



# **Texas State Board of Pharmacy**

## **Annual Report**

### **Fiscal Year 2023**

**Julie Spier, R.Ph.**  
President and Acting Agency Head

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## Board Members

Julie Spier, R.Ph.  
President  
Katy  
06/01/2018 – 08/31/2023

Lori Henke, Pharm.D.  
Vice President  
Amarillo  
06/01/2018 – 08/31/2023

Rick Fernandez, R.Ph.  
Treasurer  
Northlake  
06/01/2018 – 08/31/2023

Daniel Guerrero  
Public Member  
San Marcos  
06/01/2018 – 08/31/2023

Donnie Lewis, R.Ph.  
Athens  
06/01/2018 – 08/31/2025

Bradley A. Miller, Ph.T.R.  
Austin  
09/26/2013 – 08/31/2025

Donna Montemayor, R.Ph.  
San Antonio  
10/09/2019 – 08/31/2025

Ian Shaw  
Public Member  
Dallas  
12/20/2021 – 08/31/2027

Suzette Tijerina, R.Ph.  
Castle Hills  
10/06/2015 – 08/31/2027

Rick Tisch  
Public Member  
Spring  
10/09/2019 – 08/31/2025

Jenny Downing Yoakum, R.Ph.  
Longview  
10/06/2015 – 08/31/2027

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## STAFF

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### Office of the Executive Director

**Executive Director**  
Vacant

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### Operations

**Operations Director**  
Ann Driscoll, Ph.T.R.

**Executive Assistant**  
Lily Moreno

**Receptionist**  
Linda Lopez  
Kelise Robinson

#### Human Resources

**HR Specialist**  
Morgan Glueck

#### Finance

**Budget Analyst**  
Ruben Leal

**Purchaser**  
David Hardy

**Accountant**  
Chantell Solomon  
Taylor King  
Veronica Guzman

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### Licensing

**Licensing Director**  
Misty Anderson

**Licensing Specialist**  
Rachel Glass  
Misty Chapa, Ph.T.R.  
Lisa Ake  
Melinda Uballe  
Audric Fowler, Ph.T.R.  
Lisa Wells, Ph.T.R.  
Marcus Holliday, Ph.T.R.

**Licensing Specialist, cont'd**  
Meagan Jimenez, Ph.T.R.  
Kaitlin Miller, Ph.T.R.  
Robert Earl

**Registration Specialist**  
Tammy Baker, Ph.T.R.

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### Compliance

**Compliance Director**  
Iona Grant, R.Ph.

**Compliance Officer**  
Terri Burrows, R.Ph., Pharm.D.  
James Clark, R.Ph.  
Todd Unruh, R.Ph.

**Senior Compliance Specialist**  
Jessica Rodriguez-Reyes, Ph.T.R.

## STAFF

### **Compliance, cont'd**

#### **Compliance Inspector**

Felicia Carrasco, Ph.T.R.  
Kimberly Miles, Ph.T.R.  
Madison Davis, Ph.T.R.  
Isaac Gonzalez, Ph.T.R.

#### **Compliance Inspector, cont'd**

Keya Henry, Ph.T.R.  
Javier Ledesma, Ph.T.R.  
Robert Moura, Ph.T.R.  
Jennifer Trook, Ph.T.R.

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## **Enforcement**

#### **Enforcement Director**

Caroline Hotchkiss, J.D.

#### **Enforcement Program Manager**

Robert Rivera, Ph.T.R.

#### **Enforcement Program Supervisor**

Debra Beall

#### **Chief Pharmacist Officer of Special Projects**

Ben Santana, R.Ph.

#### **Compliance Analyst**

David Meryman, Ph.T.R.

#### **Enforcement Program Administrator**

Nelma Sanchez, Ph.T.R.

#### **Theft and Loss Investigator**

Cynthia Fazin

#### **Senior Monitoring Specialist**

Angela Castillo, Ph.T.R.

#### **Monitoring Specialist**

Carissa Garcia, Ph.T.R.  
Madeline Fojtik, Ph.T.R.

#### **Senior Background Specialist**

Brandy Plummer

#### **Background Case Specialist**

Wesley Moody, Ph.T.R.

#### **Consumer Case Specialist**

Briana Velasquez, Ph.T.R.

#### **Intake Specialist**

Heather Torres, Ph.T.R.

#### **Background Case Technician**

Knijiah Samuel, Ph.T.R.

#### **Case Technician**

Eddika Barron, Ph.T.R.  
Yolanda Lee, Ph.T.R.  
Robert Serna, Ph.T.R.

#### **Program Assistant**

John Ruybal  
Juliana Zuniga

### **Investigations**

#### **Commander**

Shawn Cambron

#### **Captain Investigator**

Larry Brothers

#### **Lieutenant Investigator**

John Plasek

#### **Sergeant Investigator**

Daniel Castillo  
Brett Cyr  
Carol Steward

## STAFF

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### Legal

**General Counsel**

Megan Holloway, J.D.

**Litigation Counsel**

John Griffith, J.D.

**Deputy General Counsel**

Eamon Briggs, J.D.

**Deputy Litigation Counsel**

Mary Martha Murphy, J.D.

**Staff Attorney**

Mary Moretti, J.D.

Kelly Souza, J.D.

**Pharmacist Outreach Officer**

Synthia Hill, Pharm.D., R.Ph.

**Outreach Coordinator**

Shayda Bakhshi

**Epidemiologist**

Prem Gautam

**Hearings Coordinator**

Amy Burt, Ph.T.R.

**Legal Assistant**

Ray Cardenas

Senia Perez

Avalon Funk

Shakira McEachern

**Records Analyst**

Misty Maldonado-DeLeon

**Senior Administrative Assistant**

Sandra Chatham

Renee Slaughter

Lori Gonzales

**Data Analyst**

Michael Segovia, Ph.T.R.

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### Prescription Monitoring Program

**Prescription Monitoring Program****Manager**

Vacant

**Research Specialist**

Sofia Bishop

**Prescription Monitoring Program****Specialist**

Barbara Racca, Ph.T.R.

Erik Vasquez, Ph.T.R.

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### Information Technology

**Information Technology Director**

Orane Douglas, CISM

**Support Systems Specialist**

Todd Hayek

**Cybersecurity Analyst**

Robert Stramondo

**Systems Administrator**

Devin Wilson

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## **Board Mission**

The Texas State Board of Pharmacy, as a leader in protecting the public health of the citizens of Texas, shall uphold quality standards for licensing and facilitate regulation that promotes innovative, multidisciplinary, and collaborative practices and education which produce quality care and positive patient outcomes.

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## **Action Statement**

The Texas State Board of Pharmacy approaches its mission with integrity and prioritizes the health and safety of the citizens of Texas in all aspects of facilitating pharmacy regulation. Our processes and services are built on our core values of protecting public health and acting in accordance with the highest standards of ethics. We carry out our mission through the following functions:

- License/Registration issuance and regulation
- Rulemaking in accordance with applicable Texas and federal laws
- Complaint processing and adjudication when appropriate
- Conducting compliance inspections
- Educating our constituency
- Providing practice and information resources
- Hosting our state Prescription Monitoring Program
- Offering excellent customer service

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## **Board Philosophy**

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

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## **Board Strategic Goals (FY2019-2023)**

- We will establish and implement reasonable standards for pharmacist, pharmacy technician and pharmacy technician trainee education and practice, and for the operations of pharmacies to assure that safe and effective pharmaceutical care is delivered to the citizens of Texas (Sections 551-569 of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J).
- We will assertively and swiftly enforce all laws relating to the practice of pharmacy to ensure that the public health and safety are protected from the following: incompetent pharmacists, pharmacy technicians and pharmacy technician trainees; unprofessional conduct, fraud, and misrepresentation by licensees, and diversion of prescription drugs from pharmacies; and to promote positive patient outcomes through the following: reduction of medication errors by encouraging or requiring licensees to implement self-assessment programs and continuous-quality improvement programs, including peer review processes; and enforcement of rules relating to patient counseling and drug regimen review, including prevention of misuse and abuse of prescription drugs and to operate the Prescription Monitoring Program for the State of Texas. [Sections 551-569 of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J; Chapter 481 of the

Texas Controlled Substances Act, TEX. HEALTH & SAFETY CODE ANN.; and Chapter 483 of the Texas Dangerous Drug Act, TEX. HEALTH & SAFETY CODE ANN.]

- We will establish and implement policies governing purchasing and public works contracting that foster meaningful and substantive inclusion of historically underutilized business (HUBs).

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## **Board Structure**

The Board's functional structure at the end of FY2023 was composed of the following:

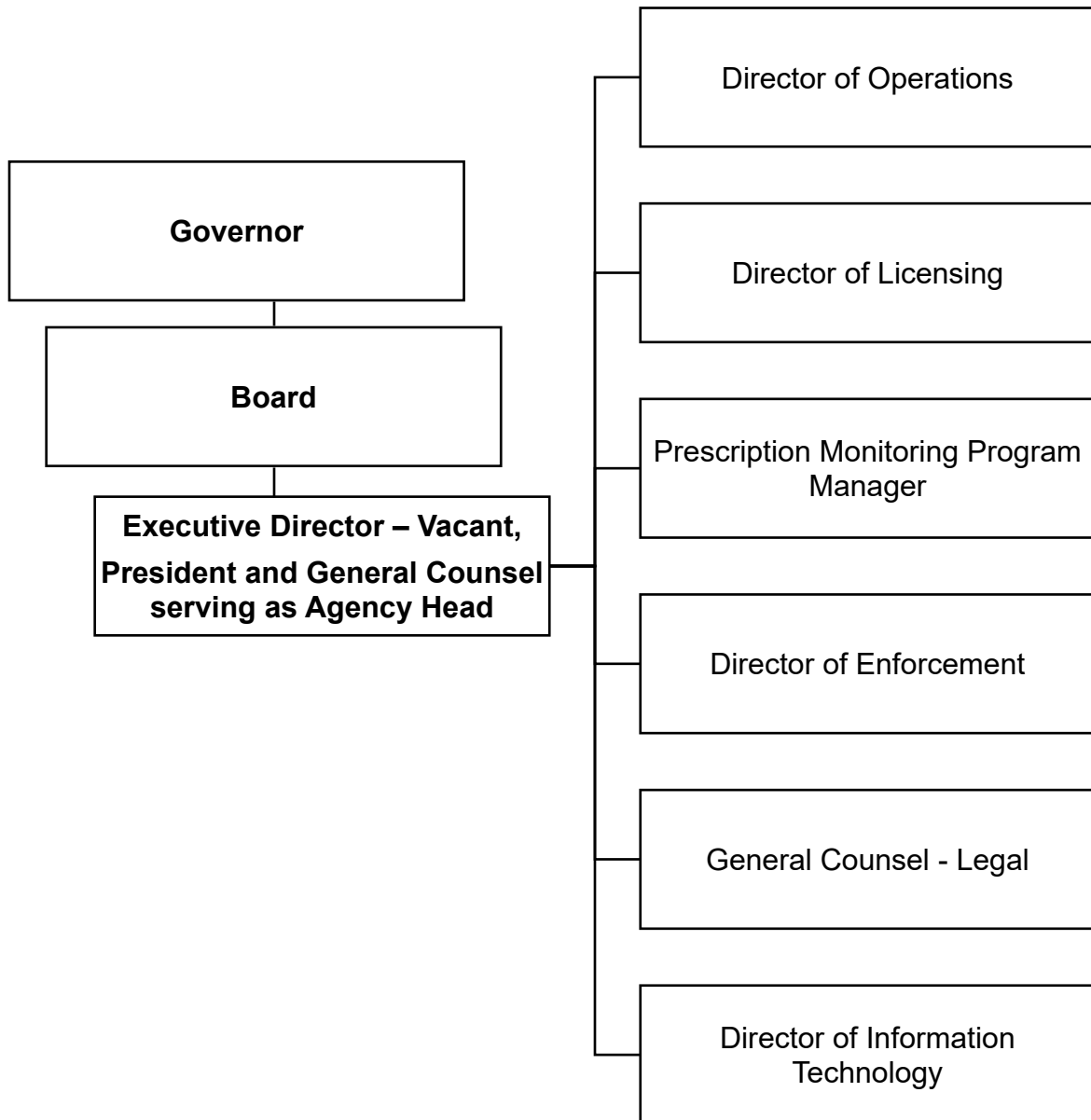
- Office of the Executive Director;
- Operations;
- Licensing;
- Compliance;
- Enforcement;
- Legal;
- Prescription Monitoring Program; and
- Information Technology.



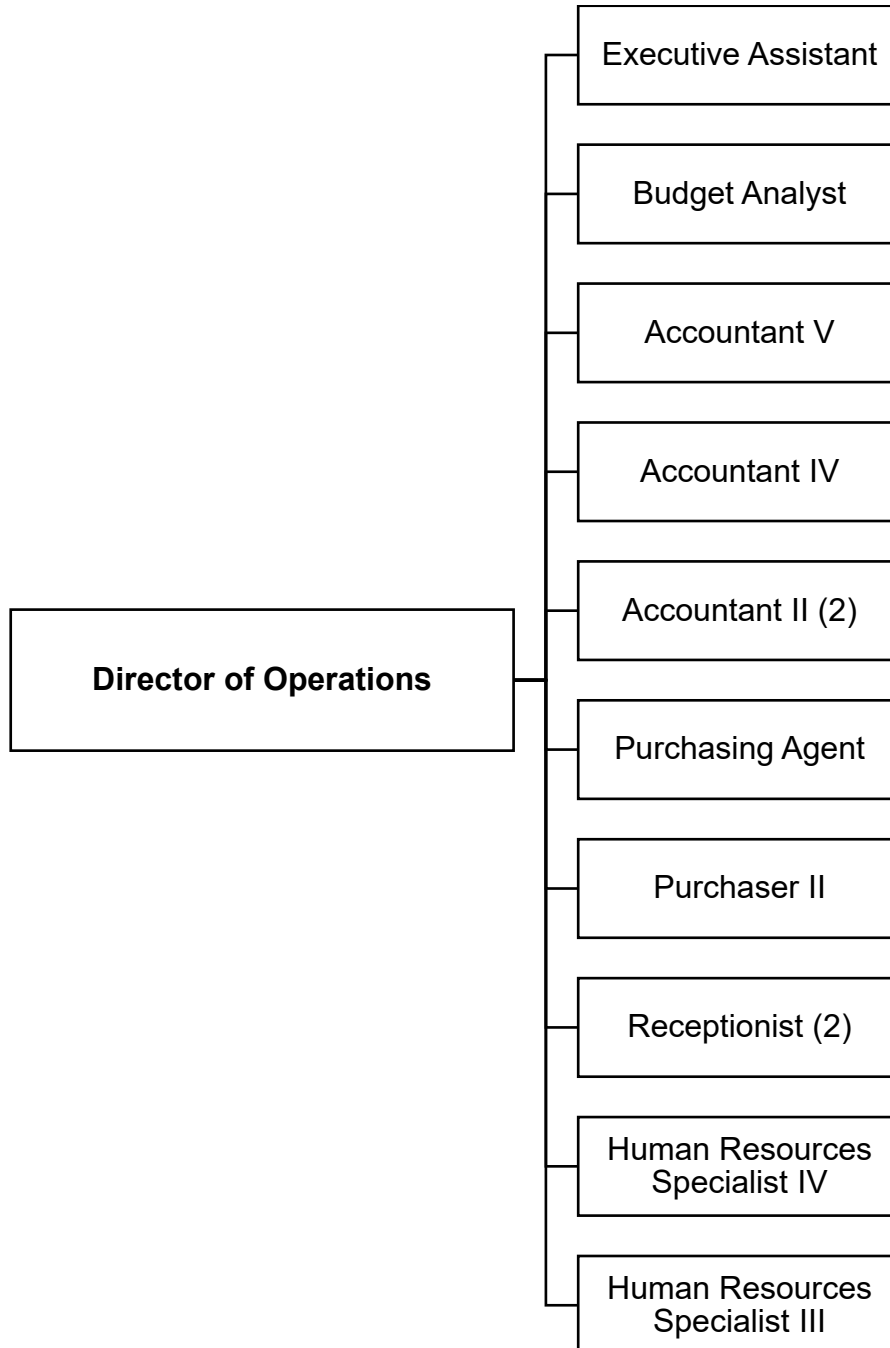
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## Organizational Charts

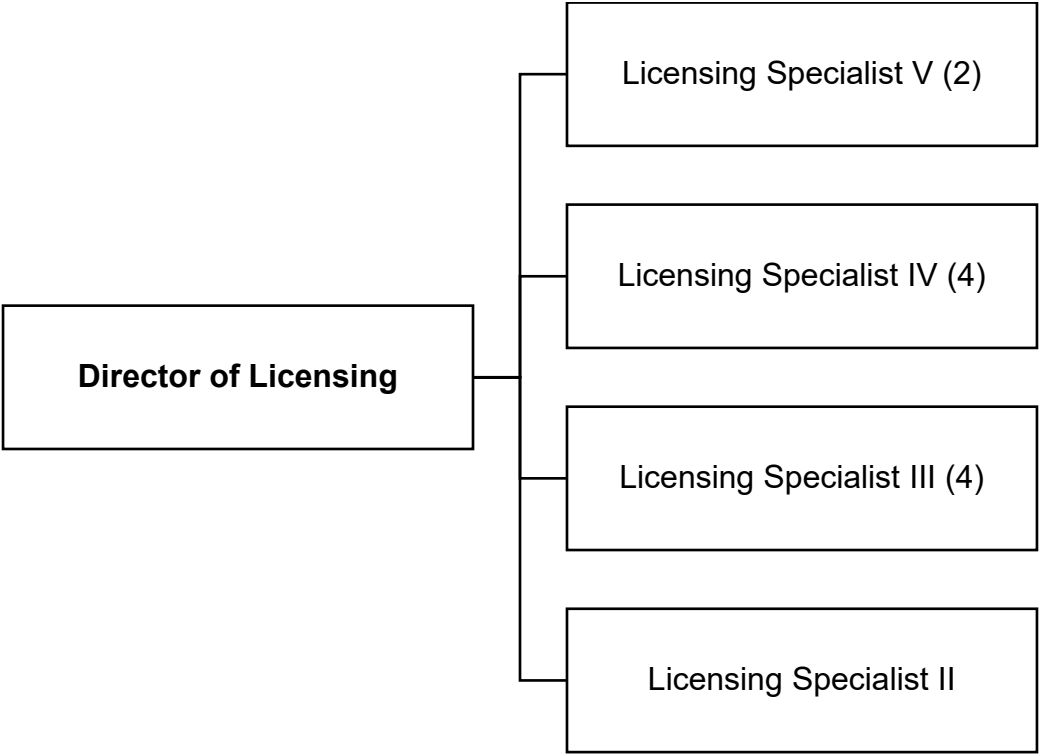
### Executive Team



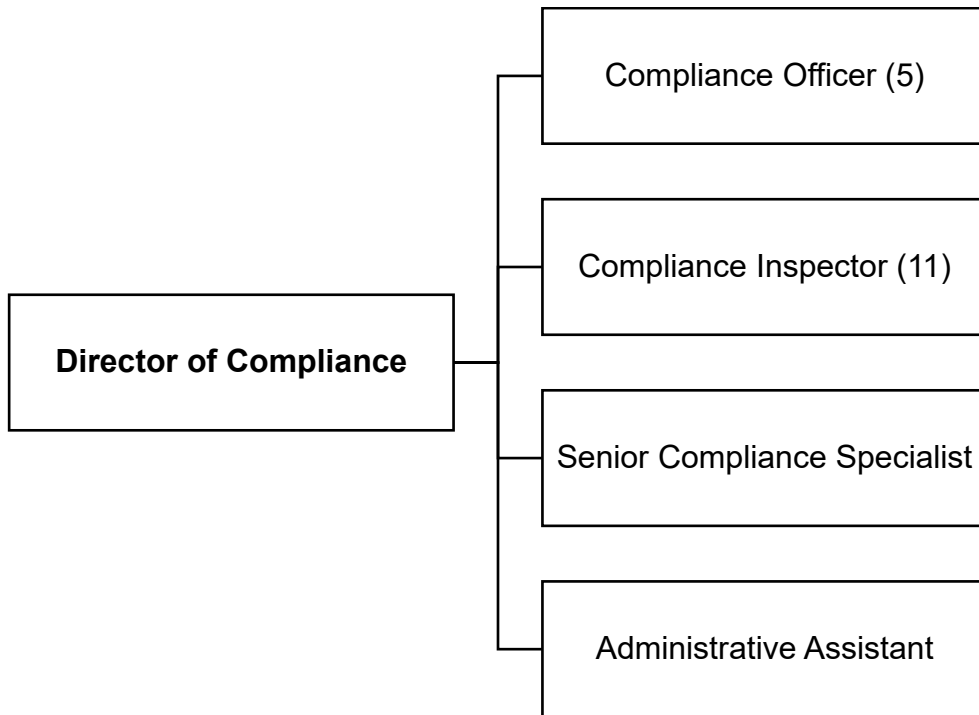
## Operations Team



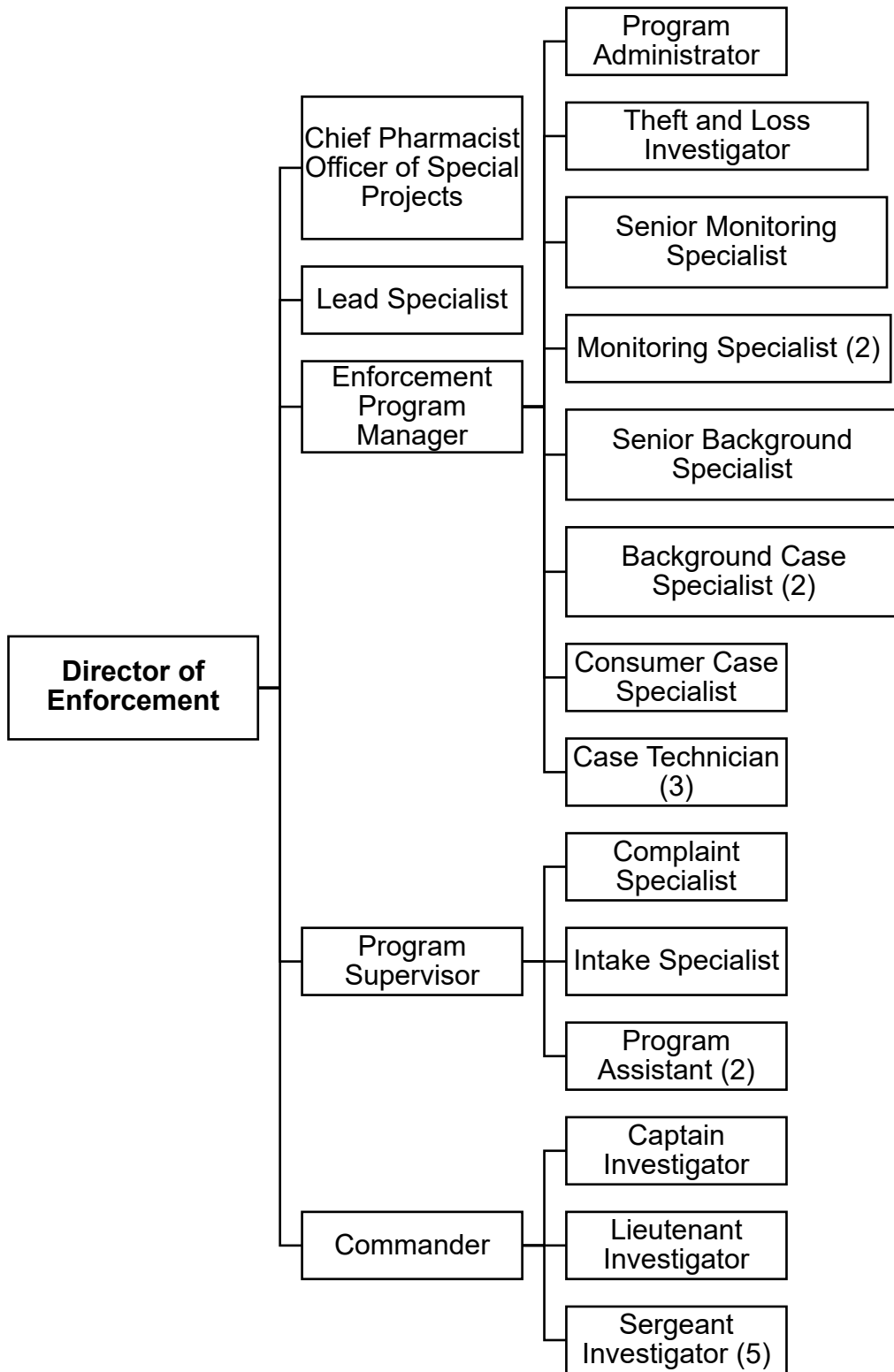
Licensing Team



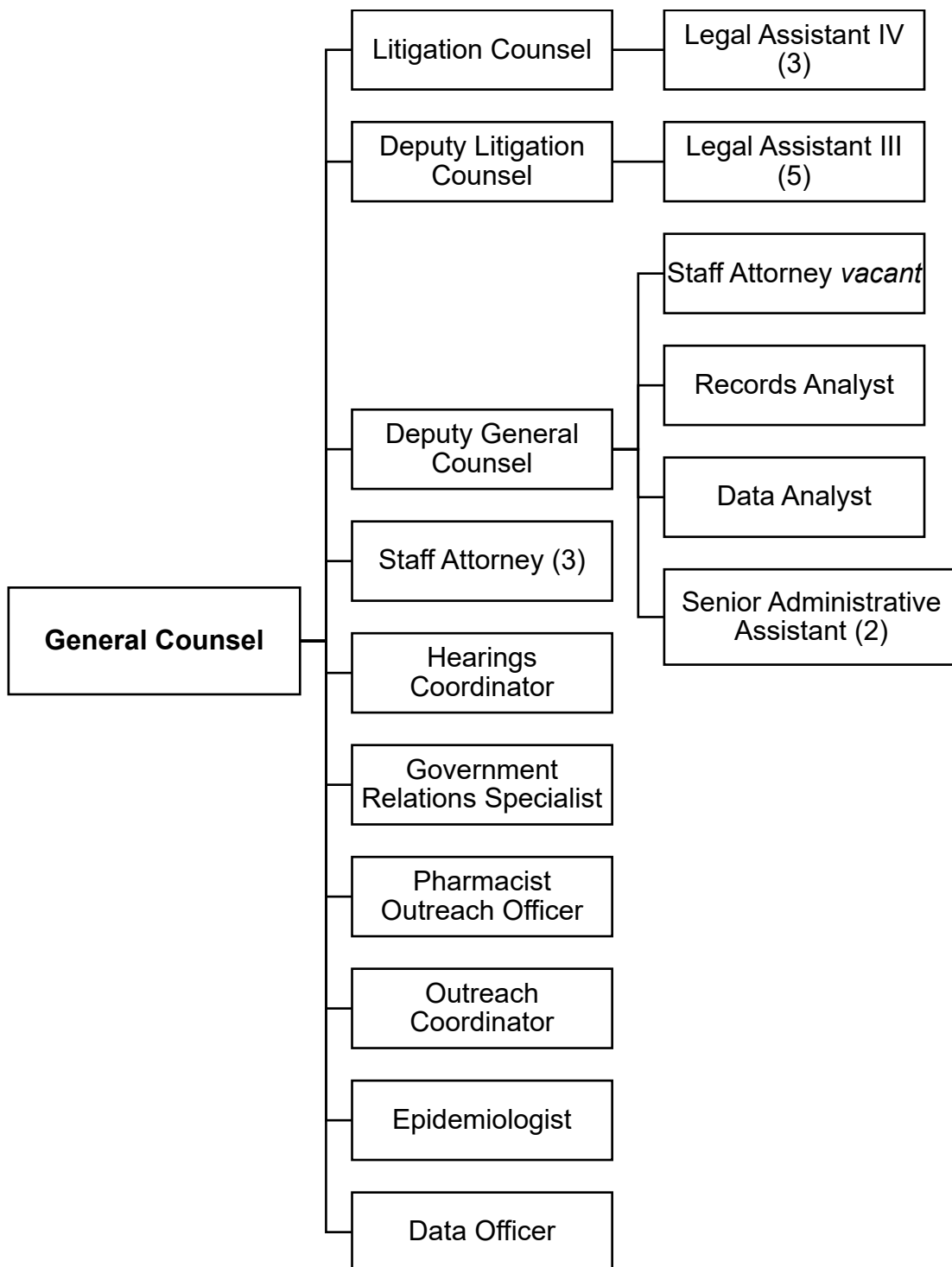
## Compliance Team



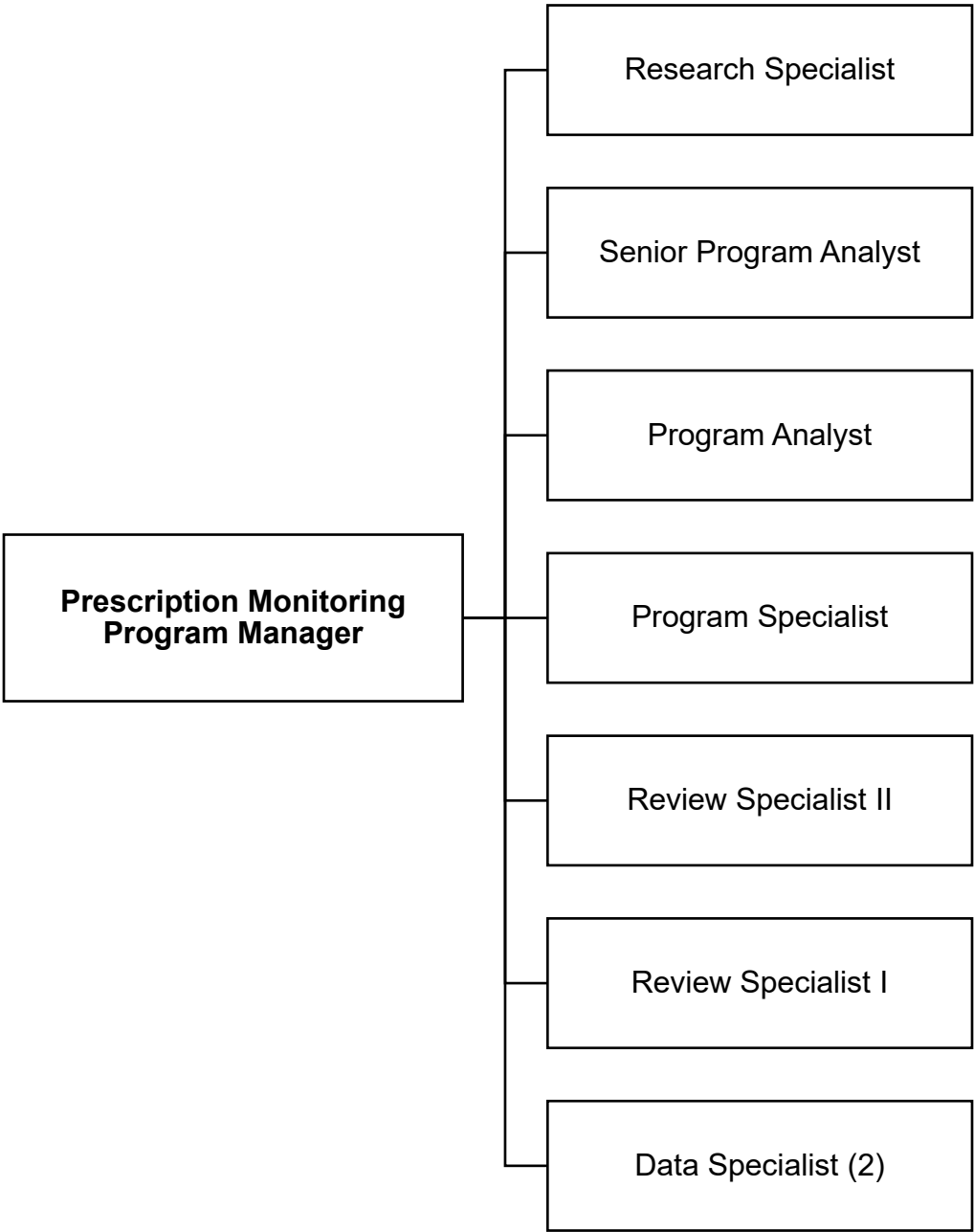
## Enforcement Team



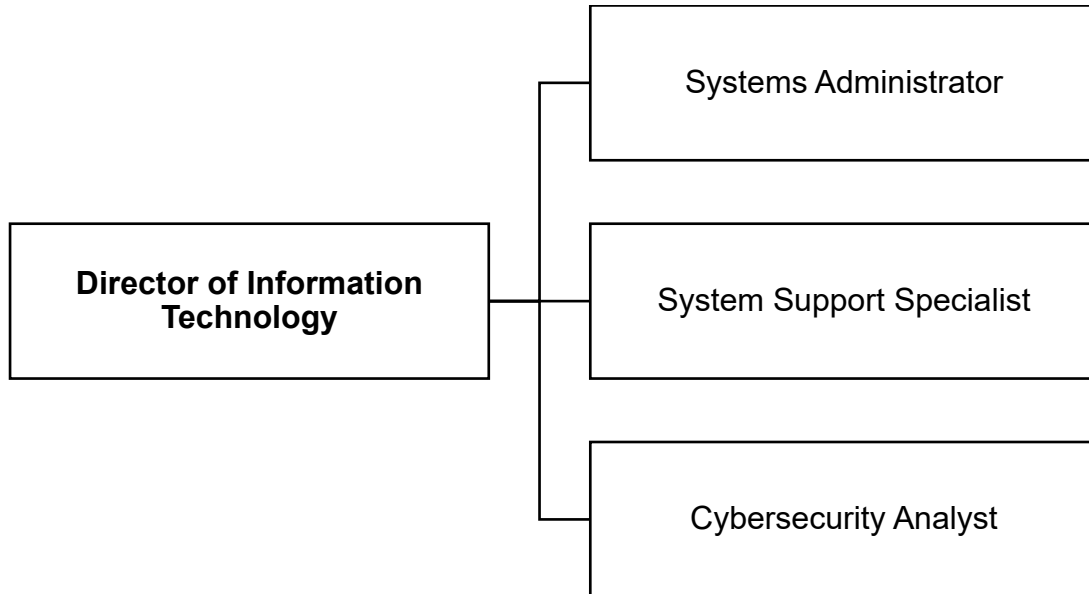
## Legal Team



Prescription Monitoring Program Team



## Information Technology Team





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# Office of the Executive Director

This FY2023 Annual Report reflects the objectives accomplished and activities conducted by the agency necessary to implement its *Strategic Plan*. The agency continued to enjoy an excellent reputation with a broad range of customers as a consumer protection advocate and has the support of its activities by the regulated profession.

