



Texas State Board of Pharmacy

Annual Report Fiscal Year 2025

Daniel Carroll, Pharm.D, R.Ph.
Executive Director / Secretary

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Board Members

Julie Spier, R.Ph.

President

Katy

06/01/2018 – 08/31/2029

Bradley A. Miller, Ph.T.R.

Vice President

Austin

09/26/2013 – 08/31/2025

Jenny Downing Yoakum, R.Ph

Treasurer

Kilgore

10/06/2015 – 08/31/2027

Rick Fernandez, R.Ph.

Argyle

06/01/2018 – 08/31/2029

Heisha Freeman

Fate

Public Member

02/26/2025 – 08/31/2029

Donnie Lewis, R.Ph.

Athens

06/01/2018 – 08/31/2025

Randy Martin, Pharm.D., R.Ph.

Fort Worth

01/04/2024 – 08/31/2029

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

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.

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

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.

Board Strategic Goals (FY2025-2029)

- 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).

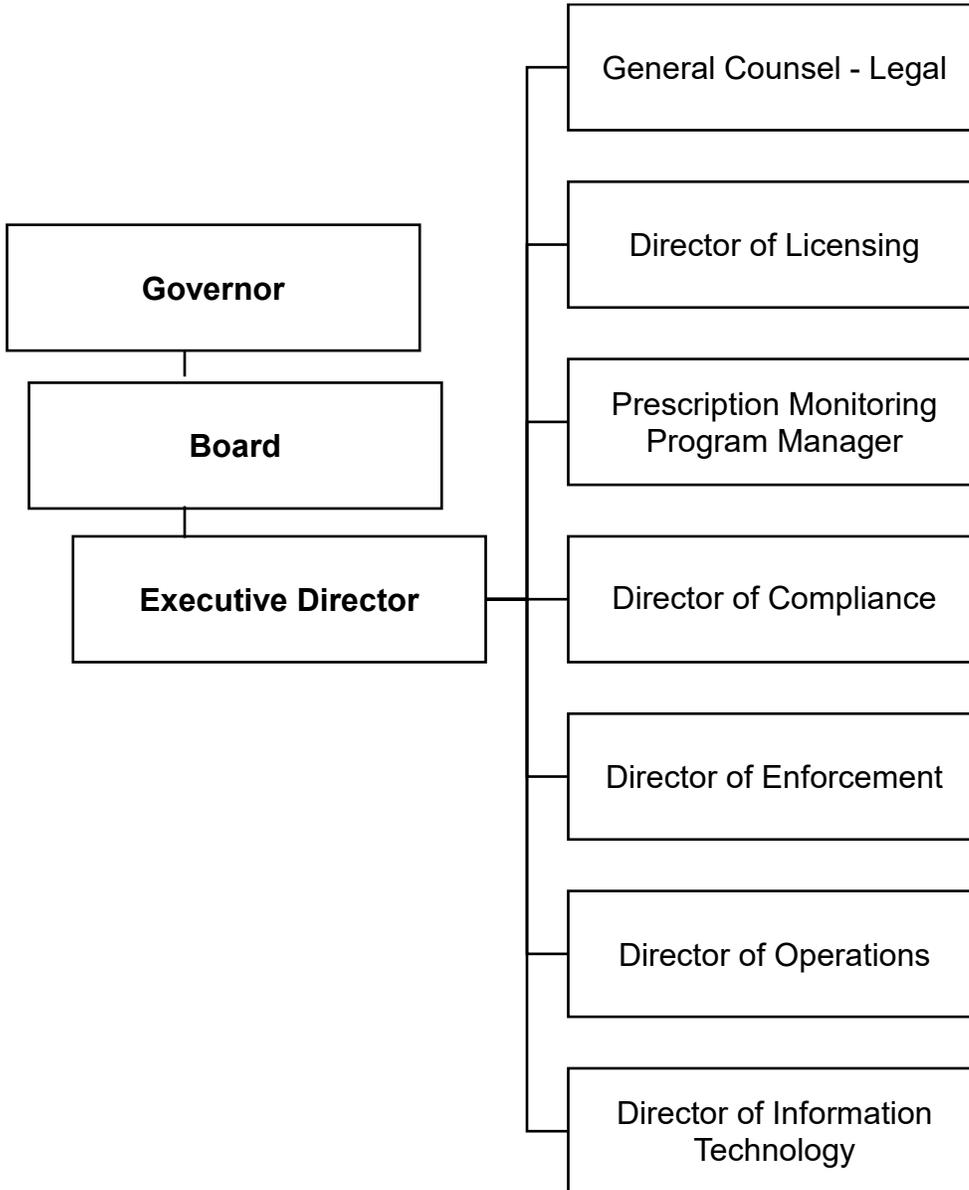
Board Structure

The Board's functional structure at the end of FY2024 was composed of the following:

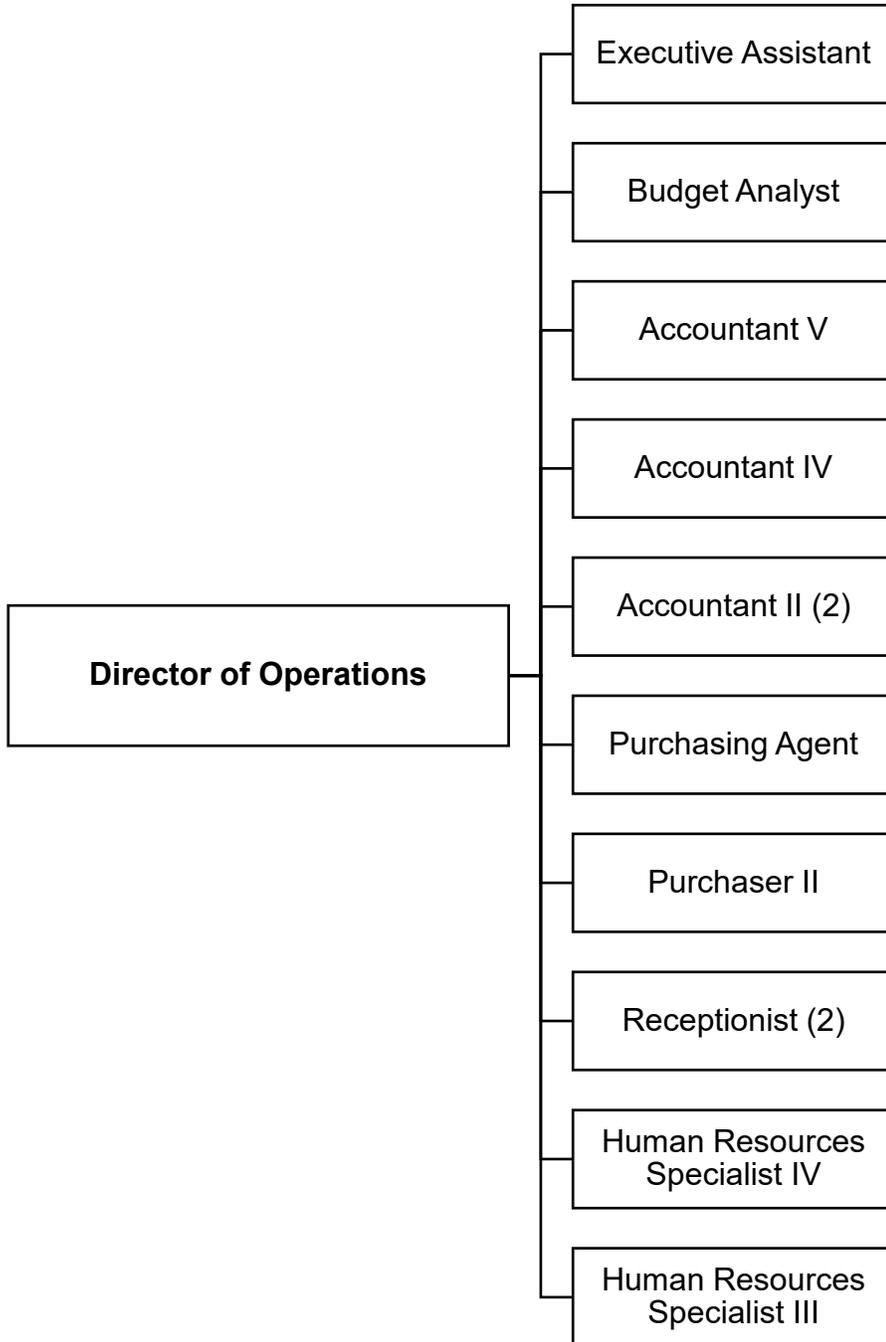
- Office of the Executive Director;
- Operations;
- Licensing;
- Compliance;
- Enforcement;
- Legal;
- Prescription Monitoring Program; and
- Information Technology.

