technicians working with a pharmacist at a given time. We could not operate our business without the additional help these pharmacy clerks provide. However, I believe in the interest of patient safety, that it would be more beneficial to the public if we could use certified pharmacy technicians instead to fill these roles. Technicians are tracked by the board through fingerprinting and they have completed additional training or certification.

In addition, as the practice of pharmacy continues to evolve, pharmacists will be performing more professional tasks. It will be essential to have trained pharmacy technicians available to take over many current duties only allowed by pharmacists. We need to have quality, trained, professional technicians available to fill these roles.

I thank the board for taking these points into consideration when reviewing the pharmacist to technician ratios in Texas.

Sincerely,

Lauren Clark

Lauren Clark, PharmD
Pharmacy Manager
HEB Pharmacy #630
1801 E 51st
Austin, TX 78723



October 30, 2019

Allison Vordenbaumen Benz, RPh, MS
Executive Director and Secretary
Texas State Board of Pharmacy
333 Guadalupe, Suite 3-500
Austin, TX 78701-3903
allison.benz@pharmacy.texas.gov

Dear Ms. Benz,

I would like to express my strong support for the elimination of the existing pharmacist to technician ratio in community pharmacy that exists today in Texas. The removal of an arbitrary ratio limit in Class A pharmacies would free up pharmacists to perform pharmacist functions that are beneficial to patients and alleviate some of the expressed workplace environment concerns without jeopardizing patient safety.

We utilize pharmacy technicians in our pharmacies for many tasks that are not directly involved in prescription workflow and pose little to no risk of harm to patient safety. This includes functions such as placing drug orders and supply orders, replenishment activities, inventory maintenance, reverse distribution processes, obtaining prior authorizations from insurance plans, as well as various pharmacy administrative functions. However, while working in the pharmacy the technicians performing these functions count against the pharmacy's ratio.

We routinely find that in those pharmacies operating at the technician limit imposed by the ratio, the pharmacists themselves are actively and regularly being pulled into the performance of prescription data entry and product dispensing functions. Not only are these tasks that can be performed by technicians, they do not require a pharmacist's knowledge and training, are not professionally rewarding for pharmacists, and add further multitasking to the pharmacist which create stress and potential distractions. Ultimately, this means the pharmacist has less time to provide care to patients.

Ratios may have had applicability and meaning in a time when pharmacy in all community/retail settings looked nearly identical, and when technicians had little to no training or certification requirements. Today, there are numerous variations on the community pharmacy model that operate very differently, and there are numerous factors and points of differentiation that must be taken into consideration. To name just a few, these include: (1) the presence or absence of technology and automation within the pharmacy's physical workflow, such as robots, barcode scanners, pill image capture devices; (2) the presence or absence of technology and automation outside of the pharmacy's physical workflow, such as central fill, remote call centers, remote data entry centers, AI-enabled IVR systems, websites and smartphone apps; and (3) variations in service offerings and functions fulfilled on-

site vs off-site. All community pharmacy settings are not alike, and the use of an arbitrary ratio for determining levels of support staff can potentially be detrimental to the well-being of staff, and to patient outcomes.

As we increasingly move toward value-based healthcare, it becomes even more critical that pharmacists' knowledge and training be properly utilized in efforts that drive positive patient health outcomes. Unfortunately, as pharmacists instead are pulled into technician functions like data entry and dispensing due to ratio limitations, they are unable to utilize their skills where they matter most. A significant driver of patient outcomes is patient medication adherence. Health plans and payors have looked to pharmacy as a partner to drive adherence, and pharmacies have started to do so through programs such as medication synchronization, 90-day maintenance medication conversions, and adherence counseling through medication therapy management (MTM) platforms. In the case of our pharmacies we choose to perform these functions, including medication synchronization, inside of our pharmacies because we believe the existing relationship with the patient produces better results on adherence. However, as we utilize our pharmacy technicians to perform the technical aspects of medication synchronization, the ratio becomes a barrier and a penalty. The ratio has become a barrier that stifles the ability to create innovative community pharmacy practice models and services that can bring real benefits to the populations we serve.

The ratio also presents a substantial barrier when you consider new-hire training for pharmacy technician trainees. One of the most effective methods of training a new hire is through hands on experience. However, many pharmacists working in community/retail settings would agree that one of the most stressful periods of time in a pharmacy is those initial months of bringing in a new hire. We often task a senior or experienced technician with training a technician trainee on particular technical aspects of their role. However, in this all too common scenario both the technician trainer and the trainee are under the supervision of the pharmacist and are counted against the 4:1 ratio, leaving the pharmacist with only two remaining technicians that can actively be involved in prescription data entry, product dispensing, and workflow processes. This means the pharmacist ultimately gets pulled into performing technician functions, potentially becoming frustrated or worse distracted. Unfortunately, this can also mean that technician trainees do not fully get the dedicated hands-on training time needed with a technician trainer to work effectively under a pharmacist's supervision.

Today there are 22 states that do not have technician ratios for community pharmacy settings. In my previous role as the Manager of Regulatory Compliance and Government Relations for our company, one of my responsibilities was the regular review of our quality assurance program data. This included data for 2,300 pharmacies in all states where we operate and included many states with ratios and many states without ratios. During my time in that role, I saw no evidence of diminished patient safety in those states without a ratio as compared to those with a ratio. Additionally, I am aware of no evidence externally that indicate ratios provide a qualitative benefit to patient safety.

Further, I have spoken to some of our pharmacists who have previously worked in other states without ratios, and subsequently relocated to Texas. The general experience that they have shared is that the ability to supervise a higher number of technicians allowed them to better perform and focus on the patient quality aspects of their pharmacist functions, while still supervising the technician team. This is because they found less of their time being diverted into the actual performance of technician or pharmacy administrative functions.

Thank you for your consideration of these viewpoints. I appreciate the Board's willingness to look into this issue, and for considering the impact that this decision will have on the continued development and

expansion of innovative practice sites and services that we are seeing in other states, which will ultimately be of benefit to our patients and the health of the population of Texas.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeff Loesch", with a long horizontal flourish extending to the right.

