Potential Areas for Expanded Pharmacy Technician Duties

1. Removal of pharmacist-to-pharmacy technician ratios
2. Allow pharmacy technicians to administer immunizations
3. Allow pharmacy technicians to receive new oral prescriptions
4. Allow pharmacy technicians to receive oral prescription transfers
5. Allow pharmacy technicians to clarify prescriptions with prescribers

October 31, 2019

Mrs. Allison Benz
Executive Director
Texas State Board of Pharmacy

Dear Mrs. Benz,

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

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

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

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

Sincerely,

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

Jane Nelson
State Senator
Senate Finance Chair

Lois Kolkhorst
State Senator
Senate Health and Human Services Chair

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

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

From: Scott Freshour <Scott.Freshour@tmb.state.tx.us>
Date: October 1, 2019 at 8:24:02 AM CDT
To: Kerstin Arnold <kerstin.arnold@pharmacy.texas.gov>
Cc: Brint Carlton <Brint.Carlton@tmb.state.tx.us>, Sarah Tuthill <Sarah.Tuthill@tmb.state.tx.us>, Wendy Pajak <Wendy.Pajak@tmb.state.tx.us>, Amy Swanholm <Amy.Swanholm@tmb.state.tx.us>
Subject: RE: **EXTERNAL SENDERRE: Question regarding TMB rule 193.16**

Kerstin,

I reviewed your request along with the applicable statutes and rules. The proposed delegation to a pharmacy technician is not permitted.

Specifically, Chapter 157 of the Medical Practice Act states:

Sec.157.101-DELEGATION TO PHARMACIST- (a) In this section, "pharmacist" has the meaning assigned by Section 551.003.
(b)A physician may delegate to a properly qualified and trained pharmacist acting under adequate physician supervision the performance of specific acts of drug therapy management authorized by the physician through the physician's order, standing medical order, standing delegation.

Additionally, Rule §193.16- Delegated Administration of Immunizations or Vaccinations by a Pharmacist under Written Protocol, states:

(a) Purpose. This section is promulgated to promote the efficient administration and regulation of the delegation by physicians to pharmacists of the administration of immunizations or vaccinations under written protocol pursuant to the §157.001 of the Act (related to Delegation of Certain Functions).

(b) Delegation. A physician licensed to practice medicine in Texas may delegate to a properly qualified and trained pharmacist acting under adequate supervision the administration of immunizations and vaccinations authorized by the physician through the physician's order, standing medical order, standing delegation order, or other order or protocol as provided for in this section.

There is no provision in any that allows a pharmacist to delegate to pharmacy technician. The delegation authority is limited to physicians only. The plain language of the statute limits the delegation authority of the physician to extend only to a pharmacists.

Scott

From: Kerstin Arnold
Sent: Tuesday, September 3, 2019 11:30 AM
To: (Scott.Freshour@tmb.state.tx.us) <Scott.Freshour@tmb.state.tx.us>
Cc: Allison Benz <Allison.Benz@pharmacy.texas.gov>; Megan Holloway <Megan.Holloway@pharmacy.texas.gov>
Subject: Question regarding TMB rule 193.16

Dear Mr. Freshour,

I am requesting an interpretation of the Texas Medical Board rule regarding Delegated Administration of Immunizations or Vaccinations by a Pharmacist under Written Protocol. Specifically, 22 Texas Administrative Code §193.16(b) allows a physician to "delegate to a properly qualified and trained pharmacist acting under adequate supervision the administration of immunizations and vaccinations authorized by the physician through the physician's order, standing medical order, standing delegation order, or other order or protocol." The Texas Pharmacy Board at its last meeting was presented with a request to change our rules to allow pharmacists to delegate this administration to pharmacy technicians. As you read the TMB rule, would this delegation by a pharmacist to a pharmacy technician be allowed under §193.16?

I appreciate your assistance with this matter.

Sincerely,

Kerstin E. Arnold
General Counsel
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, Texas 78701-3943

e-mail: kerstin.arnold@pharmacy.texas.gov
phone: 512.305.8035
fax: 512.305.8061
www.pharmacy.texas.gov

October 22, 2019

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

Dear Ms. Benz,

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

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

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

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

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

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

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

Sincerely,

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

Dr. Henke

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

1 Pharmacist are highly trained professionals who work quietly behind the scenes and save lives daily. We are not just glorified techs, but healthcare providers making judgement calls daily.