The numerous accomplishments achieved by TSBP staff are highlighted in each of the Team reports. TSBP experienced the following significant accomplishments and disappointments/constraints in FY2023.

## **SIGNIFICANT ACCOMPLISHMENTS**

1. The agency move committee successfully coordinated and executed the agency move to the new Bush building in September of 2022.
2. During the five day move and set up of the agency's new office space in the new Bush building, agency staff ensured the agency was operational and had minimal disruptions lasting no more than one day.
3. Agency staff responded to changes in the agency in an efficient manner to ensure that Board business suffered minimal impact and Team goals continued to be met.

The agency met or exceeded most of the performance measures reported to the Legislative Budget Board (LBB). The key measures not met were impacted by circumstances outside of the Board such as number of Peer Assistance Program participants or number of new licenses issued to individuals.

## **SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS**

1. Staff turnover had a significant impact on the agency. In FY2022 the agency had a 24.9% rate of staff turnover and approximately 47% of vacant positions took longer than 90 days to fill. Exit surveys consistently listed pay as reasons staff left the agency.
2. Agency staff spent significant time managing the transition following the departure of the former Executive Director. The President and General Counsel had a significant increase in time commitment and extra workload in their performance of duties as Acting Agency Heads.

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# Office of the Executive Director

## FY2023 ANNUAL REPORT

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### GOAL

To provide policy advice to the Board, implement Board policies, and manage the organization in a manner that will accomplish the stated mission, goals, and objectives of the agency.

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### Objectives (New)

To direct the agency, in accomplishing the following new objectives:

1. To prepare testimony, attend public hearings, provide any legal or technical interpretations, review all legislation that has an impact on the practice of pharmacy and agency operations, and monitor the progress of this legislation throughout the 88<sup>th</sup> Texas Legislative Session.
2. To direct the submission of, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2024-2025.

**Status:** ACCOMPLISHED

**Comment:** These objectives were accomplished through the following activities:

- A) A total of 8,046 pieces of legislation were introduced in the 88th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills 300 bills were tracked and monitored. Legislation that was passed by the Legislature that affects the agency or the practice of pharmacy can be found in Appendix EXC-01.
- B) The Executive Director, Board President, and General Counsel met or had telephone conversations with Legislators or others or testified before Legislative committees as requested.
- C) Agency personnel participated in meetings regarding the TSBP Legislative Appropriation Request.

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### Objectives (Ongoing)

1. To manage and monitor the agency's performance and operational efficiency.

**Status:** ACCOMPLISHED

**Comment:** The agency accomplished most of its objectives. Some Objectives were not met due to circumstances outside of the Board as listed in the Team reports..

In addition, the agency met or exceeded most of the key performance measures listed in the Appropriations Act and reported on a quarterly and annual basis to the Legislative Budget Board (LBB) (see Appendix EXC-02). Two key measures not

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## OFFICE OF THE EXECUTIVE DIRECTOR

met were impacted by circumstances outside of the Board such as number of Peer Assistance Program participants or number of new licenses issued to individuals. Non-key measures not met were also impacted by circumstances outside of the Board, such as a smaller percentage of jurisdictional complaints resulting in disciplinary actions due to increased allowance for more educational directive to licensees on minor and/or first-time offenses, certain licenses expiring, or closing in lieu of discipline.

2. **To coordinate the development of proposed goals and objectives and budget for FY2024 based on the Strategic Plan and projected budget, for submission to the Board by the due date for the August 2023 meeting.**

**Status: ACCOMPLISHED**

**Comment:** The FY2024 agency Goals and Objectives, Operating Budget, and fee recommendations, were presented and approved at the August 2023 Board meeting.

3. **To direct TSBP's leadership approach to ensure coordination of TSBP activities with federal and other state agencies involved in the regulation of the practice of pharmacy.**

**Status: ACCOMPLISHED**

**Comment:** The Executive Director and Agency Heads, as well as the agency's Enforcement, Compliance, Investigation, and Legal staffs, worked extensively with federal, state, and local regulatory agencies. More information may be found in the team reports.

4. **To review all federal statutes, regulations, and policies that may impact the regulation of the practice of pharmacy and make timely recommendations to the Board for implementation of any required Board actions.**

**Status: ACCOMPLISHED**

**Comment:** Staff monitored the activities of the federal Food and Drug Administration regarding compounding pharmacies, the illegal importation of prescription drugs, Internet pharmacies, and counterfeit prescription drugs; and the Drug Enforcement Administration regarding controlled substances and pill mill activities.

5. **As the Executive Director of the Board, to:**
  - A. **represent Board policies and programs to local, state, and national pharmacy, health-related, and consumer organizations;**
  - B. **act as the Board's liaison to the professional pharmacy associations;**
  - C. **maintain a proactive role in the operation of the Health Professions Council; and**
  - D. **support and participate in the Texas Pharmacy Congress.**

**Status: ACCOMPLISHED**

## OFFICE OF THE EXECUTIVE DIRECTOR

**Comment:** This objective was accomplished through the following activities:

- A. The Acting Agency Heads, Board Members, and Staff gave 46 presentations to approximately 2,617 persons (see Appendix EXC-03).
- B. The Acting Agency Heads and Staff attended 52 meetings and conferences representing the agency (see Appendices EXC-04).
- C. The Agency Heads attended meetings of the Health Professions Council.
- D. The Agency Heads attended meetings of the Texas Pharmacy Congress.

- 6. To recommend changes to the Texas Pharmacy Act and rules and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or will improve the efficiency and effectiveness of the agency's operations.**

**Status: ACCOMPLISHED**

**Comment:** The agenda for each meeting of the Board included a discussion item listing possible suggestions for changes to the Pharmacy Act or Board rules. In addition, several teams made recommendations for improvements.

- 7. To assist the National Association of Boards of Pharmacy (NABP) in the ongoing development of the Multi-State Pharmacy Jurisprudence Examination (MPJE); coordinate with other staff the review of MPJE item pools on an agreed timetable with NABP to determine appropriate questions for the Texas exam; and assist in providing new questions for the MPJE as appropriate or requested by NABP.**

**Status: ACCOMPLISHED**

**Comment:** Agency staff participated in the drafting and review of the question pool for the Multistate Jurisprudence Examination to ensure the validity of the questions in the pool.

- 8. To maintain a staff development program by encouraging agency staff to participate in professional and interpersonal development seminars, cross training, and on-the-job training and to conduct periodic reviews and annual evaluations of direct reports and to monitor evaluations of employees on all Board teams.**

**Status: ACCOMPLISHED**

**Comment:** This objective was accomplished through the following activities:

- A. Team staff were evaluated on an annual basis, as required by agency policy.
- B. Agency staff conducted the hiring process to fill open positions.
- C. Team staff prepared and conducted orientations for all new TSBP employees and interns.

## OFFICE OF THE EXECUTIVE DIRECTOR

- D. Team staff attended general staff meetings and in-house training sessions. In addition, the attorneys attended required continuing legal education, and Team staff attended various programs, seminars, and events.

**9. To provide the Board information necessary to conduct performance evaluation of the Executive Director as scheduled by the Board.**

**Status:** ACCOMPLISHED

**Comment:** An evaluation of the Executive Director was conducted at the February 7, 2023, Board Meeting.

**10. To prepare a report on the accomplishments of the Office of the Executive Director and direct the preparation and submission of the agency's *FY2022 Annual Report* to be presented to the Board at the February 2023 meeting.**

**Status:** ACCOMPLISHED

**Comment:** The final draft of the *FY2022 Annual Report* was presented to and approved by the Board at the February 2023, Board meeting.

## **SIGNIFICANT ACCOMPLISHMENTS**

1. The Team accomplished all of its goals.
2. The agency move committee successfully coordinated and executed the agency move to the new Bush building in September of 2022. Staff also worked with agencies such as with the Texas Facilities Commission (TFC), Department of Public Safety (DPS), Health Professions Council (HPC), and Department of Information Resources (DIR) as needed.
3. Due to increased usage of queues, agency staff in Reception, Enforcement, and PMP Teams were able to answer approximately 34,463 queue calls.
4. During the move to the new Bush building, Team and agency staff ensured the agency was operational and had minimal disruptions lasting no more than one day.
5. Director of Operations and Team staff assisted in the response to changes in the agency following the departure of the former Executive Director in an efficient manner to ensure that Board business suffered minimal impact and Team goals continued to be met.

## **SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS**

1. Turnover due to employee promotion and departure created a significant increase in staff time and effort to review, prepare, post, and manage the recruitment process to fill the vacancies.  
  
Several vacancies were difficult to fill and required reposting two or three times. In addition, due to no response, several positions were lowered and reorganization of staff duties had to occur.
2. Staff turnover had a significant negative impact on the agency. In FY2022 the agency had a 24.9% rate of staff turnover and approximately 47% of vacant positions took longer than 90 days to fill. Exit surveys consistently listed pay and teleworking as reasons staff left the agency.
3. The Director spent significant time assisting the President and General Counsel in managing the transition following the departure of the former Executive Director and assisting their performance of duties as Acting Agency Heads.

## OPERATIONS TEAM

### FY2023 ANNUAL REPORT

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#### GOAL

To administer agency operations including human resources, risk management, and assist in accomplishing the stated mission, goals, and objectives of the agency.

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#### Objectives (New)

To assist the Executive Director, in cooperation with other teams,:

1. To prepare testimony, attend public hearings, provide any legal or technical interpretations, review all legislation that has an impact on the practice of pharmacy and agency operations, and monitor the progress of this legislation throughout the 88<sup>th</sup> Texas Legislative Session.
2. To submit, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2024-2025.

**Status:** ACCOMPLISHED

**Comment:** These objectives were accomplished through the following activities:

- A. A total of 8,046 pieces of legislation were introduced in the 88th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills 300 bills were tracked and monitored. Legislation that was passed by the Legislature that affects the agency or the practice of pharmacy can be found in Appendix EXC-01.
- B. Team staff assisted in the preparation of testimony and handouts for Legislative Hearings and Committees.
- C. Agency personnel participated in meetings regarding the TSBP Legislative Appropriation Request.

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#### Objectives (Ongoing)

1. To assist the Executive Director in assessing and managing the agency's performance and operational efficiency.

**Status:** ACCOMPLISHED

**Comment:** The agency accomplished most of its objectives. Objectives not met due were due to circumstances outside of the Board such as staff turnover, funding, or legacy items.

## OPERATIONS TEAM

2. **To coordinate the development of proposed goals and objectives and budget for FY2024 based on the Strategic Plan and projected budget, for submission to the Board by the due date for the August 2023 meeting.**

**Status:** ACCOMPLISHED

**Comment:** The FY2023 Operating Budget, Goals and Objectives, and Fee Recommendations were presented and approved at the August 2023 Board meeting.

3. **To coordinate the agency's human resources and ensure agency compliance with all applicable state and federal personnel statutes.**

**Status:** ACCOMPLISHED

**Comment:** This objective was accomplished as follows:

- A. All newly hired and current employees received Equal Employment Opportunity/Sexual Harassment Training, Sensitive Personal Information Training, and Cybersecurity Awareness Training as required by state law.
- B. Employee position descriptions were reviewed and revised throughout the year.
- C. The agency updated its *Employee Handbook of Personnel Policies and Procedures as needed*.
- D. The agency posted 35 job vacancy announcements to replace positions based on turnover and agency need. A total of 372 applications were received for the fiscal year which results in approximately 10.6 applicants per posting. (see Appendix OPR-001).
- E. Texas Government Code, Section 657.004, requires agencies to set a goal for the employment of veterans in full-time positions equal to at least 20.0% of the total number of agency employees. The Board's total percent of veterans employed increased to 9.25%, which is higher than the statewide average of 5.71%.
- F. Employees at the agency had an average 7.95 years of agency length of service. Of the agency's employees, 68.2% were 40 years of age or older, and 42% had fewer than 5 years of agency length of service.
- G. It is estimated that between fiscal years 2023 and 2028, 27.3% of the agency's workforce will be eligible to retire.
- H. The agency had a total of 21 employee separations (including interagency transfers), resulting in a turnover of rate of 21.7%. This rate compares to the state turnover rate of 21.1% for the fiscal year and 15.6% turnover rate for Article VIII agencies.

4. **To increase the efficiency and productivity of agency operations by managing and coordinating space needs and on-site maintenance of the office facilities.**

**Status:** ACCOMPLISHED

**Comment:** All issues regarding space needs within the Board's office facility were handled as reported. All on-site maintenance of the Board's office facilities were coordinated



## OPERATIONS TEAM

with the Texas Facilities Commission coordinator for the Bush Building as needed.

5. **To participate in the development and implementation of the Continuity of Operations (COOP) and Disaster Recovery (DR) procedures and ensure the availability of these agency systems through COOP and DR planning, testing and execution.**

**Status: ACCOMPLISHED**

**Comment:** The agency continues to develop and update the COOP and DR procedures to include changes in staffing, electronic processes, and new agency headquarters.

6. **To serve as the Risk Manager by monitoring and assessing areas of agency risk exposures and making recommendations to control these exposures.**

**Status: ACCOMPLISHED**

**Comment:** The agency conducted a formal risk assessment of the major programs of the agency (i.e., licensing, enforcement & peer assistance, prescription monitoring, rulemaking, public information, financial operations, information technology) and submitted the Risk Assessment Report by the due date to the State Auditor's Office (SAO).

The agency conducted a program of internal auditing that included an annual audit plan, prepared and submitted to the Board by the internal auditor (Weaver and Tidwell, L.L.P.) for review and approval at the August 2, 2023 Board Meeting.

7. **To coordinate with the Finance Team to provide verbal and written information, by the assigned due dates, regarding the LBB Performance Report, and other special reports as requested by the LBB; legislative committees; legislators; and others, in conjunction with other teams as necessary.**

**Status: ACCOMPLISHED**

**Comment:** Required and requested reports were completed and submitted.

8. **To assist the Executive Director in developing and implementing the objectives of the Health Professions Council.**

**Status: ACCOMPLISHED**

**Comment:** The Executive Director attended meetings of the Health Professions Council.

9. **To update the Agency Personnel Handbook and the Division's *Policies and Procedures Manual* as needed and submit any substantive revisions to the Executive Director for approval.**

**Status: ACCOMPLISHED**

**Comment:** The Agency Personnel Employee Handbook was reviewed and revised policies were distributed to staff.

## OPERATIONS TEAM

10. **To recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or will improve the efficiency and effectiveness of the agency's operations.**

**Status:** **ACCOMPLISHED**

**Comment:** Team staff made suggestions regarding agency policies and procedures as necessary to improve the agency's efficiency and effectiveness as needed.

11. **To maintain a staff development program by encouraging agency staff to participate in professional and interpersonal development seminars, cross training, and on-the-job training and to coordinate the periodic reviews and annual evaluations of direct reports and to monitor evaluations of employees on all Board teams.**

**Status:** **ACCOMPLISHED**

**Comment:** Division staff attended three General Staff Meetings and several trainings in person and/or remotely via videoconference as listed below:

A) December 13, 2022 – All Staff Meeting Trainings

- EEO and Sexual Harassment Training, Jeff Riddle, Training and Outreach Coordinator, Texas Workforce Commission – Civil Rights Division
- HR – Safety Training

B) February 23, 2023 – All Staff Meeting Trainings

- Change Management Training, Julie Spier, R.Ph.
- Life Cycle of a Bill, Caroline Hotchkiss
- State Agency Employee Lobbying Restrictions, Eamon Briggs and John Griffith

C) June 20, 2023 – All Staff Meeting Trainings

- ERS Update: Benefits and Annual Enrollment
- Licensing 101, Misty Anderson
- HR: Updates to State Classification
- IT: Annual Security Training
- Legal: Record Retention 101

Additionally, the following optional training opportunities were provided to management and staff:

- October 2022 – Capitol Complex Mass Notification Training
- November 2022 – Telicon
- December 2022 – Introduction to Fiscal Notes for State Agencies, LBB
- December 2022 - AWP Webinar – Problem Solving
- January 2023 – AWP Webinar – Finding Balance

## OPERATIONS TEAM

- January 2023 – AWP Webinar – Introduction to Conflict Management
- January 2023 – AWP Webinar – Habit Development
- February 2023 – AWP Webinar - Managing Up
- February 2023 – AWP Webinar – Improve Relationships
- March 2023 – AWP Webinar – Visioning
- March 2023 – DPS – Personal and Workplace Safety Training
- April 2023 – UT Austin Center for Professional Training - Leadership vs. Authority: How to Lead When You Aren't In Charge
- June 21, 2023 CPR/AED Training

All staff evaluations for eligible employees were completed in August 2023.

- 12. To obtain and provide the Board information necessary to conduct performance evaluation of the Executive Director as scheduled by the Board.**

**Status: ACCOMPLISHED**

**Comment:** In coordination with the General Counsel, information was obtained and provided to the Board so an evaluation of the Executive Director could be conducted at the February 1, 2023, Board Meeting.

- 13. To destroy records in accordance with the agency's record retention plan; to review and update the team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.**

**Status: ACCOMPLISHED**

**Comment:** Team staff destroyed records in accordance with TSBP's record retention schedule. For the entirety of FY2023, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention. In August 2022, the agency became subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of records that have met retention.

The Team's procedures were reviewed and updated as possible.

- 14. To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

**Status: ACCOMPLISHED**

## OPERATIONS TEAM

**Comment:** This objective was accomplished through the following activities:

- A. Staff were evaluated on an annual basis, as required by agency policy.
- B. Director of Operations and Team staff conducted Team meetings approximately once a month or as required.
- C. Team staff conducted the hiring process to fill open positions.
- D. Team staff attended general staff meetings and in-house training sessions.
- E. Team staff conducted orientations for all new agency employees which included Equal Employment Opportunity/Sexual Harassment Training, Sensitive Personal Information Training, and Cybersecurity Awareness Training as required by state law.
- F. Team staff updated and developed new and existing job descriptions as necessary.
- G. Director of Operations spent significant time on the hiring and interview process for the new Executive Director.

**15. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's *FY2022 Annual Report* and submit to the Executive Director by the due date.**

**Status: ACCOMPLISHED**

**Comment:** The Team's first draft of the *FY2022 Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2023 Board meeting.

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## Fiscal Report

The attached report represents an unaudited report of the financial activities regarding the internal operating budget for Fiscal Year 2023 (September 1, 2022 - August 31, 2023). A more detailed accounting of the agency's unaudited financial report, which includes all fund types and account groups, a complete statement of revenues and expenditures, and changes in fund balance, can be found in the [FY2023 Annual Financial Report](#), located on the Board's website.

As of August 31, 2023, the unexpended balance for FY2023 was approximately \$1,288,141. The two largest factors in the unexpended balance were due to a significant reduction in orders of Official Prescription Forms/Pads and turnover of classified and exempt employees.

# TEXAS STATE BOARD OF PHARMACY

Fiscal Year 2023

Budget Status Report - August 31, 2023

APPROPRIATION DETAIL				EXPENDITURES BY EXPENSE CATEGORIES										FY 2023 Cumulative Expenditures		Remaining Budget Percentage
Goal	Strategy Name	FY 2023 Adjusted Budgeted		Salaries	Other Personnel Costs	Professional Fees & Services	Consumable Supplies	Utilities	Travel	Rent - Building	Rent - Machine & Other	Other Operating Expense				
<b>A</b>	<b>MAINTAIN STANDARDS</b>															
Strategy	Appropriation	Fund														
1.1	13005	0001	LICENSING	744,789.10	539,586	59,628	7,595	5,326	979	-	1,134	1,143	58,579	673,969	10%	
1.2	13011	0001	TEXAS.GOV	270,092	-	-	-	-	-	-	-	-	270,092	270,092	0%	
<b>A - Total</b>				<b>\$ 1,014,881</b>	<b>\$ 539,586</b>	<b>\$ 59,628</b>	<b>\$ 7,595</b>	<b>\$ 5,326</b>	<b>\$ 979</b>	<b>\$ -</b>	<b>\$ 1,134</b>	<b>\$ 1,143</b>	<b>\$ 328,671</b>	<b>\$ 944,061</b>	<b>10%</b>	
<b>B</b>	<b>ENFORCE REGULATIONS</b>															
Strategy	Appropriation	Fund														
1.1	13006	0001	ENFORCEMENT	5,019,725	3,886,200	427,556	50,123	9,649	27,170	57,205	2,707	9,021	484,222	4,953,853	1%	
1.2	13010	0001	PEER ASSISTANCE	294,203	-	-	246,800	-	-	-	-	-	-	246,800	16%	
1.3	13014	0001	PRESCRIPTION MONITORING PROGRAM	2,524,993	513,064	56,444	724,188	551	-	771	58	384	224,648	1,520,109	40%	
<b>B - Total</b>				<b>\$ 7,838,921</b>	<b>\$ 4,399,264</b>	<b>\$ 484,001</b>	<b>\$ 1,021,111</b>	<b>\$ 10,200</b>	<b>\$ 27,170</b>	<b>\$ 57,976</b>	<b>\$ 2,765</b>	<b>\$ 9,405</b>	<b>\$ 708,870</b>	<b>\$ 6,720,762</b>	<b>57%</b>	
<b>C</b>	<b>INDIRECT ADMINISTRATION</b>															
Strategy	Appropriation	Fund														
1.1	13012	0001	LICENSING - INDIRECT ADMINISTRATION	130,842	91,297	11,058	1,387	202	526	2,425	201	209	6,438	113,743	13%	
1.2	13013	0001	ENFORCEMENT-INDIRECT ADMIN.	793,620	559,344	67,514	8,406	1,223	3,230	14,899	1,096	1,269	53,550	710,531	10%	
<b>C - Total</b>				<b>\$ 924,462</b>	<b>\$ 650,641</b>	<b>\$ 78,572</b>	<b>\$ 9,793</b>	<b>\$ 1,426</b>	<b>\$ 3,756</b>	<b>\$ 17,324</b>	<b>\$ 1,297</b>	<b>\$ 1,478</b>	<b>\$ 59,988</b>	<b>\$ 824,274</b>	<b>24%</b>	
<b>FY 2023 ADJUSTED BUDGET TOTAL</b>				<b>\$ 9,778,265</b>	<b>\$ 5,589,491</b>	<b>\$ 622,200</b>	<b>\$ 1,038,499</b>	<b>\$ 16,952</b>	<b>\$ 31,904</b>	<b>\$ 75,300</b>	<b>\$ 5,195</b>	<b>\$ 12,026</b>	<b>\$ 1,097,529</b>	<b>\$ 8,489,097</b>	<b>13%</b>	

### **SIGNIFICANT ACCOMPLISHMENTS**

1. The Team accomplished all of its objectives.
2. Budget Analyst and Director successfully reviewed and approved legislative staff increases entered into CAPPS which became effective July 1, 2023. In addition, they reviewed, planned, and implemented reviews of reallocations for monetary increases, pay class changes, targeted increases, and vacancy allowances to be effective September 1, 2023.

### **SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS**

1. Turnover due to Finance Director departure. The position was difficult to fill and required several postings and reorganization to get a Budget Analyst position filled and transfer management of the Team to the Director of Operations. The Director spent significant time and effort to post and interview for the vacant position and hire and onboard new staff.
2. Director spent significant time assisting the President and General Counsel in managing the transition following the departure of the former Executive Director and assisting their performance of duties as Acting Agency Heads

**FINANCE TEAM**  
**FY2023 ANNUAL REPORT**

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**GOAL**

To administer agency purchasing and financial operations. To prepare and monitor budgets, and expense-related documentation and reporting for the agency. To provide accounting services for the agency.

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**Objectives (New)**

**To assist the Executive Director, in cooperation with other teams:**

- 1. To prepare testimony, attend public hearings, provide any legal or technical interpretations, review all legislation that has an impact on the practice of pharmacy and agency operations, and monitor the progress of this legislation throughout the 88<sup>th</sup> Texas Legislative Session.**
- 2. To submit, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2024-2025.**

**Status: ACCOMPLISHED**

**Comment:** These objectives were accomplished through the following activities:

- A. A total of 8,046 pieces of legislation were introduced in the 88th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills 300 bills were tracked and monitored. Legislation that was passed by the Legislature that affects the agency or the practice of pharmacy can be found in Appendix EXC-01.
- B. Director assisted in the preparation of testimony and handouts for Legislative Hearings and Committees and attended hearings as a resource witness if needed.
- C. Director participated in meetings regarding the TSBP Legislative Appropriation Request.

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**Objectives (Ongoing)**

- 1. To prepare a proposed budget for FY2024 for submission to the Board by the due date for the 2023 May Board Meeting.**

**Status: ACCOMPLISHED**

**Comment:** Team staff prepared and submitted a proposed budget for FY2024 by the due date.

- 2. To prepare and submit all required accounting and fiscal reports/reconciliations in compliance with all applicable state statutes.**
-



## FINANCE TEAM

**Status: ACCOMPLISHED**

**Comment:** The agency submitted the Annual Financial Report (AFR) and the Annual Report of Non-Financial Data, to the Office of the Comptroller by the due dates. The AFR was reviewed by the Comptroller's Office as part of the statewide annual financial report and found to be in compliance.

3. **To review and recommend to the Executive Director additional sources of spendable revenue and to assess fees charged for Board services.**

**Status: ACCOMPLISHED**

**Comment:** A quarterly operating budget was presented to the Board at each of the regularly scheduled business meetings and recorded as such in the official minutes of the Board meetings. Fee adjustments were presented to the Board and approved at the August 2023 Board meeting.

4. **To assess the material needs of the agency and supervise the purchasing and supply activities in accordance with all Texas Procurement and Support Services rules and procedures.**

**Status: ACCOMPLISHED**

**Comment:** The Director and Purchasing Agent met to assess the material needs of the agency and review purchase requisitions for compliance with agency policies and procedures and CPA rules.

At each board meeting, the Board considered and acknowledged all material changes to the contracts for goods and services in accordance with Section 2155.088 of the Texas Government Code.

5. **To provide verbal and written information to Board staff and customers; by the assigned due dates, submit the LBB Performance and Funds Management Report, and other special reports as requested by the LBB, legislative committees, legislators, and others, in conjunction with other teams as necessary.**

**Status: ACCOMPLISHED**

**Comment:** This objective was accomplished by providing all required reports, most by the assigned due dates.

6. **To recommend changes to the Texas Pharmacy Act and rules, and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or that will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director.**

**Status: ACCOMPLISHED**

**Comment:** The Director and Team staff made recommendations as needed.

7. **To destroy records in accordance with the agency's record retention plan; to review**
-

## FINANCE TEAM

and update the team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.

**Status: ACCOMPLISHED**

**Comment:** Team staff destroyed records in accordance with TSBP's record retention schedule. For the entirety of FY2023, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention. In August 2022, the agency became subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of records that have met retention.

