

# TEXAS STATE BOARD OF PHARMACY

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## STRATEGIC PLAN For the Fiscal Years 2017-2021

# DRAFT



Board Member	Dates of Term	Hometown
Buford T. Abeldt, Sr., R.Ph.	05/09/2008-08/31/2019	Lufkin
Christopher M. Dembny, R.Ph.	09/26/2013-08/31/2017	Richardson
L. Suzan Kedron	05/09/2008-08/31/2019	Dallas
Alice G. Mendoza, R.Ph.	08/10/2006-08/31/2017	Kingsville
Bradley A Miller, Ph.T.R.	09/26/2013-08/31/2019	Austin
Phyllis A. Stine	08/31/2011-08/31/2017	Abilene
Chip Thornsburg	10/06/2015-08/31/2021	San Antonio
Suzette Tijerina, R.Ph.	10/06/2015-08/31/2021	Castle Hills
Jeanne D. Waggener, R.Ph.	08/10/2006-08/31/2017	Waco
Dennis F. Wiesner, R.Ph.	05/09/2008-08/31/2019	Austin
Jenny Downing Yoakum, R.Ph.	10/06/2015-08/31/2021	Kilgore

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June 23, 2016

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Board Member	Dates of Term	Hometown
Jeanne D. Waggener, R.Ph., President	08/10/2006-08/31/2017	Waco
Christopher M. Dembny, R.Ph., Vice-President	09/26/2013-08/31/2017	Richardson
Buford T. Abeldt, Sr., R.Ph, Treasurer	05/09/2008-08/31/2019	Lufkin
L. Suzan Kedron	05/09/2008-08/31/2019	Dallas
Alice G. Mendoza, R.Ph.	08/10/2006-08/31/2017	Kingsville
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June 23, 2016

Signed: \_\_\_\_\_  
Gay Dodson, R.Ph.  
Executive Director/Secretary

Approved: \_\_\_\_\_  
Jeanne D. Waggener, R.Ph., President

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## **THE VISION OF TEXAS STATE GOVERNMENT**

- *Ensuring the economic competitiveness of our state by adhering to principles of fiscal discipline, setting clear budget priorities, living within our means, and limiting the growth of government;*
- *Investing in critical water, energy, and transportation infrastructure needs to meet the demands of our rapidly growing state;*
- *Ensuring excellence and accountability in public schools and institutions of higher education as we invest in the future of this state and ensure Texans are prepared to compete in the global marketplace;*
- *Defending Texans by safeguarding our neighborhoods and protecting our international border; and*
- *Increasing transparency and efficiency at all levels of government to guard against waste, fraud, and abuse, ensuring that Texas taxpayers keep more of their hard-earned money to keep our economy and our families strong.*

## **THE MISSION OF TEXAS STATE GOVERNMENT**

Texas State Government must be limited, efficient, and completely accountable. It should foster opportunity and economic prosperity, focus on critical priorities, and support the creation of strong family environments for our children. The stewards of the public trust must be men and women who administer state government in a fair, just, and responsible manner. To honor the public trust, state officials must seek new and innovative ways to meet state government priorities in a fiscally responsible manner.

# **THE PHILOSOPHY OF TEXAS STATE GOVERNMENT**

The task before all state public servants is to govern in a manner worthy of this great state. We are a great enterprise, and as an enterprise we will promote the following core principles.

- First and foremost, Texas matters most. This is the overarching, guiding principle by which we will make decisions. Our state, and its future, is more important than party, politics or individual recognition.
- Government should be limited in size and mission, but it must be highly effective in performing the tasks it undertakes.
- Decisions affecting individual Texans, in most instances, are best made by those individuals, their families, and the local governments closest to their communities.
- Competition is the greatest incentive for achievement and excellence. It inspires ingenuity and requires individuals to set their sights high. And just as competition inspires excellence, a sense of personal responsibility drives individual citizens to do more for their future, and the future of those they love.
- Public administration must be open and honest, pursuing the high road rather than the expedient course. We must be accountable to taxpayers for our actions.
- State government has a responsibility to safeguard taxpayer dollars by eliminating waste and abuse, and providing efficient and honest government.
- Finally, state government should be humble, recognizing that all its power and authority is granted to it by the people of Texas, and those who make decisions wielding the power of the state should exercise their authority cautiously and fairly.

# **RELEVANT STATEWIDE GOAL AND BENCHMARK**

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## **Priority Goal**

To ensure Texans are effectively and efficiently served by high-quality professionals and businesses by:

- implementing clear standards;
- ensuring compliance;
- establishing market-based solutions; and
- reducing the regulatory burden on people and business.

## **Benchmarks:**

- Percent of state professional licensee population with no documented violations.
- Percent of new professional licensees as compared to the existing population.
- Percent of documented complaints to professional licensing agencies resolved within six months.
- Percent of individuals given a test for professional licensure who received a passing score.
- Percent of new and renewed professional licenses issued online.
- Number of new business permits issued online.
- Percent increase in utilization of the state business portal.

## **AGENCY MISSION**

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To promote, preserve, and protect the public health, safety, and welfare by fostering the provision of quality pharmaceutical care to the citizens of Texas, through the regulation of: the practice of pharmacy; the operation of pharmacies; and the distribution of prescription drugs in the public interest.

## **AGENCY PHILOSOPHY**

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The Texas State Board of Pharmacy will assume a leadership role in regulating the practice of pharmacy and act in accordance with the highest standards of ethics, accountability, efficiency, effectiveness, and open communication. We affirm that regulation of the practice of pharmacy is a public and private trust. We approach our mission with a deep sense of purpose and responsibility. The public and regulated community alike can be assured of a balanced and sensible approach to regulation.

# THE ORGANIZATIONAL PERSPECTIVE

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## BOARD STRUCTURE - POLICY-MAKING BODY

The policy-making body of the agency is an eleven-member Board appointed by the Governor, with concurrence of the Senate, for staggered six-year terms. Seven members must have been registered pharmacists in Texas for five years immediately preceding appointment, be in good standing with the Board, and continue practice pharmacy while serving. In addition, the Board must have representation for licensed pharmacists who are primarily employed in community and institutional pharmacies. Three members of the Board must be representatives of the public (i.e., non-pharmacist, consumer representatives). One member must have been a registered pharmacy technician for five years immediately preceding appointment, be in good standing with the Board, and be acting as a pharmacy technician while serving.

The Board has the responsibility for the administration and the enforcement of the Texas Pharmacy Act and Texas Dangerous Drug Act. Through the jurisdiction provided in these acts, the Board has the responsibility of regulating three distinct, but interrelated and inseparable elements - the persons who dispense prescription drugs to the public (pharmacists) and those who assist the pharmacists (pharmacy technicians); the place where prescription drugs are dispensed to the public (pharmacies); and the delivery of dangerous drugs (prescription drugs that are not classified as controlled substances).

Given the unique responsibilities of the Board, input regarding issues under the jurisdiction of the agency is obtained through a myriad of sources, including the following:

- (1) Task Forces – an ongoing significant part of the policy-making structure of the agency is the Board's use of professional ad hoc task forces in its pre-rulemaking process. These ad hoc task forces are composed of individuals who possess expertise helpful to the Board, both in the initial development and modification of agency rules. The result is that the rules governing pharmacy practice are formulated in the best interest of the public and, at the same time, represent an appropriate level of regulation.
- (2) Public Testimony at Public Hearings/Board Meetings – Any person can offer written comments on proposed rules that TSBP has published in the *Texas Register*. A person can request a public hearing on any proposed rule. If a public hearing is conducted, any person can offer verbal comments about the proposed rule. Persons who attend Board meetings may comment on any agenda item, when recognized by the Board President. If a person wishes to speak to the Board at a public meeting about an issue not already intended for discussion, the person must submit a request in writing six weeks prior to the date of the Board meeting.
- (3) Texas Pharmacy Congress – This group is composed of representatives of the eight colleges of pharmacy in Texas, the three major professional associations in Texas, and TSBP. The Congress meets quarterly to discuss issues of mutual concern. Each entity reports on activities and programs, and together the group addresses problems and recommends solutions.
- (4) Pharmacy Organizations – TSBP receives input from these groups on a regular basis; any suggested issues are scheduled for discussion at Board meetings.

- (5) Customer Service Survey – Beginning in FY2000, the TSBP has conducted surveys of agency customers regarding the quality of service delivered by the agency as specified in Chapter 2113 of the Government Code. Many of the customers' suggestions included in the survey have resulted in changes to agency operations.
- (6) Individuals – Board Members are individually contacted about issues and the agency receives visits, letters, and telephone calls regarding issues. These issues may be addressed at Board meetings, which may result in rule changes.

## **AGENCY DIVISIONS AND STAFF MANAGEMENT**

The agency's office headquarters is located at 333 Guadalupe Street, Suite 3-600, Austin, Texas, in the central quadrant of the city. Beginning in FY2017, agency staff positions will grow to 99 people, consisting of six management staff, 28 professionals, 50 para-professionals, and 14 administrative support staff. Twenty-one employees (12 Compliance Officers/Inspectors and nine Investigators) operate in field areas outside the main office and function under the supervision of their respective Division Directors.

Pharmacy practice regulation is unique since it regulates individuals (pharmacists and pharmacy technicians), facilities (pharmacies), and products (prescription drugs). Therefore, interaction and coordination between the divisions of the agency and their staff members are crucial and integral parts of the effectiveness of our efforts.

As of August 2015, the agency licenses approximately 31,807 pharmacists, 7,914 pharmacies, and registers 60,767 pharmacy technicians and trainees over a land area of approximately 270,000 square miles. The agency's limited numbers of Compliance and Investigative staff are challenged in the regular monitoring of these licensees by travel distances. All geographic regions are served by the agency. The Compliance Officers/Inspectors and Investigators have assigned regions that encompass the entire state, including the Texas border regions. In addition, medically under-served areas present specific challenges for comprehensive inspection/investigative efforts. These areas are defined as locales where medical care and specifically, pharmacy services, may be inaccessible due to distance and lack of transportation, and lack of (or inadequate) insurance coverage. Medically under-served areas may occur in rural or sparsely populated areas of the state and in some densely populated urban areas of Texas.

The agency operates under a modified system of Management-By-Objectives (MBO). Goals and objectives are reviewed and approved annually by the Board Members. The objectives are directly tied to the agency's *Strategic Plan* and "operationalize" the *Strategic Plan*. The Executive Director manages the staff to accomplish the adopted objectives.

The Executive Director/Secretary serves as the executive officer of the agency and, as outlined in the Texas Pharmacy Act, serves as an ex-officio member of the Board. The Executive Director/Secretary is responsible for advising the Board on policy matters, implementing Board policy, and managing the agency on a day-to-day basis.

The Director of Administrative Services and Licensing is responsible for overall supervision of the Licensing and Administrative Services programs including the licensing of pharmacies and pharmacists; the registration of interns and pharmacy technicians; the ongoing renewal of licenses and registrations; and personnel, finance, purchasing, and risk management services.

The Director of Enforcement is responsible for the investigation and resolution of complaints; conducting inspections of pharmacies and non-licensed facilities; monitoring licensees' and registrants' compliance with the terms and conditions specified in disciplinary orders; and providing technical assistance regarding laws/rules governing the practice of pharmacy.

The Director of Professional Services is responsible for the drafting of proposed rules relating to the practice of pharmacy; providing information, including responses to requests for records relating to complaints, disciplinary orders, licensing records and inspection records; publication of *TSBP Newsletter*; speaking engagements; developing pharmacy law questions for the Texas pharmacy jurisprudence examination; and conducting continuing education audits of pharmacists and technicians. The Director of Professional Services is also responsible for the overall supervision and implementation of the Prescription Monitoring Program.

The General Counsel is responsible for preparing and prosecuting cases referred to the division after investigation; assisting the Professional Services Division in developing law questions for the Texas pharmacy jurisprudence examination; and assisting in the drafting of proposed rules relating to the practice of pharmacy.

The Director of Information Technology is responsible for the management of information services. These program services are shared among the divisions of the agency. An organizational chart of the agency can be found in *Appendix B*.

## HUMAN RESOURCE INVESTMENTS

Human resource investments are crucial to the continued efficiency and effectiveness of agency operations. In Texas government, as in the private sector, we must pay adequate wages if we expect to attract and retain quality employees. *Our employees are our most valuable resource and Texas cannot afford to have less than the best.*

In addition to the initial investment of hiring qualified staff, the meeting of each employee's ongoing professional development and training needs is also crucial to the success of agency operations.

Human resource investments, such as provision of up-to-date technology and ongoing training for agency staff, help position the agency as public and private sector employers compete for the same work force pool. The agency has a distinct advantage in that it has a highly educated and qualified staff who carry out their responsibilities in an efficient and effective, customer-service oriented manner. This proactive, progressive work environment, along with the general reputation of the agency, has definitely been an asset when recruiting staff. However, the fact that state salaries are not competitive with those in the private sector continues to hinder recruiting of qualified staff.

## STAFFING PATTERN AND PROFILE

Agency employee turnover increased from 5% in FY2009 to 11.4% in FY2010 and again increased to 12.9% in FY2013, dropping to 9.8% in FY2015. The majority citing "better pay/benefits" as the reason for leaving the agency. However, the FY2015 turnover rate of 9.8% is lower than the overall state of Texas turnover rate of 18.9%. The turnover in pharmacist staff was much more significant from FY2000 through FY2012 when the agency went from ten pharmacists (non-management) in FY2000 to four pharmacists (non-management) in FY2012. This loss of pharmacist staff was especially disturbing since the pharmacist staff is a part of the succession for the Executive Director position, which is statutorily required to be a pharmacist. The reason for the high turnover rate can be directly attributed to an agency lack of funding for salaries.

The 83rd Legislature funded the agency to hire two additional staff pharmacists based in the Austin office. During the 2015 Legislative Session the legislature increased the salary range for a Pharmacist II to \$92,390 - \$156,256 and for a Pharmacist III to \$111,793 - \$189,069. However, even though the Legislature established these new salary ranges, the agency was not funded to hire pharmacists at the increased salaries and the budgeted salaries do not even reach the entry salary of a Pharmacist III.

The agency's overall workforce profile, as shown in Table 1, indicates that the agency needs to increase its efforts to recruit and retain qualified minority applicants at all levels of job categories.

<b>Agency EEO Data</b>	<b>WHITE</b>		<b>BLACK</b>		<b>HISPANIC</b>		<b>OTHER</b>		<b>TOTAL</b>		<b>GRAND TOTAL</b>
	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	
Administrators	1	5	0	0	0	0	0	0	1	5	6
Professional	7	14	0	3	2	1	0	0	9	18	27
Para-Prof	11	20	0	1	2	12	0	0	13	33	46
Admin Support	1	5	0	2	0	4	0	0	1	11	12
<b>TOTALS</b>	<b>20</b>	<b>44</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>67</b>	<b>91</b>
Percentage	22.0%	48.4%	0.0%	6.6%	4.4%	18.7%	0.0%	0.0%	26.4%	73.6%	

\*Data reflects actual staff as of 8/31/15. Unfilled positions are not reflected.

## **HISTORICALLY UNDERUTILIZED BUSINESSES**

It is the intent of the Legislature that each state agency receiving appropriations shall make a good-faith effort to include historically underutilized businesses (HUB) in the following categories, in acquiring, constructing, or equipping new or existing facilities, and in the operational implementation of each strategy funded:

<b>Category</b>	<b>Actual FY15</b>	<b>Agency Goal for FY16</b>
Professional Service Contracts	100%	23.60%
Other Services Contracts	1.77%	24.60%
Commodities Contracts	38.22%	21%

The agency attempts to utilize HUB vendors for all delegated purchases and, in fact, has a HUB policy. In the event of performance shortfalls, the agency reviews the requirements listed in the overall bid process and notes any constraints that exist, specifically constraints relating to contracts that are proprietary in nature. Agency data regarding goals, actual performance, and constraints are noted in the Annual Non-Financial Report.

The agency has made a dedicated effort to satisfy the requirement for soliciting at least two HUB-certified minorities and one women-owned business in the three bids solicited for each delegated spot purchase. The above constraints notwithstanding, the agency will increase its good-faith efforts by using an agency HUB Policy as the basis for obtaining the HUB participation goals.

## CAPITAL IMPROVEMENT NEEDS

### Technological Development

The use of technology has become integral to the operational success of the Texas State Board of Pharmacy. When appropriate, the agency deploys current and emerging cost effective information technologies to increase efficiencies within the agency and to improve service delivery to our constituents. Web-based applications, electronic payment and the imaging of paper documents are just a few of the technologies currently in use.

The agency Website has over 250,000 visitors each month. It has proven to be a valuable tool in disseminating information to the public and increasing the accessibility of the agency. The Website is also linked to Texas Online to allow the agency to accept electronic payment of renewal fees. Renewal forms are either scanned into our imaging system or electronically attached to each file, making storage and retrieval much more efficient.

A complete discussion of the agency’s Information Resources needs can be found in the agency Technology Initiative Alignment.

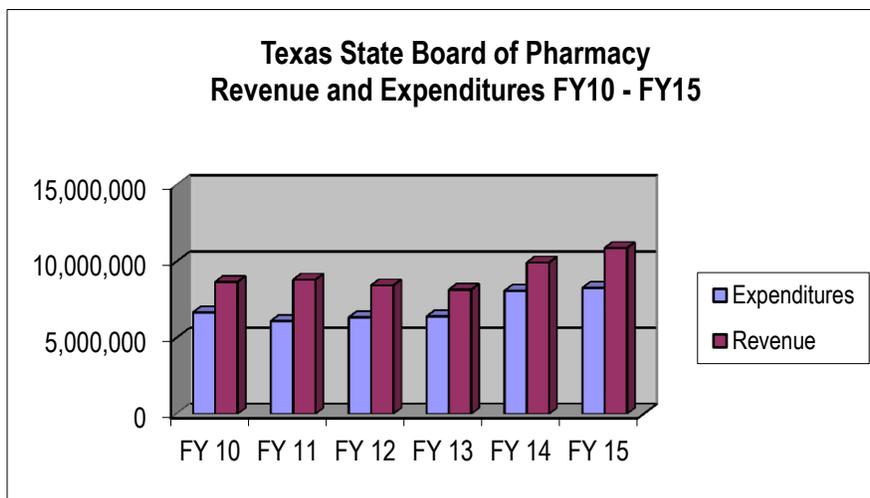
## THE FISCAL PERSPECTIVE

### Current Funding

The agency's operating budget for fiscal year 2015 was approximately \$6.8 million, which includes all Legislative appropriations. In addition, other direct and indirect costs are charged to the agency such as the agency's payroll-related costs, bond debt service payments, and indirect costs relating to the Statewide Cost Allocation Plan.

The agency is totally self-supporting, in that the operations of the agency are supported primarily from statutory fees related to licensing, reciprocity, and examinations. Until 2005, the general operating fund of the Board was a general revenue dedicated account within the State Treasury. The 2005 Texas Legislature, passed legislation that abolished the Board of Pharmacy fund dedication, transferred \$5,948,256 to the General Revenue Fund, and placed the agency funds into the General Revenue Fund.

The chart below shows the agency's revenues and expenditures for a six-year period (FY2010 - FY2015).



## Degree to Which Current Funding Meets Current and Expected Needs

One key factor that continues to affect the ability of the agency to serve and protect the public interest is the increased demand for agency services in every area of its operation. Dramatic increases in the demand for licensing, enforcement, and information services are well-documented throughout this *Strategic Plan* and in the agency's budget requests. This continued increase in demand for services, together with the increase in the complex nature of modern health and pharmaceutical care, continues to tax the agency's ability to respond to future challenges.

The agency has the authority and mechanisms necessary to generate the revenue needed to support its *Strategic Plan* and Budget Requests. The TSBP was successful in obtaining additional appropriations for a portion of the requested exceptional items during the 84th Legislative Session, most notably in the funding for merit increases for agency employees, an increase to the Executive Director's salary, and increases to technology.

It is anticipated that the growth of the registration of pharmacy technicians, pharmacists and pharmacies, will continue to challenge the agency. Labor statistics indicate that employment of pharmacy technicians is projected to grow 9% from 2014 to 2024, faster than the average for all occupations. Additionally, the Bureau of Labor Statistics' reports that "employment of pharmacists is expected to grow by 17% between 2008 and 2018, which is faster than the average for all occupations."

Since 2009, the licensee population of the agency has grown 23.1% (from 84,659 to 104,213) with a 25% increase in the number of pharmacists, a 22% increase in the number of pharmacies, and a 24% increase in the number of pharmacy technicians. This growth appears to be associated with the good health of the Texas economy and the availability of jobs in Texas. Growth in the number of licensees has dramatically affected every division including the enforcement and legal divisions since the number of complaints has increased with the number of licensees. In FY2015, the agency received 5,894 jurisdictional complaints, closed 5,922 jurisdictional complaints, and entered 628 disciplinary orders.

Finally, the passage of Senate Bill 195 transfers the responsibility for the operation of the Texas controlled substance prescription monitoring program (PMP) from the Texas Department of Public Safety (DPS) to the Texas State Board of Pharmacy on September 1, 2016. With the passage of this bill, a 2-year appropriation for FY2016-17 was approved by the Texas Legislature. In late FY2015, an interpretation of Senate Bill 195 by the Texas State Comptroller resulted in a determination that the Board of Pharmacy and the other agencies participating in the Prescription Drug Monitoring Program, did not have the authority to assess or increase fees in FY2016 sufficient to generate revenue to match the amount appropriated. Therefore, the Board of Pharmacy was not authorized to receive the rider appropriation in section 18.55, Art. IX of the 2016-2017 GAA for FY2016.

Although the Board of Pharmacy was awarded a federal grant to assist in the implementation of this important program, the lack of funding in the implementation year of FY2016 has required the agency to lapse positions and reduce many needed services in order to meet the statutory deadline of September 1, 2016.

The agency must be funded at an adequate level for it to accomplish its mission in a *proactive* rather than *reactive* manner. Failure to receive this funding will severely affect the agency's ability to provide quality customer service, information, and protection to the citizens of Texas.

# OVERVIEW OF AGENCY SCOPE AND FUNCTIONS

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## STATUTORY BASIS AND HISTORICAL PERSPECTIVE

The Texas State Board of Pharmacy is an independent state health regulatory agency, operating under the authority of its enabling legislation, the Texas Pharmacy Act (Texas Occupations Code Ann., Chapters 555-566 and 568-569) and the Texas Dangerous Drug Act (Health and Safety Code, Chapter 483).

The Pharmacy Act states:

*It is the purpose of this Act to promote, preserve, and protect the public health, safety, and welfare by and through the effective control and regulation of the practice of pharmacy and the licensing of pharmacies engaged in the sale, delivery, or distribution of prescription drugs and devices used in the diagnosis and treatment of injury, illness, and disease.*

The Act goes on to say:

*The board shall enforce this Act and all laws that pertain to the practice of pharmacy and shall cooperate with other state and federal governmental agencies regarding any violation of any drug or drug-related laws.*

### **Texas Time Line**

- 1889 The Texas Legislature established boards of pharmaceutical examiners (three-man committees in each senatorial district of the state). Pharmacists were examined and certified by the multiple boards.
- 1907 The Texas Legislature passed first Texas Pharmacy Act and established the Texas State Board of Pharmacy as an independent state regulatory board.
- 1929 The Texas Pharmacy Act was amended to upgrade the eligibility requirements for pharmacists, requiring applicants to be graduates of a recognized college of pharmacy (a three-year course).
- 1934 The Texas Pharmacy Act was amended to set the minimum education requirement for pharmacists to be graduation from a recognized college of pharmacy having four terms of eight months each.
- 1943 The Texas Pharmacy Act was amended to include the following: required one year of practical experience prior to registration as a pharmacist; clarified the reasons for revocation and suspension of licenses; and set forth in detail the penalties for violation of the law.
- 1960 The American Council on Pharmaceutical Education revised its accreditation standards for Colleges/Schools of Pharmacy to require graduates of approved colleges of pharmacy to complete a five-year program (B.S. Pharmacy).

1977 The Board initiated a comprehensive reorganization of the agency's internal organization and functions, which resulted in upgrading and refining examination process, computerization of licensure records, initiation of a program to educate licensees about the laws and rules to encourage voluntary compliance with those laws and rules. The education program includes random, unannounced inspections of pharmacies, presentations by agency staff and publication of an agency newsletter.

1981 The Texas Legislature repealed and replaced the Texas Pharmacy Act with a new practice Act and extended the agency's existence for another 12 years, following the agency's first review by the Sunset Advisory Commission. The new Texas Pharmacy Act:

- changed the composition and number of Board Members from six pharmacists to nine members (seven pharmacists and two public members);
- created four classes of pharmacy licenses;
- began regulation of institutional (hospital) pharmacies and clinic pharmacies; and
- allowed drug product selection (generic substitution) for the first time under conditions.

The Texas Legislature also created the Triplicate Prescription Program housed within the Texas Department of Public Safety (DPS) that:

- requires prescriptions for a Schedule II controlled substance to be written on a special form issued by DPS; and
- allows for the monitoring of prescribing patterns of physicians and the dispensing patterns of pharmacies by establishing a database of information on all prescriptions for Schedule II controlled substances through a requirement that all pharmacies send information on prescriptions for Schedule II controlled substances to DPS.

1983 The Texas Legislature, through amendments to the Texas Pharmacy Act, established a program to address the issue of pharmacists who are chemically, mentally, or physically impaired (eligible pharmacy students added to the program in 1985).

1989 The Texas Legislature, through amendments to the Texas Pharmacy Act, established continuing education (CE) requirements (completion of 12-hours of CE annually) for pharmacists to help assure continuing competency. In addition, the agency promulgated rules to expand the duties of pharmacy technicians to allow more time for pharmacists to provide patients with information about their prescriptions (patient counseling).

1991 The Texas Legislature, through amendments to the Texas Pharmacy Act, established a new class of pharmacy license (Class E or Non-Resident Pharmacy) for mail service pharmacies located in other states that dispense and deliver prescriptions to Texas residents.

1993 The Texas Legislature amended the Texas Pharmacy Act to include the concept of pharmaceutical care and this established the legal basis for pharmacists' increased involvement in patient care. Subsequent rules promulgated by the Board required pharmacists to provide written and verbal counseling to patients and conduct drug regimen reviews.

The Agency's existence was extended another 12 years, following a successful review by the Sunset Advisory Commission. The composition of the Board was changed to include a requirement that one-third Board Membership must be public members. This resulted in the Board being composed of six pharmacists and three public members.

The Legislature also created an entity called the Health Professions Council (HPC) as an alternative to consolidation of all of the health licensing agencies.

- 1995 The Texas Legislature amended the Texas Pharmacy Act to allow pharmacists to perform drug therapy management under a written protocol of a physician. In addition, the legislature, amended the Health Profession's Council legislation to require all health regulatory boards to collocate and to study mechanisms for agencies to work together to reduce costs and standardize processes.
- 1996 Texas Tech School of Pharmacy opens, resulting in four pharmacy schools/colleges in Texas. This was the first new school/college of pharmacy in Texas in almost 50 years.
- 1997 The Texas Legislature amended the Texas Pharmacy Act to:
- allow pharmacists to administer immunizations and perform drug therapy management under written protocol of a physician; and
  - stipulated that a prescription for a narrow therapeutic index (NTI) be refilled only with the same drug product by the same manufacturer last dispensed, unless otherwise agreed to by the prescribing practitioner and required the Board to work with the Medical Board to establish a list of NTI drugs.
- 1998 TSBP was sued regarding rules to implement legislation relating to NTI drugs. Litigation resulted in TSBP changing its procedures with regard to the adoption of rules. The lawsuit was ultimately withdrawn. A committee composed of members of the Pharmacy and Medical Boards recommended that the rules be adopted that specify that the list of NTI drugs contain no drugs and that the FDA publication: *“Approved Drug Products with Therapeutic Equivalence Evaluations”* or *‘Orange Book’* be used as the reference for when substituting drugs including NTI drugs.
- 1999 The Texas Legislature amended the Texas Pharmacy Act to give the Board the authority to:
- establish the concept of a pharmacy peer review committee that is authorized to evaluate the quality of pharmacy services or the competence of pharmacists and suggest improvements in pharmacy systems to enhance patient care (Note: Texas the first state in the nation to pass such legislation); or
  - determine and issue standards for recognition and approval of pharmacist certification programs;
  - require all technicians to have taken and passed a national certification exam in order to be registered by the Board; and
  - require entities providing professional liability insurance to report malpractice claims to the Board.
- In addition, the agency established a comprehensive and user-friendly web site to improve services and accessibility to its customers.
- 2000 The American Council on Pharmaceutical Education revised its accreditation standards for Colleges/Schools of Pharmacy to require graduates of approved colleges of pharmacy to complete a six-year doctoral program (Pharm.D).
- 2001 The Texas Legislature amended the Texas Pharmacy Act to:
- establish remote pharmacy services;
  - increased the number of continuing education hours required for renewal of a pharmacist's license to 30 hours every two years; and
  - change the requirements for prescribers to prohibit generic substitution.
- 2002 The agency established an online system for renewal of a pharmacist's license.

- 2003 The Texas Legislature amended the Texas Pharmacy Act to:
- authorize the agency to create new classes of pharmacy licenses;
  - require the agency to provide information to licensees regarding the prescribing and dispensing of pain medications;
  - set forth procedures for the reuse of certain unused prescription drugs dispensed to nursing home patients;
  - permit compounding pharmacists to promote and advertise compounding services; and
  - require pharmacists to report to the Texas Department of Health any situation that poses a risk to homeland security.

In addition, the Texas Legislature provided funding for TSBP to begin registering Pharmacy Technicians.

- 2005 The Texas Legislature amended the Texas Pharmacy Act to extend the agency's existence for another 12 years following the agency's review by the Sunset Advisory Commission. Other significant amendments to the Act:
- abolished the dedication of the Board of Pharmacy fund;
  - made the changes to the regulation of pharmacy technicians including:
    - a requirement that TSBP register pharmacy technician trainees;
    - an increased range of disciplinary sanctions, such as probation and administrative penalties that the Board may impose on pharmacy technicians; and
    - expanded grounds for discipline of a pharmacist's, pharmacy's, and pharmacy technician's license/registration to include deferred adjudication for misdemeanor offenses involving moral turpitude and any felony offenses.
  - required that the Board maintain a list of all licensed pharmacies that maintain an Internet website, including the pharmacy name, license number, and state in which it is located. In addition, the bill requires all pharmacies that maintain a website to post information on that website on how a consumer may file a complaint with the Board;
  - made Class E (Non-Resident Pharmacies) subject to the same grounds for discipline as in-state pharmacies and allow the Board to take action on complaints immediately, rather than after referral and action by the Board in the home state;
  - allowed a panel of three Board members to hear temporary suspension cases rather than the whole Board when the public is in immediate danger. This change makes the process more usable;
  - allowed:
    - Class A and Class C Pharmacies to compound prescription drugs for "Office Use" by a practitioner;
    - Class A Pharmacies to compound prescription drugs for a Class C Pharmacy; and
    - Class C Pharmacies to "prepackage" prescription drugs for use by other Class C pharmacies under common ownership. In addition, the amendments clarify that TSBP may inspect pharmacies relative to components used in compounding and sample these items.
  - required the Texas State Board of Pharmacy to inspect and authorize Canadian pharmacies to sell prescription medications to patients in the state of Texas. Note: On December 21, 2005, Attorney General Greg Abbott issued Opinion #GA-0384, which states that designating certain Canadian pharmacies, listing them on the Board's Website, and permitting Texas consumers to import prescription drugs from Canada would violate federal law. As a result of this opinion, the Board did not implement the Canadian pharmacy provisions of the Act).

- 2006 The Texas A & M Health Science Center Irma Lerma Rangel College of Pharmacy and the University of the Incarnate Word Feik School of Pharmacy opened, resulting in six pharmacy schools/colleges in Texas.

- 2007 The Texas Legislature passed several significant pieces of legislation, including:
- Amendments to the Pharmacy Act that:
    - require a Joint Committee made up of three members of the Texas State Board of Pharmacy and three members of the Texas Medical Board to review to make recommendations to the Board of Pharmacy regarding the addition of five transplant immunosuppressant drugs to a list of Narrow Therapeutic Index drugs. Drugs on this list could be refilled only with the same drug product by the same manufacturer last dispensed, unless otherwise agreed to by the prescribing practitioner;
    - allow the Board of Pharmacy to adopt rules governing the flavoring of prescriptions as a part of compounding rules; and
    - allow the return and re-dispensing of prescription drugs from penal institutions.
  - Amendments to the Controlled Substances Act that:
    - add prescriptions for Schedule III – V drugs to the controlled substance prescription monitoring program;
    - require pharmacies to submit information on Schedule III – V prescriptions to DPS within 15 days of dispensing the prescription;
    - delete the requirement that a Schedule II prescription may not be filled after 7 days. The director of DPS in consultation with TSBP and the Texas Medical Board must adopt a rule establishing the period after the issue date that a prescription for a Schedule II controlled substance may be filled. Rules were adopted that allow prescriptions for Schedule II controlled substances to be dispensed for 21 days;
    - allow the Texas Department of Public Safety (DPS) to charge a late fee of not more than \$50 for late renewal of registrations; and
    - gives DPS the authority to access administrative penalties on registrants who violate the law. The amount of the penalty may not exceed \$1,000 for each violation/day nor exceed a total of \$20,000.
- 2009 The Texas Legislature passed several significant pieces of legislation, including:
- a provision that requires all regulatory agencies to conduct a preliminary evaluation of a person’s eligibility for licensing prior to their application for a license/registration;
  - amendments to the Health and Safety Code that allows for the licensing and regulation of “Freestanding Emergency Medical Care Facilities” by the Department of State Health Services. This action ultimately required the TSBP to adopt rules for a new class of pharmacy in these centers;
  - amendments to the Texas Pharmacy Act that defines the term rural hospital and allows pharmacy technicians to perform certain duties without the direct supervision of a pharmacist;
  - amendments to the Medical Practices Act that ultimately allowed the TSBP to adopt rules to under certain conditions allow a pharmacist to sign a prescription under a drug therapy management protocol from a physician;
  - amendments to the Texas Pharmacy Act to allow TSBP investigators who are commissioned peace officers to carry weapons and make arrests;
  - amendments to the Texas Controlled Substances Act that:
    - makes Carisoprodol (Soma) a Schedule IV controlled substance; and
    - allows a physician to issue multiple prescriptions to one patient authorizing the patient to receive a total of 90-days supply of a Schedule II drug.
  - amendments to the Texas Pharmacy Act that:
    - specifies conditions under which the Board may discipline a pharmacy technician; and
    - gives the Board the authority to order a pharmacy technician to submit to a mental or physical evaluation.