Organizational Charts

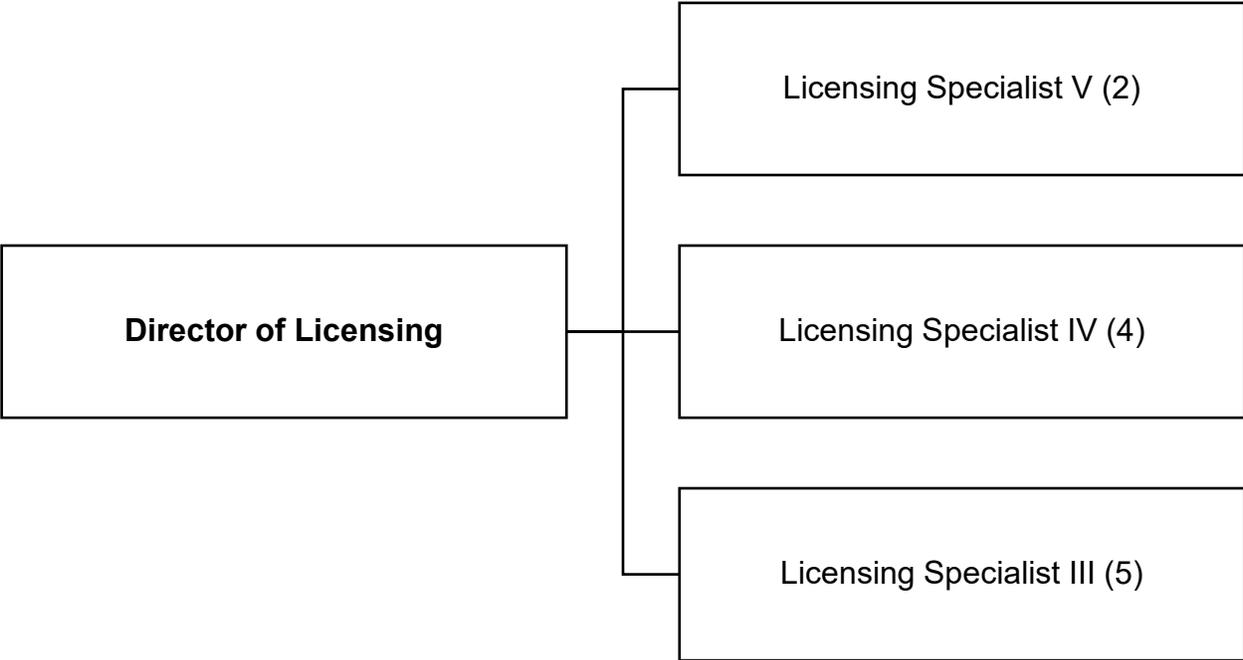
Executive Team



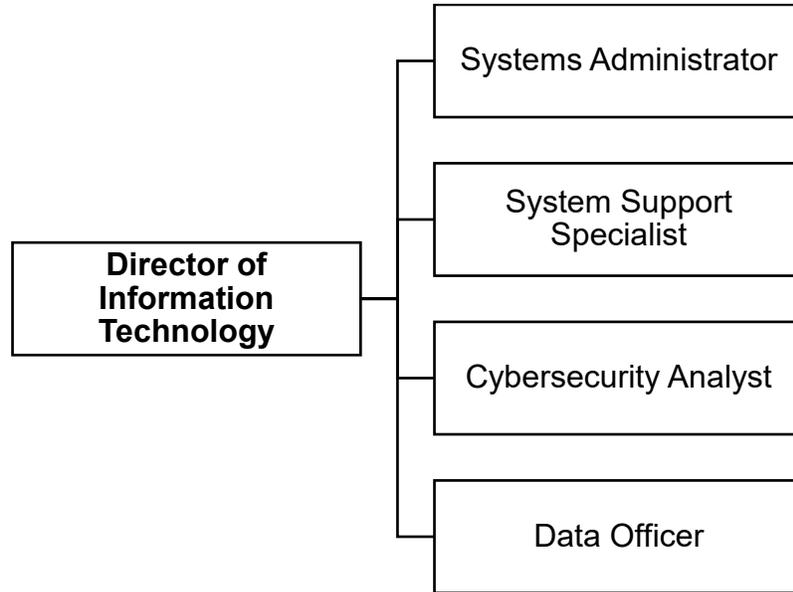
Operations Team



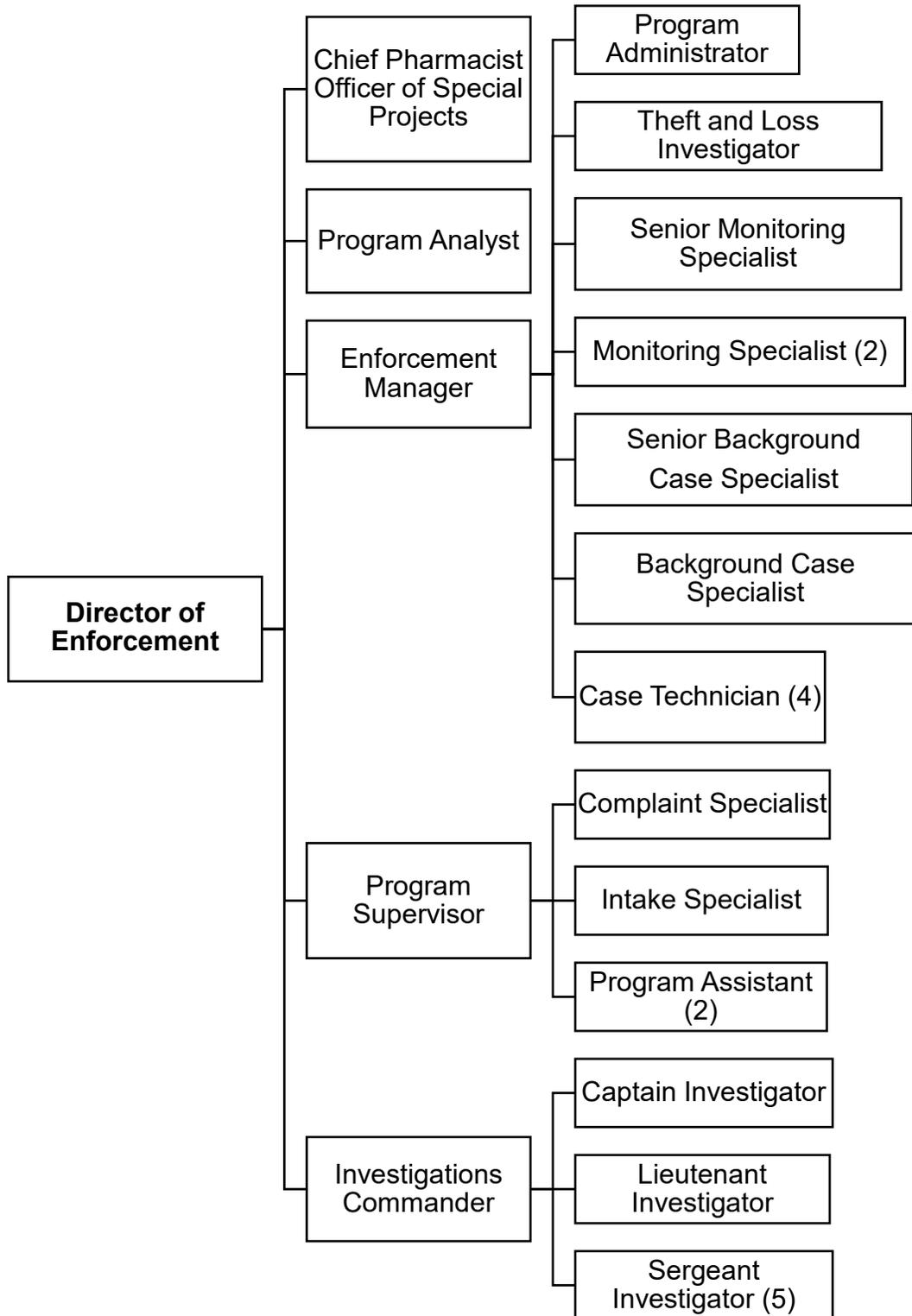
Licensing Team



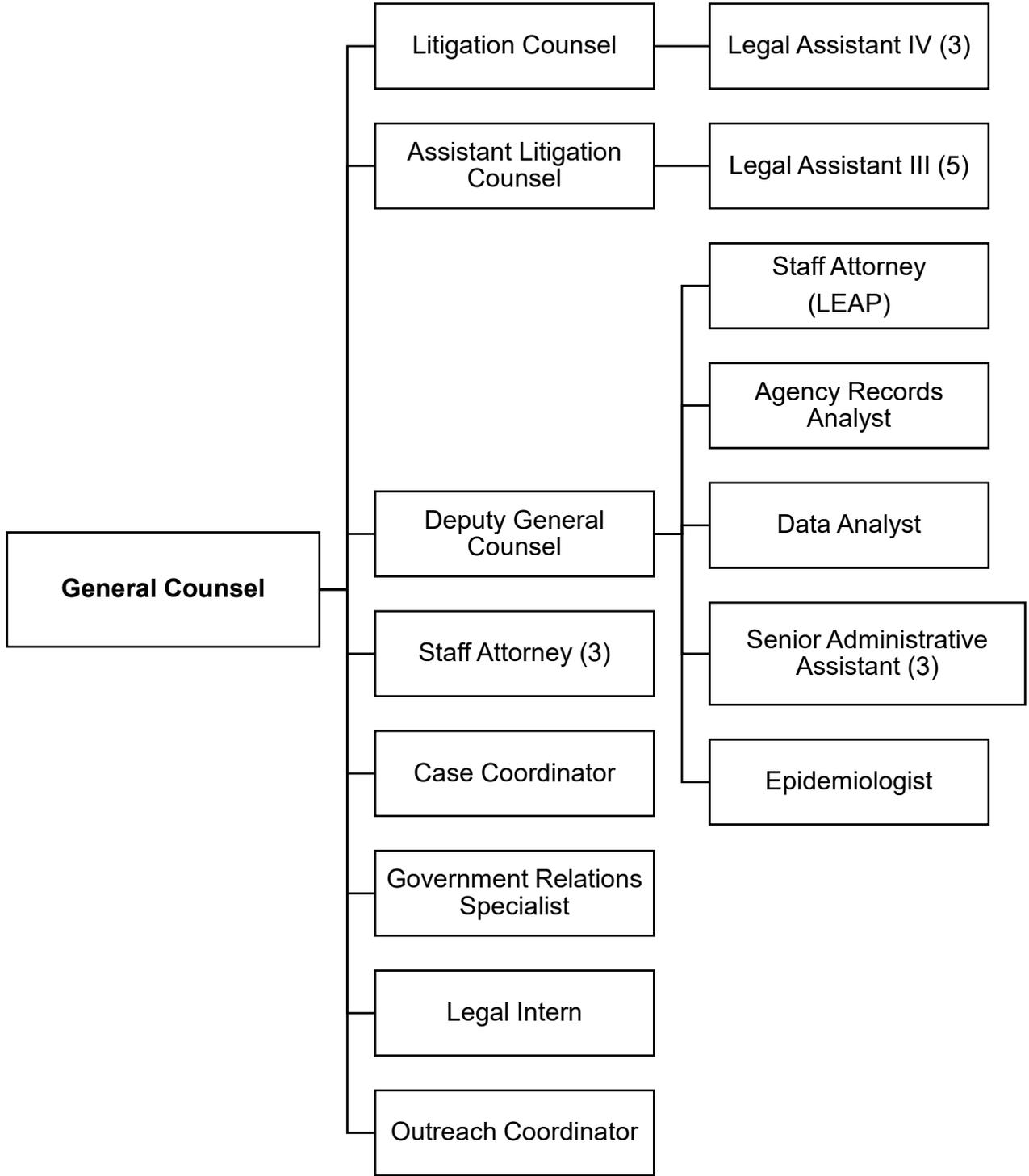
Information Technology Team



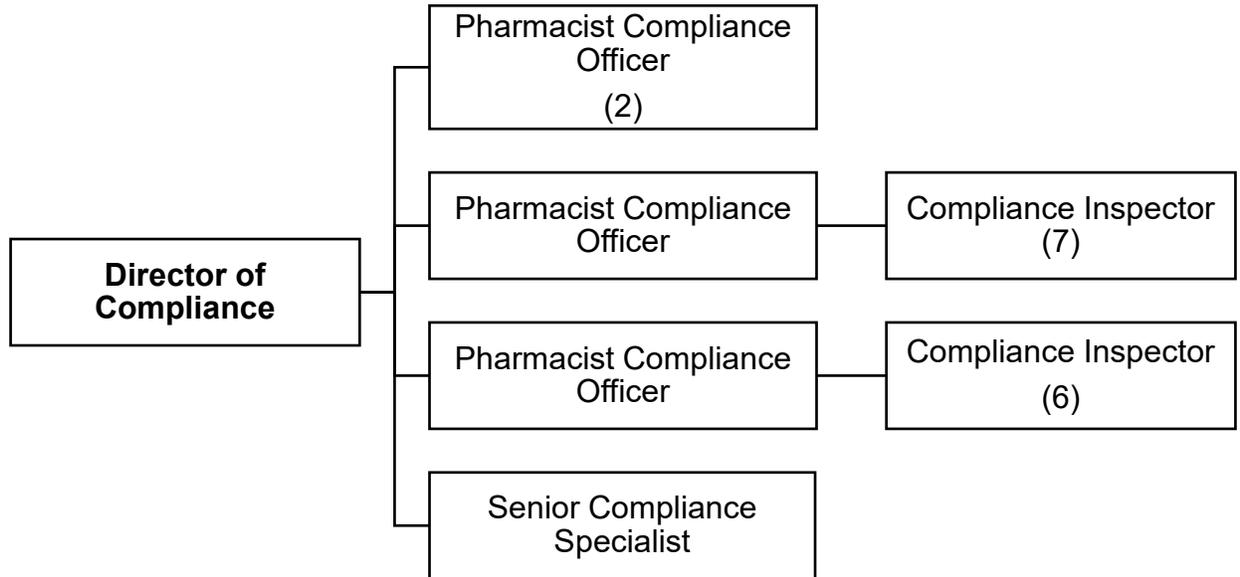
Enforcement Team



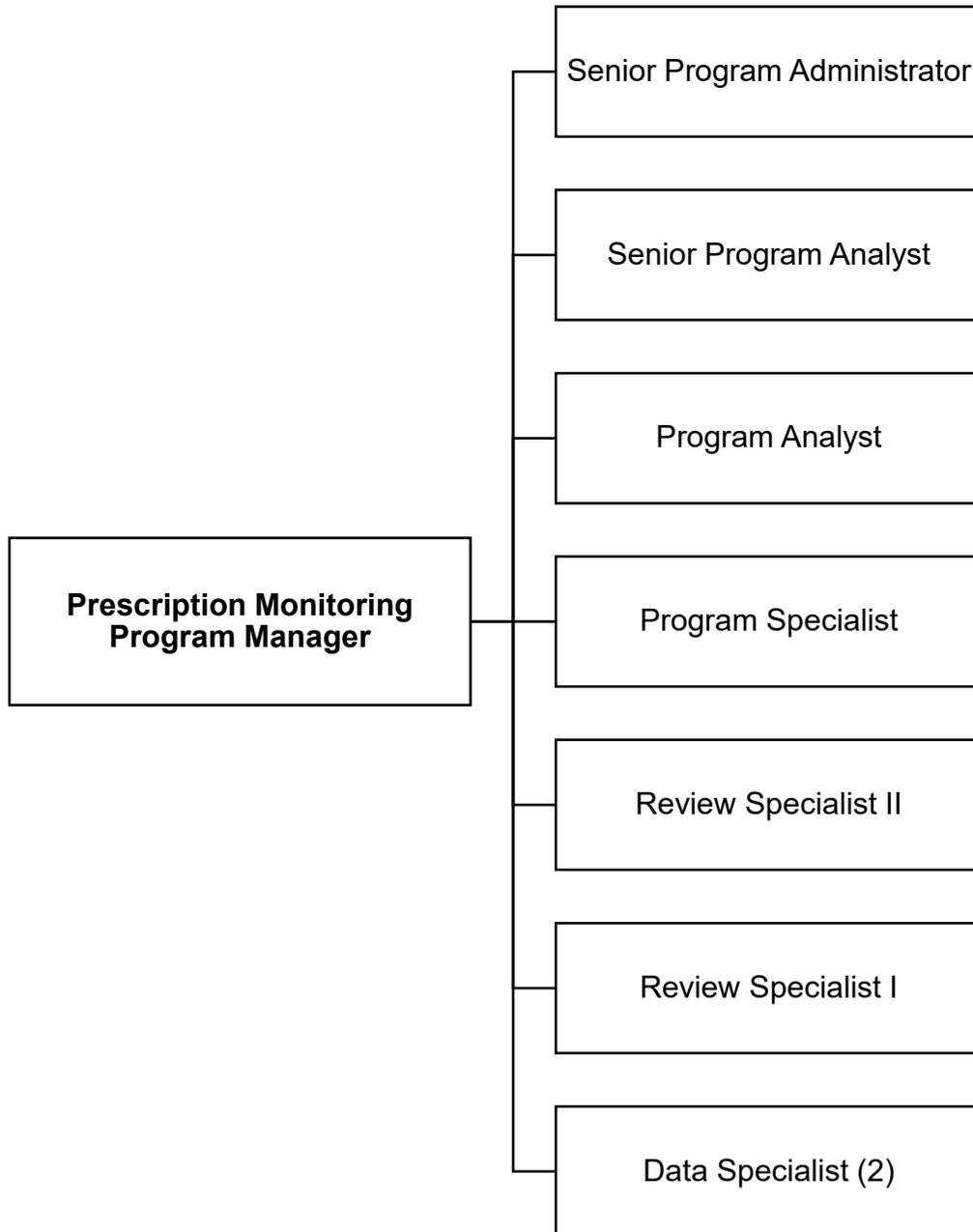
Legal Team



Compliance Team



Prescription Monitoring Program Team



Office of the Executive Director

This FY2025 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 FY2025.

SIGNIFICANT ACCOMPLISHMENTS

1. 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.
2. Agency staff implemented and successfully completed recruitment and hiring process to fill vacancies for multiple Teams over the fiscal year.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Staff turnover and open vacancies had a significant negative impact on the agency. As a result, agency staff spent time and effort to replace vacant positions (e.g., reviewing applications, holding interviews, and conducting orientation and training for new employees). Exit surveys consistently listed pay as reasons staff left the agency.

Office of the Executive Director

FY2025 ANNUAL REPORT

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.

Objectives (New)

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 FY2026-2027.**
3. **To coordinate and participate in the orientation of new Board members within 90 days of appointment by the Governor**

Status: **ACCOMPLISHED**

Comment: These objectives were accomplished through the following activities:

- A. A total of 8,719 pieces of legislation were introduced in the 89th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills and 310 bills were tracked and monitored. Legislation passed by the Legislature that affects the agency or the practice of pharmacy can be found in Appendix LEG-07.
- B. In the first special session, 368 bills were filed, of which TSBP tracked 12 bills. In the second special session, 366 bills were filed, of which TSBP tracked 20 bills.
- C. The Executive Director, Board President, and General Counsel met or had telephone conversations with Legislators or others or testified before Legislative committees as requested.
- D. Agency personnel participated in meetings regarding the TSBP Legislative Appropriation Request
- E. On May 5, 2025, the Executive Director, General Counsel and Litigation Counsel conducted the new Board member orientation for Heisha Freeman, along with other agency staff.

OFFICE OF THE EXECUTIVE DIRECTOR

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's control, 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-01).

2. **To coordinate the development of proposed goals and objectives and budget for FY2026 based on the Strategic Plan and projected budget, for submission to the Board by the due date for the August 2025 meeting.**

Status: **ACCOMPLISHED**

Comment: The FY2026 agency Goals and Objectives and FY2026 Operating Budget were presented and approved at the August 2025 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.**
-

OFFICE OF THE EXECUTIVE DIRECTOR

Status: ACCOMPLISHED

Comment: This objective was accomplished through the following activities:

- A. The Executive Director, Board Members, and Staff gave 42 presentations to approximately 3,101 persons (see Appendix EXC-02);
- B. The Executive Director and Staff attended 88 meetings and conferences representing the agency.
- C. The Executive Director and other Team Directors attended meetings of the Health Professions Council.
- D. The Executive Director and Board President 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. Agency staff were evaluated on an annual basis, as required by agency policy.
- B. Agency staff conducted the hiring process to fill open positions and conducted orientations for all new agency employees which included Equal Employment Opportunity/Sexual Harassment Training, Sensitive Personal

OFFICE OF THE EXECUTIVE DIRECTOR

Information Training, and Cybersecurity Awareness Training as required by state law.

- C. Agency staff prepared and conducted orientations for all new TSBP employees and interns.
- D. Agency staff attended general staff meetings and in-house training sessions. In addition, the attorneys, pharmacists, and pharmacy technicians attended required continuing education, and agency 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 November 2024 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 *FY2024 Annual Report* to be presented to the Board at the February 2025 meeting.

Status: ACCOMPLISHED

Comment: The final draft of the *FY2024 Annual Report* was presented to and approved by the Board at the February 2025, Board meeting.

SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished all of its goals.
2. Due to increased usage of queues, agency staff in Reception, Enforcement, and PMP Teams were able to answer approximately 53,367 queue calls.
3. Team staff continued to review and amend recruitment procedures which allowed the agency to successfully recruit and hire multiple vacancies in the agency in a efficient manner.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Turnover due to employee promotion and departure within the agency created an 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, some positions were lowered and/or a reorganization of staff duties had to occur. Exit surveys consistently listed pay and teleworking as reasons staff left the agency.

OPERATIONS TEAM

FY2025 ANNUAL REPORT

GOAL

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

Objectives (New)

1. To assist the Executive Director, in cooperation with other teams, 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 89th Texas Legislative Session.
2. To assist the Executive Director, in cooperation with other teams, to direct the submission of, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2026-2027.
3. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. A total of 8,719 pieces of legislation were introduced in the 89th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills and 310 bills were tracked and monitored. Legislation passed by the Legislature that affects the agency or the practice of pharmacy can be found in Appendix LEG-07.

In the first special session, 368 bills were filed, of which TSBP tracked 12 bills. In the second special session, 366 bills were filed, of which TSBP tracked 20 bills.
- 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
- D. On May 5, 2025, the Executive Director, General Counsel conducted the new Board member orientation for Heisha Freeman, along with the other agency staff.

OPERATIONS TEAM

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.

2. **To coordinate the development of proposed goals and objectives and budget for FY2026 based on the Strategic Plan and projected budget, for submission to the Board by the due date for the August 2025 meeting.**

Status: ACCOMPLISHED

Comment: The FY2026 Operating Budget and Goals and Objectives were presented and approved at the August 2025 Board meeting.

3. **To submit agency report data for Key Performance Targets required under the FY2024-2025 Appropriations Act to the Legislative Budget Board (LBB) and Governor's Budget Office regarding performance measures by specified due dates.**

Status: ACCOMPLISHED

Comment: The agency submitted the required information and reports.

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

5. **To develop and implement 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 updates to safety plans at the Bush building.