8. **To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

**Status: ACCOMPLISHED**

**Comment:** This objective was accomplished through the following activities:

- A. Staff were evaluated on an annual basis, as required by agency policy.
- B. Director of Operations and Team staff conducted Team meetings approximately once a week or as required.
- C. Team staff conducted the hiring process to fill open positions.
- D. Team staff attended general staff meetings and in-house training sessions.
- E. Director updated and developed new and existing job descriptions as necessary.
- F. Director of Operations spent significant time on the hiring and interview process for the senior budget and accounting vacancy.

9. **To prepare a report on the accomplishment of team objectives, for incorporation into the agency's *FY2022 Annual Report* and submit to the Executive Director by the due date.**

**Status: ACCOMPLISHED**

**Comment:** The Team's first draft of the *FY2022 Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2023 Board meeting.

## **SIGNIFICANT ACCOMPLISHMENTS**

1. The Team accomplished all of its objectives.
2. The Team met or exceeded 100% of the Key Performance Measures required to be submitted to the Legislative Budget Board.

## **SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS**

1. During FY2023, three Team members departed from the agency. This workforce turnover resulted in a significant loss of institutional knowledge and impacted efficiency in licensing. There was also a significant expenditure of time and effort in hiring and training of the new employees.

## LICENSING TEAM

### FY2023 ANNUAL REPORT

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#### GOAL

To conduct a pharmacy and pharmacist licensure system, intern registration program, pharmacy technician registration system, and the ongoing renewal of licenses and registrations.

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#### Objectives (New)

To assist the Executive Director, in cooperation with other teams, in the following new objectives:

1. To prepare testimony, attend public hearings, provide any legal or technical interpretations, review all legislation that has an impact on the practice of pharmacy and agency operations, and monitor the progress of this legislation throughout the 88th Texas Legislative Session.
2. To direct the submission of, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2024-2025.

**Status:** ACCOMPLISHED

**Comment:** These objectives were accomplished through the following activities:

- A. A total of 8,046 pieces of legislation were introduced in the 88th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills 300 bills were tracked and monitored. Legislation that was passed by the Legislature that affects the agency or the practice of pharmacy can be found in Appendix EXC-01.
- B. Agency staff assisted in the preparation of testimony and handouts for Legislative Hearings and Committees.
- C. Agency personnel participated in meetings regarding the TSBP Legislative Appropriation Request.

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#### Objectives (Ongoing)

1. To process and/or register all qualified pharmacist-interns within an average of ten working days of the receipt of all required documents.

**Status:** ACCOMPLISHED

**Comment:** At fiscal-year end, a total of 2,818 interns (student interns, intern trainees, and extended interns) were certified within four days of receipt of required documents. In addition, a total of 7,232 pharmacist preceptors were initially certified or renewed their certification. At fiscal year-end, a total of 13,367 pharmacists were active

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## LICENSING TEAM

preceptors.

- 2. To determine the eligibility of all pharmacist applicants applying to take the NAPLEX and Texas Pharmacy Jurisprudence Examination for initial licensing or licensing by reciprocity.**

**Status:** ACCOMPLISHED

**Comment:** The Texas Pharmacy Jurisprudence Examination was administered 2,369 times with 1,894 candidates passing (see Appendix LIC-02).

A total of 801 reciprocity candidates were licensed.

- 3. To submit licensing data for Key Performance Targets required under the FY2022-2023 Appropriations Act to Executive Director by specified due dates; to assist in the preparation of applicable reports to the Legislative Budget Board (LBB) and Governor's Budget Office regarding performance measures.**

**Status:** ACCOMPLISHED

**Comment:** All licensing statistical data for Key Performance Targets was submitted to the Legislative Budget Board and Governor's Office of Budget, Planning, and Policy by the prescribed due dates, in conjunction with the enforcement performance measures. Within a 5% variance, the division met or exceeded 100% of the Key Performance measures (see Appendix LIC-01).

- 4. To issue a pharmacist license by examination, score transfer, or reciprocity within an average of ten working days after the date the agency receives the examination results.**

**Status:** ACCOMPLISHED

**Comment:** The agency issued 1904 new pharmacist licenses with an average turnaround time of 3.6 business days from the download of the examination results.

- 5. To process renewals to all pharmacist candidates within an average of five working days of receipt of the required fee and all required documents.**

**Status:** ACCOMPLISHED

**Comment:** The agency renewed 19,839 biennial pharmacist licenses during FY2023. Approximately 98.95% of eligible pharmacists renewed their licenses online. The average processing time to issue a renewal license from receipt of a completed application was one business day and 99% percent of licenses were issued within five business days. The total population of licensed pharmacists for this fiscal year is as follows:

PHARMACISTS LICENSED	
Active Status	37,162
Inactive Status*	2,752**
TOTALS	39,914

## LICENSING TEAM

\* Not practicing pharmacy in Texas and not reporting continuing education credits.

\*\*Of the above number, 1,309 pharmacists have been licensed in Texas for more than 50 years or are greater than 72 years old and are classified as "exempt."

- 6. To issue initial registration for all pharmacy technician trainee candidates within an average of four working days of receipt of the required documents.**

**Status: ACCOMPLISHED**

**Comment:** The agency issued 14,221 new pharmacy technician trainee registrations bringing the total population of active registered technician trainees for this fiscal year to 26,565. Approximately 96.84% of trainees applied for their registrations online. The average processing time to issue a pharmacy technician trainee registration from receipt of a completed application was one business day.

- 7. To process initial and/or renewal applications for all pharmacy technician candidates on receipt of the required fees and all required documents according to the following guidelines:**

- A. initial applications for pharmacy technician applicants within an average of four working days; and**
- B. renewals for pharmacy technician applicants within four working days.**

**Status: ACCOMPLISHED**

**Comment:** The agency issued 6,755 new pharmacy technician registrations, and renewed 18,300 registrations on a biennial basis, bringing the total population of active registered technicians for this fiscal year to 48,749. Approximately 94.02% of eligible applicants applied and 99.74% pharmacy technicians renewed their registrations online.

The average processing time to issue a renewal registration from receipt of a completed application was one business day.

The average processing time to issue an initial registration from receipt of a completed application was one business day.

- 8. To process initial and/or renewal applications for all pharmacy license applicants on receipt of the required fees and all required documents (including inspection if applicable) according to the following guidelines:**

- A. initial applications for pharmacy license applicants within an average of 10 working days; and**
- B. renewals for pharmacy license applicants within five working days.**

**Status: ACCOMPLISHED**

**Comment:** The agency issued 523 new pharmacy licenses and 158 changes of ownership, which resulted in 681 new licenses issued. 3,779 licenses were renewed on a biennial basis, bringing the total population of active registered pharmacies for this

## LICENSING TEAM

fiscal year to 8,370. Approximately 32.87% of eligible pharmacies renewed their licenses online (see Appendix LIC-03).

The average processing time to issue a renewal license from receipt of a completed application was five business days and 99% of licenses were mailed within five working days or less.

Although a small percentage of pharmacies continue to use the online payment system for the renewal of their licenses, it should be noted that the inefficiencies of the computer system as well as the lack of automated processes, have necessitated that all pharmacy applications be received and processed in paper format only.

The average processing time to issue an initial license from receipt of a completed application, inspection, and enforcement review was 4 business day, and 100% of applications were licensed within 10 working days or less.

9. **In cooperation with the Enforcement team and in compliance with the agency's policies and procedures, to process criminal background checks on applicants for licensure and registration, including fingerprint-based criminal background checks.**

**Status: ACCOMPLISHED**

**Comment:** Fingerprint-based criminal background checks continued on all applicants for pharmacist-intern, pharmacy technician, and pharmacy technician trainee registrations and pharmacist licenses. In addition, quarterly DPS background checks were run on all individuals, once they were licensed or registered.

10. **To audit pharmacists' and pharmacy technicians' compliance with continuing education requirements and to initiate complaints on pharmacists and pharmacy technicians who are not in compliance with the rules regarding mandatory completion of continuing education for renewal, in cooperation with the Enforcement and Legal teams.**

**Status: NOT ACCOMPLISHED**

**Comment:** We have not audited the CE program during FY 2023 due to vacancies which impact staff workload and the review of possible programs to automate the process..

11. **To recommend changes to the Texas Pharmacy Act and rules, and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or that will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director.**

**Status: ACCOMPLISHED**

**Comment:** Team staff made suggestions to policies and procedures as necessary to improve the agency's efficiency and effectiveness as needed.

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## LICENSING TEAM

12. **To destroy records in accordance with the agency's record retention plan; to review and update the team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.**

**Status:** **ACCOMPLISHED**

**Comment:** Team staff destroyed records in accordance with TSBP's record retention schedule as allowed. For the entirety of FY2023, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention. In August 2022, the agency became subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of records that have met retention.

13. **To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

**Status:** **ACCOMPLISHED**

- A. Staff were evaluated on an annual basis, as required by agency policy.
- B. Team staff conducted the hiring process to fill open positions.
- C. Team staff attended general staff meetings and in-house training sessions.
- D. Team staff updated and developed new and existing job descriptions as necessary
- E. Other Activities - Three employees were hired during this fiscal year. The activities relating to new hires took significant time and effort, including posting/advertising the positions, evaluating applications, conducting interviews, preparing orientation schedules and conducting intensive orientation/training sessions. In addition, team staff prepared and conducted orientations for all new agency employees and interns regarding the Licensing Program.

14. **To prepare a report on the accomplishment of team objectives, for incorporation into the agency's *FY2022 Annual Report* and submit to the Executive Director by the due date.**

**Status:** **ACCOMPLISHED**

**Comment:** The Team's first draft of the FY2022 Annual Report was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2023 Board meeting.



## **SIGNIFICANT ACCOMPLISHMENTS**

1. The Team accomplished most of its objectives.
2. Team conducted 3,519 inspections of pharmacies located in Texas, which exceeds the annual inspection goal of 3,000 inspections despite vacancies.
3. Team members implemented and managed the electronic interface of inspection reports for all classes of pharmacies from Inspection Editor (Sanswrite) to VERSA, without incurring any additional charges from Sanswrite.
4. Team members executed the newly implemented Shared Inspections Program procedures. This allowed inspectors in other regions to inspect pharmacies in highly concentrated or difficult regions that had not been inspected within the past two years.
5. Newly implemented procedures for data entry of inspection nomenclature led to a significant decrease in errors for inspection reports uploaded to our website.
6. Team members completed the Drug Supply Chain Security Act Training requirement (DSCS) before the law became effective and created discussion points to be addressed with pharmacy staff during Compliance inspections.
7. Team members served on the Sterile and Non-sterile Compounding Advisory Group committees.

## **SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS**

1. Due to a lack of dedicated funds, staff continue to maintain and manage daily operations associated with Inspection Editor (Sanswrite), including the Sanswrite-Versa interface while also managing inspections in assigned regions.
2. Four vacancies required Team members to assume additional duties..
3. Discontinuance of a previously approved inspection procedure in March of FY23, resulted in 374 null inspections.
4. Team staff were required to re-take the Critical Point Certification in Sterile Compounding for Inspectors (CISCI) training course, due to a course name change.
5. Aging fleet of vehicles hinders productivity and requires staff to use additional inspection time for maintenance of vehicles.

**COMPLIANCE TEAM  
FY2023 ANNUAL REPORT**

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**GOAL**

To promote voluntary compliance with pharmacy laws and rules. To monitor compliance with pharmacy laws and rules.

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**Objectives (New)**

To assist the Executive Director, in cooperation with other teams, in the following new objectives:

1. To prepare testimony, attend public hearings, provide any legal or technical interpretations, review all legislation that has an impact on the practice of pharmacy and agency operations, and monitor the progress of this legislation throughout the 88th Texas Legislative Session.
2. To direct the submission of, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2024-2025.

**Status: ACCOMPLISHED**

**Comment: These objectives were accomplished through the following activities:**

- A. A total of 8,046 pieces of legislation were introduced in the 88th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills 300 bills were tracked and monitored. Legislation that was passed by the Legislature that affects the agency or the practice of pharmacy can be found in Appendix EXC-01.
- B. Agency staff assisted in the preparation of testimony and handouts for Legislative Hearings and Committees.
- C. Agency personnel participated in meetings regarding the TSBP Legislative Appropriation Request.

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**Objectives (Ongoing)**

1. To conduct 3,000 inspections of all classes of pharmacies located in Texas, including pre-inspections, partial inspections, attempted inspections, inspection-visits, and/or follow-up inspections to "Warning Notices." To conduct inspections of pharmacies located in Texas, according to the following priorities:
    - A. Pre-inspections of pharmacies who are applying for a new pharmacy license within 30 days of completed application;
    - B. Pharmacies that compound sterile preparations prior to initial licensure, prior to change in pharmacy's classification, prior to or following a change of location, or prior to pharmacy's license expiration date;
-

## COMPLIANCE TEAM

- C. New pharmacies or pharmacies with a recent change of ownership;
- D. Routine inspections;
- E. Pharmacies that have received a "Warning Notice" (follow-up inspections);
- F. Pharmacists and pharmacies who are the subject of a disciplinary order entered by TSBP;
- G. Licensee requests for inspection; and
- H. Joint-inspections of pharmacies undergoing surveys, inspections, and/or investigations by agents of other regulatory agencies or associations.

**Status:** ACCOMPLISHED

**Comment:** Compliance Field Staff conducted 3,519 inspections of pharmacies located in Texas. This number represented a decrease in inspections compared to the 3,684 inspections conducted in FY2022 attributed to staff attrition (see Appendices COM-01 and COM-02).

All new pharmacies that applied for a Class A-S, Class B, Class C-S and Class E-S Pharmacy license were inspected prior to initial licensure. All licensed Class A-S, Class B, Class C-S, and Class E-S Pharmacies were inspected during the pharmacy's licensure renewal period (prior to the pharmacy's expiration date). Compliance Staff continued to conduct virtual inspections and utilized the Shared Inspections Program to achieve this goal.

2. On a random basis and as funding allows, to collect samples to demonstrate validity of the pharmacy's compounding processes, including the aseptic technique of pharmacists and pharmacy technicians from pharmacies located in Texas.

**Status:** NOT ACCOMPLISHED

**Comment:** Due to the prior vendor ceasing contractual obligations and the subsequent procurement process for a new vendor, staff's ability to collect and submit pharmacy samples for analysis was impacted in FY2023.

3. To conduct inspections of pharmacies that do not compound sterile preparations approximately every three years.

**Status:** ACCOMPLISHED

**Comment:** Staff inspects pharmacies that do not compound sterile preparations approximately every three years as allowed.

4. To review for compliance with rules and approve applications or petitions from:
- A. pharmacists performing drug therapy management under the written protocol of a physician, including the maintenance of a list of pharmacists authorized to sign prescription drug orders for dangerous drugs under a drug therapy management protocol of a physician on the TSBP website;
  - B. Class B applications;

## COMPLIANCE TEAM

- C. Class C pharmacies seeking initial evaluation of their clinical pharmacy programs, the approval of which would allow pharmacy technicians to verify the accuracy of approved duties performed by other pharmacy technicians (tech-check-tech);
- D. Class C pharmacies located in rural counties seeking initial authorization to allow pharmacy technicians to perform certain duties when a pharmacist is not on duty;
- E. Other applications as needed;
- F. Class D pharmacies for initial licensure or any subsequent petitions for expanded formulary, alternative visitation schedules, and any other alternate services (i.e. temporary clinic sites); and
- G. Provide technical and general support to the other agency departments as needed.

**Status:** ACCOMPLISHED

**Comment:** Applications and petitions were reviewed and approved (see Appendices COM04) which included some of the following:

- 967 applications for pharmacists performing drug therapy management under the written protocol of a physician which were then maintained on the Board's website;
- 49 Class C pharmacies that submitted applications to allow pharmacy technicians to verify the accuracy of other pharmacy technicians;
- 60 Class C pharmacies located in rural counties that submitted applications to allow pharmacy technicians to perform certain duties when a pharmacist is not on duty; and
- 82 petitions for Class D pharmacies requesting expanded formularies and 44 petitions for Class D pharmacies requesting alternative visitation schedules.

5. To monitor the inspections of Class E-S Pharmacies (non-resident pharmacies engaged in the compounding of sterile preparations) that are conducted by authorized vendor inspectors, on behalf of TSBP; to monitor the analysis of samples of compounded preparations that are collected by authorized vendor inspectors; to provide training to authorized vendor inspectors, as needed, regarding Texas laws/rules and inspection policies/procedures; and to review activity reports that authorized vendor inspectors submit to TSBP on a monthly basis.

**Status:** ACCOMPLISHED

**Comment:** Compliance staff monitored the inspections of 81 Class E-S pharmacies. Due to the prior vendor ceasing contractual obligations and the subsequent procurement process for a new vendor, staff's ability to have pharmacy samples collected and submitted for analysis was impacted in FY2023.

## COMPLIANCE TEAM

6. **To provide information to Board staff and customers, including responses to surveys and questionnaires; to provide oral and written communication; and to provide continuing education presentations and other public speaking engagements.**

**Status: ACCOMPLISHED**

**Comment:** Compliance Staff routinely answer questions daily in person, via telephone or by email. Licensees are encouraged to contact Compliance Staff with questions. Additionally, staff conducted continuing education presentations as well as other public speaking engagements 40 times to a total of 2,753 attendees (see Appendix COM-05).

7. **To provide professional staff support to Board-appointed task forces and complete other special projects as assigned.**

**Status: ACCOMPLISHED**

**Comment:** Staff provided professional support to Board appointed task forces as requested.

8. **To recommend changes to the Texas Pharmacy Act and rules, and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or that will improve the efficiency and effectiveness of the agency's operations and forward the recommendations to the Executive Director.**

**Status: ACCOMPLISHED**

**Comment:** Team staff suggested rule changes and reviewed all proposed and adopted rules that were approved at the Board meetings. In addition, staff made suggestions to procedures as necessary to improve the agency's ability to protect the public.

9. **To destroy records in accordance with the agency's record retention plan; to review and update the team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.**

**Status: ACCOMPLISHED**

**Comment:** Team staff destroyed records in accordance with TSBP's record retention schedule. For the entirety of FY2023, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention. In August 2022, the agency became subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of records that have met retention.

10. **To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

## COMPLIANCE TEAM

**Status:**       **ACCOMPLISHED**

- A.     Staff were evaluated on an annual basis, as required by agency policy.
- B.     Team staff conducted Team meetings approximately once a month or as required.
- C.     Team staff conducted the hiring process to fill open positions.
- D.     Team staff attended general staff meetings and in-house training sessions.

**11.     To prepare a report on the accomplishment of team objectives, for incorporation into the agency's *FY2022 Annual Report* and submit to the Executive Director by the due date.**

**Status:**       **ACCOMPLISHED**

**Comment:**    The Team's first draft of the *FY2022Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2023 Board meeting.

## **SIGNIFICANT ACCOMPLISHMENTS**

1. The Enforcement team accomplished all of its Objectives.
2. The Enforcement team was subject to two (2) audits, TSBP's FY2023 Internal Audit and an audit by DPS of the TLETs terminal. The Internal Audit found overall effective management of the significant processes of the team and included an evaluation of risks and internal controls for enforcement support, administrative functions, licensee complaint receipt and processing, investigation referrals, and compliance with board orders. The DPS audit was also successful, in that there were no findings of non-compliance. .

## **SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS**

1. Although overall less complaints were received in FY23 than in FY22, TSBP continued to receive an increased number of complaints in FY23. When compared with the average received in FYs 20, 21 and 22, there is a 13% increase in complaints received. When comparing FY23 to FY22, the area of complaints experiencing the greatest increase, was complaints received via TSBP's online complaint form, which experienced an increase by 22%. The increase of complaints received places constraints on Enforcement team staff to intake and review the information received and to ensure timely and thorough investigations.
2. Team staff has been unable to destroy records while subject to the agency litigation hold during FY2023. This has setback the upkeep of records eligible for destruction per the agency's record retention schedule.
3. Team staff experienced employee attrition and staffing changes affecting 7 of its initial 29 positions (24% of positions). As a result, staff expended considerable time re-organizing its teams and job duties and posting open job positions.

## ENFORCEMENT TEAM

### FY2023 ANNUAL REPORT

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#### GOAL

To enforce pharmacy laws and rules through investigations of pharmacies, pharmacists, student pharmacist-interns, pharmacy technicians, and pharmacy technician trainees. To monitor the complaint process and transfer complaints involving substantive allegations to the TSBP Legal team for review and potential prosecution. To monitor compliance with Disciplinary Orders. To provide enforcement information and information regarding pharmacy laws and rules to agency customers

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#### Objectives (New)

To assist the Executive Director, in cooperation with other teams, in the following new objectives:

1. To prepare testimony, attend public hearings, provide any legal or technical interpretations, review all legislation that has an impact on the practice of pharmacy and agency operations, and monitor the progress of this legislation throughout the 88th Texas Legislative Session.
2. To direct the submission of, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2024-2025.

**Status:** ACCOMPLISHED

**Comment:** These objectives were accomplished through the following activities:

- A. A total of 8,046 pieces of legislation were introduced in the 88th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills 300 bills were tracked and monitored. Legislation that was passed by the Legislature that affects the agency or the practice of pharmacy can be found in Appendix EXC-01.
- B. Agency staff assisted in the preparation of testimony and handouts for Legislative Hearings and Committees.
- C. Agency personnel participated in meetings regarding the TSBP Legislative Appropriation Request.

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#### Objectives (Ongoing)

1. To coordinate and monitor, the receipt, assignment, and resolution of all complaints filed with the agency and the notification of complainants. To investigate complaints according to the following priorities:
  - A. continuing threats to the public welfare requiring a temporary suspension;
  - B. complaints filed against licensees/registrants who have a chemical, mental, or physical impairment;



## ENFORCEMENT TEAM

- C. complaints involving the diversion of prescription drugs, through various illegal means, such as:
- theft of drugs;
  - delivering prescription drugs without a prescription;
  - dispensing prescription drugs pursuant to an invalid prescription, such as forged or fraudulent prescriptions, prescriptions dispensed originating from prescribers writing without valid medical need or therapeutic purpose, and unauthorized refills; and
  - failing to keep and maintain accurate records of purchases and disposals of prescription drugs (i.e., audit shortages);
- D. complaints against licensees/registrants who have been convicted of or received deferred adjudication for a felony that involved drug laws or occurred while engaged in pharmacy practice;
- E. complaints against licensees/registrants who are registered sex offenders;
- F. complaints against licensees/registrants who have been convicted of or received deferred adjudication for a felony relating to offenses not involving drug laws or not occurring while engaged in pharmacy practice;
- G. complaints involving applicants for licensure or registration (not including applications for reinstatement);
- H. complaints involving dispensing errors and malpractice reports;
- I. complaints involving violations of rules relating to patient counseling or drug regimen review;
- J. complaints involving health-care fraud or fraud, deceit, and misrepresentation in the practice of pharmacy, including aiding and abetting a non-licensed individual in the practice of pharmacy;
- K. complaints against licensees/registrants who have been convicted of or received deferred adjudication for a misdemeanor that involved drug laws or occurred while engaged in pharmacy practice;
- L. applications involving reinstatement of revoked licenses and registrations;
- M. complaints against licensees/registrants who have been convicted of or received deferred adjudication for a misdemeanor relating to offenses not involving drug laws or not occurring while engaged in pharmacy practice; and
- N. complaints against licensees/registrants who have been subject to a disciplinary action by another state board of pharmacy.

**Status:** **ACCOMPLISHED**

**Comment:** TSBP received 6,884 complaints and closed 6,792 complaints. This report accounts for complaint types that are entered as Jurisdictional or Non-Jurisdictional and does not account for complaints assigned as case types of Disciplinary Order, Background Information, Malpractice Report, or Eligibility Letter (see Appendices ENF-01 through ENF-07).

## ENFORCEMENT TEAM

2. **To investigate reports from pharmacies that involve the pilferage of controlled substances by employees; to prepare an annual report regarding the number of individuals, to include the individual's employment position, the category of drug (e.g., opioid, benzodiazepine, muscle relaxant, stimulant) and the number of dosage units of controlled substances per category that have been pilfered.**

**Status:** **ACCOMPLISHED**

**Comment:** Team staff investigated 103 reports to TSBP indicating that pharmacies experienced theft of 41,082 tablets and 10,240.83 mls of controlled substances due to employee pilferage in FY2023. The drug category experiencing the highest percentage of reported theft due to employee pilferage was opiates, which was 56% of total losses reported due to employee pilferage. Benzodiazepines were the second highest drug type diverted, and accounted for 20% of reported losses by employee pilferage (see Appendices ENF-08 through ENF-10).

3. **To submit data regarding enforcement and peer assistance data for Key Performance Targets required under the FY2022-2023 Appropriations Act to the Executive Director by specified due dates; to assist in the preparation of applicable reports to the Legislative Budget Board and Governor's Budget Office regarding performance measures.**

**Status:** **ACCOMPLISHED**

**Comment:** Team staff collected data relating to enforcement and peer assistance performance measures. Six of the ten enforcement-related performance measures and four of the six key performance measures were exceeded or met, within a 5% variance (see Appendix ENF-11). Statistics regarding three enforcement-related performance measures (Number of Jurisdictional Complaints Resolved, Average Complaint Resolution Time, and Number of Individuals Participating in a Peer Assistance Program) were reported on a quarterly basis throughout FY2023 to the Legislative Budget Board (LBB) and Governor's Office of Budget, Planning & Policy (GBO). The other seven measures were reported to the LBB and GBO at year-end (annual basis), in conjunction with licensing-related performance measures.

4. **In cooperation with the Licensing team and in compliance with the agency's policies and procedures, to process criminal background checks on applicants for licensure and registration, including fingerprint-based criminal background checks; and to conduct criminal background checks on licensees and registrants on a quarterly basis.**

**Status:** **ACCOMPLISHED**

**Comment:** Team staff performed background checks by reviewing fingerprint-based criminal background information on all individuals referred by the Licensing Team staff, accounting for a total of 669 complaints. These referrals covered all applicants for a pharmacist license, including applicants for re-licensure and reinstatement, and all applicants for registration (i.e., technician, technician trainee and intern). In addition, TSBP initiated complaints through the receipt of arrest report(s) on individuals who were fingerprinted during licensure/registration, and initiated complaints based on criminal history information provided on quarterly reports for

## ENFORCEMENT TEAM

those licensees/registrants who were not fingerprinted at time of licensure/registration (see Appendix ENF-12).

5. **To provide technical assistance, maintain liaison, and coordinate joint investigations of pharmacists, interns, pharmacy technicians, and pharmacies, with federal, state, and local law enforcement agencies, including health regulatory or administrative agencies.**

**Status: ACCOMPLISHED**

**Comment:** TSBP continued to provide assistance to other agencies, both state and federal. Investigative Field team maintained liaison with law enforcement agencies across the state. In-house investigative staff made hundreds of contacts with courts and law enforcement agencies both in Texas and out of state while conducting criminal background checks.

6. **To monitor compliance with all Board Orders and Agreed Board Orders, including rehabilitation Orders relating to impaired or recovering pharmacists.**

**Status: ACCOMPLISHED**

**Comment:** Almost all of the disciplinary orders entered in FY2023 required some type of monitoring by Team staff (i.e., 239 orders or 93% of the 258 disciplinary orders that TSBP entered during FY2023 required some type of monitoring).

Monitoring included the following types of actions/activities:

- A. Fines & Fees – Team staff, in conjunction with accounting staff, ensured that administrative penalties (fines) and probation fees were paid.
- B. Reinstatement – Team staff monitored the status of reinstatement applicants [e.g., whether applicant completed law exam, internship, and required continuing education within the required time period; reviewing reports from supervising pharmacist(s)].
- C. Rehabilitation Orders – These types of Orders are extremely labor-intensive, including monitoring of random drug screens and the review/evaluation of approximately 12 reports per year per Order [reports from probationer, supervising pharmacist(s), and mental health professional(s)].
- D. Other – Team staff monitored the submission of other documents (e.g., required continuing education and policy/procedures manuals; quarterly reports from a consulting/auditing pharmacist on a pharmacy's operation).

In addition to the in-house monitoring described above, Investigative Field team conducted visits of pharmacies for the purpose of monitoring compliance with the terms of the Orders, particularly individuals/facilities who were revoked, suspended, or subject to a probated suspension (see appendices ENF-13 through ENF-18).

7. **To provide verbal and written information to Board staff and customers as needed or required, to include providing technical assistance to other teams and responding to surveys and questionnaires.**
-

## ENFORCEMENT TEAM

**Status:** **ACCOMPLISHED**

**Comment:** Team employees responded to 5,751 telephone calls directed to the Rules Queue phone line answering questions regarding laws and rules governing the practice of pharmacy. Team staff continued utilizing a voice-mailbox to receive messages during periods of time when the hotline was not available for incoming calls to be answered live by an agent, and messages were returned by Team staff generally within 2 business hours. Staff continued to follow-up the phone interaction with an e-mailed link to the agency's customer service survey sent out monthly, and through this process, 3,503 links to TSBP's customer service survey were sent out. In March 2023, Team staff collaborated to create a one-pager on best practices for telephone-based customer service. The Team continues to utilize ongoing training for participating Rules Queue staff members, including weekly informational meetings specifically for participants. Web-based content sharing has been extremely helpful in organizing and providing readily available access to Rules Queue callers/consumers and Team employees servicing the Rules Queue phone line. Externally, a public webpage was maintained as part of the agency's website for information and resources related to the Rules Queue. Internally, staff continued using Microsoft Teams for quick chat-based collaboration on questions.

Team staff created a status letter for applicants with criminal history background initiated in the applicant's Versa Online account upon referral from Licensing to Enforcement for review, and a handout to provide information on the reinstatement process for individuals considering voluntary revocation of a registration. .

Additionally, the Team mailed customer service surveys to agency customers following completed investigations.

The following activities of the Team supported the Board, agency staff and others:

### ASSISTANCE TO BOARD MEMBERS AND EXECUTIVE DIRECTOR

- (1) Team Director assisted in the development of the proposed Goals and Objectives for FY2023, which were presented to/approved by the Board at its meeting held in August 2022;
- (2) Team staff made presentations at Board meetings regarding complaint data (e.g., number of open complaints and number of dismissed complaints) and data regarding peer assistance performance measures; and
- (3) Team Director assisted in the review/edit of the drafts of minutes of four Board meetings.