- 2011 The Texas Legislature passed several significant pieces of legislation, including the following:
- Amendments to the Texas Pharmacy Act to:
    - clarify the confidentiality provisions of records regarding impaired pharmacists; and clarify when TSBP can release investigative files;
    - streamline the temporary suspension provisions of the Act and the procedures for ordering a licensee to submit to a mental or physical examination; and
    - allow pharmacists to accelerate refills up to a 90-day supply under certain conditions.
  - Amendments to the Controlled Substances Act to:
    - eliminate the requirement that a physician's DPS number be on a prescription for a controlled substance;
    - require pharmacies to submit information on controlled substance prescriptions to DPS at least every seven days; and
    - allow the electronic transmission of Schedule II prescriptions.
  - Amendments to the Health and Safety code to establish a real-time electronic logging system for the sale of ephedrine, pseudoephedrine, and norpseudoephedrine.
- 2013 The Texas Legislature passed several significant pieces of legislation, including the following:
- Amendments to the Texas Pharmacy Act to:
    - prohibit the Board from considering or acting on a complaint if the violation occurred more than seven years before the date of the complaint;
    - allow the Board to issue a remedial plan to resolve certain complaints; and assess a fee against a license holder participating in a remedial plan in an amount necessary to recover the cost of administering the plan;
    - increases the size of the Board of Pharmacy to 11-members by adding one pharmacist and one pharmacy technician;
    - authorize the University of Texas at Tyler to establish a school of pharmacy, resulting in seven pharmacy schools/colleges in Texas;
    - give the Board the authority to inspect an out-of-state sterile compounding pharmacy;
    - require an inspection prior to opening a sterile compounding pharmacy and specify that a pharmacy that compounds sterile preparations may not renew a pharmacy license unless the pharmacy has been inspected as provided by Board rule;
    - require the out-of-state sterile compounding pharmacy to reimburse the Board for travel and other expenses associated with the inspection; and
    - require a pharmacy that compounds a sterile preparation to notify the Board immediately of any adverse effects reported to the pharmacy or that are known by the pharmacy to be potentially attributable to a sterile preparation compounded by the pharmacy and not later than 24 hours after the pharmacy issues a recall for a sterile preparation compounded by the pharmacy.
  - Amendments to the Controlled Substances Act to:
    - allow pharmacy technician wording under the supervision of a pharmacist to query the Prescription Access in Texas (PAT) Program for the recent Schedule II-V prescription history of a particular patient;
    - allow a person authorized to receive information from the PAT to access it through a health information exchange (HIE), subject to proper security measures to ensure against disclosure to unauthorized persons;
    - allow a person authorized to receive information from PAT to include that information in any form in the medical or pharmacy record of the patient who is the subject of the information. (e.g. a physician may print-out the report and place it in a patient's file); and
    - increase the time DPS can maintain the information in PAT from 12-months to 36-months.

- 2015 The Texas Legislature passed several significant pieces of legislation, including the following:
- Amendments to the Texas Pharmacy Act to:
    - allow pharmacists to substitute “biological products” if the physician authorizes substitution; the patient doesn’t refuse the substitution; and the “biological product” is designated as “therapeutically equivalent” to another product by FDA;
    - allow pharmacists, in an emergency, to administer epinephrine to a patient using an auto-injector device; requires the pharmacist to report the administration to the patient’s primary care physician; specifies that a pharmacist may not receive remuneration for the administration; and provides that the pharmacist is not liable for civil damages if the pharmacist acts in good faith and complies with Board rules;
    - allow a pharmacy to notify consumers how to file a complaint using an electronic messaging system and eliminate the requirement to post the “Generic Sign”;
    - allow the Board to inspect financial records relating to the operation of a pharmacy only in the course of an investigation of a specific complaint and allow the Board to inspect the records of a pharmacist if the pharmacist practices outside a licensed pharmacy;
    - prohibit waiving, discounting, or reducing, or offering to waive, discount, or reduce a payment copayment or deductible for a compounded drug in the absence of a legitimate, documented patient financial hardship; or evidence of a good faith effort to collect;
    - specify that a person cannot own a Class E Pharmacy license if the person has held a pharmacist license in this or another state that has been restricted, suspended, revoked, or surrendered for any reason;
    - specify that a pharmacy license may not be renewed if the license has expired for 91 days or more; and
    - require a pharmacy to report to the Board in writing, no later than 30-days before the date of a change of location; and specifies that the Board must waive the license application and examination fees for an applicant who is a military service member or military veteran.
  - Amendments to the Controlled Substances Act to:
    - transfer the Prescription Monitoring Program from the Department of Public Safety to TSBP; and
    - establish a program to fund the Prescription Monitoring Program through a surcharge on the license fees of persons authorized to access the PMP and eliminate the Controlled Substance Registration program.

## IMPACT OF FEDERAL STATUTES/REGULATIONS

### Federal Time Line

- 1906 Federal Food and Drug Act set standards for purity of medication only with no efficacy requirements.
- 1912 Federal Food and Drug Act amended to include within the definition of misbranding false or fraudulent claims for the curative powers of drugs.
- 1914 Federal Narcotic Drug Act (popularly known as the Harrison Narcotic Act) regulated the sale of drug products containing opium, morphine, heroin, and other narcotics; pharmacists were required to obtain a license to sell drug products containing narcotics.
- 1938 Food, Drug, and Cosmetic Act (FD&C) set safety standards only with no efficacy requirements.

**Major Amendments to FD&C**

- 1951 Durham-Humphrey Amendment created “prescription only” and “over-the-counter” (OTC) drug categories, established how prescription drugs would be dispensed, and established drug labeling requirements.
- 1962 Kefauver-Harris Amendment established requirements for safety and efficacy of drug products.
- 1965 Drug Abuse Control Amendments were the effective precursor of the Drug Abuse Control Act. These amendments provided the first guidelines for determining the classifications of drugs subject to abuse.
- 1976 Medical Device Act established safety and efficacy requirements for medical devices and lab products.
- 1983 Orphan Drug Act established incentives for research and manufacturing of drugs for rare conditions.
- 1984 Drug Price Competition and Patent Restoration Act stated that the FDA will accept Amended New Drug Applications for drugs first approved after 1962 in an effort to keep drug prices low. The act also required that the FDA provide a list of approved drug products with monthly supplements. The “Orange Book” satisfies this requirement.
- 1988 Prescription Drug Marketing Act of 1987 required licensing of prescription drug wholesalers, banned re-importation of prescription drugs produced in the US, and banned sale, trade, or purchase of samples.
- 1990 Safe Medical Devices Act required “device user facility” to report any death or serious injury of patient probably due to device. The act also required adoption of a device tracking method and post-marketing surveillance of devices.
- 1997 FDA Modernization Act created exemption to ensure availability of compounded drugs prepared by pharmacists in forms not commercially available.
- 1999 OTC Labeling Requirements made for a new standardized format and supplying more detailed product information to the consumer to make over-the-counter medicines safer for consumers. The provisions will be fully enacted by 2005.
- 2002 United States Supreme Court decision (*Western States Medical Center v. Shalala*, 99-17424, February 6, 2001), which struck down the pharmacy compounding provisions of the federal Food, Drug, and Cosmetic Act.
- 1966 Federal Hazardous Substances Act, administered by the Consumer Product Safety Commission, regulates all hazardous substances. Labeling must have a warning statement; pharmacists must either sell products in original containers or label containers properly.
- 1968 Bureau of Narcotics and Dangerous Drugs (BNDD) was formed by combining Bureau of Narcotics (in the Treasury Department) and Bureau of Drug Abuse Control (in the Department of Health, Education, and Welfare). BNDD was responsible for regulating the sale/distribution of narcotics, barbiturates, amphetamines, and hallucinogens. This agency was the precursor to what is now known as the Drug Enforcement Administration (DEA).

- 1970 Comprehensive Drug Abuse Prevention and Control Act (Federal Controlled Substances Act) was created to regulate the production and distribution of controlled substances. All persons in the chain of manufacturing, distributing, and dispensing controlled substances were required to obtain a registration from DEA. The act also classifies federally regulated substances into one of five classes.
- 1970 Poison Prevention Packaging Act required that prescription and nonprescription drugs be dispensed to consumers in child-resistant containers. Exemptions to this packaging requirement include patient requests, bulk containers from wholesalers, containers distributed to institutionalized patients, and packaging for elderly patients. Some drugs, like sublingual nitroglycerin and isosorbide dinitrate are exempted.
- 1973 All agencies involved in drug abuse control and the enforcement of drug laws were combined into one agency, the Drug Enforcement Administration (DEA).
- 1980 FDA published the first *“Approved Drug Products with Therapeutic Equivalence Evaluations”* or ‘Orange Book’ by the FDA.
- 1990 Omnibus Budget Reconciliation Act (OBRA-90) administered by U.S. Department of Health and Human Services, expanded Medicare and Medicaid programs. The act requires services to patients receiving pharmaceutical services to include prospective drug use review and patient counseling. The requirements were set forth only to apply to Medicare and Medicaid patients, but most states, including Texas, apply this to all patients.
- 1996 Health Insurance Portability and Accountability Act (HIPAA) set up privacy protections for individually identifiable health information as applied to health plans, healthcare clearinghouses, and healthcare providers who conduct certain transactions electronically. Rules to implement the privacy provisions of the Act went into effect on April 14, 2003. HIPAA also called for creation of the Healthcare Integrity and Protection Data Bank (HIPDB). HIPDB was constructed to combat fraud and abuse in health insurance and healthcare delivery.
- 2003 Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), recognized that appropriate drug therapy is cost-effective and necessary in the inclusion of medication therapy management programs (MTM). The passage of this legislation is the first time that Congress recognized in national legislation the importance of pharmacist-provided drug therapy management. In addition, it was the first time that pharmacists would be allowed to bill for Medicare-related patient care services.
- 2006 Medicare Part D, prescription drug coverage for all Medicare recipients began on January 1, 2006. Implementation of this program is expected to dramatically increase the number of prescriptions filled by pharmacies in the United States.
- 2008 On October 15, 2008, the US Congress passed the Ryan Haight Online Pharmacy Consumer Protection Act. This act amended the Controlled Substances Act and Controlled Substances Import and Export Act by adding several new provisions to prevent the illegal distribution and dispensing of controlled substances by means of the Internet.
- 2009 HR 3590, the Patient Protection and Affordable Care Act, was signed into law by President Obama in March 2009. The sweeping legislation has projected price tag of \$938 billion over 10 years and will extend insurance coverage to roughly 32 million more Americans. The bill contains a number of provisions that directly affect community pharmacy and prescription drug coverage and will significantly expand the number of Americans who can afford prescription medications and other pharmacy services. The millions of additional people with health insurance will mean billions more in sales for drug manufacturers and expanded demand for pharmacy services.

- 2010 DEA adopted rules to allow the electronic prescriptions for Controlled Substances. These rules became effective June 1, 2010.
- 2013 On November 27, 2013, the U.S. Drug Quality and Security Act was signed into law. This law removes the advertising provisions of Section 503A of the Food, Drug, and Cosmetic Act (FD&C Act) that were declared unconstitutional in 2002. With these provisions removed, this portion of the FD&C Act passed in 1997 now becomes effective.

Section 503A exempts pharmacy compounding from compliance three specific sections of the FD&C Act that manufacturers are required to meet (FDA approval of products prior to marketing; Compliance with Current Good Manufacturing Practices and labeling with adequate directions for use). This act makes compounding pursuant to a prescription by pharmacists legal under the FD&C Act

Section 503B allows facilities that are compounding sterile pharmaceuticals not pursuant to individual prescriptions and “outsourcing” these products to other entities to be registered as “outsourcing facilities” rather than as manufacturers. An outsourcing facility will also qualify for exemptions from certain provisions of the FD&C Act including those requiring FDA approval of products and the requirement to label products with adequate directions for use. However, these entities will not be exempt from complying with Current Good Manufacturing Practices.

## THE KEY SERVICE POPULATION PERSPECTIVE

As identified in the agency's Mission Statement, our key service populations are, in priority order:

- The Citizens of Texas - directly, and indirectly through service to Texas Legislators who represent their constituents;
- Licensees - pharmacists and pharmacy owners; pharmacy students and pharmacist interns; pharmacy technician trainees and pharmacy technicians;
- Executive and Judicial Officials and Other State and Federal Agencies;
- The Pharmacy Education Community; and
- Health-Related Corporations and Professional Associations.

In focusing on our primary key service population, the citizens of Texas, TSBP recognizes the changing demographics of the state's population. Highlights from the Office of the State Demographer for Texas, include the following statements:

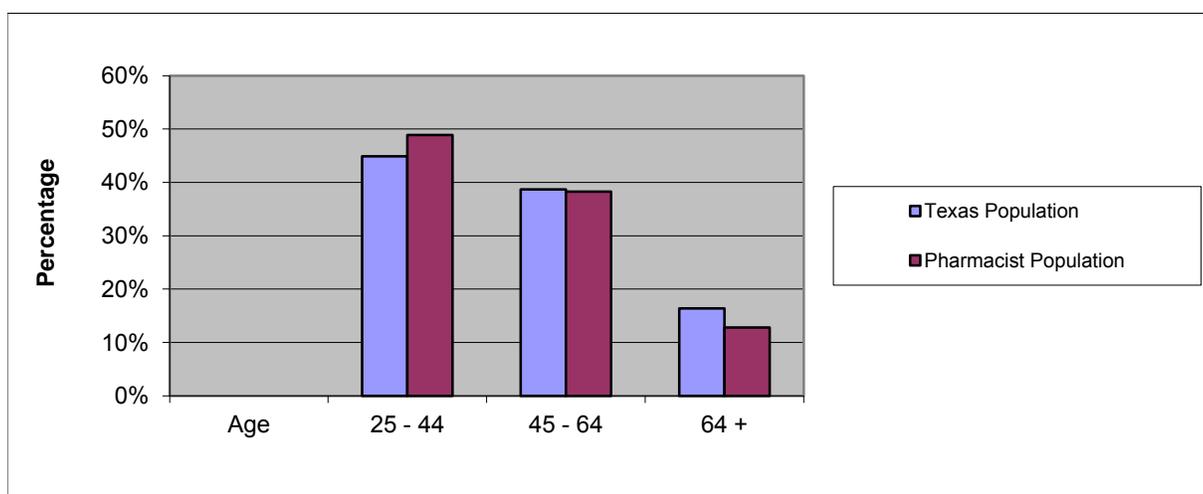
- *“Non-Hispanic Other, mostly Asian Americans, are projected to grow at fastest rate. Hispanic population will likely surpass the Anglo population by 2020, and make up the majority of the State by 2042.*
- *Those over 65 years of age projected to more than triple in size by 2050.*
- *Much of the population growth in Texas is projected to come from the large urban counties of Harris, Dallas, Tarrant, Bexar, and Travis, but the fastest growth is projected to occur in the suburban rings surrounding these counties.”*

The Office of the State Demographer goes on to state that:

*“When compared to the other age categories, the age category including Texans over 65 years of age is projected to grow at the fastest rate. Seniors, those over 65 years of age, are projected to more than triple in size from 2010 to 2050, approaching 7.9 million. The age category including those 45 to 64 years of age is projected to be the second fastest growing age group, growing 55% by 2050 to a population of over 9.3 million. The younger age categories are projected to continue a slower but steady growth, with children, ages 0 to 4 and 5 to 17, projected to be the slowest growing age groups.”*

With the above trends, the agency is presented with a challenge and a demand that we explore and respond to the patient care needs of every age and ethnic group, literacy level, and income level. Chart 1 below shows a comparison of age distribution among the overall Texas civilian labor force, and the Texas pharmacist population.

**Chart 1**



Data is based on 2013 Texas Population of 15,338,672 (persons 25 and older) and a 2016 Texas Pharmacist Population of 32,075.

## MAIN FUNCTIONS

Of paramount consideration to the agency are the vitality and health of Texas' citizens, with a particular emphasis on consumer protection. The agency is acutely aware of its overall responsibility to regulate the practice of pharmacy in the state of Texas in the public interest.

In fulfilling its statutory mandate (and mission), the agency emphasizes three primary services that are delivered to a variety of customers:

- **Information** - the provision of information to pharmacies, pharmacists, pharmacy technicians, and related laws and rules; information on consumer issues, such as generic drugs, patient counseling requirements; the concept and implementation of pharmaceutical care; and the provision of public information regarding complaint and disciplinary actions.

- **Licensing** - the licensing of pharmacists and pharmacies, certification of pharmacist preceptors, registration of interns, pharmacy technician, and pharmacy technicians trainees to ensure uniform standards, competency, and public safety.
- **Enforcement**
  - inspection of pharmacies, including the review of interns, pharmacists, and pharmacy technicians and trainees, for compliance with the laws and rules, including specialized requirements regarding the handling, safeguarding, and distribution of prescription drugs and devices and compounded sterile preparations;
  - oversight of the complaint process and investigation of alleged violations of pharmacy laws and rules; and monitoring licensees who are subject to disciplinary orders; and
  - adjudication of licensees found in violation of pharmacy laws and rules, and the rendering of legal advice and support to Board and staff.

## The Agency Approach

The Texas Pharmacy Act gives TSBP exclusive responsibility in licensing services, but does not give such exclusivity in its Information or Enforcement Services areas. Information Services for the profession are in part provided by TSBP, the colleges of pharmacy, professional associations, and consumer advocacy groups. Enforcement Services are provided by the agency, together with other state, federal, and local agencies associated with law enforcement, such as the Texas Department of State Health Services, the Department of Public Safety, the Federal Food and Drug Administration, the Drug Enforcement Administration, and local police departments. Although other law enforcement agencies have specific jurisdiction over various aspects of the practice of pharmacy in Texas, their jurisdictions do not usurp or preclude the authority of the agency in carrying out its responsibilities. In fact, the license of pharmacists and pharmacies by the agency is a prerequisite to other agencies' jurisdiction and regulation. As a result, and in line with the agency's statutory responsibility, the Board has historically taken a *lead agency* role in the regulation of the practice of pharmacy. This *lead agency* approach implements Section 554.001 of the Texas Pharmacy Act that states "*The Board shall cooperate with other state and federal agencies in the enforcement of any law relating to the practice of pharmacy or any drug or drug-related law*".

The agency has also developed excellent working relationships with the Texas Medical Board (TMB), Board of Nursing (BON), and other state health profession regulatory agencies. The agency continues (and aspires) to build ever-increasing, dynamic partnerships and coalitions in meeting the challenges that lie ahead for the agency as a whole and in the addressing of each of the issues identified in this plan. One of the greatest strengths of the agency in its ability to form these coalitions is the fact that the agency is an independent state agency.

## SUCCESS OF AGENCY IN MEETING DEMAND

### Information Services

The provision of information is spread across all of the divisions of the agency. Information is provided to:

- Licensees – Information regarding the laws and rules relating to the practice of pharmacy.
- Consumers – Information on consumer issues, such as generic drugs, patient counseling requirements, and the provision of public information regarding complaint and disciplinary actions.

- Legislature and other state and federal agencies – Information regarding provision of the laws and rules relating to the practice of pharmacy and information regarding complaint and disciplinary actions.

The volume of information provided by the agency has greatly increased over the last decade. For example, the request for information under the Texas Open Records Act has continued to be significant as shown in the chart below.

<b>OPEN RECORDS REQUESTS FY2011 through FY2015</b>										
<b>Fiscal Year</b>	<b>Verbal Requests</b>		<b>Written Requests</b>		<b>Total # of Requests</b>		<b>Monthly Average</b>		<b>% Change from Prior Fiscal Year</b>	
	<b># of Requests</b>	<b># of Licensees</b>	<b># of Requests</b>	<b># of Licensees</b>	<b># of Requests</b>	<b># of Licensees</b>	<b># of Requests</b>	<b># of Licensees</b>	<b># of Requests</b>	<b># of Licensees</b>
FY11	124	131	1,445	2,115	1,569	2,246	131	187	--	--
FY12	238	295	1,140	2,086	1,378	2,381	115	198	-13%	+6%
FY13	199	239	1,173	2,301	1,372	2,540	114	212	<-1%	+7%
FY14	230	243	1,490	1,863	1,720	2,106	143	176	+25%	-17%
FY15	514	570	1,998	2,434	2,512	3,004	209	250	+46%	+43%

In addition, in FY 2015, the agency accomplished the following related to the provision of information:

- The number of presentations to licensees by agency personnel has continued to increase annually and in 2015, agency staff gave 44 presentations to approximately 4051 individuals. Included in this number are 12 online presentations to 2,213 individuals.
- The Enforcement Division staff responded to 22,985 telephone calls received via the Compliance Queue Phone Line, assisted 380 callers through the Rx Law line, and made over 700 contacts with 97 law enforcement agencies.
- The Professional Services Division continued to use Mail Chimp, an online email system used to manage email addresses and send email notices. The use of Mail Chimp improved agency efficiency by using less paper and postage. The number of subscriptions to the account steadily increased with just over 8,200 subscribers at the end of the FY2015.
- An email subscription to the Newsletter is available on the TSBP website. Over 8,200 individuals were subscribed to the email notification as of the end of FY2015 (approximately 20% increase as compared to FY2014).
- Facebook, Twitter, and YouTube continued to be useful tools to provide information. At the end of FY2015, over 3,400 individuals “liked” TSBP on Facebook and over 2,000 individuals “followed” TSBP on Twitter.
- Five educational videos were produced and posted on You Tube during FY2015, including a four part series of videos on pill mills. The videos posted in FY2015 had over 6,000 views.

## Licensing Services

The key services of the Licensing Program are listed below:

- (1) issuing licenses to qualified applicants for initial pharmacist licensure by examination, score transfer, or reciprocity;
- (2) issuing licenses to qualified applicants for pharmacist re-licensure or re-activating licenses of pharmacists who want to return to active status;
- (3) issuing registrations to qualified applicants for initial pharmacy technician trainee and initial pharmacy technician;
- (4) issuing licenses to qualified applicants for initial licensure of pharmacies, including pharmacies that are new business operations or existing pharmacies that undergo a change of ownership;
- (5) issuing registrations to qualified applicants to provide remote pharmacy services;
- (6) issuing registrations to qualified pharmacist-interns;
- (7) issuing certifications to qualified pharmacist-preceptors;
- (8) renewing licenses of pharmacists on active and inactive basis;
- (9) renewing registrations of pharmacy technicians on active basis;
- (10) renewing licenses of pharmacies that do not have a registration to provide remote pharmacy services;
- (11) renewing licenses of pharmacies that have a registration to provide remote pharmacy services;
- (12) renewing certifications of qualified pharmacist-preceptors;
- (13) updating pharmacists' licensing records with respect to change of name, change of employment, change of address, certifications;
- (14) processing applications from pharmacies for a change of name and/or change of location; processing notifications from pharmacies regarding permanent closings; and processing applications from pharmacies for a change of pharmacy class;
- (15) updating pharmacy licensing records with respect to changes of managing officers; pharmacy scales/balances; pharmacy services; employment changes;
- (16) updating pharmacy technician registration records with respect to change of name, change of employment and change of address; and
- (17) providing information to the public, including requests for verification of licensure and/or intern status and requests for information regarding the laws/rules or policies/procedures relating to the pharmacy and pharmacist licensure system, pharmacist-intern registration system, and pharmacy technician registration system.

**Licensing of Pharmacists**

The licensee population continues to grow, directly resulting in increased workload in all areas of licensing (examination, internship, continuing education, changes of address/employment records), and licensure renewals, as well as all related telephone calls and correspondence. To partially address this increasing workload, the agency has implemented such initiatives as the biennial renewal of licenses, online initial, and renewal of licenses, a web-based mechanism to verify licensure status, and an online change of address and employment feature. The agency will continue to look toward implementing other initiatives, as a means to reduce workload and more efficiently serve the public.

**Licensing of Pharmacies (Facilities)**

Since FY2009, the number of licensed pharmacies has increased by 21%. In addition, the complexity of regulating pharmacies has grown. The agency licensed four different classes of pharmacy during FY1988-1991, increasing to five classes of pharmacy in FY1992. In FY2003, the Texas Legislature amended the Texas Pharmacy Act to authorize the agency to create new classes of pharmacy licenses. This resulted in the addition of six additional classes of pharmacy from 2003 – 2013. At present, the agency licenses a total of eleven classes of pharmacy, both in-state and out-of-state.

These Classes of Pharmacy are as follows:

Community Pharmacy (Class A)	A facility located in Texas to dispense a drug or device to the public under a prescription drug order.
Community Pharmacy Engaged in Compounding Sterile Preparations (Class A-S)	A facility located in Texas to dispense a drug or device to the public under a prescription drug order and engage in compounding sterile preparations.
Nuclear Pharmacy (Class B)	A facility located in Texas to dispense a radioactive drug or device for administration to an ultimate user.
Institutional/Hospital/Ambulatory Surgery Center Pharmacy (Class C)	A facility located in Texas in an inpatient facility including a hospital, licensed under Chapter 241 or 577, Health and Safety Code; a hospital maintained or operated by the state; a hospice inpatient facility licensed under Chapter 142, Health and Safety Code; or an ambulatory surgical center licensed under Chapter 243, Health and Safety Code
Institutional/Hospital/Ambulatory Surgery Center Pharmacy Engaged in Compounding Sterile Preparations (Class C-S)	A facility located in Texas in an inpatient facility including a hospital, licensed under Chapter 241 or 577, Health and Safety Code; a hospital maintained or operated by the state; a hospice inpatient facility licensed under Chapter 142, Health and Safety Code; or an ambulatory surgical center licensed under Chapter 243, Health and Safety Code; and engage in compounding sterile preparations
Clinic Pharmacy (Class D)	Authorizes a pharmacy to dispense a limited type of drug or device under a prescription drug order. (e.g. Health Clinic or Planned Parenthood)
Non-Resident (Out of State) Pharmacy (Class E)	A facility located in a state other than Texas whose primary business is to dispense a prescription drug or device under a prescription drug order; and deliver the drug or device to a patient, including a patient in this state, by United States mail, common carrier, or delivery service.
Non-Resident (Out of State) Pharmacy Engaged in Compounding Sterile Preparations (Class E-S):	A facility located in a state other than Texas whose primary business is to dispense a prescription drug or device under a prescription drug order; and deliver the drug or device to a patient, including a patient in this state, by United States mail, common carrier, or delivery service. This license provides for engaging in compounded sterile preparations to be shipped to the state of Texas.

Freestanding Emergency Medical Care Center Pharmacy (Class F)	A freestanding facility that is licensed by the Texas Department of State Health Services pursuant to Chapter 254, Health and Safety Code, to provide emergency care to patients.
Central Prescription Drug or Medication Order Processing Pharmacy (Class G)	Any facility established for the primary purpose of processing prescription drug or medication drug orders. A Class G pharmacy shall not store bulk drugs, or dispense a prescription drug order.
Limited Prescription Delivery Pharmacy (Class H)	Any facility established for the primary purpose of limited prescription delivery by a Class A pharmacy. A Class H pharmacy shall not store bulk drugs or dispense a prescription drug order.

In addition, in FY2002, the agency added a new category of pharmacy regulation - Remote Pharmacy Services. These licenses allow pharmacies to maintain stocks of certain prescription drugs at a facility that is not at the same location as the pharmacy.

Currently the agency issues remote licenses for emergency medication kits in nursing homes, automated pharmacy systems in facilities such as nursing homes, and telepharmacies in certain rural locations. The remote license is viewed as an extension of an existing pharmacy license and the agency has issued 1,561 “remote pharmacy” permits.

As mechanisms for providing pharmacy services to patients continue to diversify, the agency fully expects that the number of pharmacies (and possibly the classes of pharmacy) will continue to increase over the next five years.

**Registration of Pharmacy Technicians**

Patient safety and professional competence will remain a prime focus of the agency's Licensing and Enforcement efforts. The registration of pharmacy technicians will play a key role in the overall patient care issue. Pharmacy technician training and regulation issues have had a dramatic impact on not only the agency, but educators and practitioners as well.

During the 1999 Legislative Session, the Legislature passed a bill that required TSBP to begin registering pharmacy technicians effective September 1, 2001. However, funding for implementation of the program was not authorized until the 2003 Legislative Session. The agency began registration in October 2003. By the end of FY2015, TSBP had registered 41,990 pharmacy technicians. In 2005, the Texas Legislature passed amendments to the Texas Pharmacy Act that required the agency to register pharmacy technician trainees. That project began in October 2006, and by the end of the FY2015, TSBP had registered 18,777 pharmacy technician trainees.

The addition of the registration pharmacy technicians and pharmacy technician trainees has more than doubled the number of persons/entities licensed by TSBP. At the end of FY2005, the total agency licensee population was 56,236 – at the end of FY2015, this number has increased 85.32%, to 104,213 (31,807 pharmacists, 3,725 pharmacist interns, 7,914 pharmacies, and 60,767 pharmacy technicians and trainees). The additional 60,767 pharmacy technicians and trainees have had a dramatic effect on the agency’s operations and that number is expected to continue growing since the Bureau of Labor statistics indicate that employment of pharmacy technicians is projected to grow 9% from 2014 to 2024, faster than the average for all occupations. Increased demand for prescription medications will lead to more demand for pharmaceutical services.

The agency began requiring a fingerprint-based FBI/DPS criminal background checks for interns and new pharmacist applicants in October 2008, new pharmacy technician, and technician trainee applicants in March 2009.

From FY2006 - FY2015, the agency has experienced the following trends in numbers of individuals licensed or registered:

<b>Numbers of Licensees/Registrants – FY2006 – FY2015</b>										
<b>Year</b>	<b># of Interns Licensed</b>	<b>% Change</b>	<b># of Pharmacist Licensed</b>	<b>% Change</b>	<b># of Pharmacies Licensed</b>	<b>% Change</b>	<b># of Pharmacy Technician &amp; Trainees Registered</b>	<b>% Change</b>	<b>Total Number of Licensees/Registrants</b>	<b>% Change</b>
<b>FY06</b>	822	---	23,323	--	6,201	--	30,091		60,437	--
<b>FY07</b>	886	7.79%	23,939	2.64%	6,315	1.84%	42,505	41.25%	73,645	21.85%
<b>FY08</b>	886	0.00%	24,586	2.70%	6,424	1.73%	51,007	20.00%	82,903	12.57%
<b>FY09</b>	1,052	18.74%	25,507	3.75%	6,516	1.43%	51,584	1.13%	84,659	2.12%
<b>FY10</b>	2,451	132.98%	26,551	4.09%	6,762	3.78%	49,963	-3.14%	85,727	1.26%
<b>FY11</b>	2,669	8.89%	27,329	2.93%	6,964	2.99%	49,346	-1.23%	86,308	0.68%
<b>FY12</b>	2,805	5.10%	28,417	3.98%	7,185	3.17%	53,168	7.75%	91,575	6.10%
<b>FY13</b>	2,938	4.74%	29,498	3.80%	7,350	2.30%	56,684	6.61%	96,470	5.35%
<b>FY14</b>	2,949	.38%	30,707	4.10%	7,656	4.17%	57,451	1.36%	98,763	2.38%
<b>FY15</b>	3,725	26.32%	31,807	3.59%	7,914	3.37%	60,767	5.78%	104,213	5.52%

## **Enforcement Services**

The key function of the Enforcement Program is to promote, preserve, and protect the public health, safety, and welfare through the regulation of the practice of pharmacy; the operation of pharmacies; and the distribution of prescription drugs in the public interest.

The key services are provided through three organizational divisions within the agency: Professional Services Division, Enforcement Division, and the Legal Division. The key services of the Enforcement Program and the Divisions that provide these services are listed below:

### **Professional Services Division**

- (1) Drafting proposed rules relating to the practice of pharmacy;
- (2) Providing information, including responses to requests for records relating to complaints, disciplinary orders, licensing records and inspection records; publication of *TSBP Newsletter*; and speaking engagements;
- (3) Developing pharmacy law questions for the Texas pharmacy jurisprudence examination;
- (4) Conducting continuing education audits of pharmacists and pharmacy technicians; and
- (5) Supervision and implementation of the Prescription Monitoring Program.

### Enforcement Division

- (1) Investigation and resolution of complaints through various means, including field and office investigations and referral to the Legal Division for disciplinary actions when necessary;
- (2) Conducting inspections of pharmacies and non-licensed facilities in Texas, and monitoring inspections conducted by contracted vendors of Class ES (out of state) pharmacies;
- (3) Sampling compounded preparations;
- (4) Monitoring licensees' and registrants' compliance with the provisions specified in disciplinary orders; and
- (5) Providing technical assistance regarding laws/rules governing the practice of pharmacy.

### Legal Division

- (1) Preparing and prosecuting cases referred to the division after investigation by:
  - conducting informal settlement conferences with licensees/registrants who have been charged with violating the pharmacy and drug laws; and
  - filing and prosecuting complaints filed with the State Office of Administrative Hearings.
- (2) Assisting the Professional Services Division in:
  - developing law questions for the Texas pharmacy jurisprudence examination; and
  - drafting proposed rules relating to the practice of pharmacy.

## Dual Approach to Enforcement

### Prevention

TSBP has a two-pronged approach to enforcement. One approach is a “*preventative*” approach that is based upon the belief that 95% of its licensees/registrants will obey the laws and rules governing the practice of pharmacy, if the licensees are well informed as to the requirements of the pharmacy laws and rules. A review of prior reports of TSBP performance measure *Percent of Licensees with No Recent Violations* proves that preventive enforcement is working well. The preventive program includes:

- (1) Technical assistance to licensees and the public that is available by telephone, e-mail, via the TSBP Website, live presentations, and professional exhibits;
- (2) Publication of *TSBP Newsletter*, which contains information about new laws and rules; Q&A (most frequently asked questions); Disciplinary Orders (names of licensees and brief description of allegation and sanction); and helpful articles relating to practicing pharmacy in compliance with pharmacy laws/rules; and

- (3) Compliance inspections (of pharmacies). If substantive deficiencies are noted during a compliance inspection, TSBP issues a written warning notice which gives the pharmacy an opportunity to correct the conditions and submit a written report indicating how the pharmacy has corrected the conditions. TSBP believes this procedure promotes voluntary compliance without the need to institute disciplinary actions, unless the deficiency is a serious violation.