Jeff Loesch, Pharm.D., R.Ph., CHC
Director of Pharmacy
The Kroger Co. – Dallas Division

From: Lillian Young
Date: October 29, 2019 at 9:07:43 AM CDT
To: Allison Benz <Allison.Benz@pharmacy.texas.gov>
Subject: Technician Ratio

Ms. Benz,

As the director of the ASHP/ACPE accredited Pharmacy Technology Program at Angelina College, I am writing to express my support in eliminating the pharmacist-technician ratio in Texas. As I travel weekly to the local pharmacies, I see first-hand that the pharmacies are short-staffed and need more technicians staffed to accommodate the customer volume. Having a ratio limits the pharmacies to hiring cashiers rather than only technicians. When I send my students to clinical rotations, some pharmacies cannot accept students due to the ratio limit. The amount of time that pharmacists now spend administering immunizations and performing MTMs interrupts the pharmacy workflow that has existed for decades. As the duties continue to expand for pharmacists and technicians, the ratio will continue to disrupt the prescription filling process, which in turn, will cause more delays and errors. I do hope the board considers all of the advantages to eliminating the ratio and follows behind the many states that have already made this necessary change.

Thank you,

Elaine Young
Director of Pharmacy Technology Program

October 29, 2019

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, TX 78701

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

As a pharmacist licensed in Texas and two surrounding states, Louisiana and Oklahoma, I am writing to you I regards to lifting the tech to pharmacist ratio in retail pharmacy. After practicing pharmacy for almost 20 years, I feel this would be a great gain for retail pharmacists. As my current role is not actively working in stores on a daily basis, it does entail me supervising 12 stores in both Texas and Louisiana. I am constantly having conversations with my pharmacists about the tech to pharmacist ratio as well as the pharmacists performing more tech duties than pharmacists duties. I feel lifting this ratio would allow my techs to perform tech duties and my pharmacists to perform pharmacists duties. It would allow the pharmacists to take more time to counsel and coach the patients in the retail setting, and with pharmacy changing we need more of this time for the pharmacist. in conclusion I believe it will be more beneficial for all involved to lift this ratio.

Thank you for your time.

Sincerely,

Jeri Wilkerson, PharmD, RPh
Kroger Pharmacy Practice Coordinator

October 29, 2019

Allison Benz, R.Ph., M.S.
Texas State Board of Pharmacy
William P. Hobby Building
333 Guadalupe Street, Suite 3-600
Austin, TX 78701-3942

Dear Ms. Benz,

As a concerned licensed pharmacist in Texas, I would like for the Texas State Board of Pharmacy to consider changing the current pharmacist to technician ratio of 4:1 to no ratio. I have been a technician (6 years), pharmacist intern (4 years) and pharmacist (18 years) in Texas since 1991. I have worked in a high volume pharmacy which has increased tremendously over the last several years. This requires many hours of trained labor to run and manage effectively. In order to do this in a much more fiscally sound and efficient manner and in a way that allows a pharmacist to do what we are trained to do while still delivering optimal patient care, the pharmacist to technician ratio needs to be eliminated. I believe this would allow the licensed pharmacist to focus more attention on the safety of his or her duty and would augment the ability to perform activities outside of the normal dispensing process safely and effectively. This would allow technicians to fulfill the administrative and non-judgmental roles in the pharmacy that the pharmacists are only allowed to complete under the current restrictive pharmacist to technician ratio. Currently there are 22 states that do not have such a ratio and there has been no negative impact or safety issues reported to their respective Boards of Pharmacy.

I expect you will receive many more letters on this matter and I will let my colleagues provide even more reasons and evidence as to why the Texas State Board of Pharmacy should eliminate the pharmacist to technician ratio in the state of Texas.

Thank you for your time and consideration in this matter.

Sincerely,
Derek Lehew, PharmD, RPh.
Pharmacy Manager
HEB Pharmacy #426
Waxahachie, Texas

From: LEdmundson@brookshirebros.com <LEdmundson@brookshirebros.com>

Sent: Monday, October 28, 2019 11:53 AM

To: Allison Benz <Allison.Benz@pharmacy.texas.gov>

Subject: Eliminating Tech Ratios

Mrs. Benz,

I am writing to express my support for eliminating the existing pharmacist to technician ratio in Texas. This would allow pharmacies to develop innovative patient care models. The concept of pharmacist-to-technician ratios was developed in a time in our profession in the 90s when technicians were a new concept and had little or no formal training. For Texas pharmacists to be able to expand their professional activities and get away from the manual process of filling a prescription, the Board of Pharmacy must take action to eliminate the tech ratios.

I feel strongly that it should be up to the PIC of a pharmacy to determine the staffing ratio for that individual and unique pharmacy. I ask the Texas Board to place the responsibility in the hands of each PIC rather than continue to dictate a standard ratio. Retail pharmacies are not cookie cutter versions of one another. For some pharmacies, the current ratio may be just what they need, but for others, especially those higher volume pharmacies and offering an array of clinical services, allowing more technicians will, without a doubt, help free the pharmacists up to really focus on patient care and consultations.

As a previous community pharmacist now working on the corporate side, I want to see our pharmacists be able to practice at the top of their licenses, not counting and pouring when they need to be providing patient care. Eliminating the tech ratio with help us get there.

Thank you for your time and consideration,

Laura

Laura Edmundson

Director of Clinical Pharmacy
Programs
Brookshire Brothers, Inc.
1201 Ellen Trout Drive
Lufkin TX
75904

Phone: 936-634-8155 ext4451
Mobile:
Fax: 936-633-4678
Email: LEdmondson@brookshirebros.com
Web: www.brookshirebrothers.com



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October 28, 2019

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, TX 78701

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

I would like to express my support for the Board's consideration to eliminate the pharmacist to technician ratio. I have been a practicing pharmacy in the state of Texas for 15 years. I believe eliminating the ratio would help pharmacy teams provide a better experience for the patient, would allow for the training of new technicians more efficiently and would provide a platform for the expansion of the pharmacist's role in direct patient care. Furthermore, I believe that the pharmacist to technician ratio is a barrier to achieving quality metrics necessary to sustain our business model as those metrics are now directly related to our reimbursement rates.

Sincerely,



Jill Lester PharmD, BCPS, BCACP, RPh

Pharmacy Practice Coordinator

The Kroger Co. Dallas Division

October 25, 2019

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, TX 78701

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

I have practiced pharmacy in Texas since 1989 and I support eliminating the current pharmacist to tech ratio. With the current ratio, I have many tech duties I am required to perform. I believe I can better use my knowledge to benefit my patients by not having to perform tech duties as often.

Sincerely,

Jon Pulis, RPh

Kroger Staff Pharmacist

October 25, 2019

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, TX 78701

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

I have been a practicing pharmacist in the state of Texas for over 20 years and would like to express my support for the Board's consideration to eliminate the pharmacist to technician ratio. With the elimination of the ratio, I will be able to better perform my role as it relates to pharmacist professional functions while continuing to appropriately supervise the technician team. By no longer being pulled into performing technician functions, such as data entry or product dispensing activities, I will be able to utilize my professional knowledge to benefit of my patients.