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 program of internal auditing that included an annual audit

OPERATIONS TEAM

plan, prepared and submitted to the Board by the internal auditor (Weaver and Tidwell, L.L.P.) for review and approval at the August 2025 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: The agency submitted the required and/or requested reports.

- 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 and staff assisted as needed.

- 9. 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 Board and Executive staff.**

Status: ACCOMPLISHED

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

- 10. To assist Human Resources with maintaining 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 mandatory General Staff Meetings and required trainings in person and/or remotely via videoconference.

All staff evaluations for eligible employees were completed in August 2025.

- 11. 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 November 5, 2024, Board Meeting.

OPERATIONS TEAM

13. **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: For the entirety of FY2025, 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 addition, the agency remained 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 and update Team and agency procedures throughout FY2025, as needed.

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

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 biweekly or as required.
- C. Team staff
 - a. conducted the hiring process to fill open positions;
 - b. attended general staff meetings and in-house training sessions;
 - c. 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; and
 - d. updated and developed new and existing job descriptions as necessary.

15. **To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2024 Annual Report and submit to the Executive Director by the due date.**

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2024 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 2025 Board meeting.

Fiscal Report

The attached report represents an unaudited report of the financial activities regarding the internal operating budget for Fiscal Year 2025 (September 1, 2024 - August 31, 2025). 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 [Fiscal Year 2025 Annual Financial Report](#), located on the Board's website.

As of August 31, 2025, the total agency unexpended budget balance for FY25 was approximately \$265,492. The contributing reasons to this remaining budget balance were a significant reduction in orders of Official Prescription Forms/Pads from Deloitte and attrition of classified and exempt employees.



TEXAS STATE BOARD OF PHARMACY

Fiscal Year 2025
Budget Status Report - August 31, 2025

APPROPRIATION DETAIL				EXPENDITURES BY EXPENSE CATEGORIES										FY 2025 4th Quarter - Expenditures	Remaining Budget Percentage
Goal	Strategy Name	FY 2025 Adjusted Budget		Salaries	Other Personnel Costs	Professional Fees & Services	Consumable Supplies	Utilities	Travel	Rent - Building	Rent - Machine & Other	Other Operating Expense			
A	MAINTAIN STANDARDS														
Strategy	Appropriation Fund														
1.1	13005 0001 LICENSING	838,619		649,195.46	69,552	8,116	4,268	258	6	1,114	1,090	38,837	772,438	8%	
1.2	13011 0001 TEXAS.GOV	299,350		-	-	-	-	-	-	-	-	299,350	299,350	0%	
A - Total			\$ 1,137,969	\$ 649,195	\$ 69,552	\$ 8,116	\$ 4,268	\$ 258	\$ 6	\$ 1,114	\$ 1,090	\$ 338,187	\$ 1,071,788	6%	
B	ENFORCE REGULATIONS														
Strategy	Appropriation Fund														
1.1	13006 0001 ENFORCEMENT	5,894,754		4,717,246	509,075	53,557	10,220	29,418	79,795	2,672	9,032	385,678	5,796,693	2%	
1.2	13010 0001 PEER ASSISTANCE	359,181		-	-	311,784	-	-	-	-	-	-	311,784	13%	
1.3	13014 0001 PRESCRIPTION MONITORING PROGRAM	5,921,046		968,710	122,176	4,506,157	535	-	-	46	393	224,673	5,822,690	2%	
B - Total			\$ 12,174,981	\$ 5,685,956	\$ 631,251	\$ 4,871,498	\$ 10,754	\$ 29,418	\$ 79,795	\$ 2,718	\$ 9,425	\$ 610,351	\$ 11,931,167	2%	
C	INDIRECT ADMINISTRATION														
Strategy	Appropriation Fund														
1.1	13012 0001 LICENSING - INDIRECT ADMINISTRATION	151,181		120,374	13,498	1,207	216	650	2,983	244	306	6,297	145,774	4%	
1.2	13013 0001 ENFORCEMENT-INDIRECT ADMIN.	884,522		723,742	83,839	7,292	1,232	3,992	19,227	1,359	1,864	35,648	878,196	1%	
C - Total			\$ 1,035,703	\$ 844,116	\$ 97,336	\$ 8,498	\$ 1,449	\$ 4,642	\$ 22,210	\$ 1,603	\$ 2,170	\$ 41,945	\$ 1,023,969	1%	
D	SALARY ADJUSTMENTS														
Strategy	Appropriation Fund														
1.1	13015 0001 SALARY ADJUSTMENTS	-		-	-	-	-	-	-	-	-	-	-	0%	
D - Total			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	
FY 2025 ADJUSTED BUDGET TOTAL			\$ 14,348,653	\$ 7,179,268	\$ 798,140	\$ 4,888,112	\$ 16,471	\$ 34,319	\$ 102,011	\$ 5,435	\$ 12,684	\$ 990,484	\$ 14,026,924	2%	

SIGNIFICANT ACCOMPLISHMENTS

The Team accomplished all of its objectives.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

Vacancies continued to impact the Team, in that a key role in the accountant position was vacant. The Director of Operations and Team Supervisor, and Team staff spent significant time and effort to post, repost, and interview for vacant position; hire and onboard; and finally, to train new staff.

FINANCE TEAM

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.

Objectives (New)

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

- 1. To assist the Executive Director, in cooperation with other teams, 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 89th Texas Legislative Session.**
- 2. To assist the Executive Director, in cooperation with other teams, to direct the submission of, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2026-2027.**
- 3. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. A total of 8,719 pieces of legislation were introduced in the 89th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills and 310 bills were tracked and monitored. Legislation passed by the Legislature that affects the agency or the practice of pharmacy can be found in Appendix LEG-07.
- B. In the first special session, 368 bills were filed, of which TSBP tracked 12 bills. In the second special session, 366 bills were filed, of which TSBP tracked 20 bills.
- C. The Executive Director, Board President, and General Counsel met or had telephone conversations with legislators or others or testified before Legislative committees as requested.
- D. Agency personnel participated in meetings regarding the TSBP Legislative Appropriation Request
- E. On May 5, 2025, the General Counsel and Litigation Counsel conducted the new Board member orientation for Heisha Freeman, along with the Executive Director and other agency staff.

FINANCE TEAM

Objectives (Ongoing)

1. **To prepare a proposed budget for FY2026 for submission to the Board by the due date for the 2025 May Board Meeting.**

Status: ACCOMPLISHED

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

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

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.

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, Budget Analyst, 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 and requested reports.

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**
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FINANCE TEAM

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 assist with and destroy records in accordance with the agency's record retention plan; to review and update the team's procedures as needed and submit any suggested revisions to policies to the Executive staff for approval.**

Status: ACCOMPLISHED

Comment: For the entirety of FY2025, 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 addition, the agency is still 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.

9. **To prepare a report on the accomplishment of team objectives, for incorporation into the agency's *FY2024 Annual Report* and submit to the Executive Director by the due date.**

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2024 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 2025 Board meeting

SIGNIFICANT ACCOMPLISHMENTS

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

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

In fiscal year 2025, two team members departed the agency, three were promoted within the agency, and three were promoted within the current team. The resulting turnover and onboarding of new employees temporarily strained the team's efficiency during this transition period. Gaps in experience slowed some processes and required additional time for new staff to learn procedures.

LICENSING TEAM

GOAL

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

Objectives (New)

1. To assist the Executive Director, in cooperation with other teams, 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 89th Texas Legislative Session; and
2. To assist the Executive Director, in cooperation with other teams, to direct the submission of, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2026-2027.
3. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. A total of 8,719 pieces of legislation were introduced in the 89th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills and 310 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 LEG-07.

In the first special session, 368 bills were filed, of which TSBP tracked 12 bills. In the second special session, 366 bills were filed, of which TSBP tracked 20 bills.
- 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
- D. On May 5, 2025, the Executive Director, General Counsel conducted the new Board member orientation for Heisha Freeman, along with the other agency staff.

LICENSING TEAM

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 1,915 interns (student interns, intern trainees, and extended interns) were certified within four days of receipt of required documents. In addition, a total of 8,170 pharmacist preceptors were initially certified or renewed their certification. At fiscal year-end, a total of 13,871 pharmacists were active 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 2,066 times with 1,592 candidates passing (see Appendix LIC-02).

A total of 751 reciprocity candidates were licensed.

3. **To submit licensing data for Key Performance Targets required under the FY2024-2025 Appropriations Act and assist in the preparation of applicable reports to the Legislative Budget Board (LBB) and Governor's Budget Office regarding performance measures by specified due dates.**

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 (10) working days after the date the agency receives the examination results.**

Status: ACCOMPLISHED

Comment: The agency issued 1,702 new pharmacist licenses with an average turnaround time of one business day from the download of the examination results or intern hours completion.

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

LICENSING TEAM

Status: ACCOMPLISHED

Comment: The agency renewed 22,352 biennial pharmacist licenses during FY2025. Approximately 98.65% 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 100% 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	37,807
Inactive Status*	3,095**
TOTALS	40,902

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

**Of the above number, 1,372 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 (4) working days of receipt of the required documents.

Status: ACCOMPLISHED

Comment: The agency issued 16,287 new pharmacy technician trainee registrations bringing the total population of active registered technician trainees for this fiscal year to 25,858. Approximately 98% 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 1.5 business days.

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 (4) working days; and**
- B. renewals for pharmacy technician applicants within four (4) working days.**

Status: ACCOMPLISHED

Comment: The agency issued 8,459 new pharmacy technician registrations, and renewed 22,519 registrations on a biennial basis, bringing the total population of active registered technicians for this fiscal year to 54,006. Approximately 94.40% of eligible applicants applied and 99.82% 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

LICENSING TEAM

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 ten (10) working days; and**
 - B. **renewals for pharmacy license applicants within five (5) working days.**

Status: ACCOMPLISHED

Comment: The agency issued 391 new pharmacy licenses and 98 changes of ownership, which resulted in 489 new licenses issued. 4,060 licenses were renewed on a biennial basis, bringing the total population of active registered pharmacies for this fiscal year to 8,159. Approximately 37.49% 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 50% of licenses were processed 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 one 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, which allows for database information from the Criminal Justice Rap Back Program of Texas to be provided to TSBP of alleged criminal background history at time of licensure/registration and on an ongoing basis for as long as the individual is licensed with TSBP.

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**
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LICENSING TEAM

Enforcement and Legal teams.

Status: NOT ACCOMPLISHED

Comment: The agency resumed the CE audits in FY 2025. **The agency will be moving to a CE tracking system in the next fiscal year.**

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 Board and Executive staff.**

Status: ACCOMPLISHED

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

12. **To assist with and destroy records in accordance with the agency's record retention plan; to review and update the team's procedures as needed and submit any suggested revisions to policies to the Executive staff for approval.**

Status: ACCOMPLISHED

Comment: Team staff destroyed records in accordance with TSBP's record retention schedule as allowed. For the entirety of FY2025, 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 addition, the agency is still 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

14. **To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2024 Annual Report and submit by the due date.**

Status: ACCOMPLISHED

LICENSING TEAM

Comment: The Team's first draft of the *FY2024 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 2025 Board meeting.

Compliance Team

SIGNIFICANT ACCOMPLISHMENTS

1. Continued to train four new Compliance Inspectors while successfully completing individual and team goals and objectives.
2. Instituted a new Compliance organizational structure.
3. A Compliance Officer represented TSBP at the NABP forum in Chicago.
4. Sanswrite templates were created or updated to include unique inspection types.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Aging cars resulted in cars breaking down during the work week, which required repairs, thus hindering one of the main duties in the job description, inspecting pharmacies.
2. Two vacant inspector positions, Houston Region and Waco Region.
3. Technical difficulties with Sanswrite.
4. Training multiple team members simultaneously.

COMPLIANCE TEAM

GOAL

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

Objectives (New)

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

1. To assist the Executive Director, in cooperation with other teams, 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 89th Texas Legislative Session; and
2. To assist the Executive Director, in cooperation with other teams, to direct the submission of, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2026-2027.
3. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

A. A total of 8,719 pieces of legislation were introduced in the 89th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills and 310 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 LEG-07.

In the first special session, 368 bills were filed, of which TSBP tracked 12 bills. In the second special session, 366 bills were filed, of which TSBP tracked 20 bills.

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

D. On May 5, 2025, the Executive Director, General Counsel conducted the new Board member orientation for Heisha Freeman, along with the other agency staff.

COMPLIANCE TEAM

Objectives (Ongoing)

1. **To conduct a minimum of 3,000 inspections of all classes of pharmacies located in Texas, according to the following priorities:**
 - A. pre-inspection of new pharmacy licensees according to Board rule within 30 days of receipt of a completed application by the Compliance team;
 - B. inspection of pharmacies that compound sterile preparations prior to initial licensure; change in pharmacy's classification; prior to a change of location; or prior to pharmacy's license expiration date;
 - C. inspection of new pharmacies or pharmacies with a recent change of ownership;
 - D. routine inspections;
 - E. pharmacies issued a "Warning Notice" (follow-up inspections);
 - F. pharmacists and pharmacies who are the subject of a disciplinary order entered by the Board;
 - 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 4,056 inspections of pharmacies located in Texas. (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, with the exception of a minimum number of delayed inspections. Compliance Staff continued to conduct virtual inspections on a limited basis, with approval, and utilized the Shared Inspections Program to achieve this goal.

2. **As funding allows, collect samples from Texas licensed pharmacies compounding sterile preparations:**
 - A. due to a complaint;
 - B. to validate aseptic techniques of pharmacists and pharmacy technicians who compound or supervise compounding of sterile preparations; or
 - C. to validate potency, sterility, and/or check for contamination of sterile preparations.

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 FY2025.

COMPLIANCE TEAM

- 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 and approve applications and/or petitions received in relation to:**
- 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;**
 - C. Class C pharmacies with an approved ongoing clinical pharmacy program who allow pharmacy technicians to verify the accuracy of approved duties performed by another pharmacy technician (tech-check-tech);**
 - D. Class C pharmacies located in rural counties who allow pharmacy technicians to perform certain duties when a pharmacist is not on duty;**
 - E. 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**
 - F. other applications as required.**

Status: ACCOMPLISHED

Comment: Applications and petitions were reviewed and approved. (see Appendices COM-03)

- 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 required, 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 47 Class E-S pharmacies.

- 6. 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

COMPLIANCE TEAM

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 (see Appendix EXEC-02).

- 7. To provide internship experience to student pharmacist-interns upon requests from the Texas colleges of pharmacy.**

Status: ACCOMPLISHED

Comment: Staff provided internship experience to student pharmacist-interns upon requests from Texas colleges of pharmacy.

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

Status: NOT ACCOMPLISHED

Comment: Not applicable, there were no TSBP task force committees in FY2025.

- 9. 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 Legal team and Executive staff.**

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.

- 10. To assist with and destroy records in accordance with the agency's record retention plan; to review and update the team's procedures as needed and submit any suggested revisions to policies to the Executive staff for approval.**

Status: ACCOMPLISHED

Comment: The agency experienced a destruction hold in relation to the Texas Opioid Litigation and was unable to destroy any records that had met retention. In addition, the agency is still subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of any records that have met retention.

- 11. 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

COMPLIANCE TEAM

- 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 and provided Board approved continuing education
- C. Team staff interviewed candidates to complete the hiring process and fill vacant positions.
- D. Team staff attended general staff meetings and in-house training sessions.

12. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2024 Annual Report and submit to by the due date.

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2024 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 2025 Board meeting.

SIGNIFICANT ACCOMPLISHMENTS

1. The Enforcement team accomplished all of its Objectives.
2. The Enforcement team findings, identified during the FY2023 Internal Audit, were successfully remediated during FY2025.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Team staff has been unable to destroy records while subject to the agency litigation hold during FY2025. This has setback the upkeep of records eligible for destruction per the agency's record retention schedule.

ENFORCEMENT TEAM

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

Objectives (New)

1. To assist the Executive Director, in cooperation with other teams, 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 89th Texas Legislative Session; and
2. To assist the Executive Director, in cooperation with other teams, to direct the submission of, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2026-2027.
3. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. A total of 8,719 pieces of legislation were introduced in the 89th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills and 310 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 LEG-07.

