

**TIME LINE FOR STRATEGIC PLAN (FY2017-2021)
AND LEGISLATIVE APPROPRIATIONS REQUEST (FY2018-19)**

September 2015	Questionnaire is distributed to “interested parties” to solicit comments that will be used in the external/internal assessment.
November 2015	Comments from “interested parties” are returned and distributed to Board. Board members discuss Strategic Plan Issues.
December 2015 - January 2016	Draft of the <i>Strategic Plan Issues</i> developed by Board and staff Issues Committee.
February 2016	Board meeting to review/approve the draft of Strategic Plan issue statements.
February 2016 - April 2016	Final Strategic Plan and Legislative Appropriations Request is developed.
May 2016	Board meeting to review/approve the Strategic Plan for FY2017-2021 and the Legislative Appropriations Request for FY2018-2019.
June 2016	Agencies submit Strategic Plans to Governor’s Office.
July 2016	Agencies submit Legislative Appropriations Request to the Legislative Budget Board.
August 2016	Joint Budget Hearings between TSBP, GBO and LBB staff.
January 2017	85th Legislative Session begins.



TEXAS FEDERATION OF DRUG STORES

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



NATIONAL ASSOCIATION OF
CHAIN DRUG STORES

October 15, 2015

Gay Dodson
Executive Director
Texas State Board of Pharmacy
333 Guadalupe St., Suite 3-600
Austin, TX 78701-3943
Via email: gay.dodson@tsbp.state.tx.us

Dear Ms. Dodson:

RE: Development of the Texas State Board of Pharmacy Strategic Plan for Fiscal Years 2015 through 2019

Dear Ms. Dodson:

On behalf of the Texas Federation of Drug Stores (TFDS) and the National Association of Chain Drug Stores (NACDS) members operating thousands of chain pharmacies throughout the state of Texas, we thank the Texas State Board of Pharmacy ("TSBP") for requesting our input on matters TSBP should consider and/or address when developing the Strategic Plan for Fiscal Years 2017 through 2021. We appreciate the opportunity to present chain pharmacy's perspective on this topic.

The federal healthcare reform laws will continue to have significant implications for the delivery of healthcare to the citizens of Texas. The increasing number of insured individuals and new healthcare delivery models resulting from healthcare reform will continue to impact all healthcare providers, including pharmacists. We urge TSBP to modernize Texas laws and regulations to ensure that pharmacists can work in conjunction with other healthcare providers to meet patients' growing healthcare demands. Doing so will require TSBP to update laws and rules to permit pharmacists to provide expanded healthcare services consistent with their education and training. Additionally, TSBP should update the laws and rules to recognize and support the evolving role of pharmacy technicians who will be essential to supporting pharmacists throughout this endeavor. Ultimately, these changes will serve to enable pharmacists and pharmacies to best serve their patients in the newly reformed healthcare delivery system.

Expanded Scope of Practice to Allow Pharmacists to Provide Patients with Added Services. Pharmacists are highly educated, trusted healthcare professionals who provide patients with important patient care services. In recent years, community pharmacists have played an increasingly important role in the care of patients by providing convenient, accessible and cost-effective health services such as health and wellness testing, managing chronic disease, performing medication therapy management (MTM)

services, administering immunizations, and otherwise working in partnership healthcare entities and other providers to improve health outcomes.

Pharmacists are qualified to work in conjunction with physicians and other healthcare providers to perform an expanded set of patient care services, including health testing and chronic care management that are needed by patients, particularly those with chronic conditions. In fact, there is evidence showing that quality of care is improved when pharmacists practice to the fullest extent of their education and training. According to a report issued by the U.S. Public Health Service in 2011, pharmacists involved in the delivery of patient care services with appropriate privileges across many practice settings have been successful in improving patient outcomes: pharmacist involvement in care resulted in reductions of hemoglobin A1C levels in diabetic patients, significantly reduced systolic blood pressure in hypertension patients, and a reduced rate of inpatient admissions among heart failure patients.

Throughout the country, laws are changing to permit pharmacists to practice at the upper limits of their education and training, enabling pharmacists to provide an expanded range of healthcare services that improve health outcomes. We encourage TSBP to support and pursue similar changes to pharmacists' scope of practice, including broadening the existing collaborative practices laws and rules to permit pharmacists in community pharmacy settings to serve broader populations and to provide services that include initiating and/or modifying drug therapy where permitted by a collaborating physician. This type of change would enable pharmacists in Texas to provide the types of services that pharmacists in other states provide to their patients – services like point of care testing and other prescriber-directed patient care services.