2 THERE IS NOT A SHORTAGE OF PHARMACISTS. We now have 10 pharmacy schools in the state of Texas. I have young new pharmacists applying for work daily. The difference in salaries of a Doctor of Pharmacy and a tech is getting smaller rapidly.

3 For large very profitable companies to say that our pharmacists are so overworked we have to eliminate a ratio that has a proven safety record, instead of adding another pharmacist, is so absurd that it is almost laughable.

4 TO CHANGE A PROVEN SAFE SYSTEM should be a well thought out and thoroughly discussed process, with new provider numbers considered. Anything less is totally against what proper health care is about and is just plain wrong.

5 Let's give our bright young student loan laden DOCTORS OF PHARMACY a chance to thrive and be the great assets to the Health Care community they are.

6 Safety and welfare of patients should be our absolute goal. And there is absolutely no doubt that a Doctor of Pharmacy overseeing three techs is the safest, efficient and best model in a busy retail pharmacy. If pharmacists are overworked adding another pharmacist is the best solution. I don't think anyone argues that point. **To change that model because someone wants to make larger profits is not sufficient reason to change.**

Thank you

Stan Britten Rph

October 23, 2019

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

Dear Executive Director Benz:

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

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

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

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

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

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

Sincerely,

Carolina R Lestico

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

NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

October 18, 2019

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

Dear Ms. Benz,

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

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

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

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

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

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

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

---

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

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

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

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

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

---

[2] https://bop.idaho.gov/wp-content/uploads/sites/99/2019/07/2019_Law_Book.pdf
[3] https://www.sciencedirect.com/science/article/abs/pii/S1551741116305721?via%3Dihub
[4] Currently allowed in DE, IL, ID, IA, MI and SD.
[5] Doucette W, Schommer J. Pharmacy Technicians' Willingness to Perform Emerging Tasks in Community Practice. Pharmacy. 2018;6(4):113.

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

> *"There's definitely a lot more time to spend with the patient…I think it's almost like the whole atmosphere of our job changes. … I just feel that the pharmacist is able to step back for a moment from the product and just be like, "Okay, so who can I help today?" (Pharmacist Manager)*
>
> *"It's allowed every member of the pharmacy care team to practice at the top of their job description and enable pharmacists to really use that license." (Pharmacist Manager)*
>
> *"It's really been helpful because it's been less stressful just being able to focus…" (Pharmacist Manager)*
>
> *"The pharmacists feel that they are able to step back for a moment and not be in that kind of pressurized feeling all the time …" (Pharmacist Manager)*
>
> *"I would hate to go back to the way that things were before… [The pharmacist] can go take their blood pressure or go over their meds with them …. [and] we have more time to call the doctor and ask about questions." (Pharmacy Technician)*

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

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

---

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

[7] Pharmacy Technician Role Expansion - An Evidence-based Position Paper. 2019. https://www.nacds.org/pdfs/pharmacy/2018/techinician-talkingpoints.pdf

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

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

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

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

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

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

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

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

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

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

[8] NACDS internal research. 2019.

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

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

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

CONCLUSION

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

Sincerely,

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

Erin L. Tolman M. Ed. CPhT

(801) 979-7950

To the Texas State Board of Pharmacy,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Sincerely,

Erin L. Tolman M. Ed. CPhT

From: LEdmundson@brookshirebros.com <LEdmundson@brookshirebros.com>
Sent: Monday, October 28, 2019 11:53 AM
To: Allison Benz <Allison.Benz@pharmacy.texas.gov>
Subject: Eliminating Tech Ratios

Mrs. Benz,

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

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

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

Thank you for your time and consideration,

Laura

Laura Edmundson

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

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

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

Ms. Benz,

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

Thank you,

Elaine Young
Director of Pharmacy Technology Program

October 29, 2019

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

Dear Ms. Benz,

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

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

Thank you for your time and consideration in this matter.

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

October 23, 2019

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

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

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

Sincerely,

Brianna Chesser Pharm D., Rph.