In the first special session, 368 bills were filed, of which TSBP tracked 12 bills. In the second special session, 366 bills were filed, of which TSBP tracked 20 bills.
- 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
- D. On May 5, 2025, the Executive Director, General Counsel conducted the new Board member orientation for Heisha Freeman, along with the other agency staff.

ENFORCEMENT TEAM

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;
 - 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.
-

ENFORCEMENT TEAM

Status: ACCOMPLISHED

Comment: TSBP received 6,726 complaints and closed 6,633 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).

- 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 123 reports to TSBP indicating that pharmacies experienced theft of 33,946.5 tablets and 4,458.6 mls of controlled substances due to employee pilferage in FY2025. The drug category experiencing the highest percentage of reported theft due to employee pilferage was stimulants, which was 33% of total losses reported due to employee pilferage. Benzodiazepines were the second highest drug type diverted and accounted for 18% 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 FY2024-2025 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 FY2025 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

ENFORCEMENT TEAM

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 670 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 based on fingerprints obtained during 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 appropriate local, state, and federal 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 FY2025 required some type of monitoring by Team staff (i.e., 214 orders or 63% of the 338 disciplinary orders that TSBP entered during FY2025 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,

ENFORCEMENT TEAM

suspended, or subject to a probated suspension (see appendices ENF-13 through ENF-18).

7. 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 September 21, 2024, and April 25, 2025; and
- D. Enforcement Program Manager worked closely with PRN Program Director to ensure the accuracy of data for peer assistance performance measures.

8. To provide information to Board staff and customers, including responses to surveys and questionnaires; and to provide oral and written communication including responses to emails from licensees and other members of the public.

Status: ACCOMPLISHED

Comment: Team employees responded to 6,877 telephone calls directed to the Rules Queue phone line answering questions regarding laws and rules governing the practice of pharmacy. During this fiscal year, Team Staff added three additional hours per week for increased consumer access. 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, 3,983 links to TSBP's customer service survey were sent out. The Team continues to utilize ongoing training for participating Rules Queue staff members, including bi-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.

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 FY2025, which were presented to/approved by the Board at its meeting held in August 2024;

ENFORCEMENT TEAM

- (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;
- (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) 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 FY23 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; and
- (8) 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

ENFORCEMENT TEAM

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 affect preceptor status.

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 Legal team and Executive staff.

Status: ACCOMPLISHED

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

11. To assist with and destroy records in accordance with the agency's record retention plan; to review and update the team's procedures as needed and submit any suggested revisions to policies to the Executive staff for approval.

Status: ACCOMPLISHED

Comment: For the entirety of FY2025, 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 addition, the agency remained 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 FY2025, 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

ENFORCEMENT TEAM

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.

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 FY2024 Annual Report and submit to the Executive Director by the due date.

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2024 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 2025 Board meeting.

SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished all of its objectives.
2. The Team initiated 479 disciplinary actions by mailing a Preliminary Notice Letter, entered 338 disciplinary orders, and entered 40 Remedial Plans against licensees and registrants during the fiscal year. Additionally, 53 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 89% 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, and 11% 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 500 complaints through the entry of disciplinary orders and Remedial Plans, dismissal of cases, and voluntary and mandatory withdrawal of licensee and registrant applications.
5. Litigation Counsel resolved 11 respondent cases referred to the State Office of Administrative Hearings (SOAH) through settlement negotiations prior to a formal hearing, a 42% decrease in SOAH settlements from FY2024, which couples with a 71% increase in formal hearings in front of SOAH from FY2024.
6. Administrative hearings were conducted against 15 respondents at 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.
7. Board staff facilitated remote Informal Conferences (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 25 rules for review by the Board.
9. Team staff completed the reporting of all FY2025 disciplinary actions to NABP/NPDB.
10. The Team continued to meet goals despite continued vacancies of posted positions, demonstrating substantial adaptability and collaboration to meet both the needs of the Team and the Board.

LEGAL TEAM

11. Government Relations Specialist and Legal staff tracked more than 300 bills during the 89th Legislative Session and provided comprehensive legal analysis and summaries to a range of internal and external stakeholders.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

1. Vacancies continued to impact 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 27 months and the other for over 13 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 Board continued to be subject to numerous subpoenas for records, many 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.
4. Deputy General Counsel and Team staff spent significant time and effort responding to third-party subpoenas concerning opioid litigation in which TSBP is not a party, including identifying, reviewing, and redacting tens of thousands of pages of responsive documents, coordinating strategy with the Office of the Attorney General, and editing and reviewing objections and responses.

LEGAL TEAM

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*.

Objectives (New)

1. To assist the Executive Director, in cooperation with other teams, 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 89th Texas Legislative Session.
2. To assist the Executive Director, in cooperation with other teams, to direct the submission of, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2026-2027.
3. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. A total of 8,719 pieces of legislation were introduced in the 89th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills and 310 bills were tracked and monitored. Legislation passed by the Legislature that affects the agency or the practice of pharmacy can be found in Appendix LEG-07.
- B. In the first special session, 368 bills were filed, of which TSBP tracked 12 bills. In the second special session, 366 bills were filed, of which TSBP tracked 20 bills.
- C. The Executive Director, Board President, and General Counsel met or had telephone conversations with legislators or others or testified before Legislative committees as requested.
- D. Agency personnel participated in meetings regarding the TSBP Legislative Appropriation Request
- E. On May 5, 2025, the General Counsel and Litigation Counsel conducted the new Board member orientation for Heisha Freeman, along with the Executive Director and other agency staff.

LEGAL TEAM

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:

- 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. Assistant 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 40 Remedial Plans were entered.
- E. A total of 338 disciplinary orders were entered.
- F. 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:

LEGAL TEAM

- 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 544 respondent cases, which involved 335 pharmacist and pharmacy respondents and 209 pharmacy technician and pharmacy technician trainee respondents, and resolved 500 respondent cases.
- C. Team staff mailed 479 Preliminary Notice Letters (PNLs) in accordance with the priorities established for the Team. Of these, 276 PNLs were mailed to pharmacists and pharmacies, and 203 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 96 days. The average number of days from receipt of a case for the PNL to be sent was 139 days for pharmacists and pharmacies and 87 days for pharmacy technicians.
- E. Total resolution time for cases averaged 203 days from receipt of the case in Legal to the disposition of the case in Legal.

Case resolution for pharmacists and pharmacies averaged 229 days and case resolution for pharmacy technicians averaged 172 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 28 days of Informal Conferences (ICs) for 303 respondents comprised of 141 pharmacy, pharmacist, and intern licensees and applicants and 162 pharmacy technician and pharmacy technician trainee registrants and applicants (see Appendix LEG-02).

Team staff continued with the videoconference format for holding ICs 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 ICs, specifically at technician IC days.

Team staff continued to use electronic notebooks for all ICs, thus allowing the IC panel to access the allegations and evidence on computer laptops and reducing copying cost and staff time to prepare IC 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:

LEGAL TEAM

- A. At the onset of FY2025, eight respondent cases were ongoing following the filing of a complaint at the State Office of Administrative Hearings (SOAH) in FY2024 and pending a resolution. The Team filed formal Complaints at SOAH for nineteen additional respondent cases, with an average of 47 days from the date the case failed to settle with an Agreed Board Order.
- B. Seven 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 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 fifteen respondents and Proposals for Decision (PFDs) were issued by the Administrative Law Judges against seven respondents, and Default Dismissals issued against two respondents. Seven respondent cases were pending a hearing at the end of FY2025.
- D. SOAH performed 379 hours of work on 26 respondent cases for the Board, totaling approximately \$20,957 in direct hearing expenses and \$59,363 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.

LEGAL TEAM

- (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.

C. Technical Assistance to the Legislature

General Counsel or Government Relations Specialist 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.

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. Deputy General Counsel drafted, or assisted others in drafting, and prepared 25 rules for review by the Board (see Appendix LEG-03).

LEGAL TEAM

7. **To serve as the Records Management Officer 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

Comment: The agency continues to maintain the records retention program by following the approved Records Retention Schedule as allowed. For the entirety of FY2025, 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-two 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 22, 2024
- February 19, 2025
- May 22, 2025
- June 26, 2025
- August 21, 2025

Six 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 letter rulings 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:

LEGAL TEAM

Team staff processed 2,358 individual open records request, an increase of 15.5% from FY2024. 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.

- 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 15,410 subscribers at the end of FY2025 (approximately 1.94% increase as compared to FY2024). The Team continued implementing its shift in focus to offering high-quality on-demand programs. A total of 2,721 individuals completed the on-demand law course and a total of 212 individuals completed the on-demand opioid-related course.
- B. Thirty-six educational and Board meeting-related videos were produced and posted on YouTube. Total video views were approximately 27,810 (a significant increase of 29.45% from FY2024). Subscriber count increased by 200 for a total of 2,121 subscribers at the end of FY2025. Facebook, Twitter, and YouTube continued to be useful tools to provide information. At the end of FY2025, over 7,503 individuals "followed" TSBP on Facebook and over 2,154 individuals "followed" TSBP on X (formerly known as Twitter). Over 1,427 individuals followed TSBP on Instagram and 2,681 individuals followed on LinkedIn. A total of 256 posts were shared between the agency Facebook, X, Instagram, and LinkedIn accounts.

- 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.

LEGAL TEAM

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

Status: ACCOMPLISHED

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

- 13. To provide internship experience to law students from the Texas schools of law.**

Status: ACCOMPLISHED

Comment: Team staff provided internship experience to six law students and one undergraduate student representing two Texas schools of law, one out-of-state school of law, and one Texas university.

- 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 2,405 subpoenas, warrants, and court orders for Prescription Monitoring Program information submitted to the Law Enforcement Access Portal, an increase of 19.7% from FY2024. 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) Team staff 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 ADA requests, FMLA leave issues, and sick leave pool requests;
 - (c) provided legal advice regarding outside employment for agency staff;

LEGAL TEAM

- (d) developed and/or reviewed performance plans and/or probation;
 - (e) interviewed applicants for new positions;
 - (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 and Deputy 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 FY2025. Presentations included information about proposed Agreed Board Orders, Remedial Plans, and proposed Board Orders following SOAH proceedings.
-

LEGAL TEAM

- (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 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 and Team staff 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 and Team staff advised the Director of Licensing and Licensing staff on numerous questions regarding leases and business entities.

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 participated in meetings regarding the Internal Auditors and their report.

LEGAL TEAM

- (5) General Counsel and Team staff assisted representatives of the DOJ and DEA regarding pill mill prosecution and actions being taken by the Board.
- (6) 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 (HPC).

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 OAG. Assistant Attorneys General were 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 and Litigation Counsel coordinated representation regarding other civil litigation.
 - (3) Requests for OAG rulings
Team staff drafted requests for open records rulings for filing with 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 Board and Executive staff.**

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 to the date of the meeting.
- E. Team staff developed a Calendar of Events for FY2025 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.

19. **To assist with and destroy records in accordance with the agency's record retention plan; to review and update the team's procedures as needed and submit any suggested revisions to policies to the Executive staff 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 FY2025, the agency experienced a destruction

LEGAL TEAM

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. Agency staff destroyed 6.2 MB 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 procedures for maintaining 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 procedures for handling 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:

- 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 internship candidates, and ultimately recruited seven 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.

LEGAL TEAM

- 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.

21. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2024 Annual Report and submit by the due date.

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2024 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 2025 Board meeting.

Prescription Monitoring Program Team

SIGNIFICANT ACCOMPLISHMENTS

1. The Team accomplished its objectives.
2. Of the 322,473,853 queries received, 56,727,505 were from AWA RxE searches and 265,746,348 were integrated searches. This represents an approximate 10.3% increase from the total in FY2024.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

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

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.

Objectives (New)

1. To assist the Executive Director, in cooperation with other teams, 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 89th Texas Legislative Session; and
2. To assist the Executive Director, in cooperation with other teams, to direct the submission of, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2026-2027.
3. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. A total of 8,719 pieces of legislation were introduced in the 89th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills and 310 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 LEG-07.

In the first special session, 368 bills were filed, of which TSBP tracked 12 bills. In the second special session, 366 bills were filed, of which TSBP tracked 20 bills.
- 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
- D. On May 5, 2025, the Executive Director, General Counsel conducted the new Board member orientation for Heisha Freeman, along with the other agency staff.

PRESCRIPTION MONITORING PROGRAM

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 7,849, for a total of 208,693 registered users (see Appendix PMP-01).

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 reviewed 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 AWARxE system. A total of 25,233 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 2,617 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 7,619 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 32.3% decrease when compared to the number of prescription pads ordered in FY2024.

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

Status: ACCOMPLISHED

Comment: Texas wholesalers submitted information regarding the distribution of controlled substances to entities in Texas to the Texas Wholesale Distributor Database (TWDD).

6. **To provide information to Board staff and customers, including responses to**
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PRESCRIPTION MONITORING PROGRAM

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 answered approximately 13,313 phone calls 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 Legal team and Executive staff.**

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 assist with and destroy records in accordance with the agency's record retention plan; to review and update the team's procedures as needed and submit any suggested revisions to policies to the Executive staff for approval.**

Status: ACCOMPLISHED

Comment: For the entirety of FY2025, 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 addition, the agency is still 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

PRESCRIPTION MONITORING PROGRAM

necessary.

- 10. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2024 Annual Report and submit by the due date.**

Status: **ACCOMPLISHED**

Comment: The Team's first draft of the *FY2024 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 2025 Board meeting.

Information Technology Team

SIGNIFICANT ACCOMPLISHMENTS

1. Team accomplished all of its objectives, except for the Mobile Inspection Program.
2. Successfully executed the migration of TSBP's Website to a new server.
3. Performed the migration of all end-user laptop's operating systems to Windows 11.
4. Oversaw the migration of Licensing's payment system to FDMS.
5. Started establishing the bases for the Data Management Strategy.
6. Added a second cybersecurity training and an IT Newsletter for all employees.
7. Implemented Multi-Factor Authentication for remote connections.

SIGNIFICANT DISAPPOINTMENTS/CONSTRAINTS

Resource limitations prevent timely maintenance, enhancements, and future development of multiple in-house applications. The lack of an IT specific budget limits the ability of the department to adapt to new situations, maintain current software and hardware versions and add new services. The addition of a Programmer, Web Administrator and Network analyst for the following year will bring significant improvement to the IT department capabilities.

INFORMATION TECHNOLOGY

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.

Objectives (New)

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

- 1. To assist the Executive Director, in cooperation with other teams, 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 89th Texas Legislative Session; and**
- 2. To assist the Executive Director, in cooperation with other teams, to direct the submission of, provide testimony for, and monitor the progress of the agency's Legislative Appropriation Request and corresponding performance measures for FY2026-2027.**
- 3. To assist the Executive Director, in cooperation with other teams, by coordinating and participating in the orientation of new Board members within 90 days of appointment by the Governor.**

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. A total of 8,719 pieces of legislation were introduced in the 89th Regular Legislative Session. The General Counsel and agency staff reviewed each of these bills and 310 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 LEG-07.

In the first special session, 368 bills were filed, of which TSBP tracked 12 bills. In the second special session, 366 bills were filed, of which TSBP tracked 20 bills.
- 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
- D. On May 5, 2025, the Executive Director, General Counsel conducted the new Board member orientation for Heisha Freeman, along with the other agency staff.

INFORMATION TECHNOLOGY

Objectives (Ongoing)

1. **Advance the business processes and operational efficiencies of the agency through effective implementation of information technology.**
 - A. **evaluate and implement solutions for the evolving computing, printing, and scanning needs of the agency to increase agency productivity and efficiency.**
 - B. **Evaluate Mobile Inspection Program for improvements and increase efficiency, accuracy, and provide additional features and inspection types**

Status: ACCOMPLISHED / NOT ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. The Webserver was migrated to new hardware.
- B. The printer lease was renewed.
- C. The operating system for end-user laptops was upgraded to Windows 11.
- D. The Evaluation of the Mobile Inspection Program was not performed.