### TECHNICAL ASSISTANCE TO BOARD STAFF

- (1) Team staff prepared statistical charts relating to the number of disciplinary orders entered by the Board, including information regarding the violations upon which the orders were based and the sanctions that were imposed;
- (2) Open Records Requests – Team Director and Team staff provided assistance, when needed;

## ENFORCEMENT TEAM

- (3) Proposed Rules – Team Director reviewed drafts of proposed rules, when needed;
- (4) Orientation of New Employees – Team staff conducted orientation sessions with new agency employees;
- (5) Team Director and Team staff assisted the Prescription Monitoring Program and field compliance team with general guidance, investigative backing, and additional resources for encounters rising to the level of a violation (e.g., required dispensing reporting failures, egregious inappropriate dispensing practices, failure to operate, failure to produce requested pharmacy records, possession of non-FDA approved products, falsification of warning notices);
- (6) Team Director and team staff served as a resource regarding escalation of violations identified by Compliance Team field staff on a regular basis;
- (7) Compliance Analyst participated with Legal Team staff in item writing and item pool review for the Multi-State Jurisprudence Examination;
- (8) Team Director presented at agency's All Staff meeting in February 2023 information on 88<sup>th</sup> Legislature Key Dates and on the bill to law process. ;
- (9) Team Director and Team staff routinely recommended content and reviewed drafted items in assistance to the agency's Outreach Coordinator for TSBP's monthly newsletter. Team staff updated the chart that Team staff developed in FY22 to provide information based on amendments to the Federal Prep Act authorization and Texas Pharmacy Act authorization by license types relating to providing COVID-19 or other recommended vaccines, engaging in COVID-19 testing, and administering COVID-19 therapeutics. In addition, Team staff developed written policy and procedure practice resource of recommendations to help prevent immunization and vaccination errors; and
- (10) Team staff continued to answer telephone calls received via the Rules Queue Telephone Hotline regarding the license application process, particularly from technician applicants.

## TECHNICAL ASSISTANCE TO OTHER AGENCIES AND ORGANIZATIONS

- (1) Team staff submitted required annual report to Office of Attorney General regarding disciplinary actions taken by TSBP with respect to confidentiality violations (required by HB 300);
- (2) Team staff provided assistance to numerous Boards of Pharmacy located in other states; regulatory agencies in this state; federal prosecutors, and federal agencies (e.g., DEA, FDA, and OIG);
- (3) Team staff presented at University of Houston College of Pharmacy's Alcohol, Drugs and You Convocation; and
- (4) Team Director sent quarterly notifications to the deans of the Texas colleges/schools of pharmacy regarding disciplinary actions taken that effect preceptor status.

## ENFORCEMENT TEAM

8. **To serve as liaison for the Board to the Professional Recovery Network (PRN) and to assist in monitoring non-financial contractual obligations of PRN.**

**Status:** **ACCOMPLISHED**

**Comment:** This objective was accomplished through the following activities:

- A. Board Member Bradley A. Miller, Ph.T.R., served as an ex-officio member of the PRN State Committee;
- B. Team staff reviewed quarterly activity reports submitted by the PRN Director, and the PRN Director submitted year-to-date financial reports for the PRN Program at each Board meeting;
- C. Team staff attended two PRN State Advisory Committee meetings held on October 29, 2022, and May 27, 2023; and
- D. Enforcement Program Manager worked closely with PRN Program Director to ensure the accuracy of data for peer assistance performance measures.

9. **To assist the Executive Director in developing and implementing the objectives of the Health Professions Council.**

**Status:** **ACCOMPLISHED**

**Comment:** Team staff assisted the Executive Director as requested.

10. **To recommend changes to the Texas Pharmacy Act and rules, and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or that will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director.**

**Status:** **ACCOMPLISHED**

**Comment:** All Team staff made recommendations to improve the efficiency and effectiveness of agency operations. To facilitate the agency's move to a new office space, Team staff continued to internally scan paper files to continue to provide for electronic storage of records, and the Team continues to utilize only electronic cases for all complaints received by the agency. The Team maintained its correspondence letters, templates for letters, and utilized mail-merge logs for most correspondence. Team staff continued creating and updating numerous forms and policies and procedures for operations within the Team and functions of investigations, such as creating a guide for writing investigative case reports and preparing to testify on the written case reports. In response to a finding on the FY23 Internal Audit, Team staff implemented a system to cross check management-closed complaints for accuracy.

11. **To assist with and destroy records in accordance with the agency's record retention plan; to review and update the team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.**

**Status:** **ACCOMPLISHED**

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## ENFORCEMENT TEAM

**Comment:** For the entirety of FY2023, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention. In August 2022, the agency became subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of records that have met retention.

Team staff continued to modify agency complaint records kept in the electronic complaint storage system maintained by the Health Professional Council, and continued progress towards the removal of improperly stored criminal history records that were identified during an FBI audit in FY2016 of the agency's access to criminal history information. The Policies and Procedures Manual for the Team was updated and revised throughout FY2023, as needed.

- 12. To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

**Status: ACCOMPLISHED**

**Comment:** This objective was accomplished through the following activities:

A. Staff Development – The following activities are applicable:

- Team staff attended General All-Staff Meetings and trainings;
- In conjunction with General All-Staff Meetings, Team Director or designee conducted reviews of newly adopted rules with Team staff;
- Team leaders and staff attended and participated in team meetings, videoconferences held for field investigative staff, and team leaders attended and participated in TSBP managers' meetings and trainings;
- Team staff attended professional development seminars in pharmacy and related healthcare areas;
- Team staff participating in TSBP Rules Queue met weekly to discuss rules and related topics and a yearly team member satisfaction survey;
- Complaint reviews were held monthly regarding open consumer and criminal complaints with applicable investigative staff and team leaders; and
- Team staff attended informal conferences held by the Board for observation and training.
- 

B. Staff were evaluated on an annual basis, as required by agency policy.

## ENFORCEMENT TEAM

- C. Team staff updated and developed new and existing job descriptions as necessary

**13. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's *FY2022 Annual Report* and submit to the Executive Director by the due date.**

**Status: ACCOMPLISHED**

**Comment:** The Team's first draft of the *FY2022 Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2023 Board meeting.



### SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished all of its objectives.
2. The Team initiated 551 disciplinary actions by mailing a Preliminary Notice Letter, entered 390 disciplinary orders, and entered 53 Remedial Plans against licensees and registrants during the fiscal year. Additionally, 78 applicants for registration as a pharmacy technician or pharmacy technician trainee were subject to mandatory withdrawal, indicating that although the Team initiated disciplinary action, the applicant did not complete the process.
3. Approximately 88% of the disciplinary cases against pharmacists and pharmacies and 100% of the cases against pharmacy technicians were resolved through the entry of Agreed Board Orders or Board Orders, and 12% were settled with the entry of Remedial Plans, which resulted in significant efficiencies both in terms of complaint resolution time and agency expenditures.
4. The Team resolved 586 cases against licensees and registrants, which was 119 cases more than the team received during the prior fiscal year, either through the entry of disciplinary orders, dismissal of cases, or voluntary and mandatory withdrawal of licensee and registrant applications.
5. Administrative hearings were conducted against 12 respondents at the State Office of Administrative Hearings (SOAH). These hearings involved preparing motions for summary judgment and numerous discovery documents (including interrogatories and requests for production), preparing for trial and for witness examination, depositions, and conducting the hearings. In cases where respondents did not appear, drafts of Default Orders were prepared and entered at the subsequent Board meeting for two respondents. The extensive preparation for the hearings required a considerable amount of time, and the Team was able to maintain a consistent number of cases resolved through the contested case process.
6. Team staff continued to enhance the legal analysis of nontherapeutic dispensing cases from Enforcement and continued to develop an in-depth and extensive method of preparing and analyzing the cases via Excel and detailed reports for submission for expert pharmacist opinion regarding pill mill activities.
7. Board staff facilitated remote ICs held via videoconference. ICs held via videoconference continued to have a significant financial impact, in that there were no travel expenses incurred by two Board members each month to attend ICs in person. Board staff continued to note an increase in attendance by technician and technician trainee respondents as a result of this continued format, as there was less impact on them in relation to missed work time and travel expenses.
8. Team staff drafted, or assisted others in drafting, and prepared 28 rules for review by the Board.
9. Team staff completed the reporting of all FY2023 disciplinary actions to NABP/NPDB.

## **LEGAL TEAM**

10. General Counsel, while acting as Acting Agency Head, and Team staff members responded to changes in the agency following the departure of the former Executive Director in an efficient manner to ensure that Board business suffered minimal impact and Team goals continued to be met.
11. The Team continued to improve efficiency despite the high amount of employee turnover and continued vacancies of posted positions, demonstrating substantial adaptability and collaboration to meet both the needs of the Team and the Board.

## **SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS**

1. Turnover due to employee promotion and departure continued to impact the Team. The Team lost a Staff Attorney, four Legal Assistant IIIs, and a Legal Assistant V in the fiscal year. This had a significant impact on the Team, in that key roles in the disciplinary process and programs administered by the Team were vacant. Several vacancies were difficult to fill, including two Staff Attorney positions, one of which has been vacant for over nine months. The General Counsel, Team managers, and Case Coordinator spent significant time and effort to post and interview for vacant positions; hire and onboard; and finally, to train new staff.
2. Team staff spent a great deal of time explaining the confidentiality of the Prescription Monitoring Program (PMP) to members of the public requesting PMP information through subpoenas and open records requests.
3. The Professional Recovery Network (PRN) experienced significant vacancies of Case Managers throughout the fiscal year. This presented challenges to Team staff in ensuring that communications were directed to the appropriate individual, critical information was being received in a timely manner, and that PRN staff were aware of Board expectations and procedures.
4. General Counsel spent significant time managing the transition following the departure of the former Executive Director and performing the duties of Acting Agency Head.
5. The Board was subject to numerous subpoenas for records, some of which prevented staff from destroying records in accordance with the retention schedule. Although the agency continues to maintain the records retention program by following the approved Records Retention Schedule, litigation holds prevented the destruction of records related to most of the functions of the agency. As a result, the agency has faced significant delays in its ability to destroy records that met retention.

## LEGAL TEAM

### FY2023 ANNUAL REPORT

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#### GOAL

To prosecute violations of the laws and rules related to the practice of pharmacy. To provide legal services and guidance to the Board and the agency staff relating to the regulation of the practice of pharmacy and the administration and human resources for the agency. To oversee rule development and the provision of information services for the agency, including responses to requests for public information, educational opportunities, and liaison to the *Texas Register*.

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#### Objectives (New)

To assist the Executive Director, in cooperation with other teams, in the following new objectives:

1. To prepare testimony, attend public hearings, provide any legal or technical interpretations, review all legislation that has an impact on the practice of pharmacy and agency operations, and monitor the progress of this legislation throughout the 88th Texas Legislative Session.
2. To direct the submission of, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2024-2025.

**Status:** ACCOMPLISHED

**Comment:** These objectives were accomplished through the following activities:

- A. A total of 8,046 pieces of legislation were introduced in the 88th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills 300 bills were tracked and monitored. Legislation that was passed by the Legislature that affects the agency or the practice of pharmacy can be found in Appendix EXC-01.
- B. The Board President and General Counsel met or had telephone conversations with Legislators or others or testified before Legislative committees as requested.
- C. Agency personnel participated in meetings regarding the TSBP Legislative Appropriation Request.

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#### Objectives (Ongoing)

1. To coordinate and monitor the receipt, assignment, and resolution of all cases referred for disciplinary action.

**Status:** ACCOMPLISHED

**Comment:** This objective was accomplished through the following activities:

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## LEGAL TEAM

- A. Team staff met approximately once a month to discuss the status of pending cases, assess workload allocation, and determine the most effective strategies to complete cases in a timely and efficient manner. The Deputy Litigation Counsel and Litigation Counsel met with the Legal Assistants on a regular basis to address common issues and monitor progress.

General Counsel and Team staff continued to meet multiple times each month both within the Team and with other agency teams to ensure continued efficiency. In order to maintain staff efficiencies and to proactively manage case load, Team staff frequently met to discuss case and workload needs.

- B. General Counsel and other senior Team staff conducted regular monthly meetings to review the status of cases and statistical data on the completion of cases to ensure efficient processing of disciplinary cases. As a result, the Team often reallocated resources to most effectively process the cases in a timely manner.

- C. Team staff maintained a database system to track the current status of all cases, thereby increasing efficiency in monitoring cases. In addition, Team staff continued to maintain electronic logs to track dates for mailing of Preliminary Notice Letters, scheduling of Informal Conferences, mailing and receiving of Agreed Board Orders, and other due dates previously recorded on paper to enhance accessibility by all Team staff and improve the efficient and immediate sharing of information.

- D. A total of 53 Remedial Plans were entered.

- E. A total of 390 disciplinary orders were entered.

Staff prepared for the presentation of Agreed Board Orders, Board Orders, and Remedial Plans for approval at the four regularly scheduled Board meetings throughout the year. The presentation of proposed disciplinary actions to the Board at Board meetings involves creating an electronic summary chart along with electronic copies of the Orders and Remedial Plans for members of the Board (see Appendix LEG-01).

2. **To review all cases referred for potential disciplinary action, and if sufficient evidence exists to warrant action, to institute disciplinary proceedings against licensees within an average of 150 days of the date of the receipt of the case, in accordance with priorities established for the Enforcement team.**

**Status:** ACCOMPLISHED

**Comment:** This objective was accomplished through the following activities:

- A. Team staff reviewed numerous cases prior to referral for disciplinary action to determine whether sufficient evidence existed to warrant prosecution.
- B. Team staff received 632 respondent cases, which involved 391 pharmacist and pharmacy respondents and 241 pharmacy technician and pharmacy technician trainee respondents, and resolved 610 respondent cases.
- C. Team staff mailed 551 Preliminary Notice Letters in accordance with the priorities established for the Team. Of these, 324 PNLs were mailed to

## LEGAL TEAM

pharmacists and pharmacies, and 227 PNLs were mailed to pharmacy technicians and pharmacy technician trainees.

- D. The average number of days to mail PNLs after the case review date was 84 days. The number of days for PNLs to be sent to pharmacists and pharmacies averaged 108 days and PNLs to pharmacy technicians were sent an average of 55 days from receipt of the case.
- E. Total resolution time for cases averaged 192 days from receipt of the case in Legal to the disposition of the case in Legal.

Case resolution for pharmacists and pharmacies averaged 226 days and case resolution for pharmacy technicians averaged 150 days.

### **3. To plan and conduct a minimum of 21 days of informal conference sessions to adjudicate violators of pharmacy laws/rules.**

**Status: ACCOMPLISHED**

**Comment:** The Team prepared for and conducted 24 days of Informal Conferences (ICs) for 352 respondents comprised of 177 pharmacy, pharmacist, and intern licensees and applicants and 175 pharmacy technician and pharmacy technician trainee registrants and applicants (see Appendix LEG-02).

Team staff continued with the videoconference format for holding informal conferences throughout the fiscal year. Continuing with this format has increased our number of IC days as well as the number of respondents that appear at the informal conferences, specifically at technician IC days.

Team staff continued to use electronic notebooks for all informal conferences, thus allowing the informal conference panel to access the allegations and evidence on computer laptops and reducing copying cost and staff time to prepare informal conference notebooks. Team staff also prepared this information in advance to allow the Board members additional time to review cases prior to the IC.

### **4. To refer disciplinary cases to the State Office of Administrative Hearings (SOAH) and file a complaint with SOAH within an average of 180 days of the date that the agency determines the case cannot be settled with an Agreed Board Order; and to resolve the case.**

**Status: ACCOMPLISHED**

**Comment:** This objective was accomplished through the following activities:

- A. At the onset of FY2023, 10 respondent cases were ongoing following the filing of a complaint at the State Office of Administrative Hearings in FY2022 and pending a resolution. The Team filed formal Complaints at SOAH for 20 additional respondent cases, with an average of 56 days from the date the case failed to settle with an Agreed Board Order.
- B. Twelve respondent cases were resolved through negotiations prior to a full contested case hearing being conducted at SOAH, with four respondent cases resolved prior to the filing of a formal Complaint with SOAH. These resolutions were beneficial in saving the agency both considerable time

## LEGAL TEAM

and effort in the alternative of preparing for and presenting a full contested case hearing. However, considerable preparation was required for several of the cases because they were not resolved until shortly before the scheduled hearing date.

- C. Administrative hearings were conducted against 12 respondents and Proposals for Decision (PFDs) were issued by the Administrative Law Judges against five respondents, and Default Dismissals issued against seven respondents. Ten respondent cases were pending a hearing at the end of FY2023.
- D. SOAH performed 251 hours of work on 28 respondent cases for the Board, totaling approximately \$12,631 in direct hearing expenses and \$34,248 in total case expenses.

5. **To provide verbal and written information to Board staff and customers, including responses to surveys and questionnaires, as needed and required, to provide legal assistance and maintain liaison with appropriate local, state, and federal prosecutors, legal divisions, and enforcement agencies involved in pharmacy practice regulation.**

**Status:**       **ACCOMPLISHED**

**Comment:**   This objective was accomplished through the following activities:

- A.    Surveys/Questionnaires and Other Correspondence  
General Counsel and Team staff responded to the annual survey from the State Office of Administrative Hearings.
- B.    Technical Assistance to Other Agencies and Organizations
  - (1)   General Counsel and Team staff consulted with the Director of the Professional Recovery Network to discuss the handling of cases involving impaired pharmacists.
  - (2)   General Counsel participated in meetings and other communications with the U.S. Food and Drug Administration (FDA) regarding compounding of sterile products.
  - (3)   General Counsel and Team staff engaged with the U.S. Department of Justice (DOJ), U.S. Drug Enforcement Administration (DEA), Department of Public Safety (DPS), the Texas Medical Board and other law enforcement and prosecutorial agencies regarding enforcement of laws against pill mills.
  - (4)   Team staff coordinated with and assisted state and federal prosecutors, DEA investigators, and Board staff in other pharmacy and pharmacist licensing jurisdictions with questions and requests as needed throughout the fiscal year.
  - (5)   General Counsel consulted with outside agencies and licensing healthcare professionals regarding the Prescription Monitoring Program.

## LEGAL TEAM

- (6) General Counsel, Litigation Counsel, and Deputy Litigation Counsel assisted staff of the Texas State Board of Dental Examiners with various questions regarding the disciplinary process.

C. Technical Assistance to the Legislature

General Counsel or Team staff responded to questions from and attended meetings with legislative members and staff and Governor's staff regarding pharmacy or agency issues and related to proposed legislation.

D. Technical Assistance to the Press and the Public

- (1) Team staff answered numerous telephone calls from pharmacy, pharmacist, and pharmacy technician applicants and licensees and registrants regarding the application process and the associated disciplinary process, including providing information about denial of registration and options for Informal Conference.
- (2) Team staff answered questions from licensees and registrants, attorneys, and other members of the public regarding legal issues, including:
  - (a) licensing eligibility and requirements;
  - (b) effect of convictions, deferred adjudications, or probation for various crimes on registration and licensure;
  - (c) applicability of pharmacy laws and rules; and
  - (d) schedules for resolution of pending cases.
- (3) Team staff participated in the University of Texas School of Law educational and recruitment programs.
- (4) General Counsel consulted with pharmacy business entities on issues regarding implementing proposed business models.

**6. To develop rules for consideration by the Board relating to professional issues and to assist other teams with the development of rules pertaining to Board operations.**

**Status: ACCOMPLISHED**

**Comment:** Team staff spent a considerable amount of time drafting rules, assisting others in the drafting of rules, and preparing the rules for presentation to the Board. The rules were presented to the Board by the Litigation Counsel. Team staff continued to work on improving the presentation of the rules to the Board at Board meetings through the use of easily accessible electronic documents with highlighting and bookmarks where appropriate. Changes required by the Board were made quickly to allow final review by the Board in a timely manner, usually during the same Board meeting. The Deputy General Counsel drafted, or assisted others in drafting, and prepared 28 rules for review by the Board (see Appendix LEG-03).

**7. To serve as the Records Retention Manager to the Texas State Library; to maintain a records retention program for the economical and efficient management of agency records; and to coordinate the destruction of agency records in accordance with the agency's record retention plan.**

**Status: ACCOMPLISHED**

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## LEGAL TEAM

**Comment:** The agency continues to maintain the records retention program by following the approved Records Retention Schedule as allowed. For the entirety of FY2023, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and National Opioid Litigation and was unable to destroy a large amount of records that had met retention.

8. **To act as agency liaison to the Texas Register, coordinate and monitor all submissions to the Texas Register, to review and monitor the Texas Register for Attorney General opinions and submissions of other agencies that would impact the agency, and to provide periodic notice of publications to Board Members, staff, and other interested parties.**

**Status:** **ACCOMPLISHED**

**Comment:** Team staff accomplished the objective through the following activities:

Twenty submissions to the *Texas Register* were made that proposed, adopted, reviewed, repealed, or withdrew amendments or new rules. Team staff met all deadlines for submissions to the *Texas Register*, monitored the submissions for action, and notified Board members, TSBP staff, and other interested parties of the status of rules.

Deputy General Counsel provided memoranda to Board members, staff, and interested parties regarding action taken by the Board on rules on the following dates:

- November 2, 2022
- February 23, 2023
- May 9, 2023
- August 14, 2023

Eleven notices of open meetings scheduled were submitted by Team staff to the *Texas Register* for publication.

Statistics regarding rules submitted and notices of open meetings submitted to the *Texas Register* can be found on Appendix LEG-04.

9. **To respond to open records requests, in accordance with the procedures set forth in the Texas Public Information Act and to draft requests for open records decisions from the Office of the Attorney General; to notify various state and federal agencies regarding disciplinary orders entered by the Board.**

**Status:** **ACCOMPLISHED**

**Comment:** Team staff accomplished this objective through the following activities:

Team staff processed 2,397 individual open records requests. Team staff continued to utilize an entirely electronic open records intake, processing, and approval process, which allows requests to be handled more efficiently (see Appendix LEG-05). The agency also made more information available on the agency's website decreasing the need to submit an open records request for this information.



## LEGAL TEAM

10. **To provide educational outreach to licensees/registrants about current laws and rules and to provide information consistent with the responsibilities of the Board through the publication of agency updates, webinars, training videos and tutorials, social media posts, and other instructional opportunities.**

**Status:** ACCOMPLISHED

**Comment:** Team staff accomplished this objective through the following activities:

- A. Twelve issues of the *TSBP Newsletter* were published on TSBP's website. The Team continued to use MailChimp, an online email system to manage email addresses and send email notices. The use of MailChimp improved agency efficiency by using less paper and postage. The number of subscriptions to the account steadily increased with over 14,403 subscribers at the end of the FY2023 (approximately 5.20% increase as compared to FY2022).
- B. The Team continued implementing its shift in focus to offering high-quality on-demand programs. A total of 2,053 individuals completed the on-demand law course, and a total of 439 individuals completed the on-demand opioid-related course.
- C. Ten educational videos were produced and posted on YouTube, all Board meeting-related videos. Total video views were approximately 22,200 (a slight decrease of 9.09% from FY2022). Subscriber count increased by 151 for a total of 1,736 subscribers by the end of FY2023.
- D. Facebook, Twitter, and YouTube continued to be useful tools to provide information. At the end of FY2023, over 7,435 individuals "followed" TSBP on Facebook and over 2,221 individuals "followed" TSBP on Twitter. Over 1,249 individuals followed TSBP on Instagram. A total of 207 posts were made on TSBP's Facebook, Twitter, and Instagram.

11. **To provide information to Board staff and customers, including responses to surveys and questionnaires; to provide oral and written communication including responses to emails from licensees and other members of the public; and to provide continuing education presentations and other public speaking engagements.**

**Status:** ACCOMPLISHED

**Comment:** Team staff provided information to Board staff and customers as requested or necessary.

12. **To provide professional staff support to Board-appointed task forces and complete other special projects and research services as assigned.**

**Status:** ACCOMPLISHED

**Comment:** The General Counsel participated in all task force meetings and team staff coordinated and provided professional support to Board appointed task forces as requested.

## LEGAL TEAM

13. In cooperation with the Executive Director and other teams, to provide internship experience to student pharmacist-interns upon requests from the Texas colleges of pharmacy.

**Status:** ACCOMPLISHED

**Comment:** Team staff provided internship experience to seven student pharmacist-interns from three colleges of pharmacy.

14. To provide Prescription Monitoring Program information upon request by law enforcement and prosecutorial entities and by patients or patient guardians in accordance with the Texas Controlled Substances Act through the Law Enforcement Access Portal and the Patient Access Program.

**Status:** ACCOMPLISHED

**Comment:** Team staff reviewed and processed 2,591 subpoenas, warrants, and court orders for Prescription Monitoring Program information submitted to the Law Enforcement Access Portal, an increase of 40.3% from FY2022. Additionally, Team staff reviewed and processed requests for Prescription Monitoring Program information submitted to the Patient Access Program (see Appendix LEG-06).

15. To research legal issues and provide legal services and advice to the Board and agency staff; to provide legal services to agency teams regarding interpretation of the laws and rules.

**Status:** ACCOMPLISHED

**Comment:** This objective was accomplished through the following activities:

A. Legal Research and Advice on Agency Administration

- (1) General Counsel continued to work to develop efficient procedures for Board member access to case information prior to informal conferences.
- (2) General Counsel served as Fraud Coordinator for the agency.
- (3) General Counsel and Team staff provided legal advice and consultation on numerous personnel issues, including:
  - (a) assisted with issues in various hiring/disciplinary processes and complaints against agency employees;
  - (b) advised regarding FMLA leave issues and sick leave pool requests;
  - (c) provided legal advice regarding outside employment for agency staff;
  - (d) developed and/or reviewed performance plans and/or probation;
  - (e) interviewed applicants for new positions;

## LEGAL TEAM

- (f) assisted with resolution of complaints against agency employees;
  - (g) developed and/or reviewed policy changes for TSBP Employee Handbook; and
  - (h) attended presentations and webinars to keep apprised of current trends in labor and employment law.
- (4) General Counsel served as the agency's Ethics Advisor and continued to assist Board members and staff with legal and ethical issues.
  - (5) General Counsel assisted in the review and drafting of proposed rules and preambles for rules, and the review of rule submissions to the *Texas Register* for all rules either proposed or adopted.
  - (6) General Counsel and Team staff reviewed requests for public information in clarifying requests and requesting assistance from the OAG.
  - (7) General Counsel consulted with other Team Directors regarding the evaluation of results of the Survey of Employee Engagement completed by agency staff.
  - (8) General Counsel and Team staff assisted in the review and preparation of minutes of Board meetings.
  - (9) General Counsel and Team staff reviewed and participated in meetings regarding agency contracts.

### B. Technical Assistance to Enforcement Activities

- (1) Team staff researched numerous issues, including the determination of crimes of moral turpitude, various forms of disposition for criminal cases and applicability of actions taken in other jurisdictions, and other pharmacy- and litigation-related legal issues.
- (2) General Counsel and Team staff attended meetings, as requested, to provide legal guidance on inspection and investigative issues.
- (3) General Counsel and Team staff handled legal questions from all staff regarding a myriad of issues.
- (4) General Counsel and Team staff reviewed complaint files for pharmacists, pharmacies, and pharmacy technicians and provided guidance regarding the identification of violations and the resolution of the cases.
- (5) General Counsel and Team staff made presentations at all Board meetings held in FY2023. Presentations included information about proposed Agreed Board Orders, Remedial Plans, and proposed Board Orders following SOAH proceedings.
- (6) General Counsel participated in meetings to discuss appropriate action regarding questions and issues raised by licensees and registrants.
- (7) Team staff informed the Enforcement team of disciplinary actions to be taken by the Board prior to entry of the orders, to ensure the

## LEGAL TEAM

correct information is immediately available on the computer system.

- (8) Team staff assisted the Enforcement team with issues involving the monitoring of impaired pharmacists, including legal consultation on handling of positive drug screens and interfacing with the PRN program.
- (9) Team staff drafted letters regarding eligibility issues for applicants who did not qualify for licensure under the Texas Pharmacy Act.
- (10) Team staff redacted files to comply with orders of expunction and of non-disclosure regarding criminal offenses.
- (11) Team staff assisted Compliance staff with questions during inspections and regarding follow-up issues.
- (12) General Counsel consulted with the Director of the Professional Recovery Network regarding disciplinary implications for certain findings by mental health professionals.
- (13) General Counsel reviewed the contract proposals and participated in the bid proposal process for agency vendors.

### C. Legal Services for Licensing

- (1) Team staff assisted with recommendations on eligibility for licensure and registration, verified accuracy of letters, and handled cases through the legal process.
- (2) General Counsel was consulted on issues concerning licensing of pharmacists and pharmacies, registering of pharmacy technicians and application forms.
- (3) General Counsel advised the Director of Licensing and Licensing staff on numerous questions regarding pharmacy classifications.

### D. Other Legal Services regarding Pharmacy Issues

- (1) General Counsel participated in meetings with Bamboo Health regarding the PMP and attended PMP Interagency meetings and PMP Advisory Committee meetings.
- (2) General Counsel participated in meetings and teleconferences regarding any pending pharmacy issues as required.
- (3) Deputy General Counsel participated in the drafting and review of the question pool for the Multistate Pharmacy Jurisprudence Examination to ensure the validity of the questions in the pool.
- (4) General Counsel assisted the Board President in preparation for House and Senate Committee Hearings.
- (5) General Counsel and Team staff contributed to the review and updating of the electronic Compliance inspection forms and warning notices.
- (6) General Counsel participated in meetings regarding the Internal Auditors and their report.

## LEGAL TEAM

- (7) General Counsel and Team staff assisted representatives of the DOJ and DEA regarding pill mill prosecution and actions being taken by the Board.
- (8) General Counsel and Team staff participated in the orientation and annual training for Board members.

**16. To assist the Executive Director in developing and implementing the objectives of the Health Professions Council.**

**Status: ACCOMPLISHED**

**Comment:** General Counsel and Team staff assisted the Executive Director as requested to address legal issues before HPC agencies.

**17. To draft requests for Attorney General Opinions and to serve as liaison for the Board to the Office of the Attorney General (OAG) for appeals, injunctions, or civil litigation handled by the OAG on behalf of the agency.**

**Status: ACCOMPLISHED**

**Comment:** This objective was accomplished through the following activities:

- A. Team staff reviewed new opinions of the OAG for applicability to TSBP and disseminated any relevant material to appropriate agency personnel.
- B. Liaison with the OAG
  - (1) Team staff continued to serve as liaison with the OAG. Doug Bryant, Michael Hoover, Rosalind Hunt, Kathy Johnson, Laura Smith, Karen Watkins, Ted Ross, and Amber Wodraska served as the Assistant Attorneys General assigned to TSBP from the OAG Administrative Law and General Litigation Divisions.
  - (2) Appeals; Injunctions; Civil Litigation
    - (a) General Counsel coordinated representation regarding appeals of Board Order.
    - (b) General Counsel and Deputy General Counsel coordinated representation regarding challenges to subpoenas.
    - (c) General Counsel coordinated representation regarding other civil litigation.
  - (3) Requests for OAG rulings

Team staff drafted requests for open records rulings for filing with the OAG.
  - (4) General Assistance

General Counsel and Team staff answered questions from OAG attorneys regarding various pharmacy and agency issues and provided feedback on proposed opioid settlements.