See table below for the number of inspections TSBP conducted during the past five fiscal years in pharmacies that are located in Texas and the number of warning notices issued during those inspections:

<b>Fiscal Year</b>	<b>Number of Inspections Conducted</b>	<b>Number of Warning Notices Issued</b>	<b>Percentage of Warning Notices Issued</b>
FY2011	2,440	690	28%
FY2012	2,135	566	27%
FY2013	1,698	511	30%
FY2014	1,698	597	35%
FY2015	2,991	1,293	43%
<b>Total</b>	<b>10,962</b>	<b>3,657</b>	<b>33%</b>

See table below for the number of inspections TSBP conducted and the number of warning notices issued in FY2015 by class of pharmacy:

<b>Class of Pharmacy</b>	<b>Number of Inspections Conducted FY2015</b>	<b>Number of Warning Notices Issued FY2015</b>	<b>Percentage of Warning Notices Issued FY2015</b>
Class A Pharmacies	2,275	992	44%
Class A-S Pharmacies	144	84	58%
Class B Pharmacies	5	2	40%
Class C Pharmacies	268	80	30%
Class C-S Pharmacies	128	87	68%
Class D Pharmacies	95	31	33%
Class E-S Pharmacies	1*	0	N/A
Class F Pharmacies	61	17	28%
Class G Pharmacies	15	0	N/A
<b>TOTAL</b>	<b>2,992</b>	<b>1,293</b>	<b>43%</b>

\* This inspection was conducted by two (2) TSBP Compliance Officers over the course of two days, counted as one (1) inspection. This number does not include the number of Class E-S inspections that were conducted by authorized vendors (on behalf of TSBP).

As of September 2015, TSBP is regulating 7,914 pharmacies, with 7,108 of those pharmacies located in Texas and 806 pharmacies located in other states. Prior to FY2014, TSBP had seven or fewer inspectors. With seven inspectors (or less), it was not possible to inspect pharmacies in a timely manner, given the number of licensed pharmacies in Texas and the geographical area of Texas. Effective FY2014, the Texas Legislature appropriated sufficient funding to hire five additional inspectors, increasing the inspection staff to a total of 12 inspectors. By increasing the inspection staff, TSBP was able to reduce the size of each inspector's region, which in turn, reduced the amount of time to travel to distant pharmacies and allowed the inspector to conduct more inspections. Much of FY2014 was spent hiring and training the new inspectors. TSBP also experienced a significant turnover in the inspector positions in the past three fiscal years. Nonetheless, in FY2015, TSBP's output (number of inspections conducted) greatly improved – i.e., in FY2014, TSBP conducted approximately 1,700 inspections, as compared to FY2015, when TSBP conducted approximately 3,000 inspections. Accordingly, a 71% increase in the inspection staff (from seven to 12 inspectors) has resulted in a 76% increase in the number of inspections conducted (from FY2014 to FY2015).

If a pharmacy is located in another state and dispenses/ships prescription drugs into Texas, the pharmacy is required to be licensed by TSBP. TSBP does not inspect out-of-state pharmacies unless the pharmacy compounds sterile preparations. Non-Resident Pharmacies that compound sterile preparations must obtain a Class E-S Pharmacy license before dispensing/shipping such preparations to Texas patients. As a result of Senate Bill 1100 (passed during the 83rd Texas Legislative Session), TSBP is required to inspect Class E-S Pharmacies prior to licensure and prior to the pharmacy's biennial renewal. As of February 2015, TSBP is regulating 143 Class E-S Pharmacy licenses. Due to TSBP's limited number of inspectors, TSBP has contracted with three vendors to conduct the inspections of Class E-S Pharmacies on behalf of TSBP.

In addition, TSBP is required to inspect all in-state pharmacies every two years if the pharmacy compounds sterile preparations. It has been quite a challenge to accomplish this requirement, even with the increased number of Inspectors that were authorized by the 83rd Texas Legislature. As of February 2015, TSBP is regulating 816 pharmacies located in Texas that compound sterile preparations -- i.e., 328 Class A-S Pharmacies, 37 Class B Pharmacies, and 451 Class C-S Pharmacies (11% of the total number of licensed pharmacies located in Texas). Of this number, there are approximately 200 pharmacies that compound "high-risk" sterile preparations (about 25% of total number of Texas pharmacies that compound sterile preparations). TSBP will need to ask the legislature for additional funding to employ more inspectors in order to ensure that "high-risk" compounding pharmacies are inspected more frequently than every two years and all other pharmacies are inspected every two years. Experience has shown that longer periods between inspections generally result in a greater number of pharmacies being in non-compliance with the Texas Pharmacy Act and Texas Drug Laws.

Treatment

TSBP's other approach to enforcement is a "treatment" approach. This approach includes investigation of complaints, and if substantive evidence is obtained, the institution of disciplinary action against the applicable person or facility. The chart below shows the number of complaints received and closed, from FY2006 through FY2015.

The chart below shows the number of complaints received from FY2006 through FY2015.

Year	Complaints Received	% Change Complaints Received Previous Year	Complaints Closed	% Change Complaints Closed Previous Year	Resolution Time (Agency Average)	% Change Time
FY06	3,501	---	3,337	--	208 Days	--
FY07	5,793	+65%	4,931	+47%	185 Days	-11%
FY08	5,687	-2%	5,303	+8%	197 Days	+6%
FY09	5,226	-8%	6,120	+15%	211 Days	+7%
FY10	5,661	+8%	5,463	-11%	182 Days	-14%
FY11	5,662	<-1%	5,816	+6%	195 Days	+7%
FY12	5,792	+3%	5,728	-1%	205 Days	+5%
FY13	5,891	+2%	6,504	+14%	187 Days	-9%
FY14	5,561	-6%	5,606	-14%	176 Days	-6%
FY15	5,925	+7%	5,955	+6%	170 Days	-3%
<b>Cumulative % Change FY06-15</b>		+69%		+78%	-18%	

Beginning in FY2004, when TSBP began registering pharmacy technicians, the agency experienced a dramatic growth in the number of complaints received. TSBP experienced more growth in FY2007, when the agency began registering Technicians-in-Training. Most of the increase was due to the criminal background checks or investigations conducted on applicants for a technician and technician trainee registration. Since FY2007, the number of complaints has stabilized between 5,000 and 6,000 complaints per year. However, in FY2015, the agency received more complaints than any prior fiscal year.

TSBP has also experienced increased workload in the following two areas:

- (1) “Pill-Mill” pharmacies – these types of pharmacies dispensed controlled substances outside the course of professional practice. The prescribers who issue the prescriptions are not prescribing the controlled substances for a legitimate medical need and the pharmacies are dispensing these invalid prescriptions. Based upon inspection data for the past five fiscal years (FY2011 – FY2015), TSBP estimates that 4% of the Texas pharmacies are engaging in “pill-mill” activities (approximately 300 pharmacies). These types of cases require lengthy, costly, labor-intensive investigation and prosecution. In October 2014, TSBP did not renew the Memorandum of Understanding with the DEA Task Force/Houston in order to allow the re-assigned Houston Field Investigator to devote 100% of his time on TSBP cases (investigating complaints received by TSBP). In the past five fiscal years (FY2011-FY2015) TSBP conducted ten (10) temporary suspension hearings involving “pill-mill” pharmacies. These hearings have resulted in 21 suspensions affecting the licenses of ten pharmacies and eleven pharmacists.
  
- (2) Theft of Prescription Drugs by Technicians and Technician Trainees – TSBP receives reports regarding the theft/loss of controlled substances and dangerous drugs from Texas pharmacies. A large percentage of these reports involve employee pilferage by technicians and technician trainees. In FY2015, theft/loss reports indicated that approximately 69 technicians/technician trainees had pilfered approximately 294,000 dosage units of prescription drugs. Complaints are opened on the individuals who have purportedly stolen the drugs and a field investigation is initiated. If sufficient evidence is collected, disciplinary action is instituted against the licensee or registrant involved. In the past ten (10) years, TSBP has revoked 1,054 licenses/registrations as indicated in the chart below:

<b>Number of Revoked/Retired Licenses/Registrations FY2006 – FY2015</b>			
<b>Fiscal Year</b>	<b>Pharmacists/Pharmacies Licenses Revoked/Retired</b>	<b>Technician/Tech Trainees Registrations Revoked/Retired</b>	<b>Total</b>
<b>FY06</b>	16	31	47
<b>FY07</b>	29	57	86
<b>FY08</b>	26	66	92
<b>FY09</b>	25	149	174
<b>FY10</b>	15	133	148
<b>FY11</b>	14	83	97
<b>FY12</b>	18	90	108
<b>FY13</b>	27	78	105
<b>FY14</b>	28	74	102
<b>FY15</b>	18	77	95
<b>10 year total</b>	216	838	1054

In FY2015, TSBP entered 95 disciplinary orders that revoked or retired a license or a registration (14 pharmacist licenses; four pharmacy licenses and 77 technician/tech trainee registrations). The technician orders were primarily due to theft of prescription drugs from the pharmacies where they were employed OR a deferred adjudication or conviction for a felony offense. The diversion of prescription drugs by technicians is an ongoing issue.

During the past 10 years, TSBP has also experienced a 194% increase in disciplinary orders from 213 in FY2006 to 627 in FY2015, as indicated in the chart below:

<b>Numbers of Disciplinary Orders FY2006 – FY2015</b>				
<b>Fiscal Year</b>	<b>Pharmacists</b>	<b>Pharmacies</b>	<b>Pharmacy Technicians</b>	<b>Total</b>
<b>FY06</b>	144	63	268	475
<b>FY07</b>	213	87	348	648*
<b>FY08</b>	171	82	310	563
<b>FY09</b>	207	127	403	737
<b>FY10</b>	217	127	464	808
<b>FY11</b>	213	129	364	706
<b>FY12</b>	217	169	406	792
<b>FY13</b>	215	148	320	683
<b>FY14</b>	186	103	319	608
<b>FY15</b>	170	135	322	627
<b>10 year total</b>	1953	1170	3524	6647

\* TSBP began registering Technician Trainees.

Most of the disciplinary orders that are entered by TSBP require monitoring to ensure compliance with the terms and conditions of the orders. TSBP has only 2.5 FTEs to monitor disciplinary orders, which places huge workload demands on a minimal number of employees. Many of these disciplinary orders require the licensee or registrant to submit to random drug screens; this type of monitoring is extremely labor intensive. The table below shows the number and percentage of disciplinary orders that require monitoring:

<b>Number of Disciplinary Orders Requiring Monitoring FY2006 – 2015</b>			
<b>Fiscal Year</b>	<b>Total Number of Disciplinary Orders</b>	<b>Total Number of Disciplinary Orders Requiring Monitoring</b>	<b>% Requiring Monitoring</b>
<b>FY06</b>	475	457	96%
<b>FY07</b>	648	599	92%
<b>FY08</b>	563	488	87%
<b>FY09</b>	737	633	86%
<b>FY10</b>	808	698	86%
<b>FY11</b>	706	605	86%
<b>FY12</b>	792	696	88%
<b>FY13</b>	683	588	86%
<b>FY14</b>	608	535	88%
<b>FY15</b>	627	543	87%
<b>10 year total</b>	6647	5842	88%
<b>10 year average</b>	665	584	88%

TSBP believes that its two-pronged approach to enforcement is cost-effective. However, to ensure that the public health and safety are not compromised, TSBP needs adequate human resources to enforce the laws and rules governing the practice of pharmacy.

## Health Professions Council – A Model for Regulation

In October 1992, the Texas Sunset Advisory Commission published a report in which the staff stated that efforts to create a centralized licensing agency in Texas had only received lukewarm support. In this report, the Sunset Commission Staff questioned what result the consolidation efforts were trying to achieve, other than simply that of ending up with one large, bureaucratic organization. The Sunset staff analysis indicated that a majority of the following positive benefits could be achieved in a constructive manner: coordination of overall policy; economies of scale; standardization of functions; improved public access to services; and the potential for better enforcement.

However, after further review the Sunset Commission Staff took another approach and concluded that a majority of these measures could be achieved in a constructive manner, without consolidating regulatory agencies under one *super-agency*. With these thoughts in mind, the *Health Professions Council (Council)* was created during the 1993 Texas Legislative Session. The Council provides a unique solution for the multiple challenges of state regulation of health professions. The purpose of the Council is to provide a means for the agencies represented to coordinate administrative and regulatory efforts. The Council has a membership of 15 agencies currently representing over 45 professional licensing boards, certification programs, documentation programs, permit programs or registration programs; the Office of the Attorney General and the Governor's Office. The Council consists of one representative from each of the following:

- (1) Texas Board of Chiropractic Examiners;
- (2) Texas State Board of Dental Examiners;
- (3) Texas Optometry Board;
- (4) Texas State Board of Pharmacy;
- (5) Texas State Board of Podiatric Medical Examiners;
- (6) State Board of Veterinary Medical Examiners;
- (7) Texas Medical Board;
- (8) Texas Board of Nursing;
- (9) Texas State Board of Examiners of Psychologists;
- (10) Texas Funeral Service Commission;
- (11) the entity that regulates the practice of physical therapy;
- (12) the entity that regulates the practice of occupational therapy;
- (13) Texas Department of State Health Services, Professional Licensing and Certification Unit;
- (14) Governor's Office; and
- (15) Office of the Attorney General.

The Council has provided a valuable forum for health licensing agencies to discuss and reach consensus on ways for agencies to operate together in a more effective and efficient manner, without sacrificing the independent efficiency and effectiveness of each agency.

The Council has made tremendous strides in accomplishing efficiency and effectiveness through administrative sharing and cooperative teamwork. The following is a summary of accomplishments from FY1994-2015.

- Shared Regulatory Database System: In July 2006, the Texas Department of Information Resources notified agencies that they would no longer be providing support or housing for the existing legacy database system as part of their Master Service Agreement. HPC took the lead in finding enterprise Licensing and Regulatory software for the management of licensing, enforcement, legal and some accounting functions for six regulatory agencies (Board of Dental Examiners, Board of Professional Land Surveyors, Optometry Board,

Board of Plumbing Examiners, State Board of Pharmacy, and the Board of Examiners of Psychologists). The 2009 Texas Legislature awarded funding for the Shared Regulatory Database System and the database system has been up and running since May 31, 2011. In FY2013, the Texas Funeral Services Commission was added to the database. This program has three staff providing support to the seven agencies using the system.

- Information Technology Sharing: The Council created a Shared Services Committee to investigate models to provide member agencies the most efficient IT support possible. The Committee facilitates the sharing of information technology knowledge and resources among all of the member agencies. In addition to the Regulatory Database Program, this program has two staff to provide direct ongoing services to eight of the smaller member agencies. The program has been operating since November 2003. During the FY2013 Session, the Council received funding to employ a Web Developer to upgrade and maintain the participating agencies' web sites.
- Co-location of Council Members: The legislation that created the Council required the Council agencies to collocate to the state-owned William P. Hobby Jr., Building. The accomplishment of this objective was a major success for the Council agencies during fiscal years 1994 and 1995.
- "1-800" Complaint System: The Council established a "1-800" complaint system to provide assistance and referral services to persons initiating a complaint related to a health profession regulated by the state. Approximately 2,250 consumers call the toll-free complaint line each month. Of these, approximately 1,700 are routed to member agencies to request complaint forms and 500 per month receive other assistance from the HPC administrative staff.
- Training Manual for Board and Commission Members: The Council has developed a Training Manual for board and commission members to be used by member agencies.
- Sharing of Administrative Functions: The Council has established a structure that provides for continuation of administrative services such as accounting, purchasing, and payroll, during time that an agency experiences a loss of employees due to illness, vacation, or separation from the agency.
- Shared Services: The members of the Council participate in the sharing of common services such as courier service, storage space, Employee Assistance Program, and legislative tracking.
- Training/Information: The Council coordinates the provision of training for new employees such as EEO training and other opportunities through the State Auditor's Office and Employee's Retirement System. In addition, the National Certified Investigator/Inspector Training (NCIT) program of the Council on Licensure, Enforcement, and Regulation is provided to HPC members employing investigators.
- Legal Services: The Council coordinates discussions on legal issues of joint concern to Council agencies.
- Policy and Procedure Development: The Council through its committees has developed model policies and procedures for risk management, disaster recovery, and workforce policy/procedures. When new reporting requirements are mandated, member agency staff meets on an ad hoc basis to review the requirements, clarify expectations, and seek further clarification to facilitate quality reporting.

- Electronic Imaging System: Members of the Council share an electronic imaging system for data storage. In its December 1995 report entitled *Reforming Health Care Workforce Regulation*, the Pew Health Professions Commission cited the Health Professions Council as an innovation in regulation. The many aspects described previously demonstrate the success of this cooperative structure. As the Council pursues additional opportunities for improvement among member agencies, the primary goals envisioned by the legislative leadership will be met.

# AGENCY SELF EVALUATION

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## KEY AGENCY EVENTS/AREAS OF CHANGE AND IMPACT SINCE THE LAST UPDATE OF THE STRATEGIC PLAN

Since the publication of the *TSBP Strategic Plan for Fiscal Years 2015-2019*, the following events and changes have had a major impact on the strategic and operational planning of the agency, and are referenced (where applicable) within this *Strategic Plan* where they are specifically addressed.

- One key factor that continues to affect the ability of the agency to serve and protect the public interest is the increased demand for agency services in every area of its operation. Dramatic increases in the demand for licensing, enforcement, and information services are well-documented throughout this *Strategic Plan* and in the agency's budget requests. This continued increase in demand for services, together with the increase in the complex nature of modern health and pharmaceutical care, is taxing the agency's ability to respond not only to future challenges, but to maintain its current level of service.
- The 2015 Texas Legislature passed Senate Bill 195 which transfers the responsibility for the operation of the Texas Controlled Substance Prescription Monitoring Program (PMP) from the Texas Department of Public Safety (DPS) to the Texas State Board of Pharmacy (TSBP) on September 1, 2016.
- TSBP continues to work on developing a comprehensive and user-friendly Website to improve services and accessibility to its customers. Major features include:
  - comprehensive consumer information, including procedures regarding the complaint process and an online complaint form; new and ongoing licensing information; a reference site for pharmacy related information; and important information regarding the agency's laws and rules;
  - monthly online webcast presentations to increase education to pharmacists and pharmacy technicians;
  - verification of the licensing and disciplinary status of licensees and registrants;
  - links to the majority of agency fee paying applications electronically on Texas Online;
  - ability to download licensee address and information lists;
  - ability to download disciplinary order summaries and copies of public disciplinary orders; and
  - availability of pertinent information in both English and Spanish.

## Evaluation Process

As covered in the section titled *The Organizational Perspective*, the agency continually operates by implementing and measuring performance against strategic and operational *Goals and Objectives* and through customer feedback. Therefore, the agency is continually self-evaluating, through each division and every employee. In addition to this continuous process, and in preparation for this *Strategic Plan*, the agency sought the input of Board Members, staff, officials of national and state pharmacy organizations, pharmacy academicians, and officials of consumer advocacy groups. The list of the recipients of the survey letters is included in *Appendix A* with a list of the questions asked of these *interested parties*.

The strategy for the continued success of the agency consists of three distinct but interrelated elements:

- Leadership – The creative process comes from the ability of the organization and all its members to learn, improve, and innovate. The Board and management staff must establish a climate that allows the creative process to continue;
- Feedback from Employees – The *Survey of Employee Engagement (Appendix F)* (Survey), administered by the School of Social Work at The University of Texas at Austin provides a uniform benchmark for all Texas government to compare employees' perceptions of organizational achievement from agency to agency and over time. The agency's scores are consistently higher than the statewide average for all workplace dimensions; and
- Feedback from External Customers – The agency has developed customer service standards, and has been conducting a survey of agency customers regarding the quality of service delivered by the agency since FY2000.

The Texas State Board of Pharmacy has an excellent state and national reputation for its stature and effectiveness as a state health regulatory agency. This reputation has been reinforced within Texas and throughout the nation, as evidenced by the following:

- The agency met or exceeded 100% of its 10 key performance measures listed in the Appropriations Act and reported on an annual basis to the Legislative Budget Board for FY2015;
- Monetary exception-free financial audit by the State Comptroller of Public Accounts;
- Exception-free compliance audit of the agency's personnel policies and procedures systems by the Texas Workforce Commission Civil Rights Division;
- Exception-free audits by the Texas Building and Procurement Commission of TSBP purchasing process on the Delegated Service Certification Program (now the Texas Procurement and Support Services {TPASS} division of the State Comptroller);
- A 2008 audit of the "*Complaint Processing and Enforcement at the Board of Pharmacy*" conducted by the State Auditor's Office concluded that the Board of Pharmacy:
  - imposes sanctions and disciplines licensees and registrants in accordance with state laws and regulations;
  - has processes in place to monitor compliance with Board-ordered disciplinary actions; and
  - follows its complaint handling process that prioritizes the assignment and investigation of complaints relative to the seriousness of the allegations.

- A 2015 audit on “*Inspections of Compounding Pharmacies at the Board of Pharmacy*” conducted by the State Auditor’s Office concluded that the Board of Pharmacy:
  - has designed and implemented inspection processes to help ensure that it conducts inspections of compounding pharmacies in accordance with applicable statutes and administrative rules;
  - has a documented process to monitor violations and track corrective action plans; and
  - has a process to help ensure that inspections of out-of-state pharmacies that compound sterile preparations are completed within the required time frames.
- Achievement, over the past five years (FY2011-FY2015), of an average settlement rate of approximately 98% of TSBP’s contested cases resulting in a disciplinary order against licensees/registrants; this results in significant efficiencies, both in terms of complaint resolution time and costs;
- The agency’s continued success with the licensee/registrant acceptance of the Texas Online application system (96% for pharmacists and pharmacy technicians ); and
- Comments from external customer organizations, both national and statewide, were solicited in the Strategic Plan external assessment. The comments received were not only instructive, but extremely positive and complimentary.

The agency has also been an innovator in the field of proactive health regulation. This is well-documented in that Texas was the first state in the nation to:

- Pass legislation to establish drug therapy management and immunizations by pharmacists (2001);
- Pass laws that allowed for the remote provision of pharmacy services using automated dispensing systems and telepharmacy systems (2001); and
- Pass legislation to establish peer review committees that may be used to suggest improvements in pharmacy systems to enhance patient care, assess system failures, and make recommendations for continuous quality improvement processes (1999). Guidelines for Establishing Pharmacy Peer Review Committees were adopted by the Board in FY2000.

The Texas State Board of Pharmacy was the first board of pharmacy in the nation to:

- Use ad hoc task forces in its pre-rule-making process (The agency began using these task forces in 1981);
- Publish a Newsletter that is distributed to all pharmacies and other interested customers (The Newsletter has been continuously published since 1977, and is directed at educating pharmacists about the laws and rules relating to the practice of pharmacy. It also discloses the names of all pharmacists, pharmacies, and pharmacy technicians disciplined by the Board);
- Implement a preventive enforcement program that encourages pharmacists' voluntary compliance with governing laws and rules, through a combination of routine inspections and education efforts (the Compliance program began in 1977); and
- Develop and implement a strategic plan (the first agency Strategic Plan was developed in 1986).

The Texas State Board of Pharmacy is in a unique position to be able to affect the delivery of pharmaceutical care to the citizens of Texas. We constantly strive to improve on our performance and responsiveness to our customers. In order to fulfill that goal, we hope to see advancement in expanding and enhancing our capabilities for encouraging the delivery of pharmaceutical care to improve the quality of life for Texas consumers.

The agency's opportunities in these areas are virtually boundless. It is an exciting and demanding era, because of the uncertainty in the environment due to healthcare reform and quickly changing market conditions. Never before in the nation's – or profession's history – have we been presented with such an opportunity to positively impact the healthcare of the citizens of Texas and the promotion of pharmaceutical care through proactive regulatory initiatives.

The agency has built credibility, momentum, and innovation in the advancement of patient care. Organizations do not stand still – they either progress or regress. For the agency to take advantage of its momentum, it must have the necessary resources.

# EXTERNAL/INTERNAL ASSESSMENT

## TRENDS IN PHARMACY PRACTICE AND REGULATION

### The Changing Focus of Pharmacy Practice

The following forces are forging rapid changes in our healthcare system:

- the aging of Texas' population;
- advances in drugs, devices, and drug dosage forms;
- managed care;
- the public demand for safety in the healthcare system;
- the emergence of alternative medicine; and
- economics.

These forces both drive and are driven by new governmental strategies and marketplace issues, and are causing an evolution in the practice of pharmacy. These factors are causing pharmacists to change the focus of their practice to one that is more patient-oriented, where the pharmacist provides the prescription product as well as other pharmaceutical care services to meet needs of patients.

Pharmacists have the knowledge and opportunity to help patients achieve better outcomes from drug therapy and, in turn, provide a significant cost savings to Texas' healthcare system. The cost of this pharmaceutical care can very likely be recovered from the savings it generates.

This outcome can be realized only if an environment is created by healthcare reform that recognizes that the savings are not likely to be generated at the pharmacist-patient level. The savings will be generated at the level of patients' therapeutic successes and the resulting reductions in hospitalizations, surgeries, repeated office visits, nursing home admissions, and prolonged illnesses that result from patients using their medications improperly.

The Texas Pharmacy Act recognizes this shift to a more patient-centered practice in the definition of the practice of pharmacy. This definition now includes activities associated with traditional dispensing of medication and:

- provision of any act or service necessary to provide pharmaceutical care;
- performance of drug therapy management under protocol of a physician (collaborative practice); and
- administration of immunizations or vaccinations under a physician's written protocol.

The Act defines *pharmaceutical care* as the provision of drug therapy and other pharmaceutical services intended to assist in the cure or prevention of a disease, elimination, or reduction of a patient's symptoms, or arresting or slowing of a disease process. These definitions make it clear that pharmacists need to be aware of, and committed to, the patients' interests and the direct outcomes of their individual drug therapies.

Pharmacists must become participating members of the healthcare team and work collaboratively with physicians and other healthcare practitioners to provide total care to the patient. This process is currently occurring in Texas in that many pharmacists provide expanded patient care services such as drug therapy management, administration of immunizations, disease state management, disease screening, and health promotion and disease prevention.

Although the Texas Pharmacy Act currently allows pharmacists to perform drug therapy management under written protocol of a physician and to administer immunizations and vaccines, there are limitations to these authorities. During 2009, the Texas Legislature passed two bills that eliminated some of the limitations. In the case of drug therapy management under written protocol of a physician, pharmacists may initiate and modify drug therapy of patients but pharmacists are not allowed to sign written prescriptions in the same manner as physician assistants and advanced nurse practitioners are allowed. Senate Bill 381 passed by the 2009 Texas Legislature allows a physician to delegate the signing of a prescription to a pharmacist **IF** the pharmacist practices in a hospital, hospital-based clinic, or an academic health care institution.

Likewise, prior to the passage of House Bill 1409 by the 2009 Texas Legislature, the authority to administer medications was limited to immunizations and vaccines, and the patient must be 14 years of age or older. House Bill 1409 reduced the limitations by amending the law to allow pharmacists to administer influenza vaccine (only) to a patient over seven years of age without an established physician-patient relationship. While the passage of these bills eliminated some of the barriers, further amendments to the act are necessary to remove the restrictions to allow pharmacists to more fully provide immunization services to patients. Expanding immunization services is beneficial to: patients since pharmacist/pharmacies are the most accessible health care provider; and to the public health since as more individuals are immunized, more will be protected against the occurrence of these diseases. In addition, for pharmacists to continue providing these expanded services, the buyers and sellers of healthcare must recognize and understand the pharmacist's value to the patient. In 2015, the Texas Legislature passed House Bill 1550 that amended the Texas Pharmacy Act to allow pharmacists, in an emergency, to administer epinephrine to a patient using an auto-injector device.

The buyers and sellers of healthcare will continue to scrutinize the system to ensure that care and product are being provided in the most *cost-effective* manner. The role of pharmacists will be viewed in the context of what level of care and services a patient receives. Financiers will be monitoring pharmacy practice in all settings to determine if pharmacists' services are cost-beneficial or if these services could be provided at reduced costs (*e.g.*, could pharmacist services be provided by another healthcare professional?).

### **Promoting Patient Safety through Continuous Quality Improvement Programs**

Pharmacists must work with other healthcare professionals to reduce medication errors to assure the safety of the healthcare system. The safety of the healthcare system has been the focus of numerous reports including a series of reports from the Institute of Medicine (IOM). The first report was issued in 1999 titled: *To Err is Human: Building a Safer Health System*. This report identified medical errors as a significant problem and that medical errors kill 44,000 people in U.S. hospitals each year and cause more than 7,000 deaths annually, both in and out of hospitals. This study recognized the value of the pharmacist and stated *the pharmacist has become an essential resource . . . access to pharmaceutical information must be available all the time*. Additionally, one of the IOM strategies calls for increasing pharmacy participation in medical rounds and in other areas to decrease the potential for error. The report recognized that errors were system and not individual failures and encouraged the use of continuous quality improvement (CQI) programs to prevent errors.

In 1999 Texas became the first state to pass legislation establishing pharmacy peer review committees for the establishment of CQI programs in pharmacies. The bill specifies that a pharmacy peer review committee may be established to:

- Evaluate the quality of pharmacy services or the competence of pharmacists;
- Suggest improvements in pharmacy systems to enhance patient care; and
- Investigate disagreements or complaints, determine facts, and make recommendations or issue decisions in a written report.

Most importantly, this legislation makes the records of a pharmacy peer review committee confidential and not subject to disclosure, discovery, or subpoena. Since passage of the peer review legislation, the Board has used this tool by ordering pharmacies, which have come before the Board for dispensing errors, to implement a CQI program that includes “peer review,” for the identification and prevention of dispensing errors. The Board has no studies or data to indicate that pharmacies that establish CQI programs make fewer dispensing errors. However, pharmacies that have implemented such programs have indicated that the establishment of such programs has allowed management to identify problem areas and may have reduced the occurrence of serious errors. For example, one pharmacy chain used the data to determine that 80 percent of their errors occurred in 20 percent of the stores. This pharmacy chain implemented changes in these stores and dramatically reduced errors chain-wide.

Since the passage of this legislation, the Board has ordered numerous pharmacies to implement CQI programs. However, because implementation of a CQI program is voluntary, not all pharmacies have implemented CQI programs. Therefore, the Board has suggested that the Pharmacy Act be amended to allow the Board to mandate all pharmacies implement CQI programs.

### **Pharmacist’s Continuing Competency**

In 2001, a second IOM report titled “*Crossing the Quality Chasm: A New Health System for the 21st Century*” was published. This report identified assessment of the competence of a healthcare provider as a *gap* in the regulatory scheme. The report states the following:

*In a field with a continually expanding knowledge base, there is no mechanism for ensuring that practitioners remain up to date with current best practices. Responsibility for assessing competence is dispersed among multiple authorities.*

Because of this *gap*, the Board may need to explore ways to ensure pharmacists' competence through periodic testing. An alternative to this testing may be for national and state professional pharmacy organizations to work together to develop other appropriate methods for assessing the continued competence of pharmacists.

Recently a number of national pharmacy organizations have adopted policies stressing the importance of continuing professional development (CPD). In a CPD model, a pharmacist would:

- Evaluate his or her personal needs and interests;
- Develop a plan that will foster his or her professional growth and development;
- Implement the plan;
- Document participation and execution; and
- Evaluate and refine the plan on an ongoing basis.

CPD may include traditional continuing education (CE) and other learning/ work activities.

Further validation for the use of CPD occurred in December 2009, when the Institute of Medicine (IOM) published a report titled: *Redesigning Continuing Education in the Health Professions*. This report proposes a new vision for continuing education that will be based on CPD, in which learning takes place over a lifetime and stretches beyond the classroom to the point of care. The IOM report provides the following broad messages for all CE for Health Professionals as follows.

- There are major flaws in the way CE is conducted, financed, regulated, and evaluated. Among various problems, health professionals and their employers tend to focus on meeting regulatory requirements rather than identifying personal knowledge gaps and finding programs to address them. Many of the regulatory organizations that oversee CE also tend not to look beyond setting and enforcing minimal, narrowly defined competencies.
- The science underpinning CE for health professionals is fragmented and underdeveloped. These shortcomings have made it difficult, if not impossible, to identify effective educational methods and to integrate those methods into coordinated, and broad-based programs that meet the needs of the diverse range of health professionals.
- Continuing education efforts should bring health professionals from various disciplines together in carefully tailored learning environments. As team-based health care delivery becomes increasingly important, such inter-professional efforts will enable participants to learn both individually and as collaborative members of a team, with a common goal of improving patient outcomes.
- A new, comprehensive vision of professional development is needed to replace the culture that now envelops continuing education in health care. Such a vision will be key in guiding efforts to address flaws in current CE efforts and to ensure that all health professionals engage effectively in a process of lifelong learning aimed squarely at improving patient care and population health.

## Increased Use of Technology in the Practice of Pharmacy

The use of new technologies will continue to increase in the practice of pharmacy over the next five years. Current, new, and anticipated technologies include the expanded use of computers, smart phones, tablet computers, robotics, biometrics, bar codes, RFID (radio frequency identification), nanotechnology, voice recognition, telecommunication, automated prescription kiosks, and the Internet. It is clear that technology has the capacity to enhance the provision of pharmaceutical services and provides opportunities to maximize the use of staff. It also creates some special challenges for the Board. Many issues cross jurisdictional boundaries between state agencies, federal agencies, and even international agencies. The Board must find ways to support the increased use of technologies that enable pharmacists to serve the public health, safety, and welfare. This includes finding ways to balance productivity with safety, automation with accountability, and pharmacy service with patient confidentiality.

It is clear that appropriate, coordinated use of new technologies is necessary in pharmacy practice. New technology is appearing in many other areas of pharmacy practice as well. Although there is overlap, this discussion is divided into the following areas:

- receipt and data entry of prescriptions and patient information;
- storage of prescription information;
- delivery of pharmacy services;
- accountability for pharmacy services; and
- use of the Internet.

### (1) Receipt and Data Entry of Prescriptions and Patient Information

The profession will continue to seek ways to automate the prescription transmission process between practitioners and pharmacies. Besides written and verbally communicated prescriptions, the Board has allowed prescriptions to be electronically transmitted between practitioners and pharmacies for many years. The electronic transmission of prescriptions is growing rapidly. In January 2016, Surescripts reported that the number of prescriptions transmitted electronically is approximately 6.5 billion. This number is expected to increase greatly with more and more practitioners adopting electronic prescribing. Although electronic prescribing may reduce dispensing errors caused by illegible handwriting, there are other types of errors that may occur (e.g., selecting the wrong drug from a drop-down list).