2. **Maintain a secure agency information technology environment insuring the confidentiality, integrity and availability of critical data and systems**
 - A. **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.**
 - B. **To provide reliable and secure services by prioritizing security, connectivity, and continuity of operations.**
 - C. **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: These objectives were accomplished through the following activities:

- A. We participated in developing the COOP.
- B. We attended DIR's Cybersecurity events and monthly meetings.
- C. Password policy was updated.
- D. Multi-factor authentication was implemented for remote connections.

3. **Provide information technology education through training opportunities and the adoption of technology enabled business processes.**
 - A. **Provide technological professional development and training for IT staff.**
 - B. **To support the agency's effort to identify and implement opportunities for technology education to allow staff to develop and improve technology understanding**

INFORMATION TECHNOLOGY

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. An IT Newsletter is sent to all staff every two months.
- B. An additional mandatory Cybersecurity training course was added for all staff.

4. 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 team.

Status: ACCOMPLISHED

Comment: These objectives were accomplished through the following activities:

- A. Team staff made suggestions to policies and procedures as necessary to improve the agency's efficiency and effectiveness as needed.
- B. The annual review of the IT policies was completed.

5. To assist with and destroy records in accordance with the agency's record retention plan; to review and update the team's procedures as needed and submit any suggested revisions to policies to the Executive staff for approval.

Status: ACCOMPLISHED

Comment: For the entirety of FY2025, 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 addition, the agency is still subject to a broad destruction hold in relation to the National Opioid Litigation that further limited the destruction of records that have met retention.

6. 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.
- D. Team staff attended general staff meetings and in-house training sessions.

INFORMATION TECHNOLOGY

7. To prepare a report on the accomplishment of team objectives, for incorporation into the agency's FY2024 Annual Report and submit by the due date.

Status: ACCOMPLISHED

Comment: The Team's first draft of the *FY2024 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 2025 Board meeting.

EXC-01

FY2025 Performance Measure		Projected	Performance	Projected Target Met?*
A. GOAL: MAINTAIN STANDARDS				
Outcome (Results/Impact)				
	Percent of Licensees with No Recent Violations	95.00%	98.00%	Met
	Percent of Licensees Who Renew Online	95.00%	95.80%	Met
<i>A.1.1 STRATEGY: LICENSING</i>				
Output (Volume)				
	Number of New Licenses Issued to Individuals	2,000	1,702	Not Met Enrollment has declined for higher education in recent years
	Number of Licenses Renewed (Individuals)	19,500	22,352	Exceeded
Explanatory				
	Total Number of Business Facilities Licensed	8,350	8,159	Met*
B. GOAL: ENFORCE REGULATIONS				
Outcome (Results/Impact)				
	Percent of Jurisdictional Complaints Resulting in Disciplinary Action	10.00%	5.00	Not Met 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
<i>B.1.1 STRATEGY: ENFORCEMENT</i>				
Output (Volume)				
	Number of Jurisdictional Complaints Resolved	5,420	6,561	Exceeded
Efficiencies				
	Average Time for Jurisdictional Complaint Resolution	150	96	Exceeded
Explanatory				
	Number of Jurisdictional Complaints Received	5,500	6,634	Exceeded
<i>B.1.2. STRATEGY: PEER ASSISTANT</i>				
Output (Volume)				
	Number of Licensed Individuals Participating in a Peer Assistant Program	160	80	Not Met The agency has no control over how many individuals participate

* Less than 5% variance

EXC-02

DATE	TEAM	PRESENTATION (Topic and Who Presented to)	# OF ATTENDEES
24-Sep	Compliance	Texas Pharmacy Laws and Rules (UNT)	165
24-Oct	Executive Director	Texas Pharmacy Laws and Rules (HEB)	240
24-Oct	Executive Director	Texas Pharmacy Laws and Rules (HEB)	255
24-Oct	Compliance	Texas Pharmacy Laws and Rules (TSU)	150
24-Oct	Compliance	Texas Pharmacy Laws and Rules (VaPhA)	160
24-Oct	Compliance	Regulations for Sterile Compounding (UNT)	45
24-Oct	Compliance	Texas Pharmacy Laws and Rules (Pharm Fest)	50
24-Oct	Compliance	Texas Pharmacy Laws and Rules (UTMB)	45
24-Oct	Compliance	Texas Pharmacy Laws and Rules (HHSC and SSLC Directors)	71
24-Nov	Compliance	Texas Pharmacy Laws and Rules (GCSHP)	30
24-Nov	Compliance	Regulations for Sterile Compounding (UT College of Pharmacy at Austin)	84
24-Nov	Legal	TSBP Legislative Overview (Texas Pharmacy Congress)	
24-Nov	PMP	PMP Updates (Texas Pharmacy Congress)	
24-Nov	Executive Director	Texas Pharmacy Laws and Rules (BCPA)	100
24-Dec	Compliance	Texas Pharmacy Laws and Rules (Harris Health)	145
25-Jan	Licensing	Pharmacist License by Application (TTUHSC)	61
25-Jan	Compliance	Texas Pharmacy Laws and Rules (LHPA)	53
25-Jan	Compliance	Texas Pharmacy Laws and Rules (HAPA)	29
25-Feb	Licensing	Pharmacist License by Application (Texas Southern)	8
25-Feb	Licensing	Pharmacist License by Application (UH)	13
25-Feb	Licensing	Pharmacist License by Application (UT Austin)	44
25-Feb	Executive Director	Advocacy (Texas Tech College of Pharmacy)	110
25-Feb	Compliance	Texas Pharmacy Laws and Rules (TACHC)	16
25-Feb	Licensing	Pharmacist License by Application (UTEP)	52
25-Feb	Compliance	Texas Pharmacy Laws and Rules (AASHP)	28
25-Feb	Compliance	Texas Pharmacy Laws and Rules (Texas Association of Independent Pharmacy Owners and the TSU Pharmacy Alumni Association)	45
25-Feb	Compliance	Texas Pharmacy Laws and Rules (WTPA)	40
25-Mar	Executive Director	TSBP Overview (UH)	108
25-Apr	Compliance	Sterile Compounding Update (TSHP)	100
25-Apr	Compliance	Texas Pharmacy Laws and Rules (Kroger Pharmacy Managers)	102
25-Apr	Compliance	Texas Pharmacy Laws and Rules (Texas A&M)	56
25-Apr	Compliance	Texas Pharmacy Laws and Rules (ASCP Regional Mtg)	40
25-May	Compliance	Texas Pharmacy Laws and Rules (DAPA)	35
25-May	Compliance	Inspections for Technicians (South TX College)	20
25-May	Compliance	Inspections for Technicians (South TX College)	20
25-May	Compliance	Texas Pharmacy Laws and Rules (VaPha)	29

DATE	TEAM	PRESENTATION (Topic and Who Presented to)	# OF ATTENDEES
25-May	Compliance	Texas Pharmacy Laws and Rules (Memorial Hermann)	308
25-May	Compliance	PMP Review (South Texas Health Center)	62
25-May	Compliance	Texas Pharmacy Laws and Rules (Memorial Hermann)	112
25-Jun	Compliance	Texas Pharmacy Laws and Rules (GCHSP)	15
25-Jul	Legal	Pharmacist Recovery Programs (NABP)	29
25-Aug	Compliance	Texas Pharmacy Laws and Rules (ETSHP)	26
TOTAL			3,101

LIC-01

Performance Measures

LICENSING RELATED PERFORMANCE MEASURES	FY2025 Projected Performance	FY2025 Performance Attained	Key or Non-Key (K/NK)
Number of New Licenses issued to Individuals (Pharmacists)	2,000	1,702	K
Number of Licenses Renewed (Individuals – Pharmacists)	19,500	22,352	K
Number of New Registrations Issued to Individuals (Technician and Trainee)	17,500	24,746	NK
Number of Registrations Renewed (Technicians)	17,300	22,519	NK
Percent of Licensees (Pharmacists and Pharmacies) with No Recent Violations (Disciplinary Orders)	95%	ENF	K
Total Number of Pharmacists Licensed	40,526	40,902	NK
Total Number of Facilities Licensed	8,350	8,159	K
Total Number of Individuals (Technicians & Trainees) Registered	66,375	79,864	NK
Percent of Licenses Who Renew Online	95%-	95.79%	K
Percent of New Individual Licenses Issued Online	95%-	98.65%	NK

LIC-02

Licenses Issued

JURISPRUDENCE (MPJE)	TOTALS
Candidates Passing	1,592
Candidates Failing	474
TOTAL ADMINISTERED	2,066

NAPLEX	TOTALS
Candidates Passing	1,022
Candidates Failing	383
TOTAL ADMINISTERED	1,405

LIC-02 continued

NEW PHARMACISTS LICENSED	
Graduates of Texas Colleges of Pharmacy	645
Graduates of Out-of-State Colleges of Pharmacy	844
Credentialed by the Foreign Pharmacist Equivalency Committee	91
TOTAL	1,580

LIC-03**Licensed Pharmacies**

ACTIVE PHARMACIES	
Class A (Community)	4,823
Class A-S (Community Pharmacy Engaged Compounding Sterile Preparations)	345
Class B (Nuclear)	33
Class C (Institutional)	946
Class C-S (Hospital Pharmacy Engaged In Compounding Sterile Preparations)	408
Class D (Clinic)	433
Class E (Non Resident)	655
Class E-S (Non-Resident Pharmacy Engaged In Compounding Sterile Preparations)	121
Class F (Free Standing Emergency Medical Centers)	356
Class G (Central Processing)	39
TOTALS	8,159
Remote Pharmacies	1,494

A total of 5,474 change documents were processed as follows:

PHARMACY APPLICATIONS PROCESSED	
Pharmacy Renewals	4,060
New Licenses Issued [new opens (391) and changes of ownership (98)]	489
Closings	413
Remote Pharmacies	247
Changes of Name	63
Changes of Location	165
Changes of Classification	37
TOTAL	5,474

COM-01

Total Inspections by Type or Disposition	FY23	FY24	FY25	% of FY25
Inspections	3,076	2,644	3,663	90%
Pre-Inspections	148	125	81	2%
Partial-Inspections	75	51	88	2%
Visit	13	4	7	0%
Attempted Inspections	191	148	179	4%
Other	16	10	38	1%
Total	3,519	2,982	4,056	100%
<i>Virtual Inspections*</i>	<i>538</i>	<i>120</i>	<i>35</i>	<i>1%</i>
<i>On-Site Inspections**</i>	<i>2,981</i>	<i>2,862</i>	<i>4,021</i>	<i>99%</i>

* 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.

** 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.

Number of Inspections/Visits by Class	FY23	FY24	FY25	% of FY25
Class A Pharmacies	2,219	1,980	2484	61%
Class A-S Pharmacies	244	202	259	6%
Class B Pharmacies	23	21	317	8%
Class ASC-C Pharmacies	180	152	19	0%
Class C Pharmacies	227	139	240	6%
Class C-S Pharmacies	241	230	243	6%
Class D Pharmacies	211	123	265	7%
Class F Pharmacies	148	114	212	5%
Class G Pharmacies	26	21	17	0%
Class H Pharmacies	0	0	0	0%
Total	3,519	2,982	4056	100%

Purpose of Inspection- Type (In Order of Priority)	FY23	FY24	FY25	% of FY25
Complaint	0	1	0	0%
Follow-up to Disciplinary Order	1	0	0	0%
Pre-Inspection New	150	117	76	2%
New Pharmacies	220	172	168	4%
Change of Ownership	10	66	14	0%
Preceptor	0	0	0	0%
Follow-up to "Warning Notice"	75	70	87	2%
Routine Inspections	2,904	2,431	3,562	88%
Rank Change	16	21	20	0%
Reverse Rank Change	0	0	1	0%
Licensee Request	62	62	63	2%
Sterile Compounding (High Risk)	8	9	5	0%
Theft and Loss	0	0	0	0%
Other	73	33	60	1%
Total	3,519	2,982	4,056	100%

COM-02

Number of Warning Notices* Issued by Class	FY23	FY24	FY25	% of FY24
Class A Pharmacies	363	269	250	60%
Class A-S Pharmacies	83	61	85	20%
Class B Pharmacies	5	4	3	1%
Class ASC-C Pharmacies	5	4	12	3%
Class C Pharmacies**	7	7	12	3%
Class C-S Pharmacies	57	52	31	7%
Class D Pharmacies	13	8	13	3%
Class F Pharmacies	6	6	13	3%
Class G Pharmacies	3	1	0	0%
Class H Pharmacies	0	0	0	0%
Total	542	412	419	100%

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

Type of Violation	FY23	FY24	FY25	% FY25
Equipment	40	25	35	4%
Balance Failed Inspection	23	16	20	
Equipment Inspection Due	17	9	13	
Insufficient Equipment	0	0	0	
Pharmacy Technicians	85	64	74	8%
No/Incomplete Training	74	60	63	
No/Improper Supervision	4	2	5	
Improper Registration	5	1	4	
Supportive Personnel Name Tags	2	1	1	
Inadequate Library	11	10	11	1%
Counseling Area	0	0	0	0%
Licenses	25	15	20	2%
Licenses Not Posted	23	14	16	
Delinquent Licenses	2	1	4	
Prescriptions	43	29	43	5%
Lack Proper Information	0	0	0	
Prescription Label Incorrect	21	23	22	
Non-Emergency CII	0	0	0	
Triplicate Non-Compliance	22	6	21	
Drug Stock/Environment	144	95	118	13%
Improper Environment	35	33	25	
Out-of-Date Drug Stock	0	0	0	
Security	35	13	27	
Unsanitary/ Orderly/ Clean	34	22	26	
Improper Drug Storage/ Refrigerator Temp Log	20	15	28	
Area for Non-Sterile Compounding	20	12	9	
Violation of Limited Formulary	0	0	0	
Prohibited Drugs (Class D)	0	0	1	
Illegal Possession of CS	0	0	2	
Inventory	102	87	113	12%
No Annual Inventory	59	40	66	

Type of Violation	FY23	FY24	FY25	% FY25
No Change of Ownership Inventory	0	7	9	
No Change of PIC Inventory	16	15	16	
Incomplete Inventory	24	21	20	
No Perpetual inventory (Class C)	1	1	1	
Improper Drug Destruction	2	3	1	
Improper Prepackaging Procedures	24	20	6	1%
Computer Systems	38	30	21	2%
Computer Records Incomplete	10	0	0	
Computer Records/ System Non- Compliance	28	30	21	
Records	83	38	61	7%
Records Not Available	29	10	21	
DEA Order Forms Incomplete	0	0	0	
Absence of R.Ph. Record	6	1	5	
Rx Not Separated	4	1	4	
Rx Records not Numerical Order	0	0	0	
Improper Transfer of RX	0	0	0	
Invoices Not Separated/Retrievable/ Dated & Initialed	25	20	15	
No Complaint Notification	5	1	4	
RPh visits/ contact documentation	8	2	6	
Improper Refill Documentation-CIII-CV over 5X/6 Mo.	6	3	6	
OBRA Violations	36	49	34	4%
Written Information Not Provided	5	9	11	
No Patient Counseling	29	34	19	
PMR Absent or Incomplete	2	6	4	
Sterile Pharmaceutical Violations	447	300	277	30%
No/Incomplete QA/QC	1	1	5	
No/Incomplete P&P Manual	55	31	30	
No/Inadequate Preparation Area	0	0	0	
IV Preparation	0	0	0	
No Drug Regimen Review	6	3	10	
Cytotoxic/Bio Procedures	0	0	0	
Anteroom air is not ISO 8	7	1	0	
Buffer area is NOT ISO 7	7	1	1	
No Separate buffer room for high-risk CSPs	1	1	1	
Buffer area not free of water source	2	1	0	
Improper design for hands free access	2	2	2	
Buffer area not segregated/ monitored	0	1	1	
Clean room not clean/ well-lit/ particle free	28	8	16	
Clean room not solely used for CSP	2	0	1	
Improper floor covering in clean room	2	0	1	
Surfaces not smooth/ impervious/ crevice-free	51	33	27	
Anteroom sink not hands free/hot & cold/closed system of soap	2	0	2	
Improper room temperature in clean room	27	11	18	
Drugs/ supplies stored on floor of clean room	1	0	0	
Clean room contains inappropriate supplies	4	0	1	
PEC does not maintain ISO 5	3	0	0	
Improper location of PEC	1	0	0	
Untimely certification of PEC	4	1	2	
Improper procedures for PEC prefilters	1	1	1	