Sincerely,

Rebecca McPhearson Anderson
Kroger Pharmacy Manager 959

October 25, 2019

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, TX 78701

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

I have recently been made aware that the Board is considering the elimination of the 4:1 pharmacist to technician ratio in Class A pharmacies. I would like to share my **strong support** for its' elimination. Pharmacists are healthcare professionals who must keep patient care and safety the primary focuses; and, like physicians and others, should not be needlessly burdened by administrative tasks. In today's pharmacy setting, pharmacy technicians can perform many administrative tasks, such as placing orders, inventory maintenance, reverse distribution of returns, third party billing, obtaining prior authorizations, and numerous others. As it stands today, the 4:1 ratio is a barrier that prevents me from effectively using technicians to their full capacity for appropriate prescription filling functions as well as those administrative tasks. The result is that I and our other pharmacists often become pulled into the completion of those tasks. Thank you for recognizing and considering, as many other states have, that the pharmacist to technician ratio is a barrier to optimal patient care. If you have any further questions or concerns, please feel free to reach out to me at my store or by email.

Sincerely,



Candace s. Dixon, PharmD.,RPh

Kroger #538 Pharmacy Manager

817.419.0312 (P)

817.419.6812 (F)

candace.dixon@stores.kroger.com

October 25, 2019

To whom it may concern at the Texas State Board Of Pharmacy,

This letter is regarding the proposed pharmacist to technician ratio change.

My name is Jared Koyle, I am a pharmacist for Kroger and have worked in retail pharmacy for about 10 years. That time is split practicing in Texas and Utah. Several years ago Utah lifted the technician ratio. This did not result in pharmacists being fired and replaced by an army of technicians, rather it allowed us to schedule more technician help at specific times where we had high pick up volume. Most pharmacies have 3-4 registers. When you have high pick up volume occasionally all 4 of your technicians will be at registers helping patients. This leaves the pharmacist to take new prescriptions, enter them in the computer, verify the data integrity, fill and verify the correctness of the prescription while counselling patients. I feel the multitasking to be far harder to handle and when I am performing all tasks it is possible to me to miss an error I made. To be honest it was rare to have more than 4 technicians in the pharmacy at once. However, because Kroger does not use clerks, it is very useful to have an extra technician or two available to work the register at certain peak pick up times.

At busy times technicians are essentially functioning in the capacity of a clerk, but have far more knowledge than a clerk to help keep patients safer. I do not feel that pharmacies who use clerks will benefit from this change at all. However, pharmacies that do not use unlicensed clerks are less able to take care of their patients and placed at a competitive disadvantage because of their caution. Pharmacists working at stores that do not use clerks are more frequently forced to divert their attention to technician level tasks while technicians man the registers and this results in increased pharmacist fatigue and greater risk of errors.

Again I do not feel that lifting the ratio will result in pharmacists being harried because of increased workload, rather it will allow for enough hands to be in pharmacies that do not rely on clerk labor to decrease the number of tasks a pharmacist is required to perform. That was what I experienced as Utah made that change, as well.

Sincerely,

Jared Koyle PharmD

October 24, 2019

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, TX 78701

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

I have been a practicing pharmacist in the state of Texas for over 10 years and have practiced pharmacy since 1978 and would like to express my support for the Board's consideration to eliminate the pharmacist to technician ratio.

The practice of the profession of Pharmacy has gone through dramatic changes in the past ten years. The payors are driving the day to day activities of a pharmacist. The demands upon my expertise as a pharmacist have dramatically changed. It is no longer possible for a pharmacist to be asked to perform the basic technician functions of data entry, product dispensing, and release to patient. As a matter of fact I rely upon my technicians to help me with my day to day clinical activities such as, scheduling patients for a comprehensive medical review, remind patients that it is time to refill certain medications, and most importantly, and supervise newly hired technicians in an effort to train them to perform basic technician functions well.

So you see, with the elimination of the ratio, I will be able to better perform my role as it relates to the current role of a pharmacist in a retail setting performing professional functions while continuing to appropriately supervise the technician team. By no longer being pulled into performing technician functions, such as data entry or product dispensing activities, I will be able to utilize my professional knowledge to benefit of my patients.

Sincerely,

Timothy A. Ogurek, RPh.

Kroger Assistant Pharmacy Manager, Store 493 in Denton, TX

October 24, 2109

**Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, TX 78701**

RE: Support of Elimination of Pharmacist to Technician Ratio

As a pharmacist for sixteen years, I have worked in varying volumes of stores—from lower volume to higher volume. Currently I am working in a high-volume store and am finding it more and more difficult to manage my pharmacist duties under a four-to-one technician to pharmacist ratio. This has become more of an issue as the community practice is moving towards offering more clinical services in an effort to yield better outcomes for our patients. Many times, I find myself pulled away from my pharmacist's responsibilities in order to perform technician duties, such as data entry, product dispensing and billing third parties. Eliminating the four-to-one ratio would allow me to utilize technicians effectively and would free me to concentrate on patient care services. Please consider eliminating ratio, which would allow pharmacist such as myself to focus more on patient health and outcomes.

Sincerely,

Diep Ngoc Pham, PharmD, Rph

Kroger Pharmacist

October 24, 2019

Dear TSBP Board Members,

I recently learned the Board is considering eliminating the 4:1 technician to pharmacist ratio. As a pharmacist for over 30 years, I have seen the evolution of our profession. By definition to evolve is to change or develop over time. The ratio pharmacy act was initiated in 1988 and has evolved through the years. The architecture of this act was a more narrow design with clear roles for pharmacists. However our building has evolved into a more collaborative clinical patient care including doctors, nurses and caregivers. Ratios in our practice limits clinical collaborative flexibility. As with an unstable foundation, a "House" divided leads to an unstable, non-flexible clinical approach.

We can reflect over our past, embrace the present but the ratio will stifle our profession to marvel at the future. It is now time to remove the 'old architecture' and evolve into the leaders of our own architectural plan. Without ratios we could be the cohesive glue that bonds doctors, nurses and caregivers to provide the best clinical care for our patients.

A famous man once said, "A house divided against itself can not stand".

Abraham Lincoln

Sincerely,

Tanja Tolman, RPh
University of Texas, Austin '85
Kroger Pharmacist

October 23, 2019

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, TX 78701

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

I have recently been made aware that the Board is considering the elimination of the 4:1 pharmacist to technician ratio in Class A pharmacies. I would like to share my strong support for its' elimination. Pharmacists are healthcare professionals who must keep patient care and safety the primary focuses; and, like physicians and others, should not be needlessly burdened by administrative tasks. In today's pharmacy setting, pharmacy technicians can perform many administrative tasks, such as placing orders, inventory maintenance, reverse distribution of returns, third party billing, obtaining prior authorizations, and numerous others. As it stands today, the 4:1 ratio is a barrier that prevents me from effectively using technicians to their full capacity for appropriate prescription filling functions as well as those administrative tasks. The result is that I and our other pharmacists often become pulled into the completion of those tasks. Thank you for recognizing and considering, as many other states have, that the pharmacist to technician ratio is a barrier to optimal patient care.