Kroger Assistant Pharmacy Manager

October 30, 2019

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

Dear Ms Benz,

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

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

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

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

Sincerely,

Lauren Clark

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

Albertsons Companies

October 31, 2019

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

Re: Elimination of Technician Staffing Ratios

Dear Ms. Benz,

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

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

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

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

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

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

Albertsons Companies

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

Sincerely,

ALBERTSONS COMPANIES, INC.

Rob Geddes, PharmD
Director, Pharmacy Legislative and Regulatory Affairs

Cc: Anthony Provenzano, Vice President, Pharmacy Compliance

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

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

With gratitude,
Chris

Chris McMillan
Healthcare Supervisor
Walgreen Co. 2112 Trawood, Suite B-9, El Paso, TX 79935
Telephone 915 595 2788 | Mobile 915 219 6772 | Fax 915 594 9741

Member of Walgreens Boots Alliance

KROGER Health™

October 30, 2019

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

Dear Ms. Benz,

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

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

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

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

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

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

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

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

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

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

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

Sincerely,

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

October 25, 2019

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

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

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

Sincerely,

Jon Pulis, RPh

Kroger Staff Pharmacist

October 25, 2019

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

RE: Support of Elimination of Pharmacist to Technician Ratio

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

Sincerely,

Rebecca McPhearson Anderson
Kroger Pharmacy Manager 959

October 25, 2019

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

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

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

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

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

Sincerely,

Jared Koyle PharmD

October 24, 2019

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

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

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

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

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

Sincerely,

Timothy A. Ogurek, RPh.

Kroger Assistant Pharmacy Manager, Store 493 in Denton, TX

October 24, 2109

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

RE: Support of Elimination of Pharmacist to Technician Ratio

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

Sincerely,

Diep Ngoc Pham, PharmD, Rph

Kroger Pharmacist

To Whom it May Concern,

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

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

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

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

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

Respectfully,

Micah McCuistion, RPh, PharmD

License # 51220

October 23, 2019

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

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

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

Sincerely,

Stacey Lauber, RPh

Kroger Pharmacy Manager

October 25, 2019

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

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

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

Sincerely,

Candace S. Dixon

Candace s. Dixon, PharmD.,RPh

Kroger #538 Pharmacy Manager

817.419.0312 (P)

817.419.6812 (F)

candace.dixon@stores.kroger.com

October 28, 2019

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

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

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

Sincerely,

Jill Lester

Jill Lester PharmD, BCPS, BCACP, RPh

Pharmacy Practice Coordinator

The Kroger Co. Dallas Division

October 24, 2019

Dear TSBP Board Members,

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

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

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

Abraham Lincoln

Sincerely,

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

October 23, 2019

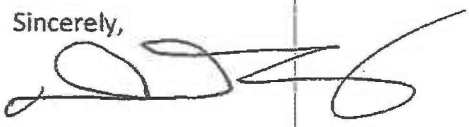
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, TX 78701

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

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

Sincerely,



Dan Truong, RPh

Kroger Pharmacy Manager

October 29, 2019

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

RE: Support of Elimination of Pharmacist to Technician Ratio

Dear TSBP Board Members,

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

Thank you for your time.

Sincerely,

Jeri Wilkerson, PharmD, RPh
Kroger Pharmacy Practice Coordinator

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

October 31, 2019

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

Dear Ms. Benz,

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

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

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

Sincerely,

Anjanette Wyatt, PharmD

Dr. Anjanette Wyatt

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

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

Dear Board Members,

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

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

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

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

Sincerely,

Jasper and Keisha Lovoi
The Woodlands Compounding Pharmacy

October 31, 2019

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

Dear Ms. Benz,

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

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

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

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

Sincerely,

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

TEXAS Pharmacy Association
Together Pharmacy Advances

November 3, 2019

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

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

Re: Pharmacist-to-Pharmacy Technician Ratio

Dear Ms. Benz,

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

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

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

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

800.505.5463 (toll-free) | 512.836.8350 (local) | 512.836.0308 (fax)
3200 Steck Avenue, Suite 370 | Austin, Texas 78757

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

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

Sincerely,

Debbie B. Garza, R.Ph.

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