Data entry of prescription information into a pharmacy's computer system has traditionally occurred via a computer keyboard at the dispensing pharmacy. Electronic transmission technology allows prescription data entry into a pharmacy's computer by any of these methods to occur at locations other than the dispensing pharmacy. Off-site data entry is currently being used as a way to alleviate some of the pharmacist's workload issues at the pharmacy level. It is important for the Board to monitor the changes in the use of technology and keep the Board's rules current to ensure that the Board is able to identify the pharmacists and pharmacy technicians involved in the process of dispensing a prescription as discussed in (4) below.

## (2) Storage of Prescription Information

Currently, a pharmacy's prescription records must be maintained at the dispensing pharmacy. With the centralization of pharmacy services discussed under Delivery of Pharmacy Services (below), there is a desire to centralize prescription records. This would allow a single prescription record to be accessed by multiple pharmacies for dispensing purposes without actual transfer of the prescription between pharmacies. As a result, patients would have easier access to their prescriptions. There also exists smart card technology, where a computer chip is contained in a card carried by the patient. This card could carry patient and insurance information and the patient's prescription information. However, at both the state and federal levels, these practices raise recordkeeping, confidentiality, and accountability concerns. Cooperation and agreement between federal and state agencies will be required as the Board addresses recordkeeping issues.

Some entrepreneurs have gone a step further and set up centralized prescription and patient information centers that are not licensed as pharmacies. The Board believes these types of facilities should be licensed as pharmacies to protect the public and have created a Class G Pharmacy that establishes standards for entities that centrally process prescription drug or medication orders.

Pharmacies are also using electronic recordkeeping systems to capture an electronic visual image of a prescription drug order. These systems save space and may improve a pharmacy's efficiency by reducing time spent filing hard-copy prescriptions. These scanned images allow a prescription to be viewed from alternative locations outside of the pharmacy where the record is stored. Currently, Board rules allow for the electronic storage of prescription records. However, federal regulations do not allow for the electronic storage of controlled substance prescriptions.

## (3) Delivery of Pharmacy Services

The Board will need to monitor and address entirely new methods for delivery of pharmacy services and respond with requirements and enforcement strategies to protect public health.

- Remote Dispensing Systems: As robotic technology develops and entrepreneurs look for ways to market their products, there will be a push to place remotely controlled dispensing systems in satellite locations. In the past, these remote locations may or may not have held pharmacy licenses or any other license that allowed possession of stock prescription drugs. However, in 2001, the Texas Legislature passed Senate Bill 98 and Senate Bill 65 that requires remote facilities to be registered by the Board.

The Board has adopted rules to implement these laws to allow a:

- Texas pharmacy to place an automated dispensing system that is remotely controlled by a pharmacist in a nursing home. A drug ordered for a patient is released only after the pharmacist has reviewed the order and conducted a drug regimen review. Other potential locations for remote dispensing systems include assisted living centers, personal care homes, adult day care centers, jails, and detention centers, offsite clinics associated with hospitals, and even schools.

- Pharmacy to provide remote prescription services to medically underserved areas using a telepharmacy system. Pharmacists monitor dispensing of prepackaged unit of use prescription drugs to patients at the remote location. The pharmacist supervises the activities at the remote site with a telepharmacy system that uses audio and video, still image capture, and/or store and forward technology. The pharmacist also provides drug use review and patient counseling by electronic means.

As telepharmacy systems become more accepted, there will be pressure to expand the types of sites that may use tele-pharmacy. The Board must monitor these initiatives to ensure that pharmacists are in control of the dispensing process and patients are receiving good pharmaceutical care.

- Centralized Prescription Dispensing: As the number of prescriptions dispensed by a pharmacy increase, many chain pharmacies are establishing centralized dispensing centers where prescriptions are ordered through community pharmacies but filled in the highly automated central location. Prescriptions are then delivered to the community pharmacy for pick-up by the patient.

This process takes some of the dispensing workload out of the community pharmacy and places it in a very efficient automated pharmacy. In November 2002, the Board adopted rules to allow centralized dispensing.

#### (4) Accountability for Pharmacy Services

The provision of pharmacy services has become fragmented with multiple personnel, licensed and unlicensed, assisting in the dispensing process. Centralized recordkeeping and multi-pharmacy involvement in a single dispensing process make it harder to establish individual responsibility. Although advances in technology may fragment the dispensing process, technology can also be used to enhance individual accountability. As the Board addresses technology issues in the future, it must also address individual accountability for decisions made in the dispensing and information provision processes.

#### (5) Internet Pharmacies

The Internet has received a tremendous amount of attention over the past few years. Internet pharmacies sprang up almost overnight. Mostly, legitimate Internet pharmacies are simply mail service pharmacies that use the Internet to advertise their pharmaceutical services. This has led to several ancillary issues. Not all Internet pharmacies are licensed. Some entrepreneurs use the ever-changing fluidity of the Internet to offer prescription drugs illegally, closing up shop after a very short period only to appear again under a different facade. In addition, since the Internet is global in scope, an Internet pharmacy, which appears to be located in a city in another state, may in fact be located in Switzerland, or some other country. The issue of illegal sales of prescription drugs through the Internet crosses local, state, and international boundaries and will require the cooperation of many state, federal, and international agencies to resolve. The Board must continue to monitor this issue.

#### 6. Physician Owned Pharmacies and Physician Dispensing

- Physician Owned Pharmacies: Beginning in 2013, a number of individuals have engaged in promoting pharmacy ownership to physicians and other prescribers. These promotions, some by pharmacists, encourage physicians to invest in the ownership of pharmacies that will dispense the physicians' prescriptions to their patients. One of the schemes specifically promotes the ownership of pharmacies that compound prescriptions

and even certain types of products such as pain creams. It appears that these promotional offerings are carefully structured to comply with both federal and state laws that regulate physician ownership of entities to which the physician may refer patients. These promotions are seemingly becoming more numerous and aggressive. In April 2014, the House Public Health Committee held a public hearing that discussed these types of arrangements and expressed concern about the growth of these pharmacy ownership promotions to physicians.

The Board of Pharmacy has no provisions to limit the ownership of pharmacies; however, the Board does have a rule that prohibits a pharmacist from *“sharing or offering to share with practitioner compensation received from an individual provided pharmacy services by a pharmacist.”* Even though the Board has a rule prohibiting the sharing of compensation with physicians, investigation of these types of cases was extremely hampered since the Board was prohibited from inspecting financial, sales and pricing data records in a pharmacy, without the pharmacy’s specific authorization to do so. However, during the 2015 Legislative Session, the Legislature passed Senate Bill 460 that allows the Board authority to inspect financial records *“only in the course”* of the investigation of a specific complaint. This new authority will allow the Board to investigate complaints that allege *“sharing or offering to share with practitioner compensation received from an individual provided pharmacy services by a pharmacist.”*

- **Physician Dispensing:** In several of last Legislative Sessions, bills have been introduced that would allow physicians to dispense certain *“aesthetic pharmaceuticals”* such as Bimatoprost (Latisse), Hydroquinone (Lustra, Claripel), and Tretinoin (Retin A). During the 2013 session, a bill passed both the Senate and the House and was sent to the Governor for signature. However, Governor Perry vetoed this bill and recognized in his veto proclamation the important role of the pharmacist and the Board of Pharmacy by stating the following:

*“SB 227 would circumvent existing safeguards for the dispensing of certain prescription cosmetic drugs by allowing physicians and optometrist to sell these medications directly. It is the role of the pharmacists – who are trained specifically in drug interactions, side effects and allergies – to dispense the medications. Additionally, the State Board of Pharmacy has the authority to inspect pharmacies to ensure drugs are stored securely and at safe temperatures.”*

During the 2015 Legislative Session several other bills were introduced that would have allowed physicians to dispense. Even though none of these bills passed, it should be noted that some of these bills expanded the number of drugs a physician could dispense well beyond those drugs listed in previous bills and one completely eliminated the prohibition against physicians dispensing prescription drugs to their patients and charging for those drugs. The Board and the profession may need to review the issue to see if there might be a way to allow a limited dispensing in physician’s office provided oversight of the dispensing by a pharmacist is provided and important patient protection is provided through regulatory review of this practice by the Board of Pharmacy.

## Pharmacy Personnel and Working Conditions

Current stressors in the pharmacy environment include the evolving roles and duties of registered pharmacy technicians, and working conditions [e.g., increased volume of prescriptions; working long hours; increased use and availability of technology; and increased professional responsibilities (e.g., patient counseling and drug regimen reviews)].

Expanded use of automation and competent pharmacy technicians should help to reduce the stressors in the pharmacy. However, the strategic challenge for the Texas State Board of Pharmacy (TSBP) during the next five years will be to review its rules and procedures and to collaborate with other agencies and entities to improve working conditions in the pharmacy environment.

### (1) Pharmacy Technicians

The addition of the registration of pharmacy technicians and pharmacy technician trainees has more than doubled the number of persons/entities licensed by TSBP. The more than 60,000 pharmacy technicians and trainees the agency registers have had a dramatic effect on the agency's operations and the impact on the profession is expected to continue for the following reasons.

- Increase in the Demand for Pharmacy Technicians: Career opportunities for pharmacy technicians are expected to expand rapidly over the next few years. The Bureau of Labor Statistics' 2014 report estimates employment for pharmacy technicians will increase 9% from 2014 to 2024, faster than the average for all occupations. This coupled with current and expanding duties being delegated to pharmacy technicians is likely have a substantial impact on the number of pharmacy technician and technician trainee applications received and processed by TSBP.
- Demand for Expanding the Duties of Pharmacy Technicians: The Board is continually receiving requests from various organizations to increase the duties of pharmacy technicians and/or to allow pharmacists to supervise more pharmacy technicians. In 2009, the 81st Legislature Session passed House Bill 1924 that greatly expanded the authority of pharmacy technicians to perform certain duties without the direct supervision of pharmacists in rural hospitals. House Bill 1924 defined a rural hospital as a hospital of 75 beds or less located in a county with a population of 50,000 or less, or that had been designated by the Centers for Medicare and Medicaid Services as a critical access hospital, rural referral center, or sole community hospital. House Bill 1924 allowed the work of a registered pharmacy technician to be verified by a nurse, or practitioner, or a pharmacist by remote access. The bill also allows registered pharmacy technicians to perform the following duties without the supervision of a pharmacist:
  - enter medications orders and drug distribution information into a data processing system;
  - prepare, package, or label a prescription drug according to a medication order if a licensed nurse or practitioner verifies the accuracy of the order before administration of the drug to a patient;
  - fill a medication cart used in the rural hospital;
  - distribute routine orders for stock supplies to patient care areas;
  - access and restock automated medication supply cabinets; and
  - perform any other duty specified by the Board by rule.

- Education of Pharmacy Technicians: In 2013, the Pharmacy Technician Certification Board (PTCB) announced changes to their certification program that will require individuals to have completed an American Society of Health-System Pharmacists (ASHP) accredited training program prior to taking the PTCB examination by 2020. In early 2013, ASHP and the Accreditation Council for Pharmacy Education (ACPE) collaborated to form the Pharmacy Technician Accreditation Commission (PTAC). PTAC will serve as the accrediting review committee for pharmacy technician education and training programs. This new entity will add standardization to pharmacy technician education and training programs.

TSBP's mission is *"to promote, preserve, and protect the public health, safety, and welfare by fostering the provision of quality pharmaceutical care to the citizens of Texas . . . ."* To this end, TSBP must ensure that the training of pharmacy technicians supports the scope of services that they are expected to perform. Under the current law, technicians only have to have a high school diploma or high school equivalency certificate or be working to achieve an equivalent diploma or certificate. TSBP may want to seek legislation that would require a pharmacy technician to possess a minimum education beyond the high school diploma or equivalency.

A Pharmacy Technician Task Force was convened by TSBP in November 2013. The Task Force was charged to:

- review the current laws and rules relating to pharmacy technicians in Texas;
- review literature and studies regarding the changing roles and duties of pharmacists and how these changes may impact the role of pharmacy technicians; and
- make recommendations to the Board for any changes to the current pharmacy technician laws and rules to allow pharmacy technicians to assist pharmacists in providing safe and quality pharmaceutical care to the citizens of Texas.

More specifically, the Task Force was asked to review minimum education requirements, duties of pharmacy technicians, and ratio of pharmacy technicians to pharmacists. The Task Force held two meetings and presented its report to the Board at its May 6, 2014, business meeting. Included in this report were several suggestions for the expansion of duties that could be performed by pharmacy technicians in both community and hospital pharmacies. The Board and the profession will review these suggestions and consider making changes to the Pharmacy Act and rules to implement these suggestions.

## (2) Working Conditions

For many years, working conditions in pharmacies has been a major issue in Texas, as well as in the nation. At its meeting held in February 1999, TSBP approved a position statement regarding working conditions. In the position statement, TSBP:

- encouraged all employers to provide reasonable breaks during a regular work day for meals and rest;
- discouraged employers from establishing working conditions that tend to increase the stress on dispensing pharmacists, such as setting quotas on the number of prescriptions that a pharmacist is required to dispense per hour in order to keep from being terminated or to achieve a favorable performance evaluation; and
- encouraged increased communication between employees and management.

Consumers and pharmacists file complaints in which they express concerns that inadequately staffed prescription departments are the reason why pharmacists commit dispensing/medication errors. Research has shown that the causes of dispensing errors involve numerous factors, but are not necessarily a result of increased prescription volume. Accordingly, TSBP has not set a quota or limit on the number of prescriptions a pharmacist can fill per hour or day. Although many would say that increasing the ratio of technicians to pharmacist would provide a “quick fix” to the staffing problem, many pharmacists say that they could not adequately supervise additional technicians and believe that an increased ratio could have negative effects on patient care.

In May 2013, the Board proposed rules to set the ratio of pharmacists to pharmacy technicians at 1 to 4. However, in August 2013, the Board voted to withdraw the proposed rules and to propose rules to eliminate the ratio of pharmacists to pharmacy technicians. At the November 2013 meeting, the Board held a public hearing on the proposed rules to eliminate the ratio of pharmacist to pharmacy technicians. The Board received more than 200 written comments on the rules and numerous oral comments at the hearing. After a review of the comments that indicated the comments were split almost equally between those favoring no ratio to those favoring maintaining a ratio, the Board voted to withdraw the rules. After the vote to withdraw the rules, the Board then voted at the November 2013 meeting to re-propose rules that increased the pharmacist-to-technician ratio from 1:3 to 1:4 and increased the pharmacist-to-technician ratio in a call center setting where prescription drugs are neither stored nor dispensed from of 1:6 to 1:8. The Board adopted these proposed rules at the February 2014 meeting and the rules setting the ratio in a community pharmacy to 1:4 and in a call center pharmacy to 1:8.

At the November 2013 meeting, the Board also voted to establish a Task Force to review issues related to pharmacy technicians, including the pharmacist to pharmacy technician ratio. This Task Force made its recommendations to the Board at the May 6, 2014 meeting. Included in these recommendations is statement that the Pharmacy Technician Task Force supports elimination of the pharmacist to technician ratio.

### **Maintain the Agency’s Leadership Position in Pharmacy Practice Regulation and Establish a Key Leadership Position for Addressing Public Needs**

The Board of Pharmacy needs to continue its partnership with the public and profession to promote the highest level of pharmacy services possible. In addition, opportunities exist for the Board to continue its national leadership role in progressive regulation. While being “out-front” is never comfortable, the pharmacy profession in Texas has come to expect the Board to act in a key leadership position while addressing public needs.

The Board of Pharmacy must be visionary in order to stay on the cutting edge of regulation. The Board must continue to play a public advocacy role as it relates to educating the public about the value of the pharmacist’s role as a vital member of the healthcare team, especially in light of the major challenges facing pharmacy today. These challenges include the following:

- increasing demand for affordable healthcare services;
- the growing aging population;
- increased consumer demand for prescription drugs;
- rising availability of prescription drugs over the Internet; and
- disaster planning and response.

In order to accomplish these goals and still maintain its position of strength, the agency must identify areas for growth and opportunity, as well as the challenges facing the agency. Additionally, the agency must aggressively pursue avenues to retain or preferably increase the number of highly qualified personnel employed while continuing to implement quality management practices. Given the pace of technological advances, the agency must also carefully encourage and recognize the use of technology that will allow the public easier access to information, while at the same time not cause undue reporting requirements or workload constraints on the agency or practitioners. Finally, it is important for the agency to strike the appropriate balance in achieving its public protection mandate yet be flexible enough to develop regulations to facilitate pharmacy practice changes.

#### (1) Value of Pharmaceutical Care

The Board should continue to play a public advocacy role as it relates to educating the public about the value of pharmaceutical care, including the pharmacist's role as a vital member of the healthcare team.

- The increasing demand for affordable healthcare services may cause consumers to seek medications from nontraditional pharmacy sources. Consumers should be educated not only on the positive facts like the importance of vaccines, dietary supplements, and prevention of medication errors, but also warned about the negatives such as the proliferation of misinformation (e.g., Internet scams and e-mails offering prescription drugs without a prescription) and the dangers of lookalike/sound alike products.
- Consideration must be given to the dramatic increase in the state's aging population and the associated growth in prescription volume. Not only is the current population aging, but also Texas is becoming home to an increasingly large number of retirees. Aging consumers often have decreased cognitive skills, eyesight, and mobility, which lead to increased demand on all healthcare providers. Consequently, as the senior population increases so will the workload associated with a higher volume of prescriptions. This will have a significant impact on pharmacists and pharmacy personnel to meet the consumers' needs.
- Consumers, as well as healthcare professionals, are seeking information and advice concerning alternative medicines, including herbal and other nutritional supplements. Efforts should be made to incorporate complete drug histories into patient charts, including herbal medicines and other nonprescription medication products, to avoid the potential risk of an interaction with a prescription drug already prescribed. As more federal scrutiny and potential regulation of these agents occurs, it may be logical that the regulation of these drugs would fall to the Pharmacy Board. Pharmacists who are experienced in evaluating clinical studies and other types of substantiating health information, especially related to safety and effectiveness, are in a unique position to advise consumers.

#### (2) Preparedness for Public Health Emergencies

The Board should focus on preparedness for public health emergencies where pharmacist participation is crucial. Pharmacies and pharmacists have vital roles in front-line defense in the event of a public health emergency, such as an act of bioterrorism, natural disaster, or widespread disease such as a pandemic influenza. Pharmacists must be ready to be positioned to provide emergency care and medication delivery in response to such unplanned events. Currently, pharmacies are deeply involved in the administration of seasonal flu immunizations, placing pharmacy on the front line of healthcare in the nation. The immediate distribution of emergency refills of critical prescriptions, and assistance with the distribution of vaccines, antidotes, and other pharmaceutical agents is vital to ensure the continued safety of the public. This will require specialized knowledge, advance planning, and

integration of local, state, and federal resources to achieve quick mobilization. Pharmacy is a key stakeholder in assuring appropriate and adequate response to disasters and as such should be present and a participant in all governmental preparedness meetings.

### (3) Partnerships with Federal Agencies and Other State Agencies and Boards

The Board should expand its partnerships with federal agencies, as well as other state agencies and boards. This can result in the sharing of key information, data sharing, training, as well as effective enforcement and compliance.

An example of this partnership included the Board's joint investigation with the US Food and Drug Administration, Drug Enforcement Administration, Federal Bureau of Investigation, Internal Revenue Service, US Department Social Security Administration, US Department of Veteran Affairs, and the Texas Department of State Health Services. This internet fraud case involved more than \$200 million in fraudulently obtained pharmaceuticals and resulted in the arrest and conviction of 19 individuals in 2005-2007, including one pharmacist. These expanded partnerships with other law enforcement agencies will be especially crucial as the trend toward the abuse of prescription drugs continues to grow.

A 2010 study conducted by the Substance Abuse and Mental Health Services Administration (SAMSA) and the Centers for Disease Control and Prevention concluded that *"visits to hospital emergency departments involving nonmedical use of prescription narcotic pain relievers more than doubled, rising 111 percent, between 2004 and 2008."* The study used data from SAMHSA's Drug Abuse Warning Network (DAWN) emergency department system. It examined emergency department visits for nonmedical use of legal drugs, such as using them without a prescription.

In a June 2010 news release about the study, Office of National Drug Control Policy Director Gil Kerlikowske stated, *"The abuse of prescription drugs is our nation's fastest-growing drug problem. And this new study shows it is a problem that affects men and women, people under 21, and those over 21."*

A July 2014 article in the Center for Disease Control and Prevention publication "VitalSigns" presented the following information concerning abuse of opioid painkillers:

- Each day, 46 people die from an overdose of prescription painkillers in the US.
- Health care providers wrote 259 million prescriptions for painkillers in 2012, enough for every American adult to have a bottle of pills.

The article presented the following suggestions for states to combat abuse of prescription painkillers. States can:

- Consider ways to increase use of prescription drug monitoring programs, which are state-run databases that track prescriptions for painkillers and can help find problems in overprescribing. Use of these programs is greater when they make data available in real-time, are universal (used by all prescribers for all controlled substances), and are actively managed (for example, send alerts to prescribers when problems are identified).
- Consider policy options (including laws and regulation) relating to pain clinics (facilities that specialize in pain treatment) to reduce prescribing practices that are risky to patients.

(4) Transfer of Programs to the Agency.

Senate Bill 195 passed by the 2015 Texas Legislature, amended the Texas Controlled Substances Act to Transfer the Texas Prescription Monitoring Program and the rulemaking authority for controlled substances from the Texas Department of Public Safety (DPS) to the Texas State Board of Pharmacy (Board). Senate Bill 195 specified that:

Effective on or after 6/20/2015 the Board has the authority to:

- Adopt rules to implement the Prescription Monitoring Program (PMP) and certain other provisions related to prescriptions in the Controlled Substances Act (Sections 481.003(a), 481.075, 481.076(c), 481.0761(a) and (g), Sections 481.073 (Communication of Prescriptions by Agent), 481.074 (Prescriptions) and 481.352;
- Sign a contract with a vendor to operate the PMP; and
- Call a meeting of the Prescription Monitoring Work Group as established in the Controlled Substances Act.

Effective 9/1/2016 the following become effective:

- The PMP is transferred from DPS to TSBP;
- The Board shall establish a program to fund the PMP through a surcharge on the licenses of persons authorized to access the PMP; and
- The Controlled Substance Registration program is abolished.

The Board has reviewed the existing system used by the DPS for the prescription monitoring system and has determined that this system is inadequate to provide pharmacists and prescribes with the information they need to make informed decisions regarding the prescribing and dispensing of controlled substance prescriptions. The Board has awarded a contract to Apriss to be the vendor for the new prescription monitoring program for Texas.

The Board believes that the move of the prescription monitoring program the new platform provided by Apriss will increase the tools that pharmacists and physicians may use to make better decisions when dispensing controlled substances.

(5) The Board should continue to be a leader in the growth and evolution of the profession

The Board should continue to be a leader in the growth and evolution of the profession by adopting regulations and encouraging legislation that allows pharmacists to use the full scope of their knowledge, skills, and abilities. Innovation will continue to be necessary in order to improve pharmacy systems to enhance patient care, in developing new methods and systems to monitor compliance with existing laws and rules, and/or expand compliance initiatives around the state. It is important to plan appropriately and address the growing volume of prescriptions and the additional professional services that pharmacy can provide as a key member of the healthcare team.

(6) Protection of the Citizens of Texas

In order for the Board to continue to protect the citizens of Texas, it must have adequate funds and staff. The almost 60,000 pharmacy technicians and trainees licensed by the agency have had a dramatic effect on the agency's operations. Of particular concern to the agency is the growth in the number of disciplinary orders entered by the agency and the continuing growth in the number of complaints received. In FY2003, the fiscal year prior to the registration of pharmacy technicians, the agency received 1,893 jurisdictional complaints, closed 1,850 jurisdictional complaints, and entered 213 disciplinary orders. In FY2014, the agency received 5,561 complaints,

closed 5,606 complaints, and entered 604 disciplinary orders. It has been extremely challenging for the agency to handle this phenomenal growth during the past 12 years: 194% increase in the number of complaints received; 203% increase in the number of complaints closed; and 184% increase in the number of disciplinary orders entered.

In late 2012, the New England Compounding Center in Massachusetts distributed a compounded sterile preparation that was contaminated with a fungus. This product was distributed to 23 different states, including Texas. More than 751 individuals have become ill and as of January 2014, 64 patients who received injections of this contaminated product have died (Note: Only two individuals in Texas received the product and neither patient had serious adverse effects).

After learning of this serious issue in a sterile compounding pharmacy, TSBP conducted an extensive review of the rules related to sterile compounding and the licensing, inspection and enforcement of these rules. During the 2013 Legislative Session, State Senator and Pharmacist Leticia Van de Putte was successful in obtaining significant amendments to the Texas Pharmacy Act related to sterile compounding. These amendments give the Board of Pharmacy the authority to:

- inspect an out-of-state sterile compounding pharmacy and require them to pay for the inspection;
- require an inspection prior to opening a sterile compounding pharmacy;
- not renew the license of a pharmacy that compounds sterile products unless it has been inspected as required by the board and the pharmacy has reimbursed the Board for the costs of the inspection; and
- allow TSBP to accept an inspection report issued by the licensing board in the home state of the pharmacy if:
  - the board determines that the other state has comparable standards and regulations applicable to sterile compounding pharmacies, including standards and regulations related to health and safety;
  - the sterile compounding pharmacy provides to the board any requested documentation related to the inspection; and
  - the sterile compounding pharmacy notifies the Board immediately of any adverse effects reported to the pharmacy or that are known by the pharmacy to be potentially attributable to a sterile preparation compounded by the pharmacy and not later than 24 hours after the pharmacy issues a recall for a sterile preparation compounded by the pharmacy.

In addition, TSBP was successful in obtaining the authority and the funding to hire five new compliance officers/inspectors and an additional administrative assistant to support these inspectors. These additional five inspectors will bring the total number of inspectors to twelve and will allow TSBP to inspect pharmacies that compound sterile preparations much more frequently to ensure the safety of these facilities. The agency must continue to monitor pharmacies that compound sterile pharmaceuticals closely to ensure that the pharmacies are preparing sterile compounds properly.

On November 27, 2013, the U.S. Drug Quality and Security Act was signed into law by President Obama. This law removes the advertising provisions of Section 503A of the Food, Drug, and Cosmetic Act (FD&C Act) that were declared unconstitutional in 2002. With these provisions removed, this portion of the FD&C Act passed in 1997 will now become effective. Section 503A exempts pharmacy compounding from compliance three specific sections of the FD&C Act that manufacturers are required to meet (FDA approval of products prior to marketing; Compliance with Current Good Manufacturing Practices and labeling with adequate directions for use). This act makes compounding pursuant to a prescription by pharmacists legal under the FD&C Act.

The law also adds a new section 503B to the FD&C Act. Section 503B allows facilities that are compounding sterile pharmaceuticals not pursuant to individual prescriptions and “outsourcing” these products to other entities to be registered as “outsourcing facilities” rather than as manufacturers. An outsourcing facility will also qualify for exemptions from certain provisions of the FD&C Act including those requiring FDA approval of products and the requirement to label products with adequate directions for use. However, these entities will not be exempt from complying with Current Good Manufacturing Practices.

In early April 2014, TSBP staff met with staff of the Texas Department of State Health Services to discuss the regulation of Outsourcing Facilities in Texas and changes that may be necessary in the Texas Pharmacy and Texas Food, Drug, and Cosmetics Acts to implement the provisions of the federal Drug Quality and Security Act. TSBP must continue these discussions and expand them to include the compounding community so that appropriate modifications in Texas laws and rules can be made to protect the safety of the citizens of Texas.

#### (7) Consolidation of Health Licensing Agencies

In both the 2009 and 2011 Legislative Sessions bills were introduced that would have consolidate the health licensing agencies into one large agency. This consolidation would have had a dramatic impact on the operation of the agency in that it would likely include less or no control by TSBP in developing and establishing its budget and loss of direct control of some agency functions such as licensing.

A possible alternative to consolidation would be conversion to a self-directed/semi-independent agency. In 1999, 2009, and 2011, the Texas Legislature enacted legislation that transferred several professional and occupational licensing agencies (other than TSBP) to self-directed/semi-independent status.

The self-directed/semi-independent status allows the Boards of these agencies to set and control the budgets for the agencies. Though the agencies are in control of their own budgets, they are still under the oversight of the legislature, governor, state auditor, state comptroller, and other state agencies. The self-directed, semi-independent status has allowed the agencies much more flexibility to react to changes in their respective professions. A bill was introduced during the 2013 Texas Legislative Session that would have granted TSBP, the Texas Medical Board, and the Texas Board of Nursing to self-directed/semi-independent status. This bill was not passed by the Legislature but the Legislature directed the Texas Sunset Commission to conduct a study of self-directed/semi-independent status for state agencies and to make recommendations to the legislature by December 31, 2014. The Sunset Commission developed recommendations for the administration of the State’s self-directed semi-independent (SDSI) process; however, the 84th Legislature did not pass the Sunset bill containing these recommendations. TSBP should continue to monitor legislative activity regarding self-directed/semi-independent status for agencies.

## IDENTIFICATION OF ISSUES

In developing its Strategic Plan, the Board and agency staff sought to identify and analyze those trends and resulting issues expected to have the most significant impact on the profession and regulation of pharmacy over the next five years. As described in the *Description of Agency Planning Process (Appendix A)*, the Board sought input from numerous outside individuals and organizations and internal comments from staff and Board members. The agency reviewed all comments and researched current and future trends and issues that will have the most significant impact on the practice and regulation of the practice of pharmacy over the next five years.

## EXTERNAL ISSUES

### Priority Issues Outside Of TSBP Rulemaking Authority or Requiring Additional Appropriations

The following eight issues were identified as the most important to the regulation of the practice of pharmacy in the State of Texas. These issues are outside of the Boards' authority or require additional appropriations to implement.

#### 1. Retirement of the Current Executive Director

##### A. Brief Description of Issue

The current executive director has indicated that she will retire in August 2017. The Board will establish a plan for hiring a new executive director. The Texas Pharmacy Act requires that the executive director of TSBP be a pharmacist. One item which may make the process of finding a pharmacist to be the executive director of TSBP is the salary paid to this position. Currently the legislature has placed the salary of the executive director in exempt group 4, which has a minimum salary of approximately \$106,500 and a maximum salary of \$171,688 per year. However, the legislature has specified that the executive director's salary be set at \$127,280 for FY2016-2017.

##### B. Discussion

The current salary for the position results in the executive director position being very difficult to fill, since this salary is less than that paid to some beginning pharmacists and certainly less than that paid to pharmacy managers. A 2014 survey of pharmacist's salary conducted by "Drug Topics" reported the annual base salary for staff pharmacists is between \$116,000 and \$140,000 a year (Note: this salary is for staff pharmacist, not managers. Salary.Com reports that pharmacist managers make a median salary of \$137,836).

A survey of the salaries of the Executive Director of Oklahoma, Arkansas, and Louisiana show that the average salary for these individuals is \$140,000 or \$13,000 less than that of the Executive Director in Texas. It should be noted that Texas licenses 52% more pharmacies, 55% more pharmacists, and 136% more pharmacy technicians than OK, LA, and OK combined.

**C. Possible Solutions and Impact**

If the salary for the Executive Director position is not increased to be competitive, the agency will have a very difficult time hiring a person with the management, strategic thinking, and planning skills necessary to manage the agency.

For the last two Legislative Sessions, the Board has asked the legislature to give them the authority to set the salary within the Group 4 exempt salary range. With this authority, the Board will be able to pay the person who is the executive director a salary that is competitive to pharmacists' manager salaries and one that recognizes the qualifications necessary for the executive director.

**2. Diversion of Controlled Substances through the Dispensing of Prescriptions without a Valid Medical Need****A. Brief Description of Issue**

A limited number of pharmacists and pharmacies are creating a situation that has a critical impact on the public health and safety through the dispensing of controlled substances to patients who do not have a valid medical reason to receive these prescriptions at "Pill Mill" pharmacies. These types of pharmacies dispense controlled substances outside the course of professional practice. The prescribers who issue the prescriptions are not prescribing the controlled substances for a legitimate medical need and the pharmacies are dispensing these invalid prescriptions.

**B. Discussion**

The presence of these "Pill-Mill" Pharmacies in Houston and other Texas cities is having a dramatic and deadly effect on the citizens of Texas. In 2013, the CDC called prescription drug abuse a "growing epidemic." Nearly three of four prescription drug overdoses is caused by opioid pain medication, and more people have died in recent years from the abuse of prescription drugs than from heroin and cocaine combined. The Harris County Coroner's Office reported in 2010 that prescription drugs have killed more than 1,200 people in Harris County since 2006.

While there has been a marked decrease in the use of some illegal drugs like cocaine, data from the National Survey on Drug Use and Health (show that nearly one-third of people aged 12 and over whom used drugs for the first time in 2009 began by using a prescription drug non-medically. Some individuals who misuse prescription drugs, particularly teens, believe these substances are safer than illicit drugs because they are prescribed by a healthcare professional and dispensed by a pharmacist.

Due to the huge number of prescribers and pharmacies involved in this type of activity, in the Houston area, TSBP signed a contract with the Drug Enforcement Administration in 2012 for one field investigator to work full-time with a Drug Enforcement Administration Task Force in the Houston area. This contract ended in October 2014. Unfortunately, at the end of this two-year period, DEA determined not to seek prosecution of any of the pharmacies investigated by the Task Force. The Board will continue to pursue cases against pharmacies and pharmacists for "pill mill" activity in the administrative/licensing system as well as assisting with criminal prosecution of those licensees involved.

**C. Possible Solutions and Impact**

Since these cases are very difficult to investigate, prepare the case for hearing and prosecute the case, the agency must have additional funds and personnel to pursue the prosecution of pharmacies and pharmacists who are willfully ignoring the law and dispensing prescriptions that are not issued for a valid medical use.

**3. Maintaining Agency’s Leadership Position in Pharmacy Practice Regulation through Adequate Staffing and Adequate Compensation of Highly Qualified Agency Personnel****A. Brief Description of Issue**

The Board of Pharmacy needs to continue its partnership with the public and profession to aggressively promote the highest level of pharmacy services possible. In addition, opportunities exist for the Board to continue its national leadership role in progressive regulation. While being “out-front” is never comfortable, the pharmacy profession in Texas has come to expect the Board to act in a key leadership position while addressing public needs. However, given the growth in both size and complexity of pharmacy practice and healthcare, multiplied by the continued increase in demand for services, the agency’s ability to accomplish its mission is severely challenged. The agency must aggressively pursue activities to retain and increase the number of highly qualified personnel employed by the agency.