Sincerely,

A handwritten signature in cursive script that reads "Brianna Chesser". The signature is written in dark ink and is positioned below the word "Sincerely,".

Brianna Chesser Pharm D., Rph.

Kroger Assistant Pharmacy Manager

October 23, 2019

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, TX 78701

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

I have been a practicing pharmacist in the state of Texas for over 28 years and would like to express my support for the Board's consideration to eliminate the pharmacist to technician ratio. As the professional duties of pharmacists increase (immunizations, medical therapy management, monitoring opiate usage, etc), it is becoming increasingly difficult to perform all of those duties with the limited number of technicians that can be overseen by one pharmacist. With the elimination of the ratio, I will be able to better perform my role as it relates to pharmacist professional functions while continuing to appropriately supervise the technician team. By no longer being pulled into performing technician functions, such as data entry or product dispensing activities, I will be able to utilize my professional knowledge to the benefit of my patients.

Sincerely,

Stacey Lauber, RPh

Kroger Pharmacy Manager

October 23, 2019

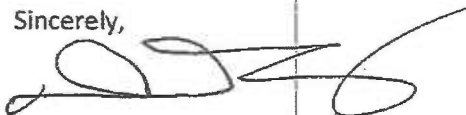
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, TX 78701

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

I have been a practicing pharmacist in the state of Texas for over 21 years and would like to express my support for the Board's consideration to eliminate the pharmacist to technician ratio. With the elimination of the ratio, I will be able to better perform my role as it relates to pharmacist professional functions while continuing to appropriately supervise the technician team. By no longer being pulled into performing technician functions, such as data entry or product dispensing activities, I will be able to utilize my professional knowledge to benefit of my patients.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dan Truong', written over a horizontal line.

Dan Truong, RPh

Kroger Pharmacy Manager

October 23, 2019

Allison Benz, R.Ph.
Executive Director
Texas State Board of Pharmacy
William P. Hobby Building
Tower 3, Suite 500
333 Guadalupe St.
Austin, TX 78701

Dear Executive Director Benz:

I am writing to show my support for the proposed rule for the elimination of the pharmacy technician ratio in the community pharmacy setting in the State of Texas. It is my firm belief that pharmacists and pharmacy managers are fully capable of determining for themselves what is an appropriate ratio for their respective community pharmacy site.

I am an H-E-B Pharmacy manager in a high-volume store based out of Laredo, Texas. I can honestly tell you that, while I love my job, I am not practicing to the full extent of my degree nor am I using many clinical skills I was taught in school. I spend the majority of my time physically filling prescriptions (putting pills in bottles), answering phone calls, and verifying refill prescriptions.

My vision of community pharmacy for the future is one focused on professional services. Twenty years from now, I believe my role will be completely different. I hope it to be a role focused on patient care and outcomes. I hope that ALL pharmacists will be able to take their befitting, respective places on the patient's medical team. BUT! In order for the profession of pharmacy to advance, we must not hinder the professional growth of the pharmacy technician. They have long been our supporters and allies and will continue to be so as all our roles continue to evolve. I believe pharmacy managers should have the autonomy to determine the number of technician needed, instead of forcing them to adhere to arbitrary ratios. This will allow for pharmacist and technician professional growth. More importantly, it will allow us to better service our patients by decreasing wait times and allowing us, pharmacists, to focus on counseling, adherence rates, and medication therapy management.

Furthermore, I would like to address the concerns of my opposition. Please note that I very much respect the opinions of my fellow pharmacists. However, there are numerous states (ex. Kentucky, New Mexico, Pennsylvania) in which there is currently no ratio, and these states are not experiencing unprecedented numbers of dispensing errors or unemployed/overworked pharmacists. If there are concerns from pharmacists in the State of Texas regarding working conditions or employment rates, I believe those are separate issues which would merit their own discussions. As for those worried about increases in

diversion rates, I would point out that there is no possible way to monitor each and every technician with one's eyes. There are other more feasible and reliable measures pharmacists and managers can take to control the rate of drug diversion.

I appreciate the time you have taken to read my thoughts on this issue. I would like to re-iterate my support for the dissolution of the technician ratio in Texas. Truly until progress is made, I will have a certain sense of dissatisfaction knowing that I am not practicing to my fullest capabilities.

Sincerely,

A handwritten signature in black ink that reads "Carolina R Lestico". The script is cursive and fluid.

Carolina Rodriguez Lestico, Pharm.D., R.Ph.
H-E-B Pharmacy
Southwest Area Immunization Coordinator
Pharmacist-In-Charge

October 22, 2019

Allison Benz, R.Ph., M.S.
Texas State Board of Pharmacy
William P. Hobby Building
333 Guadalupe Street, Suite 3-600
Austin, TX 78701-3942

Dear Ms. Benz,

I support the proposed rule change that would eliminate pharmacist to technician ratios in Texas and ask the Board to strongly consider adopting this rule change.

The intent of the ratio is to protect patients; presumably because a pharmacist can not be expected to safely supervise more than four technicians. That is ridiculous. The 1:4 ratio does not increase or decrease the effectiveness, efficiency or safety of the filling process. Rather, it is the quality of the people who make up the pharmacy team who make the difference.

Pharmacists should be able to decide how many technicians they are capable of safely supervising. Naturally, this decision would be based on their knowledge of their technicians' competencies and their business needs. My technician assessments are based on the accuracy of their work, their ability to perform all of the technical aspects of the job, their knowledge of the laws, their ability to provide patient-centered services and the content of their charter. My technicians are knowledgeable and trustworthy, which is extremely important, because I know I could do so much more for my patients if I was allowed the flexibility to staff accordingly during peak times of the day.

Opponents will state that a rule change will jeopardize pharmacists jobs and compromise patient safety. However, in states lacking ratios such as Arizona, Maryland, or Ohio, there is no evidence to support these claims. Furthermore, it seems more likely that pharmacists jobs will be negatively impacted by the current proliferation of pharmacy schools which are fueling a surplus of pharmacists.