Type of Violation	FY23	FY24	FY25	% FY25
Inappropriate filters/filtration equipment	0	0	1	
Improper pressure differential for PEC	1	0	0	
No pressure gauge in clean room	5	5	3	
Improper documentation of pressure monitoring	2	8	6	
Insufficient training for RPH	14	3	6	
Insufficient training for Tech	9	4	2	
Improper testing prior to compounding	26	28	28	
Improper testing after failure	0	0	0	
Untimely evaluation/ testing	25	14	12	
Improper testing for all types of CSPs	0	0	0	
Inadequate Library: Injectables	1	0	1	
Inadequate Library: Specialty reference	0	1	0	
Inadequate Library: USP	2	4	2	
Dispensing commercially available	1	1	8	
No written agreement with DR	1	1	1	
QC Procedures not followed	2	3	1	
RPh not available at all times	0	0	1	
No thermometer in refrigerator	0	2	0	
Inadequate supplies for aseptic mixing	0	0	0	
Improper equipment for CSP	10	9	1	
Improper pkg/ delivery containers	0	1	1	
Inappropriate disposal containers	0	0	1	
Inadequate cleaning solutions	0	0	0	
Inadequate handwashing agents	1	0	1	
No lint-free wipes	0	0	0	
Inadequate gowns/ garb	5	2	3	
Improper calibration of automated compounding device	0	0	0	
Improper SOP: Facility	0	2	0	
Improper SOP: Accuracy checks	3	2	3	
Improper SOP: QA	4	3	2	
Improper SOP: Prep Recall	5	9	3	
No COA for drug ingredients	0	1	0	
Personnel: Cosmetics	0	1	0	
Personnel: Jewelry	2	3	3	
Personnel: Artificial nails	0	2	0	
Personnel: Shoe covers	0	0	0	
Hygiene of nails	3	4	2	
Improper hand washing	4	5	1	
Improper gowning	2	2	2	
Improper drying	1	1	0	
Failure to use alcohol-based scrub	18	13	9	
Failure to use sterile alcohol	1	1	1	
Failure to conduct accuracy checks	2	2	0	
Improper label: Generic name	0	0	1	
Improper label: CSP statement	2	3	3	
Improper Labeling: Lot #	0	2	2	
Improper Labeling: Qty	0	0	0	
Improper Labeling: Ancillary	0	0	0	
Improper BUD	7	3	2	
Improper cleaning: Start of day	0	0	0	
Improper mopping	0	4	1	

Type of Violation	FY23	FY24	FY25	% FY25
Improper Cleaning: walls/ ceiling	5	4	4	
Improper Cleaning: Supplies	0	1	0	
Improper doc of cleaning	10	9	7	
Cleaning by untrained personnel	0	1	0	
High Risk: Improper testing of batches	2	0	0	
High Risk: Improper cleaning	1	0	0	
High Risk: Improper sterilization	1	0	0	
High Risk: Improper pre-sterilization	3	2	1	
High Risk: Improper re-entry	5	3	1	
Hazardous Prep: Improper apparel	1	1	1	
Hazardous Prep: Improper disposal	0	0	0	
Hazardous Prep: Improper hood	1	0	0	
Hazardous Prep: Improper pressure	2	1	0	
Hazardous Prep: Improper pressure monitor	0	1	0	
Hazardous Prep: Low volume noncompliance	0	0	0	
Hazardous Prep: Improper storage	1	0	0	
Hazardous Prep: Improper labeling	0	1	0	
Failed to keep records	3	2	0	
Improper Record: Date	2	2	2	
Improper Record: Formula	1	0	0	
Improper Record: Compounder initials	2	2	2	
Improper Record: Initials of final checker	5	2	1	
Improper Record: Container used	2	1	2	
Improper Record: Qty	1	2	0	
Improper Record: BUD	5	3	3	
Improper Record: QC	3	2	0	
Incomplete master worksheets	1	1	2	
Worksheet not approved by RPh	1	0	0	
Failure to review records	6	4	6	
Inappropriate sampling plan	13	3	9	
Air environment evaluation by untrained staff	0	5	1	
Untimely air sampling	3	2	2	
No/Incomplete Non-Sterile Cpd Records	96	66	27	3%
Improper Distribution	15	0	5	1%
No PIC	0	8	13	1%
Dispensing	18	22	29	3%
Improper Dispensing/ Corresponding Responsibility	9	6	5	
Aiding and Abetting	2	1	3	
Illegal Dispensing	1	3	5	
Substitution Non-Compliance	0	0	0	
Out-of-State Rx's for Controlled Substances	0	0	0	
Improper Emergency Room Dispensing	0	0	1	
Improper Automated Dispensing Procedures	6	9	8	
Shipping into other states without license	0	2	1	
Improper Provision	0	1	6	
Improper Advertising	0	0	0	0%
Notification Violation	28	12	14	2%
Theft & Loss of C/S Not Reported	8	2	8	1%
Gray Market diversion/ Samples	0	0	0	0%
Improper Closing/Change of Ownership	6	5	7	1%
Improper Inpatient Records (Class C)	0	0	0	0%
TOTAL	1,249	877	920	100%

Applications

Activity	FY23	FY24	FY25
New Class D (Clinic) Pharmacy Applications and Change of Ownership Applications	129	10	19
New Class B (Nuclear) Pharmacy Applications	0	3	0
Petitions for Expanded Formularies for Class D (Clinic) Pharmacies (New Petitions and Renewal Applications)	82	39	60
Petitions for Alternative Visitation Schedules for Class D (Clinic) Pharmacies	44	109	22
Notifications of Temporary Locations for Class D (Clinic) Pharmacies	8	0	7
Standard Class D Formularies Reviewed	14	10	31

ENF-01

Complaints Received and Closed

Year	Complaints Received	% Change Complaints Received Previous Year	Complaints Closed	% Complaints Closed	*Resolution Time (Agency Average)
FY21	5,693	+11%	6,069	107%	125 Days
FY22	7,501	+32%	7,120	95%	84 Days
FY23	6,884	-8%	6,792	99%	103 Days
FY24	6,930	+1%	7,025	101%	96 Days
FY25	6,726	-3%	6,633	99%	95 Days

ENF-02

Dispensing Error Complaints

Type of Dispensing Error	FY21	FY22	FY23	FY24	FY25
Wrong Drug/Strength or Wrong Directions for Use	117	146	227	249	282
Mislabeling	5	12	12	12	27
Dispensed Wrong Quantity	31	58	88	103	88
Dispensed Outdated Drug	15	5	13	25	7
Packaging/Delivery Error	32	26	47	59	66
Error + No Counseling	8	1	3	0	2
Total # Dispensing Error Complaints	208	248	390	448	472
Total # Complaints Closed	6,070	7,120	6,792	7,025	6,633
% Dispensing Error Complaints	3%	3%	6%	6%	7%

Data on Form of Complaints

Form of Complaints	FY23	FY24	FY25
Telephone	10	13	14
Letter	99	83	76
TSBP Complaint Form	101	72	53
HPC 800 #	0	0	0
Fax	12	10	5
Visit	0	0	1
Agency Report	251	273	239
Inspection	75	72	34
Interoffice Referral	118	56	31
Licensure Application	1,844	1,814	1,874
Data Bank	135	103	71
Theft/Loss Report	1,226	1,261	1,015
Investigation	545	538	461
Intra-Agency Referral	29	49	15
Malpractice Report	1	0	2
Press Clip	5	4	0
Email *	186	239	240
Internet *	1,568	1,774	1,832
Background Checks **	587	664	670
Other	0	0	0
TOTAL	6,792	7,025	6,633

* 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).

** Category includes daily and quarterly reports.

N/A – not applicable, value less than 0.01

DATA ON SOURCE OF COMPLAINTS CLOSED

Source of Complaints	FY23	FY24	FY25	% of FY25
Consumer	1,396	1,572	1,583	24%
Government Agency	720	862	805	12%
Pharmacist	65	55	71	1%
Pharmacist (Self)	36	35	45	1%
Pharmacist Applicant	14	35	57	1%
Technician	6	5	11	N/A
Technician (Self)	11	12	10	N/A
Tech Applicant	180	204	186	3%
Technician Trainee	5	7	7	N/A
Tech Trainee (Self)	2	9	7	N/A
Tech Trainee Applicant	1,291	1,289	1,382	21%
Intern	1	2	2	N/A
Intern Applicant	6	3	0	N/A
TSBP	1,251	1,130	822	12%
Doctor	82	101	45	1%
Other Health Professional	91	77	153	2%

ENF-04 continued

Source of Complaints	FY23	FY24	FY25	% of FY25
NABP	140	102	72	1%
PIC, Pharmacy Manager, or Supervisor	1,295	1,353	1,181	18%
Pharmacy Self-Report	7	12	15	N/A
Out of State Pharmacy Self- Report	47	31	33	N/A
Employee/Ex-Employee –RPH	18	18	14	N/A
Employee/Ex-Employee TCH/TNT	32	24	25	N/A
Loss Prevention Officer (Corporate)	0	1	0	N/A
Manufacturing Rep.	66	36	51	1%
Professional Recovery Network (PRN)	5	12	5	N/A
Insurance Company	19	24	27	N/A
Attorney	2	3	2	N/A
Employee/Ex-Employee	1	4	13	N/A
Media	1	1	0	N/A
Drug Screening Co.	2	1	1	N/A
Other	0	5	8	N/A
TOTAL	6,792	7,025	6,633	100%

N/A – not applicable, value less than 0.01

ENF-05

Data on Subject of Complaints

Subjects of Complaints	FY2023	FY2024	FY2025
Licensees (RPh/Pharmacy)	4,183 (62%)	4,345 (60%)	3,975 (60%)
Pharmacist	654	675	598
In-State Pharmacy	3,350	3,426	3,365
Out-of-State Pharmacy	179	244	12
Registrants (Intern/Tech)	786 (12%)	892 (13%)	854 (13%)
Intern	10	24	9
Technician	439	471	477
Technician Trainee	337	397	368
Applicants (Lic & Reg)	1,774 (26%)	1,736 (25%)	1,775 (27%)
Pharmacist	95	90	92
Pharmacy	173	111	84
Intern	33	37	27
Technician	181	205	187
Technician Trainee	1,292	1,293	1,385
Non-Licensees	49 (<1%)	52 (1%)	29 (<1%)
Doctor	0	0	4
Manufacturer	0	0	0
Wholesaler	0	1	0
Non-Licensed Facility or Person	49	48	17
Insurance Company/ PBM	0	2	6
Out-of-State Facility	0	0	0
Other	0	1	2
TOTAL	6,792	7,025	6,633

Data on Alleged Violations of Complaints

Alleged Violation	FY2023	FY2024	FY2025
Diversion	11	4	5
Controlled Substances (C/S)	7	2	4
Dangerous Drugs (D/D)	0	0	1
Both (C/S & D/D)	4	2	0
Internet Rxs	0	0	0
Unauthorized Dispensing	7	7	21
Controlled Substances	4	1	9
Dangerous Drugs	3	5	11
Both (C/S & D/D)	0	1	1
Illegal Delivery	0	0	0
Controlled Substances	0	0	0
Dangerous Drugs	0	0	0
Both (C/S & D/D)	0	0	0
Illegal Possession	0	1	0
Controlled Substances	0	1	0
Dangerous Drugs	0	0	0
Both (C/S & D/D)	0	0	0
Convictions/Criminal Offenses	934	936	926
Felony	57	67	53
Misdemeanor	141	178	157
DWI/PI	417	445	390
Deferred Adjudication	301	238	295
Offense on Application	18	8	31
Dispensing Error	390	448	472
Wrong Drug/Strength	227	249	282
Mislabeling	12	12	27
Wrong Quantity	88	103	88
Outdated Drug	13	25	7
Packaging/Delivery	47	59	66
Dispensing Error and No or Improper Patient Counseling	3	0	2
No or Improper Patient Counseling	20	25	42
No or Improper Drug Regimen Review	25	22	27
Theft/Loss of C/S and/or D/D	1,217	1,244	1,005
Non-Therapeutic Dispensing	65	28	19
Action by Other Board	288	261	245
Non-Compliance with Substitution Rules	12	15	20
Non-Compliance with Disciplinary Order	257	270	271
Non-Compliance with PRN Contract	5	12	7
Interference with Doctor/Patient Relationship	357	415	444
Confidentiality	69	67	82
Failed to Keep Records	0	2	0
Negligence	1	5	3
Unsafe Practice	25	10	15
Compounding	10	19	17
Unprofessional Conduct	32	40	46
Gross Immorality	0	0	0
Fraud	155	213	98
Fraud, Deceit & Misrepresentation	24	24	7
Falsified Response to Warning Notice	0	0	0

ENF-06 continued

Alleged Violation	FY2023	FY2024	FY2025
Falsified Application	53	54	15
Filled/Passed Forged Prescription	34	23	9
Insurance Fraud	44	110	66
Medicare Fraud	0	2	1
Impairment	14	7	8
Probable Cause	11	6	7
Drug & Alcohol	1	0	0
Drug	0	1	0
Alcohol	2	0	1
Physical	0	0	0
Mental	0	0	0
Changed Prescription	10	17	35
Aiding and Abetting	5	4	4
Technician working with No/Del Registration	12	18	15
Non-Therapeutic Prescribing (Doctor)	1	0	4
Excessive Purchases of Controlled Substances	63	38	50
Anabolic Steroids	0	0	0
Grey Market Diversion	0	0	0
Samples	0	0	0
Technician Violation	0	1	8
Improper Security	1	1	1
Problem with OTC Drug	1	0	1
Closed Pharmacy Improperly	5	1	0
Operating Pharmacy without License	1	2	1
Working Conditions	19	8	11
Delinquent License	3	3	3
Kickbacks	0	2	2
No PIC	145	115	88
Recordkeeping Error	119	144	113
Notification Violation	1	1	0
No Annual/PIC/DEA Inventory	5	5	1
C-II Rx	1	1	0
Improper Rx's Issued by Doctors	0	0	1
Advertising	1	0	2
Overcharging	0	0	5
Billing Dispute	108	114	101
Customer Service	370	415	381
Hot Check	0	0	0
Accountability Audit Discrepancies (shortages/overages)	5	6	2
CE Audit	0	0	0
Default on Student Loans	0	0	0
Shipping to Other States without a License	0	3	8
Other Allegations	1,989	2,031	1,985
Texas Pharmacy Act	104	93	41
Texas Dangerous Drug Act	2	1	0
Texas Controlled Substances Act	31	25	10
Food Drug & Cosmetic Act	18	24	15
TSBP Rule	280	277	258
Other Laws/Rules	1,554	1,611	1,661
Request Disciplinary Action	7	6	5
Reinstatement	7	10	9
Modification	19	28	24
TOTAL	6,792	7,025	6,633

N/A – not applicable, value less than 0.01

Data on Resolution of Complaints

	FY2023	FY2024	FY2025
Investigations Not Resulting in Disciplinary Action:	4,285	4,380	4,241
Investigate + Dismissal (Warning) Letter	753	676	656
Investigate + Complaint Closed with Verbal Warning	480	435	405
Investigate + Complaint Closed with No Action Due to Insufficient Evidence to Prove Violation Occurred	2,080	2,289	2,275
Investigate + Lost Jurisdiction (registration expired)	129	127	97
Inspections	9	6	15
Inspection + Warning Notice or Dismissal Letter	5	2	1
Application Withdrawn	41	39	30
Pharmacy Closed	110	108	85
Other *	678	698	677
Investigations Resulting in Disciplinary Action:	589	603	502
Agreed Board Order	355	392	302
Board Order	52	57	56
Preliminary Notice Letter + Dismissal (Warning) Ltr.	0	3	0
PNL + Application Withdrawn (with or without Informal Conference)	121	89	86
PNL + Informal Conference + Dismissal Letter	5	5	8
PNL + Informal Conference + Case Dismissed	1	5	5
PNL + Case Dismissed or Other	3	1	4
PNL + Remedial Plan	52	51	41
Temporary Suspension Hearing + Case Dismissed	0	0	0
Referrals To:	25	14	18
Medical Board	0	0	1
PRN Program	3	1	0
Supervisor	9	7	5
Other Agency	13	6	12
No Action Because:	1,893	2,028	1,872
No Violation	810	934	880
No Jurisdiction	55	44	44
Insufficient Information	48	78	103
Other **	980	972	845
TOTAL	6,792	7,025	6,633

* 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 ¹ / Unknown Employee
TABLETS							
Analgesic	19	3,206	8	4	1	6	0
Barbiturate	4	70	3	1	0	0	0
Benzodiazepine	31	6,313.5	16	6	0	8	1
Buprenorphine	3	40	2	1	0	0	0
Codeine	17	4,371	8	5	0	4	0
Muscle Relaxant	4	667	2	2	0	0	0
Opiate	41	3,910	7	3	3	25	3
Sedative	9	3,920	6	2	0	1	0
Stimulant	22	11,342	16	4	0	1	1
Dangerous Drugs	3	107	1	1	0	1	0
SUBTOTAL	151	33,946.5					
LIQUIDS in mLs							
Analgesic	1	11	0	0	0	1	0
Anesthetic	2	260	0	0	0	1	1
Benzodiazepine	11	29.25	1	0	0	9	1
Opiate	45	3,563.1	1	0	2	40	2
Dangerous Drugs	5	595.25	1	0	0	5	0
SUBTOTAL	64	4,458.6					

¹ Other covers theft or loss reported due to medical doctor, ENT, patient; paramedic; customer; unknown; or non-licensed/registered employee. No student pharmacist-interns were identified during this reported period.