**B. Discussion**

The Board of Pharmacy must be visionary in order to stay on the cutting edge of regulation. The Board must continue to play a public advocacy role and stay focused on enhanced patient outcomes, with continued examination of those issues that are truly important, embracing current technology and acting aggressively and fairly to hold pharmacists accountable for the patient care they provide. In order to protect the public health, safety and welfare, the agency must be adequately staffed. TSBP regulates a total population of 98,763 entities (as of year-end FY2014) with a smaller number of FTEs than other regulatory agencies who are regulating the same or a smaller number of entities. Moreover, the agency’s population is growing. In addition, the salaries of key positions are way below not only market, but other state agencies. Key positions that are currently underpaid contribute to turnover. If the agency experiences high turnover in these areas, it will certainly cripple the agency’s ability to function efficiently and effectively. During the 2015 Legislative Session, the agency requested funding to reclassify key positions but this funding was not granted.

**C. Possible Solutions and Impact**

The Board should continue to work with stakeholders to strike the appropriate balance in achieving its public protection mandate, yet be flexible enough to develop regulations to facilitate pharmacy practice changes. The Board should continue to seek increased funding from the Texas Legislature to hire an adequate number of staff to meet the increasing demand for licensing and enforcement services. In addition, the Board should continue to seek increased funding from the Texas Legislature to adequately compensate key positions.

#### 4. Increase Licensee Compliance with Laws and Rules Relating to the Practice of Pharmacy through Education of Licensees

##### A. Brief Description of Issue

Because the profession is changing rapidly, the laws and rules relating to the practice of pharmacy are also changing. The Board should re-dedicate its efforts to educate pharmacist about the laws and rules that relate to the practice of pharmacy including the importance of patient counseling.

##### B. Discussion

Since 1982, the Board has following a “preventative” approach to enforcement based upon the belief that 95% of its licensees/registrants will obey the laws and rules governing the practice of pharmacy, if the licensees are well informed as to the requirements of the pharmacy laws and rules. A review of prior reports of TSBP performance measure Percent of Licensees with No Recent Violations proves that preventive enforcement is working well. This successful educational program must expand and continue.

##### C. Possible Solutions and Impact

In developing this educational program, the Board should use all of the tools available to educate licensee including written information with the TSBP Newsletter, the TSBP website, social media such as Facebook, Twitter, YouTube, etc., presentations in person and on the Web, and compliance inspections.

#### 5. Underutilization of the Clinical Knowledge and Skills of Pharmacists in the Current Health Care System

##### A. Brief Description of Issue

Pharmacists have the knowledge and opportunity to help patients achieve better outcomes from drug therapy and, in turn, provide a significant cost savings to Texas' healthcare system. The cost of this pharmaceutical care can very likely be recovered from the savings it generates.

##### B. Discussion

The positive outcome for patients and cost savings to the healthcare system can be realized only if an environment is created by healthcare reform that recognizes that the savings are not likely to be generated at the pharmacist-patient level. The savings will be generated at the level of patients' therapeutic successes and the resulting reductions in hospitalizations, surgeries, repeated office visits, nursing home admissions, and prolonged illnesses that result from patients using their medications improperly.

##### C. Possible Solutions and Impact

Pharmacists must become participating members of the healthcare team and work collaboratively with physicians and other healthcare practitioners to provide total care to the patient. This process is currently occurring in Texas in that many pharmacists provide expanded patient care services such as drug therapy management, administration of immunizations, disease state management, disease screening, and health promotion and disease prevention.

Because the clinical knowledge and skills of pharmacists is underutilized in the current healthcare system pharmacists must work to expand the scope of collaborative practice agreements. The Board should monitor legislative efforts to expand the scope of collaborative practice agreements.

## 6. Multiple Standards for Pharmacy Practice in Small and Large Hospitals

### A. Brief Description of Issue

Currently, Texas has different requirements in the Pharmacy Act for pharmacy services in large hospitals (101 beds or more) and small hospitals (100 beds or less).

### B. Discussion

The Pharmacy Act in Section 562.1011 (Operation of Class C Pharmacy in Certain Rural Hospitals) sets up a different standard of practice in rural hospitals with 75 beds or fewer, if the hospital is located in a county with a population of 50,000 or less or has been designated by the Centers for Medicare and Medicaid Services as a critical access hospital, rural referral center, or sole community hospital. This section allows pharmacy technicians to be supervised by nurses rather than pharmacists.

### C. Possible Solutions and Impact

The Board believes that recent advancements in technology will allow pharmacist to supervise the work of pharmacy technician's in a more cost effective manner. This will allow increased protection of patients' health and to the elimination of the dual standard.

## 7. Physician Owned Pharmacies and Physician Dispensing

### A. Brief Description of Issue

In 1981, Attorney General Mark White issued A.G. Opinion 410 regarding the dispensing of prescriptions by a physician (practitioner). This opinion stated:

*A practitioner may not practice pharmacy unless he is also licensed as a pharmacist under this act. No licensed pharmacy may legally operate unless there is a pharmacist-in-charge who is a licensed pharmacist. A practitioner who undertakes to fill a prescription of another practitioner engages in the practice of pharmacy, which he may not do unless licensed as a pharmacist. A practitioner who dispenses drugs to his own patients from his office, and charges a separate fee therefor, is engaged in the practice of pharmacy, which he may not do unless licensed as a pharmacist.*

In several of the last Legislative Sessions, the Legislature has considered bills that would change the law and allow physicians to dispense prescriptions from their office.

### B. Discussion

Bills that were introduced during the 2013, and 2015 Legislative Sessions, generally limited the dispensing in physician's offices to certain "aesthetic pharmaceuticals" such as Bimatoprost (Latisse), Hydroquinone (Lustra, Claripel), and Tretinoin (Retin A).

None of these bills have become law. However, during the 2013 Legislative Session, a bill did pass the Legislature. Governor Perry vetoed this bill and recognized in his veto proclamation the important role of the pharmacist and the Board of Pharmacy by stating the following:

“SB 227 would circumvent existing safeguards for the dispensing of certain prescription cosmetic drugs by allowing physicians and optometrist to sell these medications directly. It is the role of the pharmacists – who are trained specifically in drug interactions, side effects and allergies – to dispense the medications. Additionally, the State Board of Pharmacy has the authority to inspect pharmacies to ensure drugs are stored securely and at safe temperatures.”

It is expected another bill that would allow limited dispensing by physicians will be introduced during the 2017 Legislative Session.

**C. Possible Solutions and Impact**

The Board and the profession may need to review the issue to see if there might be a way to allow some limited, dispensing in physician’s office provided oversight of the dispensing by a pharmacist is provided. As Governor Perry indicated in his “Veto Proclamation” in 2013, *“It is the role of the pharmacists – who are trained specifically in drug interactions, side effects and allergies – to dispense the medications. Any changes to this law need to recognize this important role of the physician in diagnosing and prescribing prescription drugs and the important role of the pharmacist in conducting a drug utilization review of all medications taken by a patient and dispensing the prescription.”*

**8. Program for Pharmacy Technicians Who are Impaired by Chemical Abuse or Mental or Physical Illness**

**A. Brief Description of Issue**

The Texas Pharmacy Act contains provisions that authorize the agency to fund a Peer Assistance Program for pharmacists impaired by chemical abuse or mental or physical illness. However, there is not such program for pharmacy technicians.

**B. Discussion**

Since 1983, the Texas Pharmacy Act (Act) has authorized the agency to contract with an entity that operates a program established to aid pharmacists or eligible pharmacy students impaired by chemical abuse or mental or physical illness. In addition, the Act authorizes the agency to collect a surcharge on pharmacists’ licenses to fund this program.

This program has been very successful in treating and rehabilitating pharmacists and pharmacy students and the success rate has been very high as can be seen by the agency performance measures. In FY2015, the one-year completion rate for pharmacists and students in the program was 74%. In addition, 66% of the individuals who completed one year of sobriety in FY2012, completed an additional 3 years of sobriety in FY2015 [i.e., the recidivism rate (relapse) was 34% in FY2015]. These numbers are much higher than those achieved in other recovery programs.

**C. Possible Solutions and Impact**

The Texas Pharmacy Act should be amended to allow pharmacy technicians to participate in the program.

## 9. Self-Directed/Semi-Independent Status for the Texas State Board of Pharmacy

### A. Brief Description of Issue

The rapid changes occurring in pharmacy practice and the changing demands and pressures on the Board's resources has prompted concern by the Board that it may not have the financial resources and the flexibility to meet its responsibilities efficiently and effectively. If TSBP had self-directed/semi-independent status, the agency would have the flexibility to expand and contract resources as needed, thus being more responsive to constituents and the public. This should result in more timely resolution of licensing and disciplinary matters.

### B. Discussion

The Texas State Board of Pharmacy (TSBP) should pursue authorization to function as a self-directed/semi-independent (SDSI) agency. The operations of TSBP are supported solely by examination, licensing, and other fees paid by the licensees/registrants. The legislature approves the Board's operating budget each biennium and the agency funds are deposited in the state treasury. Each biennium TSBP collects approximately \$2 million more than it is budgeted. These excess funds are returned to the state treasury. Additionally, the Board is required each biennium to fund any new program with new fees rather than the use of any of the current funds it deposits in the treasury.

SDSI status would allow the agency to respond to crises in a timelier manner. For example, in September 2012, a multistate outbreak of fungal meningitis and other infections occurred among patients who received contaminated preservative-free methyl prednisone steroid injections from the New England Compounding Center in Framingham, Massachusetts. A total 754 patients were infected in 20-states and 64 patients died because of the infection. Texas had two patients who were infected with fungal meningitis, but these patients were treated and recovered. In order to assure that Texas patients were receiving safe products from pharmacies licensed by TSBP, the agency put a priority for inspection on sterile compounding pharmacies. However, without additional staff, we could not do these inspections quickly. During the 83<sup>rd</sup> Legislative Session, the Legislature funded the agency for an additional five compliance inspectors. If the agency had SDSI status, we could respond to situations like this in a much more timely manner and without having to wait for a Legislative Session.

During the 79th (2005) Legislative Session, Senate Bill 1438 was passed to allow three state agencies to participate in a self-directed/semi-independent pilot program (Board of Public Accountancy, Board of Professional Engineers, and the Board of Architectural Examiners). The agencies were permitted to move their funds outside the state treasury, pay their own bills, and reimburse the State for services rendered. The enabling statutes are still under direct control of the legislature and each agency must report certain information to the state regarding accountability of funds, services, and goals. The agencies are also subject to audit by the Office of the State Auditor.

Again, during the 81st (2009) Legislative Session, four additional state agencies were granted self-directed/semi-independent status by House Bill 2774. These included the Texas Finance Commission, the Texas Department of Banking, the Department of Savings and Mortgage Lending, the Office of Consumer Credit Commissioner, and the Credit Union Department.

During the 82nd (2011) Legislative Session, the Real Estate Commission was granted self-directed/semi-independent status by Senate Bill 1000. In addition, during the 82nd Legislative Session, House Bill 2092 was introduced that would give the Texas State Board of Pharmacy and the Texas Board of Nursing self-directed/semi-independent status. House Bill 2092 was voted out of the House Public Health Committee during the last few weeks of the Legislative Session, but it was not heard by the House.

During the 83rd (2013) Legislative Session, a bill was introduced that would have granted TSBP, the Texas Medical Board, and the Texas Board of Nursing self-directed/ semi-independent status. This bill was not passed by the legislature but the legislature directed the Texas Sunset Advisory Commission to conduct a study of Self-Directed Semi-Independent Status for state agencies and to make recommendations to the Legislature by December 31, 2014.

In July 2015, the Sunset Advisory Commission issued a report titled “Self-Directed Semi-Independent Status of State Agencies.” This report determined “that the State has an undefined and inconsistent approach to managing the SDSI process, which exposes the State to unnecessary risk. No single entity is responsible for administering and overseeing the SDSI process. Therefore, a comprehensive process with clearly-defined requirements for obtaining and retaining SDSI status does not exist.”

### **C. Possible Solutions and Impact**

If the legislature considers SDSI status for agencies and if TSBP is granted self-directed/semi-independent status, TSBP would be removed from the legislative budgeting process and the budget would be adopted and approved by the board members appointed by the Governor. On the first day of each regular Legislative Session, TSBP would be required to submit a report to the Legislature and the Governor describing all of the agency's activities in the previous biennium. In addition, TSBP would be required to report its two-year expenses and revenue collections by November 1 of each year to the Legislature, the Legislative Budget Board, and the Governor. The TSBP employees would remain members of the Employees Retirement System of Texas under Chapter 812 of the Government Code. The State Auditor would contract with TSBP to conduct financial and performance audits and the Attorney General would collect fees for their legal services. All agency supplies, materials, records, equipment, and facilities would be transferred to TSBP.

The advantages of moving TSBP to self-directed/semi-independent status to the State of Texas are as follows.

- The number of hearings and legislative time spent on agency budgets is reduced.
- The administrative burden of state government will be reduced by approximately:
  - 99 employees will be removed from the state payroll; and
  - More than a \$10,000,000 will be removed from the state budget, thus reducing the biennial state budget.
- State oversight agencies such as the State Auditor, Comptroller of Public Accounts, State Office of Administrative Hearings, and Office of the Attorney General will receive actual reimbursement costs for services.
- The agency will have the flexibility to expand and contract resources as needed, thus being more responsive to constituents and the public. This should result in more timely resolution of licensing and disciplinary matters.

- The number of reports to oversight agencies will be reduced with most reports required annually.
- The governing Board of the agency will be held to a higher level of accountability to their constituents.
- The agency budget will be held to a higher level of scrutiny by licensees and professional associations.

The move to self-directed/semi-independent status is a major change to how the agency finances are managed. This shift from direct state oversight to an agency-driven process is a significant change but has been tested by a number of licensing agencies and has proven to be successful and effective. By virtue of past State Auditor, Comptroller, and State Office of Risk Management audits, the Texas State Board of Pharmacy has proven to be an effective, efficient, and well-managed state agency and an excellent candidate for self-directed/semi-independent status.

## **INTERNAL ISSUES**

The following one issue was identified as the most important to the regulation of the practice of pharmacy in the State of Texas. However, the Board is not asking for additional authority or funds to implement action on this issue.

### **1. Appropriate Level of Training and Supervision for Pharmacy Technicians**

#### **A. Brief Description of Issue**

The practice of pharmacy is evolving and pharmacists are now required to perform more: cognitive services such as review of patient's prescriptions to assure that drugs do not interact with others taken by the patient; and professional services such as administration of immunizations and vaccines to patients. This evolution of the pharmacist's role is placing more time demands on the pharmacists and a corresponding desire to delegate more functions to pharmacy technicians.

#### **B. Discussion**

Currently, the Texas Pharmacy Act specifies that a pharmacy technician is an individual employed by a pharmacy "whose responsibility is to provide technical services that do not require professional judgment regarding preparing and distributing drugs and who works under the direct supervision of and is responsible to a pharmacist." The Act also specifies that a pharmacy technician must have:

- a high school diploma or a high school equivalency certificate or be working to achieve an equivalent diploma or certificate; and
- passed a board-approved pharmacy technician certification examination.

Because pharmacists are spending more and more time conducting "cognitive services" such as drug use review and counseling patients on how to use their prescription drugs, the demand to expand the duties of pharmacy technicians is growing. As the demand for expanding the duties of pharmacy technicians grows, the discussion regarding the appropriate level of training and education of pharmacy technicians also grows. Most believe that it is imperative to "raise" the level of practice of pharmacy technicians and to do that, the pharmacy technician must be better educated.

In 2013, the Pharmacy Technician Certification Board (PTCB) announced changes to their certification program that will require individuals to have completed an American Society of Health-System Pharmacists (ASHP) accredited training program prior to taking the PTCB examination by 2020. This decision will affect the TSBP since pharmacy technicians must have taken and passed the PTCB examination in order to become a pharmacy technician in Texas.

**C. Possible Solutions and Impact**

In November 2013, the Board formed a Pharmacy Technician Task force to review pharmacy technician practice in the State of Texas including educational requirements, scope of practice and overall regulation of pharmacy technicians in all pharmacy settings, including hospital and community. The Task Force held two meetings and presented its report to the Board at its meeting on May 6, 2014. Included in this report were several suggestions for the expansion of duties that could be performed by pharmacy technicians in both community and hospital pharmacies. As of August 2015, the Board has not taking action on the suggestions from the Task Force.

The Board will continue to study the duties and education of pharmacy technicians in Texas and will make recommendations for changes to the Pharmacy Act when a consensus is reached.

## AGENCY GOALS

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1. To establish and implement reasonable standards for pharmacist, pharmacy technician and pharmacy technician trainee education and practice, and for the operations of pharmacies to assure that safe and effective pharmaceutical care is delivered to the citizens of Texas [Texas Pharmacy Act (Occupations Code, Sec. 555-566 and 568-569)].
2. To assertively and swiftly enforce all laws relating to the practice of pharmacy to ensure that the public health and safety are protected from the following: incompetent pharmacists, pharmacy technicians and pharmacy technician trainees; unprofessional conduct, fraud, and misrepresentation by licensees; and diversion of prescription drugs from pharmacies; and to promote positive patient outcomes through the following: reduction of medication errors by encouraging or requiring licensees to implement self-assessment programs and continuous-quality improvement programs, including peer review processes; and enforcement of rules relating to patient counseling and drug regimen review, including prevention of misuse and abuse of prescription drugs. [Texas Pharmacy Act (Occupations Code, Sec. 551-569), and Health and Safety Code, Chapter 483, Dangerous Drugs.]
3. To establish and implement policies governing purchasing and public works contracting that foster meaningful and substantive inclusion of historically underutilized businesses (HUBs).

# **AGENCY OBJECTIVES AND OUTCOME MEASURES**

**OBJECTIVE** Continue to operate a licensure system for pharmacists, pharmacy technicians, pharmacy technician trainees, and pharmacies that will assure that all licensees and registrants meet minimum licensing standards through 2021.

## **Outcome Measure**

- Percent of Licensees with No Recent Violations
- Percent of Licensees who Renew Online
- Percent of New Individual Licenses Issued Online

**OBJECTIVE** Through 2021, deter and reduce the incidence of violations of the law through compliance inspections of 40% of the licensed pharmacies located in Texas each year; through technical assistance to licensees; through education and increased licensee access to information by contacting all licensees; and to resolve complaints received within an average of 200 days.

## **Outcome Measures**

- Percent of Complaints Resolved Resulting in Disciplinary Action
- Recidivism Rate of Those Receiving Disciplinary Action
- Percent of Documented Complaints Resolved Within Six Months
- Recidivism Rate for Peer Assistance Program
- One-Year Completion Rate for Peer Assistance Program

**OBJECTIVE** To include historically underutilized businesses (HUBs) in at least 23% of professional services contracts, 24% of other services contracts, and 21% of commodities contracts and subcontracts awarded annually by the agency in purchasing and public works contracting by fiscal year 2016.

## **Outcome Measure**

- Percent of Total Dollar Value of Purchasing and Public Works Contracts and Subcontracts Awarded to HUBs

# AGENCY STRATEGIES AND OUTPUT, EFFICIENCY, AND EXPLANATORY MEASURES

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## STRATEGY 01.01.01

Operate a timely, cost-effective application and renewal licensure system for pharmacies and pharmacists, pharmacy technicians and pharmacy technician trainees.

### Output Measures

- Number of New Licenses Issued to Individuals
- Number of Licenses Renewed (Individuals)
- Number of New Registrations Issued to Individuals
- Number of Registrations Renewed (Individuals)

### Efficiency Measures

- Percent of New Individuals Licensed Within Ten Working Days
- Percent of Individual License Renewals Issued Within Seven Working Days

### Explanatory Measures

- Total Number of Individuals Licensed
- Total Number of Business Facilities Licensed
- Total Number of Individuals Registered

## STRATEGY 02.01.01

Emphasize preventive enforcement by conducting compliance inspections of pharmacies, promote voluntary compliance by providing information, education and technical assistance to licensees; and protect public health and safety by receiving, investigating, and resolving complaints, disciplining licensees, and monitoring compliance with disciplinary orders resulting from board adjudication.

### Output Measures

- Number of Inspections
- Jurisdictional Complaints Resolved

### **Efficiency Measure**

- Average Resolution Time for Resolving Jurisdictional Complaints

### **Explanatory Measure**

- Jurisdictional Complaints Received

## **STRATEGY 02.01.02**

Operate a Peer Assistance Program by monitoring the growth, development, and compliance of a program to aid pharmacists and eligible pharmacy students impaired by chemical abuse or mental or physical illness, and monitor the success of individuals in the program.

### **Output Measure**

- Number of Licensed Individuals Participating in Peer Assistance Program

## **STRATEGY**

Develop and implement a plan for increasing the use of historically underutilized businesses through purchasing and public works contracts and subcontracts.

### **Output Measures**

- Number of HUB Contractors and Subcontractors Contacted for Bid Proposals
- Number of HUB Contracts and Subcontracts Awarded
- Dollar Value of HUB Contracts and Subcontracts Awarded

# **TECHNOLOGY RESOURCE PLANNING**

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**INFORMATION TO BE ADDED**

## DESCRIPTION OF AGENCY PLANNING PROCESS

### Internal/External Assessment and Issue Identification

In developing its *Strategic Plan*, Board and agency staff identified and analyzed those trends and resulting issues expected to have the most significant impact on the profession and regulation of pharmacy over the next five years. In 1986, 1990, 1998, 2000 and 2010, the agency conducted research into these areas utilizing a facilitator, who worked with the Board and agency staff.

This Strategic Plan has been the product of:

- overall review of the current Strategic Plan by the Board Members and agency staff (Internal Assessment) with a significant amount of input provided as to changes, issues, and updates that need to be addressed; and
- comments received from Board customers in response to a letter sent to the:
  - Deans of the Texas colleges of pharmacy;
  - Executive Directors of the Texas pharmacy professional organizations;
  - Executive Directors of national pharmacy professional organizations;
  - Executive Directors of national pharmacy technician professional organizations;
  - Executive Director of the National Association of Boards of Pharmacy;
  - Executive Directors of four Texas consumer advocacy groups;
  - Texas Commissioner of State Health Services; and
  - Executive Directors of two health regulatory agencies.

A list of the individuals who received an invitation for input and whether they responded is found in this Appendix.

The questions asked in the External Assessment were the following:

- As the agency updates its Strategic Plan, what are the issues in general, but specifically in health care, that will affect the practice of Pharmacy and the regulation of the practice, about which the agency should be concerned?
- How will any of these issues affect the agency's ability to carry out its mission?
- Which of these issues poses the greatest challenge for the agency in its ability to respond, and why?

- How should the agency attempt to respond to these issues and challenges?
- What do you see as the greatest area of opportunity for the agency?
- What can this Board do to establish or maintain a position of strength for both the profession and the agency?

The Board Members worked with staff to develop these Issue Statements and approved the final *Strategic Plan* at the May 2016 Board Business Meeting. Issues to be addressed by the *Strategic Plan* were identified as follows.

### **EXTERNAL ISSUES**

(Priority Issues Outside Of TSBP Rulemaking Authority Or Requiring Additional Appropriations)

The following nine issues were identified as the most important to the regulation of the practice of pharmacy in the State of Texas. These issues are outside of the Boards' authority or require additional appropriations to implement.

- Retirement of the Current Executive Director
- Diversion of Controlled Substances through the Dispensing of Prescriptions without a Valid Medical Need
- Maintaining Agency's Leadership Position in Pharmacy Practice Regulation through Adequate Staffing and Adequate Compensation of Highly Qualified Agency Personnel
- Increase Licensee Compliance with Laws and Rules Relating to the Practice of Pharmacy through Education of Licensees
- Underutilization of the Clinical Knowledge and Skills of Pharmacists in the Current Health Care System
- Multiple Standards for Pharmacy Practice in Small and Large Hospitals
- Physician Owned Pharmacies and Physician Dispensing
- Program for Pharmacy Technicians Who are Impaired by Chemical Abuse or Mental or Physical Illness
- Self-Directed/Semi-Independent Status for the Texas State Board of Pharmacy

### **INTERNAL ISSUES**

The following one issue was also identified as the most important to the regulation of the practice of pharmacy in the State of Texas. However, the Board is not asking for additional authority or funds to implement action on this issue.

- Appropriate Level of Training and Supervision for Pharmacy Technicians

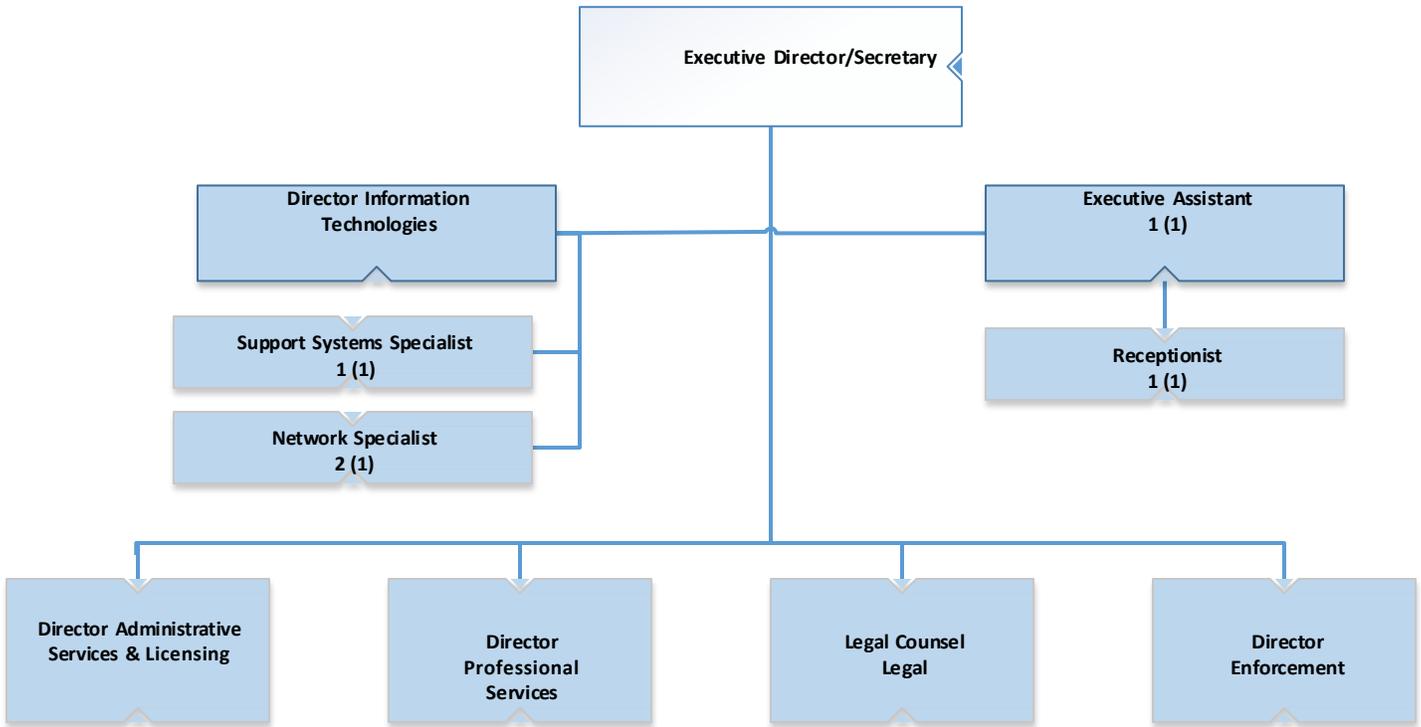
Texas Colleges of Pharmacy	Response Received
<p>Indra K. Reddy, Dean  Irma Lerma Rangel College of Pharmacy  Texas A&amp;M Health Science Center  MSC 131  1010 West Avenue B  Kingsville, TX 78363-8202</p>	
<p>Edward Stemley, Jr., Dean  College of Pharmacy and Health Sciences  Texas Southern University  3100 Cleburne Street  Houston, TX 77004</p>	
<p>Quentin Smith, Dean  School of Pharmacy  Texas Tech University Health Sciences Center  1300 South Coulter  Amarillo, TX 79106</p>	
<p>M. Lynn Crismon, Dean  The University of Texas at Austin  College of Pharmacy  2409 University Ave.  Mail Stop A1900  Austin, TX 78712-1113</p>	
<p>Dr. Lane Brunner, Dean  The University of Texas at Tyler  Ben and Maytee Fisch College of Pharmacy  3900 University Blvd.  Tyler, TX 75799</p>	
<p>Lamar Pritchard, Dean  University of Houston College of Pharmacy  4800 Calhoun, SR-2,141  Houston, TX 77201-5511</p>	
<p>Arcelia Johnson-Fannin, Dean  Feik School of Pharmacy  University of the Incarnate Word  703 E. Hildebrand  San Antonio, TX 78209</p>	
<p>Myron K. Jacobson, Dean  University of North Texas System  College of Pharmacy  3500 Camp Bowie Boulevard  Fort Worth, TX 76107</p>	

Texas Pharmacy Organizations	Response Received
Brad Shields Executive Director Texas Federation of Drug Stores 400 West 15 <sup>th</sup> Street, Suite 1405 Austin, TX 78701	October 15, 2015
Audra L. Conwell Executive Director/CEO Alliance of Independent Pharmacists of Texas 400 W. 15 <sup>th</sup> Street, Ste. 950 Austin, TX 78701	
Joe DaSilva, CAE Executive Director Texas Pharmacy Association 6207 Bee Caves, Suite 120 Austin, TX 78746	
Deanna Menesses, CAE Executive Director Texas Society of Health-System Pharmacists 3000 Joe DiMaggio, #30-A Round Rock, TX 78665-3994	October 14, 2015
Jay Bueche, R.PH. President Texas Federation of Drug Stores 400 West 15 <sup>th</sup> St. Suite 1405 Austin, TX 78701	
<b>State Public Health Officials</b>	
Kirk Cole Interim Commissioner Texas Department of State Health Services 1100 West 49 <sup>th</sup> Street Austin, TX 78756	October 21, 2015
Kathy Thomas, R.N. Executive Director Texas State Board of Nurse Examiners 333 Guadalupe St., Ste 3-460 Austin, TX 78701	
Mari Robinson, J.D. Executive Director Texas State Board of Medical Examiners 333 Guadalupe St., Ste 3-610 Austin, TX 78701	

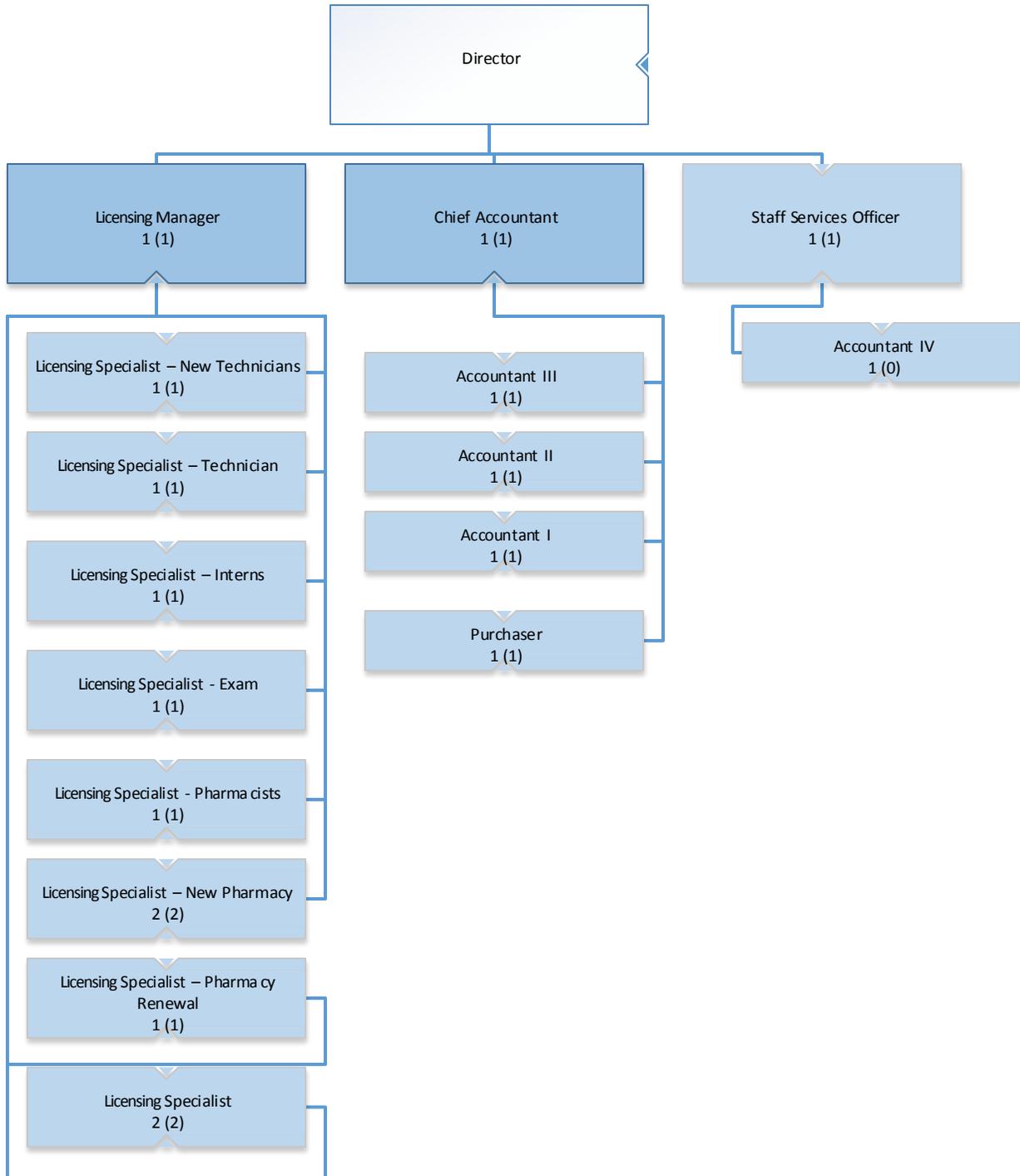
National Pharmacy Organizations	Response Received
<p>Carmen A. Catizone, MS., R.Ph., DPh.            Executive Director/Secretary            National Association of Boards of Pharmacy            1600 Feenhanville Drive            Mt. Prospect, IL 60056</p>	
<p>Everett B. McAllister, R.Ph., MPA            Executive Director/CEO            Pharmacy Technician Certification Board            2215 Constitution Avenue NW, Ste. 101            Washington, DC 20037</p>	
<p>Mary Staples            Director State Government Affairs            National Association of Chain Drug Stores            1560 East Southlake Blvd., Suite 230            Southlake, TX 76092</p>	<p>October 15, 2015</p>
<p>Douglas Hoey, R.Ph., M.B.A.            Executive Vice President, CEO            National Community Pharmacist Association            100 Daingerfield Road            Alexandria, VA 22314</p>	
<p>Judy Neville, B.S., CPHT            President            American Association of Pharmacy Technicians            P.O. Box 1447            Greensboro, NC 27402</p>	<p>October 15, 2015</p>
<p>Raulo S. Frear, Pharm.D.            President            Academy of Managed Care Pharmacy            100 North Pitt Street #400            Alexandria, VA 22314-3134</p>	
<p>Mike Johnston, CPhT            Chairman            National Pharmacy Technician Association            P.O. Box 683148            Houston, TX 77268</p>	
<p>Thomas E. Menighan, Pharm.D.            CEO and Executive Vice President            American Pharmacists Association            2215 Constitution Ave. NW            Washington, DC 20037</p>	