The education of pharmacists has evolved over the last decade and so should the practice of pharmacy in Texas. I have trained extensively to provide a higher level of services in the areas of medication therapy management, health screenings, immunizations, disease state management, and patient counseling; but I hardly have the time to provide these services. I spend at least 90% of my day dealing with all of the technical and administrative aspects of filling a prescription. If I was able to freely schedule technicians, as I deemed necessary, then I could spend more time providing the professional services stated above.

Ultimately, I will still be responsible for the supervision of my technicians, no matter if there are 2, 5, or 10 technicians working. Opponents will state that chains will utilize this measure to over staff their pharmacies with technicians. This argument, however, just does not make good business sense. Analyzing and implementing a good business plan based on staffing metrics, prescription volume, and pharmacy budget will help sort out the appropriate number of pharmacy staff.

I am confident that eliminating the 1:4 ratio is the right choice. My technicians are well trained and we have operating procedures that have created a system conducive to a safe and efficient process. Again, the pharmacist is the most capable of judging the competencies of their support staff and should be able to have that option and not be restrained by ratio requirements.

Sincerely,

Brian Fagan,
Pharm.D.
Pharmacy Manager
HEB Pharmacy #373



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES

October 18, 2019

Allison Vordenbaumen Benz, RPh, MS
Executive Director and Secretary
Texas State Board of Pharmacy
333 Guadalupe, Suite 3-500
Austin 78701-3903
allison.benz@pharmacy.texas.gov

Dear Ms. Benz,

On behalf of our members operating community pharmacies in Texas, NACDS greatly appreciates the opportunity to continue working with the Board to advance pharmacy practice for the ultimate benefit and improved safety and health of Texans. Given important Board discussions related to pharmacy workload in May and exploratory conversations on pharmacy technician role expansion in August, NACDS thanks the Board for their continued engagement and consideration of our perspective on these critical issues.

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. In Texas, NACDS member companies operate 3,836 locations that employ 300,364 people. Our members operate 40,000 pharmacies in total and include regional chains with as few as four stores as well as national companies. Across the nation, chain pharmacies employ more than 3 million individuals, including 157,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative patient-care services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit nacds.org.

A. Leveraging All Pharmacy Team Members to Improve Care and Meet Increasing Demands

In the context of an aging population with increased chronic disease prevalence and medication use, and a looming physician shortage, community pharmacists are well-positioned and trained to deliver a wide range of relevant care services to help fill gaps, improve care coordination, and complement the care delivered by others across the continuum – all while maintaining the opportunity to dispense medications. However, the extent to which a pharmacist can engage in direct patient care activities and meet dynamic needs, depends heavily upon whether non- judgmental tasks can be delegated from a pharmacist to pharmacy technicians. Innovative workflow models and the smarter use of pharmacy technicians to perform a comprehensive assortment of administrative, nondiscretionary tasks are integral to better supporting pharmacists to maximizing their ability and refocusing their time as they aim to best meet the needs of patients (e.g. delivery of patient care services, use of clinical judgement, etc.). For Texas

pharmacies to best balance and meet the dynamic needs of patients in today's evolving healthcare environment, community pharmacists must be able to better deploy, maximize, and leverage their most valuable resource – the team behind the counter – inclusive of pharmacists and pharmacy technicians.

Based on data from a high-risk Medicaid population, patients visit pharmacies ten (10) times more frequently than they see other healthcare providers, meaning pharmacists are ideally positioned to fill gaps in patient care and support the healthcare team. Given their accessibility and expertise, pharmacists are often cited as a seriously underutilized asset to improve health and care experiences for patients and reduce healthcare costs. Healthcare researchers, thought leaders and policymakers more and more are advocating for pharmacist-provided clinical patient care as one strategy to advance the "Triple Aim."¹ However, if community pharmacists are under undue strain and pressure based on current responsibilities and demands, opportunities to evolve clinical community pharmacy practice as part of the value transformation of healthcare may remain largely out of grasp. This is not only disadvantageous for the viability and advancement of the pharmacy profession; it is harmful for patient health and the efficiency of our healthcare system based a myriad of evidence. By shifting the roles of pharmacy technicians to better support pharmacists, we can move the dial toward solving this problem.

Compelling scientific research continually supports the value of community pharmacists to improve healthcare outcomes and reduce preventable downstream costs by providing clinical care such as preventive interventions, chronic disease management, and medication optimization. Pharmacists also provide tremendous value across the healthcare continuum, including as an accessible clinical healthcare provider and a dispenser of medications and related information such as adherence strategies, proper use, contraindications, interactions, side effects, storage, disposal and more. Therefore, as the healthcare landscape continues to evolve, increasing demands and strain on the whole continuum, the pharmacy team must be leveraged and maximized to their highest ability in order to optimally provide care to patients. **NACDS encourages the Board to allow pharmacists to better delegate their workload and use their time by engaging pharmacy technicians to take on an expanded set of administrative and non-discretionary tasks, thereby optimizing the value and role of pharmacy care to serve patients and improve health. Similarly, the Board should remove the unnecessary pharmacist to technician ratio that restricts appropriate use of all members of the pharmacy staff team to best serve patients.**

¹ The Institute for Healthcare Improvement (IHI) defines the Triple Aim as a framework to describe an approach to optimizing health system performance, with the belief that new designs must be developed to simultaneously pursue three dimensions: improving patient experience (quality and satisfaction), improving the health of populations, and reducing the per capita cost of healthcare.

<http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx#targetText=The%20IHI%20Triple%20Aim%20is,to%20optimizing%20health%20system%20performance.&targetText=Improving%20the%20patient%20experience%20of,capita%20cost%20of%20health%20care.>

B. Expand Permissible Duties for Pharmacy Technicians in Texas to Better Serve Patients

As mentioned, community pharmacists are increasingly called upon to apply their advanced-level clinical training and medication expertise to improve health outcomes and add value across the care continuum. As such, there is a corresponding need to delegate administrative, nondiscretionary tasks to pharmacy technicians so that pharmacists can focus on providing more care to the communities they serve. Specifically, NACDS encourages the Board to permit pharmacists to delegate any administrative, non-discretionary, non-judgmental task, as has been done in Idaho, where pharmacists may delegate any act consistent with a technician's training, aligned with accepted standards of care, and unless expressly prohibited.² Such authority empowers pharmacists to determine what administrative, nonjudgmental tasks are appropriate for delegation, while considering pharmacy-specific workflow needs.