Employee Pilferage of Benzodiazepines & Stimulants

DRUG	# of Reported Instances	DUs	Tech or Tech Trainee	RPH	LVN	RN or CRNA	Other ¹ / Unknown Employee
TABLETS							
Alprazolam	22	4,553.5	12	5	0	5	0
Amphetamine	1	2	0	0	0	1	0
Clonazepam	11	1,074	7	1	0	2	1
Clorazepate	1	10	1	0	0	0	0
Dextroamphetamine-Amphetamine	10	5,857	6	3	0	0	1
Diazepam	9	269	6	1	0	2	0
Diethylpropion	1	10	0	1	0	0	0
Lisdexamfetamine	6	84	5	0	0	1	0
Lorazepam	9	183	7	0	0	2	0
Methylphenidate	5	630	3	1	0	1	0
Midazolam							
Modafinil	2	570	1	1	0	0	0
Phendimetrazine	2	56	2	0	0	0	0
Pentermine	11	4,133	10	1	0	0	0
Temazepam	4	223	4	0	0	0	0
Triazolam	1	1	1	0	0	0	0
Zolpidem	8	3,777	5	2	0	1	0
Total	103	21,432.5					
LIQUID							
Lorazepam	10	28.25	1	0	0	9	0
Midazolam	1	1	0	0	0	0	1
Total	11	29.25					
TOTALS							

¹ For reference, this chart also includes non-benzodiazepine, zolpidem (which is included as a sedative in ENF-08)

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	FY2023		FY2024		FY2025	
	Total # of Dosage Units	%	Total # of Dosage Units	%	Total # of Dosage Units	%
Registered Pharmacist	6,653.75	13%	3,007	6%	16,449	43%
Pharmacist Intern	0	N/A	0	N/A	0	N/A
Registered Pharmacy Technician	10,139	20%	34,425	63%	15,861	41%
Pharmacy Technician-in-Training	9,349	18%	11,550	21%	929	2%
Physician	0	N/A	5	0%	0	N/A
Registered Nurse	8,805.75	17%	4,716.65	9%	4,257.1	11%
Certified Registered Nurse Anesthetist	1,496	3%	228	0%	18	0%
Licensed Vocational Nurse	0	N/A	0	N/A	15	0%
Miscellaneous *	14,879	29%	579	1%	876	2%
TOTALS	51,322.5	100%	54,510.65	100%	38,405.1	100%

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

* Non-licensed employee, applicant, anesthesia assistant.

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

ENF-11

Performance Measures

Enforcement-Related Performance Measure	FY2025 Projected Performance	FY2025 Performance Attained	Key or Non-Key (K/NK)	Projected Target Met?*
Outputs:				
Jurisdictional Complaints Resolved	5,420	6,561	K	Exceeded
Number of Licensed Individuals Participating in a Peer Assistance Program	160	80	K	Not Met
Average Time for Jurisdictional Complaint Resolution	150	96	K	Exceeded
Percent of Jurisdictional Complaints Resolved Resulting in Disciplinary Action	10.0%	5%	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%	12%	NK	Exceeded
Percent of Jurisdictional Complaints Resolved within Six Months	68.0%	79%	NK	Exceeded
Recidivism Rate for Participants in Peer Assistance Program	30.0%	33%	NK	Met
One-Year Completion Rate for Participants in Peer Assistance Program	80.0%	96%	NK	Exceeded
Jurisdictional Complaints Received	5,500	6,634	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

Criminal History Notification Type	FY2021	FY2022	FY2023	FY2024	FY2025
Daily Reports (fingerprints)	528	561	647	621	739
Quarterly Reports	18	32	22	23	0*
Total	546	593	669	644	739

*all licensees fingerprinted as of 2024, therefore review of quarterly reports ceased.

ENF-13

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

	FY2025	% of FY2025
Total Number of Orders on Licensees Requiring Monitoring	138	41%
Total Number of Orders on Technicians Requiring Monitoring	76	22%
Total Number of Orders Requiring Monitoring	214	63%
Total Number of Orders Not Requiring Monitoring	124	37%
Total Number of Orders Entered by TSBP in FY2025	338	100%

ENF-14

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

Sanction	FY2023 Orders	FY2024 Orders	FY2025 Orders	% of FY2025
Revoke / Retire	36	37	30	15%
Suspension	9	9	5	3%
Restricted	3	4	3	2%
Rehabilitation Orders*	9	9	5	3%
Reinstatement	2	2	2	1%
Fines or Probation Fees Only	96	100	63	33%
Continuing Education, Texas Jurisprudence Exam, and/or Pharmacy Law Course (could also include fines and/or probation fees)	28	26	18	9%
Continuous Quality Improvement Program, Self-Assessments, Policies/ Procedures, and/or Quarterly Reports (could also include fines and/or probation fees)	56	85	48	25%
Public Orders Requiring Drug Screens	0	1	0	N/A
Total number of orders on licensees requiring monitoring	239	273	174	90%
Total number of orders not requiring monitoring	19	17	19	10%
Total orders	258	290	193	100%

* *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	FY2023 Orders	FY2024 Orders	FY2025 Orders	% of FY2025
Revoke *	35	36	42	29%
Suspension	8	7	8	6%
Restriction	1	0	0	N/A
Fines Only	48	54	62	43%
Other **	17	9	6	4%
Total number of orders on technicians requiring monitoring	109	106	118	81%
Total number of orders on technicians not requiring monitoring	23	27	27	19%
Total number of orders on technicians	132	133	145	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 FY2025, TSBP revoked the registrations of 29 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**

*Pharmacy Technicians / Pharmacy Technician Trainees Monitored (with probation under conditions, including random drug screens) by Enforcement Division (FY2023 – FY2025)			
Fiscal Year	Total Orders	Total New Orders	Total Being Monitored
FY2023	16	16	20
FY2024	9	9	15
FY2025	8	8	14

* *TSBP entered 8 Orders on pharmacy technicians or pharmacy technician trainees who were subject to probation periods with random drug screening in FY2025. Of the 8 Orders, there were 8 Orders resulting in a pharmacy technician or pharmacy technician in training being added to the number who were being monitored at the end of FY2025, as reflected in the chart above. However, 9 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	FY23	FY24	FY25	% of FY25
Non-Compliance with ABO	7	7	8	32%
Non-Compliance with PRN	4	2	1	4%
Action by Other Boards	1	3	2	8%
Audit Shortages	0	0	0	N/A
Alcohol-Related Conviction	1	0	0	N/A
Theft of Prescription Drugs	0	0	0	N/A
Created Fraudulent Rx or Obtained C/S by Fraud	1	0	0	N/A
Convictions	0	0	0	N/A
Deferred Adjudication	1	0	0	N/A
Illegal Possession of Controlled Substances	0	0	0	N/A
Unauthorized Refills of Controlled Substances	0	0	0	N/A
Probable Cause/Dependency	2	7	4	16%
Mental Impairment	0	1	0	N/A
Request for Modification of Previously Entered ABO	2	5	7	28%
Request for Retirement or Revocation	2	0	2	8%
Request for Reinstatement	0	3	1	4%
TOTAL	21	28	25	100%

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***
FY2021	27	14	75
FY2022	21	6	62
FY2023	21	10	62
FY2024	28	15	59
FY2025	25	8	56

* 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 25 confidential pharmacist/intern Orders entered in FY2025, there were 8 Orders resulting in an impaired/recovering pharmacist or intern being added to the number who were being monitored at the end of FY2025 as set forth in Appendix Chart ENF-17. However, 11 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, 2025, a total of 56 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 (FY2025)

		%	PHARMACIST	PHARMACY	TOTAL
LICENSES REMOVED	30	16%	8	22	
Revoke			6	22	28
Retire			2	0	2
SUSPENSIONS	4	2%	4	0	
Suspension			3	0	3
Suspension/Conditions			1	0	1
Suspension/Fine			0	0	0
Suspension/Fine/Conditions			0	0	0
PROBATIONS	11	6%	4	7	
Probation			1	1	2
Probation/Conditions			0	1	1
Probation/Fine			1	2	3
Probation/Fine/Conditions			2	3	5
RESTRICTED	3	2%	3	0	3
OTHER	125	65%	59	66	
Fine			34	19	53
Fine/Conditions			0	5	5
Fine/Reprimand			1	1	2
Fine/Reprimand/Conditions			8	28	36
Reprimand			4	2	6
Reprimand/Conditions			6	11	17
Require MHP Evaluation			6	0	6
ISSUANCE LICENSE/REG	9	5%	7	2	
Grant/Suspension			0	0	0
Grant/Restrictions			0	0	0
Grant/Probation			2	1	3
Grant/Probation/Fine			0	0	0
Grant Probation/Fine/Conditions			0	0	0
Grant/Probation/Conditions			1	0	1
Grant/Reprimand/Fine			0	0	0
Grant/Fine			0	0	0
Grant/Fine/Conditions			1	0	1
Grant/Reprimand			3	1	4
REINSTATEMENTS	2	1%	2	0	
Grant			0	0	0
Grant/Probation/Conditions			2	0	2
Deny			0	0	0
MODIFICATIONS	9	5%	9	0	
Grant			9	0	9
Deny			0	0	0
TOTAL FY25			96	97	

FY25 Orders Entered Against Pharmacist Licenses	96	50%
FY25 Orders Entered Against Pharmacy Licenses	97	50%
FY25 Total Disciplinary Orders on Pharmacist/Pharmacy	193	100%

TEXAS STATE BOARD OF PHARMACY
DISCIPLINARY ORDERS ON PHARMACISTS, INTERNS, AND
APPLICANTS FOR LICENSURE AND INTERN REGISTRATIONS (FY2025)
NATURE OF VIOLATIONS*

	RPH	PHY	TOTAL	TOTAL %
DIVERSION	1	0	1	<1%
Illegal Delivery	0	0		
Illegal Poss of Rx Drugs	0	0		
Unauth Dispensing	0	0		
Theft	1	0		
Obtain C/S by Fraud	0	0		
No Valid Dr-Pt Relationship	0	0		
CONVICTIONS/DEFER ADJ	11	2	13	7%
Felony	5	0		
Misdemeanor	0	1		
Defer Felony	5	1		
Defer Misdemeanor	1	0		
Alcohol-Related	0	0		
AUDIT DISCREPANCIES	1	1	2	1%
Drug	1	1		
Continuing Education	0	0		
PRACTICE DEFICIENCIES	20	50	70	36%
Dispensing Errors	10	27		
Dispensing Errors/No Counsel/No DUR	8	18		
No Counsel/No DUR	1	3		
Compounding Sterile w/out Class S	0	0		
Shipping Rx to States w/out License	1	2		
UNPROFESSIONAL CONDUCT	47	44	91	47%
Aiding & Abetting	1	0		
TCH working w/no Active Registration	5	4		
Falsified Application	3	1		
Sterile Compounding w/out Training	0	0		
Impairment	4	0		
Action by TSBP or Other Boards	8	2		
Non-Compliance w/Previously Entered Order	10	3		
Non-Compliance w/PRN program	1	0		
Violation of Board Rules	15	34		
OTHER	16	0	16	8%
Modification	9	0		
Reinstatement	2	0		
Request for Revoke/Retire/Restrict	5	0		
Temporary Suspension Orders	0	0		
Other	0	0		
TOTAL FY25	96	97	193	100%

* 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.

FY25 Orders Entered Against Pharmacist Licenses	96	50%
FY25 Orders Entered Against Pharmacy Licenses	97	50%
FY25 Total Disciplinary Orders on Pharmacist/Pharmacy	193	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 (FY2025)

		TOTAL	PERCENT
REGISTRATION REMOVED		42	29%
Revoke	42		
Retire	0		
SUSPENSIONS		7	5%
Suspension	0		
Suspension/Probation	5		
Suspension/Probation/Conditions	2		
Suspension/Conditions	0		
Suspension/Fine/Probation/Conditions	0		
Suspension/Fine	0		
PROBATION		7	5%
Probation	4		
Probation/Conditions	3		
Probation/Fine	0		
Probation/Fine/Conditions	0		
RESTRICTED		0	N/A
	0		
OTHER		15	10%
Fine	9		
Fine/Conditions	0		
Fine/Reprimand	0		
Fine/Reprimand/Conditions	0		
Reprimand	6		
Reprimand/Conditions	0		
ISSUANCE REGISTRATION		60	41%
Grant/Suspension	0		
Grant/Suspend/Probation	5		
Grant/Suspension/Fine	0		
Grant/Probation	44		
Grant/Probation/Conditions	2		
Grant/Probation/Fine/Conditions	0		
Grant/Probation/Fine	0		
Grant/Fine	1		
Grant/Fine/Reprimand	0		
Grant/Reprimand	8		
Deny	0		
REINSTATEMENTS		4	3%
Grant	3		
Grant/Suspension/Probation/Conditions	0		
Grant/Suspension/Probation	0		
Grant/Probation	0		
Grant/Probation/Conditions	1		
Grant/Conditions	0		
Grant/Conditions/Reprimand	0		
Grant/Fine	0		
MODIFICATIONS		10	7%
	10		
TOTAL FY25		145	100%

TEXAS STATE BOARD OF PHARMACY
DISCIPLINARY ORDERS ON PHARMACY TECHNICIANS, TECHNICIAN TRAINEES,
AND APPLICANTS FOR TECHNICIAN/TRAINEE REGISTRATIONS (FY2025)
NATURE OF VIOLATIONS*

		TOTAL	PERCENT
DIVERSION		1	<1%
Theft	1		
Forged Rx	0		
Illegal Delivery	0		
CONVICTIONS/DEFERRED ADJUDICATIONS		95	66%
Felony	10		
Felony/False App	0		
Misdemeanor	4		
Misdemeanor/False App	0		
Defer Felony	57		
Defer Felony/False App	0		
Defer Misdemeanor	18		
Defer Misdemeanor/False App	0		
Alcohol-Related (e.g.,DWI)	6		
Alcohol-Related/False App	0		
IMPAIRMENT		0	N/A
Drug or Alcohol Dependency	0		
Drug or Alcohol Dependency/False App	0		
Probable Cause	0		
FALSE APPLICATIONS**		0	N/A
	0		
OTHER VIOLATIONS		11	8%
Gross Immorality	0		
Non-Compliance w/Previously Entered Order	3		
Performed TCH duties w/Delinquent Registration	3		
Performed TCH duties w/No Registration	2		
Performed RPH duties	0		
Action by TSBP or Other Board	3		
Negligence	0		
CE Shortage	0		
Other	0		
REQUEST FOR REVOKE/RETIRE/RESTRICT		24	17%
	24		
REINSTATEMENT		4	3%
	4		
MODIFY		10	7%
	10		
TEMPORARY SUSPENSION ORDERS		0	N/A
	0		
TOTAL FY25		145	100%