## LEGAL TEAM

18. To recommend changes to the Texas Pharmacy Act and rules, and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or that will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director.

**Status:** ACCOMPLISHED

**Comment:** This objective was accomplished as follows:

- A. Team staff continued the process of posting the scanned version of prior actions entered within the last 10 fiscal years on the agency's website. The ongoing process includes scanning and archiving prior disciplinary actions in PDF files on the shared drive, which has also assisted Board staff by allowing for easy access to the prior orders.
- B. Team staff continued to work on improving the presentation of proposed disciplinary actions to the Board at Board meetings through the use of a detailed summary of those actions entered by the Executive Director and those to be entered by the Board.
- C. Team staff continued to work to improve the use of a secure mechanism for Board member access to confidential information regarding informal conferences and Board meeting presentation material (i.e., proposed disciplinary orders) prior the date of the meeting.
- D. Deputy Litigation Counsel and Team staff served on the agency's Wellness Committee and coordinated the following programs:
  - (1) Maintain No Gain;
  - (2) Walking Club;
  - (3) Sharing Library;
  - (4) Hydration and Determination Challenge; and
  - (5) Get Fit Texas Challenge.
- E. Team staff developed a Calendar of Events for FY2023 for informal conferences and scheduled via a videoconferencing platform.
- F. General Counsel and Team staff provided ongoing analysis and preparation of pill mill cases for presentation to pharmacist experts for expert opinions on whether to proceed with disciplinary action.
- G. Team staff continued to update as needed the standard Agreed Board Order guidance paragraphs. Team staff also continued to update as needed the Preliminary Notice Letter standard paragraphs to reflect updates to language routinely used and to accommodate changes in laws and rules.
- H. General Counsel and Team staff reviewed and recommended modifications for rule changes presented to the Board. General Counsel and Team staff reviewed rule changes throughout the fiscal year.

## LEGAL TEAM

19. **To assist with and destroy records in accordance with the agency's record retention plan; to review and update the team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.**

**Status:** **ACCOMPLISHED**

**Comment:** This objective was accomplished as follows:

A. **Records Management**

Team staff destroyed records in accordance with TSBP's record retention schedule. Team staff also prepared and indexed material for electronic storage. For the entirety of FY2023, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention. In August 2022, the agency became subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of records that have met retention. Agency staff destroyed 3,113 MB and 26.04 cubic feet of records in accordance with TSBP's records retention schedule, and continued to send records to the State Library for storage.

B. **Policies and Procedures**

- (1) Team staff updated and maintained disciplinary records containing all Board Orders, Agreed Board Orders, and Remedial Plans utilizing an electronic system of storing the final, entered Orders.
- (2) Team staff updated templates and forms relating to pharmacist, pharmacy, and pharmacy technician disciplinary processes as needed to maintain consistency across all licensees.
- (3) Team staff continued to review, draft, and update written policies and procedures for handling of cases to provide reference and training materials for Team members.
- (4) Team staff continued to review and update as needed procedures to handle expunction and nondisclosure orders for varying types of complaints and cases.
- (5) Team staff updated procedures for drafting ABOs to ensure that all paragraphs are up-to-date with the latest changes.

20. **To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

**Status:** **ACCOMPLISHED**

**Comment:** This objective was accomplished through the following activities:

## LEGAL TEAM

- A. Team staff were evaluated on an annual basis, as required by agency policy.
- B. General Counsel conducted Team meetings approximately once a month with Team staff. Team staff met with the Team managers on at least a bimonthly basis.
- C. Team staff conducted the hiring process to fill open positions.
- D. Team staff reviewed numerous internship applications, interviewed six internship candidates, and ultimately recruited four legal interns to provide assistance with the preparation of legal cases.
- E. General Counsel and Team staff prepared and conducted orientations for all new TSBP employees and interns regarding the Legal team, the disciplinary process, ethics, the Public Information Act, the Open Meetings Act, and rulemaking.
- F. Team staff attended general staff meetings and in-house training sessions. In addition, the attorneys attended required continuing legal education, and Team staff attended various programs, seminars, and events.
- G. General Counsel spent significant time on the hiring search for the new Executive Director.

**21. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's *FY2022 Annual Report* and submit to the Executive Director by the due date.**

**Status:** **ACCOMPLISHED**

**Comment:** The Team's first draft of the *FY2022 Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2023 Board meeting.



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# Prescription Monitoring Program Team

## **SIGNIFICANT ACCOMPLISHMENTS**

1. The Team accomplished most of its objectives.
2. Of the 257,728,428 queries received, 53,975,424 were from AWAxE searches and 203,753,004 were integrated searches. This represents an approximate 5.8% increase from the total in FY2022.

## **SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS**

1. Legacy issues continue to affect systems related to the program, such as Texas Wholesale Distributor Database (TWDD) and the RxPad system. Staff requested funding in the agency's Legislative Appropriations Request (LAR) to update these systems.
2. Turnover continued to impact the Team as staff spent significant time and effort to post and interview for vacant positions; hire and onboard; and finally, to train new staff.
3. The Board was subject to numerous subpoenas for records, some of which prevented the destruction of records related to opioids and nontherapeutic dispensing. As a result, the agency has faced significant delays in its ability to destroy records that met retention in a timely manner.

## **PRESCRIPTION MONITORING PROGRAM**

### **FY2023 ANNUAL REPORT**

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#### **GOAL**

To collect and monitor prescription data for all Schedule II, III, IV, and V controlled substances dispensed by a pharmacy in Texas or to a Texas resident from a pharmacy located in another state. To provide a platform for monitoring patient controlled substance prescription histories for prescribers and pharmacists. To process orders for Schedule II Texas Official Prescription Forms. To provide information regarding the Texas Prescription Monitoring Program and controlled substance laws and rules to agency customers. To provide a platform for wholesalers to report the distribution of controlled substances to entities in Texas.

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#### **Objectives (New)**

**To assist the Executive Director, in cooperation with other teams, in the following new objectives:**

- 1. To prepare testimony, attend public hearings, provide any legal or technical interpretations, review all legislation that has an impact on the practice of pharmacy and agency operations, and monitor the progress of this legislation throughout the 88th Texas Legislative Session.**
- 2. To direct the submission of, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2024-2025.**

**Status: ACCOMPLISHED**

**Comment: These objectives were accomplished through the following activities:**

- A. A total of 8,046 pieces of legislation were introduced in the 88th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills 300 bills were tracked and monitored. Legislation that was passed by the Legislature that affects the agency or the practice of pharmacy can be found in Appendix EXC-01.**
- B. Agency staff assisted in the preparation of testimony and handouts for Legislative Hearings and Committees.**
- C. Agency personnel participated in meetings regarding the TSBP Legislative Appropriation Request.**

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#### **Objectives (Ongoing)**

- 1. To monitor the registration process of individuals authorized to access the Prescription Monitoring Program (PMP) and ensure the appropriate use of the PMP.**

**Status: ACCOMPLISHED**

**Comment: The number of registered users increased by an additional 15,294, for a total of**

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## PREScription MONITORING PROGRAM

187,763 registered users (see Appendix PMP-02).

- 2. To ensure pharmacies are submitting accurate controlled substance data to the PMP in a timely manner.**

**Status: ACCOMPLISHED**

**Comment:** Team staff reviewed reports of pharmacies that had not submitted data to the PMP as required. Pharmacies that were not in compliance were contacted. In addition, the PMP team began reviewing data submitted to the PMP to check for accuracy.

- 3. To provide notification to prescribers and pharmacists, using threshold indicators, when potentially harmful prescribing pattern or practice may be occurring, or drug diversion or drug abuse may be occurring.**

**Status: ACCOMPLISHED**

**Comment:** Monthly notifications were sent to registered users automatically by the AWAReX system. A total of 18,911 notifications were sent to practitioners for patients that exceeded the minimum threshold of 5 prescribers and dispensed at 3 pharmacies during the prior month. A total of 2,420 patients were identified as meeting or exceeding the 5-3 threshold.

- 4. To process orders for official prescription forms after verification to ensure the proper authorization of the prescriber.**

**Status: ACCOMPLISHED**

**Comment:** A total of 11,155 official prescription pads were ordered and processed, which included a review by staff to ensure the validity of the order and the prescriber. This total represents a 26% decrease when compared to the number of prescription pads ordered in FY2022. The decrease is due to mandatory electronic prescribing legislation that went into effect January 1, 2021.

- 5. To maintain data submitted by wholesalers regarding the distribution of controlled substances to entities in Texas.**

**Status: NOT ACCOMPLISHED**

**Comment:** Texas wholesalers submitted information regarding the distribution of controlled substances to entities in Texas to the Texas Wholesale Distributor Database (TWDD). However, submitted data cannot be updated in TWDD due to programming issues and a lack of funding to make legacy updates to the database. The agency submitted an Exceptional Item in the Legislative Appropriations Request (LAR) requesting funding to update and support TWDD.

- 6. To provide information to Board staff and customers, including responses to surveys and questionnaires, oral and written communication, and public speaking engagements.**

**Status: ACCOMPLISHED**

## **PRESCRIPTION MONITORING PROGRAM**

**Comment:** Team staff answered approximately 9,502 phone calls on the team queue providing information to customers..

- 7. To recommend changes to the Texas Pharmacy Act and rules, and to recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or that will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director.**

**Status: ACCOMPLISHED**

**Comment:** Team staff made suggestions to policies and procedures as necessary to improve the agency's efficiency and effectiveness as needed.

- 8. To destroy records in accordance with the agency's record retention plan; to review and update the team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.**

**Status: ACCOMPLISHED**

**Comment:** For the entirety of FY2023, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention. In August 2022, the agency became subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of records that have met retention.

- 9. To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

**Status: ACCOMPLISHED**

**Comment:** This objective was accomplished through the following activities:

- A. Staff were evaluated on an annual basis, as required by agency policy.
- B. Team meetings were conducted at a minimum once a month or as required.
- C. Team staff conducted the hiring process to fill open positions.
- D. Team staff attended general staff meetings and in-house training sessions.
- E. Team staff updated and developed new and existing job descriptions as necessary.

- 10. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2022 Annual Report and submit to the Executive Director by the due date.**

## PREScription MONITORING PROGRAM

**Status:**       **ACCOMPLISHED**

**Comment:**   The team's first draft of the *FY2022 Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2023 Board meeting.

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# Information Technology Team

## **SIGNIFICANT ACCOMPLISHMENTS**

1. Team accomplished all of its objectives.
2. Successfully executed the migration of TSBP's entire network and Information Technology infrastructure to the Bush building.
3. Performed significant updates to the agency's cluster storage. Optimization increased data storage capacity by 3-fold.
4. We expanded TSBP's software portfolio with the addition of Tableau Server. This allows for greater business-intelligence security, collaboration, governance and performance.
5. Post migration of the RxPAD application, we modified the existing scripts to stabilize the upload process.
6. Completed several incremental upgrades of the FortiNet security fabric, (firewall, end points and the EMS infrastructure) In addition, created and implemented the Prohibited Technologies Security Policy per Governor Abbott's security directive.

## **SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS**

1. Resource limitations prevent timely maintenance, enhancements, and future development of multiple in-house applications. Hiring a programmer and/or database administrator would greatly benefit the agency. The immediate impact would increase the overall availability and uptime of multiple critical business processes.

## INFORMATION TECHNOLOGY

### FY2023 ANNUAL REPORT

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#### GOAL

To advance the business processes and operational efficiencies of the agency through effective implementation of information technology (IT) while maintaining a secure agency information technology environment and ensuring the confidentiality, integrity, and availability of critical data and systems.

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#### Objectives (New)

To assist the Executive Director, in cooperation with other teams, in the following new objectives:

1. To prepare testimony, attend public hearings, provide any legal or technical interpretations, review all legislation that has an impact on the practice of pharmacy and agency operations, and monitor the progress of this legislation throughout the 88th Texas Legislative Session.
2. To direct the submission of, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2024-2025.

**Status:** ACCOMPLISHED

**Comment:** These objectives were accomplished through the following activities:

- A. A total of 8,046 pieces of legislation were introduced in the 88th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills 300 bills were tracked and monitored. Legislation that was passed by the Legislature that affects the agency or the practice of pharmacy can be found in Appendix EXC-01.
- B. Agency staff assisted in the preparation of testimony and handouts for Legislative Hearings and Committees.
- C. Agency personnel participated in meetings regarding the TSBP Legislative Appropriation Request.

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#### Objectives (Ongoing)

1. To evaluate and implement solutions for the evolving computing, printing, and scanning needs of the agency with the approval of the Executive Director to increase agency productivity and efficiency .

**Status:** ACCOMPLISHED

**Comment:** The IT team transitioned towards electronic records through fax-to-email

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## INFORMATION TECHNOLOGY

technologies and developed methods for agency scanning directly to network increasing efficiency of staff document workflow.

2. **To provide reliable and secure services by prioritizing security, connectivity, and continuity of operations .**

**Status: ACCOMPLISHED**

**Comment:** The IT team transitioned additional agency infrastructure to a virtual environment, and third-party systems to provide greater security and access.

3. **To participate in the development and implementation of the Continuity of Operations (COOP) and Disaster Recovery (DR) procedures and ensure the availability of these systems through COOP and DR planning, testing, and execution.**

**Status: ACCOMPLISHED**

**Comment:** The IT team strengthened Business Continuity (BC) and Disaster Recovery (DR) procedures and additional staff policies and procedures through the transition of on-site IT services and data to cloud services. With backup infrastructure being updated, the additional ability to accommodate more timely and extensive recovery options for all agency systems without incurring additional expense.

4. **To enforce secure and effective access to technology resources through use of authentication and identity management technologies, staff awareness training, and policies to secure the agencies system against internal and external threats.**

**Status: ACCOMPLISHED**

**Comment:** The IT team was able to maintain a stable infrastructure for existing systems through scheduled, and timely, replacement of hardware/software nearing end of life status. Penetration tests and internal security assessments are performed regularly to identify gaps and vulnerabilities. These gaps and vulnerabilities are then remedied by the agency IT security team. DIR certified Cybersecurity training is also provided regularly to agency staff.

5. **To support the agency's effort to identify and implement opportunities for technology education to allow staff to develop and improve technology understanding .**

**Status: ACCOMPLISHED**

**Comment:** IT staff continues to stay engaged with multiple information sharing outlets, and various threat intelligence platforms. We continue to attend the monthly meetings hosted by DIR security and the Texas Information Sharing and Analysis Organization (TX-ISAO) In addition, we also attend the Multi-State Information Sharing and Analysis Center (MS-ISAC) monthly meetings. This enables the IT staff to have access to various threat intelligence and educational opportunities within the State of Texas, and it also enables TSBP to participate in information sharing with other states.

6. **To leverage cost effective and collaborative cloud and shared service solutions**
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## INFORMATION TECHNOLOGY

when applicable to lower overhead costs, increase security, and streamline IT management .

**Status: ACCOMPLISHED**

**Comment:** Through leveraging cloud-based services, transitioning the agency's infrastructure to a virtual environment provided greater remote and secure access to systems. Additionally, Virtual Machine (VM) Servers were added to accommodate daily backup of critical data at no additional costs.

7. **To recommend policies and procedures that will enhance the agency's ability to protect the public health, safety, and welfare, or that will improve the efficiency and effectiveness of the agency's operations, and forward the recommendations to the Executive Director.**

**Status: ACCOMPLISHED**

**Comment:** Team staff made suggestions to policies and procedures as necessary to improve the agency's efficiency and effectiveness as needed. Recommended an overview of the business requirements for modernization of the DPS Fingerprinting process.

8. **To destroy records in accordance with the agency's record retention plan; to review and update the team's Policy and Procedure Manual as needed and submit any substantive revisions to the Executive Director for approval.**

**Status: ACCOMPLISHED**

**Comment:** For the entirety of FY2023, the agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy a large amount of records that had met retention. As allowed, staff destroyed records in accordance with the agency's record retention schedule, including general correspondence. Additionally, staff reviewed and updated the team's procedures and recommendations were submitted to the Executive Director for approval as appropriate.

9. **To manage team employees in compliance with all applicable state and federal laws, including the following: to hire qualified applicants for new or vacant positions; to update or develop job descriptions in compliance with the State Classification System; to participate in State Classification audits of positions; to conduct periodic reviews and annual evaluations of team employees; and to promote self-development through such activities as on-the-job training, cross-training, and attendance at professional seminars.**

**Status: ACCOMPLISHED**

**Comment:** This objective was accomplished through the following activities:

- A. Staff were evaluated on an annual basis, as required by agency policy.
- B. Team staff conducted Team meetings approximately once a month or as required.
- C. Team staff conducted the hiring process to fill open positions.

## INFORMATION TECHNOLOGY

D. Team staff attended general staff meetings and in-house training sessions.

10. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's *FY2022 Annual Report* and submit to the Executive Director by the due date.

**Status:** ACCOMPLISHED

**Comment:** The Team's first draft of the *FY2022 Annual Report* was submitted to the Executive Director by the due date. The final draft of the report was submitted to the Board at the February 2023 Board meeting.



Texas State Board of Pharmacy- 88th Texas Legislative Session Bill Update					
Bill	Caption	Effective Date	Summary	Category	Rules Needed?
HB 1	General Appropriations Act	9/1/2023	Funding for the FY2024-2025 biennium.	Agency Operations	
HB 25	Relating to wholesale importation of prescription drugs for resale to Texas residents.	9/1/2023	Creates the Texas Wholesale Prescription Drug Importation Program, allowing the State to contract with licensed prescription drug wholesalers in the state and with Canadian suppliers to import and provide drugs. Prohibits the distribution, dispensing, or sale of drugs imported pursuant to the importation program outside of Texas.	Wholesale	
HB 139	Relating to the provision of notice of certain proposed rules by state agencies.	Immediately with 2/3 vote or 9/1/2023 <b>Effective 6/13/23, exc. sec. 1</b>	Requires preamble for proposed rule to include the bill number for legislation, if applicable, and if the statutory authority became law during the preceding four year period, that notice of the proposed rule be provided to each person who was a primary author or sponsor of the legislation if a current member of the legislature. Failing to provide the required notice does not invalidate a rule.	Rulemaking	
HB 567	Relating to discrimination on the basis of hair texture or protective hairstyle associated with race.	9/1/2023	Makes an employer's adoption or enforcement of a dress or grooming policy that discriminates against a hair texture or protective hairstyle commonly or historically associated with race an unlawful employment practice.	Agency Operations	
HB 617	Relating to a pilot project to provide emergency telemedicine medical services and telehealth services in rural areas.	9/1/2023	Establishes a pilot project to provide emergency medical services instruction and emergency prehospital care instruction through a telemedicine medical service or telehealth service provided by regional trauma resource centers to health care providers in rural area trauma facilities and emergency medical services providers in rural areas. Center personnel shall include pharmacists.	Pharmacy Practice	
HB 915	Relating to a requirement that employers post notice of certain information regarding reporting instances of workplace violence or suspicious activity.	9/1/2023; TWC implementation by March 1, 2024	An employer shall post contact information for reporting workplace violence or suspicious activity to DPS. The notice must be posted in a conspicuous place in the employer's place of business, in sufficient locations to be convenient to all employees; and in English and Spanish, as appropriate. TWC, in consultation with DPS, by rule shall prescribe the form and content of the notice.	Agency Operations	
HB 2157	Relating to the salary of certain employees who transfer within a state agency.	9/1/2023	Allows a state employee's annual salary rate immediately after a transfer within the agency to be set at any rate in the appropriate salary group if certain conditions are met.	Agency Operations	
HB 2453	Relating to the issuance of digital licenses by a licensing agency.	9/1/2023	Provides that a licensing agency may issue a digital license or registration if rules provide that the license will be issued in a secure format that is readily accessible by the license holder through the Internet and a wireless communications device and the public through an Internet website or QR code.	Agency Operations	

Texas State Board of Pharmacy- 88th Texas Legislative Session Bill Update					
Bill	Caption	Effective Date	Summary	Category	Rules Needed?
HB 3033	Relating to attorney general decisions under the public information law.	9/1/2023	Amends the Public Information Act (PIA) to require a governmental body as soon as practicable, but not later than the 15th day after the date an OAG decision is issued, to produce the information subject to the decision that is required to be produced or notify in writing the person who requested the information that the governmental body is withholding the information as authorized by the decision. Amends the definition of "business day" under the PIA to mean a day other than Saturday or Sunday, a national holiday, or a state holiday. Provides that an optional holiday is NOT a business day if the public information officer observes the optional holiday. Provides that the Friday before or Monday after a weekend holiday is NOT a business day if the governmental body observes the holiday on that Friday or Monday. Allows a governmental body to impose a limit under 552.275 and require photo identification of the requestor.	Open Government	
HB 3058	Relating to the provision of certain medical treatment to a pregnant woman by a physician or health care provider.	9/1/2023	Provides an affirmative defense to a violation of the abortion ban for a physician or health care provider who is exercising reasonably medical judgment in providing treatment to a woman with an ectopic pregnant or previable ruptured membrane. The affirmative defense also extends to a pharmacist or pharmacy that receives, processes, or dispenses a prescription or medication order written by the physician or health care provider.	Abortion	
HB 3130	Relating to the protection of certain occupational licensing information regarding clients of family violence shelter centers, victims of trafficking shelter centers, and sexual assault programs.	9/1/2023	Provides that a governmental body may not release the name, home or business address, place of employment, telephone number, electronic mail address, social security number, date of birth, driver's license or state identification number, passport number, emergency contact information, or numeric identifier of a current or former applicant or licensee who is a current or former client of a family violence shelter center, victims of trafficking shelter center, or sexual assault program and properly notifies the governmental body in writing of their choice to restrict public access to the information.	Open Government	
HB 4123	Relating to the dissemination of criminal history record information by the Department of Public Safety.	Immediately with 2/3 vote or 9/1/2023  <b>Effective 6/13/2023</b>	Provides that DPS shall not disseminate criminal history record information obtained from the Federal Bureau of Investigation . Provides that DPS may release Texas criminal history record information concerning an applicant for employment, licensure, or registration as provided by Chapter 411.	Agency Operations	
HB 4166	Relating to the packaging requirements for certain donated prescription drugs.	9/1/2023	Provides that a donated prescription drug may be accepted or dispensed under Ch. 442, Health & Safety Code, if the drug is in its original, unopened, sealed, and tamper-evident bottle or unit-dose packaging (currently only allows unit-dose packaging).	Pharmacy Practice	
HB 4331	Relating to the donors of certain unused prescription drugs.	9/1/2023	Provides that for purposes of Ch. 442, Health and Safety Code, a "donor" means an individual, a prescription drug manufacturer, or a health care facility, including a pharmacy, that donates unused prescription drugs under this chapter to a participating provider.	Pharmacy Practice	

Texas State Board of Pharmacy- 88th Texas Legislative Session Bill Update					
Bill	Caption	Effective Date	Summary	Category	Rules Needed?
HB 4332	Relating to the redistribution of donated prepackaged prescription drugs	9/1/2023	Provides that a participating provider may dispense to a recipient donated prescription drugs that are prepackaged and labeled in accordance with this section and rules adopted by TSBP. Requires the label to contain the drug's brand or generic name, amount of drug in a dose, drug's lot number, earliest expiration date, quantity of any drug the provider dispenses in more than one dose. Requires the provider to maintain records of each prepackaged prescription drug dispensed to a recipient.	Pharmacy Practice	Amend §291.33 and §291.74.
HB 4510	Relating to annual financial reports submitted by state agencies.	9/1/2024	Changes the deadline for a state agency to submit its annual financial report to November 1st (currently November 20). Provides that if the financial annual report is audited, the deadline is December 15.	Agency Operations	
HB 4595	Relating to nonsubstantive additions to, revisions of, and corrections in enacted codes and to the nonsubstantive codification or disposition of various laws omitted from enacted codes.	9/1/2023	Amends 568.003 to correct cross-references to conform to Chapter 1463 (H.B. 2950), Acts of the 77th Legislature. Updates a citation reference in the grounds for disciplining a pharmacy technician or pharmacy technician trainee.	Enforcement	
HB 4990	Relating to the Texas Pharmaceutical Initiative; authorizing fees.	Immediately with 2/3 vote or 9/1/2023  <b>Effective 6/13/23</b>	Establishes the Texas Pharmaceutical Initiative (TPI) to provide cost-effective prescription drug access for employees, dependents, and retirees of state employees, teachers, institutions of higher education, ERS/TRS members, persons confined in TDCJ/TJJD, recipients of medical assistances, and enrollees of the child health plan program. Requires the TPI board to develop a business plan for implementing the initiative, including establishing a statewide pharmacy benefit manager, establishing a central service center and associated network of satellite distribution facilities, providing advanced pharmaceutical preparation and related services.	Agency Operations	
SB 14	Relating to prohibitions on the provision to certain children of procedures and treatments for gender transitioning, gender reassignment, or gender dysphoria and on the use of public money or public assistance to provide those procedures and treatments.	9/1/2023	Provides that a health care provider may not knowingly provide, prescribe, administer, or dispense prescription drugs for the purpose of transitioning or affirming a child's perception of the child's sex if that perception is inconsistent with the child's biological sex. Provides for certain exceptions. Defines health care provider as someone other than a physician who is authorized to provide or render health care or to dispense or prescribe a prescription drug. Provides that Attorney General may bring an action to enjoin someone from a violation.	Pharmacy Practice	
SB 29	Relating to prohibited governmental implementation or enforcement of a vaccine mandate, mask requirement, or private business or school closure to prevent the spread of COVID-19.	Immediately with 2/3 vote or 9/1/2023	Provides that a governmental entity may not implement, order, or otherwise impose a mandate requiring a person to wear a face mask or be vaccinated against COVID-19. Provides that a governmental entity may not implement, order, or otherwise impose a mandate requiring the closure of a private business, public school, open-enrollment charter school, or private school to prevent the spread of COVID-19. Provides exceptions for state supported living centers, TDCJ and TJJD facilities, hospital and health care facilities owned by a governmental entity. Also provides that prohibition on vaccine mandate only applies to the extent that it does not conflict with final rules adopted by Centers for Medicare and Medicaid Services.	Agency Operations	

## Texas State Board of Pharmacy- 88th Texas Legislative Session Bill Update

Bill	Caption	Effective Date	Summary	Category	Rules Needed?
SB 30	Relating to supplemental appropriations and reductions in appropriations and giving direction and adjustment authority regarding appropriations.	Immediately with 2/3 vote or 9/1/2023  <b>Effective 6/9/23</b>	Provides for a 5.0 percent increase in monthly salary of a state employee, with a minimum increase of \$250 per month, effective July 1, 2023. If this Act becomes effective after July 1, 2023, the salary increase should be calculated for the month of July at a percentage that yields a 5.0 percent increase in each employee position 's salary for the month of July compared to the employee position 's salary for the month of June.	Agency Operations	
SB 222	Relating to paid leave by certain state employees for the birth or adoption of a child.	9/1/2023	Provides for 60 days of paid parental leave for state employees for the birth of a child, birth of a child by the employee's spouse, birth of a child by a gestational surrogate, or adoption of a child. This provision does not entitle an employee to any leave in addition to leave taken under Section 661.912 (FMLA). A state employee is not required to use all available paid vacation and sick leave before the employee is entitled to take paid leave under this provision.	Human Resources	
SB 271	Relating to state agency and local government security incident procedures.	9/1/2023	Expands the definition of a "security incident" requiring DIR notification under Ch. 2054, Gov't Code, as: (A) a breach or suspected breach of system security; and (B) the introduction of ransomware into a computer, computer network, or computer system.	Agency Operations	
SB 294	Relating to the use of medication designated for treatment of respiratory distress on public and private school campuses.	Immediately with 2/3 vote or 9/1/2023  <b>Effective 5/24/23</b>	Updates the Education Code to state a pharmacist may dispense an epinephrine auto-injector or medication for respiratory distress to a school district, open-enrollment charter school, or private school without requiring the name or any other identifying information relating to the user.	Pharmacy Practice	
SB 422	Relating to the authority of certain military service members to engage in a business or occupation in this state.	9/1/2023; requires TSBP to adopt rules by 12/1/23	Requires a state agency to recognize the out-of-state license of a military service member and authorize the member to engage in an occupation if the member is currently licensed in good standing by another jurisdiction with substantially equivalent requirements.  Specifies that in the event of divorce or similar event that affects a person's status as a military spouse, the spouse may continue to engage in the occupation until the third anniversary of the date the spouse received confirmation from the agency of authorization to engage in the occupation.  Provides that a state agency shall issue a license not later than the 30th day after the date a qualifying military service member or military spouse files an application for a license.	Pharmacy Practice	Amend §283.12 and §297.10.
SB 490	Relating to itemized billing for health care services and supplied provided by health care providers.	9/1/2023	Provides that a health care provider may not pursue debt collection against a patient for a provided health care service or supply, unless the provider has complied with specified notice requirements. Authorizes a licensing agency to take disciplinary action for a violation of the requirements.	Pharmacy Practice	

## Texas State Board of Pharmacy- 88th Texas Legislative Session Bill Update

Bill	Caption	Effective Date	Summary	Category	Rules Needed?
SB 510	Relating to the confidentiality of certain information maintained by state licensing agencies.	9/1/2023	Makes confidential the license application, home address, telephone number, electronic mail address, social security number, date of birth, driver's license or state identification number, passport number, and emergency contact information of an applicant or current or former licensee of a governmental body.	Open Government	
SB 629	Relating to the use of opioid antagonists on public and private school campuses and at or in transit to and from off-campus events.	Immediately with 2/3 vote or 9/1/2023  <b>Effective 6/18/23</b>	Authorizes trained school personnel and volunteers to administer an opioid antagonist to a person who is reasonably believed to be experiencing an opioid-related overdose. Authorizes a pharmacist to dispense an opioid antagonist to a school district, open-enrollment charter school, or private school without requiring identifying information relating to the user.	Pharmacy Practice	
SB 1045	Relating to the creation of the Fifteenth Court of Appeals with jurisdiction over civil cases, the compensation of the justices of that court, and the jurisdiction of the courts of appeals in this state.	9/1/2023	Creates a Fifteenth Court of Appeals with exclusive intermediate appellate jurisdiction over civil cases filed by and against the state or a board, commission, department, office, or other agency in the executive branch. Amends the APA to authorize a Travis County district court to transfer a case requiring a prompt, authoritative determination of legal issues in the appeal of a contested case hearing to the Fifteenth Court of Appeals.	Agency Operations	
SB 1376	Relating to an employment preference for members of the military and their spouses for positions at state agencies.	9/1/2023	Extends preferential employment for positions at state agencies to the spouse of a member of the United States armed forces or Texas National Guard serving on active duty. Also extends employment preference to the spouse of a veteran if the spouse is the primary source of income for the household and the veteran has a total disability rating of at least 70% or on individual unemployability. Provides the agency must give a employment preference to qualifying individuals until at least 20% (currently 40%) of the agency's workforce is composed of such individuals.	Agency Operations	
SB 1509	Relating to the service retirement eligibility and benefits of certain members of the Employees Retirement System of Texas.	Immediately with 2/3 vote or 9/1/2023  <b>Effective 5/19/23</b>	Repeals Gov't Code §814.109 which provides that: (1) an ERS member eligible for service retirement benefits under either class of membership may retire without separating from a position in that class if the member has accrued enough service credit in the class to receive the maximum annuity permitted and is at least 60 years old and (2) a member who retires from either class of membership under this section is not entitled to earn any additional retirement benefits.	Agency Operations	
SB 1659	Relating to the sunset review process and certain governmental entities subject to that process.	Immediately with 2/3 vote or 9/1/2023  <b>Effective 6/18/23</b>	Amends the date of the Texas State Board of Pharmacy's abolishment under the Sunset Act from September 1, 2029 to September 1, 2033.	Open Government	
SB 1893	Relating to prohibiting the use of certain social media applications and services on devices owned or leased by governmental entities.	Immediately with 2/3 vote or 9/1/2023  <b>Effective 6/14/2023</b>	Provides that a governmental entity shall adopt a policy prohibiting the installation or use of a "covered application" on any device owned or leased by the entity and require the removal of the application. "Covered application" means: (1) TikTok or any successor application or service developed by ByteDance Limited, or (2) a social media application or service specified by proclamation of the governor. Provides that DIR and DPS shall jointly identify social media applications and services that pose a risk to the state.	Agency Operations	



Texas State Board of Pharmacy- 88th Texas Legislative Session Bill Update					
Bill	Caption	Effective Date	Summary	Category	Rules Needed?
SB 2173	Relating to a pilot program for the safe disposal of controlled substance prescription drugs.	9/1/2023; implementation of pilot as soon as practicable after effective date	Requires TSBP to implement by rule a prescription drug safe disposal pilot program. Provides for certain requirements for a pharmacy to participate in the program. Requires TSBP to designate pharmacy participants as a Texas premier pharmacy provider committed to safe prescription drug disposal. Provides that TSBP will assist pharmacy participants by paying for specified costs. Requires TSBP to perform certain community outreach activities. Requires TSBP to submit reports to the governor and legislature. Provides that the pilot program and corresponding chapter expires September 1, 2029.	Pharmacy Practice	

**EXC-02**

Performance Measure		FY2023 Projected Performance	FY2023 Performance Attained	Projected Target Met?*	Key Measure
<b>A. GOAL: MAINTAIN STANDARDS</b>					
Outcome (Results/Impact)					
	Percent of Licensees with No Recent Violations	95.00%	98%	Met	N
	Percent of Licensees Who Renew Online	95.00%	95.69%	Met	N
<b>A.1.1 STRATEGY: LICENSING</b>					
Output (Volume)					
	Number of New Licenses Issued to Individuals	2,000	1,904*	Not Met	Y
	Number of Licenses Renewed (Individuals)	19,500	19,839	Exceeded	Y
Explanatory					
	Total Number of Business Facilities Licensed	8,350	8,370	Exceeded	Y
<b>B. GOAL: ENFORCE REGULATIONS</b>					
Outcome (Results/Impact)					
	Percent of Jurisdictional Complaints Resulting in Disciplinary Action	10.00%	6.00%**	Not Met	N
<b>B.1.1 STRATEGY: ENFORCEMENT</b>					
Output (Volume)					
	Number of Jurisdictional Complaints Resolved	5,420	6,713	Exceeded	Y
Efficiencies					
	Average Time for Jurisdictional Complaint Resolution	150	103	Exceeded	Y
Explanatory					
	Number of Jurisdictional Complaints Received	6,000	6,798	Exceeded	Y
<b>B.1.2. STRATEGY: PEER ASSISTANT</b>					
Output (Volume)					
	Number of Licensed Individuals Participating in a Peer Assistant Program	160	98**	Not Met	Y

\* Less than 5% variance

\*\* TSBP received a high number of complaints that did not contain violations significant enough to result in disciplinary actions. Complaints with significant violations which would end in disciplinary action did not increase at the same rate of receipt as the complaints received.