Similarly, other states have broader permissible duties compared to what is currently allowed in Texas. For example, based on research published in 2017, at least 17 states allow technicians to accept verbal prescriptions called in by a prescriber or prescriber's agent, or transfer a prescription order from one pharmacy to another.³ The authors of this research concluded that these tasks can be performed safely and accurately by appropriately trained technicians, and the track record of success with these tasks spans four decades.³ The authors also noted that the delegation of verbal orders and prescription transfers removes undue strain on pharmacists and frees up pharmacist time for clinical care.³ Further, it has been suggested that when information on a prescription is incomplete, a pharmacy technician can contact the prescriber and appropriately obtain the needed information. Currently, six states permit this activity for certified technicians.⁴ Based on a recent survey of nearly 650 pharmacy technicians across the country, over 56% are already regularly involved in clarifying prescriptions, and over 75% are "very willing" to perform this activity. Additionally, 50% are "very willing" to accept and transcribe a verbal prescription and to transfer prescriptions.⁵

In addition, recently conducted qualitative research on the expansion of pharmacy technician duties supports the tremendous potential not only to improve care for patients, but also to reduce excessive and needless strain on the community pharmacy workforce. For example, a survey of pharmacists, managers, and pharmacy technicians who implemented technician product verification across three states described highly positive outcomes of this model, including patient care delivery expansion, effectiveness based on "freed-up" pharmacist time,

² https://bop.idaho.gov/wp-content/uploads/sites/99/2019/07/2019_Law_Book.pdf

³ <https://www.sciencedirect.com/science/article/abs/pii/S1551741116305721?via%3Dihub>

⁴ Currently allowed in DE, IL, ID, IA, MI and SD.

⁵ Doucette W, Schommer J. Pharmacy Technicians' Willingness to Perform Emerging Tasks in Community Practice. *Pharmacy*. 2018;6(4):113.

and positive impacts on roles and job satisfaction of personnel.⁶ Quotes from the research include:

“There’s definitely a lot more time to spend with the patient...I think it’s almost like the whole atmosphere of our job changes. ... I just feel that the pharmacist is able to step back for a moment from the product and just be like, “Okay, so who can I help today?” (Pharmacist Manager)

“It’s allowed every member of the pharmacy care team to practice at the top of their job description and enable pharmacists to really use that license.” (Pharmacist Manager)

“It’s really been helpful because it’s been less stressful just being able to focus...” (Pharmacist Manager)

“The pharmacists feel that they are able to step back for a moment and not be in that kind of pressurized feeling all the time ...” (Pharmacist Manager)

“I would hate to go back to the way that things were before... [The pharmacist] can go take their blood pressure or go over their meds with them [and] we have more time to call the doctor and ask about questions.” (Pharmacy Technician)

While Texas recently adopted rules to permit technicians to perform product verification with the use of technology, such sentiments could be applied to other expanded technician dispensing duties, such as accepting verbal prescriptions, clarifying and transferring prescriptions; as clinical judgment is not necessary for these tasks.⁷ Such evidence supports the ability of pharmacy technicians to take on additional, nondiscretionary duties, which expand pharmacists’ capacity to provide patient care and focus on aspects of the dispensing process which require clinical decision making. Expanding technicians’ ability to better support pharmacists does not remove pharmacists from any clinical aspect of pharmacy care, nor does it remove pharmacists from the dispensing process, diminish the importance of a pharmacist or the license they hold, nor does it replace pharmacists with technicians. Instead, the change in duties allows pharmacists to redirect their time toward activities requiring their clinical expertise and advanced-level training.

Especially given the rigorous training and certification requirements for pharmacy technicians already implemented in Texas, NACDS urges the Board to authorize technicians to better support pharmacists by providing a full range of administrative, nondiscretionary dispensing tasks. These tasks include – but are not limited to – receiving and accepting oral prescriptions

⁶ Hohmeier, Kenneth C, et al. Exploring the implementation of a novel optimizing care model in the community pharmacy setting. *Journal of the American Pharmacists Association*, Volume 59, Issue 3, 310 - 318

⁷ Pharmacy Technician Role Expansion - An Evidence-based Position Paper. 2019.

<https://www.nacds.org/pdfs/pharmacy/2018/technician-talkingpoints.pdf>

and reducing these orders to writing, either manually or electronically; transferring or receiving a transfer of original prescription information on behalf of a patient; and contacting a prescriber for clarification when information on a prescription is incomplete, unless the inquiry regarding missing information requires the professional judgment of a pharmacist. Because the literature strongly supports technicians safely performing such expanded duties without specific credentialing or extensive training, any additional requirements would be unnecessarily burdensome for pharmacies looking to improve the health of their patients. While NACDS strongly supports technicians being appropriately trained for assigned tasks, we believe that the employers are in the best position to decide what is necessary for their technician workforce in that pharmacy setting and provide that training.

In sum, to realize greater benefits for pharmacist-provided patient care and to reduce undue strain on pharmacy personnel, NACDS urges the Board to authorize pharmacy technicians to perform expanded duties including accepting oral prescriptions, and transferring and clarifying prescriptions, based on maintained patient safety demonstrated in other states and underpinned by research. Further, for even greater benefit to the health of Texans and maximum reductions in undue workforce strain, NACDS strongly encourages the Board to permit pharmacists to delegate any additional act they deem appropriate for delegation to technicians based on their professional judgment.

C. Remove Antiquated, Unnecessary “Pharmacist to Technician Ratio” Which Hinders Care

Currently in Texas, pharmacies are subject to ratios ranging from 1:3 to 1:5, depending on precise circumstances, for instance: if a technician is a “trainee,” if the number of drugs dispensed at that particular pharmacy exceeds 20, and based on the presence or absence of sterile compounding activity. However, no evidence exists to support any particular ratio for the circumstances listed, and NACDS is unaware of any reports or studies showing that ratios improve patient safety. Arbitrary ratios undermine the ability of community pharmacists to best manage the needs and requirements of each individualized pharmacy to provide population-specific patient care. Such ratios especially prevent pharmacies from maximizing the use of pharmacy technicians to provide a broader set of patient care services to the public. Recognizing this to be true, many state boards of pharmacy have relaxed or totally removed pharmacist-technician ratios to allow for optimal use of pharmacy technicians. For example, the following 22 states, in addition to the District of Columbia, do not limit the number of technicians a pharmacist can oversee: Alaska, Arizona, Delaware, Hawaii, Idaho, Illinois, Iowa, Kentucky, Maine, Maryland, Michigan, Missouri, New Hampshire, New Mexico, Ohio, Oregon,

Pennsylvania, Rhode Island, Utah, Vermont, Washington, and Wisconsin.⁸ NACDS has not heard of any observed or reported excessive technician staffing or patient safety issues arising in those states in which ratios have been eliminated. Testimonials recently collected by NACDS add additional context and are provided below:

“I’m not aware of any information which suggests that patients in a state which has no ratio are any safer or worse off than patients in a state which has a ratio. There does not appear to be a public safety imperative for ratio requirements. Since every practice site is different, it would appear prudent to task the pharmacist-in-charge of a pharmacy with the appropriate staffing mix commensurate with the nature and scope of the practice site.” – Malcolm Broussard, RPh, Executive Director, Louisiana Board of Pharmacy

“The New Mexico Board of Pharmacy eliminated the tech ratio by rule change in June 2013. The Board reserved the right to impose a ratio on a licensee if it could be shown that a violation or complaint resulted from poor supervision due to the number of techs on duty. To date, the Board has not imposed a ratio on any licensee. **I am not aware of any complaints or violations that have resulted from tech ratio issues.**” – Rich Mazzoni, Past President of both the New Mexico Board of Pharmacy and the California Board of Pharmacy

“Arizona eliminated the ratio almost 15 years ago. ...In these 15 years, **there has never been a case of an error related to an unsafe number of technicians in the pharmacy.**” – Dennis McAllister, Arizona Board of Pharmacy

“In the last several years, Maine migrated to a no ratio regulation and left the technician staffing up to the pharmacist licensed with their board. **There have been no negative outcomes from this change. I believe the citizens are getting better and more timely service and taking a greater understanding of how to use their medications effectively** home with them.” – Mark Polli, RPh, Maine Board of Pharmacy

“I have spent 8 years on the Michigan Board of Pharmacy... Michigan is a state that has no pharmacist to technician ratio. In my 8 years on the board (2001-2009,) I did not review a case in either the full board or the DSC that involved an issue with a pharmacist that encountered a quality incident involving too many technicians to supervise. ... **The idea of restricting the amount of technicians a pharmacist can utilize in their practice setting, works to the detriment of the patient and inhibits the pharmacist to provide patient care at the top of their license since the technicians are there to assist the pharmacist and patient, not make decisions regarding patient care or quality decisions.**” – Laura A. Shaw, Michigan Board of Pharmacy

⁸ NACDS internal research. 2019.

“I have been a Pennsylvania pharmacist for 27 years and served on the Pennsylvania Board of Pharmacy for 15 years, eight of those years as Chairman. During my tenure on the Board of Pharmacy, **there was NEVER a disciplinary case, nor allegation that came before us, that alleged that an error or patient harm was caused by too many technicians on duty in the pharmacy.**” – Mike Podgurski, RPh, Pennsylvania Board of Pharmacy

Notably, the National Association of Boards of Pharmacy (NABP) has long supported the complete elimination of the pharmacist to technician ratio, and the cutting edge pharmacy care models implemented by the Department of Veterans Affairs (VA) health systems/military do not include the use of a pharmacist to technician ratio, which has not appeared to negatively impact patient safety in those programs.

Given the nonexistence of evidence supporting outdated, arbitrary ratios, and the imperative to reduce undue strain on pharmacy personnel, NACDS urges the Board to remove unwarranted ratio restrictions in the state of Texas. Such action would be an important step toward modernizing pharmacy practice in the state and aligning rules and regulations with the healthcare needs of today’s patients. Removing ratio restrictions will empower pharmacists to best determine what staffing and optimal workflow models best meet their needs given the specific volume and patient care requirements of their pharmacy.

CONCLUSION

Given escalating imperative to improve quality and transformation of healthcare delivery across the United States, community pharmacists are increasingly providing direct, clinical patient care in accessible neighborhood pharmacy locations across the country, while balancing the vital privilege and responsibility of conveniently and safely dispensing medications. By removing antiquated pharmacist to technician ratios, and expanding permissible duties for technicians, the Board will drive innovation and collaboration to maximize and empower pharmacies across the state to better care for their patients given evolving healthcare needs. NACDS encourages the Board to urgently act on these issues to advance pharmacy practice for the ultimate goal of improving healthcare in the state of Texas. We greatly appreciate the consideration of our recommendations and the opportunity to continue working with the Board on these critical issues.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven C. Anderson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Steven C. Anderson, IOM, CAE
President and Chief Executive Officer

Dr. Henke

I am an independent pharmacy owner In Amarillo. I understand the board is being asked to increase or eliminate the pharmacist to tech ratio in Texas. I understand the reasoning for this is that some pharmacies are saying their pharmacist are overburdened. I would like to offer the following.

- 1 Pharmacist are highly trained professionals who work quietly behind the scenes and save lives daily. We are not just glorified techs, but healthcare providers making judgement calls daily.
- 2 THERE IS NOT A SHORTAGE OF PHARMACISTS. We now have 10 pharmacy schools in the state of Texas. I have young new pharmacists applying for work daily. The difference in salaries of a Doctor of Pharmacy and a tech is getting smaller rapidly.
- 3 For large very profitable companies to say that our pharmacists are so overworked we have to eliminate a ratio that has a proven safety record, instead of adding another pharmacist, is so absurd that it is almost laughable.
- 4 TO CHANGE A PROVEN SAFE SYSTEM should be a well thought out and thoroughly discussed process, with new provider numbers considered. Anything less is totally against what proper health care is about and is just plain wrong.
- 5 Let's give our bright young student loan laden DOCTORS OF PHARMACY a chance to thrive and be the great assets to the Health Care community they are.
- 6 Safety and welfare of patients should be our absolute goal. And there is absolutely no doubt that a Doctor of Pharmacy overseeing three techs is the safest, efficient and best model in a busy retail pharmacy. If pharmacists are overworked adding another pharmacist is the best solution. I don't think anyone argues that point. **To change that model because someone wants to make larger profits is not sufficient reason to change.**

Thank you

Stan Britten Rph

To Whom it May Concern,

As a Class A pharmacist in the state of Texas I am in full support of the elimination of technician ratios. I have experienced first hand in my previous role as a Class A pharmacy PIC, and in my current role as a pharmacy practice coordinator, the issues that tech ratios can pose to pharmacist clinical engagement, technician training, and patient safety. Additionally, as someone who has practiced pharmacy in a state that does not have technician ratios (Michigan), I have not perceived a patient safety or quality of care benefit to having a ratio in place, nor am I aware of any data that supports tech ratios as a tool to improve patient care and safety.

Eliminating the tech ratio better allows the pharmacist to practice to the top of their license. In high volume pharmacies during peak pick up hours it isn't unusual to see pharmacists product dispensing, ringing patients up at the register, or, most concerning, data entry of prescriptions because their four tech staff is spread too thin, helping patients at multiple drop off and pick up windows or assisting patients on the phone. This activity by the pharmacist comes at the expense of spending more quality time with patients and prescribers engaging in duties that require a pharmacist's professional judgment and specialized training (adherence interventions, comprehensive medication reviews, disease state education, addressing gaps in care, etc.).