* 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	6	24	19	119	25	193
Pharmacy Technicians	0	5	14	51	75	0	145
Total	0	11	38	70	194	25	338

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

PHARMACISTS/PHARMACIES

FISCAL YEAR	NUMBER OF BOARD ORDERS (BOs)	NUMBER OF DEFAULT BOARD ORDERS (BOs)	NUMBER OF AGREED Board of Pharmacy ORDERS (ABOs)	NUMBER OF DISCIPLINARY ORDERS (BOs & ABOs)
FY21	2	6	157	165
FY22	22	9	189	220
FY23	27	2	229	258
FY24	24	7	204	235
FY25	32	3	163	198

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)
FY21	0	23	102	125
FY22	0	16	110	126
FY23	0	20	112	132
FY24	1	18	69	88
FY25	5	14	126	145

PHARMACY AND PHARMACIST REMEDIAL PLANS

FISCAL YEAR	PHARMACISTS	PHARMACIES	TOTAL
FY21	27	9	36
FY22	40	6	46
FY23	46	7	53
FY24	47	4	51
FY25	34	6	40

LEG-02

Informal Conferences for Pharmacies and Pharmacists

Dates of Informal Conferences	# of Days	# of Phy Respondents	# of RPh Respondents	# of Licensees Dismissed
September 10-11, 2024	2	9	14	1
October 15-16, 2024	2	5	12	2
December 10-12, 2025	2	6	15	0
January 14-15, 2025	2	4	9	1
March 4-5, 2025	2	2	9	1
April 1-2, 2025	2	8	15	2
June 3-4, 2025	2	4	10	0
July 8-9, 2025	2	4	18	4
TOTAL	16	39	102	11

Informal Conferences for Technicians/Technician Trainees

Dates of Informal Conferences	# of Days	# of Respondents	Technician Trainee Applicants or Registrants	Technician Applicants or Registrants	No Show Withdrawal or Dismissal	Defaults
September 12, 2024	1	15	8	7	4	3
October 17, 2024	1	14	10	4	6	1
November 21, 2024	1	11	10	1	5	1
December 12, 2024	1	11	5	6	2	2
January 16, 2025	1	15	10	5	2	1
February 20, 2025	1	18	12	6	6	0
March 6, 2025	1	7	6	1	4	0
April 3, 2025	1	14	12	2	7	1
May 15, 2025	1	16	10	6	4	1
June 5, 2025	1	20	15	5	6	2
July 10, 2025	1	21	16	5	13	2
TOTAL	12	162	114	48	59	14

RULE PROPOSALS

For presentation at November 5, 2024, Board meeting:
§291.33 concerning Pharmacies Compounding Sterile Preparations
For presentation at February 4, 2025, Board meeting:
§281.2 concerning Definitions
§291.9 concerning Prescription Drug Pickup
§291.12 concerning Delivery of Prescription Drugs
§291.32 concerning Personnel
§291.55 concerning Records
§291.72 concerning Definitions
§291.102 concerning Definitions
§291.120 concerning General
§315.13 concerning Official Prescription Form – Effective September 1, 2016
For presentation at May 6, 2025, Board meeting:
§291.9 concerning Prescription Pick Up Locations
§291.12 concerning Delivery of Prescription Drugs
§291.17 concerning Inventory Requirements
For presentation at June 17, 2025, Board meeting:
§291.6 concerning Pharmacy License Fees
§295.5 concerning Pharmacist License or Renewal Fees
§297.4 concerning Fees
§291.33 concerning Pharmacies Compounding Sterile Preparations
For presentation at August 5, 2025, Board meeting:
§281.63 concerning Considerations for Criminal Offenses
§283.12 concerning Licenses for Military Service Members, Military Veterans, and Military Spouses
§291.31 concerning Definitions
§291.52 concerning Definitions
§291.72 concerning Definitions
§291.120 concerning General
§297.2 concerning Definitions
§297.10 concerning Registration for Military Service Members, Military Veterans, and Military Spouses

RULE SUBMISSIONS TO THE TEXAS REGISTER

Rules	Type of Action	Published in TxReg as Proposed	Published in TxReg as Adopted/Withdrawn
291.9	Amendment	09/20/2024	12/27/2024
291.33	Amendment	09/20/2024	12/27/2024
291.133	Withdrawn	09/20/2024	12/27/2024
291.133	Withdrawn	12/16/2024	07/04/2025
Ch. 291G (§§291.120 – 291.121, 291.123, 291.125, 291.127, 291.129, 291.131, 291.133)	Review	12/20/2024	02/28/2025
Ch. 291H (§§291.151, 291.153)	Review	12/20/2024	02/28/2025
Ch. 297 (§§297.1 – 297.11)	Review	12/20/2024	02/28/2025
281.2	Amendment	03/21/2025	05/23/2025
291.9	Withdrawn	03/21/2025	07/04/2025
291.12	Withdrawn	03/21/2025	07/04/2025
291.32	Amendment	03/21/2025	05/23/2025
291.55	Amendment	03/21/2025	05/23/2025
291.72	Withdrawn	03/21/2025	07/04/2025
291.102	Amendment	03/21/2025	05/23/2025
291.120	Withdrawn	03/21/2025	07/04/2025
315.13	Amendment	03/21/2025	05/23/2025
291.9	Amendment	06/27/2025	08/29/2025
291.12	Amendment	06/27/2025	08/29/2025
291.17	Amendment	06/27/2025	08/29/2025
291.6	Amendment	07/04/2025	08/29/2025
295.5	Amendment	07/04/2025	08/29/2025
297.4	Amendment	07/04/2025	08/29/2025

OPEN MEETING SUBMISSIONS TO THE TEXAS REGISTER

Type of Submission	Date Published
Board Business Meeting – 11/05/2024	10/18/2024
Board Member Training Session – 11/04/2024	10/21/2024
Board Business Meeting – 02/04/2025	01/21/2025
Board Business Meeting – 05/06/2025	04/25/2025
Board Business Meeting – 06/17/2025	06/03/2025
Board Business Meeting – 08/05/2025	07/22/2025

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
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	200
FY24	83	1,663	2,041	2,124	7	170
FY25	90	1,839	2,358	2,448	8	197

LEAP REGISTRATIONS AND REPORTS

Fiscal Year	Registrations		Reports Processed		
	New Law Enforcement Registrants	New Prosecutor Registrants	Law Enforcement	Prosecutor	Total Processed
FY21	64	9	2,187	29	2,216
FY22	71	7	1,831	15	1,846
FY23	50	6	2,511	80	2,591
FY24	50	8	1,989	21	2,010
FY25	41	10	2,091	314	2,405

PAP REQUESTS

Fiscal Year	Records Requested			Requestor Type		
	RX Record	Access Record	Total Processed	Patient	Parent/Guardian	Total
FY21	21	19	40	23	0	23
FY22	16	17	33	20	1	21
FY23	29	20	49	32	0	32
FY24	32	19	51	30	2	32
FY25	25	11	36	27	1	28

Texas State Board of Pharmacy- 89th Texas Legislative Session Bill Update

Bill	Caption	Effective Date	Summary	Category	Author	Rules Needed?
HB 11	Relating to occupational licensing reciprocity agreements.	5/29/2025	This bill adds Chapter 61 to the Texas Occupations Code to establish a framework for occupational licensing reciprocity agreements between Texas and other states. The chapter's main objective is for each licensing authority—defined as any state agency responsible for issuing or renewing licenses—to maximize the establishment of these agreements to improve professional mobility.	Licensing Issues	Phelan	
HB 12	Relating to the review and audit of certain state agency operations.	9/1/2025	This bill enhances the oversight and accountability of state agencies in Texas by establishing comprehensive measures for reviewing and auditing their operations. It begins by defining a "regulatory agency" based on criteria that require such agencies to have statewide authority and responsibilities related to licensing activities.	Agency Operations	Bell	
HB 229	Relating to general definitions for and collection of governmental information regarding biological sex.	9/1/2025	This bill introduces several key definitions pertaining to biological sex and establishes requirements for governmental entities regarding the collection of related data.	Agency Operations	Troxclair	
HB 500	Relating to making supplemental appropriations and reductions in appropriations and giving direction and adjustment authority regarding appropriations.	6/22/2025	Supplemental Appropriations.	Funding	Bonnen	
HB 1700	Relating to certain records of a health professional providing a telemedicine medical service, teledentistry dental service, or telehealth service.	9/1/2025	This bill establishes that each regulatory authority must create rules that standardize how health professionals document and retain patient consent related to various key aspects, namely treatment, data collection, and data sharing.	Telemedicine	Fairly	Yes.

Texas State Board of Pharmacy- 89th Texas Legislative Session Bill Update

Bill	Caption	Effective Date	Summary	Category	Author	Rules Needed?
HB 3512	Relating to artificial intelligence training programs for certain employees and officials of state agencies and local governments.	9/1/2025	Relating to artificial intelligence training programs for certain employees and officials of state agencies and local governments.	IT	Capriglione	
HB 3801	Relating to the establishment of the Health Professions Workforce Coordinating Council and the abolition of the statewide health coordinating council and the nursing advisory committee of that council.	9/1/2025	This bill establishes the Health Professions Workforce Coordinating Council under Chapter 104A of the Health and Safety Code to advocate for a sustainable health care system and workforce in Texas. The council will consist of appointed representatives from several state agencies and health professionals knowledgeable in workforce planning and data analysis. Its primary responsibilities include compiling workforce data from state agencies, identifying health profession shortages, and formulating a strategic workforce plan every two years based on this data.	Health Prof Council & Agencies	Orr	
HB 4219	Relating to a governmental body's response to a request for public information.	9/1/2025	Relating to a governmental body's response to a request for public information.	Agency Operations	Capriglione	
HB 5195	Relating to modernization of state agency Internet websites and digital services.	9/1/2025	Relating to modernization of state agency Internet websites and digital services.	IT	Capriglione	
HB 5196	Relating to telework for state employees.	9/1/2025	This bill outlines the conditions under which telework can be granted, specifically allowing administrative heads of agencies to award telework to manage office space shortages or improve operational flexibility. Each telework arrangement needs to be documented in writing, providing reasons for telework approval and detailing conditions for potential revocation. This establishes a clear protocol for both employees and management.	Agency Operations	Capriglione	

Texas State Board of Pharmacy- 89th Texas Legislative Session Bill Update

Bill	Caption	Effective Date	Summary	Category	Author	Rules Needed?
HB 5629	Relating to the occupational licensing of military spouses.	9/1/2025	This bill aims to facilitate the occupational licensing for military personnel, veterans, and their spouses in Texas by streamlining processes and reducing barriers to entry in various professions. It amends regulations concerning the issuing of licenses by state agencies, ensuring that eligible applicants with out-of-state licenses that are similar in scope are granted licenses more easily and quickly, eliminating previous discrepancies regarding documentation and residency proof.	Licensing Issues	Wilson	Amend §283.12 and §297.10.
HB 4219 89(2)	Relating to a governmental body's response to a request for public information.	9/1/2025	This bill amends Government Code Chapter 552 to establish new notification requirements for governmental bodies responding to public information requests. It introduces timelines for notifying requestors if no responsive information is found or if information is being withheld based on a previous determination, and creates a complaint process to the attorney general for failure to respond.	Agency Operations	Capriglione	
HB 25 89(2)	Relating to a pharmacist's authority to dispense ivermectin without a prescription.	12/4/2025	This bill allows pharmacists in Texas to dispense ivermectin without a prescription, following standardized protocols set by the Texas State Board of Pharmacy. It also provides protections for pharmacists against criminal, civil, or professional disciplinary actions when dispensing ivermectin in a reasonably prudent manner.	Covid	Shofner	
SB 1	General Appropriations Bill.	9/1/2025	General Appropriations Bill.	Funding	Huffman	

Texas State Board of Pharmacy- 89th Texas Legislative Session Bill Update

Bill	Caption	Effective Date	Summary	Category	Author	Rules Needed?
SB 14	Relating to reforming the procedure by which state agencies adopt rules and impose regulatory requirements and the deference given to the interpretation of laws and rules by state agencies in certain judicial proceedings.	9/1/2025	The Regulatory Reform and Efficiency Act aims to enhance the procedural efficiency of state agencies in rulemaking and the management of regulatory requirements in Texas. It establishes the Texas Regulatory Efficiency Office and the Texas Regulatory Efficiency Advisory Panel within the governor's office. Their primary responsibilities include identifying opportunities for greater efficiency in adopting rules, improving public access to agency information, and setting targets for reducing or repealing ineffective regulations.	Rulemaking	Phil	
SB 493	Relating to certain protected disclosures by pharmacists and pharmacies regarding amounts charged for prescription drugs.	9/1/2025	This bill ensures that health benefit plan issuers and pharmacy benefit managers cannot prohibit or limit pharmacists from alerting enrollees about cost differences for prescription drugs.	Pharmacies / Pharmacists	Kolkhorst	
SB 912	Relating to the verification of health care practitioner continuing education compliance through the establishment of continuing education tracking systems.	9/1/2025	This bill amends Chapter 112 of the Occupations Code to enhance the verification process for continuing education compliance among health care practitioners in Texas. By transferring Section 112.002 to a newly designated Section 112.0501 and establishing Subchapter C, the bill clarifies the applicability and requirements surrounding continuing education.	Agency Operations / Licensing Issues	Blanco	Amend §295.8 and §297.8.
SB 1080	Relating to the issuance of a provisional occupational license to certain applicants with criminal convictions.	5/27/2025	The bill introduces new provisions for the issuance of provisional occupational licenses to applicants with criminal convictions. Notably, it mandates that licensing authorities must grant a provisional license valid for six months to qualified applicants unless they are convicted of a specified offense.	Licensing Issues	West	Amend §281.63.

Texas State Board of Pharmacy- 89th Texas Legislative Session Bill Update

Bill	Caption	Effective Date	Summary	Category	Author	Rules Needed?
SB 1818	Relating to the issuance of a license or provisional license to certain military service members, military veterans, and military spouses to engage in a business or occupation in this state.	9/1/2025	This bill requires a licensing authority, after receiving the notice described under Occ. Code §55.0041, to promptly issue a “provisional license” to a military service member or military spouse while the agency processes the application or issue the license for which the applicant applied.	Licensing Issues	Hancock	Amend §283.12 and § 297.10.
SB 2587	Relating to access to and use of certain criminal history record information.	9/1/2025	Licenses the issuance of which requires a criminal history background check.	Misc	Zaffirini	
SB 8 89(2)	Relating to the designation and use of certain spaces and facilities according to sex.	12/4/2025	This bill requires state agencies (as well as political subdivisions) to designate each multiple-occupancy private space in a building they own, operate, or control for use only by individuals of one sex, as per Section 3002.	Agency Operations	Middleton	

PMP-01

Prescription Monitoring Program Data

	FY21	FY22	FY23	FY24	FY25
Registered Users	168,057	172,469	187,763	200,844	208,693
Number of Controlled Substances Prescriptions Submitted to PMP System	35,221,966	35,014,668	34,758,482	34,761,529	35,149,097
Total Number of Queries Received by Prescription Monitoring Program	197,330,274	243,503,593	257,728,428	292,420,145	322,473,853
<i>Number of AWA Rx E Searches</i>	<i>49,435,512</i>	<i>45,557,176</i>	<i>53,975,424</i>	<i>53,728,689</i>	<i>56,727,505</i>
<i>Number of Integrated Searches*</i>	<i>197,330,274</i>	<i>197,946,417</i>	<i>203,753,004</i>	<i>238,691,456</i>	<i>265,746,348</i>