**EXC-03**

<b>DATE</b>	<b>TEAM</b>	<b>PRESENTATION (Topic and Who Presented to)</b>	<b>NO OF ATTENDEES</b>
Sep-22	Compliance	Texas Pharmacy Law Update (Texas Oncology 2022 Annual Pharmacy Conference)	69
Sep-22	Compliance	Texas Pharmacy Laws and Rules (Gulf Coast Pharmacy Association)	26
Oct-22	Compliance	TSBP Updates (San Antonio Area Hospital Pharmacy Directors)	30
Oct-22	Compliance	Regulatory & Legal Considerations for Sterile Compounding (UNT College of Pharmacy Students)	75
Oct-22	Compliance	TSBP Updates (Texas Pain Society)	100
Oct-22	Compliance	Texas Pharmacy Laws and Rules (HHSC)	64
Oct-22	Compliance	Texas Pharmacy Laws and Rules (HCA)	77
Oct-22	Compliance	Texas Pharmacy Laws and Rules (Nigerian Pharmacist Association)	4
Nov-22	Compliance	State Board Overview to New Pharmacy Technicians (South Texas College Tech)	10
Nov-22	Compliance	State Board Overview to New Pharmacy Technicians (South Texas College Tech)	9
Nov-22	Compliance	Texas Pharmacy Law Update (AASHP)	30
Dec-22	Compliance	Texas Pharmacy Law Update (Bexar County Pharmacy Association)	70
Dec-22	Compliance	Texas Pharmacy Law Update (Harris Health System)	250
Dec-22	Compliance	Texas Pharmacy Laws and Rules (Dallas Area Pharmacy Association)	25
Jan-23	Compliance	Texas Pharmacy Laws and Rules (Lake Houston Pharmacy Association)	33
Jan-23	Compliance	Texas Pharmacy Laws and Rules (Houston Area Pharmacy Association)	27
Feb-23	Compliance	Texas PMP (DEA Intel Analyst Training)	30
Feb-23	Compliance	Texas Pharmacy Laws and Rules (VAPhA)	100
Feb-23	Compliance	Sterile Compounding (Texas Oncology)	89
Feb-23	Compliance	Texas Pharmacy Laws and Rules (Texas Association of Independent Pharmacy Owners)	63
Mar-23	Compliance	Texas Pharmacy Law Update (West Texas Pharmacy Association)	45
Mar-23	Compliance	TSBP: Regulating Pharmacy Practice in the Public's Interest	70
Mar-23	Compliance	Texas Pharmacy Law Update (Spring Preceptor Development Series and Law Update)	200
Mar-23	Compliance	Texas Pharmacy Law Update (Texas Association of Community Health Centers)	40
Mar-23	Compliance	Texas Pharmacy Laws and Rules (Texas Association of Community Health Centers)	9
Apr-23	Compliance	Texas Pharmacy Laws and Rules (VAPhA)	60
May-23	Compliance	State Board Overview to New Pharmacy Technicians (Lubbock Cooper HS)	14

**EXC-03 CONTINUED**

<b>DATE</b>	<b>TEAM</b>	<b>PRESENTATION (Topic and Who Presented to)</b>	<b>NO OF ATTENDEES</b>
May-23	Compliance	Texas Pharmacy Law Update (Memorial Hermann Health System)	75
May-23	Compliance	Sterile Compounding Rule Review and Commonly Seen Deficiencies (Texas Oncology Pharmacists)	33
May-23	Compliance	Texas Pharmacy Law Update (El Paso Area Society of Health System Pharmacists)	25
May-23	Compliance	Texas Pharmacy Laws and Rules (St. Luke's Health   Baylor College of Medicine)	59
May-23	Compliance	Sterile Compounding (Texas Oncology)	18
May-23	Compliance	Texas Pharmacy Laws and Rules (Gulf Coast Pharmacy Association)	19
May-23	Board Member	Texas Pharmacy Laws and Rules (Ascension)	25
Jun-23	Compliance	Texas Pharmacy Law Update (South Central Region - ASCP)	35
Jun-23	Compliance	Texas Pharmacy Law Update (MD Anderson Pharmacy Staff)	202
Jun-23	Compliance	Texas Pharmacy Law Update (UNT - HSC Preceptor Event)	136
Jun-23	Board Member	Texas Pharmacy Laws and Rules (Ascension)	42
Jun-23	Board President	Texas Pharmacy Laws and Rules (UT College of Pharmacy)	N/A (collected by UT)
Jun-23	Board Member	Texas Pharmacy Laws and Rules (Ascension)	25
Jun-23	Compliance	Texas Pharmacy Laws and Rules (GCHSP)	14
Jul-23	Compliance	The Past, Present, and Future of Pharmacy Technicians (Texas Health Science Professional Development Conference)	25
Jul-23	Compliance	Texas Pharmacy Law Update (Nigerian Pharmacist Association Dallas - Ft. Worth)	16
Jul-23	Compliance	Texas Pharmacy Laws and Rules (VAPhA)	49
Jul-23	Board Member	Law Review and Legislative Session (TPA Conference & Expo)	N/A (collected by TPA)
Apr-24	Compliance	Texas Pharmacy Law Update (Memorial Hermann Health System)	200
		<b>46</b>	<b>2,617.00</b>

**EXC-04**

<b>DATE (Mo/Yr)</b>	<b>ATTENDED BY</b>	<b>MEETINGS / HEARINGS ATTENDED</b>	<b>LEGISLATIVE (Y OR N)</b>
Sep-22	ED	MALTAGON	N
Sep-22	ED	HPC Quarterly Meeting	N
Sep-22	ED	Testimony at Joint Budget Hearing	Y
Sep-22	ED	Maltagon	N
Oct-22	ED	NABP Monthly Call w/ State Executives	N
Oct-22	PMP Manager	NASCSA Conference	N
Nov-22	ED	NABP Monthly Call w/ State Executives	N
Nov-22	ED	Texas Pharmacy Congress Meeting	N
Nov-22	ED, Assistant GC, Assistant GC	ASPL Conference	N
Dec-22	ED, GC	Prescription Monitoring Program Advisory Committee Meeting	N
Dec-22	ED	NABP Monthly Call w/ State Executives	N
Dec-22	PMP Manager, Epidemiologist	National PMP Meeting - Washington DC	N
Jan-23	ED	NABP Monthly Call w/ State Executives	N
Feb-23	GC	Meeting with Representative Oliverson	Y
Feb-23	GC	Pharmacy Groups Legislative Meeting	N
Feb-23	GC	Texas Pharmacy Congress Meeting	N
Feb-23	President, GC	Testimony at Senate Finance Art VIII Hearing	Y
Feb-23	President, GC	Testimony at House Appropriations Committee Hearing	Y
Feb-23	GC	NABP Monthly Call w/ State Executives	N
Feb-23	President, GC	Testimony at House Public Health Committee Hearing	Y
Mar-23	GC	HPC Quarterly Meeting	N
Apr-23	President, GC	DEA Program Managers Meeting	N
May-23	President	NABP Annual Meeting	N
Jun-23	President, GC	Prescription Monitoring Program Advisory Committee Meeting	N
Jun-23	GC	OOG/TDEM Hurricane Preparedness Course	N
Jun-23	GC	HPC Quarterly Meeting	N
Aug-23	President, GC	Compounding Rules Advisory Group Meeting	N
Aug-23	GC	Prescription Monitoring Program Interagency Workgroup Meeting	N
Aug-23	GC	Compounding Rules Advisory Group Sterile Subcommittee Meeting	N
Aug-23	GC	Compounding Rules Advisory Group Non-Sterile Subcommittee Meeting	N
Aug-23	IT Director	TASSCC Conference	N
<b>Total</b>		<b>31</b>	

## TSBP EEO-4 Data

TSBP Agency Data based on active employees on August 31, 2023															
	White		Black		Hispanic		Amer. Indian /Alaskan		Asian		Other (includes NHOPI)		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Officials	-	4	1	1	-	-	-	-	-	-	-	-	1	5	6
Professional	8	6	-	2	3	2	-	-	1	-	-	-	12	10	22
Para-Professional*	10	15	2	6	6	14	-	-	-	-	-	-	18	35	53
Admin Support	1	1	-	1	-	4	-	-	-	-	-	-	1	6	7
Total	19	26	3	10	9	20	-	-	1	-	-	-	32	56	88
	21.6%	29.6%	3.4%	11.4%	10.2%	22.7%	-	-	1.1%	-%	-	-	36.3%	63.6%	100%

New Hires - Includes new hires with an effective date from September 1, 2022 to August 31, 2023.															
	White		Black		Hispanic		Amer. Indian /Alaskan		Asian		Other (includes NHOPI)		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Officials	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Professional	1	-	-	1	1	-	-	-	-	-	-	-	2	1	3
Para-Professional*	1	1	2	2	2	-	-	-	-	-	-	1	5	3	9
Admin. Support	-	-	-	1	-	2	-	-	-	-	-	-	-	3	3
Total	2	1	2	4	3	2	-	-	-	-	-	1	7	8	15

Promotions -- Includes promotions with an effective date from September 1, 2022 to August 31, 2023.															
	White		Black		Hispanic		Amer. Indian /Alaskan		Asian		Other (includes NHOPI)		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Officials	-	2	-	1	-	-	-	-	-	-	-	-	-	3	3
Professional	1	1	-	1	-	1	-	-	-	-	-	-	1	3	4
Para-Professional*	-	2	-	2	2	3	-	-	-	-	-	-	2	7	9
Admin. Support	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	1	5	-	4	2	4	-	-	-	-	-	-	3	13	16

Terminations - Includes terminations with an effective date from September 1, 2022 to August 31, 2023.															
	White		Black		Hispanic		Amer. Indian /Alaskan		Asian		Other (includes NHOPI)		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Officials	1	-	-	-	1	-	-	-	-	1	-	-	2	1	3
Professional	-	4	-	1	1	-	-	-	-	-	-	-	1	5	6
Para-Professional*	-	1	-	2	-	5	-	-	-	-	1	-	1	8	9
Admin. Support	-	-	-	1	1	1	-	-	-	-	-	-	1	2	3
Total	1	5	-	4	3	6	-	-	-	1	1	-	5	16	21

\*Para-Professional is defined by EEO as an occupation where workers perform duties of a professional or a technician in a supportive role. As the EEO-4 data did not have a para-professional breakdown, the technician totals were used for comparison. A complete list of definitions for job categories and race/ethnicity categories can be found at: [www.eeocdata.org/EE04/howto/instructionbooklet](http://www.eeocdata.org/EE04/howto/instructionbooklet)

## LIC-01

## Performance Measures

LICENSING RELATED PERFORMANCE MEASURES	FY2023 Projected Performance	FY2023 Performance Attained	Key or Non-Key (K/NK)	Projected Target Met?
Number of New Licenses issued to Individuals (Pharmacists)	1200	1904	K	Exceeded
Number of Licenses Renewed (Individuals – Pharmacists)	19,750	19,839	K	Exceeded
Number of New Registrations Issued to Individuals (Technician and Trainee)	17,500	20,976	NK	Exceeded
Number of Registrations Renewed (Technicians)	17,300	18,300	NK	Exceeded
Percent of Licensees (Pharmacists and Pharmacies) with No Recent Violations (Disciplinary Orders)			K	Met
Total Number of Pharmacists Licensed	40,526	39,914	NK	Not Met
Total Number of Facilities Licensed	8,350	8,370	K	Exceeded
Total Number of Individuals (Technicians & Trainees) Registered	66,375	75,314	NK	Exceeded
Percent of Licenses Who Renew Online	-	95.69%	K	Exceeded
Percent of New Individual Licenses Issued Online	-	98.95%	NK	Exceeded

## LIC-02

## Licenses Issued

JURISPRUDENCE (MPJE)	TOTALS
Candidates Passing	1,894
Candidates Failing	475
TOTAL ADMINISTERED	2,369

NAPLEX	TOTALS
Candidates Passing	1,104
Candidates Failing	461
TOTAL ADMINISTERED	1,565

**LIC-02 continued**

<b>NEW PHARMACISTS LICENSED</b>	
Graduates of Texas Colleges of Pharmacy	782
Graduates of Out-of-State Colleges of Pharmacy	983
Credentialed by the Foreign Pharmacist Equivalency Committee	1016
<b>TOTAL</b>	<b>1,868</b>

**LIC-03****Licensed Pharmacies**

<b>ACTIVE PHARMACIES</b>	
Class A (Community)	5,149
Class A-S (Community Pharmacy Engaged Compounding Sterile Preparations)	309
Class B (Nuclear)	35
Class C (Institutional)	902
Class C-S (Hospital Pharmacy Engaged In Compounding Sterile Preparations)	415
Class D (Clinic)	431
Class E (Non Resident)	636
Class E-S (Non-Resident Pharmacy Engaged In Compounding Sterile Preparations)	118
Class F (Free Standing Emergency Medical Centers)	338
Class G (Central Processing)	37
Class H	No longer Exists
<b>TOTALS</b>	<b>8,370</b>
Remote Pharmacies	1,548

A total of 5,400 change documents were processed as follows:

<b>PHARMACY APPLICATIONS PROCESSED</b>	
Pharmacy Renewals	3,779
New Licenses Issued [new opens (523) and changes of ownership (158)]	681
Closings	347
Remote Pharmacies	308
Changes of Name	75
Changes of Location	178
Changes of Classification	32
<b>TOTAL</b>	<b>5,400</b>



<b>Total Inspections by Type/Disposition</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>	<b>% of FY23</b>	<b>3 Year Average</b>
Inspections	3,129	3,308	3,076	87.4%	3,171
Pre-Inspections	158	163	148	4.2%	156
Partial-Inspections	16	40	75	2.1%	44
Visit	0	19	13	0.4%	11
Inspection-Visits ("Courtesy Call" Visits)	114	0	0	0%	38
Attempted Inspections	33	153	191	5.4%	126
Other	5	5	16	0.5%	9
<b>Total</b>	<b>3,455</b>	<b>3,684</b>	<b>3,519</b>	<b>100%</b>	<b>3,553</b>
Virtual Inspections	2,525	1,754	538**	15%	1606
On-Site Inspections	604	1,930	2,981	85%	1,838

\*\*912 virtual inspections were conducted. However, 374 were considered purely telephonic inspections, that did not include video. Therefore, the telephonic inspections will not count towards the virtual inspection total.

The term "inspections" includes inspections, pre-inspections, partial-inspections, and inspection-visits. These terms are described below:

A. Virtual Inspections are full inspections of licensed facilities in which Compliance field staff assess the compliance of the facility remotely with each of the items on the inspection report form.

B. On-Site Inspections are full inspections of licensed facilities in which Compliance field staff assess the compliance of the facility with each of the items on the inspection report form.

C. Pre-Inspections are partial inspections that occur prior to issuing the pharmacy license. The Compliance field staff determines if the pharmacy has the required items to open and operate a pharmacy in compliance with the laws and rules governing the practice of pharmacy. A pharmacy license is not issued to the facility unless the facility can pass the pre-inspection process.

D. Partial-Inspections are inspections of licensed facilities in which Compliance field staff assess the compliance of the facility with a portion of the items on the inspection report form. In addition, partial inspections include follow-up inspections of pharmacies that received a "Warning Notice" to determine if the pharmacies have corrected the discrepancies listed on the "Warning Notice."

E. Inspection-Visits are inspections of non-licensed facilities or utilized to obtain records in a licensed facility, but no inspection is conducted. In FY2020, Courtesy Call Visits were used in response to the continued state-wide impact of COVID-19 and the agency's ability to conduct onsite visits and inspections.

**COM-01 continued**

<b>Number of Inspections/Visits by Class</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>	<b>% of FY23</b>	<b>3 Year Average</b>
Class A Pharmacies	2,367	2,580	2,219	63%	2,389
Class A-S Pharmacies	185	189	244	7%	206
Class B Pharmacies	31	19	23	1%	24
Class ASC-C Pharmacies	0	171	180	5%	117
Class C Pharmacies**	340	208	227	6%	258
Class C-S Pharmacies	214	204	241	7%	220
Class D Pharmacies	174	166	211	6%	184
Class F Pharmacies	125	132	148	4%	135
Class G Pharmacies	19	15	26	1%	20
Class H Pharmacies	0	0	0	0%	0
<b>Total</b>	<b>3,455</b>	<b>3,684</b>	<b>3,519</b>	<b>100%</b>	<b>3,553</b>

*\*\* Class C pharmacy include ASC pharmacies in 2021.*

<b>Purpose of Inspection- Inspection Type (In Order of Priority)</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>	<b>% of FY23</b>	<b>3-Yr. Avg.</b>
Complaint	1	1	0	0%	1
Follow-up to Disciplinary Order	0	0	1	0%	0
Pre-Inspection New	183	154	150	4%	162
New Pharmacies	223	214	220	6%	219
Change of Ownership	24	20	10	0%	18
Preceptor	0	0	0	0%	0
Follow-up to "Warning Notice"	6	27	75	2%	36
Routine Inspections	2601	3112	2904	83%	2,872
Rank Change	9	15	16	0%	13
Reverse Rank Change	0	1	0	0%	0
Licensee Request	78	74	62	2%	71
Sterile Compounding (High Risk)	16	1	8	0%	8
Theft and Loss	1	0	0	0%	0
Other	313	65	73	0%	150
<b>Total</b>	<b>3,455</b>	<b>3,684</b>	<b>3,519</b>	<b>100%</b>	<b>3,553</b>

## COM-02

Number of Warning Notices* Issued by Class	FY21	FY22	FY23	% of FY23	3 Year Average
Class A Pharmacies	76	277	363	67%	239
Class A-S Pharmacies	22	51	83	15%	52
Class B Pharmacies	1	2	5	1%	3
Class ASC-C Pharmacies	0	4	5	1%	3
Class C Pharmacies**	1	6	7	1%	5
Class C-S Pharmacies	9	36	57	11%	34
Class D Pharmacies	1	4	13	2%	6
Class F Pharmacies	2	8	6	1%	5
Class G Pharmacies	0	3	3	1%	2
Class H Pharmacies	0	0	0	0%	0
<b>Total</b>	<b>112</b>	<b>391</b>	<b>542</b>	<b>100%</b>	<b>348</b>

\* A pharmacy may be issued a "Warning Notice" for non-compliance with more than one condition.

\*\* Class C pharmacy include ASC pharmacies in FY2021.

Conditions Receiving Warning Notices					
Percentages are based on the total number of Warning Notices issued to Pharmacies in FY2023. Note - Pharmacies may be issued a Warning Notice for non-compliance with more than one condition.					
Type of Violation	FY21	FY22	FY23	% FY23	3 Year Average
<b>Equipment</b>	<b>5</b>	<b>26</b>	<b>40</b>	<b>3%</b>	<b>24</b>
Balance Failed Inspection	3	16	23		
Equipment Inspection Due	2	10	17		
Insufficient Equipment	0	0	0		
<b>Pharmacy Technicians</b>	<b>25</b>	<b>46</b>	<b>85</b>	<b>7%</b>	<b>52</b>
No/Incomplete Training	21	40	74		
No/Improper Supervision	3	3	4		
Improper Registration	1	2	5		
Supportive Personnel Name Tags	0	1	2		
<b>Inadequate Library</b>	<b>5</b>	<b>15</b>	<b>11</b>	<b>1%</b>	<b>10</b>
<b>Counseling Area</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>	<b>0</b>
<b>Licenses</b>	<b>12</b>	<b>27</b>	<b>25</b>	<b>2%</b>	<b>21</b>
Licenses Not Posted	8	23	23		
Delinquent Licenses	4	4	2		
<b>Prescriptions</b>	<b>10</b>	<b>48</b>	<b>43</b>	<b>3%</b>	<b>34</b>
Lack Proper Information	2	0	0		
Prescription Label Incorrect	8	18	21		
Non-Emergency CII	0	0	0		
Triplicate Non-Compliance	0	30	22		
<b>Drug Stock/Environment</b>	<b>22</b>	<b>86</b>	<b>144</b>	<b>12%</b>	<b>84</b>
Improper Environment	6	26	35		
Out-of-Date Drug Stock	4	0	0		
Security	6	27	35		
Unsanitary/ Orderly/ Clean	5	16	34		

## COM-02 continued

Type of Violation	FY21	FY22	FY23	% FY23	3 Year Average
Improper Drug Storage/ Refrigerator Temp Log	1	12	20		
Area for Non-Sterile Compounding	0	3	20		
Violation of Limited Formulary	0	0	0		
Prohibited Drugs (Class D)	0	2	0		
<b>Inventory</b>	<b>10</b>	<b>86</b>	<b>102</b>	<b>8%</b>	<b>66</b>
No Annual Inventory	2	42	59		
No Change of Ownership Inventory	2	6	0		
No Change of PIC Inventory	4	26	16		
Incomplete Inventory	2	11	24		
No Perpetual inventory (Class C)	0	0	1		
Improper Drug Destruction	0	1	2		
<b>Improper Prepackaging Procedures</b>	<b>7</b>	<b>12</b>	<b>24</b>	<b>2%</b>	<b>14</b>
<b>Computer Systems</b>	<b>16</b>	<b>46</b>	<b>38</b>	<b>3%</b>	<b>33</b>
Computer Records Incomplete	14	33	10		
Computer Records/ System Non-Compliance	2	13	28		
<b>Records</b>	<b>30</b>	<b>90</b>	<b>83</b>	<b>7%</b>	<b>68</b>
Records Not Available	16	34	29		
DEA Order Forms Incomplete	0	0	0		
Absence of R.Ph. Record	1	2	6		
Rx Not Separated	1	0	4		
Rx Records not Numerical Order	0	0	0		
Improper Transfer of RX	1	3	0		
Invoices Not Separated/Retrievable/ Dated & Initialed	4	29	25		
No Complaint Notification	6	16	5		
RPh visits/ contact documentation	1	2	8		
Improper Refill Documentation-CIII-CV over 5X/6 Mo.	0	4	6		
<b>OBRA Violations</b>	<b>5</b>	<b>22</b>	<b>36</b>	<b>3%</b>	<b>21</b>
Written Information Not Provided	3	7	5		
No Patient Counseling	2	10	29		
PMR Absent or Incomplete	0	5	2		
<b>Sterile Pharmaceutical Violations</b>	<b>93</b>	<b>271</b>	<b>447</b>	<b>36%</b>	<b>270</b>
No/Incomplete QA/QC	0	1	1		
No/Incomplete P&P Manual	1	15	55		
No/Inadequate Preparation Area	0	0	0		
IV Preparation	0	0	0		
No Drug Regimen Review	1	7	6		
Cytotoxic/Bio Procedures	0	0	0		
Anteroom air is not ISO 8	0	5	7		
Buffer area is NOT ISO 7	0	5	7		
No Separate buffer room for high-risk CSPs	0	0	1		
Buffer area not free of water source	0	0	2		
Improper design for hands free access	0	1	2		
Clean room not clean/ well-lit/ particle free	5	11	28		

## COM-02 continued

Type of Violation	FY21	FY22	FY23	% FY23	3 Year Average
Clean room not solely used for CSP	0	0	2		
Improper floor covering in clean room	0	1	2		
Surfaces not smooth/ impervious/ crevice-free	7	15	51		
Anteroom sink not hands free/hot & cold/closed system of soap	0	2	2		
Improper room temperature in clean room	8	17	27		
Drugs/ supplies stored on floor of clean room	1	1	1		
Clean room contains inappropriate supplies	0	3	4		
PEC does not maintain ISO 5	0	1	3		
Improper location of PEC	0	0	1		
Untimely certification of PEC	2	5	4		
Improper procedures for PEC prefilters	1	1	1		
Improper pressure differential for PEC	0	1	1		
No pressure gauge in clean room	1	6	5		
Improper documentation of pressure monitoring	3	6	2		
Insufficient training for RPH	2	10	14		
Insufficient training for Tech	2	6	9		
Improper testing prior to compounding	7	19	26		
Improper testing after failure	0	0	0		
Untimely evaluation/ testing	10	15	25		
Improper testing for all types of CSPs	0	0	0		
Inadequate Library: Injectables	0	0	1		
Inadequate Library: Specialty reference	0	0	0		
Inadequate Library: USP	0	2	2		
Dispensing commercially available	3	0	1		
No written agreement with DR	0	1	1		
QC Procedures not followed	0	2	2		
RPh not available at all times	2	1	0		
No thermometer in refrigerator	0	1	0		
Inadequate supplies for aseptic mixing	0	0	0		
Improper equipment for CSP	1	4	10		
Inadequate cleaning solutions	1	1	0		
Inadequate handwashing agents	0	0	1		
No lint-free wipes	0	0	0		
Inadequate gowns/ garb	0	0	5		
Improper calibration of automated cpd device	0	1	0		
Improper SOP: Facility	0	1	0		
Improper SOP: Accuracy checks	2	3	3		
Improper SOP: QA	2	2	4		
Improper SOP: Prep Recall	3	8	5		
Personnel: Cosmetics	1	1	0		
Personnel: Jewelry	3	2	2		
Personnel: Artificial nails	0	0	0		

## COM-02 continued

Type of Violation	FY21	FY22	FY23	% FY23	3 Year Average
Personnel: Shoe covers	0	0	0		
Hygiene of nails	1	2	3		
Improper hand washing	1	1	4		
Improper gowning	0	0	2		
Improper drying	0	0	1		
Failure to use alcohol-based scrub	5	8	18		
Failure to use sterile alcohol	0	0	1		
Failure to conduct accuracy checks	0	0	2		
Improper label: Generic name	0	0	0		
Improper label: CSP statement	0	1	2		
Improper Labeling: Lot #	0	0	0		
Improper Labeling: Qty	0	0	0		
Improper Labeling: Ancillary	0	0	0		
Improper BUD	1	4	7		
Improper cleaning: Start of day	0	0	0		
Improper mopping	4	8	0		
Improper Cleaning: walls/ ceiling	1	5	5		
Improper Cleaning: Supplies	0	1	0		
Improper doc of cleaning	3	8	10		
Cleaning by untrained personnel	0	1	0		
High Risk: Improper testing of batches	0	0	2		
High Risk: Improper cleaning	0	0	1		
High Risk: Improper sterilization	0	1	1		
High Risk: Improper pre-sterilization	0	2	3		
High Risk: Improper re-entry	1	1	5		
Hazardous Prep: Improper apparel	0	1	1		
Hazardous Prep: Improper disposal	1	0	0		
Hazardous Prep: Improper hood	0	1	1		
Hazardous Prep: Improper pressure	0	3	2		
Hazardous Prep: Improper pressure monitor	0	0	0		
Hazardous Prep: Low volume noncompliance	0	2	0		
Hazardous Prep: Improper storage	0	0	1		
Failed to keep records	0	0	3		
Improper Record: Date	0	3	2		
Improper Record: Formula	0	4	1		
Improper Record: Compounder initials	0	1	2		
Improper Record: Initials of final checker	0	1	5		
Improper Record: Container used	0	1	2		
Improper Record: Qty	0	1	1		
Improper Record: BUD	1	5	5		
Improper Record: QC	0	0	3		
Incomplete master worksheets	1	1	1		
Worksheet not approved by RPh	0	0	1		
Failure to review records	2	9	6		
Inappropriate sampling plan	2	4	13		