Michael R. Cohen, R.Ph., MS, ScD, FASHP President Institute for Safe Medication Practices 200 Lakeside Drive, Suite 200 Horsham, PA 19044-2321	
Paul W. Abramowitz, Pharm.D., Sc.D., FASHP Chief Executive Officer American Society of Health-System Pharmacists 7272 Wisconsin Avenue Bethesda, MD 20814	
Peter H. Vlasses, Pharm.D., DSc, BCPS, FCCP Executive Director Accreditation Council for Pharmacy Education 20 North Clark Street, Suite 2500 Chicago, IL 60602-5109	
Steven C. Anderson, IOM, CAE President & CEO National Association of Chain Drug Stores 413 North Lee Street Alexandria, VA 22314	
<b>Consumer Groups</b>	<b>Response Received</b>
A. Barry Rand, CEO American Association of Retired Persons 98 San Jacinto St., Ste. 750 Austin, TX 78701	October 8, 2015
Suzy Woodford Executive Director Common Cause Texas 603 West 13 <sup>th</sup> , Suite 2D Austin, TX 78701	
Tom "Smitty" Smith Director Public Citizen Texas 1303 San Antonio St. Austin, TX 78701-1636	
Gary Dugger Chairman & Covener Gray Panthers 3710 Cedar Street #15 Austin, TX 78705	

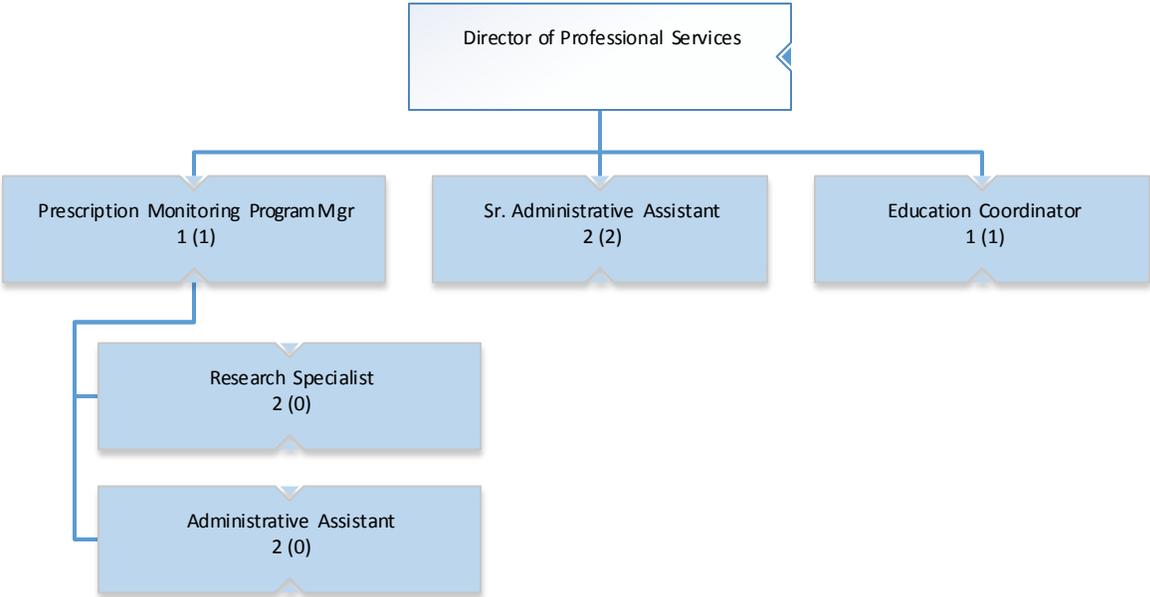
TEXAS STATE BOARD OF PHARMACY  
FISCAL YEAR 2016



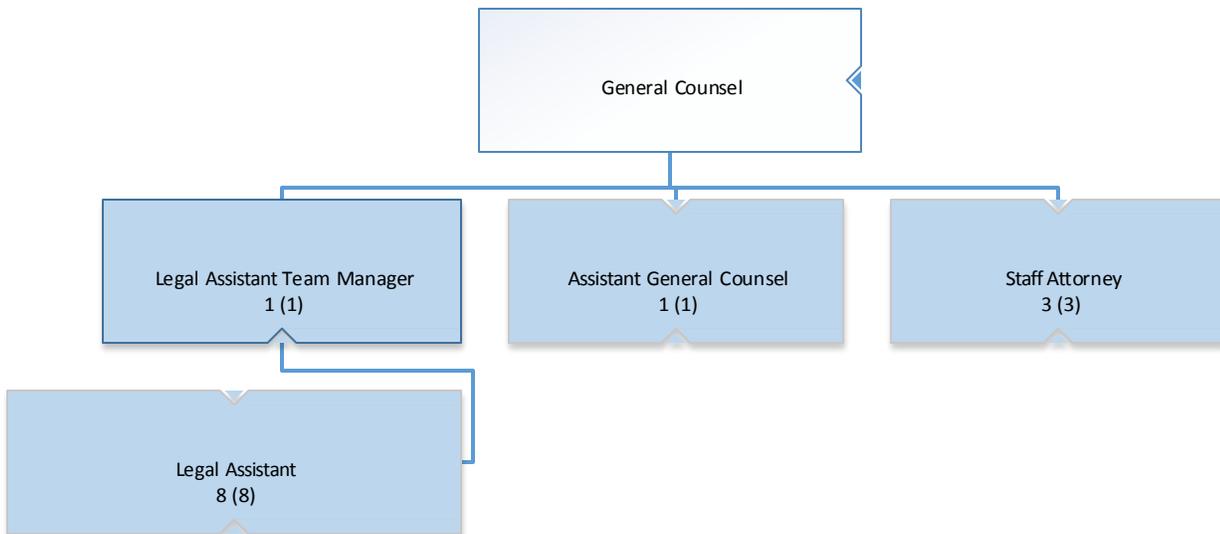
**ADMINISTRATIVE SERVICE & LICENSING DIVISION  
FISCAL YEAR 2016**



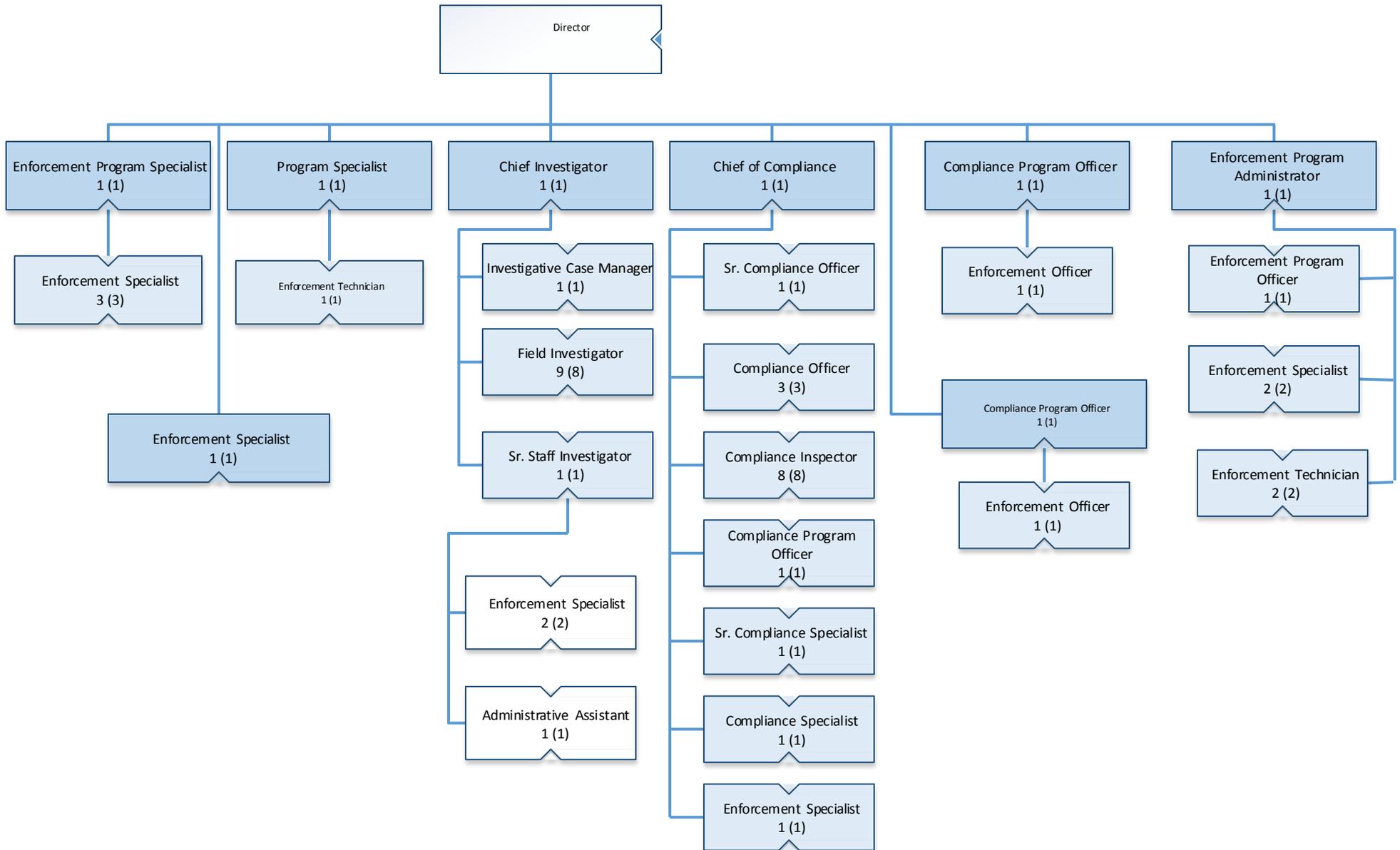
PROFESSIONAL SERVICES DIVISION  
FISCAL YEAR 2016



LEGAL DIVISION  
FISCAL YEAR 2016



# ENFORCEMENT DIVISION FISCAL YEAR 2016



**FISCAL YEARS 2017-2021  
PROJECTED OUTCOMES**

OUTCOME	2017	2018	2019	2020	2021
Percent of Licensees (Pharmacists and Pharmacies) With No Recent Violations (Disciplinary Action)	95%	95%	95%	95%	95%
Percent of Licensees Who Renew Online	94%	94%	94%	94%	94%
Percent of (Jurisdictional) Complaints Resolved Resulting in Disciplinary Action	11%	11%	11%	11%	11%

INFORMATION CURRENTLY NOT AVAILABLE

WAITING FOR LBB APPROVAL

## FISCAL YEAR 2017-2021 WORKFORCE PLAN

### I. Agency Overview

The Texas State Board of Pharmacy is an independent state health regulatory agency, operating under the authority of its enabling legislation, the Texas Pharmacy Act (Texas Occupations Code Ann., Chapters 555-566 and 568-569) and the Texas Dangerous Drug Act (Health and Safety Code, Chapter 483).

The policy-making body of the agency is an eleven member Board appointed by the Governor, with concurrence of the Senate, for staggered six year terms. Seven members of the Board must have been licensed pharmacists in Texas for five years immediately preceding appointment, be in good standing with the Board, and continue practice pharmacy while serving. In addition, the Board must have representation for licensed pharmacists who are primarily employed in community and institutional pharmacies. Three members of the Board must be representatives of the public (i.e., non-pharmacist, consumer representatives). One member of the Board must have been a registered pharmacy technician for five years immediately preceding appointment, be in good standing with the Board, and be acting as a pharmacy technician while serving.

In terms of the coverage of regulation, the Board has the responsibility of regulating three distinct but interrelated and inseparable elements:

- the persons who dispense prescription drugs to the public (pharmacists) and those who assist the pharmacist (pharmacy technicians);
- the place where prescription drugs are dispensed to the public (pharmacies); and
- the distribution of dangerous drugs (prescription drugs that are not classified as controlled substances). In addition, the Board has responsibility for the administration and the enforcement of the Texas Pharmacy Act and Texas Dangerous Drug Act.

As of August 2015, the agency licensed approximately 31,807 pharmacists, 7,914 pharmacies, and registers 60,767 pharmacy technicians and trainees over a land area of approximately 270,000 square miles. The agency's limited number of Compliance Officers/Inspectors and Investigators are challenged in the regular monitoring of these licensees by travel distances. All geographic regions are served by the agency. The agency's field staff of 12 Compliance Officers/Inspectors and nine Investigators are each assigned regions that when combined encompass the entire state, including the Texas border regions. In addition, medically underserved areas present specific challenges for comprehensive inspection/investigative efforts. These areas are defined as locales where medical care and specifically, pharmacy services, may be inaccessible due to distance and lack of transportation, and lack of (or inadequate) insurance coverage. Medically underserved areas may occur in rural or sparsely populated areas of the state and in some densely populated urban areas of Texas.

The Executive Director/Secretary serves as the executive officer of the agency, and as such is an ex-officio member of the Board. The Executive Director/Secretary is responsible for advising the Board on policy matters, implementing Board policy, and managing the agency on a day-to-day basis.

The agency operates under a modified system of Management-By-Objectives (MBO). Goals and objectives are reviewed and approved annually by the Board Members. These objectives are directly tied to the agency's *Strategic Plan* and "operationalize" the *Strategic Plan*. The Executive Director manages the staff to accomplish the adopted objectives.

The Director of Administrative Services and Licensing is responsible for overall supervision of the Licensing and Administrative Services programs including the licensing of pharmacies and pharmacists, registration of interns and pharmacy technicians, and the ongoing renewal of licenses and registrations; as well as personnel, finance, purchasing, and risk management services.

The Director of Enforcement is responsible for the investigation and resolution of complaints; conducting inspections of pharmacies and non-licensed facilities; monitoring licensees' and registrants' compliance with the terms and conditions specified in disciplinary orders; and providing technical assistance regarding laws/rules governing the practice of pharmacy.

The Director of Professional Services is responsible for the drafting of proposed rules relating to the practice of pharmacy; providing information, including responses to requests for records relating to complaints, disciplinary orders, licensing records and inspection records; publication of *TSBP Newsletter*; speaking engagements; developing pharmacy law questions for the Texas pharmacy jurisprudence examination; and conducting continuing education audits of pharmacists and technicians. The Director of Professional Services is also responsible for the overall supervision and implementation of the Prescription Monitoring Program.

The General Counsel is responsible for preparing and prosecuting cases referred to the division after investigation and for assisting the Professional Services Division in the developing law questions for the Texas Pharmacy Jurisprudence Examination and the drafting of proposed rules relating to the practice of pharmacy.

The Director of Information Technology is responsible for the management of information services and these program services are shared among the divisions of the agency. An organizational chart of the agency can be found in *Appendix B*.

**A. Agency 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, through the regulation of: the practice of pharmacy; the operation of pharmacies; and the distribution of prescription drugs in the public interest.

**B. Strategic Goals and Objectives**

<b>GOAL 1</b>	To establish and implement reasonable standards for pharmacist, pharmacy technician and pharmacy technician trainee education and practice, and for the operations of pharmacies to assure that safe and effective pharmaceutical care is delivered to the citizens of Texas [Texas Pharmacy Act (Occupations Code, Sec. 555-566 and 568-569)].
Objective	Continue to operate a licensure system for pharmacists, pharmacy technicians, pharmacy technician trainees, and pharmacies that will assure that 100% of pharmacists, 100% of licensees and registrants meet minimum licensing standards through 2019.
Strategy	Operate a timely, cost-effective application and renewal licensure system for pharmacies and pharmacists, pharmacy technicians and pharmacy technician trainees.

<b>GOAL 2</b>	To assertively and swiftly enforce all laws relating to the practice of pharmacy to ensure that the public health and safety are protected from the following: incompetent pharmacists, pharmacy technicians and pharmacy technician trainees; unprofessional conduct, fraud, and misrepresentation by licensees; and diversion of prescription drugs from pharmacies; and to promote positive patient outcomes through the following: reduction of medication errors by encouraging or requiring licensees to implement self-assessment programs and continuous quality improvement programs, including peer review processes; and enforcement of rules relating to patient counseling and drug regimen review, including prevention of misuse and abuse of prescription drugs. [Texas Pharmacy Act (Occupations Code, Sec. 551-569), and Health and Safety Code, Chapter 483, Dangerous Drugs].
Objective	Through 2019, deter and reduce the incidence of violations of the law through compliance inspections of 40% of the licensed pharmacies located in Texas each year; through technical assistance to licensees; through education and increased licensee access to information; and to resolve/close complaints received within 200 days of receipt.
Strategy 1	Emphasize preventive enforcement by conducting compliance inspections of pharmacies, promote voluntary compliance by providing information, education and technical assistance to licensees; and protect public health and safety by receiving, investigating, and resolving complaints, disciplining licensees, and monitoring compliance with disciplinary orders resulting from board adjudication.
Strategy 2	Operate a Peer Assistance Program by monitoring the growth, development, and compliance of a program to aid pharmacists and eligible pharmacy students impaired by chemical abuse or mental or physical illness, and monitor the success of individuals in the program.

### **C. Anticipated Changes in Strategies**

The Texas State Board of Pharmacy (TSBP) has identified several agency initiatives that are contained in the *Strategic Plan*, some of which may significantly impact the agency’s business and workforce. A sample of these initiatives is listed below (see the TSBP *Strategic Plan* for a complete listing, found under each *Policy Issue*).

- Work with associations and the Legislature to amend the Pharmacy Act to give the Board the authority to mandate that all pharmacies implement continuous quality improvement programs that include peer review.
- Work in partnership with other state and national pharmacy regulatory organizations and professional associations to ensure that the Pharmacy Act continues to provide the greatest protection for the citizens of Texas while not inhibiting the implementation of new and progressive healthcare and pharmaceutical care systems.

- Actively participate with other healthcare providers, legislators, and regulators in establishing initiatives to advance the safe and appropriate use of technology in pharmacy practice.
- Be proactive in developing educational and practice guidelines for well-qualified pharmacy technicians to facilitate the changing pharmacy practice paradigms.
- Remain progressive in initiatives focused on enhanced patient outcomes, with continued examination of those issues that are truly important while embracing current technology, gaining broad-based input, and acting aggressively and fairly to hold pharmacists accountable for the patient care they provide.

## **II. Current Workforce Profile (Supply Analysis)**

### ***A. Critical Workforce Skills***

There are several critical skills and knowledge areas that are important to the agency's ability to operate. Without these skills and knowledge areas, the TSBP could not provide basic business functions. They are as follows:

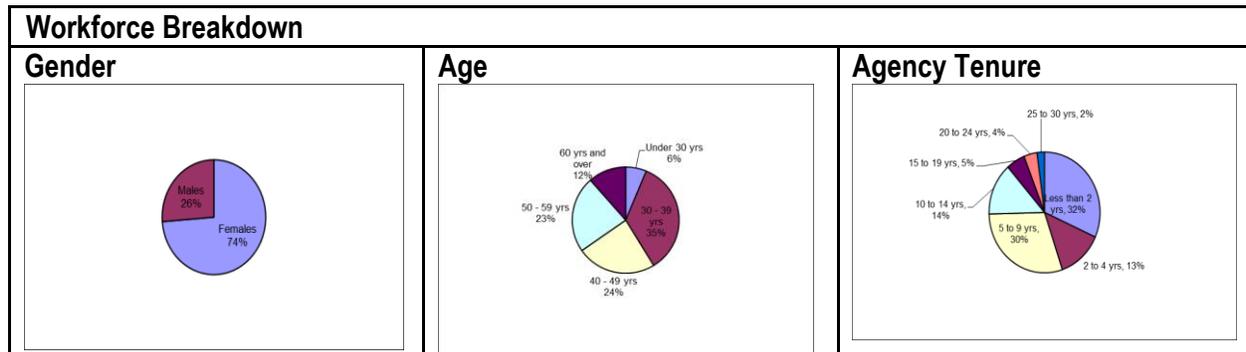
- extensive knowledge of healthcare systems and the practice of pharmacy and drug distribution, including legal and regulatory requirements;
- extensive knowledge of state administrative rules and regulations, including the management of human resources, budgetary, and appropriations process;
- extensive knowledge of information resource systems, including web-based applications;
- thorough knowledge of the Texas Administrative Procedures Act, rules of evidence, and other administrative and criminal laws and procedures;
- thorough knowledge of investigative procedures; and
- strong interpersonal skills and customer service.

Additionally, a license to practice pharmacy by the TSBP is a critical requirement for many of the agency's positions, including the Executive Director/Secretary.

## B. Workforce Demographics

The following **Table 1** profiles the agency's workforce as of August 31, 2015. The TSBP workforce is comprised of 26% males and 74% females. In addition, 59% of our employees are over the age of 40 and 45% of our employees have less than five year's agency service. These percentages are high enough to warrant strong training programs to ensure our employees are able to assume key positions in the event of unexpected turnover.

**Table 1**



The agency's overall workforce profile, as shown in **Table 2**, indicates that the agency needs to increase its efforts to recruit and retain qualified minority applicants at all levels of job categories.

**Table 2\***

Agency EEO Data	WHITE		BLACK		HISPANIC		OTHER		TOTAL		GRAND TOTAL
	M	F	M	F	M	F	M	F	M	F	
	Administrators	1	5	0	0	0	0	0	0	1	
Professional	7	14	0	3	2	1	0	0	9	18	27
Para-Prof	11	20	0	1	2	12	0	0	13	33	46
Admin Support	1	5	0	2	0	4	0	0	1	11	12
<b>TOTALS</b>	<b>20</b>	<b>44</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>67</b>	<b>91</b>

\*Data reflects actual staff as of 8/31/15.

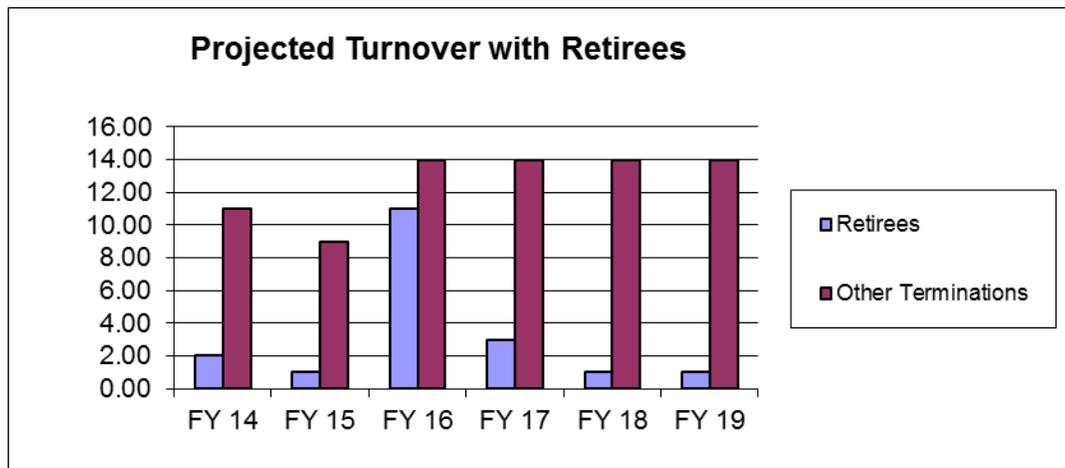
## C. Employee Turnover

Agency employee turnover increased from 5% in FY2009 to 11.4% in FY2010 and again increased to 12.9% in FY2013, the majority citing "better pay/benefits" as the reason for leaving the agency. The turnover rate dropped in FY2015 to 9.8% which is better than the overall state of Texas turnover rate of 18.9%.

The turnover in pharmacist staff was much more significant from FY2000 through FY2012 when the agency went from ten pharmacists (non-management) in FY2000 to four pharmacists (non-management) in FY2012. This loss of pharmacist staff was especially disturbing since the pharmacist staff is a part of the succession for the Executive Director position, which is statutorily required to be a pharmacist. The reason for the high turnover rate can be directly attributed to an agency lack of funding for salaries.

The 83rd Legislative Session funded the agency to hire two additional staff pharmacists based in the Austin office. During the 85<sup>th</sup> Legislative Session the Legislature increased the salary range for a Pharmacist II to \$92,390 - \$156,256 and for a Pharmacist III to \$111,793 - \$189,069. However, even though the Legislature established these new salary ranges, the agency was not funded to hire pharmacists at the increased salaries and the budgeted salaries do not even reach the entry salary of a Pharmacist III.

#### D. Retirement Eligibility



### III. Future Workforce Profile (Demand Analysis)

One key factor that continues to affect the ability of the agency to serve and protect the public interest is the increased demand for agency services in every area of its operation. Dramatic increases in the demand for licensing, enforcement, and information services are well documented throughout the *Strategic Plan* and in the agency's budget requests. This continued increase in demand for services, together with the increase in the complex nature of modern health and pharmaceutical care, continues to tax the agency's ability to respond to future challenges.

### IV. Gap Analysis

After analyzing the workforce information, TSBP has determined there are two primary gaps between the agency's workforce supply and demand that must be addressed.

- Key positions in management, including the Executive Director/Secretary position, are not being targeted for succession planning although three of the five management staff has been identified as eligible for retirement immediately.
- Historically, TSBP has not been able to attract and retain qualified pharmacists due to the inadequate funding of the agency by the legislature which results in the agency not being able to offer salaries that are competitive to those paid in the private sector.

## V. STRATEGY DEVELOPMENT

<b>GAP</b>	<b><i>LACK OF SUCCESSION PLANNING FOR THE EXECUTIVE DIRECTOR/SECRETARY AND KEY MANAGEMENT STAFF</i></b>
<b>Goal</b>	Develop a competent, well-trained workforce.
<b>Rationale</b>	The training and development of current employees is critical to the success of the agency. TSBP should continue analyzing existing staff to determine which employees demonstrate the potential or interest to develop new competencies and assume new or modified positions.
<b>Action Steps</b>	<ul style="list-style-type: none"> <li>• Request additional funding in the next legislative session to increase the compensation of the exempt line item position of Executive Director/Secretary.</li> <li>• Expand training programs to include programs such as effective leadership and contemporary management training skills, effective project management, and assessing and managing risks.</li> <li>• Conduct an assessment of the level of risk facing the agency regarding the potential loss of knowledge particularly in areas where loss is likely due to the imminent loss of key employees.</li> </ul>
<b>GAP</b>	<b><i>TSBP CANNOT ATTRACT AND RETAIN QUALIFIED PHARMACISTS</i></b>
<b>Goal</b>	Become an employer of choice.
<b>Rationale</b>	If the agency is to recruit and retain qualified pharmacists, TSBP must take affirmative actions with the legislature to increase agency appropriations to secure qualified pharmacists. TSBP will also continue to re-examine its organizational structure and requirements to see if other job classifications could meet the needs of these positions.
<b>Action Step</b>	Request additional appropriations to enhance employee compensation, especially in the recruitment and retention of pharmacists.



# SURVEY OF EMPLOYEE ENGAGEMENT

Board of Pharmacy  
Executive Summary  
**2015**

# Executive Summary

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## Introduction

**THANK YOU** for your participation in the Survey of Employee Engagement (SEE). We trust that you will find this information helpful in your leadership planning and organizational development efforts. The SEE is specifically focused on the key drivers relative to the ability to engage employees towards successfully fulfilling the vision and mission of the organization.

Inside this report, you will find many tools to assist you in understanding the engagement of your employees. Your first indication of engagement will be the response rate of your employees. From there, we share with you the overall score for your organization, averaging all survey items. You will also find a breakdown of the levels of engagement found among your employees. We have provided demographic information about the employees surveyed as well as what percent are leaving or retiring in the near future. Then, this report contains a breakdown of the scoring for each construct we surveyed, highlighting areas of strength and areas of concern. Finally, we have provided Focus Forward action items throughout the report and a timeline suggesting how to move forward with what you have learned from the survey results.

Your report represents aggregate data, but some organizations will want further information. For example, the SEE makes it possible to see results broken down by demographic groupings. We would enjoy hearing how you've used the data, and what you liked and disliked about the SEE experience. We are here to help you engage your employees in achieving your vision and mission.



Noel Landuyt  
Associate Director  
Institute for Organizational Excellence

## Organization Profile



**Board of Pharmacy**

**Organizational Leadership:**  
Gay Dodson, Exec. Director/Secretary

**Benchmark Categories:**  
Size 2: Organizations with 26 to 100 employees  
Mission 8 : Regulatory

### Survey Administration

Collection Period:  
12/08/2015 through 12/26/2015

Survey Liaison:  
Becky Damon  
333 Guadalupe, Ste 3-600  
Austin, TX 78701

(512) 305-8026  
becky.damon@tsbp.state.tx.us

## The Survey

**48**  
Primary  
Items

### Primary Items

The Survey of Employee Engagement (SEE) consists of a series of 48 primary items used to assess essential and fundamental aspects of how the organization functions. The items are on a 5-point scale from Strongly Disagree (1) to Strongly Agree (5).

### Demographic Items

Also included on the SEE instrument are a series of items to ascertain the demography of the respondents.

### Constructs

Similar items are grouped together, and their scores are averaged to produce twelve construct measures. These constructs capture the concepts most utilized by leadership and drive organizational performance and engagement.

**12**  
Constructs



**2**  
Key  
Scores

### Overall Score

The Overall Score is an average of all survey items and represents the overall score for the organization. It is a broad indicator for comparison purposes with other entities.

### Levels of Employee Engagement

Twelve items crossing several survey constructs have been selected to assess the level of engagement (high, moderate, or low) among individual employees.

### 0 Breakout Categories

Organizations can use breakout categories to get a cross-sectional look at specific functional or geographic areas. Your organization did not use breakout categories.

### 0 Additional Items

Organizations can customize their survey with up to 20 additional items. These items can target issues specific to the organization. Your organization did not use additional items.

# Employee Engagement

# 75%

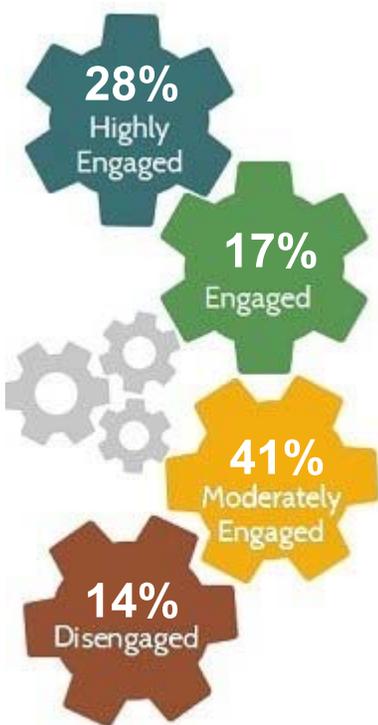
Down 5.3%

## Response Rate

The response rate to the survey is your first indication of the level of employee engagement in your organization. Of the 92 employees invited to take the survey, 69 responded for a response rate of 75%. As a general rule, rates higher than 50% suggest soundness, while rates lower than 30% may indicate problems. At 75%, your response rate is considered high. High rates mean that employees have an investment in the organization and are willing to contribute towards making improvements within the workplace. With this level of engagement, employees have high expectations from leadership to act upon the survey results.

## Overall Score

The overall score is a broad indicator for comparison purposes with other entities. Scores above 350 are desirable, and when scores dip below 300, there should be cause for concern. Scores above 400 are the product of a highly engaged workforce. **Your Overall Score from last time was 380.**



## Levels of Employee Engagement

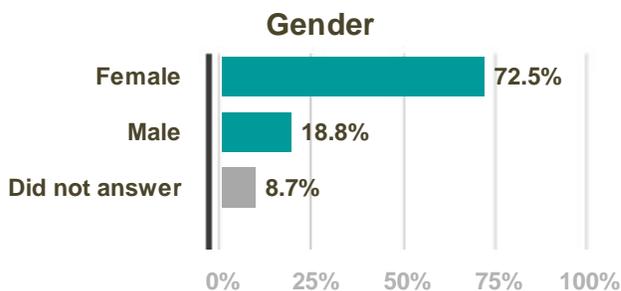
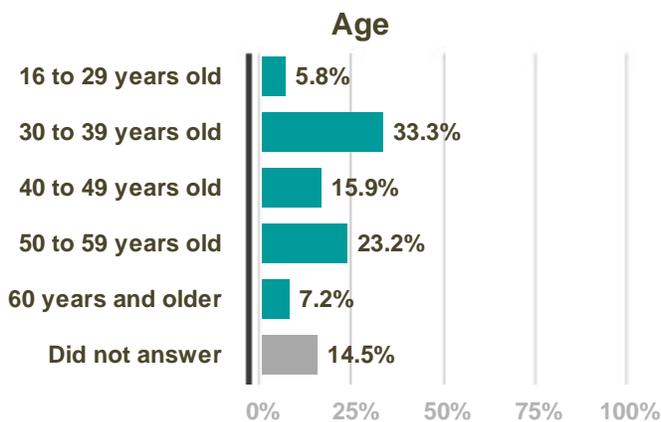
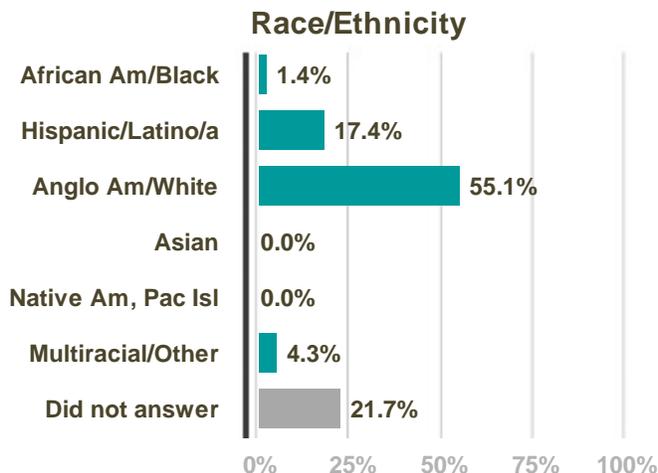
Twelve items crossing several survey constructs have been selected to assess the level of engagement among individual employees. For this organization, 28% of employees are Highly Engaged, 17% are Engaged, 41% are Moderately Engaged, and 14% are Disengaged.