Also, eliminating tech ratios will be particularly beneficial when it comes to technician training and allowing technicians to own technical tasks that do not require the pharmacist's professional judgment. The most effective training we can provide our technicians is hands on shoulder-to-shoulder training in the pharmacy. However, in this scenario BOTH the trainer and trainee count toward the tech ratio even though no additional value in terms of overall productivity or assistance to the pharmacist is realized. Additionally, technicians are heavily involved in inventory management processes, third party billing, some level of clinical program involvement (i.e. medication synchronization, 90 day conversions, refill courtesy calls, etc.), and merchandising. As a result of the variety of ways in which technicians are utilized in community pharmacies today, a 4:1 technician ratio seems out of touch with the current practice of community pharmacy.

Eliminating tech ratios would alleviate patient safety concerns which occur as a by-product of additional multi-tasking by the pharmacist to complete technician duties in addition to the duties of a pharmacist, creating otherwise avoidable risks from distraction and confirmation bias.

I am committed to advancing the profession of pharmacy and assisting pharmacists in practicing to the top of their license, and I believe the elimination of the 4:1 technician ratio in the state of Texas would be a step toward accomplishing this objective.

Respectfully,

Micah McCuistion, RPh, PharmD

License # 51220

Erin L. Tolman M. Ed. CPhT

(801) 979-7950

To the Texas State Board of Pharmacy,

I wish to address the board in regards to expanding the roles of the pharmacy technician.

As a technician in a class A retail pharmacy for eight years, and an instructor of pharmacy technician programs for eight years through Texas workforce, at a junior college and through the high school programs, I wanted to give you a technician's perspective on expanding the role of a pharmacy technician. My recommendations are based on my, and the recommendations may be altered for hospital class C or other types of pharmacies to which I have no personal experience.

I graduated from Provo College with a diploma degree as a pharmacy technician. I went through a yearlong program which included an externship. Since then, I have furthered my education and have included my resume with my teaching and pharmacy technician credentials and experience.

The Texas State Board of Pharmacy should consider that a pharmacy technician should have an associate's degree, just as a physical therapist assistant, licenses vocational nurses, and other allied health professionals. Just as the pharmacist has moved from a bachelor to a doctorate degree due to the changing health industry, all pharmacy technicians should require more education as a valuable member of the health profession.

Furthermore, I understand that although an associate's degree for all new pharmacy technicians should be the ultimate goal, I recognize that this will take time and include several stages of implementations.

I am very hesitant to allow technicians to complete specific pharmacist only task without more initial education, continuing education, and on the job training requirements.

Below I have outlined my recommendations for the Board's consideration. I believe that if a deadline is set, and working in conjunction with all junior colleges in Texas and the Texas Education Agency, a cohesive, unified educational program for all technicians with an associate's degree will ensure that technicians are competent to completed expanded roles.

I understand that Texas currently has a high turnover rate in regards to pharmacy technicians. This is a problem in regards to having enough training programs in Texas because of the high turnover rate. With many high schools now offering pharmacy technician training programs, in partnership with junior colleges this can change so that there are enough training programs in Texas.

The field of pharmacy technician career is not currently recognized as esteemed. In other words, technicians are not paid enough, and the competent technicians leave to become other allied health professionals where their value is recognized, rewarded, and the income that is sustainable as a long-term career.

I know that pharmacies are struggling with profit margins and PBM's, however just as hospitals are now requiring all nurses to be BNS and not RNs, Texas should require an associate degree for pharmacy technicians. Thus, pharmacies should be compensated more for having more highly qualified staff. This addendum should be included in a bill with PBM's next legislative session. Furthermore, working with the junior colleges and Texas Education Agency on creating an accredited program will allow new associate degree programs to flourish and meet the needs of the Texas workforce. Moreover, as technicians' wages increase, technicians will more be more likely to stay in their position instead of leaving for other careers.

My recommendations for the Texas State Board of Pharmacy for all personal that work as clerks in pharmacy, including store managers and others that occasionally help out in a pharmacy in a class A retail setting include:

- Completes a minimum number of hours of on the job training
- Have pharmacist assentation records proving the clerk have adequate training in various areas of job duties on file at the place of employment.
- Require Texas state law and medication error prevention exam in regards to duties
- Require medication error prevention, continuing education in regards to their job duties.

My recommendations for the Texas State Board of Pharmacy for newly registered pharmacy technician trainees include:

- Be enrolled in a board-approved training program such that PTCB or NHA recognizes. In hopes that it in the next decade, Texas require an associate's degree for pharmacy technicians.
- Completes a minimum number of hours of on the job training; this should be part of the training program.
- Have pharmacist assentation records proving technicians have adequate training on file in various areas of job duties at the place of employment.
- Require a set number of on the job training hours such as 500, in addition to passing a nationally recognized pharmacy technician exam such as PTCE or ExCPT before allowing them to become a registered technician.
- Require technicians to pass a Texas State Law exam before being granted their registration licenses.
- All technicians in training need to have liability insurance

My recommendations for the Texas State Board of Pharmacy for all registered pharmacy technicians include:

- Require live continuing educations for pharmacy technicians to ensure that the technicians are the ones completing continuing educations.
- Require medication error prevention, continuing education, such as ISMP publications and case studies.
- Remove ratio for a pharmacist to pharmacy technicians in regards to pharmacy technicians that do data entry off-site.
- Increase ratio limits of pharmacy technicians to a pharmacist.
- Require approved training program for all technicians that make non-sterile compounding
- All technicians need to have liability insurance.

My recommendations for the Texas State Board of Pharmacy for all registered pharmacy technicians that take on expanded roles of immunizations include:

- Completing initial training and continuing education similar to other states that allow technicians to administer immunizations.
- OR
- Completing initial training and continuing education similar to pharmacist requirements in the state of Texas
- All technicians need to have liability insurance.

My recommendations for the Texas State Board of Pharmacy for all registered pharmacy technicians that take on expanded roles taking new prescriptions, clarification on prescriptions, transferring prescriptions include:

- Must be a technician for a designated amount of time, such as two years' experience.
- Must pass a state exam to show competency with state laws, procedures, rules with these areas.
- Must have pharmacist assentation records proving the technicians have adequate training on file at the place of employment.
- All technicians need to have liability insurance.
- All duties are still at the discretion of the pharmacist.

Please feel free to reach out to me in regards to any questions about my recommendations. I look forward to continuing to work with the Texas State Board of Pharmacy in advancing the pharmacy profession together, ensuring patient safety, and reducing medication errors.

Sincerely,

Erin L. Tolman M. Ed. CPhT