## COM-02 continued

<b>Type of Violation</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>	<b>%FY23</b>	<b>3 Year Average</b>
Air environment evaluation by untrained staff	0	3	0		
Untimely air sampling	0	4	3		
<b>No/Incomplete Non-Sterile Cpd Records</b>	<b>28</b>	<b>37</b>	<b>96</b>	<b>8%</b>	<b>54</b>
<b>Improper Distribution</b>	<b>2</b>	<b>5</b>	<b>15</b>	<b>1%</b>	<b>7</b>
<b>No PIC</b>	<b>2</b>	<b>20</b>	<b>0</b>	<b>0%</b>	<b>7</b>
<b>Dispensing</b>	<b>7</b>	<b>21</b>	<b>18</b>	<b>1%</b>	<b>15</b>
Improper Dispensing/ Corresponding Responsibility	3	7	9		
Aiding and Abetting	2	6	2		
Illegal Dispensing	1	0	1		
Substitution Non-Compliance	0	0	0		
Out-of-State Rxs for Controlled Substances	0	0	0		
Improper Emergency Room Dispensing	0	0	0		
Improper Automated Dispensing Procedures	1	8	6		
Improper Provision	0	0	0		
<b>Improper Advertising</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>	<b>0</b>
<b>Notification Violation</b>	<b>17</b>	<b>29</b>	<b>28</b>	<b>2%</b>	<b>25</b>
<b>Theft &amp; Loss of C/S Not Reported</b>	<b>0</b>	<b>5</b>	<b>8</b>	<b>1%</b>	<b>4</b>
<b>Gray Market diversion/ Samples</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>	<b>0</b>
<b>Improper Closing/Change of Ownership</b>	<b>3</b>	<b>9</b>	<b>6</b>	<b>0%</b>	<b>6</b>
<b>Improper Inpatient Records (Class C)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>	
			<b>1249</b>	<b>100%</b>	<b>934</b>

**SUMMARY OF RANDOM COMPOUNDED SAMPLE TESTING  
PROGRAM IN NON-RESIDENT CLASS E-S PHARMACIES**

	<b>FY21</b>	<b>FY22</b>	<b>FY23*</b>
<b>Number of Non-Sterile Samples Tested</b>	<b>0</b>	<b>0</b>	<b>0</b>
<i>Number of Potency Failures</i>	0	0	0
<b>Number of Sterile Samples Tested</b>	<b>76</b>	<b>60</b>	<b>0</b>
<i>Number of Potency Failures</i>	2	0	0
<i>Number of Sterility Failures</i>	0	0	0
<i>Number of Fungal Failures</i>	0	0	0
<i>Number of Endotoxin Failures</i>	0	0	0
<b>Total Number of Samples Tested</b>	<b>76</b>	<b>60</b>	<b>0</b>

\* Due to the prior vendor ceasing contractual obligations and the subsequent procurement process for a new vendor, staff's ability to collect and submit pharmacy samples for analysis was impacted in FY2023

**SUMMARY OF RANDOM COMPOUNDED SAMPLE TESTING  
PROGRAM IN TEXAS PHARMACIES**

	<b>FY21</b>	<b>FY22</b>	<b>FY23*</b>
<b>Number of Non-Sterile Samples Tested</b>	<b>0</b>	<b>0</b>	<b>0</b>
<i>Number of Potency Failures</i>	0	0	0
<b>Number of Sterile Samples Tested</b>	<b>1</b>	<b>0</b>	<b>0</b>
<i>Number of Potency Failures</i>	1	1	0
<i>Number of Sterility Failures</i>	0	0	0
<i>Number of Fungal Failures</i>	0	0	0
<i>Number of Endotoxin Failures</i>	0	0	0
<b>Total Number of Samples Tested</b>	<b>1</b>	<b>0</b>	<b>0</b>

\* Due to the prior vendor ceasing contractual obligations and the subsequent procurement process for a new vendor, staff's ability to collect and submit pharmacy samples for analysis was impacted in FY2023



**COM-04****Applications**

<b>Activity</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>
New Class D (Clinic) Pharmacy Applications and Change of Ownership Applications	8	19	129
New Class B (Nuclear) Pharmacy Applications	6	4	0
Petitions for Expanded Formularies for Class D (Clinic) Pharmacies (New Petitions and Renewal Applications)	78	64	82
Petitions for Alternative Visitation Schedules for Class D (Clinic) Pharmacies	26	134	44
Notifications of Temporary Locations for Class D (Clinic) Pharmacies	0	1	8
Standard Class D Formularies Reviewed	2	11	14

**COM-05**

<b>Date</b>	<b>Presentation</b>	<b>Attendance (approx.)</b>
9/22/2022	"Keeping it Legit" – APC Webinar	30
9/24/2022	Texas Pharmacy Law Update – Texas Oncology 2022 Annual Pharmacy Conference	69
9/29/2022	Texas Pharmacy Law Update – Gulf Coast Pharmacy Association	35
10/3/2022	Texas Pharmacy Law Update – Directors of the State Schools and State Hospitals	68
10/12/2022	State Board Overview to New Pharmacy Technicians – University of Incarnate Word	20
10/13/2022	TSBP Updates – San Antonio Area Hospital Pharmacy Directors	30+
10/25/2022	Regulatory & Legal Considerations for Sterile Compounding – UNT College of Pharmacy Students	75
10/26/2022	Texas Pharmacy Law Update - HCA	86
10/29/2022	Texas Pharmacy Law Update – Nigerian Pharmacist Association Dallas – Ft. Worth	4
10/30/2022	TSBP Updates – Texas Pain Society	100
11/5/2022	Texas Pharmacy Law Update - AASHP	30
11/7/2022	State Board Overview to New Pharmacy Technicians – South Texas College Tech	10+
11/8/2022	State Board Overview to New pharmacy Technicians – South Texas College Tech	10+

**COM-05 continue**

<b>Date</b>	<b>Presentation</b>	<b>Attendance (approx.)</b>
11/16/2022	Texas Pharmacy Law Update - Bexar County Pharmacy Association	70+
12/1/2022	Texas Pharmacy Law Update – Dallas Area Pharmacy Association	25
12/15/2022	Texas Pharmacy Law Update – Harris Health System	250
1/24/2023	Texas Pharmacy Law Update – Lake Houston Pharmacy Association	50
1/26/2023	Texas Pharmacy Law Update – Houston Area Pharmacy Association	50
2/8/2023	Texas Pharmacy Law Update - Vietnamese-American Pharmacist Association	100
2/23/2023	Texas PMP - DEA Intel Analyst Training	30
2/23/2023	Sterile Compounding Rule Review & Commonly Seen Deficiencies - Texas Oncology Pharmacists	100
2/25/2023	Texas Pharmacy Law Update - Texas Association of Independent Pharmacy Owners	150
3/4/2023	Texas Pharmacy Law Update – West Texas Pharmacy Association	45
3/16/2023	Texas Pharmacy Law Update - Texas Association of Community Health Centers	40
3/27/2023	TSBP: Regulating Pharmacy Practice in the Public's interest - Texas A&M College of Pharmacy 1st Yr. students	70
3/31/2023	Texas Pharmacy Law Update - Spring Preceptor Development Series & Law Update	200
4/26/2023	Texas Pharmacy Law Update - Vietnamese-American Pharmacist Association	100
4/27/2023	Texas Pharmacy Law Update - Memorial Hermann Health System	200
5/2/2023	Texas Pharmacy Law Update - CHI St. Luke's Hospital Baylor College of Medicine	70
5/3/2023	Texas Pharmacy Law Update - Memorial Hermann Health System	75
5/4/2023	Sterile Compounding Rule Review & Commonly Seen Deficiencies - Texas Oncology Pharmacists	33
5/6/2023	Texas Pharmacy Law Update - El Paso Area Society of Health System Pharmacists	25
5/9/2023	Texas Pharmacy Law Update - Gulf Coast Pharmacy Association	25
5/18/2023	State Board Overview to new pharmacy technicians - Lubbock Cooper High School	14
6/2/2023	Texas Pharmacy Law Update - South Central Region - ASCP	35
6/14/2023	Texas Pharmacy Law Update - MD Anderson Pharmacy Staff	202
6/16/2023	Texas Pharmacy Law Update - UNT-HSC Preceptor Event	136
6/29/2023	Texas Pharmacy Law Update - GCSHP	50

7/18/2023	The Past, Present and Future of Pharmacy Technicians - Texas Health Science Professional Development Conference	25
7/29/2023	Texas Pharmacy Law Update - Nigerian Pharmacist Association Dallas-Ft Worth	16
<b>Total</b>	<b>40</b>	<b>2753</b>

**ENF-01****Complaints Received and Closed**

<b>Year</b>	<b>Complaints Received</b>	<b>% Change Complaints Received Previous Year</b>	<b>Complaints Closed</b>	<b>% Change Complaints Closed Previous Year</b>	<b>% Complaints Closed</b>	<b>*Resolution Time (Agency Average)</b>	<b>% Change Time</b>
FY19	5,682	-4%	5,766	-12%	101%	145 Days	-20%
FY20	5,150	-9%	5,544	-4%	108%	127 Days	-12%
FY21	5,693	+11%	6,069	+9%	107%	125 Days	-2%
FY22	7,501	+32%	7,120	+17%	95%	84 Days	+1%
FY23	6,884	-8%	6,792	-5%	99%	103 Days	+ 23%

**ENF-02****Dispensing Error Complaints**

<b>Type of Dispensing Error</b>	<b>FY19</b>	<b>FY20</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>	<b>5-Year Avg.</b>
Wrong Drug/Strength or Wrong Directions for Use	171	74	117	146	227	147
Mislabeling	10	11	5	12	12	10
Dispensed Wrong Quantity	19	42	31	58	88	48
Dispensed Outdated Drug	2	5	15	5	13	8
Packaging/Delivery Error	17	25	32	26	47	29
Error + No Counseling	0	0	8	1	3	2
Total # Dispensing Error Complaints	219	157	208	248	390	244
Total # Complaints Closed	5,766	5,544	6,070	7,120	6,792	5,258
% Dispensing Error Complaints	4%	3%	3%	3%	6%	4%

**ENF-03**
**Data on Form of Complaints**

<b>Form of Complaints</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>	<b>% of FY23</b>	<b>3-Yr. Avg.</b>	<b>% of 3-Yr. Avg.</b>
Telephone	14	29	10	N/A	18	N/A
Letter	131	128	99	1%	119	2%
TSBP Complaint Form	161	123	101	1%	128	2%
HPC 800 #	0	0	0	N/A	N/A	N/A
Fax	54	13	12	N/A	26	N/A
Visit	0	0	0	N/A	N/A	N/A
Agency Report	195	200	251	4%	215	3%
Inspection	85	86	75	1%	82	1%
Interoffice Referral	186	167	118	2%	157	2%
Licensure Application	1,710	2,082	1,844	27%	1,879	28%
Data Bank	165	124	135	2%	141	2%
Theft/Loss Report	1,106	1,500	1,226	18%	1,277	19%
Investigation	484	529	545	8%	519	8%
Intra-Agency Referral	82	65	29	N/A	59	1%
Malpractice Report	0	3	1	N/A	1	N/A
Press Clip	5	3	5	N/A	4	N/A
Email *	303	436	186	3%	308	5%
Internet *	548	1,047	1,568	23%	1,054	16%
Background Checks **	840	584	587	9%	670	10%
Other	0	1	0	N/A	N/A	N/A
<b>TOTAL</b>	<b>6,069</b>	<b>7,120</b>	<b>6,792</b>	<b>100%</b>	<b>6,660</b>	<b>100%</b>

\* *TSBP accepts complaints via email, as well as through the agency's website (Internet). TSBP makes a distinction between email complaints (where the complainant sends an electronic message/ complaint to a TSBP employee) and Internet complaints (where the complainant completes the on-line TSBP complaint form). TSBP began accepting on-line complaints in the Spring of 2001.*

\*\* *Category includes daily and quarterly reports.*

*N/A – not applicable, value less than 0.01*

**ENF-04**
**DATA ON SOURCE OF COMPLAINTS CLOSED**

<b>Source of Complaints</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>	<b>% of FY23</b>	<b>3-Yr. Avg.</b>	<b>% of 3-Yr. Avg.</b>
Consumer	535	943	1,396	21%	958	14%
Government Agency	1,060	634	720	11%	805	12%
Pharmacist	42	46	65	1%	51	1%
Pharmacist (Self)	56	29	36	1%	40	1%
Pharmacist Applicant	82	84	14	N/A	60	1%
Technician	9	8	6	N/A	8	N/A
Technician (Self)	14	7	11	N/A	11	N/A
Tech Applicant	184	195	180	3%	186	3%
Technician Trainee	0	2	5	N/A	2	N/A
Tech Trainee (Self)	1	1	2	N/A	1	N/A
Tech Trainee Applicant	1,225	1,600	1,291	19%	1,372	21%
Intern	3	1	1	N/A	2	N/A
Intern Applicant	2	4	6	N/A	4	N/A
TSBP	1,014	1,222	1,251	18%	1,162	17%
Doctor	52	86	82	1%	73	1%
Other Health Professional	45	54	91	1%	63	1%

**ENF-04 continued**

Source of Complaints	FY21	FY22	FY23	% of FY23	3-Yr. Avg.	% of 3-Yr. Avg.
NABP	173	130	140	2%	148	2%
PIC, Pharmacy Manager, or Supervisor	1,262	1,627	1,295	19%	1,395	21%
Pharmacy Self-Report	2	9	7	N/A	6	N/A
Out of State Pharmacy Self-Report	59	60	47	1%	55	1%
Employee/Ex-Employee –RPH	10	18	18	N/A	15	N/A
Employee/Ex-Employee TCH/TNT	22	14	32	N/A	23	N/A
Loss Prevention Officer (Corporate)	0	0	0	N/A	0	N/A
Manufacturing Rep.	143	280	66	1%	163	3%
Professional Recovery Network (PRN)	8	10	5	N/A	8	N/A
Insurance Company	48	41	19	N/A	36	1%
Attorney	3	3	2	N/A	3	N/A
Employee/Ex-Employee	0	0	1	N/A	N/A	N/A
Media	0	2	1	N/A	1	N/A
Drug Screening Co.	15	10	2	N/A	9	N/A
Other	0	0	0	N/A	N/A	N/A
<b>TOTAL</b>	<b>6,069</b>	<b>7,120</b>	<b>6,792</b>	<b>100%</b>	<b>6,660</b>	<b>100%</b>

N/A – not applicable, value less than 0.01

**ENF-05**
**Data on Subject of Complaints**

Subjects of Complaints	FY2021	FY2022	FY2023	3-Yr. Average
<b>Licensees (RPh/Pharmacy)</b>	<b>3,118 (51%)</b>	<b>4,185 (59%)</b>	<b>4,183 (62%)</b>	<b>3,829 (58%)</b>
Pharmacist	519	502	654	558
In-State Pharmacy	2,341	3,468	3,350	3,053
Out-of-State Pharmacy	258	215	179	217
<b>Registrants (Intern/Tech)</b>	<b>1,225 (20%)</b>	<b>820 (12%)</b>	<b>786 (12%)</b>	<b>944 (14%)</b>
Intern	21	15	10	15
Technician	828	518	439	595
Technician Trainee	376	287	337	333
<b>Applicants (Lic &amp; Reg)</b>	<b>1,681 (28%)</b>	<b>2,054 (29%)</b>	<b>1,774 (26%)</b>	<b>1,836 (28%)</b>
Pharmacist	127	137	95	120
Pharmacy	102	75	173	117
Intern	33	42	33	36
Technician	190	197	181	189
Technician Trainee	1,229	1,603	1,292	1,375
<b>Non-Licensees</b>	<b>45(1%)</b>	<b>61 (&lt;1%)</b>	<b>49 (&lt;1%)</b>	<b>51 (&lt;1%)</b>
Doctor	0	0	0	N/A
Manufacturer	0	0	0	N/A
Wholesaler	1	0	0	N/A
Non-Licensed Facility or Person	44	61	49	51
Insurance Company/ PBM	0	0	0	N/A
Out-of-State Facility	0	0	0	N/A
Other	0	0	0	N/A
<b>TOTAL</b>	<b>6,069</b>	<b>7,120</b>	<b>6,792</b>	<b>6,660</b>

## Data on Alleged Violations of Complaints

Alleged Violation	FY2021	FY2022	FY2023	3-Yr. Avg.	% of 3-Yr. Avg.
<b>Diversion</b>	<b>3</b>	<b>6</b>	<b>11</b>	<b>7</b>	<b>N/A</b>
Controlled Substances (C/S)	1	4	7	4	N/A
Dangerous Drugs (D/D)	1	0	0	N/A	N/A
Both (C/S & D/D)	1	2	4	2	N/A
Internet Rx's	0	0	0	N/A	N/A
<b>Unauthorized Dispensing</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>8</b>	<b>N/A</b>
Controlled Substances	3	2	4	3	N/A
Dangerous Drugs	4	5	3	4	N/A
Both (C/S & D/D)	2	1	0	1	N/A
<b>Illegal Delivery</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>&lt;1</b>	<b>N/A</b>
Controlled Substances	1	0	0	<1	N/A
Dangerous Drugs	0	0	0	N/A	N/A
Both (C/S & D/D)	0	0	0	N/A	N/A
<b>Illegal Possession</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>&lt;1</b>	<b>N/A</b>
Controlled Substances	0	0	0	N/A	N/A
Dangerous Drugs	0	0	0	N/A	N/A
Both (C/S & D/D)	1	0	0	<1	N/A
<b>Convictions/Criminal Offenses</b>	<b>1,137</b>	<b>1,128</b>	<b>934</b>	<b>1,066</b>	<b>16%</b>
Felony	50	69	57	59	1%
Misdemeanor	185	218	141	181	3%
DWI/PI	555	489	417	487	7%
Deferred Adjudication	303	321	301	308	5%
Offense on Application	44	31	18	31	N/A
<b>Dispensing Error</b>	<b>208</b>	<b>248</b>	<b>390</b>	<b>282</b>	<b>4%</b>
Wrong Drug/Strength	117	146	227	163	2%
Mislabeled	5	12	12	10	N/A
Wrong Quantity	31	58	88	59	1%
Outdated Drug	15	5	13	11	N/A
Packaging/Delivery	32	26	47	35	N/A
Dispensing Error and No or Improper Patient Counseling	8	1	3	4	N/A
No or Improper Patient Counseling	17	20	20	19	N/A
No or Improper Drug Regimen Review	14	19	25	19	N/A
Theft/Loss of C/S and/or D/D	1,114	1,499	1,217	1277	19%
Non-Therapeutic Dispensing	114	91	65	90	1%
Action by Other Board	355	290	288	311	5%
Non-Compliance with Substitution Rules	6	6	12	8	N/A
Non-Compliance with Disciplinary Order	239	219	257	238	4%
Non-Compliance with PRN Contract	9	9	5	8	N/A
Interference with Doctor/Patient Relationship	116	258	357	244	4%
Confidentiality	30	21	69	40	N/A
Failed to Keep Records	1	0	0	N/A	N/A
Negligence	3	5	1	3	N/A
Unsafe Practice	6	13	25	15	N/A
Compounding	16	11	10	12	N/A
Unprofessional Conduct	11	47	32	30	N/A
Gross Immorality	0	0	0	N/A	N/A
<b>Fraud</b>	<b>142</b>	<b>189</b>	<b>155</b>	<b>162</b>	<b>2%</b>
Fraud, Deceit & Misrepresentation	4	20	24	16	N/A
Falsified Response to Warning Notice	0	0	0	N/A	N/A

**ENF-06 continued**

<b>Alleged Violation</b>	<b>FY2021</b>	<b>FY2022</b>	<b>FY2023</b>	<b>3-Yr. Avg.</b>	<b>% of 3-Yr. Avg.</b>
Falsified Application	35	42	53	43	1%
Filled/Passed Forged Prescription	13	24	34	24	N/A
Insurance Fraud	89	103	44	79	1%
Medicare Fraud	1	0	0	N/A	N/A
<b>Impairment</b>	<b>13</b>	<b>24</b>	<b>14</b>	<b>17</b>	<b>N/A</b>
Probable Cause	10	22	11	14	N/A
Drug & Alcohol	0	0	1	N/A	N/A
Drug	1	1	0	<1	N/A
Alcohol	1	0	2	1	N/A
Physical	0	0	0	N/A	N/A
Mental	1	1	0	<1	N/A
Changed Prescription	12	5	10	9	N/A
Aiding and Abetting	1	1	5	2	N/A
Technician working with No/Del Registration	15	21	12	16	N/A
Non-Therapeutic Prescribing (Doctor)	1	0	1	<1	N/A
Excessive Purchases of Controlled Substances	131	279	63	158	2%
Anabolic Steroids	0	0	0	N/A	N/A
Grey Market Diversion	0	0	0	N/A	N/A
Samples	2	0	0	<1	N/A
Technician Violation	2	0	0	<1	N/A
Improper Security	4	0	1	2	N/A
Problem with OTC Drug	0	0	1	N/A	N/A
Closed Pharmacy Improperly	9	17	5	10	N/A
Operating Pharmacy without License	3	1	1	2	N/A
Working Conditions	11	10	19	13	N/A
Delinquent License	3	1	3	2	N/A
Kickbacks	2	0	0	<1	N/A
No PIC	118	246	145	170	3%
Recordkeeping Error	79	88	119	95	1%
Notification Violation	0	2	1	1	N/A
No Annual/PIC/DEA Inventory	0	1	5	2	N/A
C-II Rx	0	3	1	1	N/A
Improper Rx's Issued by Doctors	0	0	0	N/A	N/A
Advertising	2	0	1	1	N/A
Overcharging	0	0	0	N/A	N/A
Billing Dispute	39	74	108	74	1%
Customer Service	65	216	370	217	3%
Hot Check	0	0	0	N/A	N/A
Accountability Audit Discrepancies (shortages/overages)	2	0	5	2	N/A
CE Audit	1	0	0	N/A	N/A
Default on Student Loans	0	0	0	N/A	N/A
Shipping to Other States without a License	11	6	0	6	N/A
<b>Other Allegations</b>	<b>1,939</b>	<b>1,994</b>	<b>1,989</b>	<b>1,974</b>	<b>30%</b>
Texas Pharmacy Act	91	141	104	112	2%
Texas Dangerous Drug Act	2	4	2	3	N/A
Texas Controlled Substances Act	8	19	31	19	N/A
Food Drug & Cosmetic Act	28	29	18	25	N/A
TSBP Rule	204	230	280	238	4%
Other Laws/Rules	1,606	1,571	1,554	1,577	24%
Request Disciplinary Action	9	7	7	8	N/A
Reinstatement	13	11	7	10	N/A
Modification	30	26	19	25	N/A
<b>TOTAL</b>	<b>6,069</b>	<b>7,120</b>	<b>6,792</b>	<b>6,660</b>	<b>100%</b>

N/A – not applicable, value less than 0.01



## Data on Resolution of Complaints

	FY2021	FY2022	FY2023	3-Yr. Avg.	% of 3- Yr. Avg.
<b>Investigations Not Resulting in Disciplinary Action:</b>	<b>4,379</b>	<b>4,460</b>	<b>4,285</b>	<b>4,375</b>	<b>66%</b>
Investigate + Dismissal (Warning) Letter	753	811	753	772	12%
Investigate + Complaint Closed with Verbal Warning	305	384	480	390	6%
Investigate + Complaint Closed with No Action Due to Insufficient Evidence to Prove Violation Occurred	2,279	2,299	2,080	2,219	33%
Investigate + Lost Jurisdiction (registration expired)	250	95	129	158	2%
Inspections	7	4	9	7	N/A
Inspection + Warning Notice or Dismissal Letter	1	3	5	3	N/A
Application Withdrawn	42	56	41	46	1%
Pharmacy Closed	115	148	110	124	2%
Other *	627	660	678	655	10%
<b>Investigations Resulting in Disciplinary Action:</b>	<b>453</b>	<b>528</b>	<b>589</b>	<b>523</b>	<b>9%</b>
Agreed Board Order	265	313	355	311	5%
Board Order	50	50	52	51	1%
Preliminary Notice Letter + Dismissal (Warning) Ltr.	37	0	0	12	N/A
PNL + Application Withdrawn (with or without Informal Conference)	5	108	121	78	1%
PNL + Informal Conference + Dismissal Letter	69	6	5	27	N/A
PNL + Informal Conference + Case Dismissed	14	3	1	6	N/A
PNL + Case Dismissed or Other	10	2	3	5	N/A
PNL + Remedial Plan	3	46	52	34	N/A
Temporary Suspension Hearing + Case Dismissed	0	0	0	N/A	N/A
<b>Referrals To:</b>	<b>39</b>	<b>27</b>	<b>25</b>	<b>30</b>	<b>N/A</b>
Medical Board	0	0	0	N/A	N/A
PRN Program	0	1	3	1	N/A
Supervisor	20	16	9	15	N/A
Other Agency	19	10	13	14	N/A
<b>No Action Because:</b>	<b>1,198</b>	<b>2,105</b>	<b>1,893</b>	<b>1,732</b>	<b>26%</b>
No Violation	190	536	810	512	8%
No Jurisdiction	35	56	55	49	1%
Insufficient Information	10	11	48	23	N/A
Other **	963	1,502	980	1,148	17%
<b>TOTAL</b>	<b>6,069</b>	<b>7,120</b>	<b>6,792</b>	<b>6,660</b>	<b>100%</b>

\* Represents miscellaneous actions, such as: complainant has withdrawn complaint, multiple actions [e.g., investigation and refer to PRN, complainant will not cooperate with investigation, alleged violation has already been addressed by a previous (recent) compliance inspection or the resolution is not described by the above categories].

\*\* Violation not substantive (e.g., report of theft/loss of small quantity of controlled substance).

N/A = Not Applicable, value is below 0.01

## Employee Pilferage Reports

EMPLOYEE THEFT BY DRUG CATEGORY	No. of Reported Instances of Theft	DUs	Tech or Tech Trainee	RPH	LVN	RN or CRNA	Other <sup>1</sup> / Unknown Employee
<b>TABLETS</b>							
Amphetamine	8	2,799	4	4	0	0	0
Analgesic	12	2,110	2	4	0	6	0
Androgen	1	84	0	1	0	0	0
Anticonvulsant	3	170	0	3	0	0	0
Barbiturate	2	66	0	2	0	0	0
Benzodiazepine	25	10,322.75	13	5	0	7	0
Buprenorphine/naloxone	1	541	1	0	0	0	0
Codeine	10	2,341	2	4	0	4	0
Opiate	32	19,097	8	6	0	18	0
Sedative	6	275	1	4	0	1	0
Stimulant	11	3,173.5	3	7	0	0	1
Dangerous Drugs	5	103	1	0	0	4	0
<b>SUBTOTAL</b>	<b>116</b>	<b>41,082</b>	<b>35</b>	<b>40</b>	<b>0</b>	<b>40</b>	<b>1</b>
<b>LIQUIDS</b>							
Androgen	1	1 ml	0	1	0	0	0
Benzodiazepine	14	270 mls	0	0	0	14	0
Opiate	52	9,960.83 mls	1	1	0	48	2
Dangerous Drugs	2	9	0	0	0	2	0
<b>SUBTOTAL</b>	<b>70</b>	<b>10,240.83</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>64</b>	<b>2</b>

<sup>1</sup> Other covers theft or loss reported due to medical doctor, ENT, patient; customer; or unknown. No student pharmacist-interns were identified during this reported period.

## Employee Pilferage of Benzodiazepines &amp; Opioids

DRUG	# of Reported Instances	DUs	Tech or Tech Trainee	RPH	LVN	RN or CRNA	Other <sup>1</sup> / Unknown Employee
<b>TABLETS</b>							
Alprazolam	19	8,866	11	4	0	4	0
Chlordiazepoxide	1	189	0	1	0	0	0
Clobazam	2	8.5	0	1	0	1	0
Clonazepam	6	945	3	3	0	0	0
Clorazepate	1	100	1	0	0	0	0
Diazepam	2	54	1	1	0	0	0
Hydrocodone/APAP	27	18,708	7	4	0	16	0
Lorazepam	5	60.25	0	3	0	2	0
Morphine	1	100	1	0	0	0	0
Oxazepam	1	2	0	0	0	1	
Oxycodone	12	277	3	2	0	7	0
Oxycodone/APAP	2	12	0	1	0	1	0
Temazepam	3	98	1	1	0	1	0
Zolpidem	4	96	0	3	0	1	0
<b>Total</b>	<b>85</b>	<b>29,516</b>	<b>28</b>	<b>24</b>	<b>0</b>	<b>34</b>	<b>0</b>
<b>LIQUID</b>							
Fentanyl	29	9,324.25	0	0	0	29	0
Hydrocodone-Chlorpheniramine	1	140	0	1	0	0	0
Hydromorphone	25	323.85	1	0	0	22	2
Lorazepam	8	10	0	0	0	8	0
Meperidine	2	10	0	0	0	2	0
Midazolam	6	260	0	0	0	6	0
Morphine	17	162.65	0	0	0	17	0
<b>Total</b>	<b>88</b>	<b>10,230.75</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>84</b>	<b>2</b>
<b>TOTALS</b>							

<sup>1</sup> Also includes non-benzodiazepine (zolpidem) in chart for reference

Other covers theft or loss reported due to medical doctor, ENT, patient; customer; or unknown.  
No student pharmacist-interns were identified during this reported period.