Issues with PTCB Certification. Pharmacy technicians are critical members of the pharmacy team, and there is a recognized need for training and certification that ensures quality and competence within the pharmacy technician workforce. NACDS understand that accreditation of pharmacy technician training programs and certification of pharmacy technicians give Boards of Pharmacy confidence that technicians are qualified to safely support pharmacists in practice settings. While TFDS and NACDS share TSBP's focus on having the best qualified and training technicians possible, we do not believe that the Pharmacy Technician Certification Board (PTCB) certification requirements should be the only option for pharmacy technicians to meet certification requirements, especially in light of recent changes to the PTCB program.

Beginning in 2020, candidates who wish to be certified by PTCB will be required to complete an education program accredited by the American Society of Health System Pharmacists (ASHP).¹ ASHP accreditation standards create a “one size fits all” training model for all pharmacy practice settings. Chain pharmacy has numerous concerns

¹ ASHP is collaborating with the Accrediting Council for Pharmacy Education (ACPE) and has created a Commission to make recommendations regarding training requirements moving forward. ACPE has adopted the standards set by ASHP regarding pharmacy technician training.

regarding the new requirements including: the burdensome nature of the requirements; the potential lack of training capacity; geographical challenges to finding appropriate training programs; confusion regarding overlapping state requirements; increase in cost for the more rigorous training requirements; loss of flexibility in choosing a training program; and insufficient training in the ASHP programs for the retail pharmacy setting. Given these barriers, we encourage TSBP to accommodate expanded certification options for pharmacy technicians and to allow pharmacy technicians to be certified through other programs such as ExCPT. To support this change, we encourage TSBP to reconvene the Pharmacy Technician Taskforce to further evaluate this complicated issue.

Enable pharmacists to maximize use of technicians in their individual practice settings.

As discussed above, pharmacy technicians are important to the functionality of the pharmacy. In the retail pharmacy setting, the extent to which pharmacists are able to engage in direct patient care activities is dependent upon pharmacists' ability to delegate non-judgmental tasks to pharmacy technicians. In that regard, pharmacists in the state of Texas are impeded by the arbitrary pharmacist to pharmacy technician ratio in the law² and regulations³ which limit the number of pharmacy technicians an individual pharmacist can supervise to perform administrative, operational, and non-judgmental functions. The ratio also restricts pharmacies from implementing innovative workflow models to maximize the time pharmacists spend with patients and enhance pharmacy efficiency. This ultimately hinders pharmacists' ability to serve growing patient needs, to provide important healthcare services such as medication therapy management, and to engage in other direct patient care activities. To address this issue, we urge TSBP to pursue statutory and regulatory changes to eliminate the pharmacist to pharmacy technician ratio so that pharmacists can exercise professional judgment to determine the optimal number of technicians to supervise in their individual practice settings.

In addition to addressing the technician ratio, we further encourage TSBP to pursue the various other changes recommended in the 2014 Final Report of the TSBP Task Force on Pharmacy Technicians including recommendations for expanding the duties that pharmacy technicians can perform (which from the chain pharmacy perspective, should include including receiving new or oral transferred medical and prescription orders, receiving and transferring copies or oral medical and prescription orders between pharmacy sites); allowing tech-check-tech in the community pharmacy setting; and streamlining the technician trainee registration process to permit individuals to renew their registration once so that their total time as a technician trainee will be 4-years rather than the current 2-years. These changes would further allow pharmacists and pharmacies optimize the use of pharmacy technicians in their practices.

Additional Miscellaneous Item. In addition to the above issues, there is one miscellaneous item that we encourage TSBP to work to address. We encourage TSBP to review existing rules that were written to accommodate unique technology situations to

² TX Health & Safety Code §568.006

³ 22 TAC 291.32

more appropriately reflect the current state of practice, and to make additional updates to board of pharmacy regulations to accommodate the use of new technologies that come to market so that Texas pharmacists can continue to utilize new and innovative technologies to serve their patients.

TFDS and NACDS thank TSBP for considering our input. We welcome the opportunity to further discuss any of these matters.

Sincerely,



Brad Shields II
Texas Federation of Drug Stores



Mary Staples
National Association of Chain Drug Stores

October 15, 2015

Dear Gay Dodson;

Thank you for reaching out to American Association of Pharmacy Technicians (AAPT) for Texas State Board of Pharmacy strategic planning input. We appreciate your consideration of our suggestions.

First, I would like to convey that AAPT composed a survey pertinent to the strategic planning information contained in your September 25th letter. We then sent the survey to both our past and present members who reside in Texas.

Our *future of pharmacy* recommendations directed to the Board are a compilation of member survey responses as well as AAPT thought leadership. We're thankful for the opportunity to be part of your process.

1. Issues affecting the future of pharmacy practice

- a. Currently Texas BOP mandates PTCB certification of pharmacy technicians at the time of state registration, but does not mandate continued certification while employed as a technician.