Highly Engaged employees are willing to go above and beyond in their employment. Engaged employees are more present in the workplace and show an effort to help out. Moderately Engaged employees are physically present, but put minimal effort towards accomplishing the job. Disengaged employees are disinterested in their jobs and may be actively working against their coworkers.

For comparison purposes, according to nationwide polling data, about 30% of employees are Highly Engaged or Engaged, 50% are Moderately Engaged, and 20% are Disengaged. While these numbers may seem intimidating, they offer a starting point for discussions on how to further engage employees. Focus on building trust, encouraging the expression of ideas, and providing employees with the resources, guidance, and training they need to do their best work.

# People

Examining demographic data is an important aspect of determining the level of consensus and shared viewpoints across the organization. A diverse workforce helps ensure that different ideas are understood, and that those served see the organization as representative of the community. Gender, race/ethnicity, and age are just a few ways to measure diversity. While percentages can vary among different organizations, extreme imbalances should be a cause for concern.



## YEARS OF SERVICE With this Organization



30% New Hires (0-2 years)  
 33% Experienced (3-10 years)  
 26% Very Experienced (11+ years)  
 10% Did Not Answer

*Each figure represents 1 employee.*

## FOCUS FORWARD >>>

**4%** INTEND TO LEAVE

Understand why people are leaving your organization by examining retention factors such as working conditions, market competitiveness, or upcoming retirement. Focus efforts on the factors with the greatest impact on turnover and consider using exit surveys to target specific issues.

**16%** CAN RETIRE

This percentage of respondents indicated that they are eligible for retirement, or will be within the next

# Constructs

**EMPLOYEE ENGAGEMENT**  
INSTITUTE FOR ORGANIZATIONAL EXCELLENCE

Similar items are grouped together and their scores are averaged and multiplied by 100 to produce 12 construct measures. These constructs capture the concepts most utilized by leadership and drive organizational performance and engagement.

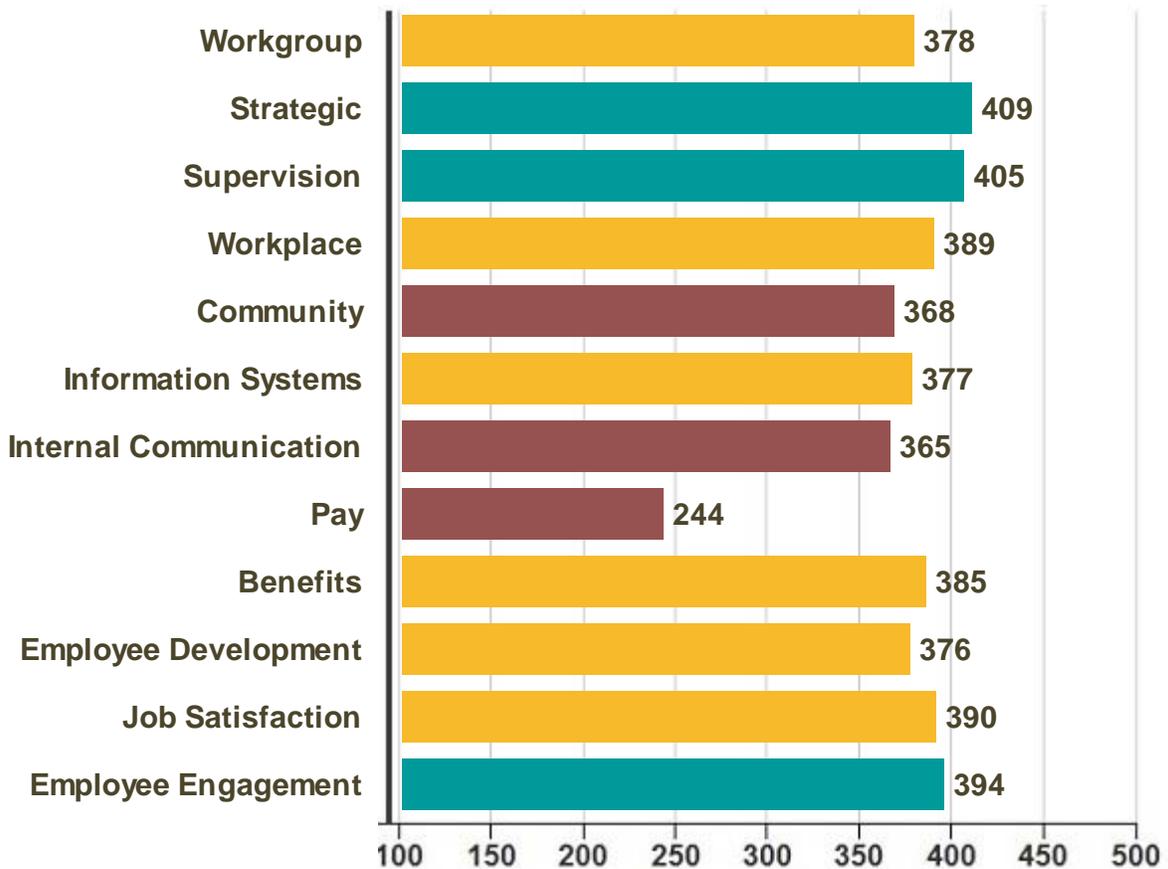
Each construct is displayed below with its corresponding score. Constructs have been coded below to highlight the organization's areas of strength and concern. The three highest are green, the three lowest are red, and all others are yellow. Scores typically range from 300 to 450, and 350 is a tipping point between positive and negative perceptions. The lowest score for a construct is 100, while the highest is 500.

4

## FOCUS FORWARD >>>

Every organization faces different challenges depending on working conditions, resources, and job characteristics. On the next page, we highlight the constructs that are relative strengths and concerns for your organization. While it is important to examine areas of concern, this is also an opportunity to recognize and celebrate areas that employees have judged to be strengths. All organizations start in a different place, and there is always room for improvement within each area.

Constructs



## Areas of Strength and Concern

### Areas of Strength



#### Strategic

**Score: 409**

The strategic construct captures employees' perceptions of their role in the organization and the organization's mission, vision, and strategic plan. Higher scores suggest that employees understand their role in the organization and consider the organization's reputation to be positive.



#### Supervision

**Score: 405**

The supervision construct captures employees' perceptions of the nature of supervisory relationships within the organization. Higher scores suggest that employees view their supervisors as fair, helpful and critical to the flow of work.



#### Employee Engagement

**Score: 394**

The employee engagement construct captures the degree to which employees are willing to go above and beyond, feel committed to the organization and are present while working. Higher scores suggest that employees feel their ideas count, their work impacts the organization and their well-being and development are valued.

### Areas of Concern



#### Pay

**Score: 244**

The pay construct captures employees' perceptions about how well the compensation package offered by the organization holds up when compared to similar jobs in other organizations. Lower scores suggest that pay is a central concern or reason for discontent and is not comparable to similar organizations.



#### Internal Communication

**Score: 365**

The internal communication construct captures employees' perceptions of whether communication in the organization is reasonable, candid and helpful. Lower scores suggest that employees feel information does not arrive in a timely fashion and is difficult to find.



#### Community

**Score: 368**

The community construct captures employees' perceptions of the relationships between employees in the workplace, including trust, respect, care, and diversity among colleagues. Lower scores suggest that employees feel a lack of trust and reciprocity from their colleagues.

# Climate

The climate in which employees work does, to a large extent, determine the efficiency and effectiveness of an organization. The appropriate climate is a combination of a safe, non-harassing environment with ethical abiding employees who treat each other with fairness and respect. Moreover, it is an organization with proactive management that communicates and has the capability to make thoughtful decisions. Below are the percentages of employees who marked disagree or strongly disagree for each of the 6 climate items.

<p><b>17.4%</b></p> <p>feel that <b>upper management</b> should communicate better.</p> <p>Upper management should make efforts to be visible and accessible, as well as utilize intranet/internet sites, email, and social media as appropriate to keep employees informed.</p>	<p><b>13.0%</b></p> <p>believe the <b>information from this survey</b> will go unused.</p> <p>Conducting the survey creates momentum and interest in organizational improvement, so it's critical that leadership acts upon the data and keeps employees informed of changes as they occur.</p>	<p>Highest Level of Disagreement</p> 
<p><b>8.7%</b></p> <p>feel there aren't enough opportunities to give <b>supervisor feedback</b>.</p> <p>Leadership skills should be evaluated and sharpened on a regular basis. Consider implementing 360 Degree Leadership Evaluations so supervisors can get feedback from their boss, peers, and direct reports.</p>	<p><b>5.8%</b></p> <p>feel there are <b>issues with ethics</b> in the workplace.</p> <p>An ethical climate is the foundation of building trust within an organization. Reinforce the importance of ethical behavior to employees, and ensure there are appropriate channels to handle ethical violations.</p>	
<p><b>4.3%</b></p> <p>feel they are <b>not treated fairly</b> in the workplace.</p> <p>Favoritism can negatively affect morale and cause resentment among employees. When possible, ensure responsibilities and opportunities are being shared evenly and appropriately.</p>	<p><b>0.0%</b></p> <p>feel <b>workplace harassment</b> is not adequately addressed.</p> <p>While no amount of harassment is desirable within an organization, percentages <b>above 5%</b> require a serious look at workplace culture and the policies for dealing with harassment.</p>	 <p>Lowest Level of Disagreement</p>

## FOCUS FORWARD >>>

After the survey data has been compiled, the results are returned approximately one to two months after data collection stops. Survey results are provided in several formats to provide maximum flexibility in interpreting the data and sharing the data with the entire organization. The quick turnaround in reporting allows for immediate action upon the results while they are still current.

### Survey Results Received

Executive Summaries, Data Reports, and Excel data are provided for the organization as a whole and for breakout categories. Any of these formats can be used alone or in combination to create rich information on which employees can base their ideas for change.



**JAN**  
2016

**FEB**  
2016



### Review Survey Data

Review the data and summaries with the executive staff, and develop a plan for circulating the data to all employees. Several types of benchmark scores provide relevant external comparisons, and breakdown categories can be used to make internal comparisons.

### Share with All Employees

Share results by creating reports, newsletters, or PowerPoint presentations providing data along with illustrations pertinent to the organization. Have employees participate in small work unit groups to review reports as they are distributed.



**MAR**  
2016

**APR**  
2016



### Engage Employees in Change

Designate the Change Team composed of a diagonal slice across the organization that will guide the effort. Review the organization's strengths and brainstorm on how to best address weaknesses. Provide employees with comment cards to express their ideas.

### Move Forward with Change

Have the Change Team compile the priority change topics and action points, and present them to the executive staff. Discuss the administrative protocols for implementing the changes. Determine the plan of action, set a reasonable timeline, and keep employees informed of changes.



**JUN**  
2016

**AUG**  
2016



### Sharpen Your Focus

Further data breakdowns and custom reports are available. We also offer leadership assessments, employee pulse and exit surveys, and customer satisfaction surveys. Consultation time for presentations and focus groups is available as well. Please contact us at any time: [www.survey.utexas.edu](http://www.survey.utexas.edu)

### Resurvey

Administer the Survey of Employee Engagement again to document the effectiveness of your change efforts.



**OCT**  
2017



## Demographic Items

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Survey respondent information reports the response rate and frequency information for all demographic variables that were asked of participants. Response Rate is a good indicator of employees' willingness to engage in efforts to improve the organization. Scope of Participation is a gauge to see whether or not employees by demographic characteristics participated in the survey.

### Response Rate

Your response rate is the percentage of surveys distributed divided by the number of valid surveys received. For category reports, we only report the response rate for the organization as a whole.

### What is a good response rate?

If your organization sampled employees, the answer must take into consideration size, sampling strategy, variance, and error tolerance. When all employees are surveyed (census), a general rule for organizations of at least 500, is that a 30% rate is a low, but an acceptable level of response. In general, response rates of greater than 50% (regardless of number of employees) indicate a strong level of participation.

### What about non-respondents?

First, you should review the scope of participation discussed in the following paragraph. Second, you need to ascertain whether or not a more focused effort is needed to determine why some groups did not respond.

### Scope of Participation

Respondent information is used as a gauge of the scope of participation. For example, the percentages of male and female respondents should roughly mirror your organization's gender composition. This should be true for the other demographic categories. If not, consider whether or not additional efforts need to be made to engage those low participating categories. It is important to note the following:

- If less than five respondents selected a demographic variable, "Less Than Five" and "Not Available" is reported to protect the respondents' anonymity.
- Participants have the option to skip items or select prefer not to answer. Both of these non-responses are combined to give a total "Prefer not to answer" count.

## Demographic Items

Total Respondents: 69  
 Surveys Distributed: 92  
 Response Rate: 75%

**Number  
of Survey  
Respondents**

**Percent  
of Survey  
Respondents**

### My highest education level

Did not finish high school:	Less than 5	Not Available
High school diploma (or GED):	Less than 5	Not Available
Some college:	14	20.29%
Associate's Degree:	5	7.25%
Bachelor's Degree:	30	43.48%
Master's Degree:	7	10.14%
Doctoral Degree:	Less than 5	Not Available
Prefer not to answer:	6	8.70%

### I am

Female:	50	72.46%
Male:	13	18.84%
Prefer not to answer:	6	8.70%

### My annual salary (before taxes)

Less than \$15,000:	Less than 5	Not Available
\$15,000-\$25,000:	Less than 5	Not Available
\$25,001-\$35,000:	11	15.94%
\$35,001-\$45,000:	18	26.09%
\$45,001-\$50,000:	10	14.49%
\$50,001-\$60,000:	8	11.59%
\$60,001-\$75,000:	Less than 5	Not Available
More than \$75,000:	10	14.49%
Prefer not to answer:	9	13.04%

### My age (in years)

16-29:	Less than 5	Not Available
30-39:	23	33.33%
40-49:	11	15.94%
50-59:	16	23.19%
60+:	5	7.25%
Prefer not to answer:	10	14.49%

## Demographic Items

Total Respondents: 69  
 Surveys Distributed: 92  
 Response Rate: 75%

	<b>Number of Survey Respondents</b>	<b>Percent of Survey Respondents</b>
--	---------------------------------------------	----------------------------------------------

### Years of service with this organization

Less than 1:	5	7.25%
1-2:	16	23.19%
3-5:	6	8.70%
6-10:	17	24.64%
11-15:	7	10.14%
16+:	11	15.94%
Prefer not to answer:	7	10.14%

### My race/ethnic identification

African-American or Black:	Less than 5	Not Available
Hispanic or Latino/a:	12	17.39%
Anglo-American or White:	38	55.07%
Asian:	Less than 5	Not Available
American Indian or Pacific Islander:	Less than 5	Not Available
Multiracial or Other:	Less than 5	Not Available
Prefer not to answer:	15	21.74%

### I am currently in a supervisory role.

Yes:	13	18.84%
No:	54	78.26%
Prefer not to answer:	Less than 5	Not Available

### I received a promotion during the past two years.

Yes:	7	10.14%
No:	59	85.51%
Prefer not to answer:	Less than 5	Not Available

### I received a merit increase during the past two years.

Yes:	53	76.81%
No:	13	18.84%
Prefer not to answer:	Less than 5	Not Available

## Demographic Items

---

Total Respondents: 69  
 Surveys Distributed: 92  
 Response Rate: 75%

	<b>Number of Survey Respondents</b>	<b>Percent of Survey Respondents</b>
--	---------------------------------------------	----------------------------------------------

### I plan to be working for this organization in one year.

Yes:	53	76.81%
No:	Less than 5	Not Available
Prefer not to answer:	13	18.84%

### I am eligible for retirement within the next two years.

Yes:	11	15.94%
No:	56	81.16%
Prefer not to answer:	Less than 5	Not Available

## Primary Items

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For the primary items (numbered 1-48), participants were asked to indicate how they agreed with each positively phrased statement. If participants did not have information or the item did not apply, they were to select don't know/not applicable.

## Reported Data

Each primary item is returned with the item text and two types of reported numerical data, response data and benchmark data. The following definitions correspond to survey items:

## Response Data

- **Score** is calculated by averaging all item responses on a five point scale ranging from 5=Strongly Agree to 1=Strongly Disagree. If the participant selected Don't Know/Not Applicable, their response is considered a valid response, but it is not used in the calculation of the score.
- **Standard Deviation** calculates the level of agreement. Large deviations indicate greater levels of disagreement. For this report, you can expect standard deviations to be between .7 and 1.10.
- **Total Respondents** is the number of valid responses including Don't Know/Not Applicable. If everyone did not answer every item, the number of respondents for an item is less than the number of respondents reported in your response rate.
- **Respondents** is the number of participants who selected each item (strongly agree, agree, etc.).
- **Percentage** is the number of participants who selected each item (strongly agree, agree, etc.) divided by the total number of valid responses.
- **Percent Agreement** is the number of participants who agreed with the item (strongly agree or agree) divided by the total number of valid responses.

## Benchmark Data

- **Past Score** is your organization's score reported from the previous iteration, if available.
- **Similar Mission** is the average score from organizations that share a similar mission to your organization.
- **Similar Size** is the average score from organizations that are a similar size to your organization.
- **All Organizations** is the average score from all organizations.

## Interpreting Data

Any interpretation of data must be done in context of the organizational setting and environmental factors impacting the organization. Regardless of the averages, scores range from areas of strength to areas of concern. In general, most scores are between 3.25 and 3.75. Scores below a 3.25 are of concern because they indicate general dissatisfaction. Scores above 3.75 indicate positive perceptions. When available, over time data provides previous scores from and benchmark data comparative scores. In general (because various factors and statistical test would be needed to confirm), scores that have changed or differ by .2 may be significant.

## Primary Items

	<b>1. My work group cooperates to get the job done.</b>	<b>78% Agreement</b>																												
		<b>SCORE: 4.07</b> Std. Dev.: 0.85 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: 4.25 Similar Mission: 4.20 Similar Size: 4.27 All Orgs: 4.18																												
<table border="1"> <thead> <tr> <th></th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Response:</td> <td>Agree</td> <td>Agree</td> <td>Neutral</td> <td>Disagree</td> <td>Strongly Disagree</td> <td>Don't Know/NA</td> </tr> <tr> <td>Respondents:</td> <td>23</td> <td>31</td> <td>10</td> <td>4</td> <td>0</td> <td>1</td> </tr> <tr> <td>Percentage:</td> <td>33.33%</td> <td>44.93%</td> <td>14.49%</td> <td>5.80%</td> <td>0.00%</td> <td>1.45%</td> </tr> </tbody> </table>				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Response:	Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	23	31	10	4	0	1	Percentage:	33.33%	44.93%	14.49%	5.80%	0.00%	1.45%
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																								
Response:	Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																								
Respondents:	23	31	10	4	0	1																								
Percentage:	33.33%	44.93%	14.49%	5.80%	0.00%	1.45%																								
	<b>2. In my work group, my opinions and ideas count.</b>	<b>74% Agreement</b>																												
		<b>SCORE: 3.87</b> Std. Dev.: 1.07 Total Respondents: 68 <b>BENCHMARKS</b> Past Score: 3.73 Similar Mission: 3.81 Similar Size: 3.78 All Orgs: 3.70																												
<table border="1"> <thead> <tr> <th></th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Response:</td> <td>Agree</td> <td>Agree</td> <td>Neutral</td> <td>Disagree</td> <td>Strongly Disagree</td> <td>Don't Know/NA</td> </tr> <tr> <td>Respondents:</td> <td>19</td> <td>31</td> <td>10</td> <td>3</td> <td>4</td> <td>1</td> </tr> <tr> <td>Percentage:</td> <td>27.94%</td> <td>45.59%</td> <td>14.71%</td> <td>4.41%</td> <td>5.88%</td> <td>1.47%</td> </tr> </tbody> </table>				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Response:	Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	19	31	10	3	4	1	Percentage:	27.94%	45.59%	14.71%	4.41%	5.88%	1.47%
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																								
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Percentage:	27.94%	45.59%	14.71%	4.41%	5.88%	1.47%																								
	<b>3. My work group regularly uses performance data to improve the quality of our work.</b>	<b>58% Agreement</b>																												
		<b>SCORE: 3.64</b> Std. Dev.: 0.94 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: 3.85 Similar Mission: 3.72 Similar Size: 3.67 All Orgs: 3.60																												
<table border="1"> <thead> <tr> <th></th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Response:</td> <td>Agree</td> <td>Agree</td> <td>Neutral</td> <td>Disagree</td> <td>Strongly Disagree</td> <td>Don't Know/NA</td> </tr> <tr> <td>Respondents:</td> <td>11</td> <td>29</td> <td>18</td> <td>7</td> <td>1</td> <td>3</td> </tr> <tr> <td>Percentage:</td> <td>15.94%</td> <td>42.03%</td> <td>26.09%</td> <td>10.14%</td> <td>1.45%</td> <td>4.35%</td> </tr> </tbody> </table>				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Response:	Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	11	29	18	7	1	3	Percentage:	15.94%	42.03%	26.09%	10.14%	1.45%	4.35%
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	<b>4. In my work group, there is a real feeling of teamwork.</b>	<b>61% Agreement</b>																												
		<b>SCORE: 3.53</b> Std. Dev.: 1.19 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: 3.86 Similar Mission: 3.87 Similar Size: 3.91 All Orgs: 3.82																												
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	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																								
Response:	Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																								
Respondents:	14	28	11	10	5	1																								
Percentage:	20.29%	40.58%	15.94%	14.49%	7.25%	1.45%																								

## Primary Items

	<b>5. Our organization is known for the quality of work we provide.</b>	<b>72% Agreement</b>																					
		<b>SCORE: 4.05</b> Std. Dev.: 0.92 Total Respondents: 68 <b>BENCHMARKS</b> Past Score: 4.02 Similar Mission: 3.97 Similar Size: 3.85 All Orgs: 3.93																					
<table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>24</td> <td>25</td> <td>14</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>Percentage:</td> <td>35.29%</td> <td>36.76%</td> <td>20.59%</td> <td>2.94%</td> <td>1.47%</td> <td>2.94%</td> </tr> </tbody> </table>			Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	24	25	14	2	1	2	Percentage:	35.29%	36.76%	20.59%	2.94%	1.47%	2.94%
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																	
Respondents:	24	25	14	2	1	2																	
Percentage:	35.29%	36.76%	20.59%	2.94%	1.47%	2.94%																	
	<b>6. I know how my work impacts others in the organization.</b>	<b>84% Agreement</b>																					
		<b>SCORE: 4.19</b> Std. Dev.: 0.87 Total Respondents: 68 <b>BENCHMARKS</b> Past Score: 4.17 Similar Mission: 4.21 Similar Size: 4.22 All Orgs: 4.12																					
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Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																	
Respondents:	28	29	8	2	1	0																	
Percentage:	41.18%	42.65%	11.76%	2.94%	1.47%	0.00%																	
	<b>7. My organization develops services to match the needs of our customers/clients.</b>	<b>74% Agreement</b>																					
		<b>SCORE: 3.87</b> Std. Dev.: 0.97 Total Respondents: 68 <b>BENCHMARKS</b> Past Score: 3.95 Similar Mission: 4.05 Similar Size: 3.95 All Orgs: 3.97																					
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Respondents:	16	34	12	2	3	1																	
Percentage:	23.53%	50.00%	17.65%	2.94%	4.41%	1.47%																	
	<b>8. Our organization communicates effectively with the public.</b>	<b>78% Agreement</b>																					
		<b>SCORE: 3.96</b> Std. Dev.: 0.92 Total Respondents: 68 <b>BENCHMARKS</b> Past Score: 4.13 Similar Mission: 4.12 Similar Size: 4.05 All Orgs: 3.97																					
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Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																	
Respondents:	19	34	9	5	1	0																	
Percentage:	27.94%	50.00%	13.24%	7.35%	1.47%	0.00%																	

## Primary Items



**9. I have a good understanding of our mission, vision, and strategic plan.**

**94% Agreement**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Response:						
Respondents:	29	34	4	0	0	0
Percentage:	43.28%	50.75%	5.97%	0.00%	0.00%	0.00%

94% Agreement

**SCORE:** 4.37

Std. Dev.: 0.60

Total Respondents: 67

**BENCHMARKS**

Past Score: 4.22

Similar Mission: 4.20

Similar Size: 4.15

All Orgs: 4.13



**10. My supervisor provides me with a clear understanding of my work responsibilities.**

**83% Agreement**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Response:						
Respondents:	29	28	7	4	1	0
Percentage:	42.03%	40.58%	10.14%	5.80%	1.45%	0.00%

83% Agreement

**SCORE:** 4.16

Std. Dev.: 0.93

Total Respondents: 69

**BENCHMARKS**

Past Score: 4.15

Similar Mission: 4.18

Similar Size: 4.18

All Orgs: 4.10



**11. My supervisor recognizes outstanding work.**

**74% Agreement**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Response:						
Respondents:	25	26	9	5	3	1
Percentage:	36.23%	37.68%	13.04%	7.25%	4.35%	1.45%

74% Agreement

**SCORE:** 3.96

Std. Dev.: 1.10

Total Respondents: 69

**BENCHMARKS**

Past Score: 3.96

Similar Mission: 4.01

Similar Size: 4.04

All Orgs: 3.95



**12. I am given the opportunity to do my best work.**

**84% Agreement**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Response:						
Respondents:	25	33	6	3	1	1
Percentage:	36.23%	47.83%	8.70%	4.35%	1.45%	1.45%

84% Agreement

**SCORE:** 4.15

Std. Dev.: 0.87

Total Respondents: 69

**BENCHMARKS**

Past Score: 4.13

Similar Mission: 4.16

Similar Size: 4.17

All Orgs: 4.09

## Primary Items

 <p><b>13. My supervisor is consistent when administering policies concerning employees.</b></p> <p style="text-align: center;"><b>62% Agreement</b></p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Response:</th> <th style="color: #008080;">Strongly Agree</th> <th style="color: #008080;">Agree</th> <th>Neutral</th> <th>Disagree</th> <th style="color: #008080;">Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>21</td> <td>22</td> <td>13</td> <td>10</td> <td>1</td> <td>2</td> </tr> <tr> <td>Percentage:</td> <td>30.43%</td> <td>31.88%</td> <td>18.84%</td> <td>14.49%</td> <td>1.45%</td> <td>2.90%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	21	22	13	10	1	2	Percentage:	30.43%	31.88%	18.84%	14.49%	1.45%	2.90%	<p style="text-align: center;"><b>62% Agreement</b></p> <p><b>SCORE:</b> 3.78</p> <p>Std. Dev.: 1.10</p> <p>Total Respondents: 69</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 3.75</p> <p>Similar Mission: 3.89</p> <p>Similar Size: 3.80</p> <p>All Orgs: 3.85</p>
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																
Respondents:	21	22	13	10	1	2																
Percentage:	30.43%	31.88%	18.84%	14.49%	1.45%	2.90%																
 <p><b>14. My supervisor evaluates my performance fairly.</b></p> <p style="text-align: center;"><b>87% Agreement</b></p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Response:</th> <th style="color: #008080;">Strongly Agree</th> <th style="color: #008080;">Agree</th> <th>Neutral</th> <th>Disagree</th> <th style="color: #008080;">Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>27</td> <td>32</td> <td>6</td> <td>3</td> <td>0</td> <td>0</td> </tr> <tr> <td>Percentage:</td> <td>39.71%</td> <td>47.06%</td> <td>8.82%</td> <td>4.41%</td> <td>0.00%</td> <td>0.00%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	27	32	6	3	0	0	Percentage:	39.71%	47.06%	8.82%	4.41%	0.00%	0.00%	<p style="text-align: center;"><b>87% Agreement</b></p> <p><b>SCORE:</b> 4.22</p> <p>Std. Dev.: 0.79</p> <p>Total Respondents: 68</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 3.96</p> <p>Similar Mission: 3.95</p> <p>Similar Size: 3.95</p> <p>All Orgs: 3.86</p>
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																
Respondents:	27	32	6	3	0	0																
Percentage:	39.71%	47.06%	8.82%	4.41%	0.00%	0.00%																
 <p><b>15. Given the type of work I do, my physical workplace meets my needs.</b></p> <p style="text-align: center;"><b>87% Agreement</b></p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Response:</th> <th style="color: #008080;">Strongly Agree</th> <th style="color: #008080;">Agree</th> <th>Neutral</th> <th>Disagree</th> <th style="color: #008080;">Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>20</td> <td>40</td> <td>7</td> <td>2</td> <td>0</td> <td>0</td> </tr> <tr> <td>Percentage:</td> <td>28.99%</td> <td>57.97%</td> <td>10.14%</td> <td>2.90%</td> <td>0.00%</td> <td>0.00%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	20	40	7	2	0	0	Percentage:	28.99%	57.97%	10.14%	2.90%	0.00%	0.00%	<p style="text-align: center;"><b>87% Agreement</b></p> <p><b>SCORE:</b> 4.13</p> <p>Std. Dev.: 0.71</p> <p>Total Respondents: 69</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 3.91</p> <p>Similar Mission: 4.08</p> <p>Similar Size: 4.03</p> <p>All Orgs: 3.98</p>
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																
Respondents:	20	40	7	2	0	0																
Percentage:	28.99%	57.97%	10.14%	2.90%	0.00%	0.00%																
 <p><b>16. My workplace is well maintained.</b></p> <p style="text-align: center;"><b>62% Agreement</b></p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Response:</th> <th style="color: #008080;">Strongly Agree</th> <th style="color: #008080;">Agree</th> <th>Neutral</th> <th>Disagree</th> <th style="color: #008080;">Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>12</td> <td>31</td> <td>11</td> <td>8</td> <td>6</td> <td>1</td> </tr> <tr> <td>Percentage:</td> <td>17.39%</td> <td>44.93%</td> <td>15.94%</td> <td>11.59%</td> <td>8.70%</td> <td>1.45%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	12	31	11	8	6	1	Percentage:	17.39%	44.93%	15.94%	11.59%	8.70%	1.45%	<p style="text-align: center;"><b>62% Agreement</b></p> <p><b>SCORE:</b> 3.51</p> <p>Std. Dev.: 1.18</p> <p>Total Respondents: 69</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 3.66</p> <p>Similar Mission: 3.88</p> <p>Similar Size: 3.86</p> <p>All Orgs: 3.82</p>
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																
Respondents:	12	31	11	8	6	1																
Percentage:	17.39%	44.93%	15.94%	11.59%	8.70%	1.45%																

## Primary Items



**17. There are sufficient procedures to ensure the safety of employees in the workplace.**

80% Agreement

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Response:						
Respondents:	22	33	2	8	2	2
Percentage:	31.88%	47.83%	2.90%	11.59%	2.90%	2.90%

80% Agreement

**SCORE:** 3.97

Std. Dev.: 1.06

Total Respondents: 69

**BENCHMARKS**

Past Score: 4.14

Similar Mission: 4.09

Similar Size: 4.02

All Orgs: 4.02



**18. I have adequate resources and equipment to do my job.**

80% Agreement

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Response:						
Respondents:	18	37	6	7	1	0
Percentage:	26.09%	53.62%	8.70%	10.14%	1.45%	0.00%

80% Agreement

**SCORE:** 3.93

Std. Dev.: 0.94

Total Respondents: 69

**BENCHMARKS**

Past Score: 3.93

Similar Mission: 4.02

Similar Size: 3.99

All Orgs: 3.91



**19. The people I work with treat each other with respect.**

63% Agreement

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Response:						
Respondents:	15	28	13	7	4	1
Percentage:	22.06%	41.18%	19.12%	10.29%	5.88%	1.47%

63% Agreement

**SCORE:** 3.64

Std. Dev.: 1.12

Total Respondents: 68

**BENCHMARKS**

Past Score: 3.82

Similar Mission: 3.90

Similar Size: 3.97

All Orgs: 3.87



**20. My organization works to attract, develop, and retain people with diverse backgrounds.**

72% Agreement

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Response:						
Respondents:	18	31	10	7	1	1
Percentage:	26.47%	45.59%	14.71%	10.29%	1.47%	1.47%