**ENF-10**
**Employee Pilferage by Employee Type**

CLASSIFICATION OF EMPLOYEE	FY2021		FY2022		FY2023		% Change FY2022-FY2023
	Total # of Dosage Units	%	Total # of Dosage Units	%	Total # of Dosage Units	%	
Registered Pharmacist	5,975	16%	3,799	17%	6,653.75	13%	75%
Pharmacist Intern	0	N/A	0	N/A	0	N/A	N/A
Registered Pharmacy Technician	21,055.5	56.35%	9,869.5	44%	10,139	20%	3%
Pharmacy Technician-in-Training	1,435	3.8%	333	1%	9,349	18%	270%
Physician	2,720	7.3%	2	0%	0	N/A	N/A
Registered Nurse	997.13	2.6%	1,351.5	6%	8,805.75	17%	552%
Certified Registered Nurse Anesthetist	705.2	1.9%	943.5	4%	1,496	3%	59%
Licensed Vocational Nurse	36	0.1%	28	0%	0	N/A	N/A
Miscellaneous *	4,492.4	12%	5,892	27%	14,879	29%	152%
<b>TOTALS</b>	<b>37,416.23</b>	<b>100%</b>	<b>22,219</b>	<b>100%</b>	<b>51,322.5</b>	<b>100%</b>	<b>130%</b>

\*\* Total Dosage Units based on combined tablets & liquids in mls.

\* Non-licensed employee, cashier, patient, consumer.

N/A = Not Applicable, value is below 0.01.

**ENF-11**
**Performance Measures**

Enforcement-Related Performance Measure	FY2023 Projected Performance	FY2023 Performance Attained	Key or Non-Key (K/NK)	Projected Target Met?*
<b>Outputs:</b>				
Jurisdictional Complaints Resolved	5,420	6,713	K	Exceeded
Number of Licensed Individuals Participating in a Peer Assistance Program	160	98	K	Not Met
Average Time for Jurisdictional Complaint Resolution	150	103	K	Exceeded
Percent of Jurisdictional Complaints Resolved Resulting in Disciplinary Action	10.0%	6%	K	Not Met
Percent of Licensees (Pharmacists and Pharmacies) with No Recent Violations (Disciplinary Orders)	95.0%	98%	K	Met
Recidivism Rate of Those Receiving Disciplinary Action	5.0%	10%	NK	Met
Percent of Jurisdictional Complaints Resolved within Six Months	68.0%	87%	NK	Exceeded
Recidivism Rate for Participants in Peer Assistance Program	30.0%	23%	NK	Not Met
One-Year Completion Rate for Participants in Peer Assistance Program	80.0%	71%	NK	Not Met
Jurisdictional Complaints Received	6,000	6,798	K	Exceeded

\* Within a 5% variance, TSBP's actual performance was either: equivalent to projected performance ("Met") or better than projected performance ("Exceeded").

ENF-12

**Criminal History Reports**

<b>Criminal History Notification Type</b>	<b>FY2019</b>	<b>FY2020</b>	<b>FY2021</b>	<b>FY2022</b>	<b>FY2023</b>
Daily Reports (fingerprints)	644	491	528	561	647
Quarterly Reports	104	31	18	32	22
<b>Total</b>	<b>748</b>	<b>522</b>	<b>546</b>	<b>593</b>	<b>669</b>

ENF-13

**Total Number of Orders Entered by TSBP That Required Monitoring on Licensees  
(Pharmacists and Pharmacies), Interns, and Technicians**

	<b>FY2023</b>	<b>% of FY2023</b>
Total Number of Orders on Licensees Requiring Monitoring	239	61%
Total Number of Orders on Technicians Requiring Monitoring	109	28%
Total Number of Orders Requiring Monitoring	348	89%
Total Number of Orders Not Requiring Monitoring	42	11%
<b>Total Number of Orders Entered by TSBP in FY2022</b>	<b>390</b>	<b>100%</b>

ENF-14

**Types of Disciplinary Orders Entered on Licensees  
(Pharmacists and Pharmacies) and Interns That Required Monitoring**

<b>Sanction</b>	<b>FY2021 Orders</b>	<b>FY2022 Orders</b>	<b>FY2023 Orders</b>	<b>% of FY2023</b>	<b>3-Yr. Avg.</b>	<b>% of 3- Yr. Avg.</b>
Revoke / Retire	26	35	36	14%	32	15%
Suspension	14	5	9	3%	9	4%
Restricted	3	1	3	1%	2	1%
Rehabilitation Orders*	9	4	9	3%	7	3%
Reinstatement	3	1	2	1%	2	1%
Fines or Probation Fees Only	55	100	96	37%	84	39%
Continuing Education, Texas Jurisprudence Exam, and/or Pharmacy Law Course (could also include fines and/or probation fees)	6	12	28	11%	16	7%
Continuous Quality Improvement Program, Self-Assessments, Policies/ Procedures, and/or Quarterly Reports (could also include fines and/or probation fees)	31	36	56	22%	41	19%
Public Orders Requiring Drug Screens	0	0	0	N/A	N/A	N/A
<b>Total number of orders on licensees requiring monitoring</b>	<b>147</b>	<b>194</b>	<b>239</b>	<b>93%</b>	<b>194</b>	<b>90%</b>
<b>Total number of orders not requiring monitoring</b>	<b>21</b>	<b>27</b>	<b>19</b>	<b>7%</b>	<b>22</b>	<b>10%</b>
<b>Total orders</b>	<b>168</b>	<b>221</b>	<b>258</b>	<b>100%</b>	<b>216</b>	<b>100%</b>

\* Rehabilitation Orders which are not included in the following categories:  
Revocation, Restriction, Reinstatement, and Suspension.

N/A = Not Applicable, value is below 0.01.

## ENF-15

### Types of Disciplinary Orders Entered on Technicians That Required Monitoring

Sanction	FY2021 Orders	FY2022 Orders	FY2023 Orders	% of FY2023	3-Year Average	% of 3-Year Average
Revoke *	43	31	35	27%	36	28%
Suspension	12	7	8	6%	9	7%
Restriction	1	0	1	1%	1	1%
Fines Only	39	57	48	36%	48	37%
Other **	14	10	17	13%	14	11%
<b>Total number of orders on technicians requiring monitoring</b>	109	105	109	83%	108	84%
<b>Total number of orders on technicians not requiring monitoring</b>	16	25	23	17%	21	16%
<b>Total number of orders on technicians</b>	125	130	132	100%	129	100%

\* Disciplinary Orders that TSBP enters on Technicians and Technician Trainees contain language that will suspend a registration for non-compliance of conditions, and ultimately revoke a registration for continued non-compliance. During FY2023, TSBP revoked the registrations of 20 Technicians due to non-compliance.

\*\* Orders not in other categories (e.g., probation with conditions; probation with conditions and fines; report required from Mental Health Professional)

N/A = Not Applicable, value is below 0.01.

## ENF-16

### Pharmacy Technicians / Pharmacy Technician Trainees Monitored (with probation under conditions, including random drug screens) by Enforcement Division

<b>*Pharmacy Technicians / Pharmacy Technician Trainees Monitored (with probation under conditions, including random drug screens) by Enforcement Division (FY2021 – FY2022)</b>			
<b>Fiscal Year</b>	<b>Total Orders</b>	<b>Total New Orders</b>	<b>Total Being Monitored</b>
FY2021	19	19	30
FY2022	10	10	18
FY2023	16	16	20

\* TSBP entered 16 Orders on pharmacy technicians or pharmacy technician trainees who were subject to probation periods with random drug screening in FY2023. Of the 16 Orders, there were 16 Orders resulting in a pharmacy technician or pharmacy technician in training being added to the number who were being monitored at the end of FY2023, as reflected in the chart above. However, 14 technicians/tech-trainees were deleted from the list as a result of early termination of probation, successful completion of probation, death, revocation or retirement of the registration, registration expired, or application denied subsequent to entry of the Order.

**ENF-17**
**Confidential Disciplinary Orders Entered on Pharmacists and Interns**

Nature of Violation	FY21	FY22	FY23	% of FY23	3-Yr. Avg.	% of 3-Yr. Avg.
Non-Compliance with ABO	6	6	7	33%	6	26%
Non-Compliance with PRN	3	0	4	19%	2	9%
Action by Other Boards	1	1	1	5%	1	4%
Audit Shortages	0	0	0	N/A	N/A	N/A
Alcohol-Related Conviction	2	2	1	5%	2	9%
Theft of Prescription Drugs	0	0	0	N/A	N/A	N/A
Created Fraudulent Rx or Obtained C/S by Fraud	2	1	1	5%	1	4%
Convictions	0	0	0	N/A	N/A	N/A
Deferred Adjudication	0	1	1	5%	1	4%
Illegal Possession of Controlled Substances	0	0	0	N/A	N/A	N/A
Unauthorized Refills of Controlled Substances	1	0	0	N/A	<1	N/A
Probable Cause/Dependency	6	2	2	10%	3	13%
Mental Impairment	1	0	0	N/A	<1	N/A
Request for Modification of Previously Entered ABO	4	7	2	10%	4	17%
Request for Retirement or Revocation	1	1	2	10%	1	4%
Request for Reinstatement	0	0	0	N/A	N/A	N/A
<b>TOTAL</b>	<b>27</b>	<b>21</b>	<b>21</b>	<b>100%</b>	<b>23</b>	<b>100%</b>

N/A = Not Applicable, value is below 0.01.

**ENF-18**
**Impaired/Recovering Pharmacists Monitored by Enforcement Division**

Fiscal Year	Total Orders*	Total New Orders**	Total Being Monitored***
FY2019	32	15	79
FY2020	35	14	76
FY2021	27	14	75
FY2022	21	6	62
FY2023	21	10	62

\* All confidential Orders entered by the Board involving an impaired pharmacist or intern (including revocations, modifications, and "second Orders" due to disciplinary action for violation of the terms of previously entered Orders). Of the 21 confidential pharmacist/intern Orders entered in FY2023, there were 10 Orders resulting in an impaired/recovering pharmacist or intern being added to the number who were being monitored at the end of FY2023 as set forth in Appendix Chart ENF-17. However, 10 pharmacists were deleted from the list as a result of early termination of probation, successful completion of probation, death, revocation or retirement of license, license expired, or application withdrawn subsequent to entry of order. Accordingly, as of August 31, 2023, a total of 62 impaired/recovering pharmacists or interns were being monitored by TSBP. The number of individuals being monitored at year-end, as compared to the year-end of previous fiscal years.

\*\* An Order that resulted in one individual being added to the list of impaired pharmacists to be monitored.

\*\*\* Total number of pharmacists being monitored as of the last day of the reporting period. The number represents the new Orders entered by the agency during the fiscal year, minus the number of deletions made during reporting period (e.g., as a result of death, early termination of probation through the entry of an Order, and/or successful completion of probation).

**TEXAS STATE BOARD OF PHARMACY**  
**SANCTIONS IMPOSED BY THE ENTRY OF DISCIPLINARY ORDERS ON**  
**PHARMACISTS, PHARMACIES, INTERNS, AND**  
**APPLICANTS FOR LICENSURE AND INTERN REGISTRATIONS (FY2023)**

		%	PHARMACIST	PHARMACY	TOTAL
<b>LICENSES REMOVED</b>	<b>36</b>	<b>14%</b>	10	26	
Revoke			8	26	34
Retire			2	0	2
<b>SUSPENSIONS</b>	<b>9</b>	<b>3%</b>	9	0	
Suspension			4	0	4
Suspension/Conditions			5	0	5
Suspension/Fine			0	0	0
Suspension/Fine/Conditions			0	0	0
<b>PROBATIONS</b>	<b>21</b>	<b>8%</b>	13	8	
Probation			6	1	7
Probation/Conditions			6	2	8
Probation/Fine			0	1	1
Probation/Fine/Conditions			1	4	5
<b>RESTRICTED</b>	<b>3</b>	<b>1%</b>	3	0	
<b>OTHER</b>	<b>167</b>	<b>65%</b>	77	90	
Fine			40	36	76
Fine/Conditions			0	5	5
Fine/Reprimand			2	0	2
Fine/Reprimand/Conditions			8	25	33
Reprimand			3	4	7
Reprimand/Conditions			15	20	35
Require MHP Evaluation			9	0	9
<b>ISSUANCE LICENSE/REG</b>	<b>10</b>	<b>4%</b>	7	3	
Grant/Suspension			0	0	0
Grant/Restrictions			0	0	0
Grant/Probation			3	0	3
Grant/Probation/Fine			0	1	1
Grant Probation/Fine/Conditions			0	0	0
Grant/Probation/Conditions			0	0	0
Grant/Reprimand/Fine			0	1	1
Grant/Fine			2	1	3
Grant/Fine/Conditions			0	0	0
Grant/Reprimand			2	0	2
<b>REINSTATEMENTS</b>	<b>3</b>	<b>1%</b>	3	0	
Grant			0	0	0
Grant/Probation/Conditions			2	0	2
Deny			1	0	1
<b>MODIFICATIONS</b>	<b>9</b>	<b>3%</b>	4	5	
Grant			4	5	9
Deny			0	0	0
<b>TOTAL FY23</b>	<b>258</b>	<b>100%</b>	<b>126</b>	<b>132</b>	<b>258</b>

FY23 Orders Entered Against Pharmacist Licenses	126	49%
FY23 Orders Entered Against Pharmacy Licenses	132	51%
FY23 Total Disciplinary Orders on Pharmacist/Pharmacy	258	100%



**TEXAS STATE BOARD OF PHARMACY**  
**DISCIPLINARY ORDERS ON PHARMACISTS, INTERNS, AND**  
**APPLICANTS FOR LICENSURE AND INTERN REGISTRATIONS (FY2023)**  
**NATURE OF VIOLATIONS\***

	RPH	PHY	TOTAL	TOTAL %
<b>DIVERSION</b>	<b>9</b>	<b>4</b>	<b>13</b>	<b>5%</b>
Illegal Delivery	0	0	0	N/A
Illegal Poss of Rx Drugs	1	1	2	<1%
Unauth Dispensing	2	0	2	<1%
Theft	1	0	1	<1%
Obtain C/S by Fraud	1	0	1	<1%
No Valid Dr-Pt Relationship	4	3	7	3%
<b>CONVICTIONS/DEFER ADJ</b>	<b>11</b>	<b>0</b>	<b>11</b>	<b>4%</b>
Felony	3	0	3	1%
Misdemeanor	1	0	1	<1%
Defer Felony	3	0	3	1%
Defer Misdemeanor	4	0	4	2%
Alcohol-Related	0	0	0	N/A
<b>AUDIT DISCREPANCIES</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>&lt;1%</b>
Drug	0	1	1	<1%
Continuing Education	1	0	1	<1%
<b>PRACTICE DEFICIENCIES</b>	<b>21</b>	<b>46</b>	<b>67</b>	<b>26%</b>
Dispensing Errors	13	36	49	19%
Dispensing Errors/No Counsel/No DUR	6	9	15	6%
No Counsel/No DUR	2	1	3	1%
Compounding Sterile w/out Class S	0	0	0	N/A
Shipping Rx to States w/out License	0	0	0	N/A
<b>UNPROFESSIONAL CONDUCT</b>	<b>65</b>	<b>70</b>	<b>135</b>	<b>53%</b>
Aiding & Abetting	0	1	1	<1%
TCH working w/no Active Registration	4	3	7	3%
Falsified Application	1	2	3	1%
Sterile Compounding w/out Training	0	0	0	N/A
Impairment	3	0	3	1%
Action by TSBP or Other Boards	14	7	21	8%
Non-Compliance w/Previously Entered Order	10	3	13	5%
Non-Compliance w/PRN program	4	0	4	2%
Violation of Board Rules	29	54	84	32%
<b>OTHER</b>	<b>19</b>	<b>11</b>	<b>30</b>	<b>12%</b>
Modification	6	5	11	4%
Reinstatement	4	0	4	2%
Request for Revoke/Retire/Restrict	6	3	9	3%
Temporary Suspension Orders	0	0	0	N/A
Other	3	3	6	2%
<b>TOTAL FY23</b>	<b>126</b>	<b>132</b>	<b>258</b>	<b>100%</b>

\* Board Orders/Agreed Board Orders may contain more than one type of violation. However, for purposes of this list, only one type of violation has been identified. The identified violation was selected as the primary violation.

FY23 Orders Entered Against Pharmacist Licenses	126	49%
FY23 Orders Entered Against Pharmacy Licenses	132	51%
FY23 Total Disciplinary Orders on Pharmacist/Pharmacy	258	100%

**TEXAS STATE BOARD OF PHARMACY**  
**SANCTIONS IMPOSED BY THE ENTRY OF DISCIPLINARY ORDERS ON**  
**PHARMACY TECHNICIANS, TECHNICIAN TRAINEES, AND**  
**APPLICANTS FOR TECHNICIAN/TRAINEE REGISTRATIONS (FY2023)**

		<b>TOTAL</b>	<b>PERCENT</b>
<b>REGISTRATION REMOVED</b>		<b>35</b>	<b>27%</b>
Revoke	35		
Retire	0		
<b>SUSPENSIONS</b>		<b>8</b>	<b>6%</b>
Suspension	3		
Suspension/Probation	3		
Suspension/Probation/Conditions	2		
Suspension/Conditions	0		
Suspension/Fine/Probation/Conditions	0		
Suspension/Fine	0		
<b>PROBATION</b>		<b>12</b>	<b>9%</b>
Probation	4		
Probation/Conditions	8		
Probation/Fine	0		
Probation/Fine/Conditions	0		
<b>RESTRICTED</b>		<b>1</b>	<b>&lt;1%</b>
<b>OTHER</b>		<b>12</b>	<b>9%</b>
Fine	7		
Fine/Conditions	0		
Fine/Reprimand	1		
Fine/Reprimand/Conditions	0		
Reprimand	4		
Reprimand/Conditions	0		
<b>ISSUANCE REGISTRATION</b>		<b>57</b>	<b>43%</b>
Grant/Suspension	0		
Grant/Suspend/Probation	4		
Grant/Suspension/Fine	0		
Grant/Probation	32		
Grant/Probation/Conditions	6		
Grant/Probation/Fine/Conditions	0		
Grant/Probation/Fine	0		
Grant/Fine	1		
Grant/Fine/Reprimand	0		
Grant/Reprimand	14		
Deny	0		
<b>REINSTATEMENTS</b>		<b>2</b>	<b>2%</b>
Grant	2		
Grant/Suspension/Probation/Conditions	0		
Grant/Suspension/Probation	0		
Grant/Probation	0		
Grant/Probation/Conditions	0		
Grant/Conditions	0		
Grant/Conditions/Reprimand	0		
Grant/Fine	0		
<b>MODIFICATIONS</b>		<b>5</b>	<b>4%</b>
<b>TOTAL FY23</b>		<b>132</b>	<b>100%</b>

**TEXAS STATE BOARD OF PHARMACY**  
**DISCIPLINARY ORDERS ON PHARMACY TECHNICIANS, TECHNICIAN TRAINEES,**  
**AND APPLICANTS FOR TECHNICIAN/TRAINEE REGISTRATIONS (FY2023)**  
**NATURE OF VIOLATIONS\***

		<b>TOTAL</b>	<b>PERCENT</b>
<b>DIVERSION</b>		<b>4</b>	<b>3%</b>
Theft	3		
Forged Rx	1		
Illegal Delivery	0		
<b>CONVICTIONS/DEFERRED ADJUDICATIONS</b>		<b>88</b>	<b>67%</b>
Felony	11		
Felony/False App	0		
Misdemeanor	9		
Misdemeanor/False App	0		
Defer Felony	34		
Defer Felony/False App	0		
Defer Misdemeanor	19		
Defer Misdemeanor/False App	0		
Alcohol-Related (e.g.,DWI)	15		
Alcohol-Related/False App	0		
<b>IMPAIRMENT</b>		<b>0</b>	<b>N/A</b>
Drug or Alcohol Dependency	0		
Drug or Alcohol Dependency/False App	0		
Probable Cause	0		
<b>FALSE APPLICATIONS**</b>		<b>0</b>	<b>N/A</b>
<b>OTHER VIOLATIONS</b>		<b>10</b>	<b>8%</b>
Gross Immorality	0		
Non-Compliance w/Previously Entered Order	4		
Performed TCH duties w/Delinquent Registration	1		
Performed TCH duties w/No Registration	2		
Performed RPH duties	1		
Action by TSBP or Other Board	2		
Negligence	0		
CE Shortage	0		
<b>REQUEST FOR REVOKE/RETIRE/RESTRICT</b>		<b>23</b>	<b>17%</b>
<b>REINSTATEMENT</b>		<b>2</b>	<b>2%</b>
<b>MODIFY</b>		<b>5</b>	<b>4%</b>
<b>TEMPORARY SUSPENSION ORDERS</b>		<b>0</b>	<b>N/A</b>
<b>TOTAL FY23</b>		<b>132</b>	<b>100%</b>

\* Board Orders/Agreed Board Orders may contain more than one type of violation. However, for purposes of this list, only one type of violation has been identified. The identified violation was selected as the primary violation.

\*\* Does not include the 3 falsified applications described above.

**LEG-01 continued**

Type of Order	Summary Suspensions	SOAH Board Orders	Default Board Orders	ABOs Entered by ED	ABOs Public	Confidential Orders*	Total Number of Orders
Pharmacists, Pharmacies, and Interns	0	7	21	30	179	21	258
Pharmacy Technicians	0	4	16	44	68	0	132
<b>Total</b>	<b>0</b>	<b>11</b>	<b>37</b>	<b>74</b>	<b>247</b>	<b>21</b>	<b>390</b>

\* Contains all Confidential Orders (Default, ED Entered, and ABOs)

**PHARMACISTS/PHARMACIES**

FISCAL YEAR	NUMBER OF BOARD ORDERS (BOs)	NUMBER OF DEFAULT ORDERS ENTERED BY BOARD	NUMBER OF AGREED Board of Pharmacy ORDERS (ABOs)	NUMBER OF DISCIPLINARY ORDERS (BOs & ABOs)	% CHANGE IN DISCIPLINARY ORDERS	% ABOs OR DEFAULT OF TOTAL ORDERS
FY19	8	4	242	254	-29%	97%
FY20	0	3	203	203	-20%	100%
FY21	2	6	157	165	-19%	98%
FY22	22	9	189	220	33%	86%
FY23	27	2	229	258	17%	90%

**PHARMACY TECHNICIANS/PHARMACY TECHNICIAN TRAINEES**

FISCAL YEAR	NUMBER OF BOARD ORDERS (BOs)	NUMBER OF DEFAULT BOARD ORDERS (BOs)	NUMBER OF AGREED BOARD ORDERS (ABOs)	NUMBER OF DISCIPLINARY ORDERS (BOs & ABOs)	% INCREASE IN DISCIPLINARY ORDERS	% ABOs OR DEFAULT OF TOTAL ORDERS
FY19	0	36	112	148	-7%	100%
FY20	0	17	141	158	7%	100%
FY21	0	23	102	125	-21%	100%
FY22	0	16	110	126	1%	100%
FY23	0	20	112	132	5%	100%

**PHARMACY AND PHARMACIST REMEDIAL PLANS**

FISCAL YEAR	PHARMACISTS	PHARMACIES	TOTAL
FY19	15	2	17
FY20	13	1	14
FY21	27	9	36
FY22	40	6	46
FY23	46	7	53

**LEG-02****Informal Conferences for Pharmacies and Pharmacists**

<b>Dates of Informal Conferences</b>	<b># of Days</b>	<b># of Phy Respondents</b>	<b># of RPh Respondents</b>	<b># of Licensees Dismissed</b>
September 7, 2022	1	2	9	0
October 4-5, 2022	2	10	11	0
December 6-7, 2022	2	6	18	0
January 10-11, 2023	2	6	16	0
March 7-8, 2023	2	9	18	0
April 4-5, 2023	2	11	16	1
June 6-7, 2023	2	5	12	0
July 11-12, 2023	2	10	18	1
<b>TOTAL</b>	<b>15</b>	<b>59</b>	<b>118</b>	<b>2</b>

**Informal Conferences for Technicians/Technician Trainees**

<b>Dates of Informal Conferences</b>	<b># of Days</b>	<b># of Respondents</b>	<b>Technician Trainee Applicants or Registrants</b>	<b>Technician Applicants or Registrants</b>	<b>No Show Withdrawal or Dismissal</b>	<b>Defaults</b>
October 6, 2022	1	25	18	7	6	5
November 16, 2022	1	24	21	3	10	2
December 8, 2022	1	19	14	5	13	0
January 12, 2023	1	21	19	2	11	0
March 9, 2023	1	18	16	2	8	3
April 6, 2023	1	21	17	4	11	2
May 16, 2023	1	20	10	10	7	4
June 8, 2023	1	13	11	2	8	0
July 13, 2023	1	14	12	2	5	0
<b>TOTAL</b>	<b>9</b>	<b>175</b>	<b>138</b>	<b>37</b>	<b>79</b>	<b>16</b>

## RULE PROPOSALS

<b>For presentation at November 1, 2022, Board meeting:</b>
§291.76 concerning Class C Pharmacies Located in a Freestanding Ambulatory Surgical Center
§291.104 concerning Operational Standards
§303.1 concerning Destruction of Dispensed Drugs
§315.6 concerning Pharmacy Responsibility - Electronic Reporting
<b>For presentation at February 7, 2023, Board meeting:</b>
§283.2 concerning Definitions
§283.4 concerning Internship Requirements
§291.121 concerning Remote Pharmacy Services
§295.8 concerning Continuing Education Requirement
<b>For presentation at May 2, 2023, Board meeting:</b>
§283.4 concerning Internship Requirements
§283.6 concerning Preceptor Requirements and Ratio of Preceptors to Pharmacist-Interns
§291.12 concerning Delivery of Prescription Drugs
§291.24 concerning Pharmacy Residency Programs
§291.27 concerning Confidentiality
§291.121 concerning Remote Pharmacy Services
§291.151 concerning Pharmacies Located in a Freestanding Emergency Medical Care Facility (Class F)
<b>For presentation at August 1, 2023, Board meeting:</b>
§283.12 concerning Licenses for Military Service Members, Military Veterans, and Military Spouses
§291.3 concerning Required Notifications
§291.5 concerning Closing a Pharmacy
§291.6 concerning Pharmacy License Fees
§291.8 concerning Return of Prescription Drugs
§291.33 concerning Operational Standards
§291.74 concerning Operational Standards
§291.121 concerning Remote Pharmacy Services
§291.129 concerning Satellite Pharmacy
§295.5 concerning Pharmacist License or Renewal Fees
§295.8 concerning Continuing Education Requirements
§295.9 concerning Inactive License
§297.10 concerning Registration for Military Service Members, Military Veterans, and Military Spouses

**RULE SUBMISSIONS TO THE TEXAS REGISTER**

<b>Rules</b>	<b>Type of Action</b>	<b>Published in TxReg as Proposed</b>	<b>Published in TxReg as Adopted/Withdrawn</b>
291.8	Amendment	09/09/2022	12/2/2022
291.33	Amendment	09/09/2022	12/2/2022
291.73	Amendment	09/09/2022	12/2/2022
295.8	Amendment	09/09/2022	12/2/2022
297.8	Amendment	09/09/2022	12/2/2022
291.76	Amendment	12/23/2022	03/03/2023
291.104	Amendment	12/23/2022	03/03/2023
303.1	Amendment	12/23/2022	03/03/2023
315.6	Amendment	12/23/2022	03/03/2023
283.2	Amendment	03/17/2023	05/19/2023
283.4	Amendment	03/17/2023	05/19/2023
291.121	Amendment	03/17/2023	05/19/2023
295.8	Amendment	03/17/2023	05/19/2023
283.4	Amendment	6/16/2023	8/25/2023
283.6	Amendment	6/16/2023	8/25/2023
291.12	New	6/16/2023	-
291.24	Repeal	6/16/2023	8/25/2023
291.27	Amendment	6/16/2023	8/25/2023
291.121	Amendment	6/16/2023	8/25/2023
291.151	Amendment	6/16/2023	8/25/2023

**OPEN MEETING SUBMISSIONS TO THE TEXAS REGISTER**

<b>Type of Submission</b>	<b>Date Published</b>
Board Business Meeting – 11/01/2022	10/14/2022
Board Member Training Session – 11/01/2022	10/14/2022
PMP Advisory Committee Meeting – 12/01/2022	11/17/2022
Board Business Meeting – 02/07/2023	01/20/2023
Board Business Meeting – 03/01/2023	02/17/2023
Board Business Meeting – 03/28/2023	03/16/2023
Board Business Meeting – 05/02/2023	04/14/2023
PMP Advisory Committee Meeting – 06/01/2023	05/23/2023
Board Business Meeting – 08/01/2023	07/19/2023
Compounding Rules Advisory Group Meeting – 08/02/2023	07/25/2023
Interagency PMP Work Group Meeting – 08/21/2023	08/11/2023

## OPEN RECORDS REQUESTS

Fiscal Year	Verbal Requests	Written Requests		Total # of individual requests	Monthly Average	
		# of initiating requests	# of individual requests		# of individual verbal requests	# of individual written requests
FY19	106	2,667	4,510	4,616	9	375
FY20	46	2,313	3,559	3,605	4	297
FY21	86	1,649	2,464	2,550	7	205
FY22	110	1,845	2,697	2,807	9	225
FY23	48	1,752	2,397	2,445	4	204



**LEAP REGISTRATIONS AND REPORTS**

Fiscal Year	Registrations		Reports Processed		
	New Law Enforcement Registrants	New Prosecutor Registrants	Law Enforcement	Prosecutor	Total Processed
FY20	302	29	2,184	20	2,204
FY21	64	9	2,187	29	2,216
FY22	71	7	1,831	15	1,846
FY23	50	6	2,511	80	2,591

**PAP REQUESTS**

Fiscal Year	Records Requested			Requestor Type		
	RX Record	Access Record	Total Processed	Patient	Parent/Guardian	Total
FY20	2	2	4	4	0	4
FY21	21	19	40	23	0	23
FY22	16	17	33	20	1	21
FY23	29	20	49	32	0	32

**PMP-01****Prescription Monitoring Program Data**

	<b>FY19</b>	<b>FY20</b>	<b>FY21</b>	<b>FY22</b>	<b>FY23</b>
<b>Registered Users</b>	116,458	153,779	168,057	172,469	187,763
<b>Number of Controlled Substances Prescriptions Submitted to PMP System</b>	38,159,456	36,397,998	35,221,966	35,014,668	34,758,482
<b>Total Number of Queries Received by Prescription Monitoring Program</b>	<b>30,231,675</b>	<b>155,711,646</b>	<b>197,330,274</b>	<b>243,503,593</b>	<b>257,728,428</b>
<i>Number of AWA Rx E Searches</i>	<i>12,567,013</i>	<i>27,503,579</i>	<i>49,435,512</i>	<i>45,557,176</i>	<i>53,975,424</i>
<i>Number of Integrated Searches*</i>	<i>17,664,662</i>	<i>128,208,067</i>	<i>197,330,274</i>	<i>197,946,417</i>	<i>203,753,004</i>

\*Integrated searches began June 2019.