AAPT recommendations:

- Pharmacy Technicians must be certified to gain state registration and must maintain certification to be employed as a pharmacy technician.
- Pharmacy Technicians should complete formal education and training from an accredited or state-approved program.
- AAPT recognizes that requiring formal technician education and training along with certification may be a challenge due to pressure from industry stakeholders. In order for pharmacy technicians to work at the top of their scope – *safely and effectively*- proper training and education is essential. We recommend transparency by way of an informational campaign with the general public of BOP plans to enhance patient healthcare safety with the provision of mandatory technician training, education, and certification.

AAPT would also like to extend our hand in helping Texas keep pharmacy technicians informed on policy changes as well as offer continuing education (CE) specific to the need for mandated certification and formal education and training.

- b. Currently Texas BOP delineates authorized technician duties in community and hospital pharmacy.

AAPT recommendations:

- AAPT appreciates BOP recognition that there is a difference in job duties between the two different pharmacy settings. We encourage the BOP to continue to delineate and to expand on authorized technician duties as formal education and training prior to certification becomes a requirement. Technicians should have the latitude to take on more advanced duties and leadership roles as their skill set allows. AAPT recommends BOP authorization of expanded duties in the areas of transitions of care, payer compliance, robotics, patient services, tech-check-tech, workflow management, and the sterile and non-sterile compounding tasks that are currently listed as 'no' on the BOP Duty Outline.
- c. Current Texas pharmacy regulations require CE for regular pharmacy technicians, but CE type is not specified.

AAPT recommendations:

- AAPT advises that Texas BOP mandate pharmacy technicians to take part in CE that is specific to technician needs. CE courses designated with a 'T' on the end of the accrediting classification alpha-numeric indicate technician-specific. We encourage a certain number of CE hours mandated to cover medication error, pharmacy law, and Fraud, Waste, and Abuse.

I would like to take this opportunity to personally thank you for soliciting our thoughts for your strategic planning. Please feel welcome to phone my office at the number listed below or my cell 712.304.0116 or email me with any other communication pertinent to this current project as well as future projects.

Kind Regards,

Judy Neville
AAPT President



Program Director
College of Pharmacy
Pharmacy Technician Program
Department of Pharmacy Practice



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October 8, 2015

Gay Dodson, R. Ph.
Executive Director/Secretary
Texas State Board of Pharmacy
333 Guadalupe Street
Suite 5-600
Austin, TX 78701-3943

Dear Dr. Dodson:

Thank you for contacting AARP regarding the Texas State Pharmacy's Board strategic plan.

Prescription drugs continue to play a growing role in the treatment and maintenance of many health conditions. As a result, AARP has a long-standing interest in ensuring access to safe and affordable medications for Texans 50+ and their families. AARP has extensive policy regarding the availability, coverage, and safety associated with pharmacy benefits and prescription drugs. And, we work at both the state and federal level to strengthen coverage and improve affordability on behalf of our members and their families.

In preparing these comments, we reviewed the Agency's Mission and were pleased to see the acknowledgement of the pharmacy board, and of individual pharmacists, playing a key role in promoting, reserving and protecting the public health, safety and welfare through quality pharmaceutical care. With regard to the Texas State Board of Pharmacy strategic plan, AARP sees opportunities for the Board, and individual pharmacists, to play a greater role in strengthening the quality of pharmaceutical care.

Of particular interest to AARP is the high rate of inappropriately prescribed antipsychotic medications in Texas nursing homes—Texas ranked 50th on this measure in a recently released state long-term care score card. While AARP acknowledges that the prescribing physician, the insurance carrier, and the nursing facility carry the primary responsibility for this poor practice, as stewards of the state's pharmacies and pharmacists, AARP believes the Board has an interest and the opportunity to improve upon the status quo.

In many instances, inappropriately prescribed anti-psychotics are being used to compensate for insufficient numbers of, or inadequately trained, nursing facility staff. And, while AARP and other advocates have successfully fought to ban the use of physical restraints in nursing homes, the high rate of inappropriately prescribed antipsychotics suggests that physical restraints are being replaced by chemical restraints. Regardless of the underlying issues, this statistic is nothing for Texas to be proud of nor is it a practice that is consistent with quality pharmacy care.

Gay Dodson, R. Ph.

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October 8, 2015

AARP urges the Texas State Board of Pharmacy to make reducing the rate of inappropriately prescribed anti-psychotics in Texas nursing homes a priority in its strategic plan. While we recognize that there are many players in the health care system, the role of pharmacists is increasingly more crucial to the delivery of high quality care. As the front line for pharmacy care, The Board and its licensees are well positioned to help change this bad practice.

Thank you for the opportunity to provide input on the Texas State Board of Pharmacy's strategic plan. AARP sincerely appreciates your consideration of these comments and I look forward to hearing back from you on this issue. I can be reached by phone at 512-480-2425 or email at afredriksen@aarp.org.

Sincerely,

A handwritten signature in cursive script, appearing to read "Amanda Fredriksen".

Amanda Fredriksen
Associate State Director, Outreach and Advocacy
AARP Texas

AF:dg