72% Agreement

**SCORE:** 3.87

Std. Dev.: 0.98

Total Respondents: 68

**BENCHMARKS**

Past Score: 3.93

Similar Mission: 3.86

Similar Size: 3.83

All Orgs: 3.76

## Primary Items

 <p><b>21. The people I work with care about my personal well-being.</b></p> <p><b>67% Agreement</b></p> <table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>13</td> <td>33</td> <td>16</td> <td>5</td> <td>1</td> <td>1</td> </tr> <tr> <td>Percentage:</td> <td>18.84%</td> <td>47.83%</td> <td>23.19%</td> <td>7.25%</td> <td>1.45%</td> <td>1.45%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	13	33	16	5	1	1	Percentage:	18.84%	47.83%	23.19%	7.25%	1.45%	1.45%	<p><b>67% Agreement</b></p> <p><b>SCORE: 3.76</b> Std. Dev.: 0.90 Total Respondents: 69</p> <p><b>BENCHMARKS</b> Past Score: None Similar Mission: None Similar Size: None All Orgs: None</p>
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																
Respondents:	13	33	16	5	1	1																
Percentage:	18.84%	47.83%	23.19%	7.25%	1.45%	1.45%																
 <p><b>22. I trust the people in my workplace.</b></p> <p><b>49% Agreement</b></p> <table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>10</td> <td>24</td> <td>23</td> <td>8</td> <td>3</td> <td>1</td> </tr> <tr> <td>Percentage:</td> <td>14.49%</td> <td>34.78%</td> <td>33.33%</td> <td>11.59%</td> <td>4.35%</td> <td>1.45%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	10	24	23	8	3	1	Percentage:	14.49%	34.78%	33.33%	11.59%	4.35%	1.45%	<p><b>49% Agreement</b></p> <p><b>SCORE: 3.44</b> Std. Dev.: 1.03 Total Respondents: 69</p> <p><b>BENCHMARKS</b> Past Score: None Similar Mission: None Similar Size: None All Orgs: None</p>
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																
Respondents:	10	24	23	8	3	1																
Percentage:	14.49%	34.78%	33.33%	11.59%	4.35%	1.45%																
 <p><b>23. My work group uses the latest technologies to communicate and interact.</b></p> <p><b>47% Agreement</b></p> <table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>6</td> <td>26</td> <td>9</td> <td>20</td> <td>6</td> <td>1</td> </tr> <tr> <td>Percentage:</td> <td>8.82%</td> <td>38.24%</td> <td>13.24%</td> <td>29.41%</td> <td>8.82%</td> <td>1.47%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	6	26	9	20	6	1	Percentage:	8.82%	38.24%	13.24%	29.41%	8.82%	1.47%	<p><b>47% Agreement</b></p> <p><b>SCORE: 3.09</b> Std. Dev.: 1.19 Total Respondents: 68</p> <p><b>BENCHMARKS</b> Past Score: 3.39 Similar Mission: 3.70 Similar Size: 3.65 All Orgs: 3.58</p>
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																
Respondents:	6	26	9	20	6	1																
Percentage:	8.82%	38.24%	13.24%	29.41%	8.82%	1.47%																
 <p><b>24. Our computer systems provide reliable information.</b></p> <p><b>78% Agreement</b></p> <table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>16</td> <td>38</td> <td>7</td> <td>5</td> <td>2</td> <td>1</td> </tr> <tr> <td>Percentage:</td> <td>23.19%</td> <td>55.07%</td> <td>10.14%</td> <td>7.25%</td> <td>2.90%</td> <td>1.45%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	16	38	7	5	2	1	Percentage:	23.19%	55.07%	10.14%	7.25%	2.90%	1.45%	<p><b>78% Agreement</b></p> <p><b>SCORE: 3.90</b> Std. Dev.: 0.95 Total Respondents: 69</p> <p><b>BENCHMARKS</b> Past Score: 3.82 Similar Mission: 3.90 Similar Size: 3.76 All Orgs: 3.80</p>
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																
Respondents:	16	38	7	5	2	1																
Percentage:	23.19%	55.07%	10.14%	7.25%	2.90%	1.45%																

## Primary Items

 <p><b>25. Support is available for the technologies we use.</b></p> <div style="text-align: center;">  <p><b>88% Agreement</b></p> </div> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th style="color: #008080;">Strongly Agree</th> <th style="color: #008080;">Agree</th> <th>Neutral</th> <th>Disagree</th> <th style="color: #008080;">Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Response:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Respondents:</td> <td>25</td> <td>36</td> <td>6</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>Percentage:</td> <td>36.23%</td> <td>52.17%</td> <td>8.70%</td> <td>1.45%</td> <td>1.45%</td> <td>0.00%</td> </tr> </tbody> </table>		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Response:							Respondents:	25	36	6	1	1	0	Percentage:	36.23%	52.17%	8.70%	1.45%	1.45%	0.00%	<p style="text-align: center; color: #008080;"><b>88% Agreement</b></p> <p><b>SCORE:</b> <b>4.20</b></p> <p>Std. Dev.: 0.78</p> <p>Total Respondents: 69</p> <p><b>BENCHMARKS</b></p> <p>Past Score: None</p> <p>Similar Mission: None</p> <p>Similar Size: None</p> <p>All Orgs: None</p>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																							
Response:																													
Respondents:	25	36	6	1	1	0																							
Percentage:	36.23%	52.17%	8.70%	1.45%	1.45%	0.00%																							
 <p><b>26. Our computer systems enable me to quickly find the information I need.</b></p> <div style="text-align: center;">  <p><b>77% Agreement</b></p> </div> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th style="color: #008080;">Strongly Agree</th> <th style="color: #008080;">Agree</th> <th>Neutral</th> <th>Disagree</th> <th style="color: #008080;">Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Response:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Respondents:</td> <td>17</td> <td>36</td> <td>9</td> <td>5</td> <td>2</td> <td>0</td> </tr> <tr> <td>Percentage:</td> <td>24.64%</td> <td>52.17%</td> <td>13.04%</td> <td>7.25%</td> <td>2.90%</td> <td>0.00%</td> </tr> </tbody> </table>		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Response:							Respondents:	17	36	9	5	2	0	Percentage:	24.64%	52.17%	13.04%	7.25%	2.90%	0.00%	<p style="text-align: center; color: #008080;"><b>77% Agreement</b></p> <p><b>SCORE:</b> <b>3.88</b></p> <p>Std. Dev.: 0.96</p> <p>Total Respondents: 69</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 3.41</p> <p>Similar Mission: 3.73</p> <p>Similar Size: 3.58</p> <p>All Orgs: 3.61</p>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																							
Response:																													
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Percentage:	24.64%	52.17%	13.04%	7.25%	2.90%	0.00%																							
 <p><b>27. The communication channels I must go through at work are reasonable.</b></p> <div style="text-align: center;">  <p><b>71% Agreement</b></p> </div> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th style="color: #008080;">Strongly Agree</th> <th style="color: #008080;">Agree</th> <th>Neutral</th> <th>Disagree</th> <th style="color: #008080;">Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Response:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Respondents:</td> <td>14</td> <td>35</td> <td>9</td> <td>9</td> <td>2</td> <td>0</td> </tr> <tr> <td>Percentage:</td> <td>20.29%</td> <td>50.72%</td> <td>13.04%</td> <td>13.04%</td> <td>2.90%</td> <td>0.00%</td> </tr> </tbody> </table>		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Response:							Respondents:	14	35	9	9	2	0	Percentage:	20.29%	50.72%	13.04%	13.04%	2.90%	0.00%	<p style="text-align: center; color: #008080;"><b>71% Agreement</b></p> <p><b>SCORE:</b> <b>3.72</b></p> <p>Std. Dev.: 1.03</p> <p>Total Respondents: 69</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 3.80</p> <p>Similar Mission: 3.86</p> <p>Similar Size: 3.82</p> <p>All Orgs: 3.70</p>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																							
Response:																													
Respondents:	14	35	9	9	2	0																							
Percentage:	20.29%	50.72%	13.04%	13.04%	2.90%	0.00%																							
 <p><b>28. My work atmosphere encourages open and honest communication.</b></p> <div style="text-align: center;">  <p><b>60% Agreement</b></p> </div> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th style="color: #008080;">Strongly Agree</th> <th style="color: #008080;">Agree</th> <th>Neutral</th> <th>Disagree</th> <th style="color: #008080;">Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Response:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Respondents:</td> <td>14</td> <td>27</td> <td>13</td> <td>8</td> <td>5</td> <td>1</td> </tr> <tr> <td>Percentage:</td> <td>20.59%</td> <td>39.71%</td> <td>19.12%</td> <td>11.76%</td> <td>7.35%</td> <td>1.47%</td> </tr> </tbody> </table>		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Response:							Respondents:	14	27	13	8	5	1	Percentage:	20.59%	39.71%	19.12%	11.76%	7.35%	1.47%	<p style="text-align: center; color: #008080;"><b>60% Agreement</b></p> <p><b>SCORE:</b> <b>3.55</b></p> <p>Std. Dev.: 1.17</p> <p>Total Respondents: 68</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 3.62</p> <p>Similar Mission: 3.68</p> <p>Similar Size: 3.68</p> <p>All Orgs: 3.57</p>
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																							
Response:																													
Respondents:	14	27	13	8	5	1																							
Percentage:	20.59%	39.71%	19.12%	11.76%	7.35%	1.47%																							

## Primary Items

	<b>29. The communications I receive at work are timely and informative.</b>	<b>67% Agreement</b>																					
		<b>SCORE: 3.67</b> Std. Dev.: 1.06 Total Respondents: 67 <b>BENCHMARKS</b> Past Score: None Similar Mission: None Similar Size: None All Orgs: None																					
<table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>14</td> <td>31</td> <td>10</td> <td>10</td> <td>2</td> <td>0</td> </tr> <tr> <td>Percentage:</td> <td>20.90%</td> <td>46.27%</td> <td>14.93%</td> <td>14.93%</td> <td>2.99%</td> <td>0.00%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	14	31	10	10	2	0	Percentage:	20.90%	46.27%	14.93%	14.93%	2.99%	0.00%		
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																	
Respondents:	14	31	10	10	2	0																	
Percentage:	20.90%	46.27%	14.93%	14.93%	2.99%	0.00%																	
\$	<b>30. My pay keeps pace with the cost of living.</b>	<b>14% Agreement</b>																					
		<b>SCORE: 2.23</b> Std. Dev.: 1.10 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: 2.05 Similar Mission: 2.78 Similar Size: 2.61 All Orgs: 2.50																					
<table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>1</td> <td>9</td> <td>18</td> <td>18</td> <td>23</td> <td>0</td> </tr> <tr> <td>Percentage:</td> <td>1.45%</td> <td>13.04%</td> <td>26.09%</td> <td>26.09%</td> <td>33.33%</td> <td>0.00%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	1	9	18	18	23	0	Percentage:	1.45%	13.04%	26.09%	26.09%	33.33%	0.00%		
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																	
Respondents:	1	9	18	18	23	0																	
Percentage:	1.45%	13.04%	26.09%	26.09%	33.33%	0.00%																	
\$	<b>31. Salaries are competitive with similar jobs in the community.</b>	<b>17% Agreement</b>																					
		<b>SCORE: 2.39</b> Std. Dev.: 1.06 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: 2.17 Similar Mission: 2.74 Similar Size: 2.67 All Orgs: 2.56																					
<table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>1</td> <td>11</td> <td>16</td> <td>24</td> <td>15</td> <td>2</td> </tr> <tr> <td>Percentage:</td> <td>1.45%</td> <td>15.94%</td> <td>23.19%</td> <td>34.78%</td> <td>21.74%</td> <td>2.90%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	1	11	16	24	15	2	Percentage:	1.45%	15.94%	23.19%	34.78%	21.74%	2.90%		
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																	
Respondents:	1	11	16	24	15	2																	
Percentage:	1.45%	15.94%	23.19%	34.78%	21.74%	2.90%																	
\$	<b>32. I feel I am paid fairly for the work I do.</b>	<b>32% Agreement</b>																					
		<b>SCORE: 2.71</b> Std. Dev.: 1.21 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: 2.64 Similar Mission: 3.03 Similar Size: 2.91 All Orgs: 2.81																					
<table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>3</td> <td>19</td> <td>17</td> <td>15</td> <td>15</td> <td>0</td> </tr> <tr> <td>Percentage:</td> <td>4.35%</td> <td>27.54%</td> <td>24.64%</td> <td>21.74%</td> <td>21.74%</td> <td>0.00%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	3	19	17	15	15	0	Percentage:	4.35%	27.54%	24.64%	21.74%	21.74%	0.00%		
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## Primary Items

 <p><b>33. Retirement benefits are competitive with similar jobs in the community.</b></p> <p><b>70% Agreement</b></p> <table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>18</td> <td>30</td> <td>11</td> <td>4</td> <td>2</td> <td>4</td> </tr> <tr> <td>Percentage:</td> <td>26.09%</td> <td>43.48%</td> <td>15.94%</td> <td>5.80%</td> <td>2.90%</td> <td>5.80%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	18	30	11	4	2	4	Percentage:	26.09%	43.48%	15.94%	5.80%	2.90%	5.80%	<p><b>70% Agreement</b></p> <p><b>SCORE: 3.89</b></p> <p>Std. Dev.: 0.99</p> <p>Total Respondents: 69</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 3.91</p> <p>Similar Mission: 3.85</p> <p>Similar Size: 3.84</p> <p>All Orgs: 3.78</p>
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																
Respondents:	18	30	11	4	2	4																
Percentage:	26.09%	43.48%	15.94%	5.80%	2.90%	5.80%																
 <p><b>34. Health insurance benefits are competitive with similar jobs in the community.</b></p> <p><b>75% Agreement</b></p> <table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>19</td> <td>31</td> <td>10</td> <td>4</td> <td>3</td> <td>0</td> </tr> <tr> <td>Percentage:</td> <td>28.36%</td> <td>46.27%</td> <td>14.93%</td> <td>5.97%</td> <td>4.48%</td> <td>0.00%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	19	31	10	4	3	0	Percentage:	28.36%	46.27%	14.93%	5.97%	4.48%	0.00%	<p><b>75% Agreement</b></p> <p><b>SCORE: 3.88</b></p> <p>Std. Dev.: 1.04</p> <p>Total Respondents: 67</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 4.11</p> <p>Similar Mission: 4.06</p> <p>Similar Size: 4.05</p> <p>All Orgs: 4.03</p>
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																
Respondents:	19	31	10	4	3	0																
Percentage:	28.36%	46.27%	14.93%	5.97%	4.48%	0.00%																
 <p><b>35. Benefits can be selected to meet individual needs.</b></p> <p><b>69% Agreement</b></p> <table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>12</td> <td>35</td> <td>12</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>Percentage:</td> <td>17.65%</td> <td>51.47%</td> <td>17.65%</td> <td>4.41%</td> <td>4.41%</td> <td>4.41%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	12	35	12	3	3	3	Percentage:	17.65%	51.47%	17.65%	4.41%	4.41%	4.41%	<p><b>69% Agreement</b></p> <p><b>SCORE: 3.77</b></p> <p>Std. Dev.: 0.97</p> <p>Total Respondents: 68</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 3.98</p> <p>Similar Mission: 4.01</p> <p>Similar Size: 3.99</p> <p>All Orgs: 3.92</p>
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																
Respondents:	12	35	12	3	3	3																
Percentage:	17.65%	51.47%	17.65%	4.41%	4.41%	4.41%																
 <p><b>36. I believe I have a career with this organization.</b></p> <p><b>62% Agreement</b></p> <table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>18</td> <td>25</td> <td>15</td> <td>6</td> <td>3</td> <td>2</td> </tr> <tr> <td>Percentage:</td> <td>26.09%</td> <td>36.23%</td> <td>21.74%</td> <td>8.70%</td> <td>4.35%</td> <td>2.90%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	18	25	15	6	3	2	Percentage:	26.09%	36.23%	21.74%	8.70%	4.35%	2.90%	<p><b>62% Agreement</b></p> <p><b>SCORE: 3.73</b></p> <p>Std. Dev.: 1.10</p> <p>Total Respondents: 69</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 3.93</p> <p>Similar Mission: 3.97</p> <p>Similar Size: 3.98</p> <p>All Orgs: 3.89</p>
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## Primary Items

	<b>37. Training is made available to me so that I can do my job better.</b>	<b>68% Agreement</b>																												
		<b>SCORE: 3.83</b> Std. Dev.: 0.94 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: 3.63 Similar Mission: 3.86 Similar Size: 3.77 All Orgs: 3.83																												
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	<b>38. Training is made available to me for personal growth and development.</b>	<b>64% Agreement</b>																												
		<b>SCORE: 3.72</b> Std. Dev.: 0.96 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: 3.64 Similar Mission: 3.72 Similar Size: 3.62 All Orgs: 3.66																												
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	<b>39. My work environment supports a balance between work and personal life.</b>	<b>77% Agreement</b>																												
		<b>SCORE: 4.00</b> Std. Dev.: 0.85 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: 4.04 Similar Mission: 4.00 Similar Size: 3.99 All Orgs: 3.88																												
<table border="1"> <thead> <tr> <th></th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Response:</td> <td>Agree</td> <td>Agree</td> <td>Neutral</td> <td>Disagree</td> <td>Strongly Disagree</td> <td>Don't Know/NA</td> </tr> <tr> <td>Respondents:</td> <td>19</td> <td>34</td> <td>12</td> <td>2</td> <td>1</td> <td>1</td> </tr> <tr> <td>Percentage:</td> <td>27.54%</td> <td>49.28%</td> <td>17.39%</td> <td>2.90%</td> <td>1.45%</td> <td>1.45%</td> </tr> </tbody> </table>				Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Response:	Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	19	34	12	2	1	1	Percentage:	27.54%	49.28%	17.39%	2.90%	1.45%	1.45%
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																								
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Respondents:	19	34	12	2	1	1																								
Percentage:	27.54%	49.28%	17.39%	2.90%	1.45%	1.45%																								
	<b>40. I feel free to be myself at work.</b>	<b>68% Agreement</b>																												
		<b>SCORE: 3.81</b> Std. Dev.: 0.97 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: None Similar Mission: None Similar Size: None All Orgs: None																												
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	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																								
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Respondents:	16	31	15	4	2	1																								
Percentage:	23.19%	44.93%	21.74%	5.80%	2.90%	1.45%																								

## Primary Items

	41. The amount of work I am asked to do is reasonable.	<b>70% Agreement</b>																					
		<b>SCORE: 3.69</b> Std. Dev.: 0.97 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: 3.61 Similar Mission: 3.81 Similar Size: 3.77 All Orgs: 3.71																					
<table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>11</td> <td>37</td> <td>9</td> <td>10</td> <td>1</td> <td>1</td> </tr> <tr> <td>Percentage:</td> <td>15.94%</td> <td>53.62%</td> <td>13.04%</td> <td>14.49%</td> <td>1.45%</td> <td>1.45%</td> </tr> </tbody> </table>			Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	11	37	9	10	1	1	Percentage:	15.94%	53.62%	13.04%	14.49%	1.45%	1.45%
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																	
Respondents:	11	37	9	10	1	1																	
Percentage:	15.94%	53.62%	13.04%	14.49%	1.45%	1.45%																	
	42. I am proud to tell people that I work for this organization.	<b>78% Agreement</b>																					
		<b>SCORE: 4.09</b> Std. Dev.: 0.85 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: 4.15 Similar Mission: 4.07 Similar Size: 4.05 All Orgs: 3.97																					
<table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>24</td> <td>30</td> <td>13</td> <td>1</td> <td>1</td> <td>0</td> </tr> <tr> <td>Percentage:</td> <td>34.78%</td> <td>43.48%</td> <td>18.84%</td> <td>1.45%</td> <td>1.45%</td> <td>0.00%</td> </tr> </tbody> </table>			Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	24	30	13	1	1	0	Percentage:	34.78%	43.48%	18.84%	1.45%	1.45%	0.00%
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																	
Respondents:	24	30	13	1	1	0																	
Percentage:	34.78%	43.48%	18.84%	1.45%	1.45%	0.00%																	
	43. Harassment is not tolerated at my workplace.	<b>91% Agreement</b>																					
		<b>SCORE: 4.42</b> Std. Dev.: 0.65 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: 4.25 Similar Mission: 4.21 Similar Size: 4.21 All Orgs: 4.15																					
<table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>35</td> <td>28</td> <td>6</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Percentage:</td> <td>50.72%</td> <td>40.58%</td> <td>8.70%</td> <td>0.00%</td> <td>0.00%</td> <td>0.00%</td> </tr> </tbody> </table>			Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	35	28	6	0	0	0	Percentage:	50.72%	40.58%	8.70%	0.00%	0.00%	0.00%
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																	
Respondents:	35	28	6	0	0	0																	
Percentage:	50.72%	40.58%	8.70%	0.00%	0.00%	0.00%																	
	44. Employees are generally ethical in my workplace.	<b>72% Agreement</b>																					
		<b>SCORE: 3.93</b> Std. Dev.: 0.89 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: 4.11 Similar Mission: 4.10 Similar Size: 4.12 All Orgs: 4.06																					
<table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>18</td> <td>32</td> <td>14</td> <td>3</td> <td>1</td> <td>1</td> </tr> <tr> <td>Percentage:</td> <td>26.09%</td> <td>46.38%</td> <td>20.29%</td> <td>4.35%</td> <td>1.45%</td> <td>1.45%</td> </tr> </tbody> </table>			Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	18	32	14	3	1	1	Percentage:	26.09%	46.38%	20.29%	4.35%	1.45%	1.45%
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Percentage:	26.09%	46.38%	20.29%	4.35%	1.45%	1.45%																	

## Primary Items

 <p><b>45. I believe we will use the information from this survey to improve our workplace.</b></p> <p><b>55% Agreement</b></p> <table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>19</td> <td>19</td> <td>21</td> <td>4</td> <td>5</td> <td>1</td> </tr> <tr> <td>Percentage:</td> <td>27.54%</td> <td>27.54%</td> <td>30.43%</td> <td>5.80%</td> <td>7.25%</td> <td>1.45%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	19	19	21	4	5	1	Percentage:	27.54%	27.54%	30.43%	5.80%	7.25%	1.45%	<p><b>55% Agreement</b></p> <p><b>SCORE:</b> 3.63</p> <p>Std. Dev.: 1.17</p> <p>Total Respondents: 69</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 3.71</p> <p>Similar Mission: 3.75</p> <p>Similar Size: 3.66</p> <p>All Orgs: 3.57</p>
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																
Respondents:	19	19	21	4	5	1																
Percentage:	27.54%	27.54%	30.43%	5.80%	7.25%	1.45%																
 <p><b>46. I am satisfied with the opportunities I have to give feedback on my supervisor's performance.</b></p> <p><b>58% Agreement</b></p> <table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>17</td> <td>23</td> <td>21</td> <td>3</td> <td>3</td> <td>2</td> </tr> <tr> <td>Percentage:</td> <td>24.64%</td> <td>33.33%</td> <td>30.43%</td> <td>4.35%</td> <td>4.35%</td> <td>2.90%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	17	23	21	3	3	2	Percentage:	24.64%	33.33%	30.43%	4.35%	4.35%	2.90%	<p><b>58% Agreement</b></p> <p><b>SCORE:</b> 3.72</p> <p>Std. Dev.: 1.04</p> <p>Total Respondents: 69</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 3.62</p> <p>Similar Mission: 3.58</p> <p>Similar Size: 3.57</p> <p>All Orgs: 3.47</p>
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																
Respondents:	17	23	21	3	3	2																
Percentage:	24.64%	33.33%	30.43%	4.35%	4.35%	2.90%																
 <p><b>47. Upper management (i.e. Executive and/or Senior Leadership) effectively communicates important information.</b></p> <p><b>70% Agreement</b></p> <table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>16</td> <td>32</td> <td>9</td> <td>8</td> <td>4</td> <td>0</td> </tr> <tr> <td>Percentage:</td> <td>23.19%</td> <td>46.38%</td> <td>13.04%</td> <td>11.59%</td> <td>5.80%</td> <td>0.00%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	16	32	9	8	4	0	Percentage:	23.19%	46.38%	13.04%	11.59%	5.80%	0.00%	<p><b>70% Agreement</b></p> <p><b>SCORE:</b> 3.70</p> <p>Std. Dev.: 1.13</p> <p>Total Respondents: 69</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 3.79</p> <p>Similar Mission: 3.86</p> <p>Similar Size: 3.76</p> <p>All Orgs: 3.68</p>
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																
Respondents:	16	32	9	8	4	0																
Percentage:	23.19%	46.38%	13.04%	11.59%	5.80%	0.00%																
 <p><b>48. I am treated fairly in my workplace.</b></p> <p><b>72% Agreement</b></p> <table border="1"> <thead> <tr> <th>Response:</th> <th>Strongly Agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Respondents:</td> <td>20</td> <td>30</td> <td>16</td> <td>3</td> <td>0</td> <td>0</td> </tr> <tr> <td>Percentage:</td> <td>28.99%</td> <td>43.48%</td> <td>23.19%</td> <td>4.35%</td> <td>0.00%</td> <td>0.00%</td> </tr> </tbody> </table>	Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Respondents:	20	30	16	3	0	0	Percentage:	28.99%	43.48%	23.19%	4.35%	0.00%	0.00%	<p><b>72% Agreement</b></p> <p><b>SCORE:</b> 3.97</p> <p>Std. Dev.: 0.84</p> <p>Total Respondents: 69</p> <p><b>BENCHMARKS</b></p> <p>Past Score: None</p> <p>Similar Mission: None</p> <p>Similar Size: None</p> <p>All Orgs: None</p>
Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA																
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## Additional Items

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Organizations participating in the Survey are invited to submit up to 20 additional items for inclusion in the Survey. These items are included at the end of the online survey or are printed on an insert and included in each employee's survey packet. Please refer to the survey customization sheet that has been included later in this report for more information on additional items submitted by this organization.

\*Additional Items are not included if none were submitted.

## Reported Data

Each additional item is returned with the item text and two types of reported numerical data, response data and benchmark data. The following definitions correspond to additional items:

## Response Data

- **Score** is calculated by averaging all item responses on a five point scale ranging from 5=Strongly Agree to 1=Strongly Disagree. If the participant selected Don't Know/Not Applicable, their response is considered a valid response, but it is not used in the calculation of the score.
- **Standard Deviation** calculates the level of agreement. Large deviations indicate greater levels of disagreement. For this report, you can expect standard deviations to be between .7 and 1.10.
- **Total Respondents** is the number of valid responses including Don't Know/Not Applicable. If everyone did not answer every item, the number of respondents for an item is less than the number of respondents reported in your response rate.
- **Respondents** is the number of participants who selected each item (strongly agree, agree, etc.).
- **Percentage** is the number of participants who selected each item (strongly agree, agree, etc.) divided by the total number of valid responses.
- **Percent Agreement** is the number of participants who agreed with the item (strongly agree or agree) divided by the total number of valid responses.

## Benchmark Data

Benchmark and over time data are not available for Additional Items.

## Interpreting Data

Any interpretation of data must be done in context of the organizational setting and environmental factors impacting the organization. Regardless of the averages, scores range from areas of strength to areas of concern. In general, most scores are between 3.25 and 3.75. Scores below a 3.25 are of concern because they indicate general dissatisfaction. Scores above 3.75 indicate positive perceptions. When available, over time data provides previous scores from and benchmark data comparative scores. In general (because various factors and statistical test would be needed to confirm), scores that have changed or differ by .2 may be significant.

## Engagement Items

---

Twelve items spanning several constructs were selected to get a more focused look at Employee Engagement.

### Reported Data

Each engagement item is returned with the item text and two types of reported numerical data, response data and benchmark data. The following definitions correspond to survey items:

### Response Data

- **Score** is calculated by averaging all item responses on a five point scale ranging from 5=Strongly Agree to 1=Strongly Disagree. If the participant selected Don't Know/Not Applicable, their response is considered a valid response, but it is not used in the calculation of the score.
- **Standard Deviation** calculates the level of agreement. Large deviations indicate greater levels of disagreement. For this report, you can expect standard deviations to be between .7 and 1.10.
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- **Percent Agreement** is the number of participants who agreed with the item (strongly agree or agree) divided by the total number of valid responses.

### Benchmark Data

- **Past Score** is your organization's score reported from the previous iteration, if available.
- **Similar Mission** is the average score from organizations that share a similar mission to your organization.
- **Similar Size** is the average score from organizations that are a similar size to your organization.
- **All Organizations** is the average score from all organizations.

### Interpreting Data

Any interpretation of data must be done in context of the organizational setting and environmental factors impacting the organization. Regardless of the averages, scores range from areas of strength to areas of concern. In general, most scores are between 3.25 and 3.75. Scores below a 3.25 are of concern because they indicate general dissatisfaction. Scores above 3.75 indicate positive perceptions. When available, over time data provides previous scores from and benchmark data comparative scores. In general (because various factors and statistical test would be needed to confirm), scores that have changed or differ by .2 may be significant.

## Engagement Items

	2. In my work group, my opinions and ideas count.	<b>74% Agreement</b>																												
<div style="background-color: #008080; color: white; padding: 5px; text-align: center;">74% Agreement</div>		<p><b>SCORE:</b> <b>3.87</b></p> <p>Std. Dev.: 1.07</p> <p>Total Respondents: 68</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 3.73</p> <p>Similar Mission: 3.81</p> <p>Similar Size: 3.78</p> <p>All Orgs: 3.70</p>																												
<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th style="color: #008080;">Strongly Agree</th> <th style="color: #008080;">Agree</th> <th>Neutral</th> <th>Disagree</th> <th style="color: #008080;">Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Response:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Respondents:</td> <td>19</td> <td>31</td> <td>10</td> <td>3</td> <td>4</td> <td>1</td> </tr> <tr> <td>Percentage:</td> <td>27.94%</td> <td>45.59%</td> <td>14.71%</td> <td>4.41%</td> <td>5.88%</td> <td>1.47%</td> </tr> </tbody> </table>			Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Response:							Respondents:	19	31	10	3	4	1	Percentage:	27.94%	45.59%	14.71%	4.41%	5.88%	1.47%	
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Percentage:	27.94%	45.59%	14.71%	4.41%	5.88%	1.47%																								
	5. Our organization is known for the quality of work we provide.	<b>72% Agreement</b>																												
<div style="background-color: #008080; color: white; padding: 5px; text-align: center;">72% Agreement</div>		<p><b>SCORE:</b> <b>4.05</b></p> <p>Std. Dev.: 0.92</p> <p>Total Respondents: 68</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 4.02</p> <p>Similar Mission: 3.97</p> <p>Similar Size: 3.85</p> <p>All Orgs: 3.93</p>																												
<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th style="color: #008080;">Strongly Agree</th> <th style="color: #008080;">Agree</th> <th>Neutral</th> <th>Disagree</th> <th style="color: #008080;">Strongly Disagree</th> <th>Don't Know/NA</th> </tr> </thead> <tbody> <tr> <td>Response:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Respondents:</td> <td>24</td> <td>25</td> <td>14</td> <td>2</td> <td>1</td> <td>2</td> </tr> <tr> <td>Percentage:</td> <td>35.29%</td> <td>36.76%</td> <td>20.59%</td> <td>2.94%</td> <td>1.47%</td> <td>2.94%</td> </tr> </tbody> </table>			Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA	Response:							Respondents:	24	25	14	2	1	2	Percentage:	35.29%	36.76%	20.59%	2.94%	1.47%	2.94%	
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Percentage:	35.29%	36.76%	20.59%	2.94%	1.47%	2.94%																								
	6. I know how my work impacts others in the organization.	<b>84% Agreement</b>																												
<div style="background-color: #008080; color: white; padding: 5px; text-align: center;">84% Agreement</div>		<p><b>SCORE:</b> <b>4.19</b></p> <p>Std. Dev.: 0.87</p> <p>Total Respondents: 68</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 4.17</p> <p>Similar Mission: 4.21</p> <p>Similar Size: 4.22</p> <p>All Orgs: 4.12</p>																												
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Percentage:	41.18%	42.65%	11.76%	2.94%	1.47%	0.00%																								
	10. My supervisor provides me with a clear understanding of my work responsibilities.	<b>83% Agreement</b>																												
<div style="background-color: #008080; color: white; padding: 5px; text-align: center;">83% Agreement</div>		<p><b>SCORE:</b> <b>4.16</b></p> <p>Std. Dev.: 0.93</p> <p>Total Respondents: 69</p> <p><b>BENCHMARKS</b></p> <p>Past Score: 4.15</p> <p>Similar Mission: 4.18</p> <p>Similar Size: 4.18</p> <p>All Orgs: 4.10</p>																												
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Respondents:	29	28	7	4	1	0																								
Percentage:	42.03%	40.58%	10.14%	5.80%	1.45%	0.00%																								

## Engagement Items

 11. My supervisor recognizes outstanding work.

**74% Agreement**

Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Respondents:	25	26	9	5	3	1
Percentage:	36.23%	37.68%	13.04%	7.25%	4.35%	1.45%

**74% Agreement**

<b>SCORE:</b>	<b>3.96</b>
Std. Dev.:	1.10
Total Respondents:	69
<b>BENCHMARKS</b>	
Past Score:	3.96
Similar Mission:	4.01
Similar Size:	4.04
All Orgs:	3.95

 12. I am given the opportunity to do my best work.

**84% Agreement**

Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Respondents:	25	33	6	3	1	1
Percentage:	36.23%	47.83%	8.70%	4.35%	1.45%	1.45%

**84% Agreement**

<b>SCORE:</b>	<b>4.15</b>
Std. Dev.:	0.87
Total Respondents:	69
<b>BENCHMARKS</b>	
Past Score:	4.13
Similar Mission:	4.16
Similar Size:	4.17
All Orgs:	4.09

 14. My supervisor evaluates my performance fairly.

**87% Agreement**

Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Respondents:	27	32	6	3	0	0
Percentage:	39.71%	47.06%	8.82%	4.41%	0.00%	0.00%

**87% Agreement**

<b>SCORE:</b>	<b>4.22</b>
Std. Dev.:	0.79
Total Respondents:	68
<b>BENCHMARKS</b>	
Past Score:	3.96
Similar Mission:	3.95
Similar Size:	3.95
All Orgs:	3.86

 18. I have adequate resources and equipment to do my job.

**80% Agreement**

Response:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know/NA
Respondents:	18	37	6	7	1	0
Percentage:	26.09%	53.62%	8.70%	10.14%	1.45%	0.00%

**80% Agreement**

<b>SCORE:</b>	<b>3.93</b>
Std. Dev.:	0.94
Total Respondents:	69
<b>BENCHMARKS</b>	
Past Score:	3.93
Similar Mission:	4.02
Similar Size:	3.99
All Orgs:	3.91

## Engagement Items

	21. The people I work with care about my personal well-being.	<b>67% Agreement</b>																					
		<b>SCORE:</b> 3.76 Std. Dev.: 0.90 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: None Similar Mission: None Similar Size: None All Orgs: None																					
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Respondents:	13	33	16	5	1	1																	
Percentage:	18.84%	47.83%	23.19%	7.25%	1.45%	1.45%																	
	22. I trust the people in my workplace.	<b>49% Agreement</b>																					
		<b>SCORE:</b> 3.44 Std. Dev.: 1.03 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: None Similar Mission: None Similar Size: None All Orgs: None																					
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	37. Training is made available to me so that I can do my job better.	<b>68% Agreement</b>																					
		<b>SCORE:</b> 3.83 Std. Dev.: 0.94 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: 3.63 Similar Mission: 3.86 Similar Size: 3.77 All Orgs: 3.83																					
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Percentage:	24.64%	43.48%	23.19%	7.25%	1.45%	0.00%																	
	38. Training is made available to me for personal growth and development.	<b>64% Agreement</b>																					
		<b>SCORE:</b> 3.72 Std. Dev.: 0.96 Total Respondents: 69 <b>BENCHMARKS</b> Past Score: 3.64 Similar Mission: 3.72 Similar Size: 3.62 All Orgs: 3.66																					
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